Research & Academics

Present	RSVP	Last Name	First Name	Employer	Title
		Bishop	Dr. Wilsie	East Tennessee State University	VP for Health Affairs and COO
		Schrum	Jake	Emory & Henry	President
		Angelopoulos	Dr. Theodore (Ted)	Emory & Henry School of Health Sciences	Professor
		Calvert	Linda	Northeast State	Director, WIA Grant & Bridge
		Campbell	John	AccelNow	Executive Director
		Campbell	Dr. Steve	Northeast State	VP for Business Affairs
		Carmack	Duffy	Southwest VA Higher Ed Center	CFO/ Interim Director
		Clark	Dr. Andy	ETSU	Professor of Clinical Nutrition Associate Dean of Research and Clinical Practice
		Collins	Dr. Cathie	UVA Wise	Chair, Dept. of Nursing
		Dawson	Dr. B. James	Lincoln Memorial University	President
		Davis	Dr. Mary Lee	Michigan State University	Sr. Advisor, Dept. of Family & Community Medicine - emeritus
		Dishner	Dr. Nancy	Niswonger Foundation	President & CEO
		Drinnon	Dr. Joy	Milligan College	Director of Undergraduate Research/Professor of Psychology
		Duncan	Dr. Bill	ETSU	Vice Provost for Research, Office of Sponsored Programs
		Ehret	Charlene	James H. Quillen Veterans Administration Medical Center	Director
		Fincher	Dr. Lou	Emory & Henry	Dean, School of Health Sciences
		Fowlkes	Rachel	Southwest VA Higher Ed Center	Retiring Director
		Gilliam	Dr. Janice	Northeast State Community College	President
		Grandy	Joe (William)	Ferguson	General Manager
		Greer	Dr. Bill	Milligan College	President & CEO
		Henderson	Rebecca	Strategic Priorities Consulting	Consultant
		Henry	Donna	UVA Wise	Chancellor
		Kendall	Martha	Johnston Memorial Hospital	Speech / Language Pathologist

		Khoury	Dr. Amal	ETSU – Public Health	Chair, Dept of Health Svcs Mgt & Policy
		Linville	Dr. David	ETSU	Associate Dean for GME
		Lugo	Dr. Ralph	Gatton College of Pharmacy ETSU	Professor and Chair of Pharmacy Practice
		Lura	Dr. Richard (Dick)	Milligan College	Professor of Chemistry
		Mayhew	Dr. Susan	Appalachian School of Pharmacy	Dean
		Means	Dr. Robert (Bob)	ETSU, Quillen College of Medicine	Dean
		Melton	Dr. Hughes	Mountain States Health Alliance	Director of GME Program
		Mitchell	Dr. Kathy	Virginia Highlands Community College	Dean, Nursing & Allied Health
		Moody	Dr. Nancy	Tusculum College	President
		Moorman	Dr. Jon	ETSU	Vice Chair, Research & Scholarship/Residency Program Director
		Nida	Dr. Maurice	Wellmont Health System	Director, Osteopathic Medical Education / LMU adjunct professor of medicine
		Niday	Pat	Mountain States Health Alliance	Chief Learning Officer
		Phillips	Dr. Kenneth	ETSU	Interim Assoc. Dean, Research
		Pope	Pat	QSource (Quality Improvement Network for State of TN)	Practice Solution Advisor
		Prill	Dr. Sue	Wellmont Cancer Center	Medical Director, Breast Center
		Ray	Dr. Richard	King University	Interim President
		Rinehart	Dr. Andrew	Glytec	Chief Medical Officer
		Runnels	Dr. Clay	Mountain States Health Alliance	CMO, Washington County TN
		Seligman	Dr. Morris	Mountain States Health Alliance	EVP, CMO
		Shipley	Lindsey	ETSU Quillen College of Medicine	Student (Joint MD/MPH program)
		Stepanov	Dr. Nonna	Mountain States Health Alliance	Director of Research
		Tillman	Dr. Ken	ETSU - College of Nursing	Associate Dean of Academic Programs
		Tooke-Rawlins	Dr. Dixie	Via College of Osteopathic Medicine	
		Walker	Clay	NETWORKS Sullivan Partnership	CEO

Research & Academics

Work Group Contact Info

Last Name	First Name	Employer	Title	Phone#	E-mail
Bishop	Dr. Wilsie	East Tennessee State University	VP for Health Affairs, COO	423-439-4811	BishopWS@mail.etsu.edu
Schrum	Jake	Emory & Henry College	President		JSchrum@ehc.edu
Angelopoulos	Theodore (Ted)	Emory & Henry School of Health Sciences	Professor	276-944-6342	tangelopoulos@ehc.edu
Calvert	Linda	Northeast State	Director, WIA Grant & Bridge		lwcalvert@northeaststate.edu
Campbell	John	AccelNow	Executive Director	423-943-5906	Campbell67@charter.net
Campbell	Dr. Steve	Northeast State	VP for Business Affairs		srcampbell@northeaststate.edu
Clark	Dr. Andy	ETSU	Professor of Clinical Nutrition, Associate Dean of Research and Clinical Practice	423-676-5541	clarkw@etsu.edu
Collins	Dr. Cathie	UVA Wise	Chair, Department of Nursing	276-328-0275	cac8ff@uvawise.edu
Dawson	Dr. B. James	Lincoln Memorial University	President	423-869-6391	james.dawson@LMUnet.edu
Dishner	Dr. Nancy	Niswonger Foundation	President & CEO		nancy.dishner@niswongerfoundation.org
Drinnon	Dr. Joy	Milligan College	Director of Undergraduate Research/Professor of Psychology	423-461-8661	JRDrinnon@milligan.edu
Duncan	Dr. Bill	ETSU	Vice Provost for Research, Office of Sponsored Programs		Duncanw@etsu.edu
Ehret	Charlene	James H. Quillen Veterans Administration Medical Center	Director	423-926-1171	charlene.ehret@va.gov
Fincher	Dr. Lou	Emory & Henry School of Health Sciences	Dean	276-944-6342	lfincher@ehc.edu

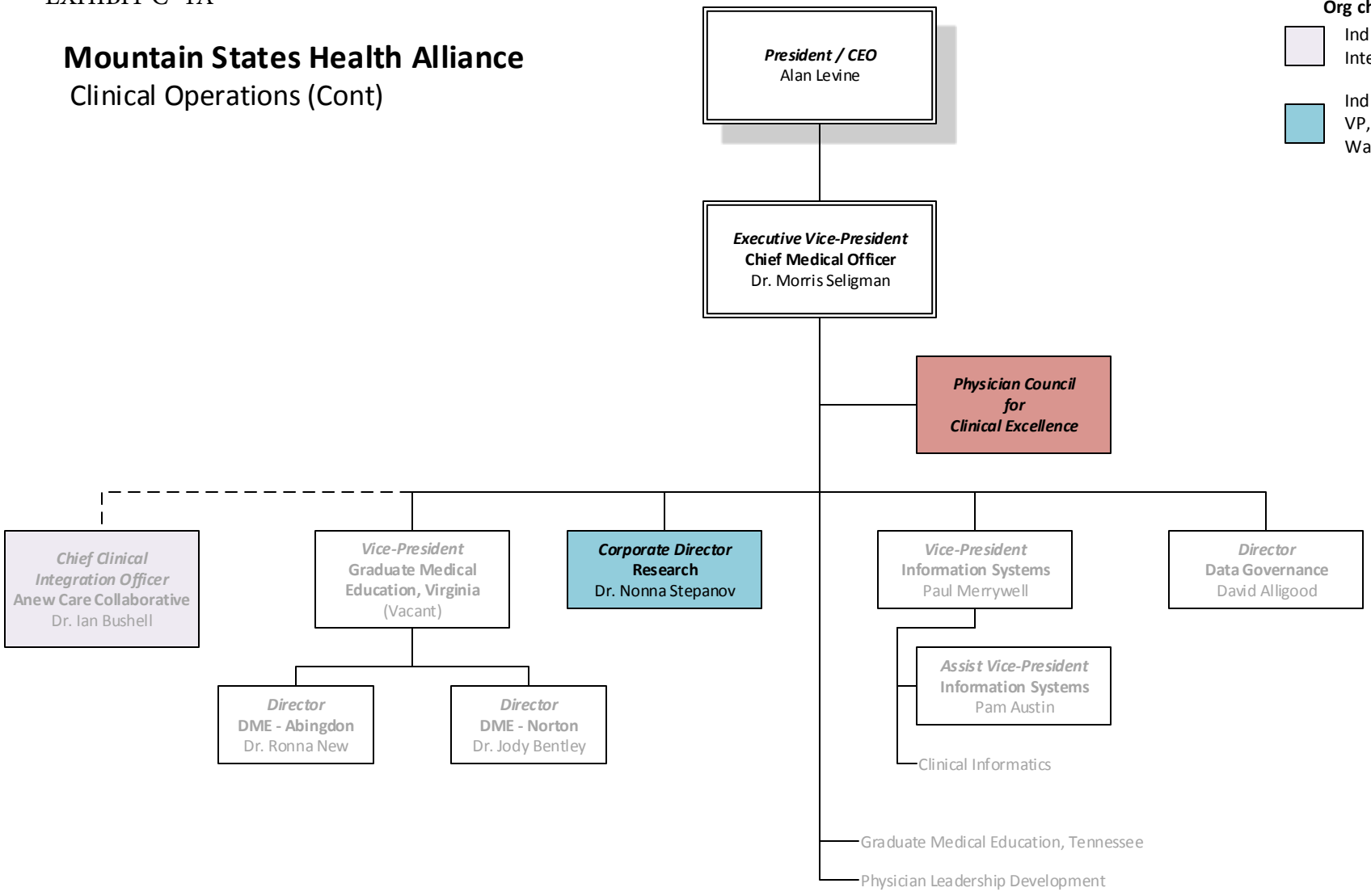
Fowler	Dr. Scott	Holston Medical Group	President		scott.fowler@holstonmedicalgroup.com
Fowlkes	Rachel	Southwest VA Higher Ed Center	Retiring Director		rfowlkes@swcenter.edu
Gilliam	Dr. Janice	Northeast State Community College	President	423-323-0201	jhgilliam@northeaststate.edu
Grandy	Joe (William)	Ferguson	General Manager	423-262-5523	joe.grandy@ferguson.com
Greer	Dr. Bill	Milligan College	President & CEO	423-461-8710	Bgreer@milligan.edu
Henderson	Rebecca	Strategic Priorities Consulting	Consultant		rebeccahendersonjc@yahoo.com
Henry	Donna	UVA Wise	Chancellor	276-328-0122	Dph3p@uvawise.edu
Kendall	Martha	Johnston Memorial Hospital MSHA	Speech-Language Pathologist	615-400-1139	slpmkendall@gmail.com
Khoury	Dr. Amal	ETSU – Public Health	Chair, Department of Health Services Management & Policy		khoury@etsu.edu
Linville	Dr. David	ETSU	Associate Dean for Graduate Medical Education	423-439-8023	Linville@etsu.edu
Lugo	Dr. Ralph	Gatton College of Pharmacy ETSU	Professor and Chair of Pharmacy Practice		lugo@etsu.edu
Lura	Dr. Richard (Dick)	Milligan College	Professor of Chemistry		RDLura@milligan.edu
Mayhew	Dr. Susan	Appalachian School of Pharmacy	Dean	276-498-5201	slmayhew@acp.edu
Means	Dr. Robert (Bob)	ETSU, Quillen College of Medicine	Dean		meansr@etsu.edu
Melton	Dr. Hughes	Mountain States Health Alliance	Director of GME Program	276-971-6302	meltonsh@msha.com
Mitchell	Dr. Kathy	Virginia Highlands Community College	Dean, Nursing & Allied Health	276-739-2439	kmitchell@vhcc.edu
Moody	Dr. Nancy	Tusculum College	President	423-278-2305	nmoody@tusculum.edu
Moorman	Dr. Jon	ETSU	Vice Chair, Research & Scholarship/ Residency Program Director		moorman@etsu.edu

Nida	Dr. Maurice	Wellmont Health System	Director, Osteopathic ME / LMU Adjunct Professor of Medicine	276-679-0321	Maurice.Nida@wellmont.org
Niday	Pat	Mountain States Health Alliance	Chief Learning Officer	423-431-6698	NidayPA@msha.com
Ong	Dr. Han Chuan	King University	Dean, College of Arts & Sciences	423-652-6007	hanchuanong@king.edu
Phillips	Dr. Kenneth	ETSU	Interim Associate Dean, Research		phillipskd@etsu.edu
Pope	Pat	QSource (Quality Improvement Network for State of TN)	Practice Solution Advisor	423-557-3356	ppope@qsource.org
Prill	Dr. Sue	Wellmont Cancer Center	Medical Director, Breast Center	423-844-5650	Sue.prill@wellmont.org
Ray	Dr. Richard	King University	Interim President	423-652-4784	president@king.edu
Rinehart	Dr. Andrew	Glytec	Chief Medical Officer	276 614-8396	arhinehart@glytecsystems.com
Runnels	Dr. Clay	Mountain States Health Alliance	CMO, Washington County TN	423-431-1061	RunnelsCW@msha.com
Seligman	Dr. Morris	Mountain States Health Alliance	EVP, CMO	423-302-3373	seligmanmh@msha.com
Shipley	Lindsey	Quillen College of Medicine	Student (Joint MD/MPH program)	731-571-8421	crosnoe@goldmail.etsu.edu
Stepanov	Dr. Nonna	Mountain States Health Alliance	Director of Research	423-431-5654	stepanovnv@msha.com
Tillman	Dr. Ken	ETSU - College of Nursing	Associate Dean of Academic Programs	423-439-4417	tillmank@etsu.edu
Tooke-Rawlins	Dr. Dixie	Via College of Osteopathic Medicine		540-231-6059	dtrawlins@vcom.vt.edu
Walker	Clay	NETWORKS Sullivan Partnership	Chief Executive Officer	615-878-5782	cwalker@networkstn.com

EXHIBIT C- 1A

Mountain States Health Alliance

Clinical Operations (Cont)



Org chart updated on January 18, 2016

Indicates direct relationship to VP, Integrated Solutions Health Network

Indicates dotted line relationship to VP, Chief Medical Officer of Washington Co

EXHIBIT C-1B

Nonna Stepanov , MD, CCRC

2227 Granite Court · Johnson City, TN · stepanov6@gmail.com · 614-735-6253

SUMMARY OF QUALIFICATIONS

- CCRC, Graduated Medical Doctor with 20 + years' experience in clinical research, research administration in both academic and community hospital setting (similar to CRO: centralized office for 14 hospitals)
- Well versed in all areas of FDA 21 CFR Federal Regulations and 45 CFR 46 NIH regulations, ICH GCP Good Clinical Practices Guidelines and clinical trials Standard Operating Procedures (SOP)
- Therapeutic areas: Experience in Phase II, III, IV studies in oncology, neurology, gynecology, cardiology, trauma/orthopedic, and rheumatology
- Skilled in administrative review of new research proposals and protocol submissions for IRB approval
- Performed Site Start-Up activities, source documents generation /verification and data management
- AE/SAE Reporting and IND Safety reports generation
- US citizen, clean driving license
- Well familiar and trained on RDC, InForm, Oncore, iMedidata and other databases
- Healthcare Administration , Extensive internal audit skills and experience in developing Standard Operating Procedures (SOP) and completing quality improvement projects
- Experienced investigators and site recruiter
- VOS (Value Optimization System)/LEAN certified (green certificate)
- Graduate of Leadership Academy, Mountain States Health Alliance
- Experienced in strategic plan development and financial management

PROFESSIONAL EXPERIENCE

Corporate Director, Research Department June 2011- Current
Mountain State Health Alliance (MSHA), Johnson City, TN

- Plans, organizes and coordinates all research activities: responsible for providing guidance/oversight and setting tasks, priorities, timelines for all sponsored research trials (clinical , non-clinical) and other non-funded proposals within MHSA
- Provides expertise in translating regulatory requirements into practical, workable plans and facilitates the implementation of research projects by serving as a liaison for the review, submission, execution, completion of study proposals including all financial aspects
- Collaborates with sponsors; serve as liaison with the Institutional Review Board (IRB), pharmaceutical companies, and internal departments; serves as IRB member
- Identifies investigators and sites for clinical trials; defines and manages project resource needs and establishes contingency plans for key resources, provides staff training
- Responsible for all aspects of internal clinical trials including but not limited to completion of study visits, distribution of IP and data management, develop source documents and respond to queries
- Conducts internal audits to ensure compliance with sponsor and regulatory agencies requirements
- Assists in developing plans to meet requirements of new studies/protocols; prepares sites for external quality assurance and review
- Develops Procedural Manuals, SOPs and working instructions
- Maintains SharePoint/Internet web site

- Manages department and research budget; sets up billing procedures
- Reviews and negotiates research contracts (CTA/CDA),develops strategic plans/blueprint
- Mentors, trains and professionally develops assigned staff, assist with developing training plans (TED's), conducts educational sessions
- Actively participates in clinical trials conduct in accordance with study schema/requirements
- Conducts training/educational workshops/sessions; grand rounds, assists with developing of research proposals/data tools
- Responsible for Mentorship Program for talented high school student who expressed interest in medical career
- Active member of Clinical Service Division committee at MSHA; serves on MSHA Research and Academic Committee, Cancer Committee, Trauma Performance Improvement Committee.

  Currently attending MSHA Physician Leadership Academy courses

Clinical Research Manager,
Department of Obstetrics and Gynecology 2008- 2011
Ohio State University Medical Center, Columbus, OH

- Planned, organized and coordinated clinical research activities
- Collaborated with sponsoring agencies; served as liaison with the IRB, FDA, drug companies
- Responsible for compliance with all state and federal regulations
- Assisted with writing applications securing funding; participated in writing manuscripts
- Conducted Study Implementation meetings
- Responsible for all start-up activities, drug distribution, study marketing, completion of study visits, samples collection and submission of the research data
- Assisted in developing plans to meet regulatory requirements of new studies/protocols
- Oversaw billing, and stayed within budget guidelines of study; verified all study charges
- Reviewed Case Report Forms for completeness and adherence to protocol requirements
- Conducted query resolution; tracked clinical trial supplies and patient recruitment
- Performed drug accountability and reported adverse events promptly
- Distributed Investigational products
- Submitted essential regulatory documents to IRB
- Supervised research staff; assisted with hiring, training and development of new employees

Clinical Research Coordinator , Oncology, 2005-2008
Arthur G. James Cancer Hospital And Richard J. Solove Research Institute
Ohio State University, Columbus, OH

- Managed research subjects in complicated breast cancer research studies on long term medicated treatments as part of physician-initiated, ECOG and CALGB studies
- Performed patient recruitment, informed consent, registration/randomization, CRF completion, SAE reporting and follow/up, handled investigator files, prepared site for audits and collaborated with regional CRA
- Participated in collection and distribution of biologic samples
- Evaluated and interpreted collected clinical data; prepared oral presentations and written reports, analyzed progress, trends and recommendations/conclusions

- Assisted with comprehensive regulatory submission processes to provide high quality regulatory documentation for IRB
- Conducted research studies that are compliant with protocol, Federal regulations and Good Clinical Practice, ICH Guidelines, internal instructional policies and regulations
- Participated in establishment of start-up gene-specific treatment/chemotherapy
- Coordinated large number of patients during the long term follow up trials

Coordinator Clinical Studies/ Laboratory Manager,
Movement Disorder Center, Department of Neurology 2002-2005
Ohio State University Medical Center, Columbus, OH

- Managed daily activities of research studies and conducted studies that were compliant with the protocol, FDA regulations, GCP, and site SOPs
- Served as Sub-Investigator on non-pharmaceutical trials
- Participated in development of new informed consent forms and in writing manuscripts
- Managed trial documentation and reports and IRB, WIRB submissions. Screened hospital records
- Collected blood samples for genetic testing for Huntington's disease
- Supervised lab activities, incl. handling radioactive materials, splitting cells, and ELISA tests
- Communicated with PIs at site and clinical trial sponsors /pharmaceutical companies

Adjunct Faculty 1999-2007
Laboratory Assistant 1999-2004
Biological and Physical Science Department
Columbus State Community College, Columbus, OH

M.D. (Neurologist/Pediatrician) 1989-1997
Neurology Department
Children's Hospital #3, Bishkek, Kyrgyzstan

Nurse 1986-1989
Neurology Department
Children's Hospital #3, Bishkek, Kyrgyzstan

PROFESSIONAL AFFILIATIONS

- Association of Certified Research Professionals (ACRP)
- SOCRA
- Ex-officio member of the ETSU IRB Standing Committee
- Huntington's Disease Society of America (former)
- Association of Clinical Professionals Cancer and Leukemia Group B
- Cancer Trial Support Unit
- Cancer Committee, Regional Cancer Center, JCMC/MSHA
- Site Solution Summit participant, 2011, 2015
- National Cancer Institute
- Quality Committee, MSHA (2011-2015)
- Trauma Operational Process Improvement Committee, MSHA
- Major Extremity Trauma Research Consortium (METRC/DoD)

· ACRES: Alliance for Clinical Research Excellence and Safety, Research Integrity Domain

PROFESSIONAL ACTIVITIES

As Principal Investigator or Co-Investigator:

Qualitative Interviews for the Prospective ***Huntington*** At Risk Observational Study (Pharos). 2004- 2005

The Immune system and ***neurodegeneration*** in basal ganglia disorders. Central Ohio ***Parkinson*** Society 2002-2005

Huntington's Study Group (HSG) Unified ***Huntington's*** Rating Scale (UHDRS'99) Database 2003-2005. The Huntington Study Group

Cervical Ripening/Inducing Agents and ***Uterine Rupture***: A Case–Control Study. Premier Inc. 2011-2012

JMC-1502, Non-blinded data collection study of concussion using the Nautilus BrainPulseTM", Jan Medical Inc. 2016-open

Development of a research database for studies of infants exposed to drugs that can cause neonatal abstinence syndrome (**NAS**), 2016-open

As Research Coordinator:

A Multi-Center, Double-Blind, Randomized, parallel Group, placebo-Controlled Trial of ethyl-EPA (Miraxon) in Subjects with Mild to Moderate Huntington's disease (HD),TREND-HD.2005-2005.

Prospective Huntington At Risk Observational Study (PHAROS). Huntington's Study Group. 2002-2005

A Randomized, Double-Blind, Placebo-Controlled, Study of Tetrabenazine for the Treatment of Huntington's Chorea (TETRA). Huntington's Study Group and Prestwick Pharmaceuticals . 2003-2004.

Open-Label, 48 Week Extension Study of Tetrabenazine for the Treatment of Huntington's Chorea. Huntington's Study Group and Prestwick Pharmaceuticals. 2004-2005

COHORT-Cooperative Huntington's Observational Research Trial, HSG, High Q Foundation, 2005-2005

A Multi-Center, Double-Blind, Randomized, Parallel Group, Placebo-Controlled Trial of Ethyl-EPA (Miraxion) in Subjects with Mild to Moderate Huntington's Disease (HD), HSG, Amarin Neuroscience Ltd, 2005

Evaluation of Lumpectomy, Tamoxifen, and Irradiation of the Breast Compared with Lumpectomy Plus Tamoxifen in Women 70 Years of Age or Older Who Have Carcinoma of the Breast That is Less Than or Equal to 2 cm and Clinically Negative Axillary Nodes. 2005-2008

Phase III Comparison of Tamoxifen versus Tamoxifen with Ovarian Ablation in Premenopausal Women with Axillary Node-Negative Receptor-Positive Breast Cancer <3 cm, Intergroup. 2005-2008

A Pilot Study of Low-Dose Interleukin-2 Plus Recombinant Human Anti-HER2 Monoclonal Antibody in Solid Tumors. 2005-2008

A Phase III Study of Paclitaxel via Weekly 1 Hour Infusion vs. Standard 3 Hour Infusion Every 3 Weeks with Herceptin (Trastuzumab) (NSC #688097) in the Treatment of Patients with/without HER-2/Neu-Overexpressing Metastatic Breast Cancer, 2005-2008

Phase III Trial of Tamoxifen Alone vs. Tamoxifen Plus RT for Good Risk Duct Carcinoma In-Situ (DCIS) of the Female Breast, 2005-2008

Phase III Study of Adriamycin/Taxotere vs. Adriamycin/Cytoxan for the Adjuvant Treatment of Node Positive or High Risk Node Negative Breast Cancer.2005-2008

A Phase III Randomized Double Blind Study of Letrozole versus Placebo in Women with Primary Breast Cancer Completing Five or More Years of Adjuvant Tamoxifen. 2005-2008

A Phase III Study of Doxorubicin-Cyclophosphamide Therapy Followed By Paclitaxel or Docetaxel Given Weekly or Every 3 Weeks in Patients with Axillary Node-Positive Breast Cancer.2005-2008
Evaluation of Novel Therapeutic Agents (Celecoxib: NSC # 719627) Against Breast cancer: An Innovative Randomized Phase II Trial Design. 2005-2008
Observational COHORT Study: Chemotherapy Decisions and Outcomes in Women age 65 or Older with Operable, Newly diagnosed Breast Cancer. 2005-2008
Program for the Assessment of Clinical Cancer Test (PACCT-1): Trial Assigning Individualized Options for Treatment: The TAILORx Trial, 2007-2008
Randomized Study of Education With or Without Exercise and Counseling in Preventing Lymphedema in Women With Stage I-III Breast Cancer Who Are Undergoing Axillary Lymph Node Dissection, 2007-2008
A Double-Blind Phase III Trial of Doxorubicin and Cyclophosphamide followed by Paclitaxel with Bevacizumab or Placebo in Patients with Lymph Node Positive and High Risk Lymph Node Negative Breast Cancer . 2007-2008
A multicenter, open label study to evaluate the efficacy, cycle control, and safety of a contraceptive vaginal ring delivering a daily dose of 150µg of Nestorone® and 15µg of Etinyl estradiol (150/15 NES/EE CVR), 2008-2010

A randomized, international, double-blind (with in-house blinding), controlled with Gardasil™, dose ranging, tolerability, immunogenicity, and efficacy study of a multivalent Human Papillomavirus (HPV) L1 virus-like particle (VLP) vaccine administered to 16-to-26 year old women, 2008-2010

A twelve month, open-label, safety trial of Flibanserin 50 milligrams to 100 milligrams daily in women with hypoactive sexual desire disorder, 2008-2010

A Multi-Center Prospective Clinical Study to Evaluate the Performance and Clinical Predictive Value of the Invader® HPV HR Molecular Assay and Invader® HPV 16/18 Molecular Assay for the Detection of the Human Papillomavirus in Cervical Cytology Samples, 2008-2011

TASC/ Transatlantic Active Surveillance. International study. 2009-2010

Blood loss at the time of first trimester surgical abortion in anticoagulated women. 2008-2010

A Multicenter, open-label study to evaluate the efficacy and safety of a combination oral contraceptive regimen for the prevention of pregnancy in women. 2009-2011

A Phase II randomized Study of the effect of Zolendronic acid versus observation on bone mineral density of the lumbar spine in women who elect to undergo surgery that results in removal of both ovaries. 2008-current

Phase II double blind randomized trial of evaluating the biological effect of levonogestrel on the ovarian epithelium in women at risk for ovarian cancer. 2008-2011

Telephone Counseling Intervention to Increase Highly Effective Contraceptive Method Use at Six Months Postpartum. ACOG/ Bayer Pharmaceutical Inc. 2010-2011

A Multicenter, open-label study to evaluate the efficacy and safety of a combination oral contraceptive regimen for the prevention of pregnancy in women, 2009-2011

A Multicenter, open-label study to evaluate the efficacy and safety of a combination oral contraceptive regimen (DR-102) for the prevention of pregnancy in women, 2009-2011

A Phase 3, Randomized, Multi-Center, Open-Label Study of a Levonogestrel-Releasing Intrauterine System (20 mcg/day) and Mirena® for Long-Term, Reversible Contraception up to Five Years, 2010-2011
Sub-Investigator: Pregnancy immunomodulation impacts clinical outcomes in patients with history of eczema. 2009-2011

A randomized, double-blind, placebo-controlled study of secukinumab to demonstrate the efficacy at 24 weeks and to assess the safety, tolerability and long term efficacy up to 2 years in patients with active rheumatoid arthritis who have an inadequate response to anti-TNF agents. Novartis Pharmaceuticals Corporation. 2011-2013

A Clinical Outcomes Study of Darapladib versus Placebo in Subjects Following Acute Coronary Syndrome to Compare the Incidence of Major Adverse Cardiovascular Events (MACE) SOLID-TIMI 52, GlaxoSmithKline, IND# 62,846, 2011-current

A randomized, double-blind, placebo-controlled study of AIN2206: efficacy, safety and tolerability of secukinumab at 12 weeks administered with an i.v. or s.c. loading regimen compared to placebo in patients with active rheumatoid arthritis despite treatment with methotrexate, AIN 2206. Novartis Pharmaceuticals Corporation. 2011-2013

Lantheus : A Phase 3, Open-Label, Multicenter Study for the Assessment of Myocardial Perfusion using Positron Emission Tomography(PET) Imaging of Flurpiridaz F18 Injection in Patients with Suspected of Known Coronary Artery Disease. Novartis Pharmaceuticals Corporation. 2011-2013

Second Study of the Effect of Teriparatide on Femoral Neck Fracture Healing, Eli Lilly, 2011-2013

Exchange Nailing Technique for Tibia Nonunions- a Retrospective Review, Wake Forest, 2015

A Phase 3, Multicenter, Investigator-blind, Randomized, Parallel Group Study to Investigate the Safety and Efficacy of Fidaxomicin Oral Suspension or Tablets Taken q12h, and Vancomycin Oral Liquid or Capsules Taken q6h, for 10 Days in Pediatric Subjects with Clostridium difficile-associated Diarrhea, Astellas, 2015-open

A Phase 2, Randomized, Double-Blind, Placebo-Controlled, Multi-Center, Trial of the Effects of Intravenous GC4419 on the Incidence and Duration of Severe Oral Mucositis (OM) in Patients Receiving Post-Operative or Definitive Therapy with Single-Agent Cisplatin plus IMRT for Locally Advanced, Non-Metastatic Squamous Cell Carcinoma of the Oral Cavity or Oropharynx, Galera Therapeutics, Inc. 2016-open

Multiple cardiology studies with St. Jude Medical (regulatory) 2015-open

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References, Additional training, Available upon request

EXHIBIT C-1C

WELLMONT HEALTH SYSTEM

INSTITUTIONAL REVIEW BOARD ORGANIZATIONAL CHART

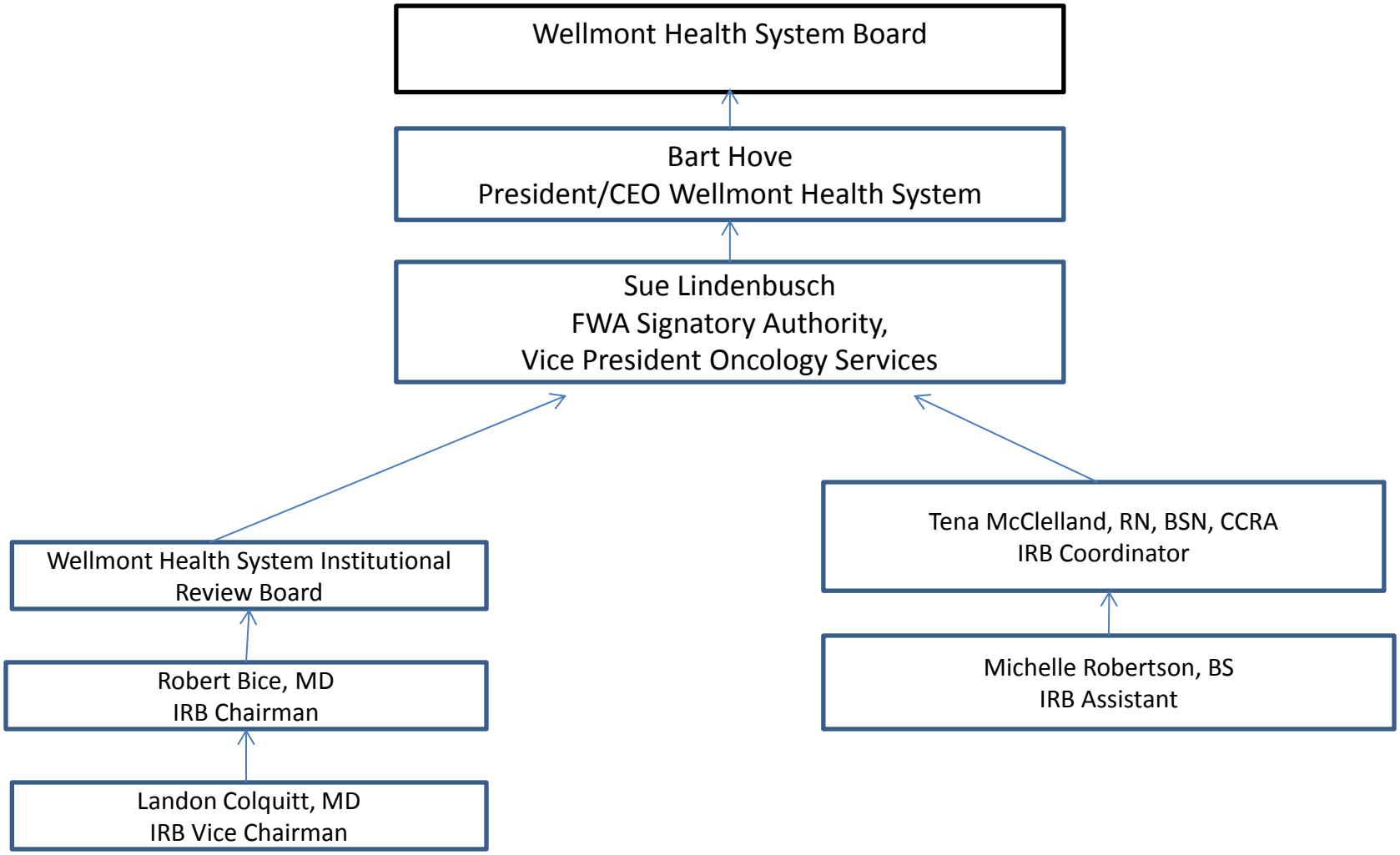


EXHIBIT C-1D

THE REGIONAL EYE CENTER

C. Robert Bice, MD, FACS
John L. Chapman, MD
Eric K. Smith, MD
Anthony D. Seaton, MD, PhD
Donny L. Reeves, MD
Calvin L. Miller, MD
A. J. Mosrie, MD
Sidney Wike, MD
John H. Goldsmith, OD
John T. Williams, CEO

135 West Ravine Road
Suite 2C
Kingsport, Tennessee 37660
423 / 246-7372
423 / 246-5038 *fax*
800 / 688-3937

Four Sheridan Square
Suite 102
Kingsport, TN 37660
423 / 246-7372
423 / 246-2308 *fax*
800 / 688-3937

249 Midway Medical Park
Suite 102
Bristol, Tennessee 37620
423 / 246-7372
423 / 764-4800 *fax*
800 / 688-3937

311 East Main Street
Rogersville, Tennessee 37857
423 / 272-5277
423 / 272-5886 fax

800 / 688-EYES
regionaleye.com

CURRICULUM VITAE
CHARLES ROBERT BICE, JR., M.D., F.A.C.S.

CURRENT POSITION

President and Staff Physician, The Regional Eye Center, P.C.
135 West Ravine Road, Suite 2C, Kingsport, TN

Medical Staff Member: Wellmont Holston Valley Medical Center and Indian Path Medical Center in Kingsport, TN

BACKGROUND

Date of Birth: June 7, 1947
Place of Birth: Chattanooga, TN
Began practice in Ophthalmology in Kingsport, TN, 1977

EDUCATION

College: Carson-Newman College, BS in Chemistry, 1969; Tri-Beta Honor Society

Medical School: University of Tennessee Medical School, Memphis, 1973; Class Secretary-Treasurer

Medical Internship: John Gaston Hospital, Memphis TN

Residency: Louisiana State University, Chief Ophthalmology Resident 1976-1977

Pediatric Ophthalmology Fellowship at Washington Children's Hospital, Washington, D.C.

Retinal Fellowship with Dr. David Meyer, Memphis, TN

STATE LICENSURE

Tennessee, Virginia, Louisiana

BOARD CERTIFICATION

American Board of Ophthalmology, 1978

PROFESSIONAL ORGANIZATIONS

Diplomate American Academy of Ophthalmology
Junior Board Examiner – American Board of Ophthalmology
Member – American Implant Society
Member – State of Franklin Surgical Society
Member – American Medical Runners Association
Secretary-Treasurer, Executive Staff, Holston Valley Medical Center, 1983-1985
Chairman, Institutional Review Board, Wellmont Holston Valley Medical Center, 1986-present
Chairman, Surgical Quality Improvement Committee, Holston Valley Medical Center, 1991-1993
Fellow of the American College of Surgeons (F.A.C.S.)
Allergan Medical Operations Investigator for:
- S1 – 18 Intraocular Lens
- S1 – 20 Intraocular Lens
- PC 24 Intraocular Lens
- Phacovisc
- Epikeratophakia

American Medical Athletic Association Editorial Board 2002 to present

PERSONAL

Has run over 15 marathons in 2001, 2002, and 2003 including Boston Marathon.
Has medaled in 7 events in 2003 Senior Games.

DR. MATTHEW HARTLEY BLEDSOE, PHARM.D., BCPS

Curriculum Vitae
July 2016

Matthew Bledsoe July 11 2016

1888 Shipley Ferry Road; Kingsport, TN 37663
Mobile: (423)-723-9567
Office: 423-844-2853; Matthew.Bledsoe@wellmont.org

PROFESSIONAL EXPERIENCE

August 2010-Present

Bristol Regional Medical Center
Pharmacy Clinical Coordinator/
Residency Program Director

- Clinical Pharmacy Services Manager
- PGY1 Pharmacy Residency Program Director
- Residency Program Advisory Committee Chair
- Pharmacy Technician Medication Reconciliation Team Manager
- BRMC Medication Safety Team Chair
- System-level Medication Safety Team Co-chair
- BRMC Antimicrobial Stewardship Committee member
- BRMC Readmissions Team Chair
- System-level Readmissions Team member
- Pharmacy and Therapeutics Committee member
- System Pharmacy and Therapeutics Committee member
- BRMC Process Improvement Council member
- Quality Assurance Committee member
- Wellmont System Safety Committee member
- Joint Commission Survey Readiness Committee member
- Others….

Bristol, Tennessee

July 2009-August 2010

Appalachian College of Pharmacy/
Bristol Regional Medical Center
Assistant Professor
Emergency Medicine/Trauma
Oakwood, Virginia
Bristol, Tennessee

August 2009-March 2010

CVS Pharmacy
Pharmacist: Part-time
Northeast Tennessee Region

June 2008-June 2009

Fort Sanders Regional Medical Center
Pharmacist
Knoxville, Tennessee

June 2006-May 2008

Kroger Pharmacy
Pharmacy Intern
Johnson City, Tennessee

EDUCATION

June 2008-June 2009

Fort Sanders Regional Medical Center
Knoxville, Tennessee
PGY1 Pharmacy Residency Program

August 2005-May 2008

Appalachian College of Pharmacy
Oakwood, Virginia
Doctor of Pharmacy
Summa cum laude

August 2003-May 2005

East Tennessee State University
Johnson City, Tennessee
Bachelor of Science: Health Sciences; Microbiology
Summa cum laude

August 2001-May 2003

Northeast State Community College
Blountville, Tennessee
Associate of Science: General Science
Summa cum laude

PROFESSIONAL LICENSURE

September 2013-Present

Registered Pharmacist
State of Virginia
License #0202212589

August 2008-Present

Registered Pharmacist
State of Tennessee
License #33202

LEADERSHIP

February 2016-Present

System-level Medication Safety Team Co-Chairman
Bristol Regional Medical Center
Bristol, Tennessee

June 2013-Present

Readmissions Team Chairman
Bristol Regional Medical Center
Bristol, Tennessee

November 2011-Present

Medication Safety Team Chairman
Bristol Regional Medical Center
Bristol, Tennessee

July 2012-Present

PGY1 Pharmacy Residency Program Director
Bristol Regional Medical Center
Bristol, Tennessee

August 2010- Present

Medication Reconciliation Technician Manager
Bristol Regional Medical Center
Bristol, Tennessee

PROFESSIONAL MEMBERSHIPS

August 2005-Present	**American Society of Health-System Pharmacists**

SPECIALIZED TRAINING/CERTIFICATION

July 2016	**Board Certified Pharmacotherapy Specialist** Board of Pharmacy Specialties
December 2009	**Patient Care Impact Program (PCIP) Certificate Program: Introducing an Emergency Pharmacist into Your Institution** American Society of Health-System Pharmacists
December 2009	**Advanced Trauma Life Support: Audit** American College of Surgeons
March 2009-Present	**American Heart Association Advanced Cardiac Life Support**
December 2008-September 2010	**Contracted Trainer for CoaguChek XS Point of Care Warfarin Testing System**
December 2008	**Completed NCPA Approved Respiratory Care Certificate Program**
August 2006-Present	**Pharmacist-Based Immunization Delivery Certification**
January 2006-Present	**American Heart Association Adult Basic Cardiac Life Support** **American Heart Association Pediatric Basic Cardiac Life Support**

RESEARCH

September 2012-June 2013	**"Implementation and Evaluation of a Decentralized, Unit-based Pharmacy Practice Model"** Bristol Regional Medical Center Bristol, Tennessee
July 2011-July 2012	**"Pharmacy Technician Based Medication Reconciliation in a Surgical Department"** Bristol Regional Medical Center Bristol, Tennessee
July 2010-July 2011	**"Pharmacy Technician Based Medication Reconciliation in an Emergency Department"** Bristol Regional Medical Center Bristol, Tennessee
February 2010-March 2010	**"Pharmacist/Pharmacy Student Based Medication Reconciliation in an Emergency Department"** Bristol Regional Medical Center Bristol, Tennessee
October 2009	**"Development of a Skin and Soft Tissue Infection Protocol for use in the Emergency Department"** Bristol Regional Medical Center

Bristol, Tennessee

October 2009

"Medication Usage Evaluation of Tigecycline"
Bristol Regional Medical Center
Bristol, Tennessee

September 2008-June 2009

"Development of an Inpatient Warfarin Discharge Education Program"
Fort Sanders Regional Medical Center
Knoxville, Tennessee

November 2008-June 2009

"Development and Evaluation of an International Normalized Ratio (INR) Self-testing Program in Patients on Long-term Warfarin Treatment"
Fort Sanders Regional Medical Center
Knoxville, Tennessee

June 2007

"The Effectiveness of a Pharmacist Based Smoking Cessation Program in the Workplace"
K-Va-T Food Stores Corporate Headquarters
Abingdon, Virginia

January 2005-May 2005

"Characterization of Ferric Siderophore Receptor in *Rhizobium leguminosarum*"
East Tennessee State University
Department of Health Sciences
Johnson City, Tennessee

GRANTS

June 2011

"Pharmacy Technician-Based Medication Reconciliation Program Pilot Study Grant (Surgical Department)"
Cardinal Health Foundation's E3 Grant Program
Bristol Regional Medical Center
Bristol, Tennessee

June 2010

"Pharmacy Technician-Based Medication Reconciliation Program Pilot Study Grant (Emergency Department)"
Cardinal Health Foundation's E3 Grant Program
Bristol Regional Medical Center
Bristol, Tennessee

TEACHING EXPERIENCE

August 2010-Present

Adjunct Faculty (Clinical Preceptor)
Department of Pharmacy Practice
Bill Gatton College of Pharmacy
Johnson City, Tennessee

July 2009-Present

Clinical Affiliate
Department of Pharmacy Practice
Appalachian College of Pharmacy
Oakwood, Virginia

July 2009-August 2010	**Assistant Professor of Clinical Pharmacy** Appalachian College of Pharmacy Oakwood, Virginia
September 2008-December 2009	**Instructor of Clinical Pharmacy** Advanced Practice Student Preceptor University of Tennessee Department of Clinical Pharmacy Knoxville, Tennessee
June 2005-August 2007	**Anatomy and Physiology Lab Instructor** Northeast State Community College Blountville, Tennessee
November 2006-May 2007	**Tutor** University of Appalachia Oakwood, Virginia

AWARDS AND HONORS

February 2016	**Wellmont Healing Hero** Bristol Regional Medical Center
December 2012	**40 Under Forty** Tri-Cities Business Journal
May 2008	**Academic Excellence Award** University of Appalachia
May 2008	**Eli Lilly Achievement Award** University of Appalachia
May 2008	**Rho-chi Academic Honor Society** University of Appalachia
March 2007	**Dean's Award** University of Appalachia
April 2005	**Faculty Award: Department of Health Sciences** East Tennessee State University
May 2003	**Most Outstanding Student: Health Sciences** Northeast State Community College

SERVICE ACTIVITIES

October 2009	**Remote Area Medical** Grundy Virginia
July 2009	**Remote Area Medical** Wise Virginia

October 2007	**Juvenile Diabetes Fundraiser** Kroger Company Johnson City, Tennessee
August 2005-Present	**Pharmacists in Community Service Program** University of Appalachia • March of Dimes: Walk of America • Remote Area Medical Volunteer Corps • Blood Pressure Screening • Medicare Part D outreach • Pharmacy Legislative Day Richmond, Virginia
September 2004-March 2005	**Johnson City Housing Authority** Activities included delivering food to low-income families, supervising and tutoring children at the Keystone Recreation Center Johnson City, Tennessee

PROFESSIONAL PRESENTATIONS

November 2012	**"Assessment and Treatment of Post-stroke Depression"** 11th Annual Stroke Symposium **Bristol, Tennessee**
December 2009	**"Development of a Skin and Soft Tissue Infection Treatment Protocol for use in the Emergency Department"** Patient Care Impact Program (PCIP) Certificate Program: Introducing an Emergency Pharmacist into Your Institution American Society of Health-System Pharmacists Las Vegas, Nevada
December 2008	**"Development and Evaluation of an International Normalized Ratio (INR) Self-testing Program in Patients on Long-term Warfarin Treatment"** American Society of Health-System Pharmacists Residency Poster Presentation Orlando, Florida
July 2008	**"Keeping Beat with Your Cardiovascular Medications"** Fort Sanders Cardiac Rehabilitation Outpatient Program Knoxville, Tennessee
March 2008	**"Bystolic: a novel beta-blocker"** Bristol Regional Medical Center pharmacy and therapeutics committee Bristol, Virginia
February 2008	**"Nursing Pain Management: Morphine versus Oxycodone"** Johnston Memorial Hospital Abingdon, Virginia
December 2007	**"Surgical Approaches to Obesity"** Holston Valley Medical Center Kingsport, Tennessee

October 2007	**"Community Acquired MRSA: A Growing Problem"** Johnson City Medical Center Johnson City, Tennessee
September 2007	**"Diabetes Drug Update"** Diabetes support group Lebanon, Virginia
September 2007	**"Pramlintide (Symlin) as an Adjunctive Antihyperglycemic Agent in Treating Insulin Dependent Type 1 and Type 2 Diabetes"** C-Health family practice Lebanon, Virginia
September 2007	**"Opioid Induced Constipation"** C-Health family practice Lebanon, Virginia
July 2007	**"Achieving Medication Compliance in Psychiatric Patients"** K-VA-T Food Stores corporate headquarters Abingdon, Virginia
July 2007	**"Diabetes Overview"** Sullivan County Diabetes Project Bristol, Tennessee
October 2006	**"Pharmacoeconomic Analysis of Asthma Treatment: A Patient Perspective"** Appalachian College of Pharmacy Oakwood, Virginia

ACADEMIC PRESENTATIONS

Appalachian College of Pharmacy – Course Lectures

April 2010	**Diseases Specific to Pediatric Patients**
April 2010	**Drug Use in Neonatal Population**
January 2010	**Respiratory Infections**
January 2010	**Microbiology Review**
December 2009	**Acute Coronary Syndrome**
November 2009	**Ischemic Heart Disease**
November 2009	**Stroke**
October 2009	**Traumatic Brain Injury**

Rebecca Diana Boles, RHIA
146 Hugh Rule Drive
Rockford, TN37853
865-247-6984 (Home)
502-417-9095 (Cell)
Mail to: beckyboles11@comcast.net

EDUCATION

Registered Health Information Administrator (RHIA)
American Health Information Management Association

Stephens College
RHIA Certification Program

Jewish Hospital Healthcare Services Corporate College
Healthcare Management Certification

University of Louisville, Louisville, Kentucky
Bachelor of Science in Political Science with Concentration in Economics and Business

PROFESSIONAL EXPERIENCE

Wellmont Healthcare Services 04/2006- Present
A multi-entity, not-for-profit healthcare network based in the Tri-Cities in Eastern Tennessee

Wellmont Health System (WHS)
WHS Director Coding and Documentation

Wellmont Holston Valley Medical Center
Director of Health Information Services (HIS) which includes all aspects of Health Information Management, the concurrent documentation program and serves as the facility privacy officer Holston Valley Medical Center is a 505-bed facility with a Level I Trauma Center

Jewish Hospital HealthCare Services, Inc., Louisville, Kentucky 09/1983 – 04/2006
A multi-entity, not-for-profit healthcare network with both owned and managed acute care hospitals, headquartered in Louisville

Jewish Hospital, Louisville, Kentucky 11/2005-03/2006
Assistant Director of Operations to include 440-bed tertiary (acute) care center Frazier Rehabilitation Institute (95-bed inpatient rehab facility), Medical Center East (outpatient diagnostic and surgical center), and Jewish Hospital Shelbyville (75-bed community hospital)

Jewish Hospital Shelbyville, Shelbyville, Kentucky 11/1998-10/2005
Director, Medical Information Services that is comprised of the Health Information Management Department, Case Management, the Medical Staff Office and the HIPAA/Compliance activities

Jewish Hospital Lexington, Lexington, Kentucky 07/1998-10/1998
Director, Health Information Management in a 174-bed general acute care facility This facility represented an attempt by JHHS to expand into the Lexington market Responsible for the overall operations of Health Information Management during the divestiture of the business unit from JHHS

Jewish Hospital, Louisville, Kentucky 05/1988-06/1998
Supervisor IV, Health Information Management, responsible for the all day-to-day operations of the Health Information Management Department

Medical Record Technician, Health Information Management 09/1983-05/1988
Performed duties as assigned to include coding, physician committee organization, data quality assurance and resource management

Saint Mary's Medical Center, Knoxville, TN 08/1979-08/1983
Performed various clerical duties in the Medical Record Department

PROFESSIONAL ACTIVITIES

American Health Information Management Association
Tennessee Health Information Management Association

ACADEMIC AWARDS

Dean's List, University of Louisville, 1998

HOBBIES, INTERESTS AND ACTIVITIES

Gardening, Free-style writing, Travel

Rebecca Boles
9/18/2014

CURRICULUM VITAE

Marian L. Chamberlin, M.D.
416 Heatherview Court
Kingsport, TN 37663

PERSONAL DATA

Birthdate: February 17, 1952

Marital Status: Widowed

Number of children: 2

EDUCATION

1979-1981: James H Quillen College of Medicine
East Tennessee State University
Johnson City, Tennessee
Residency in Internal Medicine

1978-1979: Edward W. Sparrow Hospital
Lansing, Michigan
Flexible Internship

1974-1978: College of Human Medicine
Michigan State University
East Lansing, Michigan
M.D. Degree

1972-1974: Michigan State University
East Lansing, Michigan
B.S. in biochemistry

1970-1972: University of Toledo
Toledo, Ohio

WORK EXPERIENCE

1991-2011: Associate Professor of Medicine
James H. Quillen College of Medicine
East Tennessee State University

1990-1991: Associate Professor of Medicine, Part-time
James H. Quillen College of Medicine
Medical supervisor for residents' clinic
Holston Valley Hospital and Medical Center Indigent Clinic

WORK EXPERIENCE (CONTINUED)

1983-1990: Assistant Professor of Medicine, Part-time
James H. Quillen College of Medicine
Medical supervisor for residents' clinic
Holston Valley Hospital and Medical Center Indigent Clinic

1982-1983: Assistant Professor of Medicine
James H. Quillen College of Medicine

CERTIFICATION

American Board of Internal Medicine-eligible December 1981, certified 1982

LICENSURE

Tennessee MD 13798

AFFILIATIONS AND COMMITTEES

Pharmacy and Therapeutics Committee Wellmont Holston Valley Medical Center 1998-2011. Chairperson January 2000-December 2011.

Continuing Medical Education Committee Wellmont Holston Valley Medical Center 1998-2009

Tennessee Medical Association Continuing Medical Education Committee 1996-1998

Heritage Independent Practice Association Quality Improvement Committee 1995-1997

Sullivan County Medical Society 1982-present

Tennessee Medical Association 1982-present

Medical Advisory Committee Holston Valley Hospital 1991-1992

Indigent Clinic Committee Holston Valley Hospital 1983-1991

Utilization Review Committee, Hillside Manor Nursing Home 1987

Productivity Improvement/Cost Containment Committee Holston Valley Hospital 1983-1985

AFFILIATIONS AND COMMITTEES (CONTINUED)

Resident Recruitment Committee James H. Quillen College of Medicine 1981-1982

Internal Medicine Search Committee James H. Quillen College of Medicine 1981

Curriculum Committee Department of Internal Medicine James H. Quillen College of Medicine 1981

HONORS

Completed flexible internship with honors, Edward W. Sparrow Hospital

Graduated with High Honors, Michigan State University

Phi Kappa Phi, Michigan State University

Alpha Epsilon Delta, University of Toledo

CRC Chemistry Award, University of Toledo

LANDON A. COLQUITT, IV, M.D.
CURRICULUM VITAE

7-29-15

Personal

Born March 12, 1953, Odessa, TX
Home Address: 9 Spring Creek Wynd
Kingsport, TN 37664
Telephone: 423-224-6724 (Work)

Education

Southern Methodist University, Dallas, TX
B.A. (History), December 1975
B.S. (Biology), December 1975
University of Texas Medical School at Houston
M.D., June 1981

Licensure

Tennessee	License #MD19720
Virginia	License #0101043958
Texas	License #F9318

Board Certification

American Board of Pathology:
Certified in Anatomic and Clinical Pathology, 1991

Residency/Appointments

Anatomic/Clinical Pathology
University of Texas Southwestern Medical School/
Parkland Memorial Hospital, Dallas, TX, July 1985 - June 1989

Teaching Assistant - Medical Student Sophomore Pathology
University of Texas Southwestern Medical School/
Parkland Memorial Hospital, Dallas, TX, July 1986 - June 1989

Instructor - Urologic Pathology
University of Texas Southwestern Medical School/
Parkland Memorial Hospital, Dallas, TX, July 1987 - June 1989

Employment History

1989 - present
Highlands Pathology Consultants, PC
(formerly Pathology Associates of Kingsport &
Blue Ridge Pathology Consultants)
10368 Wallace Alley Drive, Suite 18
Kingsport, TN 37663

Employment History (cont.)

1989 - present
Staff Pathologist
Department of Laboratory Medicine
Wellmont - Holston Valley Medical Center
130 W. Ravine Road
Kingsport, TN 37660

2004 - present
Consulting Pathologist and Laboratory Medical Director
Wellmont - Lonesome Pine Hospital
1990 Holton Avenue, East
Big Stone Gap, VA 24219

1989 - 1997
Consulting Pathologist and Laboratory Medical Director
Lee Regional Medical Center
P.O. Box 70
Pennington Gap, VA 24277

Professional Societies

American Society of Clinical Pathologists
College of American Pathologists
Texas Medical Association
Tennessee Medical Association
Sullivan County Medical Society

Committee Appointments

Institutional Review Board, Wellmont - Holston Valley Medical Center, 1996 - present
Committee on Program Directives, Wellmont - Holston Valley Medical Center, 1996 - present
Infection Control/Transfusion Committee, Wellmont Lonesome Pine Hospital, 2004 - present
Board of Directors, Highlands Pathology Consultants, 2005 - present

Publications

Reisman M, Preminger G, Colquitt L. Brucella orchitis, a rare cause for testicular enlargement. *Journal of Urology* 1990;143(4)821-2.

Testerman GM, Steagald MK, Colquitt LA, Maki A. Disseminated *Fusarium* Infection in a Multiple Trauma Patient". *Southern Medical Journal* March 2008, 101(3):320-323

Presentations

"Hereditary Hypercoagulable States," Speaker, Southeastern Clinical Laboratory Managers Association, Nashville, TN; April 27-29, 1997.

"Immunohistochemistry of Female Urethral Adenocarcinomas" (poster presentation), Texas Society of Pathologists Annual Research Meeting, Austin, TX; January 1989.

"False Negative Brain Biopsy in Creutzfeldt-Jakob Disease" (poster presentation), Texas Society of Pathologists Annual Research Meeting, Austin, TX; January 1989.

"The Role of ABO Compatibility in the Immunocompromised Host," Department of Pathology, University of Texas Southwestern Medical School; May 1988.

"Routine Urinalysis - Is Microscopy Necessary?" Department of Pathology, University of Texas Southwestern Medical School; March 1987.

"Mycobacterial Disease in the Immunocompromised Host," Department of Pathology, University of Texas Southwestern Medical School; January 1986.

Craig Denison
1-14-14

Craig S. Denison

1805 Birchwood Road • Kingsport, TN 37660 • (423) 383-1128 • csdenison@charter.net

EDUCATION AND CERTIFICATIONS

University of Tennessee, Knoxville
BS in Business Administration, June 1982
Major: Marketing
Minor: Economics

General Securities License, June 1984
Series 7
Series 63

Banking Designations:
Completed the following TBA courses:
Consumer Lending, Commercial Lending, Professional Lending I & II and General Cash Flow
Completed the following NCBA course:
Banking Strategies for Senior Management
Internal Bank of Tennessee Trainer for Cash Management and Account Analysis

Completed the Pal's Business Excellence Institutes "Achieving World Class Results" course in Spring 2013 and began Process Improvement initiatives along with the creation of my market's mission statement.

WORK EXPERIENCE

Bank of Tennessee, Kingsport, TN **March 1998 - Present**

Market President/Executive Vice President: October 2006 – Present
Responsible for all banking activities within the greater Kingsport marketplace, which includes Retail, Commercial and Professional banking. Responsibilities also include being the "face" of the bank throughout the community.

Investment Services Manager: January 2001 – Present
Responsible for the coordination of sales, planning and budgeting of our Series 7 Financial Consultants within the entire banking network.

Private Banking Division Leader/Executive Vice President: January 2001 – October 2006
Responsible for the management, growth, planning and budgeting for this division for our entire marketplace. This division concentrated within the medical, law, accounting, dental and other professional areas in delivering financial solutions both for personal and business needs.

Senior Relationship Manager/Senior Vice President March 1998 – January 2001
Responsible for marketing the bank's financial solutions to the Private Banking marketplace.

First American National Bank, Kingsport, TN **February 1994 - March 1998**

Senior Relationship Manager/Senior Vice President
Responsible for marketing the bank's financial solutions to the Private Banking marketplace.

Eastman Chemicals Company, Kingsport, TN **January 1992 – January 1994**

Market Manager/U S Plastics Sales/Performance Plastics
Responsible for the sales of cellulosic, polyester and polypropylene plastics products within the applications of the Performance Plastics division in the Tennessee, Georgia and lower Kentucky geographic area.

First American National Bank, Kingsport, TN **May 1985 – December 1991**

Relationship Manager/Vice President July 1988 – January 1992
Responsible for marketing the bank's financial solutions to the Private Banking marketplace.

Financial Consultant May 1985 – June 1988
Responsible for providing investment solutions to the bank's customers utilizing the various products and services available to a Series 7 registered consultant.

VOLUNTEER ACTIVITIES

United Way of Greater Kingsport **Dec. 2013 – Jan. 2016**
Vice Chairman of the 2014 Campaign
Chairman of the 2015 Campaign

Institutional Review Board, Wellmont Health Systems **2004 - Present**
I am one of 3 non-clinical members of this board. The IRB manages the approval and updates of all medical studies that do not have current FDA approvals. The main areas of study are focused within the Oncology and Cardiology segments, concentrating on patient safety and disclosure.

Kingsport Chamber of Commerce **2012 – 2014**
General Board Member

Legislative Affairs Committee Member 2010 – Present

Indian Path Medical Center, Kingsport, TN **July 2008 – June 2014**
Chairman of the Board July 2011 – June 2013

Blue Ridge Medical Management **July 2002 – June 2008**
Chairman of the Board July 2004 – June 2007

Kingsport Ballet: **Past Board Member**

Small Miracles Therapeutic Horseback Riding: **Initial Board Chairman**

321 HEDGEROW COURT • KINSPORT, TN 37663
PHONE (423)349-3136 • E-MAIL REBECCA.HOOVER@WELLMONT.ORG

REBECCA HOOVER

EDUCATION

August 1999 - December 2002 — University of South Carolina
Doctor of Pharmacy
- GPA=3.974

August 1996 – May 1999 — Tennessee Technological University
Pre-Pharmacy
- GPA=3.84

PROFESSIONAL EXPERIENCE

July 2008 – July 2015 — Holston Valley Medical Center, Kingsport, TN
Director of Pharmacy Services

July 2008 – July 2015 — Holston Valley Medical Center, Kingsport, TN
Assistant Director, Pharmacy Services

January 2010 – Present — Holston Valley Medical Center, Kingsport, TN
Director, PGY1 Pharmacy Residency

June 2005 – July 2008 — Holston Valley Medical Center, Kingsport, TN
Surgical Services Pharmacist

December 2003 – December 2004 — Holston Valley Medical Center, Kingsport, TN
Clinical Research Pharmacist

January 2003 – December 2003 — Holston Valley Medical Center, Kingsport, TN
Staff Pharmacist

February 2000 – December 2002 — Palmetto Health Baptist, Columbia, SC
Pharmacy Intern

August 1999 – February 2000 — Palmetto Poison Center, Columbia, SC
Pharmacy Intern

COMMITTEES

HVMC Pharmacy and Therapeutics committee
Wellmont Health System Pharmacy and Therapeutics committee
Institutional Review Board
Continuous survey readiness committee
Orthopedic service line
Surgery service line
System Medication Safety Team
System Falls Committee
Antimicrobial Stewardship Committee
Tennessee Pharmacists Coalition
Tri-cities residency consortium

PROFESSIONAL ACTIVITIES

Lectures/In-services:

Pharmacotherapy update on Antihypertensives and Antihyerlipidemics May 2004

Appropriate use of Naloxone

Preceptor:

ETSU Gatton College of Pharmacy	August 2009- present
South Carolina College of Pharmacy	May 2008 - present

PROFESSIONAL MEMBERSHIPS

American Society of Health System of Health-System Pharmacists

Northeast Tennessee Society of Hospital Pharmacists
Past President

Tennessee Pharmacists Association
TSHP

COMMUNITY ACTIVITIES

Children's Miracle Network Miracle Jeans Day Coordinator

Benevolence Fund Committee- Promise Ministries

Remote Area Medical Volunteer

LICENSURE

Tennessee Pharmacist License — License # 12358
Tennessee Board of Pharmacy

K. JEFFREY LUETHKE

155 Shelby Street
Kingsport, Tennessee 37660
(423) 246-5333

PERSONAL:

Kay Jeffrey Luethke "Jeff"

DOB:	May 14, 1965
Born:	Kingsport, Tennessee
Married:	Amy Light Luethke
Children:	Danielle (1997)
	Caroline (1997)
	Graham (2000)

EMPLOYMENT:

Attorney	K. Jeff Luethke Attorney at Law	12/2004 - present
Judge	Sullivan County Juvenile Court 200 Shelby Street Kingsport, TN 37660	5/2006 – present
Attorney	Wilhoit & Kaiser Attorneys at Law 223 Broad Street Kingsport, TN 37660	2/2000 – 12/2004
Attorney	Hunter, Smith & Davis Attorneys at Law 1274 North Eastman Road Kingsport, TN 37664	10/1992 – 2/2000
Clerk	Hunter, Smith & Davis Attorneys at Law 1274 North Eastman Road Kingsport, TN 37664	6/1985 – 8/1991

EDUCATION:

J.D.	University of Mississippi	6/1992
B.A.	University of Tennessee - Knoxville Major: Political Science Major: English	12/1987
H.S.	Dobyns-Bennett High School	6/1983

ADMITTED TO PRACTICE:	Tennessee State Bar	1992
	Virginia State Bar	1993
	U.S. District Court Eastern District of Tennessee	1994
	U.S. District Court Western District of Virginia	1994
	U.S. Court of Appeals Sixth Circuit	1993
	U.S. Court of Appeals Fourth Circuit	1993

PROFESSIONAL MEMBERSHIPS:

Kingsport Bar Association	
Executive Board	1999 - 2003
President	2002 – 2003
Tennessee State Bar Association	
Virginia State Bar Association	
American Bar Association	
Tennessee Juvenile Court Services Association	
Tennessee State Young Lawyers Association	
State Board Member	1995 – 1998
Mock Trial Board	1995 – 2004
Northeast Tennessee Young Lawyers' Association	1992 – 1998
President	1997 – 1998

7-8-14
Date

Signature

pennymiller
January 8, 2016

Penny L. Miller

292 Steele Creek Park Road
Bristol, TN 37620
(423) 968-5772 Home
(423) 956 8062 Mobile
Penny.Miller@Wellmont.org

WORK HISTORY

May 2013-current: **Director of Quality, Accreditation, and Risk Management**
Bristol Regional Medical Center
Bristol, TN

Responsibilities:
Provide oversight of quality, accreditation, and risk management activities for the hospital. This includes facilitating risk and claim management activities, quality and safety coordination involving compliance with: The Joint Commission accreditation and certification activities and CMS site visits and follow up, as well as monitoring and achieving compliance with value based purchasing (VBP) and other mandatory regulations. Maintain oversight of the hospital's National Surgical Quality Improvement Project (NSQIP) for the hospital. Coordinate analysis and presentation of data/information elicited from and produced by quality and other departments. In addition, work with medical staff and hospital administration assisting with peer review and RCA processes. Oversee participation in Hospital Engagement Network sponsored by Tennessee Hospital Association.
Responsible for nine direct reports, including: stroke coordinator, accreditation coordinator, data analyst, risk manager, risk specialist, nurse surgical reviewer, and service excellence coordinator.
Accomplishments:
Established variance committee for staff/physician core measure accountability. Achieved 2013 Joint Commission Top performer on Key Quality Metrics, awarded Joint Commission Stroke Recertification, Achieved positive financial outcomes with value based purchasing for 2015. Initiated and co-chair hospital Orthopedic Service Line, Facilitated system-wide central line blood stream infection PI team, resulted in system policy, system data collection plan and system oversight process for infection prevention. Worked with Service Excellence Coordinator to develop a "Book of Caring- Toolkit" for leadership. Achieved A status with Leapfrog. Significant improvement with several surgical outcomes (post op pneumonia and post op urinary tract infection and colorectal surgical site infections) utilizing NSQIP program.

Jan 2009-May 2013 **Vice President Patient Care Services**
Bristol Regional Medical Center
Bristol, TN

Responsibilities:
Serve as chief nursing officer overseeing nursing services throughout the hospital. Assume accountability for all aspects of resource utilization and budget goals. Serve as a member of senior management team responsible for implementation of the hospital and system's strategic plan. Responsible for establishing nursing practices within the hospital. Assist in establishing standards of nursing practices and maintaining authority, accountability and responsibility of nursing services delivered. Develop organizational patient care

increased customers, meeting/ exceeding budgets. Improved customer satisfaction scores for the CSR workshops. Increased number of hospitals participating in the program. Created new ways of utilizing services for hospitals i.e. group training to new standards, etc.

Feb 2004-Oct. 2005 **System Accreditation Coordinator**
Wellmont Health System
Kingsport, TN
Responsibilities:
Responsible for facilitating and overseeing continued readiness to meet/exceed JCAHO regulatory agency standards and maintain compliance for the hospitals within Wellmont Health System. Use tracer methodology in prepping front-line staff, leaders, and physicians for survey; this requires knowledge of nursing and related processes in a variety of settings. Participate in system and hospital specific meetings and lead improvement teams as needed.
Achievements:
Successfully implemented JCAHO readiness work teams at each hospital; provided Joint Commission standards education regarding new survey process, scoring, and self-assessment; coordinated mock surveys, successful Joint Commission hospital surveys using new methodology. Facilitated two system-wide PI teams: resulted in a new nursing clinical ladder program for the health system and a "hand-off" team.

Dec 2001 – Feb 2004 **Vice President Clinical Services**
Wellmont Hawkins County Memorial Hospital
Rogersville, TN
Responsibilities:
Accountable for eight direct clinical reports with areas including: medical surgical nursing, emergency department, surgical services, respiratory therapy, pharmacy, infection control, and outpatient clinic. Accountable for overseeing Quality and JCAHO processes. Also, responsible for collaborating with other senior hospital management for strategic direction and goals. Attend and report to the local hospital Board. Active member of System Quality Integration Committee, a subcommittee of the System Board of Directors. Work in collaborative manner with nearby universities and community colleges to facilitate nursing students' clinical experience in the hospital. Serve as preceptor for nursing students as needed. Assist in clinical education and nursing competencies for clinical staff. Assist with recruitment and retention efforts for nursing.
Achievements:
Successfully changed model of nursing care, created staffing plans for clinical areas, implemented annual competencies for clinical staff and worked with managers to developed target nursing hours (this lead to a decrease in overtime and increased productivity), worked with clinical managers to create management plans that included metrics, worked with President of the hospital to restructure the hospital committees and meetings (implemented a functional medical staff quality committee with successful peer review), successful implementation of computer order entry house wide including computerized medication administration and records (MARs), implemented wound protocol, and worked with case management and physicians to begin implementation of first clinical pathway.

Wellmont Bristol Regional Medical Center
Bristol, TN
Responsibilities:
Day shift with rotating second shift and night/weekend call
Achievements:
Promoted to Nurse Manager of the Department

Jan 1980 - Jan 1982 **Emergency Department Staff RN**
Wellmont Bristol Regional Medical Center
Bristol, TN
Responsibilities:
Shared rotation of charge duties with other RNs
Achievements:
Certified BCLS and ACLS instructor

Sep 1978 - Jan 1980 **ICU Staff RN**
Wellmont Bristol Regional Medical Center
Bristol, TN
Responsibilities:
Shared rotation of charge duties with other RNs
Achievements:
Certification in Critical Care Nursing (CCRN)

Jun 1978 - Sep 1978 **Medical Surgical Staff RN**
Wellmont Bristol Regional Medical Center
Bristol, TN
Responsibilities:
Patient care and delegation of tasks to ancillary personnel

EDUCATION

Aug 2002 - Dec 2004 **East Tennessee State University**
Johnson City, TN
Received Masters of Science in Nursing; Graduate Certificate in Health Care Management

Mar 1999 - Dec 2001 **King College**
Bristol, TN
RN to BSN program
Received Bachelor of Science in Nursing
Graduated Magna Cum Laude

Aug 1975 - Jun 1978 **Roanoke Memorial Hospital School of Nursing**
Roanoke. VA
Diploma of Nursing

SKILLS/CERTIFICATIONS/MEMBERSHIPS

- Consulting strengths: assessing, evaluating and determining needs; facilitating action plans
- 36 years of experience in a variety of healthcare settings
- Approximately 24 years of Management experience, including administrative role
- Ten plus years working within a Healthcare System
- Knowledgeable in JCAHO standards, application, and survey process
- Familiar with healthcare quality, performance improvement initiatives, root-cause analysis, applying criteria to determine meeting standard, and sentinel events process
- Past Tennessee Quality Examiner
- Certified Professional in Healthcare Quality (CPHQ)
- SIGMA THETA TAU member
- Past member of the Northeast TN Organization of Nurse Executives (NETONE)
- Previous Nurse evaluator for the Collegiate College of Nursing

Anita Perry 1/8/2016

Anita Perry, RN MSN CEN AAS/NRP CMTE

Abingdon, VA 24211
(276) 608-9166 (mobile)
Anitaperry12@gmail.com

QUALITIES:

Strong work ethic	Effective muti-tasker	Customer focused
Dedication to company	Innovative and likes a challenge	High energy
Effective communicator	Exceptionally motivated	Proactive
Enthusiastic personality	Committed to excellence	Committed to safety

EDUCATION:

Master's of Science in Nursing
Focus: Nursing Administration
Sigma Theta Tau International Honor Society
East Tennessee State University, Johnson City, TN — 2003

Bachelor of Science in Nursing
Old Dominion University, Norfolk, VA — 1999

Associate of Science in Nursing
Pikeville College, Pikeville, KY — 1996

Associate of Applied Science
Major: Emergency Medical Services Technology
Specialization: Health Technology
Magna Cum Laude
Southwest VA Community College, Richlands, VA — 2004

PROFESSIONAL EXPERIENCE:

Wellmont Health System, Kingsport, TN — March 2000-present

System Director of Flight Services — *Nov 11-present*

- Established a Part 135 medical helicopter program for the health system.
- Direct supervision of Part 135 and Part 91 rotor wing bases with direct reporting to senior leadership team.
- Managed and supervised base operations including clinical components, monitoring compliance of performance standards, data collection and interpretation, interview and staff selection, quality assurance data collection and processes, process improvement activities and staff counseling.
- Manage budgeting and financial planning processes.
- Oversee contract maintenance and negotiation.
- Conduct formalized public relations activities and completion of strategic planning activities.

System Manager of Flight Services — *Aug 07-Nov 11*

Chief Flight Nurse – Med-Flight II — *Aug 05-Aug 07*

- Direct oversight and supervision of medical operations of a Part 91 rotor wing aircraft base completing on-scene, inter-facility, police and rescue operations.

Flight Nurse- Med-Flight II — *Feb 01- Aug 05*

Assistant Nurse Manager – Emergency Department — *2001-2002*
Wellmont Bristol Regional Medical Center

Emergency Department - Staff Nurse *Mar 00-2001*
Wellmont Bristol Regional Medical Center

Clinch Valley Medical Center, Richlands, VA 1996-2001
Staff/Charge Nurse – Emergency Department *1996-2001*
Staff Nurse – Med-Surg and Pediatrics *1996*

CERTIFICATIONS:

Certification in Emergency Nursing (CEN)
Certified Medical Transport Executive (CMTE)
Paramedic Certification, Virginia
Paramedic Licensure, Tennessee
Paramedic Certification, National Registry
Basic Life Support/CPR
Advanced Cardiac Life Support
Pediatric Advanced Life Support
Neonatal Resuscitation Program
Pre-Hospital Trauma Life Support

COMMITTEES:

Virginia Office of EMS Legislative & Planning Committee
Virginia Office of EMS Provider Health & Safety Committee
Virginia Office of EMS State Medevac Committee
Chair – November 2013 - Present
Project Synergy Utilization Review Subgroup
Project Synergy Medevac Foundation International Grant Subgroup
Medevac Education Subgroup
Project Synergy – Air Transport of the STEMI Patient Subgroup
Performance Improvement/Trauma Committee, SWVA EMS Council
SWVA Regional Stroke Committee, SWVA EMS Council
Wellmont Health System Institutional Review Board
*Multiple internal health system committees & subcommittees
*Multiple speaking engagements

APPOINTMENTS:

Virginia State Governor's EMS Advisory Board – Appointed Aug 2011, Reappointed 2014
SWVA EMS Council Board of Directors – Appointed Sept 2011

AWARDS:

2013 Tri-Cities Business Journal Forty Under 40 Award
2012 Governor's State EMS Award for Nurse with Outstanding Contribution to EMS
2012 Regional (Southwest VA EMS Council) Award for Nurse with Outstanding Contribution to EMS
2005 Regional (Southwest VA EMS Council) Award for Outstanding EMS Administrator

REFERENCES:

Available upon request

Lisa M. Smithgall
135 Bob Ford Road
Jonesborough, TN 37659
423-753-3997

EDUCATION

Doctorate of Philosophy in Nursing Degree, December 2010
East Tennessee State University, Johnson City, Tennessee

Masters of Science in Nursing Degree, December 1995
Concentration: Parent Child Nursing
Clinical Emphasis: Pediatric Nurse Practitioner
University of Tennessee, Knoxville, Tennessee

Bachelor of Science in Nursing Degree, December 1983
Bloomsburg University of Pennsylvania, Bloomsburg, Pennsylvania

LICENSURE

Registered Nurse # RN0000092860 – Tennessee – Expires 1/17
Professional Nurse # RN 263957 L – Pennsylvania – Inactive status
Registered Nurse – Virginia – Inactive status

EMPLOYMENT EXPERIENCE

April 2015 – Present, Vice President, Patient Care Services/Chief Nursing Officer, Holston Valley Medical Center, Kingsport, TN 37660

Executive responsibility for Nursing Services, Pastoral Care, Clinical Nutrition and Inpatient Wound Care.

Report to the President/CEO.

October 2012 – April 2015, Associate Vice President, Nursing, Geisinger Medical Center, Danville, PA, 17822

Executive administrative responsibility for Adult Intensive Care, Special Care, Telemetry, and Orthopedic Units, Nursing Supervisors, Nursing Float Pool, Nursing Staffing Office, and Respiratory Therapy. Executive nursing leader for "Nurses Emerging as Leaders" succession program development. Completed "Geisinger High Potential Leadership Development Program", May 2014. GMC Nursing Services representative for health system Mortality Review Committee, Alarm Management Sentinel Event Alert Steering Committee, and Work Place Violence Work Group. Clinical Administrator for Destination Care.

Report to the Vice President/Chief Nursing Officer.

October 2010 – May 2012, Vice President, Women's Strategic Service Unit, Mountain States Health Alliance, Johnson City, TN

Strategic and executive administrative responsibility for Women's services at Mountain States Health Alliance. Continued growth of the health system resulted in separation of Women's and Children's Services reporting structures in 2010. Executive responsibility for the design and implementation of patient care and processes for Family Birth Centers in two replacement facilities, Franklin Woods Community Hospital (2010) and Johnston Memorial Hospital (2011).

Report to the Senior Vice President.

August 2005 – October 2010, Vice President, Women's and Children's Strategic Service Unit, Mountain States Health Alliance, Johnson City, TN

Strategic and executive administrative responsibility for Women's and Children's services at Johnson City Medical Center, Niswonger Children's Hospital, Sycamore Shoals Hospital, Indian Path Medical Center, Johnson City Specialty Hospital, Johnson County Health Center, Smyth County Community Hospital, Norton Community Hospital, and Johnston Memorial Hospital. Executive responsibility for the design, construction, and implementation of patient care processes for the Niswonger Children's Hospital. Facilitated adoption and roll out of the health system nursing uniform standard. Chaired MSHA Patient Care Council for executive nursing leadership. Member of the Magnet Steering Committee from inception through designation and re-designation.

Report to the Senior Vice President.

August 2004 – August 2005, Assistant Vice President, Women's and Children's Strategic Service Unit Leader, Mountain States Health Alliance, Johnson City, TN

Strategic and administrative responsibility for Women's and Children's services at Johnson City Medical Center, Sycamore Shoals Hospital, Indian Path Medical Center, Johnson City Specialty Hospital, and Johnson County Health Center.

Report to the System CEO.

January 2003 – August 2004, Executive Director, Women's and Children's Strategic Service Unit Leader, Mountain States Health Alliance, Johnson City, TN

Strategic and administrative Responsibility for Women's and Children's services at Johnson City Medical Center, Sycamore Shoals Hospital, Indian Path Medical Center, Johnson City Specialty Hospital, and Johnson County Health Center.

Report to the CEO.

May 2000 – December 2002, Director, Women's and Children's Strategic Service Unit, Johnson City Medical Center, Mountain States Health Alliance, Johnson City, TN

Strategic Responsibility for Women's and Children's Services for the Mountain States Health Alliance system hospitals. Administrative responsibility for The Children's Hospital (10 bed Pediatric Intensive Care Unit, 20 bed Pediatric Unit, Pediatric Transport Team, 20 bed Neonatal Intensive Care Unit, and Neonatal Transport Team), The Center for Women's Health LDRPN/GYN patient care units and the Regional Perinatal Center.

Responsible for management of $7.8 M operating budget and 160 FTE's. Direct supervision of clinical nurse specialist and individual unit leadership staff. Actively participated

on hospital wide committees of Allied Health Credentials, Critical Care, Ethics, Performance Improvement, Point of Care Testing, and department specific physician meetings of Obstetrics/Gynecology and Pediatrics.

Report to the Vice President.

January 2000 – April 2000, Director, Women & Children's Health, Lancaster General Hospital, Lancaster, PA

February 1996 – January 2000, Director Women's and Children's Strategic Service Unit, Johnson City Medical Center, Johnson City, TN
June 1995 – December 1997, responsible for leadership of an interdisciplinary and interdepartmental team to reengineer the services and environment of the 21 bed LDRPN.

November 1992 – February 1996, Clinical Manager, Neonatal Intensive Care Unit, The Children's Hospital, Johnson City Medical Center, Johnson City, TN

24-hour operational responsibility for a 20 bed Level III NICU at a regional referral center. Responsible for Neonatal Nurse Transport Team management. During this period also functioned in the role of Interim Clinical Manager, Pediatric and Pediatric Intensive Care Units (April 1994 – July 1994) and Center for Women's Health (LDRP) and Gynecology Units (July 1994 – March 1995). Report to the Director of Women's and Children's Services.

March 1987 – October 1992, Clinical Manager, Neonatal Intensive Care Unit, Harrisburg Hospital, Harrisburg, PA

Responsible for management of an 18 bed Level III NICU on a per shift basis.
Report to the Unit Nurse Manager.

December 1983 – March 1987, Staff Nurse, Neonatal Intensive Care Unit, Harrisburg Hospital, Harrisburg, PA

CERTIFICATION

NCC Certification – Neonatal Intensive Care Nurse
American Nurses Credentialing Center –Nurse Executive, Advanced (NEA-BC)
Certified Pediatric Nurse Practitioner – National Certification Board of Pediatric Nurse Practitioners and Nurses (NCBPNP/N)
Certified Provider of Basic Life Support – American Heart Association

PROFESSIONAL MEMBERSHIP

American Nurses Association (ANA) - Member
American Organization of Nurse Executives (AONE) – Member
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) – Member
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) – Corresponding Member of the AWHONN 2014 Research Advisory Panel– January 2014-December 2014

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) – Corresponding Member of the AWHONN 2013 Annual Convention Program Committee – January 2012-June 2013
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) – Member of the AWHONN 2012 National Nominating Committee, December 2011 - May 2012
East Tennessee State University, College of Nursing, Community Advisory Board Member – 2005 – May 2012
East Tennessee State University, College of Nursing, Curriculum Committee Member – 2008 - 2010
National Association of Neonatal Nurses (NANN) – Member
Northeast Tennessee Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) – Chairman, 2005, 2006
Sigma Theta Tau International, Honor Society of Nursing, Epsilon Sigma Chapter – Member
Susquehanna Valley Association of Neonatal Nurses – President 1991, 1992
Tennessee Hospital Association – Board of Directors, At Large Member – December 2006 – December 2009
Together for Kids – Board of Directors, Member – January 2007 – August 2010

AWARDS AND HONORS

Meritorious Service Award for Executive Staff, Tennessee Hospital Association – October 2010
"E" Award for Economic Excellence and Equality, The Women's Economic Council Foundation – October 2009
Health Care Hero Award - The Business Journal, Tennessee/Virginia – September 2009
Tribute to Women Award – Business – YWCA, Bristol (TN) – April 2009
Nightingale Leadership Award – North East Tennessee Organization of Nurse Executives (NETONE) – 2007
Honoree – Honorarium for Women in Industry – Sponsored by Altrusa International, Inc. of Kingsport (TN) – May 1997
Betsy Brogan Award – Presented by JCMC to recognize a nursing leader pursuing graduate education – May 1995
Nightingale Awards of Pennsylvania – Finalist, Clinical Practice – Professional Nurse – October 1992

EDUCATIONAL AND PROFESSIONAL PRESENTATIONS

Poster Presentation – Association of Women's Health, Obstetric and Neonatal Nurses, Innovate Lead Care 2006 AWHONN Convention – "Promoting Optimal Patient-Centered Care for the Newborn and Family in a High Risk LDRPN" – June 2006
Presentation - MSHA Research Council and ETSU College of Nursing Research Conference, The Nuts and Bolts of Nursing Research: How do we get there from here? – "The Incidence of Hypoglycemia in Term AGA Neonates: A Retrospective Study" – June 8, 2006
Presentation - Association of Women's Health, Obstetric and Neonatal Nurses, Inspired to Excellence 2007 AWHONN Convention – "Heartbeat of a Family, Caring for a Woman's Heart: A Heart Disease Program for Women" – June 2007

Presentation – MSHA Research Council and ETSU College of Nursing Research Conference – "Infant Glucose Monitoring Frequency" – June 12, 2008

Presentation – MSHA Research Council and ETSU College of Nursing Research, CSI (Clinical Scene Investigation) – "Assessment of Hypoglycemia in Newborns in Transition" – June 11, 2009

Presentation – NACHRI, 2010 Creating Connections Conference – "Good Design Aids in Securing Gifts" – March 11, 2010

Presentation – Association of Women's Health, Obstetric and Neonatal Nurses, 2010 AWHONN Convention "Assessment for Hypoglycemia in Newborns During Transition: A Retrospective Study" – September 27, 2010

Poster Presentation – Tennessee Hospital Association, 2010 Annual Meeting Leadership Summit, "Assessment for Hypoglycemia in Newborns During Transition in Southern Appalachia" – October 5, 2010

Presentation – Sigma Theta Tau International, Epsilon Sigma Chapter, An Evening of Research, "Perceptions of Maternal Stress and High Risk Neonatal Patient Outcomes in a Single Private Room Versus Open Room Neonatal Intensive Care Unit Environment" – April 7, 2011

Presentation – 6th Annual Research Conference: Research CSI (Clinical Scene Investigation), "Perceptions of Maternal Stress and High Risk Neonatal Patient Outcomes in a Single Private Room Versus Open Room Neonatal Intensive Care Unit Environment" – June 9, 2011

Poster Presentation - Association of Women's Health, Obstetric and Neonatal Nurses, 2011 AWHONN Convention, "Assessment of Neonatal Intensive Care Unit Single Private Room Versus Open Room Environment and the Impact on Maternal and Neonatal Outcomes" – June 26-28, 2011

Presentation – National Association of Neonatal Nurses, 27th Annual Educational Conference, 2011 "Single Private Room Versus Open Room NICU Environment: Impact on Neonatal Outcomes and Maternal Perceptions of Stress" - September 15, 2011

Poster Presentation - Association of Women's Health, Obstetric and Neonatal Nurses, 2012 AWHONN Convention, "Closure of an Obstetric Newborn Service in a Rural Community Hospital: Implementation of a Plan for Prenatal Care Access, Obstetric Triage, and Transition to a Birth Facility" – June 24, 2012

Presentation - Association of Women's Health, Obstetric and Neonatal Nurses, 2012 AWHONN Convention, "Camp Meeting or Revival? Developing and Coordinating Perinatal Leadership Across a Multi-Hospital System" – June 26, 2012

Presentation – Association of Women's Health, Obstetric and Neonatal Nurses, 2013 AWHONN Convention, "Getting the Heart of the Matter: Implementing a Critical Congenital Heart Disease (CCHD) Newborn Screening Program Across a Rural Health System" – June 18, 2013

Presentation – South Central Workforce Investment Board (SCWIB), On Becoming Indispensable: How to be a Person of Influence Program for Clinical Educators, "Measuring Outcomes and Improved Clinical Practice" – September 24, 2013

Poster Presentation – American Organization of Nurse Executives (AONE), AONE 2014: Inspiring Leadership, "Nursing Leadership Succession Planning in a Rural Health System" –March 13 and 14, 2014.

Presentation – Tennessee Hospital Association/East Tennessee State University Sponsored Tennessee 1st Annual Statewide Deans/Directors and CNO's Conference: "Nursing Workforce Issues – Hospitals", May 21, 2015

RESEARCH ACTIVITIES

Research Project "Temperature Regulation in Neonates Following Birth" – April 1994
Research Project "Rooming In and the Transition to Home Care from the Neonatal Intensive Care Unit" – Summer 1995
"Functional Status During Pregnancy and the Postpartum" – 2005 – Principal Investigator
"Assessment for Hypoglycemia in Newborns in Transition – 2007 to 2010 – Principal Investigator
"Perceptions of Maternal Stress and High Risk Neonatal Patient Outcomes in a Single Private Room Versus Open Room Neonatal Intensive Care Unit Environment" – 2010 – Principal Investigator, Dissertation Research

PUBLICATIONS

Niday, P., Inman, Y.O., Smithgall, L., Hilton, S., Grindstaff, S., and McInturff, D. (2012). Redesigning nurse staffing plans for acute care hospitals. *Healthcare Financial Management*, June 2012, 112-116.

GRANTS

ETSU Graduate Research Grant - received March 2010
Epsilon Sigma Chapter, Sigma Theta Tau Research Grant – received October 2010

COMMUNITY SERVICE

Girl Scout Leader, Volunteer for Girl Scouts of USA 1990 – 2003
Health Services Task Force Member, the Chamber of Commerce, Johnson City, TN – March 1997 to 2000
Communities in Schools Johnson City, Member, Board of Directors, January 1999 – June 2006
Leadership 2015, Chamber of Commerce Leadership Program, Johnson City, TN – 1999
Southern Appalachian Ronald McDonald House Charities, Johnson City, Board of Directors, Member – 2000 – 2004, and January 2008 – December 2009
Northeast Tennessee Council, American Lung Association, Member, September 2005 – 2006
March of Dimes, Tri-cities TN March for Babies Co-Chair, 2011
Soroptomist of Montour County, Member, July 2014 to Present

PEER GRADUATE EDUCATION

G. Claycomb, MSN Candidate, Preceptor, Chamberlain College of Nursing – Spring 2013
D. Leitzel, MSN Candidate, Preceptor, Chamberlain College of Nursing - Fall 2014
A. Venditti, DNP Candidate, Committee, Carlow University – 2014

REFERENCES

Available upon request

Ruth Couch
365 Stanley Valley Road
Rogersville, TN 37857

Phone: (423)272-8862

Education	1981-1983	Walters State Community College Morristown, TN AND Registered Nurse
Professional	2005-present	Kingsport Hematology Oncology Kingsport, TN Registered Nurse, Oncology Certified Clinical Trials Department
	1986-2005	Wellmont Holston Valley Medical Center Kingsport Tennessee Clinical Trials Department Registered Nurse, Oncology Certified Nurse
	1985-1986	Superior Home Health Services Rogersville, TN Registered Nurse
	1983-1985	Hawkins County Memorial Hospital Rogersville, TN Registered Nurse
Professional Memberships		Oncology Nursing Society Northeast Tennessee Chapter Oncology Nursing Society
References:		Available upon request

Ruth Couch RN
1/6/16

Curriculum Vitae

Naomi Ruth Couch, RN

Education: 1983: Associate Degree Nursing
Walters State Community College
Morristown, TN

1958 – 60: Pre Nursing
Lincoln Memorial University
Harrogate, TN

Ruth Couch RN
3/18/14

License: RN: Multistate

Experience: 1983 – 1985 RN Medical-Surgery
Hawkins County Memorial Hospital
Rogersville, TN

1985 RN – Home Health
Superior Care
Rogersville, TN

1986 – 2005: Wellmont Holston Valley
Christine LaGuardia Cancer Center – RN Staff Nurse/OCN
Research Nurse 2000 – 2005

2005 – 2014: Have worked PRN in Cancer Research and Tumor Registry

CURRICULUM VITAE

HERBERT D. LADLEY, M.D., F.A.C.C.

ADDRESS: Work: Wellmont Cardiology Services
Wellmont CVA Heart Institute
2050 MeadowView Parkway
Kingsport, TN 37660

TELEPHONE: Work: 423-230-5000

Herb Ladley
1/13/15

LICENSURE AND CERTIFICATION:

Licensed: Tennessee (#MD0000015405)
Virginia (#0101049165)

Certification: National Board of Medical Examiners-1978
American Board of Internal Medicine-1980
Board Certified, Cardiovascular Disease- 1985
Board Certified, Interventional Cardiology-1999

WORK:

2010 – Current	Wellmont CVA Heart Institute
2000-2010	Cardiovascular Associates President
1984-2010	Cardiovascular Associates Private Practice

EDUCATION:

1974	B.S. cum laude Vanderbilt University Nashville, Tennessee
1977	M.D. Eastern Virginia Medical School Norfolk, Virginia
1977-78	Intern in Medicine University of Florida Jacksonville, Florida

EDUCATION (cont'd):

1978-80	Resident in Medicine University of Florida Jacksonville, Florida
1980-81	Chief Medical Resident University of Florida Jacksonville, Florida
1980-81	Instructor of Medicine University of Florida Jacksonville, Florida
1981-84	Fellow in Cardiology Oregon Health Sciences University Portland, Oregon
1982-84	Instructor of Medicine Oregon Health Sciences University Portland, Oregon

SOCIETIES:

Sullivan County Medical Society
Tennessee Medical Association
American Medical Association
Fellow, American College of Cardiology
Fellow, Society for Cardiovascular Angiography and Interventions

HONORS:

B.S. cum laude, Vanderbilt University
Dean's Executive Council, Eastern Virginia Medical School
Commencement Address, Eastern Virginia Medical School
Edward Jelks Award, University Hospital of Jacksonville
Research Fellowship, American Heart Association, Oregon Affiliate

HOSPITAL APPOINTMENTS:

- Member, Quality Assurance Advisory Committee, Holston Valley Medical Center, 1989 - 1993
- Chairman, Quality Assurance Advisory Committee, Holston Valley Medical Center, 1993 - 1996
- Chairman, Department of Internal Medicine, Holston Valley Medical Center, 1989, 1990
- President, Medical Staff, Holston Valley Medical Center, 1993
- HVMC Board of Directors 1993, 1994
- Chairman, Credentials Committee, Holston Valley Medical Center, 1994 - 2009
- Medical Director, Cardiac Catheterization Laboratory, WHVMC, 1986 – 2002
- Indian Path Medical Staff Active, 1984 – 2008

HOSPITAL APPOINTMENTS (cont'd):

- Member, Board of Directors, Kingsport Area Health Improvement Project, 1995 - 1999
- Member, Institutional Review Board, Holston Valley Medical Center, 1994 - Current
- Vice President, Highlands Wellmont IPA Board of Directors, 1998 – 2006
- Member, Highlands Wellmont IPA Board of Directors, 2008 – Current
- Member, Highlands Wellmont PHO Board of Directors, 1998 – Current
- Member, Tri Cities Community Health Improvement Project (CHIP), 2005 – 2006
- Medical Director Cardiac Services, Holston Valley Medical Center/Holston Valley Heart Institute (HVHI), 2002 – 2010
- Directed development of Management Contract between WHVMC and CVA, including management structure, Medical Director job descriptions, and measurement goals
- Service Line Executive Medical Director through CVA/HVMC management agreement
- Responsible for oversight of all cardiovascular departments including:
  Inpatient units, CVOR, Cardiac Cath/EP/PV Labs, Cardiac Testing
- 780 CVT Surgery (450 Cardiac), 2400 Cath/PCI; 900 EP cases annually
- Lead team that reduced Door to Balloon times to national benchmark
- Designated #1 Cardiology program in Tennessee by HealthGrades 2010 and 2011
- Designated Top 50 Heart Hospital Thomson Reuters 2011
- Designated Top 100 Heart Hospital by Thomson Reuters 2005, 2007
- Received CareChex √++ (highest possible) rating for Cardiac Care by The Delta Group, Inc 2009
- CPOE Physician Lead for CV Services
- Monitor results of multiple CV databases (ACC, STS)
- Vice President, Cardiac Services, Wellmont Health System/HVMC 2010 – present
- Work with Foundation and Finance to provide EMS EKG capability regionally
- Implement and oversee regional STEMI Network for WHS
- Restructure and oversee cardiac quality program

HOSPITAL AFFILIATIONS:

Wellmont Holston Valley Medical Center, Kingsport TN
Wellmont Hawkins County Medical Center
Lee Regional Medical Center
Mountain View Regional Medical Center
Wellmont Bristol Regional Medical Center
Takoma Regional Hospital

PUBLICATIONS:

1. Conductance and zero-flow pressure in the swing coronary bed: Effects increased afterload, heart rate and neural blockage. Herbert D. Ladley, George A. Pantely, J. David Bristow. Clinical Research, Vol. 31, No. 2, 198A, 1983.

2. The anatomy and distribution of the coronary arteries of the swine. Morris E. Weaver, George A. Pantely, Herbert D. Ladley, J. David Bristow. Anatomical Record, 205: 211A, 1983.

PUBLICATIONS (cont'd):

3. Low zero-flow pressure and minimal capacitance effect on diastolic coronary arterial pressure-flow relationships during maximum vasodilatation in swine. George A. Pantely, M.D., Herbert D. Ladley, M.D., J. David Bristow, M.D. Circulation, Vol. 70, No. 3, p. 485-494, 1984.

4. Vasopressin-induced coronary restriction at low perfusion pressures. George A Pantely, Herbert D. Ladley, Cheryl G. Anselone, J. David Bristow. Cardiovascular Research, Vol. 19, No. 7, p. 433-441, 1985.

5. Incomplete coronary vasodilation during myocardial ischemia in swine. George A. Pantely, J. David Bristow, Lyle J. Swenson, Herbert D. Ladley, W. Ben Johnson, Cheryl G. Anselone. American Journal of Physiology, Vol. 248, H638-H647, 1985.

6. The effect of coronary sinus occlusion on coronary flow during maximum vasodilation in the swine. George A. Pantely, M.D., J. David Bristow, M.D., Herbert D. Ladley, M.D., Cheryl G. Anselone. Accepted, Cardiovascular Research.

7. A quantitative study of the anatomy and distribution of coronary arteries in swine in comparison with other animals and man. Morris E. Weaver, George A. Pantely, J. David Bristow, Herbert D. Ladley. Cardiovascular Research, Vol. XX, No. 12, p. 907-917, 1986.

CLINICAL RESEARCH:

ABSORB III Randomized Control Trial
Investigator - Pivotal trial to support the US pre-market approval (PMA) of Absorb BVS. The ABSORB III Cohort will evaluate the safety and effectiveness of the Absorb BVS System compared to the XIENCE in the treatment of subjects with ischemic heart disease caused by up to two de novo native coronary artery lesions in separate epicardial vessels.
Kingsport, Tennessee – Wellmont Holston Valley Medical Center

ABSORB IV
Investigator – Trial to evaluate long-term clinical outcomes of the Absorb BVS compared to XIENCE in the treatment of subjects with ischemic heart disease caused by up to two de novo native coronary artery lesions in separate epicardial vessels.
Kingsport, Tennessee – Wellmont Holston Valley Medical Center

ACUITY
Investigator - Randomized Comparison of Angiomax (bivalirudin) versus Heparin (unfractionated heparin or enoxaparin) in Patients Undergoing Early Invasive Management for Acute Coronary Syndromes without ST-Segment Elevation
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

CLINICAL RESEARCH (cont'd):

ADAPT DES
Investigator – Assessment of Dual Antiplatelet Therapy with Drug Eluting Stents
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

AGILITY
Investigator – AngioSculpt Scoring Balloon Catheter Coronary Bifurcation Study
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

AMIHOT II
Investigator - Acute Myocardial Infarction with Hyperoxemic Therapy II
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

APEX AMI
Investigator - Assessment of PEXelizumab in Acute Myocardial Infarction
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

BSC ELECT
Investigator-ELective StEnting of Coronary Arteries on LiberTé System Protocol
Kingsport, TN –Wellmont Holston Valley Medical Center

CREDO
Investigator-Clopidogrel for Reduction of Events During Observation
Kingsport, TN –Wellmont Holston Valley Medical Center

CHAMPION PCI
Principal Investigator - A Clinical Trial Comparing Cangrelor to Clopidogrel in Subjects Who Require Percutaneous Coronary Intervention
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

DEFINITE
Investigator-DEFribrillators in Non-Ischemic Cardiomyopathy Treatment Evaluation
Kingsport, TN – Wellmont Holston Valley Medical Center

DELTA MI
Investigator - Direct Inhibition of δ Protein Kinase C Enzyme to Limit Total Infarct Size in Acute Myocardial Infarction
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

EARLY ACS
Investigator - Early Glycoprotein IIb/IIIa Inhibition in Non-ST-segment Elevation Acute Coronary Syndrome
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

CLINICAL RESEARCH (cont'd):

ENDEAVOR IV
Principal Investigator - Trial of the Medtronic ENDEAVOR Drug (ABT-578) Eluting Coronary Stent System Versus the TAXUS Paclitaxel-Eluting Coronary Stent System in De Novo Native Coronary Artery Lesions
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

FINESSE
Investigator-Facilitated Intervention with Enhanced Reperfusion Speed to Stop Ischemic Events,
Kingsport, TN –Wellmont Holston Valley Medical Center

HORIZONS
Investigator - Harmonizing Outcomes with RevascularIZatiON and Stents in Acute Myocardial Infarction
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

IMPROVE IT
Investigator - IMProved Reduction of Outcomes: Vytorin Efficacy International Trial
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

INFUSE AMI
Investigator – A 2x2 Factorial, Randomized, Multicenter, Single-Blind Evaluation of Intracoronary Abciximab Infusion and Aspiration Thrombectomy in Patients Undergoing Percutaneous Coronary Intervention for Anterior ST Segment Elevation Myocardial Infarction
Kingsport, Tennessee Wellmont Holston Valley Medical Center

LUNAR
Investigator-A 12-Week, Randomized, Open-Label, 3-Arm, Parallel Group, Multicenter, Phase IIIb Study Comparing the Efficacy and Safety of Rosuvastatin 20 mg and 40 mg with that of Atorvastatin 80 mg in Subjects with Acute Coronary Syndromes
Kingsport, TN –Wellmont Holston Valley Medical Center

MARQUIS VR
Investigator-Model7230 Marquis™ VR Single Chamber Implantable Cardioverter Defibrillator Clinical Study
Kingsport, TN – Wellmont Holston Valley Medical Center

MEND MI
Investigator - The Prevention of Myocardial Enlargement and Dilatation post Myocardial Infarction Study
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

MICHELANGELO OASIS 5
Investigator - An International Randomized Double-Blind Study Evauating the Efficacy and Safety of Fondaparinux versus Enoxaparin in the Acute Treatment of Unstable Angina/Non ST-Segment Elevation MI Acute Coronary Syndromes
Kingsport, TN –Wellmont Holston Valley Medical Center

CLINICAL RESEARCH (cont'd):

OAT
Investigator-Occluded Artery Trial
Kingsport, TN –Wellmont Holston Valley Medical Center

PERSEUS
Principal Investigator - A Prospective Evaluation in a Randomized Trial of the Safety and Efficacy of the Use of the TAXUS® Element TM Paclitaxel-Eluting Coronary Stent System for the Treatment of De Novo Coronary Artery Lesions
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

PRIDE
Investigator - (Protection during Saphenous Vein Graft Intervention to Prevent Distal Embolization), a multi-center randomized 2-arm clinical trial: saphenous vein graft (SVG) using the Tri-Activ™ System during percutaneous coronary intervention treatment.
Kingsport, TN –Wellmont Holston Valley Medical Center

PROTECT TIMI 30
Investigator-A Randomized Trial to Evaluate the Relative Protection Against Post-PCI Microvascular Dysfunction and Post-PCI Ischemia Among Anti-Platelet And Anti-Thrombin Agents.
Kingsport, TN –Wellmont Holston Valley Medical Center

REGULATE PCI
Investigator - A Randomized, open-label, Multi-Center, Active- Controlled, Parallel Group Study To Determine tHe Efficacy AND Safety Of the REG1 Anticoagulation System Compared to bivalirudin in Patients Undergoing Percutaneous coronary intervention
Kingsport, Tennessee – Wellmont Holston Valley Medical Center

REPLACE 2
Investigator - Randomized Evaluation in PCI Linking Angiomax to Reduced Clinical Events, Part 2
Kingsport, TN –Wellmont Holston Valley Medical Center

RESISTOR
Investigator - Research Evaluation to Study Individuals Who Show Thromboxane Or P2Y12 Receptor Resistance
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

SENTIS
Investigator – Safety and Efficacy of NeuroFlo Technology in Ischemic Stroke
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

SPIDER
Investigator - SVG Protection In a Distal Embolic Protection Randomized Trial
Kingsport, TN –Wellmont Holston Valley Medical Center

CLINICAL RESEARCH (cont'd):

SPIRIT PRIME
Investigator – A clinical evaluation of the XIENCE PRIME™ and XIENCE PRIME™LL Everolimus Eluting Coronary Stent System
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

STEEPLE
Principal Investigator – An international phase 2-3, stratified, randomized, open-label, parallel group clinical trial to evaluate the safety and efficacy of a single intravenous bolus of enoxaparin versus intravenous unfractionated heparin in patients undergoing non-emergent PCI
Kingsport, TN – Wellmont Holston Valley Medical Center

SYNERGY
Investigator - A Prospective, Randomized, Open-Label, Multicenter Study in Patients With Acute Coronary Syndrome (ACS)
Kingsport, TN –Wellmont Holston Valley Medical Center

TAXUS ARRIVE
Investigator-A Prospective, Randomized Trial Evaluating the Taxus™ Paclitaxel-Eluting Coronary Stent in De Novo Coronary Lesions and In-Stent Restenosis
Kingsport, TN –Wellmont Holston Valley Medical Center

TAXUS ATLAS WORKHORSE
Principal Investigator - A multi-center, single-arm study of the TAXUS Liberté™–SR stent for the treatment of patients with de novo coronary artery lesions
Kingsport, TN – Wellmont Holston Valley Medical Center

TAXUS ATLAS DIRECT STENT
Principal Investigator - A multicenter, single-arm study of the TAXUS Liberte™-SR stent for the direct stenting treatment of patients with de novo coronary artery lesions.
Kingsport, TN – Wellmont Holston Valley Medical Center

TAXUS ATLAS SMALL VESSEL
Principal Investigator - A multi-center, single-arm study of the TAXUS Liberté™-SR stent for the treatment of patients with de novo coronary artery lesions in small vessels.
Kingsport, TN – Wellmont Holston Valley Medical Center

TAXUS ATLAS LONG LESION
Principal Investigator - A multi-center, Single arm study of the TAXUS Liberté™-SR stent for the treatment of patients with long de novo coronary artery lesions
Kingsport, TN – Wellmont Holston Valley Medical Center

THEROX
Investigator - A Multi-Center Evaluation of the Delivery of Optimized Supersaturated Oxygen Therapy in Patients with Anterior Acute Myocardial Infarction < Six Hours After Symptom Onset and Successful Reperfusion (via PCI)
Kingsport, Tennessee – Wellmont Holston Valley Medical Center

CLINICAL RESEARCH (cont'd):

TRA-PCI
Principal Investigator - Thrombin Receptor AntagoNiSt for Clinical EveNt reDuction over StanNdard Concomitant thErapies in PCI
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

TRITON TIMI 38
Principal Investigator - A Comparison of CS-747 and Clopidogrel in Acute Coronary Syndrome Subjects who are to Undergo Percutaneous Coronary Intervention
Kingsport, Tennessee - Wellmont Holston Valley Medical Center

TRYTON and TRYTON XA
Investigator - A prospective, single blind, randomized controlled study to evaluate the safety and effectiveness of the Tryton Side Branch Stent used in conjunction with a drug-eluting stent compared to side branch balloon angioplasty in conjunction with a drug-eluting stent in the treatment of de novo bifurcation lesions involving the main branch and side branch within the native coronary circulation.
Kingsport, Tennessee – Wellmont Holston Valley Medical Center

VECTOR
Investigator-Ventricular Resynchronization Therapy Randomized Trial Randomized Trial
Kingsport, TN – Wellmont Holston Valley Medical Center

X-TRACTION
Investigator - X-SIZER Treatment for Reduction in Angiographically Confirmed Thrombus and Infarction OccurreNce
Kingsport, TN –Wellmont Holston Valley Medical Center

Susan C. Lindenbusch

4428 Ventura Place Drive
St. Louis, MO 63128

(314) 346-0813 C
chevone@swbell net

EXECUTIVE SUMMARY

Senior Healthcare Leader with 28 years of healthcare experience. Results driven with a broad range of expertise in multi-disciplinary healthcare settings; Inpatient, Outpatient, Ambulatory, Physician office setting Demonstrates excellent problem solving skills combined with strong communication and interpersonal skills. Customer servant - recognizes that continuous improvement for team deliverables is achieved by servicing the voice of the customer from both external and internal customers.

Continuous Performance Improvement	**Patient Experience**
Fiscal Management	**Relationship Building**
Program Development	**Regulatory Compliance**
Daily Operational Effectiveness	**Strategic Business Planning**
Effective in Small and Large Companies	**Medical Provider Relations**

PROFESSIONAL EXPERIENCE

June 2011 To present — **Senior System Vice President – Wellmont Health System**
Tri-City TN

Responsible for creating a system approach for accountable service lines. Responsibilities include strategic planning, financial oversight, growth and development and daily operations for Wellmont Cancer Institute (WCI), Inpatient, Outpatient; Physician Clinics; Infusion and Radiation Centers Inpatient and Outpatient Palliative Care, Inpatient and Outpatient Hospice Services, and Research. WCI has six locations in Tennessee and Southwest Virginia Two Comprehensive Breast Centers, NAPBC accredited Inpatient and Outpatient Behavioral Health Services.

- October 2011 converted Cancer Center from physician clinic to hospital based with 340b status in Hawkins County TN
- December 2011 converted Cancer Center from physician clinic to hospital based with 340b status in Southwest Virginia.

- Building of a new Comprehensive Breast Center at Bristol Regional Medical Center opened May 22, 2013. This model will provide a breast clinic with 95% of all services in one location with same day access to radiologist, surgeon, medical oncologist and radiation oncologist, and nurse navigator.
- *Benchmarked best practices of dedicated Breast Radiologists for turnaround times and recall rates.*
- Worked with Medical Oncologists to create common protocols for 18 Medical Oncologists and 5 Nurse Practitioners.
- Participating with Humana and Cigna P4 P programs effective January 2013.
- Integrated Blue Ridge Medical Oncology which was comprised of 5 Medical Oncologists and 1 NP in January 2012.
- Successful integration of HOPE Gynecological Practice in December 2012.
- Opened new Infusion Center in Johnson City TN in January 2013 Volumes exceeding budget by 12 %.
- Obtained approval for Trilogy at Holston Valley Medical Center, installation completed May 2013, TrueBeam with Brain Lab at Bristol Regional Medical Center, installation will be complete September 2014
- Created a patient assistance fund to decrease patient financial burden
- Start up of two retail shops attached to infusion centers.
- Revenue Cycle Work Out which resulted in decreasing AR by 15 days; decreasing denials by 13%
- Achieved COC Accreditation with Commendation at Holston Valley Medical Center, August 2013.
- Patient Satisfaction Consistently in the 95th – 99th%
- Successful Implementation of EPIC, integrated EMR, March 2014.

September 2009 to May 2011

Vice President of Operations

St. John's Mercy Medical Center – St. Louis, MO

Scope of responsibility included Oncology (pediatrics and adult), Behavioral Health (pediatrics through seniors), Hyperbaric Wound Services, Respiratory Therapy, Audiology (including new born hearing).

- Best in Class Leader for Co Worker Satisfaction, Scores 92%
- COC Outstanding Achievement Award
- Oncology volume growth increased 24%
- Implemented revenue cycle process for infusion centers
- Submitted grant, chosen to participate in City of Hope Survivor Research Project
- Implemented Hospitalist Program in Behavioral Health
- Obtained grant and implemented Snoozelin Room for patients with Autism
- Successful opening of second Cancer Center at Clarkson Valley

August 2004 **Executive Director of Oncology Services**

To 2009 **St. John's Mercy Medical Center – St. Louis, MO**

Direct operations of a Cancer Center serving the St Louis area The Cancer Center is approved by the American College of Surgeons, with commendation. Responsible for Medical Oncology, Radiation Oncology, Tumor Registry, Research, Infusion Center, Information Center, Outreach Services 6 direct reports and 85 staff Oncology was taken on in addition to Behavioral Health.

- Exceeded projected volume and revenue by 19%
- Achieved accreditation with accommodation by the American College of Surgeons.
- Achieved Patient Satisfaction Scores 85%, exceeding goal of 70%
- Achieved turnover rate of 3% Exceeded goal of 9%.
- Obtained NAPBC certification for Comprehensive Breast Center, first in St. Louis
- Converted a private practice Radiation Oncology service to hospital-based in 3 months. Conversion time met expected goal.
- Achieved Best in Class Leader, Gallup scores exceeded 75% in FY 06, 07 and 08
- Financial productivity of 104%, exceeding goal of 100%.

January 2001 **Executive Director, Behavioral Health Services**

to 2004 **St. John's Mercy Medical Center – St. Louis, MO**

Direct operations for Behavioral Health Services, pediatrics through seniors. Inpatient and Outpatient Services Responsible for 11 departments with 7 direct reports and 167 staff members.

- Successfully planned and implemented a financial recovery from an annual deficit of 2 million dollars to a positive margin over a 3 year period.
- Service area remains profitable, exceeding financial target.
- Achieved financial productivity goal of 90%.
- Achieved Best in Class Leader, Gallup scores exceeded 75% in FY 06, 07,08
- Developed and implemented a new outpatient program for seniors.
- Chosen for committee to implement EPIC (electronic medical record) at St John's Implementation date is August and October 09
- Implemented psychiatric services for St John's Hospital in Washington Missouri
- Chosen for APNA Restraint and Seclusion Task Force

June 2000 – January 2001

Manager of Utilization Management and Performance Improvement

Manager of Case Management

St. John's Mercy Medical Center – St. Louis, MO

- Achieved denial goal of less than 3%.
- Managed daily operations of Utilization Management functions for inpatient and outpatient Behavioral Health
- Coordinated Performance Improvement activities for Behavioral Health Services
- Participated on the Design Team to create a Case Management System for the Hospital The Design Team worked in conjunction with the consulting firm of National Institute of Case Management.
- Educated 60 Case Managers.
- Made a successful transition from a Utilization Management System to a Case Management System.
- Familiar with Managed Care operations and opportunities to maximize reimbursement and maintain focus on quality patient care
- Developed and maintained excellent communication and collaboration with Physicians
- Decreased Denial Rate by 12% within the first 9 months.

October 1997 – June 2000

Director of Clinical Services

Unity Hyland Behavioral Health – St. Louis, MO

Unity Health System was a merger of multiple hospitals in the St. Louis area· St. John's Mercy Medical Center, St Anthony's Medical Center, St. Luke's Hospital, St. John's in Washington, Mo., and Alexian Brothers Hospital. Behavioral Health was the first service line to integrate services among the hospitals. Services were closed at some locations to allow for consolidation and maximizing of resources.

- Coordinated the Clinical Integration of Inpatient Behavioral Health Services for Alexian Brothers, St. Anthony's Hospital, and St. John's Mercy Medical Center.
- Strategic planning to meet challenges in a rapidly changing healthcare market
- Responsible for supervision of the Unity Hyland Management staff.
- Prepared and maintained budgets.
- Developed teams.
- Wrote grants and secured funding resources for Public Sector Programs.

- Promoted and maintained collaborative working relationship with Medical Directors and other Physicians.
- Member of the State of Missouri ADA System Re-Design Committee
- Ensured successful JCAHO surveys at three hospitals for Behavioral Health
- Possess solid understanding of EMTALA, JCAHO, CMS regulations.

1994 - **Independent Contractor**

1997 **Bock & Associates – Jefferson City, MO**

- Conducted pre-admission screenings and annual resident reviews of Nursing Home residents, as required in Missouri by the Omnibus Budget Reconciliation Act of 1987
- Determined if present setting could meet clinical needs of the resident and recommended alternative living arrangements to ensure least restrictive environment.

1994 - ***Director of Psychiatric Services***

1997 **Alexian Brothers Hospital – St. Louis, Mo**

- Strategic planning to ensure continued growth of the service line Physician recruitment.
- Responsible for daily operations of a 40-bed Psychiatric and Chemical Dependency Unit.
- Responsible for all functions of out patient programming, consisting of a full continuum of levels treating adults and geriatrics.
- Developed and started 3 Partial Psychiatric Program for Geriatrics located in South County, St. Louis City and Warrenton, Missouri.
- Strong command of JCAHO, HCFA and Medicaid regulations
- Implemented and started a CSTAR Program. Program quickly expanded to 90 clients
- Developed day care program for CSTAR clients' children.
- Successfully wrote a grant for housing for recovering dual diagnosed males.
- Opened Talbot House which was modeled after the Harris House model
- Developed and maintained budget and fiscal compliance.

1991 **Community Health Visits**

International Institute – St. Louis, MO.

- Case Managed pregnant female immigrants through pregnancy and delivery.
- Coordinated community resources to ensure access to appropriate services.
- Conducted education on baby care and proper nutrition.
- Conducted physical health assessments for immigrants of all ages.

1988 – **Alexian Brothers Hospital – St. Louis, Mo.**

1994

- Staff Nurse – Medical Surgical, Psychiatry, Substance Abuse/Detox
- House Supervisor

EDUCATION

1994 – 1997	University of Missouri St. Louis
	Master of Science in Nursing
	Post Graduate Certification – Family Nurse Practitioner Program
1987 – 1992	Maryville University Bachelor of Science in Nursing
	Bachelor of Arts in Psychology
	Missouri Baptist School of Nursing, Diploma

LICENSURE/CERTIFICATION/AWARDS

- Registered Professional Nurse in Missouri
- American Nurses Credentialing Center (ANCC) Board Certification in Nursing Administration valid through November 30, 2015
- Recipient of the Wendell G. Scott Award by the American Cancer Association 2008
- Chosen for first class of Advanced Mission Formation at St. John's Mercy Medical Center
- Change Acceleration Process (CAP) Training, Work Out training: Lean Training
- Selected for YWCA Woman of the Year in Healthcare, 2013 Tri Cities TN
- Received Healthcare Hero of the Year Award, 2013 Johnson City, TN
- 340b University Certificate, 2014

PROFESSIONAL ASSOCIATIONS

Holistic Nursing Association

American Psychiatric Nurses Association (APNA)

Association for Ambulatory Psychiatric Providers

Member of Association of Community Cancer Center (ACCC)

Association of Cancer Executives (ACE)

Selected as a member of Med Assets Oncology Advisory Committee

Komen Board member Tri Cities TN

ACS Board Member, Tri Cities, TN

Tennessee Cancer Coalition Board Member

Justin Lee Reynolds
Curriculum Vitae

11NOV2015

Home Address:
208 Clinton Ave E
Big Stone Gap, VA 24219
Tel: 803-608-1868
Email: Justin.l.reynolds@gmail.com

Education:

University of South Carolina (2002-2006)
Major: Biology
Minor: Chemistry
GPA: 3.46
Degree Earned: Bachelor of Science

Employment History:

Employer: Wellmont Cancer Institute
Address: 349 Island Rd.
Bristol, VA 24201
Phone: 276-469-4221
Dates: November 2015- Present
Position: Education Research Coordinator
Supervisors: Teresa Bailey, RN, BSN, OCN

Employer: WJB Dorn VA Medical Center
Address: 6439 Garners Ferry Rd.
Columbia, SC 29209
Phone: 803-776-4000 x4216
Dates: September 2014- November 2015
Position: Program Management Officer (IRB Administrator) (GS11)
Supervisors: K. Sue Haddock, RN, PhD

Employer: WJB Dorn VA Medical Center
Address: 6439 Garners Ferry Rd.
Columbia, SC 29209
Phone: 803-776-4000 x4216
Dates: August 2011- September 2014
Position: Research Health Science Specialist (GS9)
Supervisors: K. Sue Haddock, RN, PhD

Employer:	Dorn Research Institute
Address:	WJB Dorn VA Medical Center 6439 Garners Ferry Rd. Columbia, SC 29209
Phone:	803-776-4000 x4216
Dates:	July 2006-August 2011
Position:	Oncology Clinical Trials Coordinator
Supervisors:	William Hrushesky, M.D., Patricia Wood, M.D., Ph.D., Jennifer Othersen, M.D., James Wells, M.D., Brian Smith, M.D., Barbara Crockett, M.D.

Employer:	University of South Carolina (Peromyscus Genetic Stock Center)
Address:	200 Greene St. Columbia, SC 29208
Phone:	803-777-3107
Dates:	January 2005-May 2006
Position:	Research Assistant
Supervisor:	Janet Crossland

Publications:

- **Reynolds JL**, Pugh RL, Fernandes PR. 2005. *Cuterebra fontinella* (Botfly) Infestations in P. *Gossypinus* in S. Carolina. *Peromyscus Newsletter*, **38**: 23-24.
- Fernandes PR, **Reynolds JL**. 2003. Digital Radiography, a Novel Non-Lethal Method of Skull Analysis. *Peromyscus Newsletter*, **35**: 20-21.
- Du-Quiton J, Wood PA, Burch J, Grutsch JF, Gupta D, Tyer K, Lis CG, Levin RD, Quiton DF, **Reynolds JL**, Hrushesky WJM. Actigraphic assessment of daily sleep-activity pattern abnormalities reflect self-assessed depression and anxiety in outpatients with advanced non-small cell lung cancer. Psychooncology. 2010 Feb;19(2):180-9.
- Hrushesky WJM, Grutsch JF, Wood PA, Yang X, Oh EY, Ansell CM, Kidder S, Ferrans C, Quiton DF, **Reynolds JL**, Du-Quiton J, Levin R, Lis C, Braun DP. Circadian clock manipulation for cancer prevention and control and the relief of cancer symptoms. Integr Cancer Ther. 2009 Dec;8(4):387-97. Epub 2009 Nov 18.
- Fernandes PR, **Reynolds JL**, Garrett-Segedin N, Dewey MJ. Identification of *Peromyscus gossypinus* at Poinsett State Park, South Carolina. Southeastern Naturalist. 2010 Vol.9, Issue 4: 757–772
- Grutsch JF, Wood PA, Du-Quiton J, **Reynolds JL**, Lis CG, Levin RD, Daehler MA, Gupta D, Quiton DF, Hrushesky WJ. Validation of Actigraphy to Assess Circadian Organization and Sleep Quality in Patients with Advanced Lung Cancer. J Circadian Rhythms. 2011 May 18;9(1):4. [Epub ahead of print]
- Grutsch J, Ferrans C, Wood PA, Du-Quiton J, **Reynolds JL**, Quiton, DF, Ansell CM, Daehler MA, Levin R, Braun DP, Lis CG, Hrushesky WJM. The Association of Quality of Life with Potentially Remediable Disruptions of Circadian Sleep/Activity Rhythms in Patients with Advanced Lung Cancer, BMC Cancer. 2011, 11:193

- Rosansky S, Durkin M, Hardin J, Jackson K, Kovesdy C, Sontrop J, **Reynolds J**, Haddock K, Richards F, Clark W. Relationship of Race and Proteinuria to Renal Function Decline in Patients with CKD, J Nephrol Ther 2014, 4: 168

* *Peromyscus Newsletter* is a communication among researchers in the Peromyscus field and is not refereed

Publications in Preparation:

- Neuroendocrine Merkel Cell Carcinoma is Associated with Mutations in key DNA Repair, Epigenetic and Apoptosis Pathways: A Case-based Study using targeted Massively Parallel Sequencing

Abstracts:

- **Reynolds JL**, Pugh R, Fernandes PR. 2004. Identification of *Peromyscus* Species at Poinsett State Park using Morphological, Digital, Molecular, and Biochemical Techniques. Abstract of poster presentation in *South Carolina Academy of Sciences Bulletin*, Vol LXVI, Pg. 129.
- **Reynolds JL**, Pugh R, Garrett-Segedin N, Fernandes PR. 2004. Identification of *Peromyscus* Species at Poinsett State Park using Morphological, Digital, Molecular and Biochemical Techniques. Abstract of presentation in *Southeastern Ecology and Evolution Conference Book of Abstracts*, Pg. 36.
- Pugh R, **Reynolds JL**, Fernandes, PR. 2005. Incubation Period and Development of Botfly Infestations in *P. Gossypinus* in S. Carolina. Abstract of poster presentation in *South Carolina Academy of Sciences Bulletin*, Vol LXVII, Pg. 100.
- Weston, J. L., B. H. Blake, **J. Reynolds**, and M. J. Dewey. 2005. Patterns of Ultrasonic Vocalizations in Neonates of the Genus *Peromyscus*. 85th ASM Annual Meeting
- **Reynolds JL**, Fernandes PR. 2006. *Peromyscus gossypinus* from Poinsett State Park: Molecular and Phenotypic Characterization. Abstract of presentation in *South Carolina Academy of Sciences Bulletin*, Vol LXVIII, Pg. 104.
- **Reynolds JL**, Grutsch J, Wood P, Gupta D, Lis C, Levin R, Du-Quiton J, Daehler M, Quiton D, Hrushesky, WJM. 2008. Sleep Quality and Circadian Function in Patients with Advanced Lung Cancer. Abstract of poster presentation at *Society for Research on Biological Rhythms 11th Biennial Meeting, Destin, FL*
- WJM Hrushesky, J Grutsch, PA Wood, C Ferrans, **JL Reynolds**, DF Quiton, J Du-Quiton, R Levin, C Lis, D Braun. Defining the burdens of circadian disruption in advanced lung cancer and how they may be diminished. Circadian Disruption and Cancer. *New York Academy of Sciences, New York, NY. June 19, 2009.*
- Lis CG, Levin RD, Grutsch JF, Birdsall TC, Wood PA, Huff DFQ, **Reynolds JL**, Daehler MA, Pearl D, Shen X, Blask DE, Hrushesky WJM. Effect of evening melatonin on the survival of patients with advanced non-small cell lung cancer (ANSCLC) *2014 ASCO Annual Meeting*

Presentations:

- **Reynolds JL**, Fernandes PR. 2003. Identification of *Peromyscus* Species using Novel Techniques. *NSF- REU Program, Department of Biology*, University of South Carolina, Columbia, SC.

Awards:

NSF-REU Fellowship, summer 2003
Mentors: Dr. Pearl Fernandes and Dr. Michael Dewey
Project: Morphological and Molecular Analyses of *Peromyscus* Species at Poinsett State Park.
$3,000 Stipend

Accreditations:

Society of Clinical Research Associates (CCRP)
Member since 2010

Curriculum Vitae
Asheesh Shipstone, MD

Address		
Office	Wellmont Medical Associates Oncology and Hematology 4485 W Stone Drive, Suite 200 Kingsport, TN 37660 (423)578-8500(phone) (423)578-8534 (fax)	
Hospital	Wellmont Holston Valley Medical Center 130 W Ravine Kingsport, TN 37660	
Medical Educations	Pre-Medicine, University of Rajasthan Jaipur, India	1974-1976
	M.B B.S. Degree Sawai Man Singh Medical College And Affiliated Hospitals Jaipur, India	1976-1982
Examinations	Medical Council and Canada Evaluating Exam	1987
	FMGENS Parts 1 and 2	1987-1988
	FLEX Parts 1 and 2	1989
	Licensure Medical Council of Canada	1991
	American Board of Internal Medicine	1994
	American Board of Medical Oncology	1994
	American Board of Hematology	2003
Board Certifications	Internal Medicine	1994
	Medical Oncology RECERTIFIED	2010 ~~2000~~-2020
	Hematology RECETIFIED	~~2003-2013~~ 2023-2023
	Recertified Internal Medicine	2005-2015
Residency	General Surgery Sawai Man Singh Hospital Jaipur, India	1983-1986
	Internal Medicine St. Francis Medical Center Pittsburg, PA	1990-1993
Fellowship	Wright State University Dayton, OH	1993-1995 1998-1999

Employment History	Medical Oncology and Hematology Mountain People's Health Councils, Inc Huntsville, TN	1995-1998
	Medical Oncologist/Hematologist Francisan Skemp Healthcare Mayo Health System LaCrosse, Wisconsin	7/99-11/02
	Medical Oncologist/Hematologist Principal Investigator Kingsport Hematology Oncology Kingsport, TN	11/02-present
Committees	Cancer Committee Chairman	7/99-11/02
	Tumor Board Chairman Co-Investigator North Central Cancer Treatment Group	7/99-11/02 7/99-11/02
	Medical Oncologist/Hematologist Sub Investigator Kingsport Hematology Oncology Kingsport, TN	11/02-present

Medical Licenses

Pennsylvania	MD050471-L (inactive)
Ohio	35-06-6103-S
Tennessee	MD-27556
Wisconsin	40877-020
Virginia	010242438

Organizations

American Medical Association
American Society of Clinical Oncology

Publications:

Shipstone, A: Chang, JC, Gross, HM, Llenda-Lee, MA Haluschak, JJ, Coexisting Morbities as a Determinant in the Outcome of Treatment of Thrombotic Thrombocytopenia Purpura (TTP; Blood 1994:84 (suppl 1): 699a.

Jae C. Chang, Ash Shipstone, and Marian A. Llenado-Lee. Postoperative Thrombotic Thrombocytopenia Purpura Following Cardiovascular Surgeries. American Journal of Hematology 53: 11-17, 1996.

Awards:

Physician of the Year: 1998
Mountain Peoples Health Councils, Inc.

2/12/14

Personal Information:

Married, Spouse: Pamela, two children: Emmanuel and Gabrielle.
Hobbies: Computers, Reading, Hiking and Tennis

CURRICULUM VITAE

LISA G. VINES

Lisa Vines
10/12/2015

ADDRESS:

Work: Wellmont Cardiology Services
Wellmont CVA Heart Institute
2050 MeadowView Parkway
Kingsport, TN 37660

TELEPHONE:

Work: 423-230-5640

EDUCATION:

High School	Sullivan South High School Kingsport, TN	1981 General diploma
College	East Tennessee State University Johnson City, TN	1984 Assoc. Deg/Legal Secretarial Study

CERTIFICATES:

NIH Human Participant Protections Education

CITI Collaborative Institutional Training Initiative and subsequent renewals

CONTINUING EDUCATION:

'Electrophysiology 101' Sponsor: Medtronic Kingsport, TN	2002
Coronary Artery Stenting Sponsor: Boston Scientific Corp. Kingsport, TN	March 2005
Guide Catheters Sponsor: Boston Scientific Corp. Kingsport, TN	March 2005
PCI and Restenosis Sponsor: Boston Scientific Corp. Kingsport, TN	March 2005
Role of Paclitaxel and Restenosis Sponsor: Boston Scientific Corp. Kingsport, TN	March 2005

CONTINUING EDUCATION (cont'd)

Dealing With Difficult People Sponsor: CareerTrack Johnson City, TN	January, 2006
Good Clinical Practice Training for The Clinical Research Professional Sponsor: Aureus Research Consultants, LLC Kingsport, TN	July, 2008
MAGI's Clinical Trial Agreements, Budgets & Regulatory Conference First Clinical Research, LLC Las Vegas, NV	October, 2008
Essential Good Clinical Practice for Clinical Sites in Medical Device Trials Sponsor: Medtronic, Inc. Kingsport, TN	December 15, 2008
MAGI's Clinical Trial Agreement, Budgets & Regulatory Conference San Diego, CA	October, 2009
MAGI's Clinical Trial Agreement, Budgets & Regulatory Conference San Francisco, CA	October, 2010
MAGI's Clinical Trial Agreement, Budgets & Regulatory Conference Washington, DC	May, 2012
Secretary/PCT Conference Bristol Regional Medical Center Bristol, TN	August 1, 2013

WORK EXPERIENCE:

Wellmont Cardiology Services Wellmont CVA Heart Institute Kingsport, TN	Regulatory Specialist	May 2010 - Present
Cardiovascular Assoc., P.C. Kingsport, TN	Regulatory & Administrative Specialist	Mar. 2002 – April 2010
Cardiovascular Associates, P.C. Kingsport, TN	Message Center Asst.	Nov. 1997 – Mar. 2002

CURRICULUM VITAE

TERRIE W. WALKER, RN, BSN, MBA, CCRC

ADDRESS:

Work: Wellmont Cardiology Services
Wellmont CVA Heart Institute
2050 MeadowView Parkway
Kingsport, TN 37660

TELEPHONE:

Work: 423-230-5643

Terrie W Walker
11-2-15

LICENSURE:

Licensed Tennessee, #1153982

CERTIFICATIONS:

Certified Clinical Research Professional, ACRP - 2005
Cardiopulmonary Resuscitation - 1997-Present
Clinical Research Coordinator Certificate Program - 1999-Present
Clinical Research Training Conference at Forsyth Med. Ctr - Dec., 2004
Clinical Research Summit at Forsyth Medical Center - Mar., 2004
Human Participant Protections Education for Research Teams, NIH - 2003
NIH Stroke Scale Certification – Current
Modified Rankin Scale Certification – Current
Educational Program on Cultural Competency – July, 2008
CITI – 2010 to Present
IATA; Dangerous Goods for Shipment – Current

EDUCATION:

High School: Orlando Vo-Tech
Orlando, FL

College Mitchell Community College
Statesville, NC
Associate Degree in Nursing

Winston-Salem State University
Winston-Salem, NC
Bachelor of Science – Nursing

King University
Bristol, TN
Masters of Business-Health Care Administration

HOSPITAL AFFILIATIONS:

Wellmont Holston Valley Medical Center
130 W. Ravine Road
Kingsport, TN 37660

WORK EXPERIENCE:

Wellmont Cardiology Services Wellmont CVA Heart Institute Kingsport, Tennessee	Clinical Research Dept. Mgr.	May 2010 - Present
Cardiovascular Associates, P.C. Kingsport, Tennessee	Clinical Research Dept. Mgr.	July 08 - April 2010
The Center for Clinical Research Winston-Salem, NC	Research Coordinator	Jan 2004 – July 08
Hospice and Palliative Care Winston-Salem, NC	Staff Nurse	Jan 2007 – July 08
North Carolina Baptist Hospital Winston-Salem, NC	Staff Nurse-Cardiology	1997-2004
Wake Forest University Winston-Salem, NC	Research Coordinator/Nurse Clinician	1999-2003
Iredell Memorial Hospital Statesville, NC	Certified Nurse Assistant	1996-1997
Davie Parts Warehouse Mocksville, NC	Office Manager	1989-1996
Woodies Restaurant Orlando, FL	General Manager	1985-1989
Hughes Plumbing Supply, Inc. Orlando, FL	Computer-Data Entry	1983-1985

PROFESSIONAL APPOINTMENTS:

Secretary-Student Government Association Mitchell Community College	1995-1996
Phi Theta Kappa	1995-Present
Shared Governance Board Member – Cardiology North Carolina Baptist Hospitals, Inc.	1998-1999

GRANTS:

"ReoPro Re-administration Registry"
Centocor, Inc
1997-2001

"AMIGO" Trial
Guidant ACS, Inc.

1998-2000

"Accumetrics Gold" Study
Accumetrics, Inc.
1999-2001

"Re-Stick" Study
Angioseal, Inc.
1999-2001

"Predict" Trial
Medtronic, Arterial Vascular Engineering, Inc.
1999-2001

"Closer®" Trial
Perclose, Inc.
2000-2001

"X-TRACT, X-Sizer"
EndiCOR Medical, Inc.
2001

"SPORT" Trial
Boston Scientific-Scimed Life Systems, Inc.
1998-1999

"REVERSAL" Study
Parke-Davis Pharm. Research and Pfizer Central Research
1998-2001

"Accumetrics Platelet Aggregation Validation" Study
Accumetrics, Inc.
1999-2001

"SUPORT" Trial
Boston Scientific-Scimed Life Systems, Inc
1999-2001

"Acute Coronary Syndromes Registry"
Centocor, Inc.
1999-2001

"Eval. of the Rapidpoint® Coag. and the Low Molecular Weight Heparin (LMWH) Card"
Cardiovascular Diagnostics, Inc.
2000-2001

"BRITE II"
Radiance Medical Systems, Inc.
2001

"Clinical Trial of Topiramate in Amyotrophic Lateral Sclerosis"
Ortho-McNeil Pharmaceuticals, Inc. and Massachusetts General Hospital
1999-2000

"A Comparison of the Analgesic Efficacy and Safety of Topiramate Versus Placebo for the Treatment of the Pain of Diabetic Neuropathy"
Ortho-McNeil Pharmaceuticals, Inc.
2000-2002

"A Double-Blind, Controlled, Multicenter Phases 2/3 Study to Assess the Safety And Efficacy of AVP-923 (Dextromethorphan/Quinidine) in the Treatment of Pseudobulbar Affect in Patients with Amyotrophic Lateral Sclerosis"
Avanir Pharmaceuticals, Inc.
2001-2002

"Motor Neuron Trophic/Toxic Substances in Cerebrospinal Fluid and Serum in Amyotrophic Lateral Sclerosis Patients"
Wake Forest University School of Medicine-Neurobiology
2001-2001

GRANTS (cont'd):

"Long-Term Safety and Tolerability of SR57746A in Patients with Amyotrophic Lateral Sclerosis"
Sanofi, Inc.
1999-2004

"Clinical Trial of Creatine in Amyotrophic Lateral Sclerosis"
SUNY Upstate medical University-Neuromuscular Clinical Trials Unit
2001-2004

"Clinical Trial of Celebrex in Subjects with Amyotrophic Lateral Sclerosis"
Johns Hopkins University and Massachusetts General Hospital
2001-2004

"An Open-Label, 3-Week, with Optional Long-Term Extension Phase, Multi-Center Study of the Safety and Efficacy of Intrathecal Ziconotide (Prialt) for Chronic, Severe Pain When Delivered Via an External Pump"
Elan Pharmaceuticals, Inc
2004

"Open-Label, Long-Term, Multi-Center Study of Ziconotide (Prialt) administered Intrathecally"
Elan Pharmaceuticals, Inc.
2004-2005

"Open-Label, Long-Term, Multi-Center Study, Intrathecal, Ziconotide (Prialt) Effectiveness and Safety Trial in Patients with Chronic, Severe Pain"
Elan Pharmaceuticals, Inc
2004-2005

"A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study to Evaluate the Safety and Efficacy of Lamotrigine in Subjects with Neuropathic Pain and Inadequate Pain Relief with Gabapentin, Tricyclic Antidepressants or Non-Narcotic Analgesics"
Glaxo-Smith-Kline, Inc.
2004

"REN1654 in PHN: A Multicenter, Placebo-Controlled, 3-Week Dose Finding Study with a 3 Week Active Treatment Extension"
Renovis, Inc
2004-2005

"A Multicenter, Double-Blind, Active and Placebo=Controlled Efficacy and Safety Study of Oxycodone HCl and Low-Dose Naltrexone HCl (PTI-801) in Patients with Low Back Pain"
Pain Therapeutics, Inc.
2004

"A Two-Year Phase IIIB, Randomized, Multicenter, Double-Blind, Sinemet-Controlled, Parallel Group, Flexible Dose Study, To Assess the Effectiveness of Controlled-Release Ropinirole Add-On Therapy to L-dopa at Increasing the Time to Onset of Dyskinesia in Parkinson's Disease Subjects"
Glaxo-Smith-Kline, Inc
2004-Present

GRANTS (cont'd):

"Pharmacokinetic Effects of Two Chadd Sizes on ZR-02-01 Matrix Transdermal Fentanyl"
ZARS, Inc.
2004-2005

"A Multicenter, Double-Blind Randomized, Placebo-Controlled Parallel Study of the Safety and Efficacy of Botox Purified Neurotoxin Complex in Subjects with PHN"
Allergan, Inc.
2004-2005

"A Phase 1, Open-Label, Dose-Ranging Study to Investigate the Safety and Tolerability of Gabapentin Injection Administered Intrathecally in Individuals with Chronic, Intractable Pain"
Medtronic Neurological, Inc.
2005-2006

SB-767905/013 "A Randomized, Double-Blind, Placebo-Controlled, Multicenter Phase 3 Study to Evaluate the Efficacy and Safety of Alvimopan 0.5mg Once Daily and 0.5mg Twice Daily for 12 Weeks for the Treatment of Opioid-Induced Bowel Dysfunction in Adults Taking Opioid Therapy for Persistent Non-Cancer Pain"
GlaxoSmithKline
2005-2006

SB-767905/014 "A Randomized, Double-Blind, Placebo-Controlled, Multicenter, Phase 3 Study to Evaluate the Long-Term Safety of Alvimopan 0.5mg Twice Daily for 12 Months for the Treatment of Opioid-Induced Bowel Dysfunction in Adults taking Opioid Therapy for Persistent Non-Cancer Pain"
GlaxoSmithKline
2005-2006

"A Double-Blind, Placebo Controlled Evaluation of the Efficacy, Safety and Tolerability of BEMA™ Fentanyl in the Treatment of Breakthrough Pain in Cancer Subjects"
BioDelivery Sciences International, Inc.
2005-2008

"An Open-Label, Long-Term Treatment Evaluation of the Safety of BEMA™ Fentanyl Use for Breakthrough Pain in Cancer Subjects on Chronic Opioid Therapy"
BioDelivery Sciences International, Inc.
2005-2008

"An Open-Label, Long-Term Safety Study to Evaluate the Safety of the ZR-02-01 Matrix Transdermal Fentanyl Patch for the Treatment of Moderate to Severe Cancer Pain."
ZARS, Inc
2005-2006

"An Open-Label Safety Study with Intermittent use of HKT-500 in Subjects with Lower Back Pain, Pain from Osteoarthritis of the Knee, Shoulder Pain, or Lateral Epicondylitis Pain"
PPD, Inc
2005-2006

GRANTS (cont'd):

"A Phase I/II, Open Label, Single Blind, Multicentre, Single Dose, Dose Escalating Safety and Tolerability Study of Intrathecal XEN2174 in Oncology Patients"
Xenome, Ltd
2006-2008

"A Phase IIa Single-Center Single-Dose Study of the Bioavailability and Pharmacokinetics of T-62 in Cerebral Spinal Fluid in Patients with Chronic Pain Managed with Administration of Intrathecal Therapy Through an Indwelling Lumbar Catheter"
King Pharmaceuticals Research and Development, Inc.
2006-2008

"A Multi-Center, Double-Blind, Placebo-Controlled study to Evaluate the Efficacy and Safety of Lenalidomide in the Treatment of Painful Lumbar Radiculopathy"
Celgene Corporation
2006-2008

"A Double-Blind, Randomized, Placebo-Controlled Study of Modafinil and Morphine in Patients with Excessive Daytime Sleepiness due to Opioid Therapy"
Medgenex, Inc
2006-2007

"A Randomized, Double-Blind, Placebo-Controlled, Parallel Dose Response Study of Gabapentin Injection for Intrathecal Administration in Subjects with Chronic, Intractable Pain"
Medtronic, Inc.
2007-Present

"A Multicenter, Randomized, Placebo-controlled, Double-blinded Study of the Efficacy and Safety of Lubriprostone in Patients with Opioid-induced Bowel Dysfunction"
Sucampo Pharmaceuticals, Inc.
2008-Present

ABSTRACTS:

Walker,T. "Gender-related Differences in Spousal Care giving for Patients with ALS"
The ALS CARE Program, Clinical Notes. August 2002
Celebrex in ALS patients

WORKSHOPS:

Clinical Research Coordinator Certificate (DRICC) Program.
Wake Forest University School of Medicine. 2000
ALS Clinical Conference. Washington, DC. May 2002.
ALS Clinical Conference. Washington, DC. May 2003
Stroke Symposium - November 2008
Diabetes Symposium – May 2015
Cardiovascular Symposium – February 2015

CURRICULUM VITA

Tena McClelland, BSN, RN, CCRA

HOME ADDRESS:

Tena McClelland
132 Osborne Road
Johnson City, TN 37601

Phone: 423-943-9092

E-mail: tena.mcclelland@yahoo.com

EDUCATION:

Institution	Degree	Major	Year
East Tennessee State University College of Nursing Johnson City, Tennessee	BSN	Nursing	1990

AREAS OF THERAPEUTIC EXPERIENCE:

Central Nervous System: Seizures
Oncology: Prostate, Breast, Lymphoma
Skeletal: Osteoporosis
Respiratory: Pediatric Asthma, Adult Onset Asthma, Methacholine Challenges and COPD
Ophthalmology: Macular Degeneration
Immunology: Pediatric Vaccine, Adult Vaccine
GI: Hepatitis, Infectious Disease, C-Difficile

EXPERIENCE:

Institutional Review Board Coordinator, **Wellmont Health Systems**
December, 2013 to present
Responsible for the daily management of the Institutional Review Board; liaison with physician investigators. Reviewing studies for compliance of 21 CFR 50.25. Completion of meeting minutes. Additionally responsible for ensuring ICG/GCP training while designing electronic training modules. I have positive and proactive collaboration with physicians, Institutional Review Board and regulatory bodies. Key Contact person for the FDA auditor, Our last FDA audit was June 2015-no 483s were issued, conduct board member evaluations, complete the yearly IRB Budget and all daily IRB invoices and tracking of payments.

Public Health Nurse, **State of Tennessee**
2013
Provided Education to adolescents including: Family Planning, Referrals to community programs, Education to newly diagnosed diabetics.

Activation Specialist, Short Term Contract position, **Chiltern**
2013

Preparing and liaising with sites for the clinical trials, gathering information regarding ethics submissions and governance, involved with investigator contracts manager and budget negotiator; reviews essential document packages for study and site activation and essential document collection from the sites.

Clinical Team Leader, **Mountain Home Education and Research Corporation**
2010—2013
Responsible for contracts, budget negotiation, regulatory document completion, assistance with protocol refinement and CRF development when necessary, PI and coordinator training regarding GCP and applicable FDA regulations. Recruitment of additional studies and quality assurance.

Clinical Research Associate Manager, CRA Line Manager, **Chiltern**
2007—2010
Tasks: Travel percentage: 20-30% (Nationwide)
Line manager for 14 regionally-based clinical research associates, insure quality standards and adherence to SOPs, Sponsor contractual timelines and GCPs,/FDA guidelines. Initiation of Corrective Action Plans through resolution. Periodic trip report and letter review, expense report review and approval, Time sheet and quarterly bonus approvals. Conduct Quality Assessment Visits. feasibility for the North Americas, study start up activities including initiation of site contacts, conduct ongoing training for study team CRAs

Senior Clinical Research Associate, **CTMS**
2001—2007
Tasks: Travel percentage: 80-100% (Nationwide)
- Monitoring of Phase 1 through Phase 3 clinical trials
- Assumed leadership for completion of study-related projects (i.e. source document development, spreadsheet development for tracking of potential investigative sites, etc) under the direction of Project Manager.
- Developed monitoring plan for 3 Phase 3 studies.
- Provided assistance with CRF design for 3 Phase 3 studies.
- Participated in the identification of investigators for clinical studies.
- Assisted in negotiation of study budgets and contracts with investigative sites.
- Assisted in the preparation of regulatory documents for local IRB sites when contracted by study sponsor.
- Reviewed progress of projects and initiated appropriate actions to achieve target objectives in collaboration with other study team members.
- Conducted co-monitoring visits for purposes of training of CRA new hires.
- Conducted visits specifically for training of new hires or additional training of more seasoned coworkers.
- Prepared, organized, and made presentations at Investigator Meetings.
- Responsible for reporting, writing of narratives, and follow-up of SAEs.
- Interacted with other internal departments (i.e. budgets and contracts, regulatory) to evaluate needs, resources, and timelines for goal attainment.
- Trained investigative sites in the use of CTMS, Medidata, or other system required for use in study conduct.
- Responsible for all aspects of study site monitoring including interim visits, closeout visits, maintenance of study files, conduct of pre-study and initiation visits; liaised with potential study vendors; and other duties as assigned.
- Led team meetings via teleconference as necessary for the purposes of study training, team briefing, etc.
- General On-Site Monitoring Responsibilities
    1. Ensured that the appropriate study staff received protocol training and the proper materials and instructions to safely enter patients into clinical studies.

2. Ensured the protection of study patients by verifying that informed consent procedures and protocol requirements were adhered to per applicable regulatory requirements.
3. Ensured the integrity of the data submitted on Case Report Forms (CRFs) or other data collection tools by careful source document review. Monitored CRFs and source documents for missing or incorrect data.
4. Ensured the resources of the Study Sponsor and CRO were spent wisely by working in a time efficient manner per Sponsor and CRO SOPs and established guidelines.
5. Prepared concise, accurate, and timely trip reports.
6. Ensured that all regulatory documents were present and appropriately filed at each investigative site.
7. Ensured IND Safety reports were appropriately reported to regulatory agency, AE, SAE reporting and documentation was complete, etc.

Charge Nurse--RN, **State of Tennessee**
1992—2001
Management Responsibilities, Blue Cross/Blue Shield Disease Management Education, Case Management and Referral, Member of Child Fatality Review Team, Committee member of the Northeast Regional In-service Committee: Scheduling speakers and topics for bi-annual in-services.

Team Leader—RN, **Colonial Hill Home Care**
1991—1992
Supervision of LPNs and CNAs. Scheduling all areas of patient care, CPR instructor, Patient and Nursing Education, ICD-9 coding.

Staff Nurse, **Veterans Administration, Mountain Home**
1990—1991
Coronary and Medical Intensive Care, Emergency Transport to Oteen in Ashville, North Carolina, Member of Code Blue Team,

LICENSURE/CERTIFICATION

Registered Nurse	State of Tennessee (License #: 84472)
Certified Clinical Research Associate	Association of Clinical Research Professionals (ACRP)

ADDITIONAL TRAINING

Human Subjects Protection (CITI)	Completed: 12/2013 Expires: 12/2016
FEMA disaster training	Completed: 2013
TNHAN training	Completed: 2013
Smallpox Disaster Team	Completed: 2001

PROFESSIONAL ASSOCIATIONS

Northeast Tennessee Chapter of ACRP	Past Membership Chair Past Chapter Treasurer Founding Board Member

Michelle C. Robertson
319 Arbor Terrace Drive
Kingsport, Tennessee 37660
(423)367-8343
michellerrjj@aol.com

Career Goal

Administrative position with a progressive corporation. Desire to challenge self and organization to grow beyond expectations.

Professional Qualifications

- Dedicated, loyal professional experienced in management functions of an Interior Design firm including proposals, payroll, benefits and accounting.
- Customer oriented manager entrusted with all levels of function for a progressive and successful organization.
- Self-motivated, team player attracted to challenges that will maximize the productivity of the organization while building employee loyalty and morale.

Employment

Wellmont Health Systems; Kingsport, TN 12/2013 – Present

IRB (Institutional Review Board) Assistant for the IRB Department; duties include assisting the IRB Coordinator with the day to day running of the IRB Office. Review and process the following items: expedited review, exempt review, new studies (which include consent and HIPAA review), continuing reviews and amendment/modifications. Training of researchers. Invoice preparation and deposit of funds to appropriate account. Tracking of research related documents to help ensure that all Federal regulations are being followed and maintained. Coordinator for the Bristol Medical Center monthly IRB meetings via video-conferencing. Complete the monthly preparation of the IRB meeting (preparation of monthly minutes) and be an advocate for research efforts within the Wellmont Health System.

Wellmont Health Systems; Kingsport, TN 2/2012 – 12/2013

Plant Operations Secretary for the Plant Operations Department responsible for general clerical duties in addition to administrative support for preventative maintenance program. Primary responsibilities included the generation, dissemination, documentation, and archiving of work order data across our system for the purpose of both internal and regulatory compliance agencies.

Holden & Dupuy Interior Design; New Orleans, La 8/1998 – 12/2001

Office Manager solely responsible for functions of globally recognized Interior Design firm including generation of proposals, appropriation of goods, payroll, AR, AP, all financial transactions, and utilization of Impact Software system. Enabled designers to concentrate totally on their decorating expertise due to my excellent organizational skills and being highly motivated and independent.

Education

University of New Orleans 1981 – 1986

BS in General Business Administration

Michelle C. Robertson

Software Experience

Microsoft Word, Word Perfect, Excel, Impact

Research and Academics Steering Committee

Chairs

Dr. Wilsie Bishop, Vice President of Health Affairs and COO, East Tennessee State University

Jake Schrum, President, Emory & Henry College

Research and Academics Steering Committee

Last Name	First Name	Organization	Title
Bishop	Dr. Wilsie	East Tennessee State University	VP for Health Affairs and COO
Calvert	Linda	Northeast State	Director, WIA Grant & Bridge
Campbell	John	AccelNow	Executive Director
Campbell	Dr. Steve	Northeast State	VP for Business Affairs
Carmack	Duffy	Southwest VA Higher Ed Center	CFO/ Interim Director
Clark	Dr. Andy	ETSU	Professor of Clinical Nutrition, Associate Dean of Research and Clinical Practice
Collins	Dr. Cathie	UVA Wise	Chair, Dept. of Nursing
Dawson	Dr. B. James	Lincoln Memorial University	President
Dishner	Dr. Nancy	Niswonger Foundation	President & CEO
Drinnon	Dr. Joy	Milligan College	Director of Undergraduate Research/Professor of Psychology
Duncan	Dr. Bill	ETSU	Research & Sponsored Programs
Ehret	Charlene	James H. Quillen Vets Administration Medical Ctr	Director
Fincher	Dr. Lou	Emory & Henry	Dean, School of Health Sciences
Fowlkes	Rachel	Southwest VA Higher Ed Center	Retiring Director
Gilliam	Dr. Janice	Northeast State Community College	President
Grandy	Joe (William)	Ferguson	General Manager
Greer	Dr. Bill	Milligan College	President & CEO
Henderson	Rebecca	Strategic Priorities Consulting	Consultant
Henry	Donna	UVA Wise	Chancellor
Kendall	Martha	Johnston Memorial Hospital	Speech / Language Pathologist
Khoury	Dr. Amal	ETSU – Public Health	Chair, Dept of Health Svcs Mgt & Policy
Linville	Dr. David	ETSU	Associate Dean for GME
Lugo	Dr. Ralph	Gatton College of Pharmacy ETSU	Professor and Chair of Pharmacy Practice
Lura	Dr. Richard (Dick)	Milligan College	Professor of Chemistry
Mayhew	Dr. Susan	Appalachian School of Pharmacy	Dean
Means	Dr. Robert (Bob)	ETSU, Quillen College of Medicine	Dean
Mitchell	Dr. Kathy	Virginia Highlands Community College	Dean, Nursing & Allied Health
Moody	Dr. Nancy	Tusculum College	President
Moorman	Dr. Jon	ETSU	Vice Chair, Research & Scholarship/Residency Program Director
Nida	Dr. Maurice	Wellmont Health System	Head of family medicine residency program with LMU
Phillips	Dr. Kenneth	ETSU	Interim Assoc. Dean, Research
Pope	Pat	QSource (Quality Improvement Network for State of TN)	Practice Solution Advisor
Prill	Dr. Sue	Wellmont Cancer Center	Medical Director, Breast Center
Ray	Dr. Richard	King University	Interim President
Rhinehart	Dr. Andrew	Glytec	Chief Medical Officer

Last Name	First Name	Organization	Title
Schrum	Jake	Emory & Henry	President
Shipley	Lindsey	ETSU Quillen College of Medicine	Student (Joint MD/MPH program)
Stepanov	Dr. Nonna	Mountain States Health Alliance	Director of Research
Tillman	Dr. Ken	ETSU - College of Nursing	Associate Dean of Academic Programs
Tooke-Rawlins	Dr. Dixie	Via College of Osteopathic Medicine	
Walker	Clay	NETWORKS Sullivan Partnership	CEO

EXECUTIVE SUMMARY

Research and Academics Steering Committee

The Research and Academics Steering Committee focused its energies primarily on exploring collaborative opportunities to help maximize the impact of the proposed regional health system "Newco" on health and economic growth in Northeast Tennessee and Southwest Virginia. The committee concluded that a unified healthcare system working collaboratively with the regional academic institutions offers a unique and unprecedented opportunity to impact the health and economic well-being of the region by: 1) bolstering the academic training and supply of qualified health professionals; and 2) supporting research programs that enhance healthcare services and community interventions targeting priority health issues. The Committee's overall objective was to propose a research and academics partnering strategy between Newco and regional academic institutions that facilitates collaboration and ultimately leads to improved population health, access to health care services, and economic gains in Northeast Tennessee and Southwest Virginia. To meet this objective, committee members worked to:

- Identify **opportunities and challenges** for collaboration between the proposed regional health system and academic institutions to further research and health professions education
- Identify **existing institutional strengths** to address identified population health workforce needs of the region
- Develop an **organizational structure** to facilitate an integrated research and academic enterprise between the proposed regional health system and the region's academic institutions

The target region for the committee's work was the 21-county catchment of Mountain States Health Alliance and Wellmont Health System, which serves a population of over a million. Many of the counties in the region are designated rural/non-core, meaning they are sparsely populated and not near the center of a metropolitan area. Health-related social factors such as poverty, food insecurity, transportation challenges, and housing insecurity are more prevalent in rural populations, which makes serving these communities uniquely challenging to health systems. In their Certificate of Public Advantage / Cooperative Agreement Pre-Submission Report to Tennessee and Virginiga release in January of 2016, Mountain States and Wellmont committed to making the proposed merged system "a national model for rural healthcare delivery and rural access to care."

The committee determined that a collaborative infrastructure that recognizes area institutions with health science programs can vastly improve efforts to meet the health needs of the region through education, research, and training. To that end, the committee proposes separate research and academic oversight councils (Health Education and Training Council and Research Institute) populated with representatives from member institutions. These bodies will be coordinated by a joint Research and Academic Coordinating Council that will provide input and guidance by interfacing with the health system and other funding organizations. The outcomes of this approach will include fewer programmatic redundancies across institutions, better coordination of student flow through clinical and non-clinical training sites, greater efficiency in meeting the region's health workforce needs, and coordination of research efforts to improve the health of the region.

A major area of focus for the committee was assuring that the region provided the variety and complexity of health training programs to meet the workforce needs of the region. The development of a program inventory along with an understanding of how the two health systems currently work with educational programs provided a basis for discussions of ways to facilitate collaboration and coordination of programming going forward.

The second area of focus was identification of strategies to respond to the population health research needs of the region and identifying an infrastructure to do so. It was recognized that the other steering committees would be identifying specific areas of research focus, so this committee discussed how to structure the research endeavor in a way that would seek maximum synergy from the existing two health systems while drawing on the research areas of strength of ETSU and the other institutions in the region. A focus on establishing research centers provides a way to bring together existing resources, be competitive in securing federal and other research dollars, and focus on efforts within local communities to prevent and treat poor health outcomes.

As the proposed merger should bring about a reduction in the duplication of services and provide a more cost-effective healthcare delivery system, the recommendations from this steering committee project an infrastructure to facilitate collaboration and synergy in the delivery of education and training, as well as offer a model for translational research and clinical trials endeavors that will provide opportunities for growth and improvement to the health and well-being of our local communities.

Opportunities and challenges for collaboration between the proposed regional health system and academic institutions

In order to allocate funds to develop and grow academic and research opportunities, support post-graduate healthcare training, and strengthen the pipeline of nurses and allied health professionals, the committee agreed that a collaborative organizational structure must be conceived to facilitate communication and the coordination of efforts. Members identified barriers and opportunities to the development of this collaboration so they may be part of the strategic planning process moving forward.

Opportunities

Through the process of exploring opportunities for new research and academic partnerships between the proposed merged health system and regional academic institutions, the first steps toward collaboration were taken by the deans, presidents, and other academic leaders interested in improving and building academic health sciences in Appalachia. This informal network, developed over the course of the six months in which meetings were held, will serve as the basis for a collaborative structure between these institutions and the proposed merged health system. The result will be greater opportunity for innovations in health sciences research and academics to benefit surrounding communities for generations to come.

The proposed merged health system represents opportunities for improved coordination and quality of health services in the region through the development of a large health information database, as well as formal mechanisms for collaboration with academic partners providing health science training. Public documents released to date confirm the committee's expectations that the proposed merger will result in the generation of new resources and commitments for education and research. This commitment will increase the ability of academic institutions to meet training needs by partnering more efficiently with facilities within the new health system.

A single large health system can help align the workforce geographically to better provide health care to surrounding communities. In addition to aligning resources for improved program efficiency, the availability of large databases within a single system will facilitate opportunities for training in health services research, healthcare economics, healthcare policy research, and outcomes research. The quality of education within each individual program will be improved through partnership with the new system by more effectively engaging different disciplines for synergy in training, and creating opportunities for academic partners to share teaching resources (for example, simulation labs and technical support).

The region has a rich diversity of educational programs and institutional characteristics that currently attract large volumes of applicants, demonstrating a high level of interest in health care as a profession. Better training coordination and student flow through practice sites, which is an expected outcome of the proposed merger, should encourage recruitment and retention of graduates to work in the region. The region is at the fore of inter-professional health sciences education nationally, making it an attractive option for prospective students from across the country and elsewhere. With a merged health system serving such a large rural population, combined with the expertise of its higher education institutions, the area is poised to become a national hub for training, innovation, and cross-discipline professional development.

With the proposed merger there will be enhanced opportunities to benefit from both Tennessee and Virginia state governments' interest in investment for novel approaches to regional health challenges. Existing efforts toward cross-sector collaboration with academic partners in the region (e.g., Healthy Appalachia Institute at UVA-Wise; Tennessee Institute for Public Health, Academic Health Departments, and Tennessee Public Health Training Center at ETSU) can serve as seeds for coordinated and more inclusive collaboration between the new health system and academic institutions.

Through increased efficiency and diversity of programming, the academic partnership across institutions and within the health system can help retain the large number of individuals interested in pursuing healthcare careers in the region post-graduation. Development of a unified strong message promoting the region to prospective health science students and faculty can be achieved through consensus building and work toward a common agenda. Academic programs can then be grown and developed in conjunction with efforts to map training onto identified community needs.

Challenges

There is no doubt that many challenges face the hospital systems and their academic partners as each attempts to innovate the existing system for health sciences training in the region. Planning, infrastructure building, implementation, and surveillance efforts will require collaborative input from all parties involved on an ongoing basis if they are to be successful.

Currently the regional healthcare institutions are not able to accommodate the large number of applicants for healthcare training positions. One contributing factor is the challenges faced in recruiting high-level faculty and clinical specialists to the region, due in part to the lack of employment opportunities for applicant spouses. Development of a shared human resources job database aimed at facilitating spousal employment could potentially address this issue and improve recruitment and retention of clinical providers and health science faculty within the region. Past experience suggests it is far easier to train professionals to live and work in the region than it is to recruit them.

Communication across institutions currently does not encourage sharing of resources to support the delivery of coordinated academic training or the execution of collaborative research. Improving communication between health science programs can prevent institutions from having to "reinvent the wheel" and allow them to draw on shared resources to support their programming. Each individual institution has limited resources, and the development of new and coordinated programs will require outside funding and effective management of that funding in a deliberate and rigorous manner. Due to regulatory considerations and institutional governance procedures, it takes time to transform educational programs.

The process of establishing partnerships across academic institutions, many of whom consider themselves in competition with each other, is fraught with barriers and challenges. Add in coordination with a new merged health system working to establish new infrastructures and protocol for the management of a large number of health facilities, and the process becomes more complex and tenuous. Strategic planning must include leadership from academic partner institutions, including those with the experience and ability to enter into agreements with outside entities. Initial planning should include a communication structure that explicitly states the routes of communication within a specified schedule, as well as a staffing structure to support such endeavors.

Institutional strengths to address identified population health workforce needs of the region

Fourteen regional institutions participated in discussions around collaboration with the proposed merged health system, representing over a hundred certificate and degrees programs, training more than 13,000 students in the region annually. Table 1 below lists these programs and their parent institutions along with enrollment.

Table 1. Health-related degree programs and enrollment within partner institutions

Regional Institution	Program	Enrollment	Academic Year
Appalachian College of Pharmacy	Doctorate in Pharmacy (3 year program) (75 students per year) (225 Total Students)	75	2015-16
Edward Via College of Osteopathic Medicine	Third Year Students	24	2015-16
	Third Year Students	30	2016-17
	Fourth Year Students	24	2015-16
	Fourth Year Students	30	2016-17
	Residency Programs in MSHS-Johnston M. (originally sponsored by VCOM)	7	2015-16
	Residency Programs in MSHS Johnston M.	19	2016-17
	Residency Programs in MSHS Johnston M.	31	2017-18
	Residency Programs in MSHS Johnston M.	36	2018-19
Emory and Henry College	Doctor of Physical Therapy (DPT)	32	2015-16
	Master of Occupational Therapy (MOT)	25	2016-17
	Master of Physician Assistant Studies (MPAS)	30	2016-17
East Tennessee State University	Social Work	329	2015-16
	Clinical Psych	25	2015-16
	Bachelor of Public Health (BS)	150	2015-16
	Master of Public Health (MPH)	131	2015-16
	Doctor of Public Health (DrPH)	27	2015-16
	PhD Environmental Health	3	2015-16
	MS Environmental Health	3	2015-16
	Nursing (BSN)	684	2015-16
	Pre-Nursing	512	2015-16
	Nursing (MSN)	328	2015-16
	Doctor of Nursing	104	2015-16
	Nursing BS (Pre-licensure students, RN to BSN)	473	2015-16
	Nursing RN to BSN	206	2015-16
	Doctorate in Pharmacy	76	2015-16
	BS in Pharmacy Studies	16	2015-16
	BS Health Sciences	270	2015-16

Regional Institution	Program	Enrollment	Academic Year
East Tennessee State University	BS Environmental Health	47	2015-16
	Graduate Certificate in Epidemiology	12	2015-16
	Health Care Management Certificate	21	2015-16
	Tennessee Students	277	2015-16
	Residency Programs	258	2015-16
	Research Center	55	2015-16
	Biomedical Sciences (PhD)	36	2015-16
	Cardiopulmonary Science (BS)	42	2015-16
	Radiography (BS)	64	2015-16
	Dental Hygiene (BS)	48	2015-16
	Nutrition and Foods (BS)	37	2015-16
	MS in nutrition	20	2015-16
	MS in Allied Health	26	2015-16
	Speech Pathology (MS)	59	2015-16
	Audiology (AuD)	35	2015-16
	Physical Therapy (DPT)	106	2015-16
King University	Nursing (BSN)	436	2015-16
	Nursing (MSN)	182	2015-16
	Doctoral Nursing Program	11	2015-16
Lincoln Memorial University	Nursing	571	2015-16
	Counseling	34	2015-16
	Veterinary Medicine	196	2015-16
	Social Work	9	2015-16
	Nurse Anesthesia Program	41	2015-16
	Doctor of Nursing Practice (DNP)	6	2015-16
	Master of Science Nursing (MSN)	148	2015-16
	Bachelor of Science Nursing (BSN)	213	2015-16
	Associate of Science Nursing (ASN)	358	2015-16
	Doctor of Osteopathic Medicine (DO)	893	2015-16
	Master of Medical Science in Physician Assistant Studies (MMS)	278	2015-16
Milligan College	Nursing (RN, BSN)	149	2015-16
	MS in Occupational Therapy	95	2015-16
	Master of Counseling	26	2015-16
	Bachelors of Social Work	5	2015-16
Mountain Empire Community College	Emergency Med. Serv.	18	2015-16
	Health Inf. Mgmt.	46	2015-16
	Nursing (AAS Degree)	126	2015-16
	Respiratory Therapy	33	2015-16

Regional Institution	Program	Enrollment	Academic Year
Mountain Empire Community College	Practical Nursing (Certificate)	59	2015-16
	EMT – Intermediate	30	2015-16
	EMT- Paramedic	4	2015-16
	Health Sciences	281	2015-16
	Nursing Assistant	57	2015-16
	Pharmacy Aide	48	2015-16
	Phlebotomy	33	2015-16
Northeast State Community College	Pre-Nursing	191	2015-16
	Pre-Occupational Therapy	16	2015-16
	Pre-Pharmacy	27	2015-16
	Pre-Radiography	127	2015-16
	Pre-Cardiopulmonary	10	2015-16
	Pre-Dental Hygiene	70	2015-16
	Pre-Med Tech	3	2015-16
	Dental Assisting	47	2015-16
	Med. Lab. Tech.	64	2015-16
	Surgical Tech.	52	2015-16
	Office Admin. Tech.	87	2015-16
	Cardiovascular Tech.	86	2015-16
	Nursing (AAS)	1,442	2015-16
	Pre-Occupational Therapy (AS-TTP)	13	2015-16
	Pre-Physical Therapy (AS-TTP)	86	2015-16
	Pre-Health Prof. (AS-TTP)	72	2015-16
	Dental Assisting	30	2015-16
	Emergency Med Tech (TCP)	27	2015-16
	EMT-Paramedic (TCP)	32	2015-16
Southwest Virginia Community College	Nursing (RN, AAS)	90	2015-16
	Allied Health Programs (LPN)	12	2015-16
	Paramedic 1st Year	22	2015-16
	Paramedic 2nd Year	5	2015-16
	EMT	7	2015-16
	Radiology Tech 1st Yr.	9	2015-16
	Radiology Tech 2nd Yr.	2	2015-16
	Occup. Therapy Asst. 1st Year	26	2015-16
	Occup. Therapy Asst. 2nd Year	26	2015-16
	CNA	31	2015-16
	Phlebotomy	13	2015-16
	Pharmacy Tech	12	2015-16
	AAS Mental Health Services, Substance Abuse	34	2015-16

Regional Institution	Program	Enrollment	Academic Year
Southwest Virginia Higher Education Center	BSN Nursing	29	2015-16
	MSN Nursing	12	2015-16
	CRNA	22	2015-16
	Doctorate Nursing Admin.	2	2015-16
	MLT	9	2015-16
	ICD Coding	15	2015-16
Tusculum College	BSN and RN to BSN	103	2015-16
University of Virginia's College at Wise	BSN Nursing	108	2015-16
	Pre-Medical/Dental/Veterinary	133	2015-16
Virginia Highlands Community College	Nursing (RN, AAS)	124	2015-16
	Radiology Tech	12	2015-16
	CNA	40	2015-16
	EMT/Paramedic	26	2015-16
	Occupational Therapy Assistant	16	2015-16
	Health Inf. Mgmt. Certif.	30	2015-16
	Electronic Health Records Certificate	5	2015-16

Collaborative Research and Academic Organizational Structure

The following section describes the structure and objectives of the proposed collaborative research and academic organizational structure. The committee recognizes this proposal is the beginning of a discussion on the best way for regional institutions to partner with each other and the proposed merged system. Successful collaboration will require ongoing communication and planning between partner institutions.

Mission/Summary

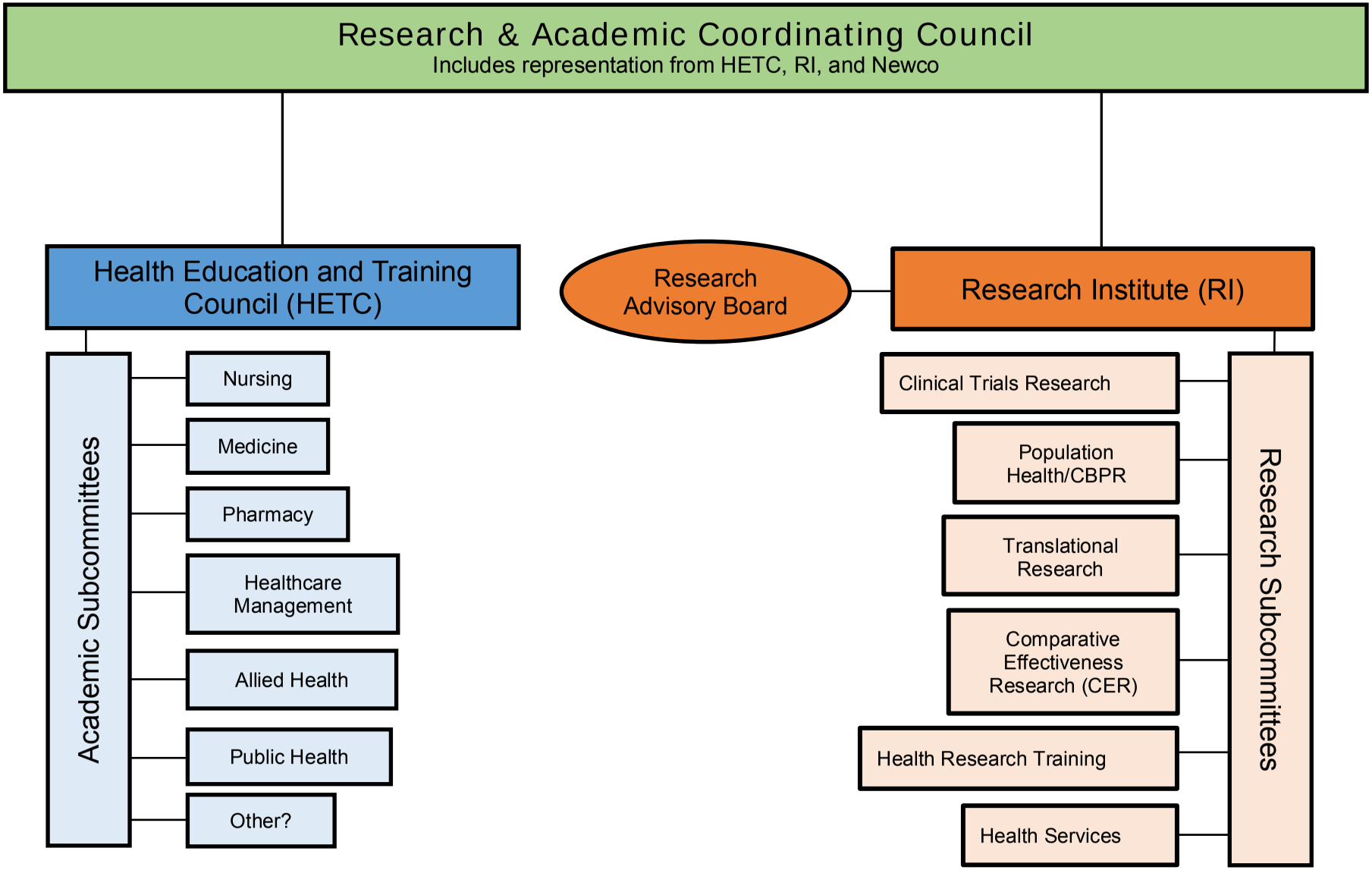
The Research and Academics Steering Committee concluded that a unified health system Newco, working collaboratively with the regional academic institutions, offers a unique and unprecedented opportunity to impact the health and economic well-being of our region by: 1) bolstering the academic training and supply of qualified health professionals and 2) supporting research programs that enhance health care services and community interventions targeting priority health issues. To maximize the impact of the proposed merged health system on health and economic growth in Northeast Tennessee and Southwest Virginia, the committee proposed a partnership strategy between Newco and regional academic institutions aimed at facilitating collaboration, ultimately leading to improved population health, access to health care services, and economic gains in the region.

The proposed partnership structure will be overseen by a Research and Academic Coordinating Council whose mission will be to improve health and health care in the NE Tennessee and SW Virginia region through provider training and the advancement of medical knowledge through patient and population oriented research targeting priority health needs. The Research and Academic Coordinating

Council will establish the strategic vision and plan for the partnership and will guide, coordinate, and support its two primary arms: the Health Education and Training Council and the Research Institute. **All proposed bodies will include representation from Newco and its academic and research partners.**

The Health Education and Training Council (HETC) will serve as the formal advisory board for Newco to help advance health professional training and student internships, leading to increased supply and diversity of the healthcare workforce in the region. The HETC will be responsible for coordinating student placements, identifying workforce needs and program development, and facilitating transition to employment with Newco. The HETC will include several academic subcommittees, each representing a major discipline and responsible for managing collaborative efforts, shared resources, and learner placement within that discipline. The academic subcommittees will represent nursing, medicine, pharmacy, public health, healthcare management, allied health, and any other discipline as deemed necessary.

The Research Institute (RI) will establish a robust collaborative research infrastructure between Newco and its research partners, leading to improvements in healthcare delivery, patient outcomes, and population health. The RI will be responsible for identifying and prioritizing research initiatives, identifying and seeking external funding, and assuring high-quality research performance and compliance. The RI will include several research subcommittees representing high priority research focus areas: clinical trials research, population health/community-based research, comparative effectiveness research, health services research, translational biomedical research, and health research training. The RI, through its subcommittees, will facilitate research that is highly relevant to the Appalachian region to enhance access to, and the effectiveness of, healthcare services, as well as to promote our understanding of the factors that impact our population's health and policies and to evaluate programs that can lead to significant and sustainable health improvements.


Research & Academic Coordinating Council
Includes representation from HETC, RI, and Newco
Health Education and Training Council (HETC)
Research Advisory Board
Research Institute (RI)
Academic Subcommittees
Nursing
Medicine
Pharmacy
Healthcare Management
Allied Health
Public Health
Other?
Research Subcommittees
Clinical Trials Research
Population Health/CBPR
Translational Research
Comparative Effectiveness Research (CER)
Health Research Training
Health Services

Research & Academic Coordinating Council

Mission
To enhance health care in the region through provider training and the advancement of medical knowledge through patient and population oriented research.

Purpose
- To review and assess recommendations from HETC and RI
- To develop and implement benchmark performance metrics for HETC and RI members
- To establish overall strategic vision and plan for overall partnership

Health Education and Training Council (HETC)

Mission
To maximize the effective use of Newco resources to meet the health professional training needs of the region.

Purpose
- Facilitate communication between academic partners toward enhancing health training
- Act as liaison between academic partners and the R&A Coordinating Council
- Develop and implement coordinated system for placing students in training sites
- Develop and implement protocols for ensuring quality practice experience for students at training sites

Research Institute (RI)

Mission
To establish a robust collaborative research effort between Newco and its regional academic partners, leading to improvements in health care delivery, patient outcomes, and population health

Purpose
- Identify and prioritize key research initiatives to address major health issues of the region.
- Identify and seek external funding opportunities
- Facilitate the funding requests and the receipt of funds between Newco and academic partners
- Facilitate development of interdisciplinary research collaboration between Newco and regional academic institutions.
- Maintain an administrative, legal and financial infrastructure assuring high quality research performance and compliance.

Research & Academic Coordinating Council

The Research & Academic Coordinating Council shall provide oversight and guidance to the academic and research partnership formed between Newco and regional academic institutions. The Research & Academic Coordinating Council shall ensure mission alignment between Newco and academic/research efforts to improve health in the region.

Membership — The number of voting members of the Research & Academic Coordinating Council shall be thirteen (13) or such other number as may be designated by resolution of a majority of the members of the Research & Academic Coordinating Council, provided that the number of voting members shall not be more than fifteen (15) nor less than five (5).

Health Education and Training Council

The Health Education and Training Council will serve as the formal academic advisory board for Newco with representation to be determined from the academic institutions which place learners in the Newco system facilities. The Health Education and Training Council will be responsible for coordinating student placements, identifying workforce needs and program development, and facilitating transition to employment into the Newco system.

Membership — The number of voting members of the Health Education and Training Council shall be six (6) or such other number as may be designated by resolution of a majority of the members of the Health Education and Training Council, provided that the number of voting members shall not be more than nine (9) nor less than five (5).

Academic subcommittees

Academic subcommittees will be developed for a minimum of six disciplinary areas in order to manage specific learner placement and integration into Newco facilities. Those six areas include:

- Nursing
- Medicine
- Pharmacy
- Allied health
- Public health
- Healthcare management

Other academic health science subcommittees may be designated by resolution of a majority of the members of the Health Education and Training Council.

Membership	The number of voting members of each academic subcommittee shall be dictated by the number of programs actively training students in the partner institutions or such other number as may be designated by resolution of a majority of the members of the Health Education and Training Council, provided that the number of voting members shall not be more than seven (7) nor less than three (3).

Research Institute

The Research Institute shall establish a robust collaborative research network between Newco and its regional academic partners, leading to improvements in health care delivery, patient outcomes, and population health.

The RI will have a central office with a staff dedicated to providing administrative support to the institute. Such assistance is anticipated to include organizing and coordinating institute meetings; coordinating and facilitating progress reporting for the institute and institute researchers; disseminating information regarding research funding opportunities to researchers at Newco and academic partners; managing and assisting with research application flow to the institute; disseminating institute research findings to institute researchers, institute leadership, academic partners, and the community; coordinating educational events specifically linked to institute mission; providing monthly post-award accounting of grant balances to funded institute researchers; maintaining the institute's website; and developing and disseminating announcements to the media.

Health research training is anticipated to be of major importance to the overall mission of the RI. Researchers funded through RI mechanisms, as well as RI partners and advisors, will contribute to the education and training of graduate, pharmacy, medical, nursing, physical therapy, audiology, public health, and other health disciplines that are represented among the academic partners of the institute. The RI will advance the development of a diverse workforce that will engage in research dedicated to the mission of the institute and that is of critical importance to the region's health. The RI could additionally fund students and/or fellows specifically focused on health research issues deemed to be of high priority by the RI leadership and advisory council and could fund beginning/younger researchers on projects that are specifically focused on priority areas.

Membership	The number of voting members of the Research Institute shall be nine (9) or such other number as may be designated by resolution of a majority of the members of the Research Institute, provided that the number of voting members shall not be more than eleven (11) nor less than five (5).

Research Advisory Board

This body would be expected to include administrative and scientific leaders from Newco and the regional academic partners and leading medical science advisors external to the region. The Advisory Council would be responsible for providing assistance to identify the research priorities of the institute, and for assuring progress and productivity of funded researchers.

Membership	The number of voting members of the Research Advisory Board shall be six (6) or such other number as may be designated by resolution of a majority of the members of the Research Advisory Board, provided that the number of voting members shall not be more than nine (9) nor less than five (5).

Research subcommittees

The research subcommittees shall be responsible for the coordination of efforts across academic institutions in their respective areas of focus.

Membership	The number of voting members of the Health Education and Training Council shall be five (5) or such other number as may be designated by resolution of a majority of the members of the Health Education and Training Council, provided that the number of voting members shall not be more than seven (7) nor less than three (3).

Clinical trials research

The RI Clinical Trials Office (CTO) would provide a centralized clinical research support system to all interested investigators practicing at Newco, including faculty at ETSU and other associated academic centers, as well community physicians. The CTO would provide end-to-end professional services to investigators conducting clinical trials, including: identification of potential studies; support for contract and budget development and negotiation for industry-sponsored trials; clinical research associates to assist in the collection of protocol-specific documentation of patient information; clinical research coordinators and nurses to assist the investigator in conducting the trials; regulatory support, including filing documents with the FDA and IRB; and oversight of billing compliance.

Population health research

Population health research focuses on the health outcomes of groups of individuals, e.g., workers at a workplace, residents of a neighborhood, people sharing a common demographic or

social status, or the population of a region (for example, those living in rural areas). Population health studies attempt to characterize the levels and distributions of health within and across populations; analyze the impact on health of different underlying factors, including biologic, genetic, behavioral, social, and environmental influences and their interactions among individuals and groups and across time and generations; and evaluate the effectiveness of community-based interventions. Access to the large patient population in the Newco healthcare system will enhance the potential of RI funded investigators to attract substantial research funding from federal and non-federal agencies with an interest in supporting research to improve population health, especially in a rural environment. Newco's collaboration with local public health agencies will further enhance community-based research leading to population health improvement.

Comparative effectiveness research

Comparative effectiveness research (CER) compares the benefits and harms of different strategies to prevent, diagnose, treat or monitor health conditions, and deliver health care in the "real world" settings. Newco will be one of the largest health care systems in Tennessee with more than 100,000 discharges/year and one of the largest academic health systems in a rural setting in the U.S., with three strong regional clinical research hubs – Johnson City Medical Center, Bristol Regional Medical Center, and Holston Valley Medical Center. Access to this large patient population will enhance the potential of RI funded investigators to attract substantial research funding from federal (AHRQ) and non-federal agencies (PCORI) with an interest in supporting research to improve health outcomes. Potential areas of RI support for CER are the identification of prevention, diagnosis and treatment options that work best to reduce the burden of disease in Appalachia (including addiction, diabetes and obesity, CVD, and cancer) and the development of new approaches to address disparities across patient populations to achieve best outcomes in each population.

Health services research

Health services research (HSR) uses health systems, as well as patient and population-level data, to better inform the delivery of health services, improve quality of care and patient outcomes, and support the creation and tuning of policies, processes, and management systems for health improvement. Examples of HSR include: assessing patterns of health service utilization and costs; identifying health system-level approaches to improving access and care coordination for vulnerable populations; identifying and implementing patient-centered, evidence-based interventions in clinical practice and adapting interventions according to population and setting; and evaluating how health policy and services impact patient outcomes and population health. Newco will offer a comprehensive electronic health record, administrative, and other real-time data to support HSR that directly impacts practice. The RI will enhance HSR through access to data, funding, and support for recruiting health services researchers to complement the available expertise at ETSU and other partners. Potential areas of RI support for HSR include: care coordination for multiple chronic illnesses; patient care transitions between hospitals, nursing homes and their own homes; impact of novel services (e.g. patient navigation, telehealth) on rural and high-risk population groups in Appalachia, innovative use of health information technology, and modeling policy and payment options in the

region. RI funded researchers will be highly competitive for funding from NIH, AHRQ, PCORI, private foundations, and the industry.

Translational biomedical research

The RI will enhance translational biomedical research activities by providing support for the collection, preparation, and long-term storage of clinical samples as well as clinical data from patients at Newco facilities and physician offices throughout the region. The development of these valuable resources, which are currently rare in this region, can be used by basic biomedical researchers to support T_0 - T_1 discovery research. It is anticipated that the availability of these resources would greatly facilitate a transition of activities of regional biomedical scientists to research focused on clinical application. The field of sepsis is an example of an opportunity to pursue translational biomedical research between ETSU biomedical scientists and the clinical programs at Newco. Both hospital systems have strong clinical programs in the area of sepsis, and ETSU has three NIH basic biomedical grants to study sepsis that would benefit from increased access to patient samples and clinical data.

Health research training

Health research training is anticipated to be of major importance to the overall mission of the RI. Researchers funded through RI mechanisms, as well as RI partners and advisors, will contribute to the education and training of graduate, pharmacy, medical, nursing, physical therapy, audiology, public health, and other health disciplines that are represented among the academic partners of the institute. The RI will advance the development of a diverse workforce that will engage in research dedicated to the mission of the institute and that is of critical importance to the region's health. The RI could additionally fund students and/or fellows specifically focused on health research issues deemed to be of high priority by the RI leadership and advisory council and could fund beginning/younger researchers on projects that are specifically focused on priority areas.

EXHIBIT D-8A

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Policy are eligible to apply for appointment to one of the following categories:

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of physicians, dentists, oral surgeons, and podiatrists who:

(a) are involved in at least 24 patient contacts per two-year appointment term; and

(b) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Medical Center through service on Medical Center or Medical Staff committees and/or active participation in performance improvement or professional practice evaluation functions.

Guidelines:

Unless an Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

* Any member who has fewer than 24 patient contacts during his/her two-year appointment term shall not be eligible to request Active Staff status at the time of his/her reappointment.

** The member must request another staff category that best reflects his/her relationship to the Medical Staff and the Medical Center (options – Courtesy, Consulting, or Ambulatory Care).

2.A.2. Prerogatives:

Active Staff members may:

(a) admit patients without limitation, except as otherwise provided in the Bylaws or Bylaws-related documents, or as limited by the MSHA Board;

(b) vote in all general and special meetings of the Medical Staff, and applicable department and committee meetings;

(c) hold office, serve as department chairs, serve on Medical Staff committees, and serve as chairs of such committees;

(d) exercise such clinical privileges as are granted to them; and

(e) attend meetings of the MEC (without vote) so long as notice is given to the President of the Medical Staff. Attendance and participation at such meetings shall be at the discretion of the President of the Medical Staff. The Active Staff members shall leave for any discussion of confidential peer review issues.

2.A.3. Responsibilities:

(a) Active Staff members must assume all the responsibilities of membership on the Active Staff, including:

(1) serving on committees, as requested;

(2) providing appropriate specialty coverage for the Emergency Department and in-house coverge accepting referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department;

(3) providing care for unassigned patients;

(4) participating in the evaluation of new members of the Medical Staff;

(5) participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties);

(6) accepting inpatient consultations, when requested;

(7) paying application fees, dues, and assessments; and

(8) performing assigned duties.

(b) Active Staff members who attain the age of 60 may request to be excused from emergency call and unassigned patient responsibilities. The MEC may, in its sole discretion, grant or deny such request. The MEC may also, in the interest of patient care and/or Medical Staff hardship, revoke a previous exemption from Emergency Department coverage that has been granted.

2.B. COURTESY STAFF

2.B.1. Qualifications:

The Courtesy Staff shall consist of physicians, dentists, oral surgeons, and podiatrists who:

(a) are involved in more than six, but fewer than 24, patient contacts per two-year appointment term;

(b) are members in good standing of the Active Staff at another accredited hospital (unless this requirement is waived by the MSHA Board after considering the recommendations of the MEC);

(c) meet all the same threshold eligibility criteria as other Medical Staff members, including specifically those relating to availability and response times with respect to the care of their patients; and

(d) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless a Courtesy Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

* Any member who has fewer than six patient contacts during his/her two-year appointment term must request another staff category that best reflects his/her relationship to the Medical Staff and the Medical Center (options – Consulting or Ambulatory Care).

** Any member who has more than 24 patient contacts during his/her two-year appointment term must request Active Staff status.

2.B.2. Prerogatives and Responsibilities:

Courtesy Staff members:

(a) may attend and participate in Medical Staff and department meetings (without vote);

(b) may not hold office or serve as department chairs or committee chairs, unless waived by the MSHA Board;

(c) may be invited to serve on committees (with vote);

(d) are generally excused from providing specialty coverage for the Emergency Department for unassigned patients, but:

(1) must assume the care of any of their patients who present to the Emergency Department when requested to do so by an Emergency Department physician, and

(2) must accept referrals from the Emergency Department for follow-up care of their patients treated in the Emergency Department, and

(3) will be required to provide specialty coverage if the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities);

(e) shall cooperate in the professional practice evaluation and performance improvement processes;

(f) shall exercise such clinical privileges as are granted to them; and

(g) shall pay application fees, dues, and assessments.

2.C. CONSULTING STAFF

2.C.1. Qualifications:

The Consulting Staff shall consist of physicians, dentists, oral surgeons, and podiatrists who:

(a) are of demonstrated professional ability and expertise who provide a service not otherwise available or in very limited supply on the Active Staff (should the service become readily available on the Active Staff, the Consulting Staff members would not be eligible to request continued Consulting Staff status at the time of their next reappointments);

(b) provide services at the Johnson City Medical Center only at the request of other members of the Medical Staff;

(c) are members in good standing of the Active Staff or Consulting Staff at another accredited hospital (unless this requirement is waived by the MSHA Board after considering the recommendations of the MEC); and

(d) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2.C.2. Prerogatives and Responsibilities:

Consulting Staff members:

(a) may evaluate and treat (but not admit) patients in conjunction with other members of the Medical Staff (any Consulting Staff member who has more than 24 patient contacts during his/her two-year appointment term) must request Active Staff status);

(b) may not hold office or serve as department chairs or committee chairs, unless waived by the MEC and the MSHA Board;

(c) may attend meetings of the Medical Staff and applicable department meetings (without vote) and applicable committee meetings (with vote);

(d) are excused from providing specialty coverage for the Emergency Department and providing care for unassigned patients, unless the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities~~)~~;

(e) shall cooperate in the professional practice evaluation and performance improvement processes; and

(f) shall pay application fees, dues, and assessments.

2.D. AMBULATORY CARE STAFF

2.D.1. Qualifications:

The Ambulatory Care Staff consists of those physicians, dentists, oral surgeons, and podiatrists who:

(a) wish to request only limited non-invasive outpatient-related therapies for the care and treatment of their patients at the Medical Center; and

(b) have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Ambulatory Care Staff as outlined in Section 2.D.2.

2.D.2. Prerogatives and Responsibilities:

Ambulatory Care Staff members:

(a) may attend meetings of the Medical Staff and applicable departments (without vote);

(b) may not hold office or serve as department chairs or committee chairs;

(c) shall generally have no staff committee responsibilities~~;~~

(d) may attend educational activities sponsored by the Medical Staff and the Medical Center;

(e) may refer patients to members of the Active Staff for admission and/or care;

(f) are encouraged to submit their outpatient records for inclusion in the Medical Center's medical records for any patients who are referred;

(g) may review the medical records and test results (via paper or electronic access) for any patients who are referred;

(h) may perform preoperative history and physical examinations in the office and have those reports entered into the Medical Center's medical records;

(i) may not: admit patients, attend patients, exercise inpatient or outpatient clinical privileges, write inpatient or outpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Medical Center;

(k) may actively participate in the professional practice evaluation and performance improvement processes;

(l) may refer patients to the Medical Center's diagnostic facilities and order such tests;

(m) must accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and

(n) must pay application fees, dues, and assessments.

2.E. COVERAGE STAFF

2.E.1. Qualifications:

The Coverage Staff shall consist of physicians, dentists, oral surgeons, and podiatrists who:

(a) desire appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to Active Staff members who are the same specialty.

(b) are members in good standing of the Active Staff at another accredited hospital (unless this requirement is waived by the MSHA Board after considering the recommendations of the Credentials Committee and the MEC);

(c) at each appointment or reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians);

(d) are not required to satisfy the response time requirements set forth in Section 2.A.1(d) of the Credentials Policy, except for those times when they are providing coverage; and

(e) agree that their Medical Staff appointment and clinical privileges will be automatically relinquished, with no right to a hearing or appeal, if their coverage arrangement with the Active Staff member(s) terminates for any reason.

(f) Coverage Staff category may not be used to avoid Active staff responsibilities including Emergency Room call. Monitoring of patient contacts and quality data will be reviewed by the Credentials Committee and the MEC. (Medical Staff category assignments may be changed by the MSHA Board upon a recommendation by the MEC).

(g) Practitioner will be allowed to perform a procedure, if needed, during coverage for a medical staff member, provided appropriate privileges have been granted and medical judgment supports a patient care detriment would be created by delaying until an active staff member is available.

2.E.2. Prerogatives and Responsibilities:

Coverage Staff members:

(a) when providing coverage assistance for an Active Staff member, shall be entitled to admit and/or treat patients who are the responsibility of the Active Staff member that is being covered (i.e., the Active Staff member's own patients or unassigned patients who present through the Emergency Department when the Active Staff member is on call);

(b) shall assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, care for unassigned patients, emergency service care, consultation, and teaching assignments when covering for members of their group practice or coverage group;

(c) shall be entitled to attend Medical Staff and department meetings (without vote);

(d) may not hold office or serve as department chairs or committee chairs;

(e) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote); and

(f) shall pay applicable fees, dues, and assessments.

2.F. HONORARY STAFF

2.F.1. Qualifications:

(a) The Honorary Staff shall consist of practitioners who have retired from the practice of medicine in this Medical Center after serving for more than 10 years and who are in good standing.

(b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application/reappointment processing.

2.F.2. Prerogatives and Responsibilities:

Honorary Staff members:

(a) may not consult, admit, or attend to patients;

(b) may attend Medical Staff meetings (without vote);

(c) may be appointed to committees (without vote);

(d) are entitled to attend educational programs of the Medical Staff and the Johnson City Medical Center;

(e) may not hold office, or serve as department chairs or committee chairs; and

(f) are not required to pay application fees, dues, or assessments.

Telemedicine: providers who are credentialed and privileged to deliever consultations through electronic and/or digital modalities. Must be board certified as well.

EXHIBIT D-8A

Group Name
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
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Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Anesthesia and Pain Consultants
Appalachian Emergency Physicians
Appalachian Emergency Physicians
Appalachian Emergency Physicians

EXHIBIT D-8A

Appalachian Emergency Physicians
Appalachian Emergency Physicians
Appalachian Emergency Physicians
Appalachian Emergency Physicians
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Orthopedic Associates
Appalachian Radiation Oncology Associates PC
Appalachian Radiation Oncology Associates PC
Appalachian Surgery
Associated Oral & Maxillofacial Surgeons
Associated Oral & Maxillofacial Surgeons
Associated Oral & Maxillofacial Surgeons
Associated Oral & Maxillofacial Surgeons
Associated Orthopedics
Blue Ridge Family Medicine
Blue Ridge Family Medicine
Blue Ridge Family Medicine
Blue Ridge Family Medicine
Blue Ridge Neuroscience
Boones Creek Medical, PLLC
Bristol Neurosurgical Associates
Bristol Urological Associates
Brit Bowers, DDS
Brit Bowers, DDS
Colon & Rectal Surgery Consultants, PC
Colon & Rectal Surgery Consultants, PC
David T. Hamilos
Doctor's Care
Ear Nose & Throat Associates
Ear Nose & Throat Associates
Ear Nose & Throat Associates
Ear Nose & Throat Associates
Ear Nose & Throat Associates
East Tennessee Brain and Spine Center
East Tennessee Brain and Spine Center
East Tennessee Brain and Spine Center
East Tennessee Brain and Spine Center
East Tennessee Brain and Spine Center
East Tennessee Medical Associates

EXHIBIT D-8A

East Tennessee Medical Associates
East Tennessee Medical Associates
East Tennessee Medical Associates
East Tennessee Medical Associates
East Tennessee Medical Associates
East TN Cancer & Blood Center, LLC
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
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ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Phys & Assoc-Ob/Gyn
ETSU Family Medicine Associates
ETSU Family Medicine Associates
ETSU Family Medicine Associates
ETSU Family Medicine Associates
ETSU Family Medicine Associates
ETSU Phys & Assoc - Inf Dis
ETSU Phys & Assoc - Inf Dis
ETSU Phys & Assoc - Inf Dis
ETSU Phys & Assoc - Inf Dis
ETSU Phys & Assoc - Inf Dis
ETSU Phys & Assoc - Inf Dis
ETSU Phys & Assoc - Int Med
ETSU Phys & Assoc - Int Med
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ETSU Phys & Assoc - Int Med
ETSU Phys & Assoc - Int Med
ETSU Phys & Assoc - Int Med
ETSU Phys & Assoc - Int Med
ETSU Phys & Assoc-Cardiovascular
ETSU Phys & Assoc-Heart
ETSU Phys & Assoc-Heart
ETSU Phys & Assoc-Heart
ETSU Phys & Assoc-Heart
ETSU Phys & Assoc-Ophthalmology
ETSU Phys & Assoc-Ophthalmology
ETSU Phys & Assoc-Ophthalmology
ETSU Phys & Assoc-Pediatrics

EXHIBIT D-8A

ETSU Phys & Assoc-Pediatrics
ETSU Phys & Assoc-Pediatrics
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ETSU Phys & Assoc-Psychiatry
ETSU Phys & Assoc-Psychiatry
ETSU Phys & Assoc-Psychiatry
ETSU Phys & Assoc-Psychiatry
ETSU Phys & Assoc-Psychiatry
ETSU Physicians & Associates - Neonatology
ETSU Physicians & Associates - Neonatology
ETSU Physicians & Associates - Neonatology
ETSU Physicians & Associates - Neonatology
ETSU Physicians & Associates - Surgery
ETSU Physicians & Associates - Surgery
ETSU Physicians & Associates - Surgery
ETSU Physicians & Associates - Surgery
ETSU Physicians & Associates - Surgery
ETSU Physicians & Associates - Surgery
Family Medicine of Jonesborough
Family Physicians of Johnson City
Family Physicians of Johnson City
First Assist Urgent Care - JC
FirstChoice - Internal Medicine
FirstChoice - Internal Medicine
FirstChoice - Internal Medicine
FirstChoice - Internal Medicine
FirstChoice - Internal Medicine
FirstChoice - Internal Medicine
FirstChoice - Pediatrics
FirstChoice - Pediatrics
FirstChoice - Pediatrics

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FirstChoice - Pediatrics
FirstChoice - Pediatrics
FirstChoice - Pediatrics
FirstChoice - Pediatrics
FirstChoice - Pediatrics
Foot and Ankle Center
Franklin Rehabilitation
Gastrointestinal Assoc. of NE Tennessee
Gastrointestinal Assoc. of NE Tennessee
Gastrointestinal Assoc. of NE Tennessee
Gastrointestinal Assoc. of NE Tennessee
Gastrointestinal Assoc. of NE Tennessee
High Risk Obstretrical Consultants
Highlands Neurosurgery
Highlands Neurosurgery
Highlands Neurosurgery
Holston Medical Group
Holston Medical Group
Holston Medical Group
Holston Valley Medical Center - Wound Care Center
Hospital Internal Medicine Associates
Hospital Internal Medicine Associates
Hospital Internal Medicine Associates

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Hospital Internal Medicine Associates
Hospital Internal Medicine Associates
Indian Path Primary Care
Inpatient Consultants of Tennessee
Inpatient Consultants of Tennessee
Inpatient Consultants of Tennessee
Inpatient Consultants of Tennessee
Inpatient Consultants of Tennessee
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Inpatient Consultants of Tennessee
Inpatient Consultants of Tennessee
Inpatient Consultants of Tennessee
Integrated Health Transitions
Integrated Health Transitions
James H. Quillen College of Medicine
John Lawson Surgical Group
John Lawson Surgical Group
John Lawson Surgical Group
John Lawson Surgical Group
Johnson City Eye Clinic
Johnson City Eye Clinic
Johnson City Eye Clinic
Johnson City Eye Clinic
Johnson City Eye Clinic
Johnson City Eye Clinic
Johnson City Eye Clinic
Johnson City Eye Clinic
Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City Internal Medicine
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Johnson City Internal Medicine

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Johnson City Internal Medicine
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Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City Internal Medicine
Johnson City OB-GYN
Johnson City OB-GYN
Johnson City Pediatrics
Johnson City Pediatrics
Johnson City Pediatrics
Johnson City Pediatrics
Johnson City Pediatrics
Johnson City Pediatrics
Johnson City Urological Clinic
Johnson City Urological Clinic
Johnson City Urological Clinic
Johnson City Urological Clinic
Karing Hearts Cardiology
Karing Hearts Cardiology
Karing Hearts Cardiology
Kids First Pediatrics
Medical Specialists of Johnson City
Medical Specialists of Johnson City
Medical Specialists of Johnson City
MedWorks of Johnson City
MedWorks of Johnson City
Mountain Empire Radiology
Mountain Empire Radiology
Mountain Empire Radiology
Mountain Empire Radiology
Mountain Empire Radiology
Mountain Empire Radiology
Mountain Empire Radiology
Mountain Empire Radiology
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Mountain Empire Radiology
Mountain Empire Radiology

EXHIBIT D-8A

Mountain Empire Radiology
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Mountain Empire Radiology
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Mountain Empire Radiology
Mountain Empire Radiology
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Hospital Internal Medicine
Mountain States Medical Group - Family Medicine/Internal Medicine
Mountain States Medical Group - OB/GYN
Mountain States Medical Group - OB/GYN
Mountain States Medical Group - Pediatrics
Mountain States Medical Group - Psychiatry
Mountain States Medical Group - Psychiatry
Mountain States Medical Group - Psychiatry
Mountain States Medical Group - Psychiatry
Mountain States Medical Group - Psychiatry
Mountain States Medical Group - Psychiatry
NeuroSpine Solutions, PC
NeuroSpine Solutions, PC
New Horizons Plastic Surgery, LLC
Office of Fernando Bendfeldt, MD
Pain Medicine Associates, PC
Pain Medicine Associates, PC
Pain Medicine Associates, PC
PainMD Pain and Wellness Clinic of Kinsport
Physical Medicine and Rehabilitation Services
Pillion & Smith Pediatric Dental Associates
Pillion & Smith Pediatric Dental Associates
Pillion & Smith Pediatric Dental Associates
Pillion & Smith Pediatric Dental Associates
Pillion & Smith Pediatric Dental Associates
Pinnacle Family Medicine, PLC
Pinnacle Family Medicine, PLC

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Pinnacle Family Medicine, PLC
Pinnacle Family Medicine, PLC
Plastic & Reconstructive Surgery, PC
Premier Pediatrics
Premier Pediatrics
Pulmonary Associates of ET
Pulmonary Associates of ET
Quality of Life Healthcare, Inc.
Quillen Internal Medicine
Quillen Internal Medicine
Quillen Internal Medicine
Quillen Surgery
Quillen Surgery
Quillen Surgery
Quillen Surgery
Regional Allergy, Asthma & Immunology Ctr.
Regional Cancer Center at Indian Path Medical Center
Regional Cancer Center at Indian Path Medical Center
Regional Cancer Center at Johnson City Medical Center
Regional Cancer Center at Johnson City Medical Center
Regional Cancer Center at Johnson City Medical Center
Regional Cancer Center at Johnson City Medical Center
Regional Orthopedic Trauma Associates
Rheumatology Associates
Riverside Pediatrics
Riverside Pediatrics
Riverside Pediatrics
RTNA, PLLC
RTNA, PLLC
Sentient Medical Systems
Sentient Medical Systems
Sentient Medical Systems
Sentient Medical Systems
Southeastern Retina Associates
Southeastern Retina Associates
Southeastern Retina Associates
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call

EXHIBIT D-8A

Specialists On Call
Specialists On Call
Specialists On Call
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Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
Specialists On Call
St. Jude's Clinic
St. Jude's Clinic
State of Franklin Healthcare Assoc., PLLC
State of Franklin Healthcare Assoc., PLLC
State of Franklin Healthcare Assoc., PLLC
State of Franklin OB/GYN
State of Franklin OB/GYN
State of Franklin OB/GYN
State of Franklin OB/GYN
State of Franklin OB/GYN
State of Franklin OB/GYN
State of Franklin OB/GYN
State of Franklin OB/GYN
State of Franklin OB/GYN
Surgical Group of Johnson City
Surgical Group of Johnson City
Team Health
Tennessee Cancer Specialists
Tennessee Lions Eye Center at Vanderbilt Children's Hospital
Tennessee Lions Eye Center at Vanderbilt Children's Hospital
The Allergy, Asthma and Sinus Center
The Plastic Surgery Center of East Tennessee
The Reeves Eye Institute
The Urology Clinic
The Urology Clinic
Tri-City Pediatric Cardiology, PC
Tri-City Pediatric Cardiology, PC
Tri-City Pediatric Cardiology, PC
Trinity Hand Specialists
Tri-State Mtn. Neurology Assoc
Tri-State Mtn. Neurology Assoc
Tri-State Mtn. Neurology Assoc
Tri-State Mtn. Neurology Assoc
VA Eye Clinic
VA Medical Center - (James H Quillen)

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VA Medical Center - Cardiology
VA Medical Center - Cardiology
Valley Emergency Physicians Healthcare, Inc
Valley Emergency Physicians Healthcare, Inc
Vascular Surgical Associates
Vascular Surgical Associates
Vascular Surgical Associates
Vigilance Anesthesia Solutions, P.C.
Vigilance Anesthesia Solutions, P.C.
Vigilance Anesthesia Solutions, P.C.
Village Pediatrics and Breastfeeding Medicine
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Orthopaedics, PLC
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Pathology
Watauga Podiatry
Wellmont CVA Heart Institute
Wellspring HealthCare PLLC
MSMG Pediatric Hospitalists

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MSMG Pediatric Hospitalists
MSMG Pediatric Hospitalists
MSMG Pediatric Hospitalists
MSMG Pediatric Hospitalists
MSMG Pediatric Hospitalists
Mountain States Medical Group - NeuroEndovascular Surgery
Mountain States Medical Group - NeuroEndovascular Surgery
Mountain States Medical Group - General Surgery
Mountain States Medical Group - Infectious Disease
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Neurology
Mountain States Medical Group - Pediatric Critical Care
Mountain States Medical Group - Pediatric Critical Care
Mountain States Medical Group - Pediatric Gastroenterology
Mountain States Medical Group - Pediatric Endocrinology
Mountain States Medical Group - Pediatric Endocrinology
Mountain States Medical Group - Peds Neurology
Mountain States Medical Group - Trauma Services
Mountain States Medical Group - Trauma Services
Mountain States Medical Group - Trauma Services
Mountain States Medical Group - Trauma Services
Mountain States Medical Group - Trauma Services
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Mountain States Medical Group - Trauma Services
Mountain States Medical Group - Trauma Services

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Mountain States Medical Group - Trauma Services
Mountain States Physicians Group - Neurosurgery
Mountain States Physicians Group - Neurosurgery
Mountain States Medical Group - Vascular Surgery
Mountain States Medical Group - Critical Care
Mountain States Medical Group - Critical Care
Mountain States Medical Group - Critical Care
Mountain States Medical Group - Critical Care
CVT Surgery
CVT Surgery
CVT Surgery
CVT Surgery
CVT Surgery
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Cardiology
Mountain States Medical Group - Critical Care
Mountain States Medical Group - Critical Care
Mountain States Medical Group - Critical Care
Mountain States Medical Group - Pulmonology
Mountain States Medical Group - Pulmonology
Mountain States Medical Group - Pulmonology
Mountain States Medical Group - Critical Care
Mountain States Medical Group - Critical Care
CVT Surgery
CVT Surgery
CVT Surgery
CVT Surgery
CVT Surgery
CVT Surgery
CVT Surgery
CVT Surgery

EXHIBIT D-8A

Long Name	Category
Alan Hixson Pugh, MD	Active
Brent Stephen McNew, MD	Active
David Edward Kreshek, MD	Active
Fernando Arturo Zepeda, MD	Active
Gary G. Wilson, MD	Active
Ian Andrew Darling, MD	Active
James L Merrell, MD	Active
Jefferey Robert Jernigan, MD	Active
Joe Randall McVeigh, MD	Active
LeRoy Robert Osborne, DO	Active
Reinaldo Torres Guillont, MD	Active
Sinan Yavas, MD	Active
Wayne O'Dell Smith, MD	Active
Amanda K Jackson, MD	Active
Anand S. Karsan, MD	Active
Andrew P Wong, MD	Active
Barbara J Ehler, MD	Active
Cecilia P Hansen, DO	Active
Charity Faith Styles, DO	Active
Charlene (Stacy) A Doyle, MD	Active
Christopher P Lipsmeyer, MD	Active
Clay W Runnels, MD	Active
Clifford G Williamson, MD	Active
Daniel Wayne Ross, MD	Active
Garik T Misenar, MD	Active
Heather N Champney, MD	Active
Illuri Radhika Reddy, MD	Active
Joel Richard Moore, MD	Active
Joseph S Radawi, MD	Active
Joshua Stephen Puhr, MD	Active
Karolyn Kay Moody, DO	Active
Kendall Houston Boyd, MD	Active
Kenneth J Heinrich, MD	Active
Kent S Wright, MD	Active
Linda Gail Monteith, MD	Active
Madhavi Gavirneni, MD	Active
Matthew Todd Moody, DO	Active
Nathaniel John Lee, MD	Active
Saad A Al-Khatib, MD	Active
Samuel J Delaune, MD	Active
Sandra Castro Walls, MD	Active
Sarah Lucille Gustafson, MD	Active
Sarah Marie Edwards, MD	Active
Sarah S Carrier, MD	Active
Seth A Brown, MD	Active
Somi Rikhye, MD	Active

EXHIBIT D-8A

Stewart A Stancil, MD	Active
Suzanne Charlotte Allen, MD	Active
Thomas Michael Lang, MD	Active
William Luke Lee, MD	Active
Bart I McKinney, MD	Active
Benjamin D England, MD	Affiliate
Benjamin D Knox, MD	Active
Charles Edward Barnes, MD	Active
James Alan Goss, MD	Active
Jason A Brashear, MD	Active
John Lowell Holbrook, MD	Active
Ralph Lee Mills, MD	Active
Reagan R Parr, MD	Active
Thomas Lamont Huddleston, MD	Active
Kyle Todd Colvett, MD	Active
Nathan Scott Floyd, MD	Active
Scott O'Krina Caudle, MD	Active
Carl Werner Eilers, Jr, DDS	Active
Jason D Pickup, DMD	Courtesy
Michael L Hamlin, DDS	Active
Nathaniel G Wells, DMD	Active
Todd Horton, MD	Active
Brian Keith Way, DO	Active
Gretchen H Bowling, MD	Active
Guy Winston Robins, MD	Active
Ronald Lee Blackmore, MD	Active
David M Pryputniewicz, MD	Courtesy
Mark J Wilkinson, MD	Active
Jim Carroll Brasfield, MD	Consulting
Chad Tillman Couch, MD	Courtesy
Brit Edwin Bowers, DDS	Active
Laurel Ayres Meriwether, DDS	Active
Connie Jo Pennington, MD	Active
James Emerson Sheffey, MD	Active
David T Hamilos, DPM	Active
Erin Elizabeth Bryant, MD	Active
Arthur S. Harris, MD	Active
Bruce Alan Abkes, MD	Active
Johnathan Myles Winstead, MD	Active
Mark A Howell, MD	Active
Timothy P Zajonc, MD	Active
David A Wiles, MD	Active
Gregory Corradino, MD	Courtesy
Ihab Youssef Labatia, MD	Courtesy
Selma Z Kominek, MD	Active
Timothy M. Fullagar, MD	Active
Clifford F Wiegand, MD	Active

EXHIBIT D-8A

Conchitina Marie Chua Crisostomo, MD	Active
Lara Wahib Kfoury, MD	Active
Leslie W. Panus, MD	Active
Martin Quan Tran, DO	Active
Stanley E Vermillion, MD	Consulting
Anindya Kumar Sen, MD	Consulting
Ann Maria Rouse, MD	Active
Brent D Laing, MD	Courtesy
John David Green, MD	Active
Kent Stephen Hjerpe, MD	Active
Mark Xavier Ransom, MD	Active
Martin Elmer Olsen, MD	Active
Olga Leonidovna Sarkodie, MD	Active
R. Keith Huffaker, MD	Active
Racine Nita Edwards-Silva, MD	Active
Selman Irvin Welt, MD	Active
Sheri L Holmes, MD	Active
Thomas Watson Jernigan, MD	Active
William A Block, Jr, MD	Active
Diana Lee Heiman, MD	Active
Fereshteh Gerayli, MD	Active
James David Holt, MD	Active
Leigh Denton Johnson, MD	Active
William Allan Garrett, MD	Active
Dima Youssef, MD	Consulting
James Wesley Myers, MD	Consulting
Jonathan Patrick Moorman, MD	Consulting
Lamis Wahid Ibrahim, MD	Consulting
Paras D Patel, MD	Active
Wael E Shams, MD	Consulting
Alexei Gonzalez-Estrada, MD	Active
Allen W Elster, MD	Active
Ashokkumar Hansraj Gaba, MD	Active
Debalina Das, MD	Active
Deidre M Pierce, MD	Active
Jack Stanley Goldstein, MD	Active
Jeffrey A Summers, MD	Active
Parveen Gaba, MD	Active
Steven J Lavine, MD	Active
Kais Adli AlBalbissi, MD	Active
Steven Michael Smith, MD	Active
Timir Kumar Paul, MD	Active
Vijay Ramu, MD	Active
Anne Helen Eberhart, MD	Active
Barbara Olson Kimbrough, MD	Active
Nancy Judaun Alison, MD	Active
Ahmad A Wattad, MD	Active

EXHIBIT D-8A

Barbara Ann Stewart, MD	Active
Cathleen Marie Cook, MD	Active
David Lee Wood, MD	Active
David Otto Chastain, MD	Active
Dawn Simonds Tuell, MD	Active
Debra Q Mills, MD	Active
Demetrio Rebano Macariola, Jr, MD	Active
Dianna Cooley Puhr, MD	Active
Gayatri Bala Jaishankar, MD	Active
Jennifer Diane Gibson, MD	Active
Karen Elizabeth Schetzina, MD	Active
Kathryn J. Klopfenstein, MD	Active
Melinda A Lucas, MD	Active
MJ Hajianpour, MD	Active
Otto H.P. Teixeira, MD	Active
Rajani Anand, MD	Active
Todd William Aiken, MD	Active
Joel Patrick Chisholm, MD	Active
Karl Goodkin, MD	Active
Martha A Bird, MD	Active
Merry Noel Miller, MD	Active
Norman Charles Moore, MD	Active
Paul Reed Kelley, MD	Active
Shambhavi Chandraiah, MD	Active
Darshan Surendrabhai Shah, MD	Active
Des Raj Bharti, MD	Active
Shawn Michael Hollinger, MD	Active
William Michael DeVoe, MD	Active
Daniel F Haynes, MD	Consulting
Daniel S Rush, MD	Active
Joseph Robert Lee, MD	Active
Lesli Ann Taylor, MD	Active
Phillip Jay Riley, DPM	Active
Ryan J Chatelain, DPM	Active
Michael Eric Jewett, MD	Affiliate
Christina Renee Hutchins, MD	Active
Marion Dean McLaughlin, MD	Active
Daniel Joseph David, MD	Courtesy
Amy Lynn Proffitt, MD	Active
Christopher Bruce Hemphill, MD	Active
Frank Alan Forbush, MD	Active
Michael Jay Grosserode, MD	Active
Michael Zachary Pearson, MD	Active
Rachel Monderer, MD	Active
James Michael Pearson, MD	Active
Joseph Anthony Adams, MD	Active
Margaret Frederick Farmer, MD	Courtesy

EXHIBIT D-8A

Mark Lowell Donovan, MD	Active
Melissa Carol Snyder, MD	Active
Paul Arthur Bischoff, MD	Active
Tedford S. Taylor, MD	Active
Thomas Ward Gill, MD	Active
Aaron W. Perkins, DPM	Active
Michael L Spady, MD	Active
Chakradhar M Reddy, MD	Active
David Brent Welch, MD	Active
Jason Dewayne McKinney, DO	Active
Mark F Young, MD	Active
Puneet Goenka, MD	Active
Kevin C Visconti, MD	Active
James Travis Burt, MD	Consulting
Jody B Helms, MD	Courtesy
Matthew W Wood, Jr, MD	Courtesy
Edward J Fore, MD	Courtesy
Josh Adam Shook, MD	Active
Mary Pat Francisco, MD	Courtesy
Hiren B Patel, MD	Consulting
Alex Scott Gilman, DO	Active
Amit Vashist, MD	Active
Anita Kenkarey Harker, MD	Active
Audrey Lane Campbell, DO	Active
Balraj Singh, MD	Active
Beth Anna McCurley, MD	Active
Brandon Kyle Moore, DO	Coverage
Chenoah Elise Gudel, DO	Active
Constance A Hardy, MD	Coverage
Elisa J LaFountain, DO	Active
Erin Andrea Koscinski, DO	Coverage
Gabriela Paola Villalobos, MD	Active
Gaurav S Shah, MD	Active
Jamie Kendall Bartley, DO	Active
Jason John DellaVecchia, MD	Active
Joshua A Morris, DO	Active
Katherine June Hodge, DO	Coverage
Matthew Daniel Garrison, MD	Active
Nanette K Bentley, MD	Coverage
Paula R Smith, MD	Active
Peggy Sue Brooks, MD	Coverage
Saurabh H Desai, MD	Active
Shahram Malik, MD	Coverage
Shweta Sharad Kharalkar, MD	Active
Shyam S. Odeti, MD	Active
Srikanth Gaddam, MD	Active
Stephen A Ikele, MD	Coverage

EXHIBIT D-8A

Sudhirkumar Vinodchandra Patel, MD	Coverage
Yaw Otchere-Boateng, MD	Coverage
William J Steptoe, MD	Active
Anna Broome Gilbert, MD	Active
Benedict Eromosele Aimua, MD	Active
Brian Patrick Donovan, MD	Active
Christian Fletcher Cooper, MD	Active
Claire De Marcellus Paris, MD	Active
Dennis M Starr, MD	Coverage
Dimka M Tountcheva, MD	Active
Donald R Quinn, MD	Active
Elli B Saraceno, MD	Active
Janet G Pickstock, MD	Affiliate
John Namir Sawaf, DO	Active
Leigh Ann Livingston, DO	Coverage
Makram A. Jurdi, MD	Active
Millard Ray Lamb, MD	Active
Pitchar Theerathorn, MD	Active
Saba W Aziz, MD	Active
Sergio Alfonso Diaz Valdes, MD	Active
Stephen Douglas Loyd, MD	Active
Udoeyop Walter Udoeyop, MD	Active
Bert Jackson Smith, MD	Active
Don Edward Adams, III, MD	Active
John B Schweitzer, MD	Active
Elizabeth A Lawson, MD	Active
John F Robertson, III, MD	Active
Kenneth Edward Cutshall, MD	Active
Tony O'Neal Haley, MD	Active
Alan N. McCartt, MD	Courtesy
Amy Broyles Young, MD	Active
James Wayne Battle, III, MD	Active
Jeffrey Owen Carlsen, MD	Active
Jennifer Lynn Oakley, MD	Active
John C Johnson, MD	Courtesy
Michael Farzin Shahbazi, MD	Active
Randal Joseph Rabon, MD	Active
Ali Rafai, MD	Active
Azadeh Sadat Khezri, MD	Active
Bryan Keith Nerren, MD	Active
David Frederick Moulton, MD	Active
David N Freemon, MD	Active
Dawn Murrell Nuckolls, DO	Active
Frank Paul Johnson, MD	Active
Hadi Elias El Bazouni, MD	Active
James Thomas Dykes, MD	Active
James W Hansen, MD	Active

EXHIBIT D-8A

Jason T Hatjioannou, MD	Active
Keith Ray Cook, MD	Active
Kevin D. Sweet, MD	Active
Mark Arnold Williams, MD	Active
Mary Jane Gibson, MD	Active
Matthew Glen Cary, MD	Active
Paul Edward Brown, MD	Active
Randy W Hoover, MD	Active
Richard L. Rolen, MD	Active
Sabrina D Miller, MD	Active
Stanley M Hodges, MD	Active
Sulleman Malik, MD	Active
Unnati Mehta Kiran, MD	Active
Victoria L Shankle, DO	Active
Brenda Jane Crowder, MD	Active
Jeffrey Taylor Hinton, MD	Active
April Dawn Lowery, MD	Active
Bryan James Prudhomme, MD	Active
Christopher R. Ledes, MD	Active
Jill Wade Wireman, MD	Active
Jodi Burton Gage, MD	Active
Michelle Sue Bullman, MD	Active
David Alan Beaird, MD	Active
Grant David Taylor, MD	Active
Lincoln Todd Olsen, MD	Active
Wayne Philip Tongco, MD	Active
Daniel M O'Roark, DO	Active
Jeffrey W Schoondyke, MD	Active
Julius A Gasso, MD	Active
Richard Scott McGill, DO	Active
Gerald F Falasca, MD	Coverage
James Laurence Baker, MD	Active
Jeffry Dwayne Bieber, MD	Active
Clarence Eugene Goulding, III, MD	Active
Janice B Schweitzer, MD	Affiliate
Arthur Rhett Austin, MD	Active
Avinash Gollakistagari Reddy, DO	Active
Britton Keith Woodward, MD	Courtesy
Donald Clark Donahue, MD	Active
Donald James Reynolds, Jr, DO	Active
Garrett M Woodbury, MD	Active
Glen H. Hatcher, MD	Active
Glynda F Ramsey, MD	Active
Guy Lawrence Wheeler, MD	Active
James Duval Koonce, MD	Active
Jared S Burlison, MD	Active
Jocelyn H Medina, MD	Active

EXHIBIT D-8A

Jose E Picaza, MD	Active
Joy Jenean Kindle, MD	Active
Katherine C Frederick-Dyer, MD	Active
Kathleen Ann DePonte, MD	Active
Kelly P Gunter, MD	Active
Marianne R Neal, MD	Active
Michael F Brinkley, MD	Active
Milan J Joshi, MD	Active
Perry D Jernigan, MD	Active
Rekha S Jain, MD	Active
Ricardo A Palmquist, MD	Active
Thomas M Wooldridge, MD	Active
Vincent Gerard Becker, MD	Active
Andrew Sparkman, DO	Active
Ardel William Gorospe, MD	Active
Brandon D Ketron, DO	Active
Martin E Litman, DO	Active
Mudher Najah Al Shathir, MD	Active
Scott W Kirsch, MD	Active
Tejasvi Kommula, MD	Active
Zia Ur Rahman, MD	Active
Jeremy Nathan Elliott, DO	Active
John R Hereford, MD	Coverage
Sean Patrick White, MD	Coverage
Susan W Jeansonne, MD	Active
Faith A Aimua, MD	Active
Hetal Kanaiyalal Brahmbhatt, MD	Active
Rajesh Shivaji Kadam, MD	Active
Rakeshkumar B Patel, MD	Active
Snehalkumar B Patel, MD	Active
Terry Clayton Borel, MD	Active
John Robert Testerman, MD	Active
Morgan P Lorio, MD	Active
Harold J Webb, MD	Active
Fernando Bendfeldt, MD	Active
David E Dahl, MD	Active
Sameh A Ward, MD	Active
William Turney Williams, MD	Active
Phillip Eugene Justice, DO	Courtesy
Keith Joseph DeVos, MD	Affiliate
Charles Howard Christ, DDS	Active
Denise M Halter, DMD	Active
Jayson C. Smith, DMD	Active
John Kyle Stark, DMD	Active
Todd E. Pillion, DDS	Active
Elizabeth Gordon Humston, DO	Affiliate
Ellen Lang Nave, MD	Active

EXHIBIT D-8A

Lee Allan Colyar, MD	Affiliate
Stephanie C Manginelli, MD	Affiliate
Jim Neal Brantner, MD	Active
Barbara Elaine Pugh, MD	Active
Laurie Elizabeth Trosin, MD	Active
Jayant B Mehta, MD	Active
Maria Carmina Garcia, MD, FCCP	Active
Charles Olugbenga Famoyin, MD	Active
Kenneth E Olive, MD	Active
Rebecca Jean Copeland, MD	Active
Rupal D Shah, MD	Active
Ariel Uzziah Spencer, MD	Active
Carlos A Floresguerra, MD	Active
Isaac William Browder, MD	Active
Tamra Suzanne McKenzie, MD	Active
Shailee A Madhok, MD	Active
Malcolm R Mathews, III, MD	Active
Teresa J Lord, MD	Active
Devapiran Jaishankar, MD	Active
Elnora N Spradling, MD	Active
Kanishka Chakraborty, MD	Active
Koyamangalath Krishnan, MD	Active
Daniel Eric Krenk, DO	Courtesy
David P Lurie, MD	Active
Leah R Higginbotham, DO	Active
Rachel M. Hecht, MD	Active
Tammy L Kitchens, MD	Courtesy
Lon Robert Steinberg, MD	Telemedicine
Vivian Hoang, MD	Telemedicine
Karyn E Catt, MD	Telemedicine
Laverne Dennis Gugino, MD	Telemedicine
Stuart N Hoffman, MD	Telemedicine
Ziva Y Stauber, MD	Telemedicine
Cristoforo R Larzo, MD	Courtesy
David Allan Couch, MD	Courtesy
Howard Lee Cummings, MD	Courtesy
Bashar A Mohsen, MD	Telemedicine
Brigitte Prinzivalli-Rolfe, MD	Telemedicine
Carlos E Villar, MD	Teleneurology
Christina M Burch, MD	Teleneurology
Davit Mrelashvili, MD	Teleneurology
Eric R Anderson, MD	Teleneurology
Evan David Allen, MD	Telemedicine
Georgia Gianakakos, MD	Teleneurology
Hillard C Sharf, MD	Teleneurology
Indrani E Acosta, MD	Telemedicine
Joel Stuart Cohen, MD	Teleneurology

EXHIBIT D-8A

Jonathan Ira Orwitz, MD	Telemedicine
Khanh L Nguyen, MD	Teleneurology
Mason Clark Gasper, DO	Telemedicine
Mitchell J Rubin, MD	Teleneurology
Muhammad Munir, MD	Teleneurology
Rajat Kumar, MD	Teleneurology
Robert Anthony Yapundich, MD	Locum Tenens
Scott M Pearlman, DO	Telemedicine
Suman Arul Kalanithi, MD	Teleneurology
Tamika M Burrus, MD	Telemedicine
Todd Alan Rosenzweig, MD	Telemedicine
Todd Louis Samuels, MD	Telemedicine
Carolyn Lucille Russo, MD	Coverage
Marcela Ionela Popescu, MD	Active
Connie Stoots, MD	Active
Craig Michael Matherne, MD	Active
Jason A French, MD	Affiliate
Alfonzo Silvestre Arze, MD	Active
Chad Aaron Drey, MD	Active
Courtney C Hodshon, MD	Active
Ginger Williams Carter, MD	Active
Grover E May, MD	Active
Jill R Talley-Horne, MD	Active
Jott C Hallman, DO	Active
Samuel Vaden Lewis, MD	Active
Stephen Tom Box, MD	Active
Michael James Hodge, MD	Active
Scott Dale Watson, MD	Active
John Mitchell Daniel, DO	Affiliate
Dharmen J Patel, MD	Active
David G Morrison, MD	Consulting
Sean Parnell Donahue, MD, PhD	Consulting
Phillip Wayne Jones, MD	Active
Gregory H Pastrick, MD	Courtesy
Donny L Reeves, MD	Courtesy
Alison Marie Christie, MD	Active
William Bradley Rogers, MD	Active
Ashish Brij Madhok, MD	Active
Ashok V Mehta, MD	Active
Manoj Gupta, MD	Active
Paul William Gorman, MD	Consulting
John Martin Dengler, MD	Ambulatory Care Staff
Nathaniel Robb Whaley, MD	Affiliate
Stephen M Kimbrough, MD	Affiliate
Thomas Clayton Perry, MD	Affiliate
Janet Derouen Brown, MD	Courtesy
Frank Todd Wegman, MD	Consulting

EXHIBIT D-8A

Marc Dalmond Counts, MD	Active
Thomas J Helton, IV, DO	Active
Brian L Maggard, MD	Coverage
David W Hale, DO	Active
Heesuk Richard Yoon, MD	Active
James Robert Evans, MD	Active
Steven Paul Hopkins, MD	Active
David P May, MD	Active
Helen Onedera Wright, MD	Active
Robert Lynn Stewart, MD	Active
Rebecca R Powers, MD	Affiliate
Gregory Lee Stewart, MD	Active
James Michael Wells, MD	Consulting
Karen J McRae, MD	Active
Kent Justin Lord, MD	Active
Marc Alan Aiken, MD	Active
Mark Thomas McQuain, MD	Active
Richard White Duncan, MD	Active
Robert John DeTroye, MD	Active
Timothy Douglas Jenkins, MD	Consulting
Todd A Fowler, MD	Active
David A Sibley, MD	Active
David R Soike, MD	Active
Elena Gertsen, MD, PhD.	Active
Emily R Patterson, MD	Active
John Chadwick King, MD	Active
Julie Elisabeth Robertson, MD	Active
Patrick Nicholas Costello, MD	Active
Robert L Schmadeka, MD	Active
Sandra K Brooks, MD	Active
Thomas Alan Barklow, MD	Active
Thomas Matthew Soike, MD	Active
Yurong Yang Wheeler, MD	Active
Herman L Snyder, DPM	Courtesy
Louis Collier Jordan, MD	Active
Denise Swink Sibley, MD	Active
Alan Louis Gorrell, MD	Active
Douglas F Rose, MD	Telemedicine
Elaine Lee DeVos, MD	Active
John Raymond Crockett, DDS	Active
Mary Gwyn Roper, MD	Active
Michelle Lee Davenport, MD	Affiliate
Nancy M Benegas, MD	Consulting
Robert Taylor Means, Jr, MD	Consulting
Timothy S Smyth, MD	Active
Winford Richard McGowan, MD	Affiliate
Andrew Steven Wilt, MD	Active

EXHIBIT D-8A

Jackson Hill Williams, MD	Active
John William Schweitzer, MD	Active
Michael Grant Avant, MD	Locum Tenens
Nathaniel A Justice, MD	Active
William S Dodd, MD	Active
Brian J Mason, MD	Active
Samuel O Massey, III, MD	Active
Elizabeth Anne DeFluiter, MD	Coverage
Rabab I Elmezayen, MD	Active
Andrew Woodrow Bursaw, DO	Coverage
Claire Joseph, MD	Consulting
Hafiz A Elahi, MD	Coverage
Jason Lawrence Kiner, MD	Locum Tenens
Ram N.K. Nandigam, MD	Locum Tenens
Richard Thomas Cleary Jackson, MD	Coverage
Tanzid Shams, MD	Active
Yaohui Chai, MD	Active
Guangbin Xia MD	Locum Tenens
Robert A Yapundich MD	Locum Tenens
Neil W Kooy, MD	Active
Joshua Henry, MD	Active
Anjali Malkani, MD	Active
Evan A Los, MD	Active
George A Ford, MD	Active
Kathryn L Xixis, MD	Active
Ainsley B Freshour, MD	Coverage
Amina I Merchant, MD	Active
Anita Diane Cobble, MD	Active
Bradley M Dennis, MD	Coverage
Cristina Louise Guerra, MD	Coverage
Darrell Lamont Hunt, MD	Active
Donald R Bennett, MD	Active
James Bracken Burns, Jr, DO	Active
John Benjamin Yarger, MD	Active
Lou Mahala Smith, MD	Active
Melissa A Powell, MD	Active
Scott Thomas Trexler, MD	Coverage

EXHIBIT D-8A

Timothy Charles Nunez, MD	Active
Rebekah Crump Austin, MD	Active
Scott Carmody Dulebohn, MD	Active
Giovanni A Ferrante, MD	Affiliate
Melissa Shepard Palazzo, MD	Active
Mitchell Edward Deshazer, MD	Active
Ralph Daniel Snider, MD	Active
Wendy Kay Zouras, MD	Active
Anthony Joseph Palazzo, MD	Active
Charles William Raudat, DO	Active
Jared Lee Antevil, MD	Coverage (Locum Tenens)
John Russell Davis, MD	Coverage (Locum Tenens)
Kevin N Casey, MD	Active
Ahmed A Khan, MD	Active
Eduardo Balcells, MD	Active
Fawwaz I Hamati, MD	Active
Gregory H Miller, MD	Courtesy
Israel D Garcia, MD	Active
John Byron Patterson, MD	Consulting
Michael A Ponder, MD	Active
Raymond Daniel Merrick, MD	Active
Robert H McQueen, MD	Courtesy
Shobha R Hiremagalur, MD	Active
Tariq Ziad Haddadin, MD	Active
Vipul R Brahmbhatt, MD	Active
Christian H Butcher, MD	Active
Leon C Bass, MD	Active
Haytham F Adada, MD	Active
Adil Kabir Warsy, MD	Active
Mirle Ramaraje Girish, MD	Active
Richard Andy McNeilly, Jr, DO	Consulting
Celso Taburnal Ebeo, MD	Active
Jeff Richard Farrow, MD	Active
Charan Mungara, MD	Coverage (Locum Tenens)
Elizabeth Butler, MD	Locum Tenens
Thomas Carter, MD	Coverage (Locum Tenens)
Robert Rice, MD	Coverage (Locum Tenens)
Ganpat Valaulikar, MD	Locum Tenens
Jason M. Budde, MD	past active
Christopher Stone, MD	past active
Harvey A. Poret III, MD	past active

EXHIBIT D-8A

Specialty	Address	Address2	City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Anesthesiology	P.O. Box 3727		Johnson City
Pediatrics	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Pediatric Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	2000 Brookside Drive		Kingsport
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Family Medicine	300 Med Tech Parkway		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Pediatrics	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Family Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	2000 Brookside Drive		Kingsport
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	300 Med Tech Parkway		Johnson City
Emergency Medicine	300 Med Tech Parkway		Johnson City
Pediatrics	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Pediatric Emergency Medicine	400 N State of Franklin Road		Johnson City
Pediatric Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	300 Med Tech Parkway		Johnson City
Pediatric Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City

EXHIBIT D-8A

Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Emergency Medicine	300 Med Tech Parkway		Johnson City
Emergency Medicine	400 N State of Franklin Road		Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Sports Medicine	3 Professional Park Drive	Suite 21	Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Family Medicine	3 Professional Park Drive	Suite 21	Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Orthopedic Surgery	3 Professional Park Drive	Suite 21	Johnson City
Radiation Oncology	Johnson City Medical Center	400 N. State of Fra	Johnson City
Radiation Oncology	Johnson City Medical Center	400 N. State of Fra	Johnson City
General Surgery	1503 West Elk Avenue	Suite 1	Elizabethton
Oral & Maxillofacial Surgery	508 Princeton Road	Suite 204	Johnson City
Oral & Maxillofacial Surgery	117 W. Sevier Avenue	Suite 220	Kingsport
Oral & Maxillofacial Surgery	1 Medical Park Blvd.	Suite 440 East	Bristol
Oral & Maxillofacial Surgery	117 W. Sevier Avenue	Suite 220	Kingsport
Orthopedic Surgery	2202 John B Dennis Highway	Suite 100	Kingsport
Family Medicine	301 Med Tech Parkway	Suite 120	Johnson City
Family Medicine	301 Med Tech Parkway	Suite 120	Johnson City
Family Medicine	301 Med Tech Parkway	Suite 120	Johnson City
Family Medicine	301 Med Tech Parkway	Suite 120	Johnson City
Neurosurgery	2 Sheridan Square	Suite 200	Kingsport
Emergency Medicine	1000 W Jackson Blvd	Suite 5	Jonesborough
Neurosurgery	320 Bristol West Boulevard	Suite 2B	Bristol
Urology	350 Steeles Road	Suite 1	Bristol
Pediatric Dentistry	801 Sunset Drive	A-3	Johnson City
Pediatric Dentistry	801 Sunset Drive	A-3	Johnson City
Colon and Rectal Surgery	2306 Knob Creek Road	Suite 100	Johnson City
Colon and Rectal Surgery	2306 Knob Creek Road	Suite 100	Johnson City
Podiatry	508 Princeton Road	Suite 202	Johnson City
Emergency Medicine	2811 W. Market Street	Suite 1	Johnson City
Otorhinolaryngology	2340 Knob Creek Road	Suite 704	JOHNSON CITY
Otorhinolaryngology	2340 Knob Creek Road	Suite 704	Johnson City
Otorhinolaryngology	2340 Knob Creek Road	Suite 704	JOHNSON CITY
Otorhinolaryngology	2340 Knob Creek Road	Suite 704	JOHNSON CITY
Otorhinolaryngology	2340 Knob Creek Road	Suite 704	JOHNSON CITY
Neurosurgery	701 Med Tech Parkway	Suite 300	Johnson City
Neurosurgery	444 Clinchfield Street	Suite 103	Kingsport
Physical Medicine and Rehabilitation	701 Med Tech Parkway	Suite 300	Johnson City
Neurosurgery	701 Med Tech Parkway	Suite 300	Johnson City
Neurosurgery	701 Med Tech Parkway	Suite 300	Johnson City
Nephrology	107 Woodlawn Drive	Suite 200	Johnson City

EXHIBIT D-8A

Nephrology	107 Woodlawn Drive	Suite 200	Johnson City
Nephrology	107 Woodlawn Drive	Suite 200	Johnson City
Nephrology	107 Woodlawn Drive	Suite 200	Johnson City
Nephrology	107 Woodlawn Drive	Suite 200	Johnson City
Nephrology	107 Woodlawn Drive	Suite 200	Johnson City
Hematology/Oncology	1406 Tusculum Blvd.	Suite 2000	Greeneville
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Gynecology	1505 W Elk Avenue	Suite 1	Elizabethton
Obstetrics and Gynecology	1505 W Elk Avenue	Suite 1	Elizabethton
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Obstetrics and Gynecology	1319 Sunset Drive	Suite 103	Johnson City
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Obstetrics and Gynecology	1319 Sunset Drive	Suite 103	Johnson City
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Obstetrics and Gynecology	325 N State of Franklin Rd	First Floor	Johnson City
Maternal and Fetal Medicine	325 N State of Franklin Rd	First Floor	Johnson City
Sports Medicine	917 West Walnut Street	PO Box 70621	Johnson City
Family Medicine	917 West Walnut Street	PO Box 70621	Johnson City
Geriatrics	917 West Walnut Street	PO Box 70621	Johnson City
Family Medicine	917 West Walnut Street	PO Box 70621	Johnson City
Family Medicine	917 West Walnut Street	PO Box 70621	Johnson City
Infectious Disease	325 N State of Franklin Road	2nd Floor	Johnson City
Infectious Disease	325 N State of Franklin Road	2nd Floor	Johnson City
Infectious Disease	325 N State of Franklin Road	2nd Floor	Johnson City
Infectious Disease	325 N State of Franklin Road	2nd Floor	Johnson City
Infectious Disease	325 N State of Franklin Road	2nd Floor	Johnson City
Infectious Disease	325 N State of Franklin Road	2nd Floor	Johnson City
Allergy and Immunology	325 N State of Franklin Rd	Second Floor	Johnson City
Internal Medicine	325 N State of Franklin Rd	Second Floor	Johnson City
Internal Medicine	325 N State of Franklin Rd	Second Floor	Johnson City
Internal Medicine	325 N State of Franklin Rd	Second Floor	Johnson City
Internal Medicine	Four Sheridan Square	Suite 200	Kingsport
Internal Medicine	325 N State of Franklin Rd	Second Floor	Johnson City
Internal Medicine	Four Sheridan Square	Suite 200	Kingsport
Internal Medicine	325 N State of Franklin Rd	Second Floor	Johnson City
Cardiology	329 N State of Franklin Road		Johnson City
Cardiology	329 N State of Franklin Road		Johnson City
Cardiology	329 N State of Franklin Road		Johnson City
Cardiology	329 N State of Franklin Road		Johnson City
Cardiology	329 N State of Franklin Road		Johnson City
Ophthalmology	325 N. State of Franklin	Third Floor	Johnson City
Ophthalmology	325 N. State of Franklin	Third Floor	Johnson City
Ophthalmology	325 N. State of Franklin	Third Floor	Johnson City
Pediatric Nephrology	325 North State of Franklin Road	Ground Floor	Johnson City

Pediatric Pulmonary	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	400 N. State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 N State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatric Hematology Oncology	400 N. State of Franklin Road	Ground Floor	Johnson City
Pediatric Critical Care	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatric Cardiology	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatric Cardiology	325 North State of Franklin Road	Ground Floor	Johnson City
Pediatrics	325 North State of Franklin Road	Ground Floor	Johnson City
Psychiatry	PO Box 699		Mountain Home
Psychiatry	Po Box 70567		Johnson City
Psychiatry	Building 52 Lake Drive	PO Box 699	Mountain Home
Psychiatry	Building 52 Lake Drive	PO Box 699	Mountain Home
Psychiatry	Building 52 Lake Drive	PO Box 699	Mountain Home
Psychiatry	Building 52 Lake Drive	PO Box 699	Mountain Home
Psychiatry	PO Box 699		Mountain Home
Neonatology	PO Box 70578		Johnson City
Neonatology	PO Box 70578		Johnson City
Neonatology	325 N State of Franklin Rd		Johnson City
Neonatology	PO Box 70578		Johnson City
Plastic Surgery	325 N State of Franklin Road	Third Floor	Johnson City
Vascular Surgery	325 N State of Franklin Road	Third Floor	Johnson City
General Surgery	325 N State of Franklin Road	Third Floor	Johnson City
Pediatric Surgery	325 N State of Franklin Road	Third Floor	Johnson City
Podiatry	325 N State of Franklin Road	Third Floor	Johnson City
Podiatry	325 N State of Franklin Road	Third Floor	Johnson City
Family Medicine	121 E Main Street		Jonesborough
Family Medicine	303 Med Tech Parkway	Suite 100	Johnson City
Family Medicine	303 Med Tech Parkway	Suite 100	Johnson City
Family Medicine	1019 West Oakland Avenue	Suite 1	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 280	Johnson City
Pulmonary Diseases	301 Med Tech Parkway	Suite 280	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 280	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 280	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 280	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 280	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City

EXHIBIT D-8A

Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 160	Johnson City
Podiatry	1303 Sunset Drive	Suite 6	Johnson City
Physical Medicine and Rehabilitation	2511 Wesley Street		Johnson City
Gastroenterology	310 North State of Franklin Road	Suite 202	JOHNSON CITY
Gastroenterology	310 North State of Franklin Road	Suite 202	JOHNSON CITY
Gastroenterology	310 North State of Franklin Road	Suite 202	JOHNSON CITY
Gastroenterology	310 North State of Franklin Road	Suite 202	JOHNSON CITY
Gastroenterology	310 North State of Franklin Road	Suite 202	JOHNSON CITY
Maternal and Fetal Medicine	1930 Alcoa Highway	Suite 435	Knoxville
Neurosurgery	1 Medical Park Blvd.	Suite 400 East	Bristol
Neurosurgery	1 Medical Park Blvd.	Suite 400 East	Bristol
Neurosurgery	1 Medical Park Blvd.	Suite 400 East	Bristol
General Surgery	105 W Stone Drive	Suite 4A	Kingsport
Pediatrics	2033 Meadow View Lane	Suite 200	Kingsport
Pediatric Gastroenterology	105 W Stone Drive	Suite 2A	Kingsport
Infectious Disease	130 W Ravine Road		Kingsport
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	16000 Johnston Memorial Drive	4th Floor	Abingdon
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Family Medicine	16000 Johnston Memorial Drive	4th Floor	Abingdon
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	16000 Johnston Memorial Drive	4th Floor	Abingdon
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine/Pediatrics	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Family Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Family Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Family Medicine	300 Med Tech Parkway		Johnson City
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Family Medicine	16000 Johnston Memorial Drive	4th Floor	Abingdon
Family Medicine	16000 Johnston Memorial Drive	4th Floor	Abingdon
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport

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Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Internal Medicine	408 N State of Franklin Rd	Suite 24	Johnson City
Internal Medicine	2204 Pavilion Drive	Suite 310	Kingsport
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Endocrinology	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	119 Boone Ridge Drive	Suite 201	Johnson City
Internal Medicine	3209 Bristol Highway		Johnson City
Internal Medicine	3209 Bristol Highway		Johnson City
Pathology	Department of Pathology	Box 70568	Johnson City
General Surgery	3 Professional Park Drive	Suite 31	Johnson City
General Surgery	3 Professional Park Drive	Suite 31	Johnson City
General Surgery	3 Professional Park Drive	Suite 31	Johnson City
General Surgery	3 Professional Park Drive	Suite 31	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Ophthalmology	110 Med Tech Parkway	Suite 1	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City

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Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Internal Medicine	301 Med Tech Parkway	Suite 240	Johnson City
Gynecology	2 Professional Park Drive	Suite 21	Johnson City
Obstetrics and Gynecology	2 Professional Park Drive	Suite 21	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 180	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 180	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 180	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 180	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 180	Johnson City
Pediatrics	301 Med Tech Parkway	Suite 180	Johnson City
Urology	2340 Knob Creek Road	Suite 720	JOHNSON CITY
Urology	2340 Knob Creek Road	Suite 720	JOHNSON CITY
Urology	2340 Knob Creek Road	Suite 720	JOHNSON CITY
Urology	2340 Knob Creek Road	Suite 720	JOHNSON CITY
Cardiology	701 North State of Franklin Rd	Suite 2	Johnson City
Cardiology	701 North State of Franklin Rd	Suite 2	Johnson City
Cardiology	701 North State of Franklin Rd	Suite 2	Johnson City
Pediatrics	5000 Monarch Point		Greeneville
Rheumatology	303 Med Tech Parkway	Suite 200	Johnson City
Rheumatology	303 Med Tech Parkway	Suite 200	Johnson City
Rheumatology	303 Med Tech Parkway	Suite 200	Johnson City
Emergency Medicine	200 Med Tech Parkway	Suite 108	Johnson City
Family Medicine	200 Med Tech Parkway	Suite 108	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City

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Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Radiology	1301 Sunset Drive	Suite 3	Johnson City
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Family Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Internal Medicine	408 N. State of Franklin Road	Suite 24	Johnson City
Internal Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Family Medicine	2000 Brookside Drive	Seventh Floor	Kingsport
Family Medicine	408 N. State of Franklin Road	Suite 24	Johnson City
Family Medicine	408 N. State of Franklin Road	Suite 24	Johnson City
Family Medicine	1021 W Oakland Avenue	Suite 301	Johnson City
Obstetrics and Gynecology	2002 Brookside Drive	Suite 300	Kingsport
Obstetrics and Gynecology	2002 Brookside Drive	Suite 300	Kingsport
Pediatrics	2002 Brookside Drive	Suite 200	Kingsport
Psychiatry	403 N State of Franklin Road		Johnson City
Internal Medicine	403 N State of Franklin Road		Johnson City
Psychiatry	403 N State of Franklin Road		Johnson City
Psychiatry	403 N State of Franklin Road		Johnson City
Psychiatry	403 N State of Franklin Road		Johnson City
Psychiatry	403 N State of Franklin Road		Johnson City
Orthopedic Surgery	240 Medical Park Blvd.	Suite 2700	Bristol
Orthopedic Surgery	240 Medical Park Blvd.	Suite 2700	Bristol
Plastic Surgery	1880 N Eastman Road	Suite 310	Kingsport
Psychiatry	101 Med Tech Plaza	Suite 407	Johnson City
Pain Management	101 Med Tech Parkway	Suite 200	Johnson City
Pain Management	101 Med Tech Parkway	Suite 200	Johnson City
Pain Management	101 Med Tech Parkway	Suite 200	Johnson City
Neurology	1700 Pinebrook drive	Suite 2	Kingsport
Neurology	69 Dogwood Avenue		Mountain Home
Pediatric Dentistry	350 Blountville Hwy	Suite 202	Bristol
Pediatric Dentistry	350 Blountville Hwy	Suite 202	Bristol
Dentistry	2333 Knob Creek Rd	Suite 12	Johnson City
Pediatric Dentistry	350 Blountville Hwy	Suite 202	Bristol
Pediatric Dentistry	2333 Knob Creek Rd	Suite 12	Johnson City
Family Medicine	303 Med Tech Parkway	Suite 150	Johnson City
Family Medicine	303 Med Tech Parkway	Suite 150	Johnson City

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Family Medicine	303 Med Tech Parkway	Suite 150	Johnson City
Family Medicine	303 Med Tech Parkway	Suite 150	Johnson City
Plastic Surgery	1303 Sunset Drive	Suite 5	JOHNSON CITY
Pediatrics	101 Med Tech Parkway	Suite 405	JOHNSON CITY
Pediatrics	101 Med Tech Parkway	Suite 405	Johnson City
Pulmonary Diseases	310 N. State of Franklin Road	Suite 303	Johnson City
Pulmonary Diseases	310 N. State of Franklin	Suite 303	Johnson City
Hematology/Oncology	302 Wesley Street	Suite 4	Johnson City
Internal Medicine	325 N State of Franklin Rd	2nd Floor	Johnson City
Internal Medicine	325 N State of Franklin Rd	2nd Floor	Johnson City
Internal Medicine	325 N State of Franklin Rd	2nd Floor	Johnson City
General Surgery	325 N State of Franklin Road	Third Floor	Johnson City
General Surgery	325 N State of Franklin Road	Third Floor	Johnson City
General Surgery	325 N State of Franklin Road	Third Floor	Johnson City
Surgical Oncology	325 N State of Franklin Road	Third Floor	Johnson City
Allergy and Immunology	2995 Fort Henry	Suite 100	Kingsport
Hematology/Oncology	2205 Pavilion Dr	Suite 101	KINGSPORT
Hematology/Oncology	2205 Pavilion Dr	Suite 101	KINGSPORT
Hematology/Oncology	1 Professional Park Dr	Suite 21	JOHNSON CITY
Oncology	1 Professional Park Dr	Suite 21	JOHNSON CITY
Hematology/Oncology	1 Professional Park Dr	Suite 21	JOHNSON CITY
Hematology/Oncology	1 Professional Park Dr	Suite 21	JOHNSON CITY
Orthopedic Surgery	117 West Sevier Street	Suite 200	Kingsport
Rheumatology	106 Woodlawn Drive		Johnson City
Pediatrics	1503 W. Elk Ave	Suite 12	Elizabethton
Pediatrics	1503 W. Elk Ave	Suite 12	Elizabethton
Pediatrics	1503 W. Elk Ave	Suite 12	Elizabethton
Neurology	336 22nd Avenue North		Nashville
Neurology	336 22nd Avenue North		Nashville
Teleneurology	11011 McCormick Road	Suite 200	HUNT VALLEY
Neurology	11011 McCormick Road	Suite 200	HUNT VALLEY
Neurology	11011 McCormick Road	Suite 200	HUNT VALLEY
Neurology	11011 McCormick Road	Suite 200	HUNT VALLEY
Ophthalmology	2412 North John B Dennis Highway		Kingsport
Ophthalmology	2412 North John B Dennis Highway		Kingsport
Ophthalmology	2412 North John B Dennis Highway		Kingsport
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston

Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1503 Edwards Ferry Road NE	Suite 310	Leesburg
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1503 Edwards Ferry Road NE	Suite 310	Leesburg
Teleneurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Neurology	1768 Business Center Drive	Suite 100	Reston
Pediatric Hematology Oncology	400 North State of Franklin Road	First Floor	Johnson City
Pediatric Hematology Oncology	400 North State of Franklin Road	First Floor	Johnson City
Family Medicine	301 Med Tech Parkway	Suite 110	Johnson City
Family Medicine	301 Med Tech Parkway	Suite 240	JOHNSON CITY
Family Medicine	301 Med Tech Parkway	Suite 120	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
Obstetrics and Gynecology	301 Med Tech Parkway	Suite 200	Johnson City
General Surgery	2333 Knob Creek Rd	Suite 16	Johnson City
General Surgery	2333 Knob Creek Rd	Suite 16	Johnson City
Internal Medicine	742 Middle Creek Road		Sevierville
Internal Medicine	1410 Tusculum Blvd	Suite 2200	Greeneville
Ophthalmology	2311 Pierce Avenue		Nashville
Ophthalmology	2311 Pierce Avenue		Nashville
Pulmonary Diseases	2428 Knob Creek Rd	Suite 102	Johnson City
Plastic Surgery	1 Sheridan Square	Suite 200	Kingsport
Ophthalmology	2328 Knob Creek Rd.	Suite 506	Johnson City
Urology	350 Steeles Road	Suite 1	Bristol
Urology	350 Steeles Road	Suite 1	Bristol
Pediatric Cardiology	2312 Knob Creek Road	Suite 208	Johnson City
Pediatric Cardiology	2312 Knob Creek Road	Suite 208	Johnson City
Pediatrics	2312 Knob Creek Road	Suite 208	Johnson City
Hand Surgery	2335 Knob Creek Road	Suite 100	Johnson City
Neurology	1321 Sunset Drive	Suite 11	Johnson City
Neurology	1321 Sunset Drive	Suite 11	Johnson City
Neurology	1321 Sunset Drive	Suite 11	Johnson City
Neurology	1321 Sunset Drive	Suite 11	Johnson City
Ophthalmology	Box 4000		Mountain Home
Internal Medicine	PO Box 4000		Mountain Home

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Cardiology	Dogwood Avenue 111C	PO Box 4000	Mountain Home
Cardiology	Dogwood Avenue 111C	PO Box 4000	Mountain Home
Family Medicine	16000 Johnston Memorial Drive		Abingdon
Emergency Medicine	16000 Johnston Memorial Drive		Abingdon
Vascular Surgery	2 Professional Park Drive	Suite 11	Johnson City
Vascular Surgery	2 Professional Park Drive	Suite 11	Johnson City
Vascular Surgery	2 Professional Park Drive	Suite 11	Johnson City
Anesthesiology	922 West G Street		Elizabethton
Anesthesiology	922 West G Street		Elizabethton
Anesthesiology	922 West G Street		Elizabethton
Pediatrics	117 E F Street		Elizabethton
Orthopedic Surgery	2410 Susannah Street		Johnson City
Orthopedic Surgery	2410 Susannah Street		Johnson City
Orthopedic Surgery	2410 Susannah Street		Johnson City
Orthopedic Surgery	2410 Susannah Street		Johnson City
Orthopedic Surgery	2410 Susannah Street		Johnson City
Physical Medicine and Rehabilitation	2410 Susannah Street		Johnson City
Orthopedic Surgery	2410 Susannah Street		Johnson City
Orthopedic Surgery	2410 Susannah Street		Johnson City
Orthopedic Surgery	2410 Susannah Street		Johnson City
Family Medicine	2410 Susannah Street		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Pathology	400 N. State of Franklin Road		Johnson City
Podiatry	207 West G Street		Elizabethton
Internal Medicine	2428 Knob Creek Road		Johnson City
Internal Medicine	508 Princeton Rd	Suite 104	Johnson City
Obstetrics and Gynecology	1 Medical Park Boulevard	Suite 208E	Bristol
Neurology	3333 Burnet Avenue		Cincinnati
Physical Medicine and Rehabilitation	2511 Wesley Street		Johnson City
Dentistry	111 W. Fairview Avenue		Johnson City
Pediatric Endocrinology	140 Old Gray Station Road	Suite 200	Gray
Pediatrics	306 Pine Hill Road		Elizabethton
Ophthalmology	2311 Pierce Avenue		Nashville
Hematology/Oncology	C200 Stanton Gerber Hall	P.O. Box 70694	Johnson City
Pain Management	381 Chestnut Grove Church Rd.		Jonesborough
Gastroenterology	3629 Honeywood Dr		Johnson City
Pediatrics	400 North State Of Franklin Johnson City TN 37604		Johnson City

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Pediatrics	400 North State Of Franklin Johnson City TN 37604		Johnson City
Pediatrics	400 North State Of Franklin Johnson City TN 37604		Johnson City
Pediatric Critical Care	400 North State Of Franklin Johnson City TN 37604		Johnson City
Pediatrics	400 North State Of Franklin Johnson City TN 37604		Johnson City
Pediatrics	400 North State Of Franklin Johnson City TN 37604		Johnson City
Radiology, Interventional Neurology	410 N State of Franklin Road	Suite 135B	Johnson City
Radiology, Interventional Neurology	410 N State of Franklin Road	Suite 135B	Johnson City
General Surgery	1497 West Elk Ave	Suite 10	Elizabethton
Infectious Disease	16000 Johnston Memorial Drive	Suite 313B	Abingdon
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology, Pediatric Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Neurology	410 N State Of Franklin	Suite 135	Johnson City
Pediatric Critical Care	408 N State of Franklin Road	Suite 31D	Johnson City
Pediatric Critical Care	408 N State of Franklin Road	Suite 31D	Johnson City
Pediatric Gastroenterology	408 N State of Franklin Road	Suite 32B	Johnson City
Pediatric Endocrinology	408 N State of Franklin Road	Suite 32B	Johnson City
Pediatric Endocrinology	408 N State of Franklin Road	Suite 32B	Johnson City
Pediatric Neurology	408 N State of Franklin Road	Suite 32C	Johnson City
General Surgery	408 N. State of Franklin Road	Suite 31A	Johnson City
General Surgery	408 N State of Franklin Rd	Suite 24	Johnson City
Trauma Surgery, General Surgery	410 N State of Franklin Road	Suite 130	Johnson City
Trauma Surgery	408 N. State of Franklin Road	Suite 31A	Johnson City
General Surgery	408 N. State of Franklin Road	Suite 31A	Johnson City
Critical Care	408 N. State of Franklin Road	Suite 31A	Johnson City
Trauma Surgery	408 N. State of Franklin Road	Suite 31A	Johnson City
Trauma Surgery, General Surgery	410 N State of Franklin Road	Suite 130	Johnson City
Trauma Surgery, General Surgery	408 N. State of Franklin Road	Suite 31A	Johnson City
Critical Care	408 N. State of Franklin Road	Suite 31A	Johnson City
Trauma Surgery, Critical Care	410 N State of Franklin Road	Suite 130	Johnson City
Trauma Surgery	408 N. State of Franklin Road	Suite 31A	Johnson City

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General Surgery	408 N. State of Franklin Road	Suite 31A	Johnson City
Neurosurgery	408 N State of Franklin Road	Suite 31A	Johnson City
Neurosurgery	408 N State of Franklin Road	Suite 31A	Johnson City
General Surgery; Vascular Surgery	16000 Johnston Memorial Drive	Suite 212 C	Abingdon
Critical Care Medicine	400 N. State of Franklin Road	Suite 2746	Johnson City
Internal Medicine; Pulmonary Disease; (	400 N. State of Franklin Road	Suite 2746	Johnson City
Internal Medicine; Critical Care Medicin	400 N. State of Franklin Road	Suite 2746	Johnson City
Internal Medicine; Pulmonary Disease; (	400 N. State of Franklin Road	Suite 2746	Johnson City
Thoracic and Cardiac Surgery	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
Thoracic and Cardiac Surgery	310 N. State of Franklin Road	Suite 101	Johnson City
Internal Medicine; Cardiovascular Disea	310 N State of Franklin Road	Suite 400	Johnson City
Cardiovascular Disease; Interventional (	310 N State of Franklin Road	Suite 400	Johnson City
Internal Medicine; Cardiovascular Disea	310 N State of Franklin Road	Suite 400	Johnson City
Cardiovascular Disease	310 N State of Franklin Road	Suite 400	Johnson City
Internal Medicine; Cardiovascular Disea	310 N State of Franklin Road	Suite 400	Johnson City
Cardiovascular Disease; Interventional (	310 N State of Franklin Road	Suite 400	Johnson City
Cardiovascular Disease	310 N State of Franklin Road	Suite 400	Johnson City
Internal Medicine; Cardiovascular Disea	310 N State of Franklin Road	Suite 400	Johnson City
Cardiovascular Disease; Interventional (	310 N State of Franklin Road	Suite 400	Johnson City
Internal Medicine; Cardiovascular Disea	310 N State of Franklin Road	Suite 400	Johnson City
Cardiovascular Disease; Interventional (	310 N State of Franklin Road	Suite 400	Johnson City
Cardiovascular Disease; Clinical Cardiac	310 N State of Franklin Road	Suite 400	Johnson City
Internal Medicine; Pulmonary Disease; (	400 N State of Franklin Road	Suite 2746	Johnson City
Internal Medicine; Pulmonary Disease; (	400 N State of Franklin Road	Suite 2746	Johnson City
Internal Medicine; Pulmonary Disease; (	400 N State of Franklin Road	Suite 2746	Johnson City
Internal Medicine; Pulmonary Disease; (	2205 Pavilion Drive	Suite 201B	Kingsport
Internal Medicine; Pulmonary Disease; (	2205 Pavilion Drive	Suite 201B	Kingsport
Internal Medicine	2205 Pavilion Drive	Suite 201B	Kingsport
Pulmonary Disease; Critical Care Medici	400 N. State of Franklin Road	Suite 2746	Johnson City
Internal Medicine; Pulmonary Disease	400 N. State of Franklin Road	Suite 2746	Johnson City
Thoracic and Cardiac Surgery	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
General Surgery; Thoracic and Cardiac S	310 N. State of Franklin Road	Suite 101	Johnson City
Thoracic and Cardiac Surgery	310 N. State of Franklin Road	Suite 101	Johnson City

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State	Zipcode	Phone	Virginia Medicaid (Y/N)
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
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TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37602-3727	(423)431-2086	
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	Y
TN	37660	(423)857-7870	
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	
TN	37604	(423)431-6561	
TN	37604	(423)431-6561	
TN	37604	(423)302-1200	Y
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	
TN	37604	(423)431-6561	
TN	37604	(423)431-6561	Y
TN	37660	(423)857-7870	Y
TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	
TN	37604	(423)302-1200	
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TN	37604	(423)431-6561	Y
TN	37604	(423)431-6561	

TN	37604	(423)431-6561	
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TN	37604	(423)302-1200	Y
TN	37604	(423)431-6561	
TN	37604	(423)434-6300	
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TN	37604	(423)431-6000	Y
TN	37604	(423)431-6000	
TN	37643	(423)543-8619	
TN	37601	(423)915-1072	
TN	37660	(423)915-1072	
TN	37620	(423)844-6200	
TN	37660	(423)915-1072	
TN	37660	(423)245-3161	Y
TN	37604	(423)794-1800	
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TN	37660	(423)246-8061	
TN	37659	(423)282-0636	
TN	37620	(423)844-6407	
TN	37620	(423)844-6600	
TN	37604	(423)610-0556	
TN	37604	(423)610-0556	
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TN	37604	(423)928-2135	
TN	37604	(423)929-9101	
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TN	37604	(423)232-8301	Y
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TN	37604	(423)929-7158	

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TN	37604	(423)929-7158	
TN	37745	(423)787-7080	
TN	37604	(423)439-7272	Y
TN	37643	(423)543-7919	
TN	37643	(423)543-7919	Y
TN	37604	(423)439-7272	Y
TN	37604	(423)439-7246	
TN	37604	(423)439-7272	Y
TN	37604	(423)439-7272	Y
TN	37604	(423)439-7246	Y
TN	37604	(423)439-7272	
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TN	37604	(423)439-7272	Y
TN	37614	(423)439-6464	Y
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TN	37614	(423)439-6464	Y
TN	37614	(423)439-6464	Y
TN	37614	(423)439-6464	Y
TN	37604	(423)433-6915	Y
TN	37604	(423)433-6915	
TN	37604	(423)433-6915	Y
TN	37604	(423)433-6915	Y
TN	37604	(423)433-6915	Y
TN	37604	(423)433-6915	
TN	37604	(423)439-7280	
TN	37604	(423)439-7280	
TN	37604	(423)439-7280	
TN	37604	(423)439-7280	Y
TN	37660	(423)246-7931	
TN	37604	(423)439-7280	
TN	37660	(423)246-7931	
TN	37604	(423)439-7280	
TN	37604	(423)979-4100	
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EXHIBIT D-8A

Contact Person

EXHIBIT D-8A

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EXHIBIT D-8A

Jessica Halsey

EXHIBIT D-8A

Jessica Halsey
Jessica Halsey
Jessica Halsey

EXHIBIT D-8A

Jessica Halsey
Jessica Halsey
Jessica Halsey
Harold Glovier
Harold Glovier
Harold Glovier

EXHIBIT D-8B

Facility Name	Last Name	First Name	MI	Degree	Staff Category	Specialty 1	Specialty 2	Practice Name	Practice Address	Practice City State Zip	Practice Phone	Practice Fax	Accepted Medicaid
Bristol Regional Medical Center	Hubbard	Matthew	A	MD	Associate	Otolaryngology		Abingdon Ear Nose and Throat	176 Valley Street	Abingdon VA 24210			
Bristol Regional Medical Center	Neal	Jeffrey	G	MD	Associate	Otolaryngology		Abingdon Ear Nose and Throat	176 Valley Street	Abingdon VA 24210	(276) 628-9547	(276) 628-8221	
Bristol Regional Medical Center	Rolon	Evelyn	M.	DMD	Active	Pediatric Dentistry		Abingdon Pediatric Dentistry	465 West Main Street, PO Box 1925	Abingdon VA 24210	(276) 739-7942	(276) 739-7943	
Bristol Regional Medical Center	Hare	Alainya	M	DPM	Courtesy	Podiatry		Alainya Hare D.P.M.	2216 West G Street	Elizabethton TN 37643	(423) 547-3338	(423) 543-1586	
Bristol Regional Medical Center	Roller	Brandon	Scott	DMD	Active	Dentistry		Alamont Dental Association P.C	401 Martin Luther King Jr. Blvd	Bristol TN 37620	(423) 968-4422	(423) 968-3477	
Bristol Regional Medical Center	Willis	Nathan	D	DDS	Active	Dentistry		Alamont Dental Association P.C	401 Martin Luther King Jr. Blvd	Bristol TN 37620	(423) 968-4422	(423) 968-3477	
Bristol Regional Medical Center	Gorrell	Alan	L	MD	Active	Obstetrics and Gynecology		Alan L. Gorrell M.D.	249 Midway Medical Park, Suite 202	Bristol TN 37620	(423) 844-6220	(423-573-1989	
Bristol Regional Medical Center	Pienkowski	Marek	Maria	MD	Consulting	Allergy and Immunology		Allergic Diseases Asthma and Immunology	2012 Brookside Drive, Suite 11	Kingsport TN 37660-4627	(423) 378-3131	(423) 378-3400	
Bristol Regional Medical Center	Brizendine	Ronald	M		Independent Allied Health Professional	Mental Health Worker		Alternatives Psychotherapy Services	6th Street, Suite 205	Bristol TN 37620	(423) 968-2225	(423) 968-2225	
Holston Valley Medical Center	Alley	Mark	W.	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Carver	Mark	E.	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Chadwick	Frank	B	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Dixon	Mark	C.	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Gordon	Ryan	W	MD	Associate	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Hastings	Joshua	L	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Jolley	Broughton		MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Magruder	Thomas	G	MD	Associate	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Maynard	Scott	E.	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Michael	Elizabeth	J	MD	Associate	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Sanders	Billy	Jeffrey	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Weatherall	Jeffrey	S.	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Holston Valley Medical Center	Williams	Timothy	M	MD	Active	Anesthesiology		American Anesthesiology Group of TN, PC	135 West Ravine Road Suite 5B	Kingsport TN 37660	(423) 224-3460	(423) 224-3465	
Bristol Regional Medical Center	Chandler	John	M.	MD	Courtesy	Orthopaedic Surgery		Appalachian Orthopaedics Associates	1 Medical Park Blvd., Suite 300 E	Bristol TN 37620	(423) 844-6450	(423) 844-6499	
Bristol Regional Medical Center	Clark	Jonathan	T	MD	Associate	Orthopaedic Surgery		Appalachian Orthopaedics Associates	1 Medical Park Blvd., Suite 300 E	Bristol TN 37620	(423) 844-6450	(423) 844-6499	
Bristol Regional Medical Center	Fleenor	Michael	R	MD	Active	Orthopaedic Surgery		Appalachian Orthopaedics Associates	260 Midway Medical Park, Suite 100	Bristol TN 37620	(423) 968-4446	(423) 968-4802	
Bristol Regional Medical Center	Hommel	Gabriel	James	MD	Active	Orthopaedic Surgery		Appalachian Orthopaedics Associates	1 Medical Park Blvd., Suite 300 E	Bristol TN 37620	(423) 844-6450	(423) 844-6499	
Bristol Regional Medical Center	Mullins	Danny	Arthur	MD	Active	Orthopaedic Surgery		Appalachian Orthopaedics Associates	1 Medical Park Blvd., Suite 300 E	Bristol TN 37620	(423) 844-6450	(423) 844-6499	
Bristol Regional Medical Center	Phillips	John	H	MD	Active	Orthopaedic Surgery		Appalachian Orthopaedics Associates	1 Medical Park Blvd., Suite 300 E	Bristol TN 37620	(423) 844-6450	(423) 844-6499	
Bristol Regional Medical Center	Tagert	Bert	E	MD	Consulting	Orthopaedic Surgery		Appalachian Orthopaedics Associates	1 Medical Park Blvd., Suite 300 E	Bristol TN 37620	(423) 844-6450	(423) 844-6499	
Bristol Regional Medical Center	Whitman	T. Lisle		MD	Active	Orthopaedic Surgery		Appalachian Orthopaedics Associates	1 Medical Park Blvd., Suite 300 E	Bristol TN 37620	(423) 844-6450	(423) 844-6499	
Holston Valley Medical Center	Mills	Ralph	Lee	MD	Active	Family Medicine		Appalachian Orthopaedics Associates, P.C.	3 Professional Park Drive, Suite 21	Johnson City TN 37604	(423) 434-6300	(423) 434-6312	
Bristol Regional Medical Center	Knox	Benjamin	D	MD	Associate	Orthopaedic Surgery		Appalachian Orthopaedics Associates, P.C.	3 Professional Park Drive, Suite 21	Johnson City TN 37604	(423) 434-6300	(423) 434-6312	
Holston Valley Medical Center	Barnes	Charles	E.	MD	Courtesy	Orthopaedic Surgery		Appalachian Orthopaedics Associates, P.C.	3 Professional Park Drive, Suite 21	Johnson City TN 37604	(423) 434-6300	(423) 434-6312	
Holston Valley Medical Center	Knox	Benjamin	D	MD	Courtesy	Orthopaedic Surgery		Appalachian Orthopaedics Associates, P.C.	3 Professional Park Drive, Suite 21	Johnson City TN 37604	(423) 434-6300	(423) 434-6312	
Bristol Regional Medical Center	Platt	William	M	MD	Active	Physical Medicine and Rehabilitation		Appalachian Rehabilitation Professionals	2204 Pavilion Drive, Suite 107	Kingsport TN 37660	(423) 392-8100	(423) 392-8105	

Holston Valley Medical Center	Platt	William	M	MD	Consulting	Physical Medicine and Rehabilitation		Appalachian Rehabilitation Professionals	2204 Pavilion Drive, Suite 107	Kingsport TN 37660	(423) 392-8100	(423) 392-8105	
Holston Valley Medical Center	Dew	Michael	S.	MD	Consulting	Neurology		Associated Neurologists of Kingsport	8 Sheridan Square, Suite 200	Kingsport TN 37660	(423) 247-5553	(423) 247-9254	
Bristol Regional Medical Center	Foster	Michael	D	DMD	Associate	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	117 West Sevier Avenue, Suite 220	Kingsport TN 37660	(423) 224-3200	(423) 224-3208	
Bristol Regional Medical Center	Hamlin	Michael	L	DDS	Active	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	1 Medical Park Blvd., Suite 440E	Bristol TN 37620	(423) 844-6200	(423) 844-4730	
Bristol Regional Medical Center	Pickup	Jason	D	DMD	Active	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	117 West Sevier Avenue, Suite 220	Kingsport TN 37660	(423) 224-3200	(423) 224-3208	
Bristol Regional Medical Center	Wells	Nathaniel	G	DMD	Active	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	117 West Sevier Avenue, Suite 220	Kingsport TN 37660	(423) 224-3200	(423) 224-3208	
Holston Valley Medical Center	Foster	Michael	D	DMD	Associate	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	117 West Sevier Avenue, Suite 220	Kingsport TN 37660	(423) 224-3200	(423) 224-3208	
Holston Valley Medical Center	Hamlin	Michael	L	DDS	Courtesy	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	1 Medical Park Blvd., Suite 440E	Bristol TN 37620	(423) 844-6200	(423) 844-4730	
Holston Valley Medical Center	Pickup	Jason	D	DMD	Active	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	117 West Sevier Avenue, Suite 220	Kingsport TN 37660	(423) 224-3200	(423) 224-3208	
Holston Valley Medical Center	Wells	Nathaniel	G	DMD	Associate	Oral/Maxillofacial Surgery		Associated Oral & Implant Surgeons	117 West Sevier Avenue, Suite 220	Kingsport TN 37660	(423) 224-3200	(423) 224-3208	
Bristol Regional Medical Center	Collins	John	R.	DDS	Courtesy	Oral/Maxillofacial Surgery		Associated Oral/Maxillofacial Surgery	117 West Sevier Avenue, Suite 220	Kingsport TN 37660	(423) 224-3200	(423) 224-3208	
Holston Valley Medical Center	France	Jeffery	J	MD	Active	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Holston Valley Medical Center	Horton	Todd		MD	Associate	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Holston Valley Medical Center	Jeansonne	Gregory	E.	MD	Active	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Holston Valley Medical Center	Marchessault	Jeffrey	A	M.D.	Active	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Holston Valley Medical Center	Miller	Bruce	M.	MD	Active	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Holston Valley Medical Center	Parsley	Billy	Keith	MD	Active	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Holston Valley Medical Center	Riggins	Patrick	J	MD	Active	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Holston Valley Medical Center	Smith	Galen	R	MD	Active	Orthopaedic Surgery		Associated Orthopaedics of Kingsport, PC	2202 John B Dennis Highway, Suite 100	Kingsport TN 37660	(423) 245-3161	(423) 857-8129	
Bristol Regional Medical Center	Matheson	Barry	R	DDS	Active	Dentistry		Barry R. Matheson D.D.S. M.S.D.	817 Gate City Hwy.	Bristol VA 24201	(276) 669-1231	(276) 466-6872	
Bristol Regional Medical Center	Smith	Ken	W	MD	Courtesy	Neurological Surgery		Blue Ridge Neuroscience Center	2 Sheridan Square , Suite 200	Kingsport TN 37660-7390	(423) 246-8061	(423) 246-8278	
Holston Valley Medical Center	Smith	Ken	W	MD	Active	Neurological Surgery		Blue Ridge Neuroscience Center	2 Sheridan Square , Suite 200	Kingsport TN 37660-7390	(423) 246-8061	(423) 246-8278	
Bristol Regional Medical Center	Barker	Randall	F.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Benfield	Philip	J	MD	Associate	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Berrigan	Timothy	Joseph	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Creasy	John	D.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Fish	Eric	J.	DO	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Hutchison	John	E	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Mai	Jonathan	V	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	McMurray	John	M	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Mendrek	Mitchell	J.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Phillips	James	C	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Powers	Matthew	L.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Pugh	Thomas	F	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Saadeh	Kris		MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Siner	John	R	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Smith	Cameron	Q	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Sparks	David	A	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Spillett	Andrew	P.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Thurman	Robert	Daniel	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Van der Westhuizen	Gert	J	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Bristol Regional Medical Center	Vittori	Jayson	T	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Barker	Randall	F.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Benfield	Philip	J	MD	Associate	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Berrigan	Timothy	Joseph	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Cassedy	Kelly	J.	MD	Active	Radiology		Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Creasy	John	D.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Fish	Eric	J.	DO	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Fletcher	Terry	Michael	MD	Associate	Radiology		Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453	
Holston Valley Medical Center	Hutchison	John	E	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453	

Holston Valley Medical Center	Ingram	Amanda	D	MD	Associate	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Kubota	Richard	T.	MD	Active	Radiology		Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Mai	Jonathan	V	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	McMurray	John	M	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Mendrek	Mitchell	J.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	1 Medical Park Boulevard	Bristol TN 37620	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Phillips	James	C	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Pugh	Thomas	F	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Saadeh	Kris		MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Siner	John	R	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Smith	Cameron	Q	MD	Associate	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Sparks	David	A	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Spillett	Andrew	P.	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Thurman	Robert	Daniel	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Van der Westhuizen	Gert	J	MD	Active	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	130 W Ravine Road	Kingsport TN 37660	(423) 968-1144	(423) 968-3453
Holston Valley Medical Center	Vittori	Jayson	T	MD	Associate	Radiology	Diagnostic Radiology	Blue Ridge Radiology P.C.	3053 West State Street	Bristol TN 37620	(423) 968-1144	(423) 968-3453
Bristol Regional Medical Center	Evans	Stephen	K	MD	Associate	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Grenvik	Stefan		MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Hughes	Jonathan	Richard	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Jayne	J. Lawrence		MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Kirkpatrick	Meredith	M	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Long	Michael	A	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Macfarlane	Robert	Iain	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Mercer	Timothy	E.	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Nounou	Joseph	M.	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Schuetz	Elisa	C	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Smith	William	D	MD	Active	Anesthesiology		Bristol Anesthesia Services P.C.	350 Blountville Highway, Suite 207	Bristol TN 37620	(423) 968-4540	(423) 968-5697
Bristol Regional Medical Center	Hovious	John	R	MD	Active	Pediatrics		Bristol Children's Clinic	109 Meadow View Road, Suite 7	Bristol TN 37620	(423) 652-1655	(423) 652-7668
Bristol Regional Medical Center	Harris	Wesley	J	MD	Active	Obstetrics and Gynecology		Bristol Gynecology and Obstetrics	249 Midway Medical Park, Suite 101	Bristol TN 37620	(423) 968-3033	(423) 968-3789
Bristol Regional Medical Center	Russell	David	P	MD	Active	Obstetrics and Gynecology		Bristol Gynecology and Obstetrics	249 Midway Medical Park, Suite 101	Bristol TN 37620	(423) 968-3033	(423) 968-3789
Bristol Regional Medical Center	Spires	Ross	Richard	DO	Active	Obstetrics and Gynecology		Bristol Gynecology and Obstetrics	249 Midway Medical Park, Suite 101	Bristol TN 37620	(423) 968-3033	(423) 968-3789
Bristol Regional Medical Center	Brasfield	Jimmy	C	MD	Active	Neurological Surgery		Bristol Neurosurgical Associates	320 Bristol West Blvd. , Suite 2B	Bristol TN 37620	(423) 844-6407	(423) 793-7004
Holston Valley Medical Center	Brasfield	Jimmy	C	MD	Courtesy	Neurological Surgery		Bristol Neurosurgical Associates	320 Bristol West Blvd. , Suite 2B	Bristol TN 37620	(423) 844-6407	(423) 793-7004
Bristol Regional Medical Center	Terry	Frederick	Wayne	DO	Active	Physical Medicine and Rehabilitation		Bristol Neurosurgical Associates	320 Bristol West Blvd. , Suite 2B	Bristol TN 37620	(423) 793-7014	(423) 793-7004
Holston Valley Medical Center	Terry	Frederick	Wayne	DO	Courtesy	Physical Medicine and Rehabilitation		Bristol Neurosurgical Associates	320 Bristol West Blvd. , Suite 2B	Bristol TN 37620	(423) 793-7014	(423) 793-7004
Bristol Regional Medical Center	Cook	Patricia	A.	PA	Dependent Allied Health Professional	Physician Assistant		Bristol Neurosurgical Associates	320 Bristol West Blvd. , Suite 2B	Bristol TN 37620	(423) 793-7014	(423) 793-7004
Bristol Regional Medical Center	Mehlferber	Mark	S.	PA	Dependent Allied Health Professional	Physician Assistant		Bristol Neurosurgical Associates	320 Bristol West Blvd. , Suite 2B	Bristol TN 37620	(423) 793-7014	(423) 793-7004
Bristol Regional Medical Center	Hommel	Jessica	Dorothy	MD	Active	Pediatrics		Bristol Pediatric Associates P.C.	320 Steeles Road	Bristol TN 37620	(423) 968-2599	(423) 968-1974
Bristol Regional Medical Center	Makres	Thomas	D	MD	Active	Pediatrics		Bristol Pediatric Associates P.C.	320 Steeles Road	Bristol TN 37620	(423) 968-2599	(423) 968-1974
Bristol Regional Medical Center	Christ	Charles	H	DDS	Active	Pediatric Dentistry		Bristol Pediatric Dentistry	350 Blountville Highway, Suite 202	Bristol TN 37620	(423) 968-9661	(423) 968-1593
Bristol Regional Medical Center	Stark	John	K	DMD	Active	Pediatric Dentistry		Bristol Pediatric Dentistry	2913 Essary Road	Knoxville TN 37918	(865) 687-4450	(865) 688-4119
Bristol Regional Medical Center	Hutchinson	Laura	A	CNS	Dependent Allied Health Professional	Clinical Nurse Specialist		Bristol Regional Medical Center	Hospcie House, 1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5252	(423) 844-6379
Holston Valley Medical Center	Hutchinson	Laura	A	CNS	Allied Health	Clinical Nurse Specialist		Bristol Regional Medical Center	Hospcie House, 1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5252	(423) 844-6379
Bristol Regional Medical Center	Corradino	Claudia	F.	NP	Dependent Allied Health Professional	Nurse Practitioner		Bristol Regional Medical Center	1 Medical Park Blvd., Stroke Center	Bristol TN 37620	(423) 844-3481	
Bristol Regional Medical Center	Adams	Wesley	F.	MD	Active	Gynecology		Bristol Regional Women's Center	2901 West State Street	Bristol TN 37620	(423) 968-2182	(423) 968-7589

Holston Valley Medical Center	Collins	Sidney	W	MD, FACS	Active	Surgery Critical Care		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Blanton	Robert	H.	MD	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Collins	Sidney	W	MD, FACS	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Furrow	Paige	C	MD, FACS	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Greene	Thomas	C	MD	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Gwaltney	D. Nelson		MD	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	McClintic	Eugene	C	MD	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Rowell	Michael	D.	MD	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Scharfstein	Benjamin	S.	MD	Active	Surgery General		Bristol Surgical Associates	1 Medical Park Blvd., Suite 250 West	Bristol TN 37620	(423) 844-6620	(423) 844-6627	
Bristol Regional Medical Center	Arnold	Jeremy	Douglas	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Brown	Margaret	Horton	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Chinault	Christopher	L	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Christian	Christopher	M.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Christian	Lori	A.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Curtin	Tracy	Renee	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Elswick	Jennifer	L.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Estep	Ernest	Anthony	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Gemmell	John	J	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Gibson	Janeen	Marie	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Horn	Cassondra	N	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Hubbard	Scott	E.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Johnson	Cynthia	R.F.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Jones	Helen	R.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Jones	Lindsey	B	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	King	Mary	Katherine	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Lee	Jeremy	D.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Martin	Phillip	Aaron	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Matney	Callie	H	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Mays	Jennifer	Elaine	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	McFall	Silas	S	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Page	Lynda	J	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Reynolds	Inger	L	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Stitt	Nancy	L.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Stolica	Kathy	L.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Sykes	Arthur	R.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Sykes	Eliza		CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Tankersley	Melissa	S.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Thomas	Jessie	L.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Townsend	Lindsay	M	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	

Bristol Regional Medical Center	Walters	Daniel	T	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Weidner	Wendy	A	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Welsh	Tracy	Lee	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Whitman	Sharon	L.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Willocks	Amy	L.	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Wilson	Donovan	Dean	CRNA	Dependent Allied Health Professional	Certified Registered Nurse Anesthetist		BRMC CRNA Group	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-2686	(423) 844-2688	
Bristol Regional Medical Center	Conerly	Jenifer	Cole	NP	Dependent Allied Health Professional	Nurse Practitioner		BRMC Trauma Services	1 Medical Park Blvd	Bristol TN 37620	(423) 844-2107	(423) 844-2109	
Bristol Regional Medical Center	Gilmer	Charlotte	L	CNS	Dependent Allied Health Professional	Clinical Nurse Specialist		C-Health	495 East Main Street	Lebanon VA 24266	(276) 889-3700	(276) 889-5505	
Holston Valley Medical Center	Gilmer	Charlotte	L	CNS	Allied Health	Clinical Nurse Specialist		C-Health	495 East Main Street	Lebanon VA 24266	(276) 889-3700	(276) 889-5505	
Bristol Regional Medical Center	Phillips	Paul	Arthur	DO	Active	Family Medicine		C-Health	16419 Wise Street	St. Paul VA 24283	(276) 889-3700	(276) 889-5505	
Holston Valley Medical Center	Franzus	David	H.	MD	Active	Internal Medicine		David H. Franzus M. D.	121 East Ravine Road, Suite 700	Kingsport TN 37660	(423) 247-3717	(423) 247-8080	
Holston Valley Medical Center	Hamilos	David	T	DPM	Courtesy	Podiatry		David T. Hamilos D.P.M.	508 Princeton Rd, Suite 202	Johnson City TN 37604	(423) 926-2741	(423) 926-5782	
Bristol Regional Medical Center	Dykes	Amber	D	PA	Dependent Allied Health Professional	Physician Assistant		Dermatology Associates P.C.	2300 West Stone Drive	Kingsport TN 37660	(423) 246-4961	(423) 245-3136	
Bristol Regional Medical Center	Abkes	Bruce	Alan	MD	Courtesy	Otolaryngology		Ear Nose and Throat Associates P.C.	2340 Knob Creek Road	Johnson City TN 37604	(423) 929-9101	(423) 434-2032	
Bristol Regional Medical Center	Howell	Mark	A.	MD	Courtesy	Otolaryngology		Ear Nose and Throat Associates P.C.	2340 Knob Creek Road, Suite 704	Johnson City TN 37604	(423) 929-9101	(423) 434-2032	
Bristol Regional Medical Center	Winstead	Johnathan	Myles	MD	Courtesy	Otolaryngology		Ear Nose and Throat Associates P.C.	2340 Knob Creek Road, Suite 704	Johnson City TN 37604	(423) 929-9101	(423) 434-2032	
Bristol Regional Medical Center	Zajonc	Timothy	Paul	MD	Courtesy	Otolaryngology		Ear Nose and Throat Associates P.C.	2340 Knob Creek Road, Suite 704	Johnson City TN 37604	(423) 929-9101	(423) 434-2032	
Holston Valley Medical Center	Zajonc	Timothy	Paul	MD	Courtesy	Otolaryngology		Ear Nose and Throat Associates P.C.	2340 Knob Creek Road, Suite 704	Johnson City TN 37604	(423) 929-9101	(423) 434-2032	
Bristol Regional Medical Center	Peltzer	Leticia	Ibarra	MD	Associate	Otolaryngology		Ear Nose Throat and Allergy Consultants of Abingdon	26208 Lee Highway	Abingdon VA 24211	(276) 451-3044	(276) 451-3045	
Bristol Regional Medical Center	Corradino	Gregory		MD	Courtesy	Neurological Surgery		East Tennessee Brain and Spine Center	444 Clinchfield Street, Suite 103	Kingsport TN 37660	(423) 578-1518	(423) 230-6349	
Bristol Regional Medical Center	Fullagar	Timothy	M.	MD	Courtesy	Neurological Surgery		East Tennessee Brain and Spine Center	701 Med Tech Parkway #300	Johnson City TN 37604	(423) 232-8301	(423) 232-8304	
Bristol Regional Medical Center	Kominek	Selma	Z	MD	Courtesy	Neurological Surgery		East Tennessee Brain and Spine Center	701 Med Tech Parkway #300	Johnson City TN 37604	(423) 232-8301	(423) 232-8304	
Bristol Regional Medical Center	Wiles	David	A.	MD	Courtesy	Neurological Surgery		East Tennessee Brain and Spine Center	701 Med Tech Parkway #300	Johnson City TN 37604	(423) 232-8301	(423) 232-8304	
Holston Valley Medical Center	Corradino	Gregory		MD	Active	Neurological Surgery		East Tennessee Brain and Spine Center	444 Clinchfield Street, Suite 103	Kingsport TN 37660	(423) 578-1518	(423) 230-6349	
Holston Valley Medical Center	Fullagar	Timothy	M.	MD	Active	Neurological Surgery		East Tennessee Brain and Spine Center	701 Med Tech Parkway #300	Johnson City TN 37604	(423) 232-8301	(423) 232-8304	
Holston Valley Medical Center	Kominek	Selma	Z	MD	Courtesy	Neurological Surgery		East Tennessee Brain and Spine Center	701 Med Tech Parkway #300	Johnson City TN 37604	(423) 232-8301	(423) 232-8304	
Holston Valley Medical Center	Wiles	David	A.	MD	Courtesy	Neurological Surgery		East Tennessee Brain and Spine Center	701 Med Tech Parkway #300	Johnson City TN 37604	(423) 232-8301	(423) 232-8304	
Holston Valley Medical Center	Woodbury	Wayne	M	MD	Associate	Physical Medicine and Rehabilitation		East Tennessee Brain and Spine Center	701 Med Tech Parkway #300	Johnson City TN 37604	(423) 232-8301	(423) 232-8304	
Bristol Regional Medical Center	Sen	Anindya	K	MD	Consulting	Hematology/Oncology		East Tennessee Hematology and Onocology	1406 Tusculum Blvd., Suite 2000	Greeneville TN 37745	(423) 787-7080	(423) 787-7087	
Holston Valley Medical Center	Sen	Anindya	K	MD	Consulting	Hematology/Oncology		East Tennessee Hematology and Onocology	1406 Tusculum Blvd., Suite 2000	Greeneville TN 37745	(423) 787-7080	(423) 787-7087	
Bristol Regional Medical Center	Vermillion	Stanley	E	MD	Courtesy	Nephrology		East Tennessee Medical Associates P.C.	107 Woodlawn Drive, Suite 200	Johnson City TN 37604	(423) 929-7158	(423) 928-9625	
Holston Valley Medical Center	Vermillion	Stanley	E	MD	Consulting	Nephrology		East Tennessee Medical Associates P.C.	107 Woodlawn Drive, Suite 200	Johnson City TN 37604	(423) 929-7158	(423) 928-9625	
Bristol Regional Medical Center	Clarity	Greg	E.	MD	Active	Family Medicine		ETSU Physicians & Associates	208 Medical Park Blvd.	Bristol TN 37620	(423) 989-4050	(423) 990-3044	
Bristol Regional Medical Center	Conner	Patricia	J	MD	Active	Family Medicine		ETSU Physicians & Associates	208 Medical Park Blvd.	Bristol TN 37620	(423) 989-4050	(423) 990-3044	
Bristol Regional Medical Center	Culp	John	S.	MD	Active	Family Medicine		ETSU Physicians & Associates	208 Medical Park Blvd.	Bristol TN 37620	(423) 989-4050	(423) 990-3044	
Bristol Regional Medical Center	Moore	Jason	B.	MD	Active	Family Medicine		ETSU Physicians & Associates	208 Medical Park Blvd.	Bristol TN 37620	(423) 989-4050	(423) 990-3044	
Bristol Regional Medical Center	Stoltz	Amanda	M	MD	Active	Family Medicine		ETSU Physicians & Associates	208 Medical Park Blvd.	Bristol TN 37620	(423) 989-4050	(423) 990-3044	
Bristol Regional Medical Center	Townsend	Thomas	E	MD	Active	Family Medicine		ETSU Physicians & Associates	208 Medical Park Blvd.	Bristol TN 37620	(423) 989-4050	(423) 990-3044	

Holston Valley Medical Center	Blackwelder	Reid	B.	MD	Active	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Bockhorst	Peter	R.	DO	Active	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Brummel	Mark	Kenneth	DO	Active	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Buselmeier	William	B	MD	Associate	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Fox	Beth	A	MD	Active	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Gilbert-Green	Jacalyn	P	DO	Active	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Harris	Erin	Elizabeth	MD	Active	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Lawrence	Amy	C	DO	Associate	Family Medicine		ETSU Physicians & Associates	102 E. Ravine Road	Kingsport TN 37660	(423) 245-9600	(423) 245-9634	
Holston Valley Medical Center	Ibrahim	Lamis	W	MD	Consulting	Infectious Diseases		ETSU Physicians & Associates	325 N. State of Franklin Road, 2nd Floor	Johnson City TN 37604	(423) 433-6915	(423) 433-6756	
Holston Valley Medical Center	Patel	Parasbhai	D	MD	Consulting	Infectious Diseases		ETSU Physicians & Associates	325 N. State of Franklin Road, 2nd Floor	Johnson City TN 37604	(423) 439-7280	(423) 439-7314	
Holston Valley Medical Center	Youssef	Dima	A	MD	Consulting	Infectious Diseases		ETSU Physicians & Associates	325 N. State of Franklin Road, 2nd Floor	Johnson City TN 37604	(423) 439-7280	(423) 439-7314	
Holston Valley Medical Center	Bajaj	Kailash		MD	Active	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Bochis	Melania		MD	Active	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Elster	Allen	W	MD	Associate	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Gaba	Ashokkumar	H	MD	Associate	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Ginn	David	R	MD	Active	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Nunley	Diana	L	MD	Active	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Pierce	Deidre	M	MD	Active	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Summers	Jeffrey	A	MD	Active	Internal Medicine		ETSU Physicians & Associates	Four Sheridan Square , Suite 200	Kingsport TN 37660	(423) 246-7931	(423) 246-1906	
Holston Valley Medical Center	Haynes	Daniel	F	MD	Courtesy	Plastic Surgery		ETSU Physicians & Associates	325 N. State of Franklin Road, 3rd Floor	Johnson City TN 37604	(423) 439-7201	(423) 439-7219	
Bristol Regional Medical Center	Haynes	Daniel	F	MD	Courtesy	Plastic/Reconstructive Surgery		ETSU Physicians & Associates	325 N. State of Franklin Road, 3rd Floor	Johnson City TN 37604	(423) 439-7201	(423) 439-7219	
Holston Valley Medical Center	Huffaker	Roland	Keith	MD	Courtesy	Urogynecology		ETSU Physicians & Associates	325 N. State of Franklin, 1st Floor	Johnson City TN 37604	(423) 439-7272	(423) 439-7235	
Holston Valley Medical Center	Baxter	Mark	C.	DPM	Active	Podiatry		Family Footcare	421 West Stone Drive, Suite 6	Kingsport TN 37660	(423) 245-4100	(423) 245-0463	
Holston Valley Medical Center	Fischer	Judith	P	MD	Active	Gynecology		Friends In Need Health Center Inc.	1105 West Stone Drive	Kingsport TN 37660			
Bristol Regional Medical Center	Musil	Clinton	Allen	MD	Active	Psychiatry		Frontier Health	109 West Watauga Avenue	Johnson City TN 37601	(423) 232-2600	(423) 467-3644	
Holston Valley Medical Center	Musil	Clinton	Allen	MD	Active	Psychiatry		Frontier Health	109 West Watauga Avenue	Johnson City TN 37601	(423) 232-2600	(423) 467-3644	
Bristol Regional Medical Center	Carnell	Alan	G.	MD	Active	Gastroenterology		Gastroenterology Associates	235 Medical Park Blvd.	Bristol TN 37620	(423) 274-6350	(423) 274-6354	
Bristol Regional Medical Center	Fish	Garieann		DO	Active	Gastroenterology		Gastroenterology Associates	235 Medical Park Blvd.	Bristol TN 37620	(423) 274-6350	(423) 274-6354	
Bristol Regional Medical Center	Gilles	Michael	D	MD	Active	Gastroenterology		Gastroenterology Associates	235 Medical Park Blvd.	Bristol TN 37620	(423) 274-6350	(423) 274-6354	
Bristol Regional Medical Center	Hall	Joshua	David	MD	Active	Gastroenterology		Gastroenterology Associates	235 Medical Park Blvd.	Bristol TN 37620	(423) 274-6350	(423) 274-6354	
Bristol Regional Medical Center	Lapis	James	L	MD	Active	Gastroenterology		Gastroenterology Associates	235 Medical Park Blvd.	Bristol TN 37620	(423) 274-6350	(423) 274-6354	
Bristol Regional Medical Center	Levine	Jeffrey	S	MD	Active	Gastroenterology		Gastroenterology Associates	235 Medical Park Blvd.	Bristol TN 37620	(423) 274-6350	(423) 274-6354	
Bristol Regional Medical Center	Spear	J. Michael		MD	Active	Gastroenterology		Gastroenterology Associates	235 Medical Park Blvd.	Bristol TN 37620	(423) 274-6350	(423) 274-6354	
Holston Valley Medical Center	Coe	Adam	W	MD	Associate	Gastroenterology		Gastroenterology Associates	135 West Ravine Road, Suite 3A	Kingsport TN 37660	(423) 246-6777	(423) 245-5439	
Holston Valley Medical Center	Grigg	Erika	L	MD	Active	Gastroenterology		Gastroenterology Associates	135 West Ravine Road, Suite 3A	Kingsport TN 37660	(423) 246-6777	(423) 245-5439	
Holston Valley Medical Center	Homoky	Douglas	E	MD	Active	Gastroenterology		Gastroenterology Associates	135 West Ravine Road, Suite 3A	Kingsport TN 37660	(423) 246-6777	(423) 245-5439	
Holston Valley Medical Center	London	Jerry	F	MD	Active	Gastroenterology		Gastroenterology Associates	135 West Ravine Road, Suite 3A	Kingsport TN 37660	(423) 246-6777	(423) 246-7766	
Holston Valley Medical Center	Mathews	Christopher	M.	MD	Active	Gastroenterology		Gastroenterology Associates	135 West Ravine Road, Suite 3A	Kingsport TN 37660	(423) 246-6777	(423) 245-5439	
Holston Valley Medical Center	Narayan	Rathi		MD	Active	Gastroenterology		Gastroenterology Associates	135 West Ravine Road, Suite 3A	Kingsport TN 37660	(423) 246-6777	(423) 245-5439	

Holston Valley Medical Center	Strickland	Robert	D	MD	Active	Gastroenterology		Gastroenterology Associates	135 West Ravine Road, Suite 3A	Kingsport TN 37660	(423) 246-6777	(423) 245-5439	
Bristol Regional Medical Center	Snyder	Herman	L.	DPM	Courtesy	Podiatry		H.L. Snyder D.P.M.	207 West G Street	Elizabethton TN 37643	(423) 543-8719	(423) 543-8374	
Holston Valley Medical Center	Hennessy	Mark	D	MD	Consulting	Maternal and Fetal Medicine	Obstetrics and Gynecology	High Risk Obstetrical Consultants	1924 Alcoa Highway, Suite 6 South	Knoxville TN 37920	(865) 305-8888	(865) 305-2514	
Holston Valley Medical Center	Towers	Craig	V	MD	Consulting	Maternal and Fetal Medicine		High Risk Obstetrical Consultants	1930 Alcoa Highway, Suite 435	Knoxville TN 37920	(865) 305-8888	(865) 305-2514	
Holston Valley Medical Center	Visconti	Kevin	C	MD	Associate	Maternal and Fetal Medicine		High Risk Obstetrical Consultants	1924 Alcoa Highway, Suite 6 South	Knoxville TN 37920	(865) 305-8888	(865) 305-2514	
Holston Valley Medical Center	Wolfe	Lynlee	M	MD	Consulting	Maternal and Fetal Medicine		High Risk Obstetrical Consultants	1930 Alcoa Highway, Building A Suite 435	Knoxville TN 37920	(865) 305-8888	(865) 305-2514	
Holston Valley Medical Center	Churchwell	Kelley	E	Sonographer	Allied Health	Sonographer		High Risk Obstetrical Consultants	132 West Sevier Street, Suite 1	Kingsport TN 37660	(423) 224-3110	(423) 224-3124	
Holston Valley Medical Center	Frazier	Jeri	J	Sonographer	Allied Health	Sonographer		High Risk Obstetrical Consultants	132 West Sevier Street, Suite 1	Kingsport TN 37660	(423) 224-3110	(423) 224-3124	
Bristol Regional Medical Center	Burt	J. Travis		MD	Active	Neurological Surgery		Highlands Neurosurgery PC	1 Medical Park Blvd. , Suite 400 East	Bristol TN 37620	(423) 844-5400	(423) 844-5434	
Bristol Regional Medical Center	Helms	Jody	Benton	MD	Active	Neurological Surgery		Highlands Neurosurgery PC	1 Medical Park Blvd. , Suite 400 East	Bristol TN 37620	(423) 844-5400	(423) 844-5434	
Bristol Regional Medical Center	Rice	Robert	A	MD	Associate	Neurological Surgery		Highlands Neurosurgery PC	1 Medical Park Blvd. , Suite 400 East	Bristol TN 37620	(423) 844-5400	(423) 844-5419	
Bristol Regional Medical Center	Wood	Matthew	W.	MD	Active	Neurological Surgery		Highlands Neurosurgery PC	1 Medical Park Blvd. , Suite 400 East	Bristol TN 37620	(423) 844-5400	(423) 844-5434	
Holston Valley Medical Center	Burt	J. Travis		MD	Courtesy	Neurological Surgery		Highlands Neurosurgery PC	1 Medical Park Blvd. , Suite 400 East	Bristol TN 37620	(423) 844-5400	(423) 844-5434	
Holston Valley Medical Center	Helms	Jody	Benton	MD	Courtesy	Neurological Surgery		Highlands Neurosurgery PC	1 Medical Park Blvd. , Suite 400 East	Bristol TN 37620	(423) 844-5400	(423) 844-5434	
Holston Valley Medical Center	Wood	Matthew	W.	MD	Associate	Neurological Surgery		Highlands Neurosurgery PC	1 Medical Park Blvd. , Suite 400 East	Bristol TN 37620	(423) 844-5400	(423) 844-5434	
Bristol Regional Medical Center	Colquitt	Landon	A.	MD	Consulting	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Bristol Regional Medical Center	Gale	Peter	F	MD	Consulting	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Bristol Regional Medical Center	Grimes	Marcus	C	MD	Consulting	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Bristol Regional Medical Center	Helms	Kimberly	McCoy	MD	Consulting	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Bristol Regional Medical Center	Hudgens	David	R	MD	Active	Pathology		Highlands Pathology Consultants	1 Medical Park Blvd.	Bristol TN 37620	(423) 323-7017	(423) 323-5653	
Bristol Regional Medical Center	Kulbacki	Evan	L	MD	Consulting	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6760	(423) 224-6717	
Bristol Regional Medical Center	Pierce	Kristin	Amber	MD	Consulting	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Bristol Regional Medical Center	Rentz	Michael	W	MD	Associate	Pathology		Highlands Pathology Consultants	1 Medical Park Blvd.	Bristol TN 37620	(423) 323-7017	(423) 323-5653	
Bristol Regional Medical Center	Stancel	Gregory	A	MD	Consulting	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Bristol Regional Medical Center	Stewart	Laura	E	MD	Consulting	Pathology	Cytopathology	Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Holston Valley Medical Center	Asberry	Don	E	MD	Consulting	Pathology		Highlands Pathology Consultants	1 Medical Park Blvd	Bristol TN 37620	(423) 764-3191	(423) 652-1526	
Holston Valley Medical Center	Colquitt	Landon	A.	MD	Active	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Holston Valley Medical Center	Gale	Peter	F	MD	Active	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Holston Valley Medical Center	Grimes	Marcus	C	MD	Active	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Holston Valley Medical Center	Helms	Kimberly	McCoy	MD	Active	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Holston Valley Medical Center	Hudgens	David	R	MD	Consulting	Pathology		Highlands Pathology Consultants	1 Medical Park Blvd.	Bristol TN 37620	(423) 323-7017	(423) 323-5653	
Holston Valley Medical Center	Kulbacki	Evan	L	MD	Active	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6760	(423) 224-6717	
Holston Valley Medical Center	Pierce	Kristin	Amber	MD	Active	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Holston Valley Medical Center	Rentz	Michael	W	MD	Consulting	Pathology		Highlands Pathology Consultants	1 Medical Park Blvd.	Bristol TN 37620	(423) 323-7017	(423) 323-5653	
Holston Valley Medical Center	Stancel	Gregory	A	MD	Associate	Pathology		Highlands Pathology Consultants	130 West Ravine Road	Kingsport TN 37660	(423) 224-6711	(423) 224-6717	
Bristol Regional Medical Center	Allen	John	Christopher	DPM	Active	Podiatry		Highlands Podiatry PLC	2765 W. State Street	Bristol TN 37620	(423) 764-2299	(423) 968-3340	
Bristol Regional Medical Center	Saavedra	Patrick	Martin	DPM	Active	Podiatry		Highlands Podiatry PLC	616 Campus Drive, Suite 300	Abingdon VA 24210	(276) 676-4335	(423) 968-3340	
Bristol Regional Medical Center	Griffith	John	Gregory	MD	Courtesy	Urology		Highlands Vasectomy Clinic	28 Midway, Lower Level, Suite 1	Bristol TN 37620	(423) 573-8100	(423) 573-8102	
Bristol Regional Medical Center	Wallen	Neil	D	MD	Active	Allergy and Immunology		Holston Medical Group, P.C.	933 Highway 126	Bristol TN 37620	(423) 844-7000	(423) 844-7007	

Bristol Regional Medical Center	Bolick	Charles	A.	MD	Active	Family Medicine		Holston Medical Group, P.C.	240 Medical Park Blvd., Suite 3000	Bristol TN 37620	(423) 990-2400	(423) 990-2405	
Bristol Regional Medical Center	Brockmyre	Andrew	P.	MD	Active	Family Medicine		Holston Medical Group, P.C.	240 Medical Park Blvd., Suite 3000	Bristol TN 37620	(423) 990-2400	(423) 990-2405	
Bristol Regional Medical Center	McCormick	William	Andrew	MD	Active	Family Medicine		Holston Medical Group, P.C.	105 West Stone Drive, Suite 1F	Kingsport TN 37660	(423) 230-2420	(423) 230-2422	
Bristol Regional Medical Center	Odum	Brett	C.	MD	Active	Family Medicine		Holston Medical Group, P.C.	240 Medical Park Blvd., Suite 3000	Bristol TN 37620	(423) 990-2400	(423) 990-2405	
Holston Valley Medical Center	Arif	Ruhma		MD	Active	Family Medicine		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Jantzi	Curtis	Matthew	DO	Active	Family Medicine		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Malik	Shahram		MD	Active	Family Medicine		Holston Medical Group, P.C.	105 West Stone Drive, Suite 1F	Kingsport TN 37660	(423) 230-2420	(423) 230-2422	
Holston Valley Medical Center	Neglia	Christopher	A.	DO	Active	Family Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Switalski	Remigiusz	Jan	MD	Active	Family Medicine		Holston Medical Group, P.C.	2323 North John B. Dennis Highway	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Vaughn	Jeffrey	R.	MD	Active	Family Medicine		Holston Medical Group, P.C.	2323 North John B. Dennis Highway	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Bailey	Lawrence	D.	MD	Active	Gastroenterology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4C	Kingsport TN 37660	(423) 578-1595	(423) 578-1596	
Holston Valley Medical Center	Shone	Dallas	N	MD	Active	Gastroenterology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4C	Kingsport TN 37660	(423) 578-1595	(423) 578-1596	
Bristol Regional Medical Center	Fowler	Scott	Raymond	MD	Courtesy	Gynecology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2B	Kingsport TN 37660	(423) 247-7500	(423) 245-7556	
Holston Valley Medical Center	Fowler	Scott	Raymond	MD	Active	Gynecology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2B	Kingsport TN 37660	(423) 247-7500	(423) 245-7556	
Bristol Regional Medical Center	Greene	Michael	A	DO	Active	Hospitalist Medicine		Holston Medical Group, P.C.	105 West Stone Drive, Suite 1F	Kingsport TN 37660	(423) 230-2420	(423) 230-2422	
Bristol Regional Medical Center	Kirk	Kevin	P.	MD	Active	Hospitalist Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Bristol Regional Medical Center	Neglia	Christopher	A.	DO	Active	Hospitalist Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Bristol Regional Medical Center	Schwartz	Eric	M.	MD	Active	Hospitalist Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Bristol Regional Medical Center	Vaughn	Jeffrey	R.	MD	Active	Hospitalist Medicine		Holston Medical Group, P.C.	2323 North John B. Dennis Highway	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Bristol Regional Medical Center	Whiles	Rick	J.	MD	Active	Internal Med/Peds		Holston Medical Group, P.C.	240 Medical Park Blvd., Suite 3600	Bristol TN 37620	(423) 990-2414	(423) 990-2417	
Bristol Regional Medical Center	Green	John	A	MD	Active	Internal Medicine		Holston Medical Group, P.C.	1 Medical Park Blvd. , Suite 450W	Bristol TN 37620	(423) 968-3713	(423) 968-7352	
Bristol Regional Medical Center	Green	Thomas	W	MD	Active	Internal Medicine		Holston Medical Group, P.C.	1 Medical Park Blvd. , Suite 450W	Bristol TN 37620	(423) 968-3713	(423) 968-7352	
Bristol Regional Medical Center	Mancini	Jean	M.	MD	Active	Internal Medicine		Holston Medical Group, P.C.	1 Medical Park Blvd. , Suite 450W	Bristol TN 37620	(423) 968-3713	(423) 968-7352	
Holston Valley Medical Center	Ananthula	Srinivas		MD	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive, Suite 1F	Kingsport TN 37660	(423) 230-2420	(423) 230-2422	
Holston Valley Medical Center	Boiciuc	Mircea	Raducu	MD	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Carr	Tonya	M	DO	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive, Suite 1F	Kingsport TN 37660	(423) 230-2420	(423) 230-2422	
Holston Valley Medical Center	Dickson	Richard	W.	DO	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Everhart	Anthony	T.	MD	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Greene	Michael	A	DO	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive, Suite 1F	Kingsport TN 37660	(423) 230-2420	(423) 230-2422	
Holston Valley Medical Center	Kirk	Kevin	P.	MD	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Louthan	James	D	MD	Active	Internal Medicine		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Moon	Leah	Nicole	MD	Active	Internal Medicine		Holston Medical Group, P.C.	2323 North John B. Dennis Highway	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Holston Valley Medical Center	Schwartz	Eric	M.	MD	Active	Internal Medicine		Holston Medical Group, P.C.	105 West Stone Drive 1F	Kingsport TN 37660	(423) 857-2793	(423) 578-8025	
Bristol Regional Medical Center	Green	Douglass	W	MD	Active	Nephrology		Holston Medical Group, P.C.	1 Medical Park Blvd. , Suite 450W	Bristol TN 37620	(423) 968-3713	(423) 968-7352	
Bristol Regional Medical Center	Harmon	Deana	Lynn	DO	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	320 Bristol West Boulevard, Suite 2C	Bristol TN 37620	(423) 844-1399	(423) 844-4933	
Bristol Regional Medical Center	Herriott	Samantha	J	DO	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	320 Bristol West Boulevard, Suite 2C	Bristol TN 37620	(423) 844-1399	(423) 844-4933	
Bristol Regional Medical Center	Long	Nicole	A	DO	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	320 Bristol West Boulevard, Suite 2C	Bristol TN 37620	(423) 844-1399	(423) 844-4933	
Bristol Regional Medical Center	McQueary	Jeffrey	A	MD	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	320 Bristol West Boulevard, Suite 2C	Bristol TN 37620	(423) 844-1399	(423) 844-4933	
Bristol Regional Medical Center	Mitchell	Christopher	R.	MD	Courtesy	Obstetrics and Gynecology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2B	Kingsport TN 37660	(423) 247-7500	(423) 245-7556	

Bristol Regional Medical Center	Samuel	Dennis	C.	MD	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	320 Bristol West Boulevard, Suite 2C	Bristol TN 37620	(423) 844-1399	(423) 844-1397	
Holston Valley Medical Center	Jarjoura	Chadi	M.	MD	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	320 Bristol West Boulevard, Suite 2C	Bristol TN 37620	(423) 844-1399	(423) 844-4933	
Holston Valley Medical Center	Krzyminski	Rebecca	A	DO	Associate	Obstetrics and Gynecology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2B	Kingsport TN 37660	(423) 247-7500	(423) 245-7556	
Holston Valley Medical Center	Mitchell	Christopher	R.	MD	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2B	Kingsport TN 37660	(423) 247-7500	(423) 245-7556	
Holston Valley Medical Center	Schalau	Daphne	B	MD	Associate	Obstetrics and Gynecology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2B	Kingsport TN 37660	(423) 247-7500	(423) 245-7556	
Holston Valley Medical Center	Stevens	Christy	L.	DO	Active	Obstetrics and Gynecology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2B	Kingsport TN 37660	(423) 247-7500	(423) 245-7556	
Holston Valley Medical Center	Yallourakis	Stephen	J	MD DDS	Active	Oral/Maxillofacial Surgery		Holston Medical Group, P.C.	105 West Stone Drive, Suite 1A	Kingsport TN 37660	(423) 246-8211	(423) 246-1910	
Holston Valley Medical Center	Krein	Steven	W	MD	Active	Orthopaedic Surgery		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4B	Kingsport TN 37660	(423) 578-1570	(423) 392-6251	
Holston Valley Medical Center	Park	Jason	Chang-Hyun	MD	Active	Orthopaedic Surgery		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4B	Kingsport TN 37660	(423) 578-1570	(423) 392-6251	
Holston Valley Medical Center	Youssef	Ashraf	M	MD	Associate	Orthopaedic Surgery		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4B	Kingsport TN 37660	(423) 578-1570	(423) 392-6251	
Bristol Regional Medical Center	Hunt	Jeffrey	T	MD	Courtesy	Otolaryngology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4D	Kingsport TN 37660	(423) 392-6299	(423) 392-6920	
Holston Valley Medical Center	Hunt	Jeffrey	T	MD	Active	Otolaryngology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4D	Kingsport TN 37660	(423) 392-6299	(423) 392-6920	
Holston Valley Medical Center	Francisco	Mary	P	MD	Active	Pediatric Gastroenterology		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2A	Kingsport TN 37660	(423) 230-2430	(423) 378-5940	
Bristol Regional Medical Center	Hudson	Cassie	B	DO	Associate	Pediatrics		Holston Medical Group, P.C.	240 Medical Park Blvd., Suite 3600	Bristol TN 37620	(423) 990-2414	(423) 990-2417	
Holston Valley Medical Center	Gendron	Richard	M	MD	Active	Pediatrics		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Heise	John	G	MD	Active	Pediatrics		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Hunt	Kimberley	A	MD	Active	Pediatrics		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2A	Kingsport TN 37660	(423) 230-2430	(423) 378-5940	
Holston Valley Medical Center	Lewis	Donald	H.	MD	Active	Pediatrics		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Ley	Joseph	A	MD	Active	Pediatrics		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2A	Kingsport TN 37660	(423) 230-2430	(423) 378-5940	
Holston Valley Medical Center	Shook	Josh	A	MD	Active	Pediatrics		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Street	Danielle	L	DO	Associate	Pediatrics		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Wright	Alicia	D	MD	Active	Pediatrics		Holston Medical Group, P.C.	105 West Stone Drive, Suite 2A	Kingsport TN 37660	(423) 230-2430	(423) 378-5940	
Holston Valley Medical Center	Youssef	Sarah	S	MD	Associate	Pediatrics		Holston Medical Group, P.C.	2033 Meadowview Lane, Suite 200	Kingsport TN 37660	(423) 857-2260	(423) 857-2261	
Holston Valley Medical Center	Lawrence	Chad	E	DPM	Courtesy	Podiatry		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4B	Kingsport TN 37660	(423) 578-1570	(423) 392-6251	
Holston Valley Medical Center	Fore	Edward	Johnson	MD	Courtesy	Surgery General		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4A	Kingsport TN 37660	(423) 392-6265	(423) 392-6272	
Holston Valley Medical Center	Holt	Steven	M	MD	Courtesy	Surgery General		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4A	Kingsport TN 37660	(423) 392-6265	(423) 392-6272	
Holston Valley Medical Center	Rogers	Robert	A	MD	Courtesy	Surgery General		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4A	Kingsport TN 37660	(423) 392-6265	(423) 392-6272	
Holston Valley Medical Center	Stanski	Cheryl	A	MD	Courtesy	Surgery General		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4A	Kingsport TN 37660	(423) 392-6265	(423) 392-6272	
Holston Valley Medical Center	Thomas	Thomas	V	MD	Courtesy	Surgery General		Holston Medical Group, P.C.	105 West Stone Drive, Suite 4A	Kingsport TN 37660	(423) 392-6265	(423) 392-6272	
Holston Valley Medical Center	Earles	Pamela	S	FNP	Allied Health	Nurse Practitioner		Holston Valley Wound Care Services	130 West Ravine	Kingsport TN 37660	(423) 224-6442	(423) 224-3689	
Holston Valley Medical Center	Adams	Christopher	T	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Arrowood	David	J	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4910		
Holston Valley Medical Center	Avans	Bradley	S.	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Bassham	Laura	Leigh	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Bendeck	Charlene	A	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 224-4746	
Holston Valley Medical Center	Davis	Scott	A	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Farley	Sharon	L	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Fletcher	Brandon	Scott	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Flowers	David	J	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			

Holston Valley Medical Center	Guinn	Daniel	K.	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Hall	Shannon	Dale	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Harbin	Gary	Steven	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Hatcher	Jeffrey	Louis	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 224-4746	
Holston Valley Medical Center	Hixson	Kimberly	Lynn	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Jeffers	Jennifer	Brooke	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Jessee	Kevin	C.	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Kidd	Lauren	A	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Kirkpatrick	Katherine	E	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Knecht	Cynthia	L	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	McColl	William	D	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Miller	Yvette	M	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 224-4746	
Holston Valley Medical Center	Morrell (Ruppert)	Kendra	L.	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Proffitt	Russell	E	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Randolph	Amber	Dawn	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Ratliff	Michael	A	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Roark	Amanda	Randles	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Roberts	Dustin	P	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Ryder	Stacey	A	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 224-4746	
Holston Valley Medical Center	Seale	Bethany	K	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Sharp	William	Stephen	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 844-4000	(423) 224-4746	
Holston Valley Medical Center	Silmon	Martha	D	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Stringer	Matthew	C	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Tillson	William	C.	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Trentham	Steven	L	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 224-4746	
Holston Valley Medical Center	Vaughn	Brian	J	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 224-4746	
Holston Valley Medical Center	Walling	George	S.	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Holston Valley Medical Center	Watts	James	C	CRNA	Allied Health	Certified Registered Nurse Anesthetist		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000		
Holston Valley Medical Center	Berry	Lauren	M	NP	Allied Health	Nurse Practitioner		HVMC CRNA Group	130 W. Ravine Road	Kingsport TN 37660			
Bristol Regional Medical Center	Maki	Anton		MD	Consulting	Infectious Diseases		I.D. Micro PLLC	948 Meadow Lane	Kingsport TN 37663	(423) 224-4000	(423) 378-1667	
Holston Valley Medical Center	Maki	Anton		MD	Consulting	Infectious Diseases		I.D. Micro PLLC	948 Meadow Lane	Kingsport TN 37663	(423) 224-4000	(423) 378-1667	
Bristol Regional Medical Center	Clark	Jean	Y	FNP	Dependent Allied Health Professional	Family Nurse Practitioner		ID Consultants PLLC	130 W. Ravine Rd., Suite D	Kingsport TN 37660	(423) 392-4790	(423) 915-0635	
Bristol Regional Medical Center	Sudarsanan	Meeradevi		FNP	Dependent Allied Health Professional	Family Nurse Practitioner		ID Consultants PLLC	1936 Brookside Drive, Suite D	Kingsport TN 37660	(423) 392-4790	(423) 915-0635	
Holston Valley Medical Center	Clark	Jean	Y	FNP	Allied Health	Family Nurse Practitioner		ID Consultants PLLC	130 W. Ravine Rd., Suite D	Kingsport TN 37660	(423) 392-4790	(423) 915-0635	
Bristol Regional Medical Center	Patel	Hiren	B	MD	Active	Infectious Diseases		ID Consultants PLLC	1420 Tusculum Blvd.	Greeneville TN 37745	(423) 783-6400	(423) 915-0635	
Bristol Regional Medical Center	Adams	Stephanie	A.	DO	Active	Family Medicine		InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	Holt	Jacob	Eric	MD	Active	Hospitalist Medicine		InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	Lamb	Millard	Ray	MD	Active	Hospitalist Medicine	Internal Medicine	InPatient Consultants of TN	130 W. Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 224-3258	
Bristol Regional Medical Center	Pickstock	Janet	Gail	MD	Active	Hospitalist Medicine		InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	Porter	Keith	G.	MD	Active	Hospitalist Medicine	Internal Medicine	InPatient Consultants of TN	119 Boone Ridge Drive , Suite 201	Johnson City TN 37615	(423) 844-4240	(423) 844-4249	

Bristol Regional Medical Center	Quinn	Donald	R	MD	Active	Hospitalist Medicine		InPatient Consultants of TN	119 Boone Rdige Drive , Suite 201	Johnson City TN 37615	(423) 928-1353	(423) 282-1480	
Bristol Regional Medical Center	Starr	Dennis		MD	Active	Hospitalist Medicine	Internal Medicine	InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	Theerathorn	Pitchar		MD	Active	Hospitalist Medicine		InPatient Consultants of TN	119 Boone Ridge Drive, Suite 201	Johnson City TN 37615	(423) 282-1480	(423) 928-1353	
Bristol Regional Medical Center	Biney	Isaac	N	MD	Active	Internal Medicine		InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	Der	Tatyana		MD	Active	Internal Medicine		InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	DeStefano	Joseph	A	MD	Associate	Internal Medicine	Internal Medicine	InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	Donovan	Brian	Patrick	MD	Active	Internal Medicine		InPatient Consultants of TN	1 Medical Park Blvd. , Suite 350W	Bristol TN 37620	(423) 844-4240	(423) 844-4249	
Bristol Regional Medical Center	Ferdous	Chowdhury	S	MD	Active	Internal Medicine	Internal Medicine	InPatient Consultants of TN	119 Boone Ridge Drive, Suite 201	Johnson City TN 37615	(423) 282-1480	(423) 928-1353	
Holston Valley Medical Center	Porter	Keith	G.	MD	Active	Internal Medicine		InPatient Consultants of TN	119 Boone Ridge Drive , Suite 201	Johnson City TN 37615	(423) 844-4240	(423) 844-4249	
Holston Valley Medical Center	Theerathorn	Pitchar		MD	Courtesy	Internal Medicine		InPatient Consultants of TN	119 Boone Ridge Drive, Suite 201	Johnson City TN 37615	(423) 282-1480	(423) 928-1353	
Bristol Regional Medical Center	Schrenker	James	H.	MD	Consulting	Family Medicine		Integrated Health Concepts	28 Midway Street, Suite 1	Bristol TN 37620	(423) 573-9873	(423) 573-9875	
Bristol Regional Medical Center	Claybrook	H. Phillip		MD	Active	Internal Med/Peds		Internal Medicine and Pediatric Associates of Bristol P.C.	350 Steeles Road	Bristol TN 37620	(423) 844-6700	(423) 844-6703	
Bristol Regional Medical Center	Grunstra	Bernard	P	MD	Active	Internal Med/Peds		Internal Medicine and Pediatric Associates of Bristol P.C.	350 Steeles Road	Bristol TN 37620	(423) 844-6700	(423) 844-6703	
Bristol Regional Medical Center	Olds	Shelby	Gilmer	MD	Active	Internal Med/Peds		Internal Medicine and Pediatric Associates of Bristol PC	350 Steeles Road	Bristol TN 37620	(423) 844-6700	(423) 844-6703	
Bristol Regional Medical Center	Vestal	Brittney	Dawson	NP	Dependent Allied Health Professional	Nurse Practitioner		Internal Medicine and Pediatric Associates of Bristol PC	350 Steeles Road	Bristol TN 37620	(423) 844-6700	(423) 844-6703	
Holston Valley Medical Center	Singh	J.	Paul	MD	Active	Internal Medicine		J. Paul Singh M.D.	1335 E. Center Street, Suite 1	Kingsport TN 37664	(423) 247-2263	(423) 246-1943	
Bristol Regional Medical Center	Looney	Jeffrey	R	MD	Courtesy	Gynecology		James H Quillen VA Medical Center	PO Box 4000, Attn: Jeffrey Looney (112)	Mountain Home TN 37684	(423) 926-1171	(423) 979-3591	
Holston Valley Medical Center	Kazmier	W. Jan		MD	Active	Allergy and Immunology		Jan W. Kazmier M.D.	2995 Fort Henry Drive, Suite 100	Kingsport TN 37660	(423) 246-6445	(423) 246-8240	
Bristol Regional Medical Center	Rice	Janet	H.	DDS	Active	Dentistry		Janet Hatcher Rice D.D.S. P.C.	136 Martin Luther King Blvd	Bristol TN 37620	(423) 989-7733	(423) 989-7632	
Bristol Regional Medical Center	Beaird	David	A	MD	Active	Urology		Johnson City Urological Clinic, P.C.	2340 Knob Creek Road, Suite 720	Johnson City TN 37604	(423) 926-6112	(423) 434-0278	
Bristol Regional Medical Center	Christie	Alison	M	MD	Active	Urology		Johnson City Urological Clinic, P.C.	350 Steele's Road, Suite 1	Bristol TN 37620	(423) 844-6600	(423) 968-1255	
Bristol Regional Medical Center	Couch	Chad	T.	MD	Active	Urology		Johnson City Urological Clinic, P.C.	350 Steele's Road, Suite 1	Bristol TN 37620	(423) 844-6600	(423) 968-1255	
Bristol Regional Medical Center	Olsen	Lincoln	Todd	MD	Active	Urology		Johnson City Urological Clinic, P.C.	2340 Knob Creek Road, Suite 720	Johnson City TN 37604	(423) 926-6112	(423) 434-0278	
Bristol Regional Medical Center	Rogers	William	B	MD	Active	Urology		Johnson City Urological Clinic, P.C.	2340 Knob Creek Road, Suite 720	Johnson City TN 37604	(423) 926-6112	(423) 434-0278	
Bristol Regional Medical Center	Taylor	Grant	David	MD	Active	Urology		Johnson City Urological Clinic, P.C.	2340 Knob Creek Road, Suite 720	Johnson City TN 37604	(423) 926-6112	(423) 434-0278	
Bristol Regional Medical Center	Tongco	Wayne	Philip	MD	Active	Urology		Johnson City Urological Clinic, P.C.	2340 Knob Creek Road, Suite 720	Johnson City TN 37604	(423) 926-6112	(423) 434-0278	
Holston Valley Medical Center	Schodowski	Paul	B	DPM	Active	Podiatry		Kingsport Podiatry	2004 American Way Professional Complex, Suite 115	Kingsport TN 37660	(423) 246-8840	(423) 246-8559	
Holston Valley Medical Center	Ick	Kurt	A	MD	Courtesy	Urology		Kingsport Urology Group	1932 Brookside Drive	Kingsport TN 37660	(423) 246-4155	(423) 246-7169	
Holston Valley Medical Center	Payne	Charles	E	MD	Active	Urology		Kingsport Urology Group	1932 Brookside Drive	Kingsport TN 37660	(423) 246-4155	(423) 246-7169	
Holston Valley Medical Center	Reeves	Woodrow	W	MD	Active	Urology		Kingsport Urology Group	1932 Brookside Drive	Kingsport TN 37660	(423) 246-4155	(423) 246-7169	
Holston Valley Medical Center	Carder	Lee	J	M.D.	Associate	Radiation Oncology		Lee Carder, MD	PO Box 71300	Salt Lake City UT 84171			
Bristol Regional Medical Center	Marden	David	W	DO	Active	Gynecology		Marden Medical, PLLC	1 Medical Park Boulevard, Suite 305E	Bristol TN 37620	(423) 844-5640	(423) 844-5645	
Bristol Regional Medical Center	Martin	Frederick	A	MD	Active	Family Medicine		Martin Family Medicine	1958 West State Street	Bristol TN 37620	(423) 574-7575	(423) 574-7576	
Bristol Regional Medical Center	Greiner	Jennifer	L	DO	Active	Otolaryngology		Meadowview Ear Nose and Throat Specialists	322 Steeles Road	Bristol TN 37620	(423) 217-1360	(423) 246-8658	
Bristol Regional Medical Center	Osterhus	David	R	MD	Courtesy	Otolaryngology		Meadowview Ear Nose and Throat Specialists	5 Sheridan Square	Kingsport TN 37660	(423) 246-8155	(423) 246-8658	
Bristol Regional Medical Center	Wallace	W.	Jeffrey	DO	Courtesy	Otolaryngology		Meadowview Ear Nose and Throat Specialists	5 Sheridan Square	Kingsport TN 37660	(423) 246-8155	(423) 246-8658	
Holston Valley Medical Center	Greiner	Jennifer	L	DO	Courtesy	Otolaryngology		Meadowview Ear Nose and Throat Specialists	322 Steeles Road	Bristol TN 37620	(423) 217-1360	(423) 246-8658	
Holston Valley Medical Center	Osterhus	David	R	MD	Active	Otolaryngology		Meadowview Ear Nose and Throat Specialists	5 Sheridan Square	Kingsport TN 37660	(423) 246-8155	(423) 246-8658	

Holston Valley Medical Center	Wallace	W.	Jeffrey	DO	Active	Otolaryngology		Meadowview Ear Nose and Throat Specialists	5 Sheridan Square	Kingsport TN 37660	(423) 246-8155	(423) 246-8658	
Bristol Regional Medical Center	Kelts	Eric	A	MD	Consulting	Neurology		Medsurant Monitoring, LLC	750 Old Hickery Blvd., Building 2, Suite 150	Brentwood TN 37027	(484) 351-8459	(206) 350-9656	
Holston Valley Medical Center	Kelts	Eric	A	MD	Consulting	Neurology		Medsurant Monitoring, LLC	750 Old Hickery Blvd., Building 2, Suite 150	Brentwood TN 37027	(484) 351-8459	(206) 350-9656	
Bristol Regional Medical Center	Armstrong	Joseph	R.	MD	Active	Ophthalmology		Mountain Empire Eye Physicians P.L.L.C.	3185 W. State Street, Suite 2010	Bristol TN 37620	(423) 968-7555	(423) 968-7641	
Bristol Regional Medical Center	Bradley	Michael	Barton	MD	Active	Ophthalmology		Mountain Empire Eye Physicians P.L.L.C.	3185 W. State Street, Suite 2010	Bristol TN 37620	(423) 968-7555	(423) 968-7641	
Bristol Regional Medical Center	Bunning	Jeffrey	William	MD	Active	Ophthalmology		Mountain Empire Eye Physicians P.L.L.C.	3185 W. State Street, Suite 2010	Bristol TN 37620	(423) 968-7555	(423) 968-7641	
Bristol Regional Medical Center	Hicks	Joshua	A	MD	Active	Ophthalmology		Mountain Empire Eye Physicians P.L.L.C.	3185 W. State Street, Suite 2010	Bristol TN 37620	(423) 968-7555	(423) 968-7641	
Bristol Regional Medical Center	Morgan	Steven	W	MD	Active	Neurology		Mountain Empire Neurological Associates P.C.	3183 West State Street, Suite 1201	Bristol TN 37620	(423) 764-0987	(423) 764-0717	
Bristol Regional Medical Center	Nelson	Shawn	K.	MD	Active	Neurology		Mountain Empire Neurological Associates P.C.	3183 West State Street, Suite 1201	Bristol TN 37620	(423) 764-0987	(423) 764-0717	
Bristol Regional Medical Center	Wayne	Stephen	L	MD	Active	Neurology		Mountain Empire Neurological Associates P.C.	3183 West State Street, Suite 1201	Bristol TN 37620	(423) 764-0987	(423) 764-0717	
Bristol Regional Medical Center	Williams	Douglas	P	MD	Active	Neurology		Mountain Empire Neurological Associates P.C.	3183 West State Street, Suite 1201	Bristol TN 37620	(423) 764-0987	(423) 764-0717	
Bristol Regional Medical Center	Wilson	Earl	K	MD	Active	Neurology		Mountain Empire Neurological Associates P.C.	3183 West State Street, Suite 1201	Bristol TN 37620	(423) 764-0987	(423) 764-0717	
Holston Valley Medical Center	Wayne	Stephen	L	MD	Consulting	Neurology		Mountain Empire Neurological Associates P.C.	3183 West State Street, Suite 1201	Bristol TN 37620	(423) 764-0987	(423) 764-0717	
Holston Valley Medical Center	DeMotts	Gregory	L	MD	Active	Family Medicine		Mountain Region Family Medicine PC	142 Meade Ave	Nickelsville VA 24271	(276) 479-2201	(276) 479-3314	
Holston Valley Medical Center	Funke	Robert	H	MD	Active	Family Medicine		Mountain Region Family Medicine PC	444 Clinchfield Street, Suite 201	Kingsport TN 37660	(423) 230-2708	(423) 230-2710	
Holston Valley Medical Center	Metcalf	Aaron	Keith	DO	Active	Family Medicine		Mountain Region Family Medicine PC	444 Clinchfield Street, Suite 201	Kingsport TN 37660	(423) 230-2700	(423) 230-2710	
Bristol Regional Medical Center	Austin	Rebekah	C.	MD	Courtesy	Neurological Surgery		Mountain States Medical Group	408 N State of Franklin Road, Suite 42	Johnson City TN 37604	(423) 431-2350	(423) 431-2372	
Holston Valley Medical Center	Lord	Teresa	J	MD	Courtesy	Oncology		Mountain States Medical Group	2205 Pavilion Drive, Suite 101	Kingsport TN 37660	(423) 857-6459		
Holston Valley Medical Center	Mathews	Malcolm (Mack)	R	MD	Active	Oncology		Mountain States Medical Group	2205 Pavilion Drive, Suite 101	Kingsport TN 37660	(423) 857-6466	(423) 857-6456	
Holston Valley Medical Center	Estes	Michelle	Renee	MD	Active	Pediatrics		Mountain States Medical Group	2002 Brookside Drive, Suite 200	Kingsport TN 37660	(423) 224-3933	(423) 224-3934	
Holston Valley Medical Center	Jeansonne	Susan	W	MD	Associate	Pediatrics		Mountain States Medical Group	2002 Brookside Drive, Suite 200	Kingsport TN 37660	(423) 224-3933	(423) 224-3934	
Holston Valley Medical Center	Marlow	Amy	Lynn	MD	Active	Pediatrics		Mountain States Medical Group	2002 Brookside Dr., Suite 200	Kingsport TN 37660	(423) 224-3933	(423) 224-3934	
Holston Valley Medical Center	Miller	Nicole	M	MD	Active	Pediatrics		Mountain States Medical Group	2002 Brookside Drive , Suite 200	Kingsport TN 37660	(423) 224-3933	(423) 224-3934	
Holston Valley Medical Center	Rose	Jennifer	A	MD	Active	Pediatrics		Mountain States Medical Group	2002 Brookside Drive, Suite 200	Kingsport TN 37660	(423) 224-3933	(423) 224-3934	
Holston Valley Medical Center	Terry	Brittney	Roberts	DO	Active	Pediatrics		Mountain States Medical Group	2002 Brookside Drive, Suite 200	Kingsport TN 37660	(423) 224-3933	(423) 224-3934	
Bristol Regional Medical Center	Myers	James	L	PA-C	Dependent Allied Health Professional	Physician Assistant		Neuro-Spine Solutions P.C.	240 Medical Park Blvd, Suite 2700	Bristol TN 37620	(423) 844-0501	(423) 844-0006	
Holston Valley Medical Center	Webb	Harold	J.	MD	Active	Plastic/Reconstructive Surgery		New Horizons Plastic Surgery LLC	1880 North Eastman Road, Suite 310	Kingsport TN 37664	(423) 207-4627	(423) 343-4921	
Bristol Regional Medical Center	Altman	Benjamin		MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	
Bristol Regional Medical Center	Backus	Charles	L.	DO	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Bacon	Michael	L.	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Brtalik	Douglas	S	DO	Associate	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Bristol Regional Medical Center	Carroll	Ronald	Kevin	DO	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Bristol Regional Medical Center	Chumbley	Kelly	D.	DO	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Devens	William	E	MD	Courtesy	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Bristol Regional Medical Center	English	Warren	E	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	

Bristol Regional Medical Center	Gerlock	Gregory	A	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Gibbon	Bruce	N.	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Hill	Russell	M	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Bristol Regional Medical Center	Hudson	William	D.	MD	Courtesy	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Kneff	James	Curtis	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	
Bristol Regional Medical Center	Luna	James	Andrew	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Marcum	Gregory	C	MD	Courtesy	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Metcalf	Thomas	John	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Moretz	Miranda	Nicole	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Py	Lauren	S	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Bristol Regional Medical Center	Smith	Brian	S	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	
Bristol Regional Medical Center	Smith	Daniel	Scott	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	
Bristol Regional Medical Center	Styles	Charity	F	DO	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	
Bristol Regional Medical Center	Turner	Kenneth	E	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Bristol Regional Medical Center	Woodard	J. Mark		MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Altman	Benjamin		MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Backus	Charles	L.	DO	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Bacon	Michael	L.	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Brtalik	Douglas	S	DO	Associate	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Holston Valley Medical Center	Carroll	Ronald	Kevin	DO	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Holston Valley Medical Center	Chumbley	Kelly	D.	DO	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Devens	William	E	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Holston Valley Medical Center	English	Warren	E	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Holston Valley Medical Center	Gerlock	Gregory	A	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Gibbon	Bruce	N.	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Goh	Kenton	B	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Holston Valley Medical Center	Hill	Russell	M	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Holston Valley Medical Center	Hudson	William	D.	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Kneff	James	Curtis	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	
Holston Valley Medical Center	Luna	James	Andrew	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Marcum	Gregory	C	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Metcalf	Thomas	John	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Moretz	Miranda	Nicole	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Py	Lauren	S	MD	Associate	Emergency Medicine		Northeast Tennessee Emergency Physicians	Holston Valley Medical Center	Kingsport TN 37660	(423) 224-5109	(423) 224-5120	

Holston Valley Medical Center	Smith	Brian	S	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	
Holston Valley Medical Center	Smith	Daniel	Scott	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	Bristol Regional Medical Center, One Medical Park Blvd.	Bristol TN 24201	(423) 844-1121	(423) 844-2120	
Holston Valley Medical Center	Turner	Kenneth	E	MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Woodard	J. Mark		MD	Active	Emergency Medicine		Northeast Tennessee Emergency Physicians	415 Broad Street Suite 410	Kingsport TN 37660	(423) 239-9737	(423) 398-5500	
Holston Valley Medical Center	Karakattu	Sajin	M	MD	Active	Family Medicine		Northeast Tennessee Emergency Physicians	Hawkins County Memorial Hospital	Rogersville TN 37857	(423) 921-7000	(423) 239-9737	
Bristol Regional Medical Center	Karakattu	Sajin	M	MD	Active	Hospitalist Medicine	Family Medicine	Northeast Tennessee Emergency Physicians	Hawkins County Memorial Hospital	Rogersville TN 37857	(423) 921-7000	(423) 239-9737	
Bristol Regional Medical Center	Ehsan	Imran	A	MD	Active	Internal Medicine		Northeast Tennessee Emergency Physicians	Hawkins County Memorial Hospital	Rogersville TN 37857	(423) 921-7000	(423) 239-9737	
Bristol Regional Medical Center	Katkhuda	Ragheed		M.D.	Consulting	Neonatology		Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Bristol Regional Medical Center	Martin	Christopher	G	MD	Consulting	Neonatology		Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Bristol Regional Medical Center	Powers	Pius	James	MD	Consulting	Neonatology		Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Holston Valley Medical Center	Katkhuda	Ragheed		M.D.	Active	Neonatology		Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Holston Valley Medical Center	Martin	Christopher	G	MD	Active	Neonatology		Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Holston Valley Medical Center	Powers	Pius	James	MD	Active	Neonatology		Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Holston Valley Medical Center	Tanveer	Asra		MD	Associate	Neonatology		Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Bristol Regional Medical Center	Tanveer	Asra		MD	Consulting	Pediatrics	Neonatal-Perinatal Medicine	Pediatrix Medical Group of Tennessee PC	146 W. Park Drive, Suite 9B	Kingsport TN 37660	(423) 246-3220	(423) 246-3221	
Holston Valley Medical Center	Platzer	Peter	B	MD	Active	Family Medicine		Peter B. Platzer M.D.	2004 American Way, Suite 207	Kingsport TN 37660	(423) 247-1362	(423) 245-2001	
Bristol Regional Medical Center	Wilson	Paul	K	DPM	Active	Podiatry		Pioneer Foot and Ankle Specialists	16000 Johnston Memorial Drive, Suite 313	Abingdon VA 24211	(276) 258-3770	(276) 258-3785	
Bristol Regional Medical Center	Pastrick	Gregory	H	MD	Consulting	Plastic/Reconstructive Surgery		Plastic Surgery Center of East Tennessee	1 Sheridan Square, Suite 200	Kingsport TN 37660	(423) 392-4884	(423) 392-4820	
Holston Valley Medical Center	Pastrick	Gregory	H	MD	Active	Plastic/Reconstructive Surgery		Plastic Surgery Center of East Tennessee	1 Sheridan Square, Suite 200	Kingsport TN 37660	(423) 392-4884	(423) 392-4820	
Holston Valley Medical Center	Boys	John	C.	MD	Associate	Radiation Oncology		Radiation Oncology Associates of North East Tennessee	Laguardia Cancer Center, 130 W. Ravine Road	Kingsport TN 37662	(423) 224-5500	(423) 224-5506	
Holston Valley Medical Center	Coen	Scott	D.	MD	Active	Radiation Oncology		Radiation Oncology Associates of North East Tennessee	Laguardia Cancer Center, 130 W. Ravine Road	Kingsport TN 37662	(423) 224-5500	(423) 224-5506	
Holston Valley Medical Center	Talton	Brooks	M	MD	Active	Radiation Oncology		Radiation Oncology Associates of North East Tennessee	Laguardia Cancer Center, 130 W. Ravine Road	Kingsport TN 37662	(423) 224-5500	(423) 224-5506	
Holston Valley Medical Center	Falconer	Randall	J	MD	Active	Otolaryngology		Randall J. Falconer M.D. P.C.	1728 N Eastman Road, Suite 2A	Kingsport TN 37664	(423) 230-6352	(423) 230-4859	
Bristol Regional Medical Center	Ahmad	Abrar		MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Bristol Regional Medical Center	Butler	Steven	C.	MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Bristol Regional Medical Center	Poobalasingham	Sathiyendran		MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Bristol Regional Medical Center	Saha	Tapasi		MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Bristol Regional Medical Center	Vu	Duc	Q	MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Holston Valley Medical Center	Ahmad	Abrar		MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Holston Valley Medical Center	Butler	Steven	C.	MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Holston Valley Medical Center	Poobalasingham	Sathiyendran		MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Holston Valley Medical Center	Saha	Tapasi		MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Holston Valley Medical Center	Vu	Duc	Q	MD	Active	Nephrology		Regional Kidney Care	2002 Brookside Drive, Suite 102	Kingsport TN 37660	(423) 245-6000	(423) 245-6062	
Bristol Regional Medical Center	Salamone	Richard	G	PhD	Active	Psychology		Richard G. Salamone Ph.D.	739 Bluff City Highway, Suite 2	Bristol TN 37620	(423) 968-3099	(423) 968-7385	
Holston Valley Medical Center	Reinhardt	Diana	Marie	DO	Active	Pediatrics		Rodney Joe Watson, MD, MPLLC	2212 John B. Dennis Highway	Kingsport TN 37660	(423) 392-6700	(423) 392-6710	
Holston Valley Medical Center	Watson	Rodney	J	MD	Active	Pediatrics		Rodney Joe Watson, MD, MPLLC	2212 John B. Dennis Highway	Kingsport TN 37660	(423) 392-6700	(423) 392-6710	
Holston Valley Medical Center	Huddleston	Samuel	W	MD	Active	Plastic/Reconstructive Surgery		Sam W. Huddleston IV M.D.	2002 Brookside Drive, Suite 201	Kingsport TN 37660	(423) 245-7080	(423) 245-7875	

Holston Valley Medical Center	Cummings	Howard	L.	MD	Courtesy	Surgery Retinal		Southeastern Retina Associates P.C.	2412 N. John B. Dennis Hwy.	Kingsport TN 37660	(423) 578-4364	(423) 578-4372	
Holston Valley Medical Center	Gunn	Joseph	M	MD	Courtesy	Surgery Retinal		Southeastern Retina Associates P.C.	2412 N. John B. Dennis Hwy.	Kingsport TN 37660	(423) 578-4364	(423) 578-4372	
Bristol Regional Medical Center	Sweitzer	Donald E		MD	Active	Plastic/Reconstructive Surgery		Specialty Surgeons P.C.	350 Blountville Highway, Suite 205	Bristol TN 37620	(423) 968-2732	(423) 968-7530	
Holston Valley Medical Center	Fields	Kawena (Renea)	R	Autotransfusion	Allied Health	Autotransfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Holston Valley Medical Center	Kiff (Huff)	Melodie	Sue	Autotransfusion	Allied Health	Autotransfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Almany	Daniel	K.	CCP	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Fields	Kawena (Renea)	R	Autotransfusion	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Kiff (Huff)	Melodie	Sue	Autotransfusion	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Kuntz	Michael	S	CCP	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Leslie	James	M	CCP	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Lingerfelt	Daniel	C.	CCP	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	McBride	Patrick	J	CCP	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Menowsky	Wendy		CCP	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Bristol Regional Medical Center	Palamara	John	M	CCP	Dependent Allied Health Professional	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Holston Valley Medical Center	Almany	Daniel	K.	CCP	Allied Health	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Holston Valley Medical Center	Kuntz	Michael	S	CCP	Allied Health	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Holston Valley Medical Center	Lingerfelt	Daniel	C.	CCP	Allied Health	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Holston Valley Medical Center	Menowsky	Wendy		CCP	Allied Health	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Holston Valley Medical Center	Palamara	John	M	CCP	Allied Health	Clinical Perfusion		SpecialtyCare Inc.	214 Centerview Drive	Brentwood TN 37027	(615) 345-5449	(615) 469-3358	
Holston Valley Medical Center	Arze	Alfonzo	S.	MD	Courtesy	Obstetrics and Gynecology		State of Franklin Healthcare Assoc PLLC	301 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-1300	(423) 794-1398	
Holston Valley Medical Center	Box	Stephen	T.	MD	Courtesy	Obstetrics and Gynecology		State of Franklin Healthcare Assoc PLLC	301 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-1300	(423) 794-1398	
Holston Valley Medical Center	Drey	Chad	Aaron	MD	Courtesy	Obstetrics and Gynecology		State of Franklin Healthcare Assoc PLLC	301 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-1300	(423) 794-1398	
Holston Valley Medical Center	Hallman	Jott	C	DO	Courtesy	Obstetrics and Gynecology		State of Franklin Healthcare Assoc PLLC	301 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-1300	(423) 794-1398	
Holston Valley Medical Center	Lewis	Samuel	V	MD	Courtesy	Obstetrics and Gynecology		State of Franklin Healthcare Assoc PLLC	301 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-1300	(423) 794-1398	
Holston Valley Medical Center	May	Grover	E	MD	Courtesy	Obstetrics and Gynecology		State of Franklin Healthcare Assoc PLLC	301 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-1300	(423) 794-1398	
Holston Valley Medical Center	Talley-Horne	Jill	R	MD	Courtesy	Obstetrics and Gynecology		State of Franklin Healthcare Assoc PLLC	301 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-1300	(423) 794-1398	
Holston Valley Medical Center	Bieber	Jeffry	D	MD	Consulting	Rheumatology		State of Franklin Healthcare Assoc PLLC	303 Med Tech Parkway, Suite 200	Johnson City TN 37604	(423) 794-3040	(423) 794-3041	
Bristol Regional Medical Center	Cho	Sung-Joon		MD	Consulting	Physical Medicine and Rehabilitation		Sung Joon Cho, MD, Inc	113 Cassel Drive	Kingsport TN 37660		(631) 995-7877	
Holston Valley Medical Center	Cho	Sung-Joon		MD	Consulting	Physical Medicine and Rehabilitation		Sung Joon Cho, MD, Inc	113 Cassel Drive	Kingsport TN 37660		(631) 995-7877	
Holston Valley Medical Center	Jackson	Elizabeth	M	MD	Active	Surgery General		Surgical Associates of Kingsport Inc.	444 Clinchfield Street, Suite 2900	Kingsport TN 37660	(423) 245-6101	(423) 245-2396	
Holston Valley Medical Center	Kramer	Andrew	P.	DO	Active	Surgery General		Surgical Associates of Kingsport Inc.	444 Clinchfield Street, Suite 2900	Kingsport TN 37660	(423) 245-6101	(423) 245-2396	
Holston Valley Medical Center	Ehrenfried	John	A	MD	Active	Surgery Oncology		Surgical Associates of Kingsport Inc.	444 Clinchfield Street, Suite 2900	Kingsport TN 37660	(423) 245-6101	(423) 245-2396	
Holston Valley Medical Center	Hodge	Michael	J	MD	Courtesy	Surgery General		Surgical Group of Johnson City, MPC	2333 Knob Creek Road, Suite 16	Johnson City TN 37604	(423) 975-0764	(423) 975-0141	
Holston Valley Medical Center	Watson	Scott	D	MD	Courtesy	Surgery General		Surgical Group of Johnson City, MPC	2333 Knob Creek Road, Suite 16	Johnson City TN 37604	(423) 975-0764	(423) 975-0141	
Holston Valley Medical Center	Singh	Meenu		MD	Active	Family Medicine		Takoma Regional Hospital, Inc.	401 Takoma Avenue	Greeneville TN 37743	(423) 278-1743	(423) 278-1930	
Bristol Regional Medical Center	Singh	Meenu		MD	Active	Hospitalist Medicine	Family Medicine	Takoma Regional Hospital, Inc.	401 Takoma Avenue	Greeneville TN 37743	(423) 278-1743	(423) 278-1930	
Holston Valley Medical Center	Bakshi	Mandeep	S	MD	Consulting	Internal Medicine	Sleep Medicine	Takoma Regional Hospital, Inc.	401 Takoma Avenue	Greeneville TN 37743	(423) 278-1788	(423) 278-1708	
Holston Valley Medical Center	Daniel	John	Mitchell	DO	Active	Internal Medicine		Takoma Regional Hospital, Inc.	401 Takoma Avenue	Greeneville TN 37743	(423) 636-2340	(423) 278-1930	
Bristol Regional Medical Center	Testerman	John	R	MD	Active	Orthopaedic Surgery		The Bone and Joint Center, PLLC	240 Medical Park Blvd., Suite 2700	Bristol TN 37620	(423) 844-0501	(423) 844-0006	
Bristol Regional Medical Center	Reeves	Donny	Luprice	MD	Active	Ophthalmology		The Reeves Eye Institute	2328 Knob Creek Road, Suite 506	Johnson City TN 37604	(423) 722-1311	(423) 722-4950	
Holston Valley Medical Center	Reeves	Donny	Luprice	MD	Active	Ophthalmology		The Reeves Eye Institute	2328 Knob Creek Road, Suite 506	Johnson City TN 37604	(423) 722-1311	(423) 722-4950	

Holston Valley Medical Center	Bice	Joyce	D.	Oph Tech	Allied Health	Ophthalmic Assistant		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 246-5038	
Holston Valley Medical Center	Billig	Lana	A	Oph Tech	Allied Health	Ophthalmic Assistant		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 578-4369	
Holston Valley Medical Center	McAdam	Mary	M	Oph Tech	Allied Health	Ophthalmic Assistant		The Regional Eye Center	Four Sheridan Square, Suite 102	Kingsport TN 37660	(423) 246-8196	(423) 246-2308	
Holston Valley Medical Center	Oliver	Charlotte	W.	Oph Tech	Allied Health	Ophthalmic Assistant		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 578-4369	
Holston Valley Medical Center	Sanders	Paula	M.	Oph Tech	Allied Health	Ophthalmic Assistant		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 578-4369	
Holston Valley Medical Center	Bice	Charles	Robert	MD	Active	Ophthalmology		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 723-1144	
Holston Valley Medical Center	Lee	Brandon	David	MD	Active	Ophthalmology		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 578-4369	
Holston Valley Medical Center	Seaton	Anthony	D	MDPhD	Active	Ophthalmology		The Regional Eye Center	Four Sheridan Square, Suite 102	Kingsport TN 37660	(423) 246-7372	(423) 246-2308	
Holston Valley Medical Center	Smith	Eric	K	MD	Active	Ophthalmology		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 723-1144	
Holston Valley Medical Center	Williamson	Keith	Allen	MD	Active	Ophthalmology		The Regional Eye Center	135 West Ravine, Suite 2C	Kingsport TN 37660	(423) 246-7372	(423) 578-4369	
Holston Valley Medical Center	King	Thomas	P	DDS	Courtesy	Pediatric Dentistry		Thomas King D.D.S.	909 N. Wilcox Dr, Suite B	Kingsport TN 37660	(423) 378-3222	(423) 378-5275	
Bristol Regional Medical Center	Gupta	Manoj		MD	Consulting	Pediatric Cardiology	Pediatrics	Tri City Pediatric Cardiology P.C.	2312 Knob Creek Road, Suite 208	Johnson City TN 37604	(423) 610-1099	(423) 610-1166	
Bristol Regional Medical Center	Madhok	Ashish	B	MD	Courtesy	Pediatric Cardiology		Tri City Pediatric Cardiology P.C.	2312 Knob Creek Road, Suite 208	Johnson City TN 37604	(423) 610-1099	(423) 610-1166	
Bristol Regional Medical Center	Mehta	Ashok	V	MD	Courtesy	Pediatric Cardiology		Tri City Pediatric Cardiology P.C.	2312 Knob Creek Road, Suite 208	Johnson City TN 37604	(423) 610-1099	(423) 610-1166	
Holston Valley Medical Center	Gupta	Manoj		MD	Associate	Pediatric Cardiology	Pediatrics	Tri City Pediatric Cardiology P.C.	2312 Knob Creek Road, Suite 208	Johnson City TN 37604	(423) 610-1099	(423) 610-1166	
Holston Valley Medical Center	Madhok	Ashish	B	MD	Active	Pediatric Cardiology		Tri City Pediatric Cardiology P.C.	2312 Knob Creek Road, Suite 208	Johnson City TN 37604	(423) 610-1099	(423) 610-1166	
Holston Valley Medical Center	Mehta	Ashok	V	MD	Active	Pediatric Cardiology		Tri City Pediatric Cardiology P.C.	2312 Knob Creek Road, Suite 208	Johnson City TN 37604	(423) 610-1099	(423) 610-1166	
Bristol Regional Medical Center	Fincher	John	A	MD	Active	Radiation Oncology		Tri-City Oncology Cancer Center	3053 West State Street	Bristol TN 37620	(423) 844-2360	(423) 844-2362	
Holston Valley Medical Center	Fincher	John	A	MD	Consulting	Radiation Oncology		Tri-City Oncology Cancer Center	3053 West State Street	Bristol TN 37620	(423) 844-2360	(423) 844-2362	
Bristol Regional Medical Center	Steffey	Dewayne	Scott	NP	Dependent Allied Health Professional	Nurse Practitioner		Trinity Medical Services	151 Wendover Drive	Kingsport TN 37664	(423) 239-0099	(423) 239-0275	
Bristol Regional Medical Center	Broglio	Anthony	L.	MD	Active	Urology		Urology Associates of Kingsport P.C.	822 Broad Street	Kingsport TN 37660	(423) 246-6251	(423) 246-7230	
Holston Valley Medical Center	Broglio	Anthony	L.	MD	Active	Urology		Urology Associates of Kingsport P.C.	822 Broad Street	Kingsport TN 37660	(423) 246-6251	(423) 246-7230	
Holston Valley Medical Center	Herman	James	R	MD PhD	Active	Urology		Urology Associates of Kingsport P.C.	822 Broad Street	Kingsport TN 37660	(423) 246-6251	(423) 246-7230	
Holston Valley Medical Center	Littlejohn	Jim	Rodney	MD	Active	Urology		Urology Associates of Kingsport P.C.	822 Broad Street	Kingsport TN 37660	(423) 246-6251	(423) 246-7230	
Holston Valley Medical Center	Wyker	Arthur	T	MD	Active	Urology		Urology Associates of Kingsport P.C.	822 Broad Street	Kingsport TN 37660	(423) 246-6251	(423) 246-7230	
Bristol Regional Medical Center	Gutierrez	Jennifer	S	MD	Consulting	Diagnostic Radiology		Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Henry	Charles	S	MD	Consulting	Diagnostic Radiology		Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Akrami	Jason	A	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Babusis	Algis	V	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Bonetti	Renee	W	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Bosh	Gregory	A	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Clopton	David	R	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Dhillon	Sanjam		MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Faliszek	James	E	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Giovannetti	Mark	J	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Kansal	Raman		MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Mayne	Jennifer	C	MD	Consulting	Radiology		Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	McGehee	Mark	A	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Millare	Giovanni	G	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	

Bristol Regional Medical Center	Nguyen	Victoria	A	DO	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Pratt	Alan	G	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Rembert	Frank	M	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Strong	Benjamin	W	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Sussman	Arlene	O	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Tedesco	Kurtis	L	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Turner	James	H	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Vrla	Rolf	F	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Welte	Frank	J	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Zwerdlinger	Steven	C	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Akrami	Jason	A	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Babusis	Algis	V	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Bonetti	Renee	W	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Bosh	Gregory	A	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Clopton	David	R	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Dhillon	Sanjam		MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Faliszek	James	E	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Giovannetti	Mark	J	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Gutierrez	Jennifer	S	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Henry	Charles	S	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Kansal	Raman		MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Mayne	Jennifer	C	MD	Consulting	Radiology		Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	McGehee	Mark	A	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Millare	Giovanni	G	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Nguyen	Victoria	A	DO	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Pratt	Alan	G	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Rembert	Frank	M	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Strong	Benjamin	W	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Sussman	Arlene	O	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Tedesco	Kurtis	L	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Travis	Mitchell	E	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Turner	James	H	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Vrla	Rolf	F	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Welte	Frank	J	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Holston Valley Medical Center	Zwerdlinger	Steven	C	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic	11995 Singletree Lane, Suite 500	Eden Prairie MN 55344	(952) 595-1100	(952) 935-2757	
Bristol Regional Medical Center	Parker	Marcus	W	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic Consultants	6458 Citywest Parkway, Suite 100	Eden Prairie MN 55344	(952) 943-3931	(952) 935-2757	
Holston Valley Medical Center	Parker	Marcus	W	MD	Consulting	Radiology	Diagnostic Radiology	Virtual Radiologic Consultants	6458 Citywest Parkway, Suite 100	Eden Prairie MN 55344	(952) 943-3931	(952) 935-2757	
Holston Valley Medical Center	Aiken	Marc	A.	MD	Consulting	Orthopaedic Surgery		Watauga Orthopaedics PLC	2410 Susannah Street	Johnson City TN 37601	(423) 282-9011	(423) 282-0035	
Holston Valley Medical Center	DeTroye	Robert	J	MD	Courtesy	Orthopaedic Surgery		Watauga Orthopaedics PLC	2410 Susannah Street	Johnson City TN 37601	(423) 282-9011	(423) 282-0035	

Holston Valley Medical Center	Duncan	Richard	W.	MD	Active	Orthopaedic Surgery		Watauga Orthopaedics PLC	2410 Susannah Street	Johnson City TN 37601	(423) 282-9011	(423) 282-0035	
Holston Valley Medical Center	Jenkins	Timothy	Douglas	MD	Active	Orthopaedic Surgery		Watauga Orthopaedics PLC	2410 Susannah Street	Johnson City TN 37601	(423) 282-9011	(423) 282-0035	
Holston Valley Medical Center	Lord	Kent	J	MD	Associate	Orthopaedic Surgery		Watauga Orthopaedics PLC	875 Larry Neil Way	Kingsport TN 37660	(423) 245-5540	(423) 282-9572	
Holston Valley Medical Center	McRae	Karen	J.	MD	Active	Orthopaedic Surgery		Watauga Orthopaedics PLC	2410 Susannah Street	Johnson City TN 37601	(423) 282-9011	(423) 282-0035	
Holston Valley Medical Center	Stewart	Gregory	L.	MD	Courtesy	Orthopaedic Surgery		Watauga Orthopaedics PLC	2410 Susannah Street	Johnson City TN 37601	(423) 282-9011	(423) 282-0035	
Holston Valley Medical Center	Wells	James	Michael	MD	Active	Orthopaedic Surgery		Watauga Orthopaedics PLC	2410 Susannah Street	Johnson City TN 37601	(423) 282-9011	(423) 282-0035	
Bristol Regional Medical Center	Carter	Richard	N	DO	Active	Cardiothoracic Surgery		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4975	(423) 844-4987	Yes
Bristol Regional Medical Center	Gall	Stanley	Adolph	MD	Courtesy	Cardiothoracic Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Bristol Regional Medical Center	Greenfield	David	Tyler	MD	Courtesy	Cardiothoracic Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Bristol Regional Medical Center	Zeyl	Thomas	J	MD	Active	Cardiothoracic Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Carter	Richard	N	DO	Active	Cardiothoracic Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Gall	Stanley	Adolph	MD	Active	Cardiothoracic Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Greenfield	David	Tyler	MD	Active	Cardiothoracic Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Zeyl	Thomas	J	MD	Associate	Cardiothoracic Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Bristol Regional Medical Center	Beckner	David	C.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Bristol Regional Medical Center	Borsch	Mark	A.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Bristol Regional Medical Center	Burress	Jonathan	W.	DO	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 844-4987	Yes
Bristol Regional Medical Center	Culp	Benjamin	C	MD	Consulting	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Bristol Regional Medical Center	Fernandez	Eduardo		M.D.	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4975	(423) 844-4987	Yes
Bristol Regional Medical Center	Godin	Willis	E	DO	Consulting	Cardiovascular Disease		Wellmont Cardiology Services	590 W. Ridge Road, Suite D	Wytheville VA 24382	(276) 228-5506	(276) 228-2040	Yes
Bristol Regional Medical Center	Istfan	Pierre		MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Bristol Regional Medical Center	Kennedy	Christopher	J	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Bristol Regional Medical Center	Kyker	Keith	A	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Bristol Regional Medical Center	Ladley	Herbert	D.	MD	Courtesy	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Bristol Regional Medical Center	Luff	Matthew	S	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Bristol Regional Medical Center	Merrill	James	Jay	MD	Courtesy	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Bristol Regional Medical Center	Metzger	D	Christopher	MD	Courtesy	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Bristol Regional Medical Center	Shafiei	Fereidoon		MD	Associate	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Bristol Regional Medical Center	Whitaker	Jack	H.	MD	Consulting	Cardiovascular Disease		Wellmont Cardiology Services	1410 Tusculum Boulevard, Suite 1500	Greeneville TN 37745	(423) 638-2270	(423) 638-2205	Yes
Holston Valley Medical Center	Beckner	David	C.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Holston Valley Medical Center	Berry	John	F.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Bertuso	John	R.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Blackwell	Gerald	G.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Borsch	Mark	A.	MD	Consulting	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Holston Valley Medical Center	Bulle	Thomas	M.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Burress	Jonathan	W.	DO	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 844-4987	Yes
Holston Valley Medical Center	Croitor	Sherryl	K	MD	Associate	Cardiovascular Disease	Internal Medicine	Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Culp	Benjamin	C	MD	Associate	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Godin	Willis	E	DO	Associate	Cardiovascular Disease		Wellmont Cardiology Services	590 W. Ridge Road, Suite D	Wytheville VA 24382	(276) 228-5506	(276) 228-2040	Yes

Holston Valley Medical Center	Istfan	Pierre		MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	1 Medical Park Blvd., Suite 458 West	Bristol TN 37620	(423) 844-4800	(423) 230-6905	Yes
Holston Valley Medical Center	Jordan	Louis	Collier	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2428 Knob Creek Road, Suite 201	Johnson City TN 37601	(423) 282-5054	(423) 283-0516	Yes
Holston Valley Medical Center	Kramer	Robert	Keith	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Kyker	Keith	A	MD	Associate	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Ladley	Herbert	D.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Mayhew	Marc	William	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Merrill	James	Jay	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Metzger	D	Christopher	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Rana	Gaurav		MD	Associate	Cardiovascular Disease	Internal Medicine	Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Saha	Pabitra	Kumar	MD PhD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Shafiei	Fereidoon		MD	Associate	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Simpson	Daniel	E.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Sunkara	Nirmal	T	MD	Associate	Cardiovascular Disease	Internal Medicine	Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Turner	Harrison	D.	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Whitaker	Jack	H.	MD	Courtesy	Cardiovascular Disease		Wellmont Cardiology Services	1410 Tusculum Boulevard, Suite 1500	Greeneville TN 37745	(423) 638-2270	(423) 638-2205	Yes
Holston Valley Medical Center	Williams	Freddie	Maxine	MD	Active	Cardiovascular Disease		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Bristol Regional Medical Center	Chang	Mark	Wan Soo	MD	Active	Interventional Cardiology		Wellmont Cardiology Services	2428 Knob Creek Road, Suite 201	Johnson City TN 37601	(423) 282-5054	(423) 230-5097	Yes
Bristol Regional Medical Center	Foley	Joseph	D	MD	Active	Interventional Cardiology		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Aziz	Mark	A	MD	Active	Interventional Cardiology		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Chang	Mark	Wan Soo	MD	Active	Interventional Cardiology		Wellmont Cardiology Services	2428 Knob Creek Road, Suite 201	Johnson City TN 37601	(423) 282-5054	(423) 230-5097	Yes
Holston Valley Medical Center	Foley	Joseph	D	MD	Active	Interventional Cardiology		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Holston Valley Medical Center	Kappa	Jeffrey	R	MD	Active	Vascular Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5035	Yes
Holston Valley Medical Center	Nagre	Shardul	B	MD	Associate	Vascular Surgery		Wellmont Cardiology Services	2050 Meadowview Parkway	Kingsport TN 37660	(423) 230-5000	(423) 230-5097	Yes
Bristol Regional Medical Center	Visneski	Kathryn	Whitt	CNS	Dependent Allied Health Professional	Clinical Nurse Specialist		Wellmont Health Systems	130 West Ravine	Kingsport TN 37660	(423) 224-5592	(423) 224-3799	Yes
Holston Valley Medical Center	Patel	Hiren	B	MD	Consulting	Infectious Diseases		Wellmont Infectious Disease HVMC	130 West Ravine Road	Kingsport TN 37660	(423) 224-6442	(423) 224-8936	Yes
Bristol Regional Medical Center	Hammons	Zachary	A	MD	Associate	Psychiatry		Wellmont Inpatient Psychiatry at Bristol	1 Medical Park Blvd, 5th Floor	Bristol TN 37620	(423) 844-6000	(423) 844-5300	Yes
Bristol Regional Medical Center	Rafuls	William	Anthony	MD	Active	Psychiatry		Wellmont Inpatient Psychiatry at Bristol	1 Medical Park Blvd, 5th Floor	Bristol TN 37620	(423) 844-6000	(423) 844-5300	Yes
Bristol Regional Medical Center	Shah	Kaushal		MD	Active	Psychiatry		Wellmont Inpatient Psychiatry at Bristol	103 North Street, Suite A	Bristol VA 24201	(423) 844-6000	(423) 844-6027	Yes
Bristol Regional Medical Center	Spitznas	Andrew	L	MD	Active	Psychiatry	Neurology	Wellmont Inpatient Psychiatry at Bristol	1 Medical Park Blvd, 5th Floor	Bristol TN 37620	(423) 844-6000	(423) 844-5300	Yes
Holston Valley Medical Center	Hammons	Zachary	A	MD	Associate	Psychiatry		Wellmont Inpatient Psychiatry at Bristol	1 Medical Park Blvd, 5th Floor	Bristol TN 37620	(423) 844-6000	(423) 844-5300	Yes
Holston Valley Medical Center	Shah	Kaushal		MD	Associate	Psychiatry		Wellmont Inpatient Psychiatry at Bristol	103 North Street, Suite A	Bristol VA 24201	(423) 844-6000	(423) 844-6027	Yes
Holston Valley Medical Center	Rafuls	William	Anthony	MD	Active	Psychiatry		Wellmont Medical Associates, Inc	130 West Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 244-5199	Yes
Holston Valley Medical Center	Spitznas	Andrew	L	MD	Associate	Psychiatry	Neurology	Wellmont Medical Associates, Inc	130 West Ravine Road	Kingsport TN 37660	(423) 230-8412	(423) 230-8502	Yes
Holston Valley Medical Center	Keeley	John	S	MD	Active	Surgery Critical Care	Surgery General	Wellmont Medical Associates, Inc	130 West Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 244-5199	Yes
Holston Valley Medical Center	Lasky	Tiffany	Marie	DO	Active	Surgery Critical Care		Wellmont Medical Associates, Inc	130 West Ravine Road	Kingsport TN 37660	(423) 224-5825	(423) 244-4770	Yes
Holston Valley Medical Center	Testerman	George	Milum	MD	Active	Surgery Critical Care	Surgery General	Wellmont Medical Associates, Inc	130 West Ravine Road	Kingsport TN 37660	(423) 224-5825	(423) 244-4770	Yes
Holston Valley Medical Center	Smith	Lou	M	MD	Associate	Trauma Surgery		Wellmont Medical Associates, Inc	130 West Ravine Road	Kingsport TN 37660	(423) 224-4000	(423) 244-5199	Yes
Holston Valley Medical Center	Frye	Joseph	W	DO	Associate	Physical Medicine and Rehabilitation		WMA Big Stone Gap	1980 Holton Avenue, Suite 202	Big Stone Gap VA 24219	(276) 523-8973	(276) 523-8974	Yes
Bristol Regional Medical Center	Dixon	Jonathan		DO	Active	Internal Medicine		WMA Bristol	1 Medical Park Blvd, Suite 200E	Bristol TN 37620	(423) 844-5100	(423) 844-5109	Yes

Bristol Regional Medical Center	Hanor	Steven	R	MD	Active	Internal Medicine		WMA Bristol	1 Medical Park Blvd, Suite 200E	Bristol TN 37620	(423) 844-5100	(423) 844-5109	Yes
Bristol Regional Medical Center	Williams	John	Fred	MD	Active	Internal Medicine		WMA Bristol	1 Medical Park Blvd, Suite 200E	Bristol TN 37620	(423) 844-5100	(423) 844-5109	Yes
Bristol Regional Medical Center	Yost	Kristen	F	DO	Active	Internal Medicine		WMA Bristol	1 Medical Park Blvd, Suite 200E	Bristol TN 37620	(423) 844-5100	(423) 844-5109	Yes
Bristol Regional Medical Center	Sparks	Tommy	A	NP	Dependent Allied Health Professional	Nurse Practitioner		WMA Bristol at Exit 7	410 Stagecoach Road	Bristol VA 24201	(276) 466-0584	(276) 669-8583	Yes
Holston Valley Medical Center	Sparks	Tommy	A	NP	Allied Health	Nurse Practitioner		WMA Bristol at Exit 7	410 Stagecoach Road	Bristol VA 24201	(276) 466-0584	(276) 669-8583	Yes
Holston Valley Medical Center	Oggero	Kelly	S	MD	Active	Surgery General		WMA General Surgery at Kingsport	111 W. Stone Drive, Suite 310	Kingsport TN 37660	(423) 408-7050	(423) 408-7054	Yes
Holston Valley Medical Center	Higgins	Clara	M	DO	Associate	Surgery General		WMA General Surgery Rogersville	405 Scenic Drive, Suite B	Rogersville TN 37857	(423) 272-2111	(423) 272-7667	Yes
Bristol Regional Medical Center	Blow	Alton	J.	MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Bristol	349 Island Road	Bristol VA 24201-7009	(276) 469-4200	(276) 469-4249	Yes
Bristol Regional Medical Center	Cannon	Esha	I	DO	Associate	Hematology/Oncology		WMA Hematology & Oncology at Bristol	349 Island Road	Bristol VA 24201-7009	(276) 469-4200	(276) 469-4249	Yes
Bristol Regional Medical Center	Shao	Ryan	W	MD	Active	Hematology/Oncology	Internal Medicine	WMA Hematology & Oncology at Bristol	349 Island Road	Bristol VA 24201-7009	(276) 469-4200	(276) 469-4249	Yes
Bristol Regional Medical Center	Vardhana	Harsha	G	MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Bristol	349 Island Road	Bristol VA 24201-7009	(276) 469-4200	(276) 469-4249	Yes
Holston Valley Medical Center	Cannon	Esha	I	DO	Associate	Hematology/Oncology		WMA Hematology & Oncology at Bristol	349 Island Road	Bristol VA 24201-7009	(276) 469-4200	(276) 469-4249	Yes
Bristol Regional Medical Center	Ahmed	Nausheen		MD	Active	Hematology/Oncology	Internal Medicine	WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 578-8500	(423) 578-8569	Yes
Holston Valley Medical Center	Abu-Shahin	Fadi	I	MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 578-8500	(423) 578-8569	Yes
Holston Valley Medical Center	Ahmed	Nausheen		MD	Associate	Hematology/Oncology	Internal Medicine	WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 578-8500	(423) 578-8569	Yes
Holston Valley Medical Center	DaSilva	Marco	A.C.P.	MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 578-8500	(423) 578-8569	Yes
Holston Valley Medical Center	Maatouk	Jamal	Gerges	MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 578-8500	(423) 578-8569	Yes
Holston Valley Medical Center	McElroy	Edwin	A	MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 224-3150	(423) 224-3169	Yes
Holston Valley Medical Center	Nakhoul	Ibrahim	N	MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 578-8500	(423) 578-8569	Yes
Holston Valley Medical Center	Shipstone	Asheesh		MD	Active	Hematology/Oncology		WMA Hematology & Oncology at Kingsport	4485 West Stone Drive, Suite 200	Kingsport TN 37660-1050	(423) 578-8500	(423) 578-8569	Yes
Bristol Regional Medical Center	Morgan	Vickie	G	MD	Associate	Hematology/Oncology		WMA Hematology/Oncology Bristol	1 Medical Park Blvd., Suite 102W	Bristol TN 37620	(423) 844-5650	(423) 844-5655	Yes
Bristol Regional Medical Center	Prill	Sue	J	MD	Active	Hematology/Oncology	Palliative Medicine/Hospice	WMA Hematology/Oncology Bristol	1 Medical Park Blvd., Suite 102W	Bristol TN 37620	(423) 844-5650	(423) 844-5655	Yes
Holston Valley Medical Center	Morgan	Vickie	G	MD	Consulting	Hematology/Oncology		WMA Hematology/Oncology Bristol	1 Medical Park Blvd., Suite 102W	Bristol TN 37620	(423) 844-5650	(423) 844-5655	Yes
Holston Valley Medical Center	Prill	Sue	J	MD	Consulting	Hematology/Oncology	Palliative Medicine/Hospice	WMA Hematology/Oncology Bristol	1 Medical Park Blvd., Suite 102W	Bristol TN 37620	(423) 844-5650	(423) 844-5655	Yes
Holston Valley Medical Center	Te	Rolyn	P	MD	Active	Family Medicine		WMA Hospitalist at Hawkins County	851 Locust Street	Rogersville TN 37857	(423) 921-7000	(423) 921-7204	Yes
Bristol Regional Medical Center	Patel	Mihir	H	MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalist at Hawkins County	851 Locust Street	Rogersville TN 37857	(423) 921-7000	(423) 921-7204	Yes
Holston Valley Medical Center	Fawad	Fnu		MD	Associate	Internal Medicine		WMA Hospitalist at Hawkins County	851 Locust Street	Rogersville TN 37857	(423) 921-7000	(423) 921-7204	Yes
Holston Valley Medical Center	Patel	Mihir	H	MD	Active	Internal Medicine		WMA Hospitalist at Hawkins County	851 Locust Street	Rogersville TN 37857	(423) 921-7000	(423) 921-7204	Yes
Bristol Regional Medical Center	Ali	Muhammad		MD	Active	Family Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Holston Valley Medical Center	Ali	Muhammad		MD	Active	Family Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Holston Valley Medical Center	Koo	Johan		DO	Associate	Family Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Koo	Johan		DO	Active	Hospitalist Medicine	Family Medicine	WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Lucas	Elizabeth	S	DO	Active	Hospitalist Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Mann	John	W	MD	Active	Hospitalist Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Nathan	Rohini		MD	Active	Hospitalist Medicine	Family Medicine	WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Nazarov	Vitaly		MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Paterson	Barbara	Jane Gray	DO	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes

Bristol Regional Medical Center	Rupe	Joe	M	MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Schmidt	Elise	H	DO	Active	Hospitalist Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Singh	Parminderjit		MD	Active	Hospitalist Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Abu-Zeitoon	Rawan	G	MD	Active	Internal Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Ali	Mir	I	MD	Associate	Internal Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Holston Valley Medical Center	Mann	John	W	MD	Active	Internal Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Holston Valley Medical Center	Rupe	Joe	M	MD	Active	Internal Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Holston Valley Medical Center	Schmidt	Elise	H	DO	Associate	Internal Medicine		WMA Hospitalists at Bristol	1 Medical Park Blvd.	Bristol TN 37620	(423) 844-5560	(423) 844-5569	Yes
Bristol Regional Medical Center	Bhola	David		DO	Associate	Family Medicine	Family Medicine	WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Bhola	David		DO	Associate	Family Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Iqbal	Sharjeel		MD	Active	Family Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Nathan	Rohini		MD	Active	Family Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Iqbal	Sharjeel		MD	Active	Hospitalist Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Joshi	Hetvi	K	MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Lange	Paul	C	MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Lewis	Anthony	E	MD	Active	Hospitalist Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Mahboob	Rashid		MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Patel	Ravikumar	B	MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Sutherland	Michael	E	DO	Associate	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Vanlandingham	Amanda	K	DO	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Walker	Robert	W.	MD	Active	Hospitalist Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Chatra	Shubha	R.	MD	Associate	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Gopalan	Pushkas		MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Abu-Zeitoon	Rawan	G	MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Chatra	Shubha	R.	MD	Associate	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Ehsan	Imran	A	MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Gopalan	Pushkas		MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Joshi	Hetvi	K	MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Lange	Paul	C	MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Lewis	Anthony	E	MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Mahboob	Rashid		MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Nazarov	Vitaly		MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Patel	Ravikumar	B	MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Paterson	Barbara	Jane Gray	DO	Associate	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Singh	Parminderjit		MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Sutherland	Michael	E	DO	Associate	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Vanlandingham	Amanda	K	DO	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Walker	Robert	W.	MD	Active	Internal Medicine		WMA Hospitalists at Kingsport	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Cline	Sherry	E	DO	Active	Family Medicine		WMA Hospitalists at Lonesome Pine	1990 Holton Avenue	Big Stone Gap VA 24219	(276) 523-3111	(276) 523-8876	Yes

Holston Valley Medical Center	Cline	Sherry	E	DO	Associate	Family Medicine		WMA Hospitalists at Lonesome Pine	1990 Holton Avenue	Big Stone Gap VA 24219	(276) 523-3111	(276) 523-8876	Yes
Bristol Regional Medical Center	Patrick	Michael	K	MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Lonesome Pine	1990 Holton Avenue	Big Stone Gap VA 24219	(276) 523-3111	(423) 224-3258	Yes
Bristol Regional Medical Center	Sargent	J. Dale		MD	Active	Hospitalist Medicine	Internal Medicine	WMA Hospitalists at Lonesome Pine	1990 Holton Avenue	Big Stone Gap VA 24219	(276) 523-3111	(423) 224-3258	Yes
Holston Valley Medical Center	Sargent	J. Dale		MD	Active	Internal Medicine		WMA Hospitalists at Lonesome Pine	1990 Holton Avenue	Big Stone Gap VA 24219	(276) 523-3111	(423) 224-3258	Yes
Bristol Regional Medical Center	Malik	Shahram		MD	Associate	Hospitalist Medicine	Family Medicine	WMA Hospitalists at Mountain View Regional Medical Center	310 Third Street N.E.	Norton VA 24273	(276) 679-9100	(423) 224-3258	Yes
Holston Valley Medical Center	Nakhla	Shadi		MD	Associate	Internal Medicine		WMA Hospitalists at Mountain View Regional Medical Center	310 Third Street N.E.	Norton VA 24273	(276) 679-9100	(423) 224-3258	Yes
Bristol Regional Medical Center	Stanley	Gail	L	MD	Active	Infectious Diseases		WMA Infectious Disease	1 Medical Park Boulevard, Ground West	Bristol TN 37620	(423) 844-3993	(423) 844-4411	Yes
Holston Valley Medical Center	Stanley	Gail	L	MD	Consulting	Infectious Diseases		WMA Infectious Disease	1 Medical Park Boulevard, Ground West	Bristol TN 37620	(423) 844-3993	(423) 844-4411	Yes
Holston Valley Medical Center	Wayt	Marta	J.	DO	Active	Internal Medicine		WMA Kingsport at Stone	111 West Stone Drive, Suite 200	Kingsport TN 37660	(423) 723-2030	(423) 247-4110	Yes
Holston Valley Medical Center	Karakattu	Monika	Sajin	MD	Active	Family Medicine		WMA Lee	127 Health Care Drive, Suite 8	Pennington Gap VA 24277-2853	(276) 546-5212	(276) 546-1525	Yes
Bristol Regional Medical Center	Himel	Timothy	F	MD	Active	Neurology		WMA Neurohospitalists at HVMC	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Marsh	Jeremiah	L	MD	Active	Neurology		WMA Neurohospitalists at HVMC	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Himel	Timothy	F	MD	Active	Neurology		WMA Neurohospitalists at HVMC	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Holston Valley Medical Center	Marsh	Jeremiah	L	MD	Active	Neurology	Internal Medicine	WMA Neurohospitalists at HVMC	130 West Ravine Road	Kingsport TN 37660	(423) 224-3628	(423) 230-8502	Yes
Bristol Regional Medical Center	Krenk	Daniel	Eric	DO	Courtesy	Orthopaedic Surgery		WMA Orthoapedic Surgery at Kingsport	875 Larry Neil Way	Kingsport TN 37660-3779	(423) 224-3210	(423) 224-3215	Yes
Holston Valley Medical Center	Krenk	Daniel	Eric	DO	Active	Orthopaedic Surgery		WMA Orthoapedic Surgery at Kingsport	875 Larry Neil Way	Kingsport TN 37660-3779	(423) 224-3210	(423) 224-3215	Yes
Bristol Regional Medical Center	Aguirre	Dennis	M.	MD	Active	Pain Management		WMA Pain Management at Bristol	350 Blountville Highway, Suite 105	Bristol TN 37620	(423) 968-6600	(423) 968-6698	Yes
Bristol Regional Medical Center	Pearson	Linda	T	MD	Active	Pain Management		WMA Pain Management at Bristol	350 Blountville Highway, Suite 105	Bristol TN 37620	(423) 968-6600	(423) 968-6698	Yes
Holston Valley Medical Center	Meade	Ella	F	DO	Active	Family Medicine		WMA Palliative Medicine at Bristol	1 Medical Park Blvd, Suite 3W	Bristol TN 37620	(423) 844-5583	(423) 844-5588	Yes
Bristol Regional Medical Center	Meade	Ella	F	DO	Active	Palliative Medicine/Hospice		WMA Palliative Medicine at Bristol	1 Medical Park Blvd, Suite 3W	Bristol TN 37620	(423) 844-5583	(423) 844-5588	Yes
Bristol Regional Medical Center	Baumrucker	Steven	J.	MD	Active	Palliative Medicine/Hospice		WMA Palliative Medicine at Kingsport	130 W. Ravine Road, Suite 200 B	Kingsport TN 37660	(423) 224-3150	(423) 224-3169	Yes
Holston Valley Medical Center	Baumrucker	Steven	J.	MD	Consulting	Palliative Medicine/Hospice		WMA Palliative Medicine at Kingsport	130 W. Ravine Road, Suite 200 B	Kingsport TN 37660	(423) 224-3150	(423) 224-3169	Yes
Holston Valley Medical Center	Clayton	Frederick	P	MD	Active	Internal Medicine		WMA Pulmonary at Abingdon	24530 Falcon Place Blvd., Suite 101	Abingdon VA 24211	(276) 619-3876	(276) 619-3877	Yes
Bristol Regional Medical Center	Clayton	Frederick	P	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Abingdon	24530 Falcon Place Blvd., Suite 101	Abingdon VA 24211	(276) 619-3876	(276) 619-3877	Yes
Holston Valley Medical Center	El-Abbassi	Adel	Mohamad	MD	Active	Internal Medicine		WMA Pulmonary at Bristol	1 Medical Park Blvd., Suite 205E	Bristol TN 37620	(423) 968-2311	(423) 968-2298	Yes
Bristol Regional Medical Center	El-Abbassi	Adel	Mohamad	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Bristol	1 Medical Park Blvd., Suite 205E	Bristol TN 37620	(423) 968-2311	(423) 968-2298	Yes
Bristol Regional Medical Center	Hoskere	Girendra	V.	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Bristol	1 Medical Park Blvd., Suite 205E	Bristol TN 37620	(423) 968-2311	(423) 968-2298	Yes
Bristol Regional Medical Center	McSharry	Roger	J	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Bristol	1 Medical Park Blvd., Suite 205E	Bristol TN 37620	(423) 968-2311	(423) 968-2298	Yes
Bristol Regional Medical Center	Zaietta	Gabriel	A	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Bristol	1 Medical Park Blvd., Suite 205E	Bristol TN 37620	(423) 968-2311	(423) 968-2298	Yes
Holston Valley Medical Center	Hoskere	Girendra	V.	MD	Associate	Pulmonary Disease	Critical Care	WMA Pulmonary at Bristol	1 Medical Park Blvd., Suite 205E	Bristol TN 37620	(423) 968-2311	(423) 968-2298	Yes
Holston Valley Medical Center	Desai	Saurabh	H	MD	Active	Internal Medicine		WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Bristol Regional Medical Center	Cornwell	Kevin	Scott	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Bristol Regional Medical Center	Desai	Saurabh	H	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Bristol Regional Medical Center	El Minaoui	Wael	Khaled	MD	Active	Pulmonary Disease		WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Bristol Regional Medical Center	Grover	Bruce	S	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Bristol Regional Medical Center	Miller	Lucinda		MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Holston Valley Medical Center	Byrd	Ryland	P	MD	Associate	Pulmonary Disease	Internal Medicine	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Holston Valley Medical Center	Cornwell	Kevin	Scott	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes

Holston Valley Medical Center	El Minaoui	Wael	Khaled	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Holston Valley Medical Center	Emery	Mark	W	MD	Active	Pulmonary Disease		WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Holston Valley Medical Center	Grover	Bruce	S	MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Holston Valley Medical Center	Miller	Lucinda		MD	Active	Pulmonary Disease	Critical Care	WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Holston Valley Medical Center	Smiddy	Joseph	F	MD	Active	Pulmonary Disease		WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Holston Valley Medical Center	Peterson	Snow		DO	Associate	Sleep Medicine		WMA Pulmonary at Kingsport	111 West Stone Drive, Suite 100	Kingsport TN 37660	(423) 247-5197	(423) 247-5254	Yes
Bristol Regional Medical Center	Shah	Lata	S.	MD	Active	Hospitalist Medicine	Internal Medicine	WMA Rogersville	405 Scenic Drive	Rogersville TN 37857	(423) 272-2111	(423) 272-7667	Yes
Holston Valley Medical Center	Shah	Lata	S.	MD	Active	Internal Medicine	Pulmonary Disease	WMA Rogersville	405 Scenic Drive	Rogersville TN 37857	(423) 272-2111	(423) 272-7667	Yes
Holston Valley Medical Center	Jett	Paul	L	MD	Active	Physical Medicine and Rehabilitation		WMA Spine & Rehab at Kingsport	Six Sheridan Square, Suite 100	Kingsport TN 37660	(423) 392-4908	(423) 392-4910	Yes
Holston Valley Medical Center	Morelock	Linda	S	NP	Allied Health	Nurse Practitioner		WMA Spine & Rehab at Rogersville	401 Scenic Drive	Rogersville TN 37857	(423) 921-7261	(423) 921-7169	Yes
Holston Valley Medical Center	Dargan	Suzanne	C	FNP	Allied Health	Nurse Practitioner		WMA Urgent Care at Johnson City	378 Market Place Boulevard, Suite 5	Johnson City TN 37604-2361	(423) 282-0751	(423) 282-1577	Yes
Bristol Regional Medical Center	Earl	Billy	J	NP	Dependent Allied Health Professional	Nurse Practitioner		WMA Urgent Care at Kingsport	111 West Stone Drive, Suite 110	Kingsport TN 37660	(423) 723-2030	(423) 247-4110	Yes
Bristol Regional Medical Center	Rutherford	Robert	B	NP	Dependent Allied Health Professional	Nurse Practitioner		WMA Urgent Care at Kingsport	111 West Stone Drive, Suite 110	Kingsport TN 37660	(423) 723-2030	(423) 247-4110	Yes
Holston Valley Medical Center	Earl	Billy	J	NP	Allied Health	Nurse Practitioner		WMA Urgent Care at Kingsport	111 West Stone Drive, Suite 110	Kingsport TN 37660	(423) 723-2030	(423) 247-4110	Yes
Holston Valley Medical Center	Rutherford	Robert	B	NP	Allied Health	Nurse Practitioner		WMA Urgent Care at Kingsport	111 West Stone Drive, Suite 110	Kingsport TN 37660	(423) 723-2030	(423) 247-4110	Yes
Holston Valley Medical Center	Fry	Parrish	D	MD	Associate	Urology		WMA Urology of Kingsport	822 Broad Street	Kingsport TN 37660	(423) 246-6251	(423) 246-7230	Yes
Holston Valley Medical Center	Brickey (Tittle)	Felicia	J.	NP	Allied Health	Nurse Practitioner		WMA Wexford House	2421 John B Dennis Highway	Kingsport TN 37660	(423) 283-3988	(423) 288-3273	Yes
Holston Valley Medical Center	McDonald	Donna	J.	CNM	Allied Health	Certified Nurse Midwife		WMA Women's Cancer Services	4485 West Stone Dr, Suite 200	Kingsport TN 37660	(423) 224-3150	(423) 224-3169	Yes
Holston Valley Medical Center	Kramer	Paul	Ronald	MD	Active	Gynecologic Oncology		WMA Women's Cancer Services	4485 West Stone Dr, Suite 200	Kingsport TN 37660	(423) 224-3150	(423) 224-3169	Yes
Holston Valley Medical Center	Beckner	James	P.	MD	Active	Obstetrics and Gynecology		WMA Women's Health at Kingsport Holston Valley	130 W. Ravine Road, Suite 3A	Kingsport TN 37660	(423) 224-3220	(423) 224-3233	Yes
Holston Valley Medical Center	Saunders	Robert	D	MD	Active	Obstetrics and Gynecology		WMA Women's Health at Kingsport Holston Valley	130 W. Ravine Road, Suite 3A	Kingsport TN 37660	(423) 224-3220	(423) 224-3233	Yes
Holston Valley Medical Center	Sullivan	Alison	M	DO	Associate	Obstetrics and Gynecology		WMA Women's Health at Kingsport Holston Valley	130 W. Ravine Road, Suite 3A	Kingsport TN 37660	(423) 224-3220	(423) 224-3233	Yes
Holston Valley Medical Center	Thibault	Lenita	H	MD	Active	Obstetrics and Gynecology		WMA Women's Health at Kingsport Holston Valley	130 W. Ravine Road, Suite 3A	Kingsport TN 37660	(423) 224-3220	(423) 224-3233	Yes
Bristol Regional Medical Center	Pryputniewicz	David	Matthew	MD	Courtesy	Neurological Surgery		WPS HVMC Neurosurgery	2 SheridanSquare, Suite 200	Kingsport TN 37660-7399	(423) 246-8061	(423) 246-8278	Yes
Holston Valley Medical Center	Pryputniewicz	David	Matthew	MD	Active	Neurological Surgery		WPS HVMC Neurosurgery	2 SheridanSquare, Suite 200	Kingsport TN 37660-7399	(423) 246-8061	(423) 246-8278	Yes
Bristol Regional Medical Center	Mitoraj	Thomas	E	MD	Active	Pediatrics		YouthCare Pediatrics	212 Midway Medical Park	Bristol TN 37620	(423) 968-4007	(423) 652-2590	

EXHIBIT E-2A

Last Name	First Name	Long Name	Catetory	Facility
Adada	Haytham	Haytham F Adada, MD	Consulting	Johnston Memorial Hos
Adada	Haytham	Haytham F Adada, MD	Consulting	Johnston Memorial Hos
Adada	Haytham	Haytham F Adada, MD	Consulting	Johnston Memorial Hos
Agarwal	Anil	Anil Agarwal, MD	Courtesy	Norton Dickenson
Agarwal	Anil	Anil Agarwal, MD	Courtesy	Norton Dickenson
Agarwal	Anil	Anil Agarwal, MD	Courtesy	Norton Dickenson
Akers-White	Latania	Latania M Akers-White, MD	Coverage	Johnston Memorial Hos
Akers-White	Latania	Latania M Akers-White, MD	Coverage	Smyth County
Al Shathir	Mudher	Mudher Najah Al Shathir, MD	Coverage	Johnston Memorial Hos
Al Shathir	Mudher	Mudher Najah Al Shathir, MD	Coverage	RCMC
Al Shathir	Mudher	Mudher Najah Al Shathir, MD	Coverage	Smyth County
Alexander	Michael	Michael Shepard Alexander, MD	Teleradiology	Norton Dickenson
Alexander	Michael	Michael Shepard Alexander, MD	Teleradiology	Norton Dickenson
Alexander	Michael	Michael Shepard Alexander, MD	Teleradiology	Norton Dickenson
Alford	Stephanie	Stephanie H. Alford, MD	Active	Johnston Memorial Hos
Amarna	Mahmoud	Mahmoud Amarna, MD	Coverage	Johnston Memorial Hos
Amarna	Mahmoud	Mahmoud Amarna, MD	Coverage	Johnston Memorial Hos
Amarna	Mahmoud	Mahmoud Amarna, MD	Coverage	Johnston Memorial Hos
Anglin	Victor	Victor Teodoro Anglin, MD	Courtesy	Norton Dickenson
Anglin	Victor	Victor Teodoro Anglin, MD	Courtesy	Norton Dickenson
Armstrong	Kevin	Kevin Christian Armstrong, MD	Courtesy	RCMC
Armstrong	Kevin	Kevin Christian Armstrong, MD	Active	Johnston Memorial Hos
Armstrong	Kevin	Kevin Christian Armstrong, MD	Active	Smyth County
Armstrong	Kevin	Kevin Christian Armstrong, MD	Coverage	Norton Dickenson
Armstrong	Paul	Paul C Armstrong, MD	Active	Johnston Memorial Hos
Austin	Arthur	Arthur Rhett Austin, MD	Active	Norton Dickenson
Awan	Khalid	Khalid J Awan, MD	Active	Norton Dickenson
Babcock	Brandon	Brandon S Babcock, MD	Active	Johnston Memorial Hos
Babcock	Brandon	Brandon S Babcock, MD	Active	RCMC
Babcock	Brandon	Brandon S Babcock, MD	Active	Smyth County
Babcock	Brandon	Brandon S Babcock, MD	Active	Johnston Memorial Hos
Babcock	Brandon	Brandon S Babcock, MD	Active	RCMC
Babcock	Brandon	Brandon S Babcock, MD	Active	Smyth County
Baker	William	William J Baker, MD	Courtesy	Johnston Memorial Hos
Balcells	Eduardo	Eduardo Balcells, MD	Consulting	Johnston Memorial Hos
Balcells	Eduardo	Eduardo Balcells, MD	Consulting	Smyth County
Balcells	Eduardo	Eduardo Balcells, MD	Consulting	Norton Dickenson
Balcells	Eduardo	Eduardo Balcells, MD	Active	RCMC
Balcells	Eduardo	Eduardo Balcells, MD	Consulting	Johnston Memorial Hos
Balcells	Eduardo	Eduardo Balcells, MD	Consulting	Smyth County
Balcells	Eduardo	Eduardo Balcells, MD	Consulting	Norton Dickenson
Balcells	Eduardo	Eduardo Balcells, MD	Active	RCMC
Bandy	Steven	Steven M Bandy, MD	Active	Johnston Memorial Hos
Bandy	Steven	Steven M Bandy, MD	Active	RCMC
Bandy	Steven	Steven M Bandy, MD	Coverage	Smyth County
Barklow	Thomas	Thomas Alan Barklow, MD	Consulting	RCMC

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Barklow	Thomas	Thomas Alan Barklow, MD	Consulting	Smyth County
Barklow	Thomas	Thomas Alan Barklow, MD	Active	Norton Dickenson
Barklow	Thomas	Thomas Alan Barklow, MD	Coverage	Johnston Memorial Hos
Barnes	Tamera	Tamera C Barnes, MD	Active	RCMC
Barnes	Tamera	Tamera C Barnes, MD	Active	Smyth County
Barnes	Tamera	Tamera C Barnes, MD	Active	Norton Dickenson
Barnes	Tamera	Tamera C Barnes, MD	Active - Non-A	Johnston Memorial Hos
Bartley	Jamie	Jamie Kendall Bartley, DO	Active	Johnston Memorial Hos
Bartley	Jamie	Jamie Kendall Bartley, DO	Active	Smyth County
Bass	Leon	Leon C Bass, MD	Active	Norton Dickenson
Bass	Leon	Leon C Bass, MD	Active	Norton Dickenson
Bass	Leon	Leon C Bass, MD	Active	Norton Dickenson
Bass	Leon	Leon C Bass, MD	Active	Norton Dickenson
Bauman	Lyle	Lyle Wayne Bauman, MD	Active	Smyth County
Beasey	Matthew	Matthew D Beasey, MD	Active	Johnston Memorial Hos
Beasey	Matthew	Matthew D Beasey, MD	Active	Johnston Memorial Hos
Bechtel	Robert	Robert William Bechtel, MD	Courtesy	Norton Dickenson
Becker	Vincent	Vincent Gerard Becker, MD	Active	Norton Dickenson
Begley	Charles	Charles J Begley, MD	Active	Norton Dickenson
Belton	Douglas	Douglas Belton, Jr, MD	Teleradiology	Johnston Memorial Hos
Belton	Douglas	Douglas Belton, Jr, MD	Teleradiology	RCMC
Belton	Douglas	Douglas Belton, Jr, MD	Teleradiology	Smyth County
Benbow	Gregory	Gregory A Benbow, DO	Active	Norton Dickenson
Bentley	Jody	Jody B Bentley, DO	Active	Norton Dickenson
Berro	Eva	Eva Teresa Berro, MD	Coverage	Norton Dickenson
Berro	Eva	Eva Teresa Berro, MD	Coverage	Norton Dickenson
Berro	Eva	Eva Teresa Berro, MD	Coverage	Norton Dickenson
Bess	Michael	Michael D Bess, DO	Active	RCMC
Bess	Michael	Michael D Bess, DO	Active	Smyth County
Bevins	Ashley	Ashley R Bevins, DO	Active	Norton Dickenson
Bevins	Rachel	Rachel E Bevins, DO	Active	Johnston Memorial Hos
Biosca	Roderick	Roderick Francis Biosca, MD	Active	Smyth County
Biosca	Roderick	Roderick Francis Biosca, MD	Active	RCMC
Biosca	Roderick	Roderick Francis Biosca, MD	Active	Johnston Memorial Hos
Blackwell	Darrell	Darrell Kevin Blackwell, DO	Courtesy	Norton Dickenson
Blackwell	Darrell	Darrell Kevin Blackwell, DO	Courtesy	Norton Dickenson
Blackwell	Darrell	Darrell Kevin Blackwell, DO	Courtesy	Norton Dickenson
Blankenship	Stephen	Stephen Brock Blankenship, MD	Active	Johnston Memorial Hos
Blankenship	Stephen	Stephen Brock Blankenship, MD	Active	RCMC
Blankenship	Stephen	Stephen Brock Blankenship, MD	Active	Smyth County
Blankenship	Joe	Joe G Blankenship, MD	Active	Smyth County
Blankenship	Joe	Joe G Blankenship, MD	Active	Smyth County
Bloss	Michael	Michael F Bloss, MD	Teleradiology	RCMC
Bloss	Michael	Michael F Bloss, MD	Teleradiology	Smyth County
Bloss	Michael	Michael F Bloss, MD	Teleradiology	RCMC
Bloss	Michael	Michael F Bloss, MD	Teleradiology	Smyth County
Boden	Thomas	Thomas M Boden, MD	Teleradiology	RCMC

EXHIBIT E-2A

Boden	Thomas	Thomas M Boden, MD	Teleradiology	Smyth County
Boe	Justin	Justin J Boe, MD	Teleradiology	RCMC
Boe	Justin	Justin J Boe, MD	Teleradiology	Smyth County
Boe	Justin	Justin J Boe, MD	Teleradiology	RCMC
Boe	Justin	Justin J Boe, MD	Teleradiology	Smyth County
Boe	Justin	Justin J Boe, MD	Teleradiology	RCMC
Boe	Justin	Justin J Boe, MD	Teleradiology	Smyth County
Bold	Jonathan	Jonathan Wyatt Bold, MD	Teleradiology	RCMC
Bold	Jonathan	Jonathan Wyatt Bold, MD	Teleradiology	Smyth County
Bowman	Robert	Robert Rowley Bowman, JR, MD	Active	Smyth County
Brahmbhatt	Vipul	Vipul R Brahmbhatt, MD	Coverage	Johnston Memorial Hos
Brahmbhatt	Vipul	Vipul R Brahmbhatt, MD	Coverage	Johnston Memorial Hos
Bresowar	Kristin	Kristin Orr Bresowar, MD	Affiliate	Johnston Memorial Hos
Bridges	Steven	Steven Dean Bridges, DO	Affiliate	Smyth County
Briggs	Lawrence	Lawrence J Briggs, MD	Teleradiology	RCMC
Briggs	Lawrence	Lawrence J Briggs, MD	Teleradiology	Smyth County
Briggs	Lawrence	Lawrence J Briggs, MD	Teleradiology	RCMC
Briggs	Lawrence	Lawrence J Briggs, MD	Teleradiology	Smyth County
Brinker	Henrike	Henrike Brinker, MD	Active	RCMC
Brinkley	Michael	Michael F Brinkley, MD	Active	Norton Dickenson
Brooks	Peggy	Peggy Sue Brooks, MD	Coverage	Johnston Memorial Hos
Brooks	Peggy	Peggy Sue Brooks, MD	Coverage	Smyth County
Brooks	Peggy	Peggy Sue Brooks, MD	Coverage	Norton Dickenson
Brooks	Heather	Heather Dawn Brooks, MD	Courtesy	Smyth County
Brooks	Heather	Heather Dawn Brooks, MD	Courtesy	Smyth County
Brooks	Sandra	Sandra K Brooks, MD	Consulting	RCMC
Brooks	Sandra	Sandra K Brooks, MD	Consulting	Smyth County
Brooks	Sandra	Sandra K Brooks, MD	Active	Norton Dickenson
Brooks	Sandra	Sandra K Brooks, MD	Coverage	Johnston Memorial Hos
Brooks	Sandra	Sandra K Brooks, MD	Consulting	RCMC
Brooks	Sandra	Sandra K Brooks, MD	Consulting	Smyth County
Brooks	Sandra	Sandra K Brooks, MD	Active	Norton Dickenson
Brooks	Sandra	Sandra K Brooks, MD	Coverage	Johnston Memorial Hos
Brown	Paul	Paul Garland Brown, MD	Affiliate	Smyth County
Brown	Joseph	Joseph Alexander Brown, II, MD	Active	Johnston Memorial Hos
Brown	Joseph	Joseph Alexander Brown, II, MD	Active	Johnston Memorial Hos
Brown	Seth	Seth A Brown, MD	Telemedicine	Norton Dickenson
Brown	Seth	Seth A Brown, MD	Telemedicine	Norton Dickenson
Bruner	Christopher	Christopher Lynn Bruner, DO	Courtesy	Norton Dickenson
Bulczak	Dariusz	Dariusz P Bulczak, MD	Teleradiology	RCMC
Bulczak	Dariusz	Dariusz P Bulczak, MD	Teleradiology	Smyth County
Bulczak	Dariusz	Dariusz P Bulczak, MD	Teleradiology	Johnston Memorial Hos
Bulczak	Dariusz	Dariusz P Bulczak, MD	Teleradiology	RCMC
Bulczak	Dariusz	Dariusz P Bulczak, MD	Teleradiology	Smyth County
Bulczak	Dariusz	Dariusz P Bulczak, MD	Teleradiology	Johnston Memorial Hos
Burgoyne	Brian	Brian Burgoyne, MD	Teleradiology	Johnston Memorial Hos
Burgoyne	Brian	Brian Burgoyne, MD	Teleradiology	RCMC

Burgoyne	Brian	Brian Burgoyne, MD	Teleradiology	Smyth County
Burgoyne	Brian	Brian Burgoyne, MD	Teleradiology	Johnston Memorial Hos
Burgoyne	Brian	Brian Burgoyne, MD	Teleradiology	RCMC
Burgoyne	Brian	Brian Burgoyne, MD	Teleradiology	Smyth County
Burlison	Jared	Jared S Burlison, MD	Active	Norton Dickenson
Butt	Sanaa	Sanaa A Butt, MD	Coverage	Johnston Memorial Hos
Butt	Sanaa	Sanaa A Butt, MD	Coverage	Smyth County
Butt	Sanaa	Sanaa A Butt, MD	Coverage	Norton Dickenson
Byrd	Christopher	Christopher Kevin Byrd, DO	Active	Johnston Memorial Hos
Byrd	Christopher	Christopher Kevin Byrd, DO	Active	Norton Dickenson
Caldemeyer	Karen	Karen Sue Stark Caldemeyer, MD	Teleradiology	RCMC
Caldemeyer	Karen	Karen Sue Stark Caldemeyer, MD	Teleradiology	Smyth County
Caldemeyer	Karen	Karen Sue Stark Caldemeyer, MD	Teleradiology	Johnston Memorial Hos
Caldemeyer	Karen	Karen Sue Stark Caldemeyer, MD	Teleradiology	RCMC
Caldemeyer	Karen	Karen Sue Stark Caldemeyer, MD	Teleradiology	Smyth County
Caldemeyer	Karen	Karen Sue Stark Caldemeyer, MD	Teleradiology	Johnston Memorial Hos
Callaway	Edward	Edward Charles Callaway, MD	Teleradiology	Smyth County
Callaway	Edward	Edward Charles Callaway, MD	Teleradiology	RCMC
Callaway	Edward	Edward Charles Callaway, MD	Teleradiology	Johnston Memorial Hos
Campbell	James	James Wesley Campbell, DO	Active	Norton Dickenson
Campbell	James	James Wesley Campbell, DO	Active	Norton Dickenson
Carmack	John	John T Carmack, MD	Active	Norton Dickenson
Carter	Kelly	Kelly A Carter, MD	Active	Johnston Memorial Hos
Carter	Kelly	Kelly A Carter, MD	Active	RCMC
Carter	Kelly	Kelly A Carter, MD	Active	Smyth County
Castro	Sandra	Sandra C Castro, MD	Telemedicine	Norton Dickenson
Cavazos	Cristina	Cristina M Cavazos, MD	Teleradiology	RCMC
Cavazos	Cristina	Cristina M Cavazos, MD	Teleradiology	RCMC
Cavazos	Cristina	Cristina M Cavazos, MD	Teleradiology	Johnston Memorial Hos
Cavazos	Cristina	Cristina M Cavazos, MD	Teleradiology	Johnston Memorial Hos
Cavazos	Cristina	Cristina M Cavazos, MD	Teleradiology	Smyth County
Cavazos	Cristina	Cristina M Cavazos, MD	Teleradiology	Smyth County
Cavros	Nick	Nick George Cavros, MD	Consulting	RCMC
Cavros	Nick	Nick George Cavros, MD	Consulting	Smyth County
Cavros	Nick	Nick George Cavros, MD	Active	Johnston Memorial Hos
Cavros	Nick	Nick George Cavros, MD	Consulting	RCMC
Cavros	Nick	Nick George Cavros, MD	Consulting	Smyth County
Cavros	Nick	Nick George Cavros, MD	Active	Johnston Memorial Hos
Chamberlain	Dana	Dana Hobbs Chamberlain, DDS	Affiliate	Smyth County
Champney	Heather	Heather N Champney, MD	Telemedicine	Norton Dickenson
Chang	Ann	Ann C Chang, MD	Active	Johnston Memorial Hos
Chang	Ann	Ann C Chang, MD	Active	RCMC
Chang	Ann	Ann C Chang, MD	Active	Smyth County
Chang	Warren	Warren Andrew Chang, MD	Active	Johnston Memorial Hos
Chang	John	John K Chang, MD	Teleradiology	RCMC
Chang	John	John K Chang, MD	Teleradiology	Smyth County
Chapman	Andrew	Andrew James Chapman, DPM	Courtesy	Norton Dickenson

EXHIBIT E-2A

Chaudhry	Abdul	Abdul M Chaudhry, MD	Active	Johnston Memorial Hos
Cheng	Sam	Sam Siu Lun Cheng, MD	Teleradiology	Smyth County
Cheng	Sam	Sam Siu Lun Cheng, MD	Teleradiology	RCMC
Chiota-McCollum	Nicole	Nicole A Chiota-McCollum, MD	Telemedicine	Norton Dickenson
Clampitt	Robert	Robert Van Clampitt, MD	Affiliate	Smyth County
Clary	Anthony	Anthony Ray Clary, MD	Active	Smyth County
Cobb	Donald	Donald Matthew Cobb, DO	Active	Johnston Memorial Hos
Cobb	Donald	Donald Matthew Cobb, DO	Active	RCMC
Cobb	Donald	Donald Matthew Cobb, DO	Active	Smyth County
Cobb	Donald	Donald Matthew Cobb, DO	Active	Johnston Memorial Hos
Cobb	Donald	Donald Matthew Cobb, DO	Active	RCMC
Cobb	Donald	Donald Matthew Cobb, DO	Active	Smyth County
Collins	Sidney	Sidney W Collins, Jr, MD	Active	Smyth County
Combs	Kevin	Kevin Scot Combs, DO	Active	RCMC
Combs	Kevin	Kevin Scot Combs, DO	Active	RCMC
Concepcion	Nicanor	Nicanor Concepcion, MD	Active	Norton Dickenson
Condit	Brian	Brian E Condit, MD	Coverage	Smyth County
Condit	Brian	Brian E Condit, MD	Coverage	Smyth County
Conley	Diane	Diane Huntington Conley, MD	Teleradiology	Johnston Memorial Hos
Conley	Diane	Diane Huntington Conley, MD	Teleradiology	RCMC
Conley	Diane	Diane Huntington Conley, MD	Teleradiology	Smyth County
Conrad	Frederick	Frederick Ellison Conrad, MD	Courtesy	Smyth County
Conrad	Frederick	Frederick Ellison Conrad, MD	Active	Johnston Memorial Hos
Cooperstein	Elizabeth	Elizabeth C Cooperstein, MD	Courtesy	Norton Dickenson
Cordasco	Edward	Edward Michael Cordasco, DO	Telemedicine	Norton Dickenson
Cordasco	Edward	Edward Michael Cordasco, DO	Telemedicine	Norton Dickenson
Cordasco	Edward	Edward Michael Cordasco, DO	Telemedicine	Norton Dickenson
Corman	Adam	Adam R Corman, MD	Active	Norton Dickenson
Costello	Patrick	Patrick Nicholas Costello, MD	Consulting	Norton Dickenson
Costello	Patrick	Patrick Nicholas Costello, MD	Consulting	RCMC
Costello	Patrick	Patrick Nicholas Costello, MD	Consulting	Smyth County
Costello	Patrick	Patrick Nicholas Costello, MD	Coverage	Johnston Memorial Hos
Couch	Jill	Jill K Couch, DO	Active	Smyth County
Couch	Jill	Jill K Couch, DO	Active	Norton Dickenson
Couch	Jill	Jill K Couch, DO	Coverage	Johnston Memorial Hos
Creekmore	Sara	Sara J Creekmore, DO	Active	Johnston Memorial Hos
Creekmore	Sara	Sara J Creekmore, DO	Active	Smyth County
Crum	James	James Brandon Crum, DO	Teleradiology	Norton Dickenson
Cummins	William	William T Cummins, MD	Active	Johnston Memorial Hos
Cusano	Matthew	Matthew W Cusano, MD	Active	Norton Dickenson
D'Amato	Luciano	Luciano D'Amato, MD	Active	Norton Dickenson
Davies	Lindsay	Lindsay A Davies, DO	Active	Johnston Memorial Hos
Davies	Lindsay	Lindsay A Davies, DO	Active	RCMC
Davies	Lindsay	Lindsay A Davies, DO	Active	Smyth County
Davis	Timothy	Timothy Mark Davis, MD	Consulting	Smyth County
Davis	Timothy	Timothy Mark Davis, MD	Consulting	RCMC
Davis	Timothy	Timothy Mark Davis, MD	Consulting	Johnston Memorial Hos

Davis	Willette	Willette Christine Davis, MD	Active	Johnston Memorial Hos
Davis	Willette	Willette Christine Davis, MD	Active	Smyth County
Davis	Willette	Willette Christine Davis, MD	Coverage	Norton Dickenson
Davis	Timothy	Timothy Mark Davis, MD	Consulting	Smyth County
Davis	Timothy	Timothy Mark Davis, MD	Consulting	RCMC
Davis	Timothy	Timothy Mark Davis, MD	Consulting	Johnston Memorial Hos
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	RCMC
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Johnston Memorial Hos
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Smyth County
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	RCMC
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Johnston Memorial Hos
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Smyth County
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	RCMC
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Johnston Memorial Hos
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Smyth County
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	RCMC
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Johnston Memorial Hos
Davis	Mark	Mark Cameron Davis, MD	Teleradiology	Smyth County
Dawson	Brian	Brian C Dawson, MD	Active	Johnston Memorial Hos
Dawson	Brian	Brian C Dawson, MD	Active	RCMC
Dawson	Brian	Brian C Dawson, MD	Active	Smyth County
Dawson	Mary	Mary H Dawson, MD	Affiliate	Johnston Memorial Hos
Deel	Roy	Roy R Deel, DO	Active	Norton Dickenson
Deel	Samuel	Samuel P Deel, DO	Active	Norton Dickenson
Deel	Samuel	Samuel P Deel, DO	Active	Norton Dickenson
Delaune	Samuel	Samuel J Delaune, MD	Telemedicine	Norton Dickenson
Delaune	Samuel	Samuel J Delaune, MD	Telemedicine	Norton Dickenson
DeLavallade	Dawn	Dawn N DeLavallade, MD	Teleradiology	RCMC
DeLavallade	Dawn	Dawn N DeLavallade, MD	Teleradiology	Smyth County
Delman	Tal	Tal B Delman, MD	Teleradiology	Johnston Memorial Hos
Delman	Tal	Tal B Delman, MD	Teleradiology	RCMC
Delman	Tal	Tal B Delman, MD	Teleradiology	Smyth County
DePonte	Kathleen	Kathleen Ann DePonte, MD	Active	Norton Dickenson
DeRoo	Teresa	Teresa A DeRoo, MD	Teleradiology	Johnston Memorial Hos
DeRoo	Teresa	Teresa A DeRoo, MD	Teleradiology	RCMC
DeRoo	Teresa	Teresa A DeRoo, MD	Teleradiology	Smyth County
DeSalvo	Anthony	Anthony T DeSalvo, MD	Consulting	RCMC
DeSalvo	Anthony	Anthony T DeSalvo, MD	Consulting	Smyth County
DeSalvo	Anthony	Anthony T DeSalvo, MD	Active	Johnston Memorial Hos
Dibala	Anne	Anne Cecilia Dibala, MD	Active	RCMC
Dorn	Matthew	Matthew C Dorn, DO	Consulting	Smyth County
Dorn	Matthew	Matthew C Dorn, DO	Active	Johnston Memorial Hos
Dozier	Lance	Lance C Dozier, MD	Active	Norton Dickenson
Dreyzehner	Jana	Jana K. Dreyzehner, MD	Active	Norton Dickenson
Dulebohn	Scott	Scott Carmody Dulebohn, MD	Coverage	Johnston Memorial Hos
Dye	Matthew	Matthew Gabriel Dye, DO	Active	Johnston Memorial Hos
Dye	Matthew	Matthew Gabriel Dye, DO	Active	RCMC

EXHIBIT E-2A

Dye	Matthew	Matthew Gabriel Dye, DO	Active	Smyth County
Early	Jacquelyn	Jacquelyn A Early, MD	Active	Johnston Memorial Hos
Early	Jacquelyn	Jacquelyn A Early, MD	Active	RCMC
Early	Jacquelyn	Jacquelyn A Early, MD	Active	Smyth County
Easton	Brian	Brian Thomas Easton, MD	Active	RCMC
Ebeo	Celso	Celso Taburnal Ebeo, MD	Consulting	Norton Dickenson
Ebeo	Celso	Celso Taburnal Ebeo, MD	Consulting	Norton Dickenson
Ebeo	Celso	Celso Taburnal Ebeo, MD	Consulting	Norton Dickenson
Eckel	Tobin	Tobin T Eckel, MD	Coverage	Johnston Memorial Hos
Edwards	David	David Franklin Edwards, MD	Active	RCMC
Edwards	David	David Franklin Edwards, MD	Active	Norton Dickenson
Ehler	Barbara	Barbara J Ehler, MD	Telemedicine	Norton Dickenson
Elmezayen	Rabab	Rabab I Elmezayen, MD	Active - Non-A	Johnston Memorial Hos
Elmezayen	Rabab	Rabab I Elmezayen, MD	Active - Non-A	Johnston Memorial Hos
Emory	Roger	Roger Earl Emory, MD	Courtesy	Smyth County
Emory	Roger	Roger Earl Emory, MD	Active	Johnston Memorial Hos
Emory	Roger	Roger Earl Emory, MD	Courtesy	Smyth County
Emory	Roger	Roger Earl Emory, MD	Active	Johnston Memorial Hos
Everhart	Clyde	Clyde Hugh Everhart, MD	Coverage	Norton Dickenson
Everhart	Clyde	Clyde Hugh Everhart, MD	Coverage	Norton Dickenson
Everhart	Clyde	Clyde Hugh Everhart, MD	Coverage	Norton Dickenson
Everhart	Clyde	Clyde Hugh Everhart, MD	Coverage	Norton Dickenson
Fairchok	Gregory	Gregory Paul Fairchok, MD	Teleradiology	RCMC
Fairchok	Gregory	Gregory Paul Fairchok, MD	Teleradiology	Johnston Memorial Hos
Fairchok	Gregory	Gregory Paul Fairchok, MD	Teleradiology	Smyth County
Faliszek	James	James Edward Faliszek, MD	Teleradiology	RCMC
Faliszek	James	James Edward Faliszek, MD	Teleradiology	Smyth County
Faliszek	James	James Edward Faliszek, MD	Teleradiology	RCMC
Faliszek	James	James Edward Faliszek, MD	Teleradiology	Smyth County
Ferrante	Giovanni	Giovanni A Ferrante, MD	Active	Johnston Memorial Hos
Ferrante	Giovanni	Giovanni A Ferrante, MD	Active	Norton Dickenson
Ferrante	Giovanni	Giovanni A Ferrante, MD	Active	Johnston Memorial Hos
Ferrante	Giovanni	Giovanni A Ferrante, MD	Active	Norton Dickenson
Fintel	William	William A Fintel, MD	Courtesy	Smyth County
Fintel	William	William A Fintel, MD	Courtesy	Smyth County
Fiore	Eddie	Eddie Salvatore Fiore, MD	Teleradiology	RCMC
Fiore	Eddie	Eddie Salvatore Fiore, MD	Teleradiology	Smyth County
Foral	Jonathan	Jonathan Michael Foral, MD	Teleradiology	Johnston Memorial Hos
Foral	Jonathan	Jonathan Michael Foral, MD	Teleradiology	Smyth County
Foral	Jonathan	Jonathan Michael Foral, MD	Teleradiology	RCMC
Forsythe	David	David Andrew Forsythe, MD	Active	Smyth County
Forsythe	David	David Andrew Forsythe, MD	Active	Johnston Memorial Hos
Frazier	Dustin	Dustin Clyde Frazier, MD	Active	Johnston Memorial Hos
Frederick-Dyer	Katherine	Katherine C Frederick-Dyer, MD	Active	Norton Dickenson
Freundel	Roseann	Roseann J Freundel, DO	Active	Norton Dickenson
Furrow	Paige	Paige C Furrow, MD	Active	Smyth County
Gaddam	Srikanth	Srikanth Gaddam, MD	Courtesy	Norton Dickenson

Gaddam	Srikanth	Srikanth Gaddam, MD	Active	Johnston Memorial Hos
Gaddam	Srikanth	Srikanth Gaddam, MD	Active	Smyth County
Gaddam	Srikanth	Srikanth Gaddam, MD	Coverage	RCMC
Gage	Kelly	Kelly D Gage, MD	Teleradiology	Johnston Memorial Hos
Gage	Kelly	Kelly D Gage, MD	Teleradiology	RCMC
Gage	Kelly	Kelly D Gage, MD	Teleradiology	Smyth County
Gardner	James	James Matthew Gardner, MD	Active	Johnston Memorial Hos
Gauriloff-Rothenl	Jane	Jane B Gauriloff-Rothenberg, MD	Teleradiology	RCMC
Gauriloff-Rothenl	Jane	Jane B Gauriloff-Rothenberg, MD	Teleradiology	Smyth County
Gauriloff-Rothenl	Jane	Jane B Gauriloff-Rothenberg, MD	Teleradiology	RCMC
Gauriloff-Rothenl	Jane	Jane B Gauriloff-Rothenberg, MD	Teleradiology	Smyth County
Gee	Jeffry	Jeffry Travis Gee, MD	Active	RCMC
Gertsen	Elena	Elena Gertsen, MD, PhD.	Consulting	RCMC
Gertsen	Elena	Elena Gertsen, MD, PhD.	Consulting	Smyth County
Gertsen	Elena	Elena Gertsen, MD, PhD.	Consulting	Norton Dickenson
Gertsen	Elena	Elena Gertsen, MD, PhD.	Consulting	Johnston Memorial Hos
Girish	Mirle	Mirle Ramaraje Girish, MD	Consulting	Norton Dickenson
Girish	Mirle	Mirle Ramaraje Girish, MD	Consulting	Norton Dickenson
Girish	Mirle	Mirle Ramaraje Girish, MD	Consulting	Norton Dickenson
Girish	Mirle	Mirle Ramaraje Girish, MD	Consulting	Norton Dickenson
Goldschmidt	Jerome	Jerome H Goldschmidt, Jr, MD	Courtesy	Smyth County
Goldschmidt	Jerome	Jerome H Goldschmidt, Jr, MD	Courtesy	Smyth County
Goni	Michelle	Michelle Goni, MD	Teleradiology	RCMC
Goni	Michelle	Michelle Goni, MD	Teleradiology	Smyth County
Goradia	Dhawal	Dhawal Arun Goradia, MD	Teleradiology	Johnston Memorial Hos
Goradia	Dhawal	Dhawal Arun Goradia, MD	Teleradiology	Johnston Memorial Hos
Graul	Craig	Craig S Graul, DO	Courtesy	Norton Dickenson
Green	Michael	Michael Raymond Green, MD	Courtesy	Norton Dickenson
Green	Michael	Michael Raymond Green, MD	Courtesy	Norton Dickenson
Green	Michael	Michael Raymond Green, MD	Courtesy	Norton Dickenson
Griffith	Mark	Mark N Griffith, MD	Consulting	Norton Dickenson
Griffith	Mark	Mark N Griffith, MD	Consulting	Norton Dickenson
Griffith	Mark	Mark N Griffith, MD	Consulting	Norton Dickenson
Groen	Eric	Eric J Groen, DO	Active	Norton Dickenson
Gunter	Kelly	Kelly P Gunter, MD	Active	Norton Dickenson
Gupta	Manoj	Manoj Gupta, MD	Courtesy	Smyth County
Gupta	Manoj	Manoj Gupta, MD	Courtesy	Norton Dickenson
Gupta	Manoj	Manoj Gupta, MD	Consulting	Johnston Memorial Hos
Gutierrez	Jennifer	Jennifer S Gutierrez, MD	Teleradiology	Johnston Memorial Hos
Gutierrez	Jennifer	Jennifer S Gutierrez, MD	Teleradiology	RCMC
Gutierrez	Jennifer	Jennifer S Gutierrez, MD	Teleradiology	Smyth County
Gutstein	Laurie	Laurie Lynn Gutstein, MD	Consulting	RCMC
Gutstein	Laurie	Laurie Lynn Gutstein, MD	Teleradiology	Smyth County
Gutstein	Laurie	Laurie Lynn Gutstein, MD	Teleradiology	Johnston Memorial Hos
Gwinn	David	David E Gwinn, MD	Coverage	Johnston Memorial Hos
Haines	Garland	Garland Thomas Haines, MD	Active	Norton Dickenson
Hale	David	David W Hale, DO	Courtesy	Norton Dickenson

EXHIBIT E-2A

Hale	David	David W Hale, DO	Active	Smyth County
Hamati	Fawwaz	Fawwaz I Hamati, MD	Coverage	Johnston Memorial Hos
Hamati	Fawwaz	Fawwaz I Hamati, MD	Coverage	Johnston Memorial Hos
Hamati	Fawwaz	Fawwaz I Hamati, MD	Coverage	Johnston Memorial Hos
Hammad	Ahmad	Ahmad Najib Hammad, MD	Consulting	RCMC
Hammad	Ahmad	Ahmad Najib Hammad, MD	Active	Smyth County
Hammad	Ahmad	Ahmad Najib Hammad, MD	Active - Non-A	Johnston Memorial Hos
Hammad	Ahmad	Ahmad Najib Hammad, MD	Consulting	RCMC
Hammad	Ahmad	Ahmad Najib Hammad, MD	Active	Smyth County
Hammad	Ahmad	Ahmad Najib Hammad, MD	Active - Non-A	Johnston Memorial Hos
Hamman	Chelsea	Chelsea Coffey Hamman, MD	Affiliate	Smyth County
Hampton	Chadwick	Chadwick Burden Hampton, MD	Coverage	Johnston Memorial Hos
Handy	William	William Mark Handy, MD	Affiliate	Johnston Memorial Hos
Hannula	Todd	Todd Taylor Hannula, MD	Active	Smyth County
Hannula	Todd	Todd Taylor Hannula, MD	Active	Johnston Memorial Hos
Hansen	Cecilia	Cecilia P Hansen, DO	Coverage	Norton Dickenson
Hatcher	Glen	Glen H. Hatcher, MD	Active	Norton Dickenson
Hawkins	Andrew	Andrew F Hawkins, MD	Active	Johnston Memorial Hos
Hawkins	Andrew	Andrew F Hawkins, MD	Active	RCMC
Hawkins	Andrew	Andrew F Hawkins, MD	Active	Smyth County
Hawkins	Andrew	Andrew F Hawkins, MD	Active	Johnston Memorial Hos
Hawkins	Andrew	Andrew F Hawkins, MD	Active	RCMC
Hawkins	Andrew	Andrew F Hawkins, MD	Active	Smyth County
Heinrich	Kenneth	Kenneth J Heinrich, MD	Courtesy	Norton Dickenson
Helgeson	Melvin	Melvin D Helgeson, MD	Active	Johnston Memorial Hos
Henley	Bryan	Bryan Markeith Henley, DO	Courtesy	Norton Dickenson
Henley	Bryan	Bryan Markeith Henley, DO	Active	Smyth County
Henley	Bryan	Bryan Markeith Henley, DO	Active	RCMC
Henry	Ernest	Ernest N Henry, MD, MRCPI	Active	Smyth County
Henry	Ernest	Ernest N Henry, MD, MRCPI	Coverage	Johnston Memorial Hos
Hodge	Katherine	Katherine June Hodge, DO	Courtesy	Norton Dickenson
Hollis	Richard	Richard Keith Hollis, DO	Teleradiology	Johnston Memorial Hos
Hollis	Richard	Richard Keith Hollis, DO	Teleradiology	RCMC
Hollis	Richard	Richard Keith Hollis, DO	Teleradiology	Smyth County
Hollyfield	Neil	Neil Davis Hollyfield, DDS	Active	Smyth County
Hood	William	William A Hood, DO	Active	Johnston Memorial Hos
Hubbard	Matthew	Matthew A Hubbard, MD	Active	Johnston Memorial Hos
Hudgens	Donna	Donna R Hudgens, MD	Affiliate	Johnston Memorial Hos
Humsi	Ramzi	Ramzi Kamil Humsi, MD	Active	Smyth County
Hurd	Marie	Marie A Hurd, DO	Active	RCMC
Hurd	Marie	Marie A Hurd, DO	Active	Smyth County
Hurd	Marie	Marie A Hurd, DO	Active - Non-A	Johnston Memorial Hos
Ikele	Stephen	Stephen A Ikele, MD	Coverage	Johnston Memorial Hos
Ikele	Stephen	Stephen A Ikele, MD	Coverage	Johnston Memorial Hos
Jackson	Amanda	Amanda K Jackson, MD	Telemedicine	Norton Dickenson
Jain	Suresh	Suresh Jain, MD	Courtesy	Norton Dickenson
Jain	Rekha	Rekha S Jain, MD	Active	Norton Dickenson

EXHIBIT E-2A

Jastan	Rasmiyah	Rasmiyah Jastan, MD	Coverage	Johnston Memorial Hos
Jeansonne	Gregory	Gregory E Jeansonne, MD	Courtesy	Norton Dickenson
Jenkins	John	John R Jenkins, DO	Active	RCMC
Jenkins	John	John R Jenkins, DO	Active	Norton Dickenson
Jernigan	Perry	Perry D Jernigan, MD	Active	Norton Dickenson
Johnson	Mary	Mary Helen Johnson, MD	Active	Johnston Memorial Hos
Jolis	Timothy	Timothy W Jolis, MD	Active	Johnston Memorial Hos
Jolis	Timothy	Timothy W Jolis, MD	Active	RCMC
Jolis	Timothy	Timothy W Jolis, MD	Active	Smyth County
Jonkers	Jennifer	Jennifer Ann Jonkers, MD	Affiliate	Johnston Memorial Hos
Jonkers	Jennifer	Jennifer Ann Jonkers, MD	Affiliate	Johnston Memorial Hos
Joseph	Kassaw	Kassaw A Joseph, MD	Courtesy	Norton Dickenson
Joseph	Kassaw	Kassaw A Joseph, MD	Courtesy	Norton Dickenson
Joshi	Milan	Milan J Joshi, MD	Active	Norton Dickenson
Kaffenberger	Douglas	Douglas A Kaffenberger, MD	Coverage	Smyth County
Kaffenberger	Douglas	Douglas A Kaffenberger, MD	Coverage	RCMC
Kaffenberger	Douglas	Douglas A Kaffenberger, MD	Coverage	Johnston Memorial Hos
Karsan	Anand	Anand S. Karsan, MD	Courtesy	Norton Dickenson
Kendler	Seth	Seth H Kendler, MD	Active	Johnston Memorial Hos
Kendler	Seth	Seth H Kendler, MD	Active	RCMC
Kendler	Seth	Seth H Kendler, MD	Active	Smyth County
Kenworthy	Mary	Mary Ellen Kenworthy, DO	Active	Johnston Memorial Hos
Kenworthy	Mary	Mary Ellen Kenworthy, DO	Active	RCMC
Kenworthy	Mary	Mary Ellen Kenworthy, DO	Active	Smyth County
Kerr	John	John M Kerr, Jr, MD	Active	RCMC
Kerr	John	John M Kerr, Jr, MD	Active	RCMC
Kerr	John	John M Kerr, Jr, MD	Coverage	Johnston Memorial Hos
Kerr	John	John M Kerr, Jr, MD	Coverage	Johnston Memorial Hos
Kessler	Larry	Larry Scott Kessler, MD	Teleradiology	Smyth County
Kessler	Larry	Larry Scott Kessler, MD	Teleradiology	RCMC
Kessler	Larry	Larry Scott Kessler, MD	Teleradiology	Johnston Memorial Hos
Kessler	Larry	Larry Scott Kessler, MD	Teleradiology	Smyth County
Kessler	Larry	Larry Scott Kessler, MD	Teleradiology	RCMC
Kessler	Larry	Larry Scott Kessler, MD	Teleradiology	Johnston Memorial Hos
Ketron	Brandon	Brandon D Ketron, DO	Active	Norton Dickenson
Kharalkar	Shweta	Shweta Sharad Kharalkar, MD	Active	Johnston Memorial Hos
Khatibi	Maximillian	Maximillian Babak Khatibi, MD	Teleradiology	Johnston Memorial Hos
Khatibi	Maximillian	Maximillian Babak Khatibi, MD	Teleradiology	RCMC
Khatibi	Maximillian	Maximillian Babak Khatibi, MD	Teleradiology	Smyth County
Kim	Eugene	Eugene T Kim, MD	Teleradiology	RCMC
Kim	Eugene	Eugene T Kim, MD	Teleradiology	Smyth County
Kindle	Joy	Joy Jenean Kindle, MD	Active	Norton Dickenson
King	John	John Chadwick King, MD	Consulting	Norton Dickenson
King	John	John Chadwick King, MD	Consulting	RCMC
King	John	John Chadwick King, MD	Consulting	Smyth County
King	John	John Chadwick King, MD	Coverage	Johnston Memorial Hos
Kiser	William	William David Kiser, MD	Active	Smyth County

Kiser	William	William David Kiser, MD	Active	Johnston Memorial Hos
Koonce	James	James Duval Koonce, MD	Active	Norton Dickenson
Koonce	James	James Duval Koonce, MD	Active	Norton Dickenson
Koscinski	Erin	Erin Andrea Koscinski, DO	Courtesy	Norton Dickenson
Koscinski	Erin	Erin Andrea Koscinski, DO	Active	Johnston Memorial Hos
Koscinski	Erin	Erin Andrea Koscinski, DO	Active	Smyth County
Kyi	Maung	Maung M Kyi, MD	Active	Johnston Memorial Hos
Kyi	Maung	Maung M Kyi, MD	Active	Smyth County
Lamoureux	Christine	Christine Anne Lamoureux, MD	Consulting	RCMC
Lamoureux	Christine	Christine Anne Lamoureux, MD	Teleradiology	Johnston Memorial Hos
Lamoureux	Christine	Christine Anne Lamoureux, MD	Teleradiology	Smyth County
Lang	Thomas	Thomas Michael Lang, MD	Courtesy	Norton Dickenson
Lavigne	Jay	Jay W Lavigne, MD	Active	Johnston Memorial Hos
Lawler	Douglas	Douglas Reed Lawler, MD	Active	RCMC
Lawler	Douglas	Douglas Reed Lawler, MD	Active	Smyth County
Lawler	Douglas	Douglas Reed Lawler, MD	Coverage	Johnston Memorial Hos
Leight	Melanie	Melanie Ann Leight, MD	Active	Johnston Memorial Hos
Lenhard	Matthew	Matthew J Lenhard, MD	Active	Norton Dickenson
Lipsmeyer	Christopher	Christopher P Lipsmeyer, MD	Courtesy	Norton Dickenson
Liquete	Maria	Maria T Liquete, MD	Locum Tenen	RCMC
Litman	Martin	Martin E Litman, DO	Coverage	Johnston Memorial Hos
Litman	Martin	Martin E Litman, DO	Coverage	Norton Dickenson
Litton	John	John Scott Litton, Jr, MD	Courtesy	Norton Dickenson
Lombardi	Vincent	Vincent Anthony Lombardi, MD	Teleradiology	Smyth County
Lombardi	Vincent	Vincent Anthony Lombardi, MD	Teleradiology	RCMC
Lombardi	Vincent	Vincent Anthony Lombardi, MD	Teleradiology	Johnston Memorial Hos
Lowry	Jerry	Jerry W Lowry, DO	Active	RCMC
Lowry	Jerry	Jerry W Lowry, DO	Active	Smyth County
Lowry	Jerry	Jerry W Lowry, DO	Active - Non-A	Johnston Memorial Hos
Luma	Nasa-Tate	Nasa-Tate N Luma, MD	Coverage	Johnston Memorial Hos
Luma	Nasa-Tate	Nasa-Tate N Luma, MD	Coverage	Smyth County
Luma	Nasa-Tate	Nasa-Tate N Luma, MD	Coverage	Norton Dickenson
Luma	Nasa-Tate	Nasa-Tate N Luma, MD	Coverage	RCMC
Lyle	Lurton	Lurton B Lyle, MD	Courtesy	Norton Dickenson
Lyle	Cynthia	Cynthia Stearns Lyle, MD	Teleradiology	Johnston Memorial Hos
Lyle	Cynthia	Cynthia Stearns Lyle, MD	Teleradiology	RCMC
Lyle	Cynthia	Cynthia Stearns Lyle, MD	Teleradiology	Smyth County
Madhok	Ashish	Ashish Brij Madhok, MD	Consulting	Smyth County
Madhok	Ashish	Ashish Brij Madhok, MD	Telemedicine	Johnston Memorial Hos
Madhok	Ashish	Ashish Brij Madhok, MD	Consulting	Smyth County
Madhok	Ashish	Ashish Brij Madhok, MD	Telemedicine	Johnston Memorial Hos
Maggard	Brian	Brian L Maggard, MD	Courtesy	RCMC
Maggard	Brian	Brian L Maggard, MD	Active	Johnston Memorial Hos
Maggard	Brian	Brian L Maggard, MD	Coverage	Smyth County
Maggard	Brian	Brian L Maggard, MD	Coverage	Norton Dickenson
Marengo	Christopher	Christopher S Marengo, MD	Active	Johnston Memorial Hos
Martinez	Melissa	Melissa Cristina Martinez, DO	Courtesy	Norton Dickenson

Mason	Renee	Renee P Mason, DPM	Active	Johnston Memorial Hos
Matlock	Jonathan	Jonathan D Matlock, DO	Active	RCMC
Matlock	Jonathan	Jonathan D Matlock, DO	Active	Johnston Memorial Hos
Matlock	Jonathan	Jonathan D Matlock, DO	Active	Norton Dickenson
Mazzei	Brian	Brian Joseph Mazzei, DPM	Active	Johnston Memorial Hos
McCollum	David	David N McCollum, MD	Telemedicine	Norton Dickenson
McCoy	Harry	Harry E McCoy, MD	Courtesy	Smyth County
McCoy	Harry	Harry E McCoy, MD	Courtesy	Smyth County
McCoy	Harry	Harry E McCoy, MD	Courtesy	Smyth County
McCoy	Harry	Harry E McCoy, MD	Courtesy	Smyth County
McCraw	Jeffrey	Jeffrey Allen McCraw, MD	Courtesy	Smyth County
McCraw	Jeffrey	Jeffrey Allen McCraw, MD	Courtesy	RCMC
McCraw	Jeffrey	Jeffrey Allen McCraw, MD	Courtesy	Norton Dickenson
McCraw	Jeffrey	Jeffrey Allen McCraw, MD	Active	Johnston Memorial Hos
McCuskey	William	William H McCuskey, MD	Teleradiology	Johnston Memorial Hos
McCuskey	William	William H McCuskey, MD	Teleradiology	RCMC
McCuskey	William	William H McCuskey, MD	Teleradiology	Smyth County
McDonnell	Kevin	Kevin Michael McDonnell, MD	Consulting	RCMC
McDonnell	Kevin	Kevin Michael McDonnell, MD	Teleradiology	Johnston Memorial Hos
McDonnell	Kevin	Kevin Michael McDonnell, MD	Teleradiology	Smyth County
McDonnell	Kevin	Kevin Michael McDonnell, MD	Consulting	RCMC
McDonnell	Kevin	Kevin Michael McDonnell, MD	Teleradiology	Johnston Memorial Hos
McDonnell	Kevin	Kevin Michael McDonnell, MD	Teleradiology	Smyth County
McGarry	Timothy	Timothy G McGarry, MD	Active	Johnston Memorial Hos
McQueen	Robert	Robert H McQueen, MD	Courtesy	RCMC
McQueen	Robert	Robert H McQueen, MD	Courtesy	Norton Dickenson
McQueen	Robert	Robert H McQueen, MD	Consulting	Smyth County
McQueen	Robert	Robert H McQueen, MD	Consulting	Johnston Memorial Hos
McReynolds	Casey	Casey D McReynolds, MD	Active	Smyth County
McReynolds	Casey	Casey D McReynolds, MD	Active	Johnston Memorial Hos
McReynolds	Casey	Casey D McReynolds, MD	Active	RCMC
Medina	Jocelyn	Jocelyn H Medina, MD	Active	Norton Dickenson
Mehta	Ashok	Ashok V Mehta, MD	Consulting	Smyth County
Mehta	Ashok	Ashok V Mehta, MD	Consulting	Norton Dickenson
Mehta	Ashok	Ashok V Mehta, MD	Telemedicine	Johnston Memorial Hos
Mehta	Ashok	Ashok V Mehta, MD	Consulting	Smyth County
Mehta	Ashok	Ashok V Mehta, MD	Consulting	Norton Dickenson
Mehta	Ashok	Ashok V Mehta, MD	Telemedicine	Johnston Memorial Hos
Melton	Samuel	Samuel Hughes Melton, MD	Active	Smyth County
Melton	Samuel	Samuel Hughes Melton, MD	Active	RCMC
Menn	Kirsten	Kirsten Alexandra Menn, MD	Teleradiology	Johnston Memorial Hos
Menn	Kirsten	Kirsten Alexandra Menn, MD	Teleradiology	RCMC
Menn	Kirsten	Kirsten Alexandra Menn, MD	Teleradiology	Smyth County
Merrick	Raymond	Raymond Daniel Merrick, MD	Courtesy	Smyth County
Merrick	Raymond	Raymond Daniel Merrick, MD	Courtesy	Norton Dickenson
Merrick	Raymond	Raymond Daniel Merrick, MD	Consulting	RCMC
Merrick	Raymond	Raymond Daniel Merrick, MD	Coverage	Johnston Memorial Hos

Merrick	Raymond	Raymond Daniel Merrick, MD	Courtesy	Smyth County
Merrick	Raymond	Raymond Daniel Merrick, MD	Courtesy	Norton Dickenson
Merrick	Raymond	Raymond Daniel Merrick, MD	Consulting	RCMC
Merrick	Raymond	Raymond Daniel Merrick, MD	Coverage	Johnston Memorial Hos
Miller	Brian	Brian Keith Miller, DO	Active	Johnston Memorial Hos
Miller	Brian	Brian Keith Miller, DO	Active	RCMC
Miller	Brian	Brian Keith Miller, DO	Active	Smyth County
Miller	Gregory	Gregory H Miller, MD	Courtesy	RCMC
Miller	Gregory	Gregory H Miller, MD	Consulting	Smyth County
Miller	Gregory	Gregory H Miller, MD	Consulting	Norton Dickenson
Miller	Gregory	Gregory H Miller, MD	Active	Johnston Memorial Hos
Miner	Brendan	Brendan M Miner, MD	Teleradiology	Johnston Memorial Hos
Miner	Brendan	Brendan M Miner, MD	Teleradiology	RCMC
Miner	Brendan	Brendan M Miner, MD	Teleradiology	Smyth County
Mitchell	David	David M Mitchell, MD	Active	Johnston Memorial Hos
Mitchell	David	David M Mitchell, MD	Active	RCMC
Mohamed	Beshir	Beshir Mamoun Mohamed, MD	Active	Johnston Memorial Hos
Mohamed	Beshir	Beshir Mamoun Mohamed, MD	Active	Smyth County
Monya-Tambi	Innocent	Innocent Monya-Tambi, MD	Coverage	Johnston Memorial Hos
Moody	Matthew	Matthew Todd Moody, DO	Courtesy	Norton Dickenson
Moody	Karolyn	Karolyn Kay Moody, DO	Active	Norton Dickenson
Moore	Tammy	Tammy Nicole Moore, MD	Active	Norton Dickenson
Moore	Norman	Norman Charles Moore, MD	Active	Smyth County
Moore	Norman	Norman Charles Moore, MD	Telemedicine	Norton Dickenson
Moraes	Lacyoni	Lacyoni Moraes, MD	Active	Johnston Memorial Hos
Moreno	Yvonne	Yvonne C Moreno, MD	Teleradiology	Smyth County
Moreno	Yvonne	Yvonne C Moreno, MD	Teleradiology	Johnston Memorial Hos
Morris	Joshua	Joshua A Morris, DO	Courtesy	Norton Dickenson
Morris	Joshua	Joshua A Morris, DO	Coverage	Johnston Memorial Hos
Moses	Fredrick	Fredrick M Moses, MD	Active	Smyth County
Mullens	John	John Richard Mullens, MD	Active	Smyth County
Mullens	John	John Richard Mullens, MD	Active	Johnston Memorial Hos
Mullens	John	John Richard Mullens, MD	Active	RCMC
Mullins	Emory	Emory Allen Mullins, MD	Active	Norton Dickenson
Mullins	Danny	Danny Arthur Mullins, MD	Courtesy	Norton Dickenson
Murphy	Gerard	Gerard H Murphy, MD	Affiliate	Johnston Memorial Hos
Mya	Moe	Moe Moe Mya, MD	Affiliate	Smyth County
Myers	Pamela	Pamela A Myers, MD	Affiliate	Johnston Memorial Hos
Myers	Wendell	Wendell S Myers, MD	Teleradiology	Johnston Memorial Hos
Myers	Wendell	Wendell S Myers, MD	Teleradiology	RCMC
Myers	Wendell	Wendell S Myers, MD	Teleradiology	Smyth County
Nader	Elie	Elie Tony Nader, MD	Active	Norton Dickenson
Nader	Elie	Elie Tony Nader, MD	Active	Norton Dickenson
Nauss	David	David C Nauss, MD	Active	Norton Dickenson
Neal	Jeffrey	Jeffrey Gardner Neal, MD	Active	Johnston Memorial Hos
New	Ronna	Ronna D New, DO	Active	Johnston Memorial Hos
New	Ronna	Ronna D New, DO	Active	Johnston Memorial Hos

Newberry	Brian	Brian S Newberry, DO	Active	Norton Dickenson
Newberry	Brian	Brian S Newberry, DO	Coverage	RCMC
Newberry	Brian	Brian S Newberry, DO	Coverage	Johnston Memorial Hos
Newberry	Brian	Brian S Newberry, DO	Coverage	Smyth County
Nicell	Donald	Donald T Nicell, M.D.	Teleradiology	Smyth County
Nicell	Donald	Donald T Nicell, M.D.	Teleradiology	RCMC
Nicell	Donald	Donald T Nicell, M.D.	Teleradiology	Johnston Memorial Hos
Nichols	Tiffani	Tiffani M Nichols, DO	Active	Norton Dickenson
Niebauer	Marivi	Marivi A Niebauer, MD	Consulting	Norton Dickenson
Niebauer	Marivi	Marivi A Niebauer, MD	Active - Non-A	Johnston Memorial Hos
Norman	Steven	Steven Ennis Norman, MD	Active	Johnston Memorial Hos
Novick	Michael	Michael Kevin Novick, MD	Teleradiology	Johnston Memorial Hos
Novick	Michael	Michael Kevin Novick, MD	Teleradiology	RCMC
Novick	Michael	Michael Kevin Novick, MD	Teleradiology	Smyth County
Nwankwo	John	John Ikechi Nwankwo, MD	Teleradiology	RCMC
Nwankwo	John	John Ikechi Nwankwo, MD	Teleradiology	Smyth County
Nzeogu	Ikenna	Ikenna S Nzeogu, DO	Coverage	Norton Dickenson
O'Connell	Ryan	Ryan T O'Connell, MD	Coverage	Johnston Memorial Hos
O'Connell	Ryan	Ryan T O'Connell, MD	Coverage	Smyth County
O'Connell	Ryan	Ryan T O'Connell, MD	Coverage	Norton Dickenson
Odeti	Shyam	Shyam S. Odeti, MD	Courtesy	Norton Dickenson
Odeti	Shyam	Shyam S. Odeti, MD	Active	Johnston Memorial Hos
Odeti	Shyam	Shyam S. Odeti, MD	Active	Smyth County
Okocha	Chiedu	Chiedu Okocha, MD	Coverage	Smyth County
Okocha	Chiedu	Chiedu Okocha, MD	Coverage	Johnston Memorial Hos
Okocha	Chiedu	Chiedu Okocha, MD	Coverage	Norton Dickenson
Olmsted	Mary	Mary C Olmsted, MD	Active	RCMC
Oommen	Jacob	Jacob K Oommen, MD	Teleradiology	Smyth County
Oommen	Jacob	Jacob K Oommen, MD	Telemedicine	RCMC
Orr	Nicholas	Nicholas H Orr, MD	Coverage	Johnston Memorial Hos
Orr	Nicholas	Nicholas H Orr, MD	Coverage	Smyth County
Orr	Nicholas	Nicholas H Orr, MD	Coverage	Johnston Memorial Hos
Orr	Nicholas	Nicholas H Orr, MD	Coverage	Smyth County
Osborne	James	James Baisden Osborne, Jr., MD	Consulting	Smyth County
Osborne	James	James Baisden Osborne, Jr., MD	Active	Johnston Memorial Hos
Owens	Michael	Michael D Owens, DO	Courtesy	Norton Dickenson
Palmquist	Ricardo	Ricardo A Palmquist, MD	Active	Norton Dickenson
Palmquist	Ricardo	Ricardo A Palmquist, MD	Active	Norton Dickenson
Parish	Evelyn	Evelyn M Parish, DO	Active	RCMC
Parker	David	David Glenn Parker, DO	Courtesy	Johnston Memorial Hos
Parker	David	David Glenn Parker, DO	Active	Smyth County
Patel	Nehal	Nehal T Patel, MD	Coverage	Norton Dickenson
Patel	Rakeshkumar	Rakeshkumar B Patel, MD	Active	Norton Dickenson
Patel	Niraj	Niraj I Patel, MD	Active	Norton Dickenson
Patel	Rakeshkumar	Rakeshkumar B Patel, MD	Active	Norton Dickenson
Patel	Snehalkumar	Snehalkumar B Patel, MD	Coverage	Norton Dickenson
Patterson	John	John Byron Patterson, MD	Consulting	Smyth County

Patterson	John	John Byron Patterson, MD	Active	Johnston Memorial Hos
Patterson	John	John Byron Patterson, MD	Active	RCMC
Patterson	John	John Byron Patterson, MD	Consulting	Smyth County
Patterson	John	John Byron Patterson, MD	Active	Johnston Memorial Hos
Patterson	John	John Byron Patterson, MD	Active	RCMC
Patterson	Emily	Emily R Patterson, MD	Consulting	RCMC
Patterson	Emily	Emily R Patterson, MD	Consulting	Smyth County
Patterson	Emily	Emily R Patterson, MD	Consulting	Norton Dickenson
Patterson	Emily	Emily R Patterson, MD	Coverage	Johnston Memorial Hos
Paul	Marc	Marc Howard Paul, MD	Teleradiology	RCMC
Paul	Marc	Marc Howard Paul, MD	Teleradiology	Johnston Memorial Hos
Paul	Marc	Marc Howard Paul, MD	Teleradiology	Smyth County
Paul	Marc	Marc Howard Paul, MD	Teleradiology	RCMC
Paul	Marc	Marc Howard Paul, MD	Teleradiology	Johnston Memorial Hos
Paul	Marc	Marc Howard Paul, MD	Teleradiology	Smyth County
Peake	Daryl	Daryl Wayne Peake, MD	Active	RCMC
Peake	Daryl	Daryl Wayne Peake, MD	Active	Norton Dickenson
Peake	Daryl	Daryl Wayne Peake, MD	Active	Johnston Memorial Hos
Peake	Daryl	Daryl Wayne Peake, MD	Active	Smyth County
Peltzer	Leticia	Leticia I Peltzer, MD	Active	Johnston Memorial Hos
Perkins	Dennis	Dennis W Perkins, DDS	Active	Smyth County
Perkins	Dennis	Dennis W Perkins, DDS	Coverage	Johnston Memorial Hos
Phillips	Paul	Paul A Phillips, DO	Active	RCMC
Phillips	Paul	Paul A Phillips, DO	Active	Johnston Memorial Hos
Phillips	Paul	Paul A Phillips, DO	Active	Smyth County
Picaza	Jose	Jose E Picaza, MD	Active	Norton Dickenson
Pickler	Eva	Eva C Pickler, MD	Locum Tenen	Johnston Memorial Hos
Pierce	Daryl	Daryl Wayne Pierce, MD	Courtesy	Norton Dickenson
Pierce	Daryl	Daryl Wayne Pierce, MD	Courtesy	Norton Dickenson
Politzer	Gregory	Gregory A Politzer, MD	Coverage	Johnston Memorial Hos
Ponder	Michael	Michael A Ponder, MD	Courtesy	Smyth County
Ponder	Michael	Michael A Ponder, MD	Consulting	Norton Dickenson
Ponder	Michael	Michael A Ponder, MD	Consulting	RCMC
Ponder	Michael	Michael A Ponder, MD	Active - Non-/	Johnston Memorial Hos
Pote	Douglas	Douglas Allyn Pote, MD	Courtesy	Smyth County
Powers	William	William Thomas Powers, MD	Active	Smyth County
Prestowitz	William	William F Prestowitz, MD	Courtesy	Smyth County
Prestowitz	William	William F Prestowitz, MD	Active	Johnston Memorial Hos
Price	Debra	Debra Jane Price, DO	Active	Norton Dickenson
Puhr	Joshua	Joshua Stephen Puhr, MD	Courtesy	Norton Dickenson
Puhr	Joshua	Joshua Stephen Puhr, MD	Active	RCMC
Puhr	Joshua	Joshua Stephen Puhr, MD	Active	Smyth County
Puhr	Joshua	Joshua Stephen Puhr, MD	Active	Johnston Memorial Hos
Puhr	Joshua	Joshua Stephen Puhr, MD	Courtesy	Norton Dickenson
Puhr	Joshua	Joshua Stephen Puhr, MD	Active	RCMC
Puhr	Joshua	Joshua Stephen Puhr, MD	Active	Smyth County
Puhr	Joshua	Joshua Stephen Puhr, MD	Active	Johnston Memorial Hos

Quesinberry	Jennifer	Jennifer Leigh Quesinberry, MD	Active	Smyth County
Rahman	Zia	Zia Ur Rahman, MD	Coverage	RCMC
Rahman	Zia	Zia Ur Rahman, MD	Coverage	Norton Dickenson
Raj	Vishal	Vishal Raj, MD	Active	Norton Dickenson
Raj	Vishal	Vishal Raj, MD	Active	Norton Dickenson
Raj	Vishal	Vishal Raj, MD	Active	Norton Dickenson
Raj	Vishal	Vishal Raj, MD	Active	Norton Dickenson
Ramsey	Glynda	Glynda F Ramsey, MD	Active	Norton Dickenson
Rana	Lubna	Lubna Rana, MD	Coverage	Johnston Memorial Hos
Rana	Lubna	Lubna Rana, MD	Coverage	RCMC
Rana	Lubna	Lubna Rana, MD	Coverage	Smyth County
Ratcliff	David	David Hood Ratcliff, MD	Courtesy	Smyth County
Ratcliff	David	David Hood Ratcliff, MD	Courtesy	Norton Dickenson
Ratcliff	David	David Hood Ratcliff, MD	Active	RCMC
Reddy	Avinash	Avinash Gollakistagari Reddy, DO	Active	Norton Dickenson
Reeves	Donny	Donny L Reeves, MD	Courtesy	Norton Dickenson
Reiner	Bruce	Bruce Ian Reiner, MD	Teleradiology	RCMC
Reiner	Bruce	Bruce Ian Reiner, MD	Teleradiology	Johnston Memorial Hos
Reiner	Bruce	Bruce Ian Reiner, MD	Teleradiology	Smyth County
Rex	David	David Lloyd Rex, MD	Teleradiology	Johnston Memorial Hos
Rex	David	David Lloyd Rex, MD	Teleradiology	Smyth County
Rex	David	David Lloyd Rex, MD	Teleradiology	RCMC
Rexrode	Norman	Norman L Rexrode, MD	Active	RCMC
Reynolds	Donald	Donald James Reynolds, Jr, DO	Active	Norton Dickenson
Robertson	Julie	Julie Elisabeth Robertson, MD	Consulting	RCMC
Robertson	Julie	Julie Elisabeth Robertson, MD	Consulting	Norton Dickenson
Robertson	Julie	Julie Elisabeth Robertson, MD	Consulting	Smyth County
Robertson	Julie	Julie Elisabeth Robertson, MD	Active - Non-A	Johnston Memorial Hos
Robinette	Emory	Emory H Robinette, MD	Consulting	Smyth County
Robinette	Emory	Emory H Robinette, MD	Active	Johnston Memorial Hos
Robinette	Emory	Emory H Robinette, MD	Consulting	Smyth County
Robinette	Emory	Emory H Robinette, MD	Active	Johnston Memorial Hos
Robinette	Emory	Emory H Robinette, MD	Consulting	Smyth County
Robinette	Emory	Emory H Robinette, MD	Active	Johnston Memorial Hos
Rosenfeld	Michael	Michael Jay Rosenfeld, MD	Active	Smyth County
Rosenfeld	Michael	Michael Jay Rosenfeld, MD	Coverage	Johnston Memorial Hos
Ross	Daniel	Daniel Wayne Ross, MD	Active	Norton Dickenson
Rotche	Robert	Robert M Rotche, MD	Courtesy	Smyth County
Rotche	Robert	Robert M Rotche, MD	Courtesy	Smyth County
Runnels	Clay	Clay W Runnels, MD	Courtesy	Norton Dickenson
Runyan	Stephanie	Stephanie D Runyan, MD	Teleradiology	RCMC
Runyan	Stephanie	Stephanie D Runyan, MD	Teleradiology	Smyth County
Ruocco	Martin	Martin Joseph Ruocco, MD	Teleradiology	Johnston Memorial Hos
Ruocco	Martin	Martin Joseph Ruocco, MD	Teleradiology	RCMC
Ruocco	Martin	Martin Joseph Ruocco, MD	Teleradiology	Smyth County
Sabri	Safia	Safia M Sabri, MD	Consulting	Johnston Memorial Hos
Sabri	Safia	Safia M Sabri, MD	Consulting	Johnston Memorial Hos

Sacknoff	Eric	Eric Jon Sacknoff, MD	Active	Smyth County
Sacknoff	Eric	Eric Jon Sacknoff, MD	Coverage	Johnston Memorial Hos
Said	Khaled	Khaled F Said, MD	Active	RCMC
Said	Khaled	Khaled F Said, MD	Active	Johnston Memorial Hos
Said	Khaled	Khaled F Said, MD	Coverage	Smyth County
Sanders	Terry	Terry G Sanders, II, MD	Active	Johnston Memorial Hos
Sanders	Terry	Terry G Sanders, II, MD	Active	RCMC
Sanders	Terry	Terry G Sanders, II, MD	Active	Smyth County
Sapra	Parmod	Parmod K Sapra, MD	Active	Norton Dickenson
Schmadeka	Robert	Robert L Schmadeka, MD	Consulting	Johnston Memorial Hos
Schmadeka	Robert	Robert L Schmadeka, MD	Consulting	RCMC
Schmadeka	Robert	Robert L Schmadeka, MD	Consulting	Smyth County
Schmadeka	Robert	Robert L Schmadeka, MD	Consulting	Norton Dickenson
Schomer	Andrew	Andrew C Schomer, MD	Telemedicine	Norton Dickenson
Seeley-Dick	Sarah	Sarah Ann Seeley-Dick, DO	Affiliate	Johnston Memorial Hos
Senter	James	James P Senter, MD	Courtesy	Norton Dickenson
Sergent	Bernie	Bernie N Sergent, DO	Active	Norton Dickenson
Shabti	Raafat	Raafat Shabti, MD	Coverage	Smyth County
Shabti	Raafat	Raafat Shabti, MD	Coverage	Johnston Memorial Hos
Shauberger	James	James Ross Shauberger, DO	Active	Johnston Memorial Hos
Shauberger	James	James Ross Shauberger, DO	Active	Smyth County
Shauberger	James	James Ross Shauberger, DO	Active	RCMC
Shields	Emily	Emily S Shields, MD	Consulting	Norton Dickenson
Shields	Emily	Emily S Shields, MD	Active	Johnston Memorial Hos
Sibley	David	David A Sibley, MD	Consulting	Norton Dickenson
Sibley	David	David A Sibley, MD	Active	RCMC
Sibley	David	David A Sibley, MD	Active	Johnston Memorial Hos
Sibley	David	David A Sibley, MD	Active	Smyth County
Sikora	Steven	Steven D Sikora, MD	Active	RCMC
Sikora	Steven	Steven D Sikora, MD	Active	Johnston Memorial Hos
Sikora	Steven	Steven D Sikora, MD	Active	Smyth County
Simcox	Mark	Mark William Simcox, MD	Courtesy	RCMC
Simcox	Mark	Mark William Simcox, MD	Courtesy	Norton Dickenson
Simcox	Mark	Mark William Simcox, MD	Courtesy	Smyth County
Simcox	Mark	Mark William Simcox, MD	Active - Non-A	Johnston Memorial Hos
Simmons	David	David N Simmons, Jr, MD	Active	Johnston Memorial Hos
Simmons	David	David N Simmons, Jr, MD	Active	RCMC
Simmons	David	David N Simmons, Jr, MD	Active	Smyth County
Singer	Jerry	Jerry Ray Singer, MD	Active	Smyth County
Skarda	John	John Clayton Skarda, MD	Active	Norton Dickenson
Smith	Bert	Bert Jackson Smith, MD	Active	Smyth County
Smith	Bert	Bert Jackson Smith, MD	Coverage	Johnston Memorial Hos
Smith	David	David H Smith, MD	Consulting	RCMC
Smith	David	David H Smith, MD	Consulting	Smyth County
Smith	David	David H Smith, MD	Active	Johnston Memorial Hos
Soike	David	David R Soike, MD	Consulting	Norton Dickenson
Soike	David	David R Soike, MD	Consulting	RCMC

Soike	David	David R Soike, MD	Consulting	Smyth County
Soike	Thomas	Thomas Matthew Soike, MD	Consulting	RCMC
Soike	Thomas	Thomas Matthew Soike, MD	Consulting	Smyth County
Soike	Thomas	Thomas Matthew Soike, MD	Consulting	Norton Dickenson
Soike	David	David R Soike, MD	Coverage	Johnston Memorial Hos
Soike	Thomas	Thomas Matthew Soike, MD	Coverage	Johnston Memorial Hos
Solenski	Nina	Nina J Solenski, MD	Telemedicine	Norton Dickenson
Solenski	Nina	Nina J Solenski, MD	Telemedicine	Norton Dickenson
Sooklal	Damian	Damian H Sooklal, MD	Active	Johnston Memorial Hos
Southerland	Andrew	Andrew M Southerland, MD	Telemedicine	Norton Dickenson
Southerland	Andrew	Andrew M Southerland, MD	Telemedicine	Norton Dickenson
Spiegel	Naum	Naum Spiegel, MD	Active	Johnston Memorial Hos
Stancil	Stewart	Stewart A Stancil, MD	Active	Norton Dickenson
Stiefel	Brian	Brian H Stiefel, MD	Affiliate	Smyth County
Stiltner	Brian	Brian K Stiltner, DO	Active	RCMC
Stiltner	Brian	Brian K Stiltner, DO	Active	Johnston Memorial Hos
Stiltner	Brian	Brian K Stiltner, DO	Active	Smyth County
Stiltner	Brian	Brian K Stiltner, DO	Active	Norton Dickenson
Strange	John	John Edward Strange, MD	Active	Norton Dickenson
Strawbridge	Wendy	Wendy R. Strawbridge, MD	Active	Johnston Memorial Hos
Strong	Benjamin	Benjamin Waite Strong, MD	Teleradiology	RCMC
Strong	Benjamin	Benjamin Waite Strong, MD	Teleradiology	Johnston Memorial Hos
Strong	Benjamin	Benjamin Waite Strong, MD	Teleradiology	Smyth County
Strong	Benjamin	Benjamin Waite Strong, MD	Teleradiology	RCMC
Strong	Benjamin	Benjamin Waite Strong, MD	Teleradiology	Johnston Memorial Hos
Strong	Benjamin	Benjamin Waite Strong, MD	Teleradiology	Smyth County
Sutherland	Paul	Paul Alan Sutherland, MD	Active	Johnston Memorial Hos
Sutherland	Paul	Paul Alan Sutherland, MD	Active	RCMC
Sutherland	Paul	Paul Alan Sutherland, MD	Active	Smyth County
Sutton	Thomas	Thomas Grant Sutton, MD	Consulting	Smyth County
Sutton	Thomas	Thomas Grant Sutton, MD	Active	Johnston Memorial Hos
Sutton	Thomas	Thomas Grant Sutton, MD	Active	RCMC
Sutton	Thomas	Thomas Grant Sutton, MD	Consulting	Smyth County
Sutton	Thomas	Thomas Grant Sutton, MD	Active	Johnston Memorial Hos
Sutton	Thomas	Thomas Grant Sutton, MD	Active	RCMC
Swan	Forrest	Forrest Swan, Jr, MD	Active	Johnston Memorial Hos
Swan	Forrest	Forrest Swan, Jr, MD	Active	Johnston Memorial Hos
Swank	Jonathan	Jonathan T Swank, MD	Affiliate	Johnston Memorial Hos
Talati	Nishi	Nishi N Talati, MD	Teleradiology	RCMC
Talati	Nishi	Nishi N Talati, MD	Teleradiology	Smyth County
Taylor-Hall	Christine	Christine Elaine Taylor-Hall, DO	Active	Johnston Memorial Hos
Taylor-Hall	Christine	Christine Elaine Taylor-Hall, DO	Active	Smyth County
Taylor-Hall	Christine	Christine Elaine Taylor-Hall, DO	Coverage	Norton Dickenson
Thompson	Brian	Brian C Thompson, DMD	Active	Johnston Memorial Hos
Thompson	Brian	Brian C Thompson, DMD	Active	Smyth County
Tisdale	Bernard	Bernard A Tisdale, MD	Active	Johnston Memorial Hos
Tobin	Katherine	Katherine Dugan Tobin, MD	Teleradiology	RCMC

Tobin	Katherine	Katherine Dugan Tobin, MD	Teleradiology	Johnston Memorial Hos
Tobin	Katherine	Katherine Dugan Tobin, MD	Teleradiology	Smyth County
Townsend	Charlotte	Charlotte Ann Townsend, MD	Active	RCMC
Tran	Ann	Ann A Tran, MD	Teleradiology	RCMC
Tran	Ann	Ann A Tran, MD	Teleradiology	Smyth County
Turner	Jeffrey	Jeffrey David Turner, MD	Active	RCMC
Turner	Jeffrey	Jeffrey David Turner, MD	Active	Smyth County
Turner	Jeffrey	Jeffrey David Turner, MD	Active - Non-A	Johnston Memorial Hos
Turner	Elizabeth	Elizabeth Lundeen Turner, MD	Active	Johnston Memorial Hos
Turner	James	James Haskew Turner, MD	Teleradiology	Johnston Memorial Hos
Turner	James	James Haskew Turner, MD	Teleradiology	Smyth County
Turner	James	James Haskew Turner, MD	Teleradiology	RCMC
Turski	John	John Thomas Turski, III, DO	Active	Smyth County
Tyler	Ira	Ira Mark Tyler, MD	Teleradiology	RCMC
Tyler	Ira	Ira Mark Tyler, MD	Teleradiology	Johnston Memorial Hos
Tyler	Ira	Ira Mark Tyler, MD	Teleradiology	Smyth County
Ulrich	Michael	Michael Alan Ulrich, DO	Active	RCMC
Ulrich	Michael	Michael Alan Ulrich, DO	Active	Johnston Memorial Hos
Ulrich	Michael	Michael Alan Ulrich, DO	Active	RCMC
Ulrich	Michael	Michael Alan Ulrich, DO	Active	Johnston Memorial Hos
Vashist	Amit	Amit Vashist, MD	Active	Johnston Memorial Hos
Vashist	Amit	Amit Vashist, MD	Active	RCMC
Vashist	Amit	Amit Vashist, MD	Active	Smyth County
Vashist	Amit	Amit Vashist, MD	Active	Norton Dickenson
Vashist	Amit	Amit Vashist, MD	Active	Johnston Memorial Hos
Vashist	Amit	Amit Vashist, MD	Active	RCMC
Vashist	Amit	Amit Vashist, MD	Active	Smyth County
Vashist	Amit	Amit Vashist, MD	Active	Norton Dickenson
Vega	Henry	Henry Vega, MD	Courtesy	Smyth County
Vega	Henry	Henry Vega, MD	Courtesy	Norton Dickenson
Vega	Henry	Henry Vega, MD	Courtesy	RCMC
Vega	Henry	Henry Vega, MD	Active	Johnston Memorial Hos
Vito Cruz	Marissa	Marissa Galvez Vito Cruz, MD	Active	Johnston Memorial Hos
Vito Cruz	Marissa	Marissa Galvez Vito Cruz, MD	Active	Norton Dickenson
Vito Cruz	Marissa	Marissa Galvez Vito Cruz, MD	Coverage	RCMC
Vito Cruz	Marissa	Marissa Galvez Vito Cruz, MD	Coverage	Smyth County
Vreeland	Thomas	Thomas Henry Vreeland, MD	Consulting	Smyth County
Vreeland	Thomas	Thomas Henry Vreeland, MD	Teleradiology	RCMC
Vreeland	Thomas	Thomas Henry Vreeland, MD	Teleradiology	Johnston Memorial Hos
Vreeland	Thomas	Thomas Henry Vreeland, MD	Consulting	Smyth County
Vreeland	Thomas	Thomas Henry Vreeland, MD	Teleradiology	RCMC
Vreeland	Thomas	Thomas Henry Vreeland, MD	Teleradiology	Johnston Memorial Hos
Waheed	Ayesha	Ayesha Waheed, MD	Teleradiology	RCMC
Waheed	Ayesha	Ayesha Waheed, MD	Teleradiology	Smyth County
Washington-Moc	Rubye	Rubye D Washington-Moore, MD	Active	Norton Dickenson
Werchowski	Jeffrey	Jeffrey Lawrence Werchowski, MD	Coverage	Norton Dickenson
Werchowski	Jeffrey	Jeffrey Lawrence Werchowski, MD	Coverage	Norton Dickenson

Westney	Irving	Irving Vaughan Westney, MD	Courtesy	Norton Dickenson
Wheeler	Yurong	Yurong Yang Wheeler, MD	Consulting	Norton Dickenson
Wheeler	Yurong	Yurong Yang Wheeler, MD	Consulting	RCMC
Wheeler	Yurong	Yurong Yang Wheeler, MD	Consulting	Smyth County
Wheeler	Yurong	Yurong Yang Wheeler, MD	Coverage	Johnston Memorial Hos
Wheeler	Yurong	Yurong Yang Wheeler, MD	Consulting	Norton Dickenson
Wheeler	Yurong	Yurong Yang Wheeler, MD	Consulting	RCMC
Wheeler	Yurong	Yurong Yang Wheeler, MD	Consulting	Smyth County
Wheeler	Yurong	Yurong Yang Wheeler, MD	Coverage	Johnston Memorial Hos
Wheeler	Guy	Guy Lawrence Wheeler, MD	Active	Norton Dickenson
Wheeling	Holly	Holly May Wheeling, MD	Active	Johnston Memorial Hos
Wikramanayake	Tilak	Tilak W Wikramanayake, MD	Active	Norton Dickenson
Wikramanayake	Tilak	Tilak W Wikramanayake, MD	Active	Norton Dickenson
Wikramanayake	Tilak	Tilak W Wikramanayake, MD	Active	Norton Dickenson
Wild	Kathleen	Kathleen Joanne Wild, MD	Courtesy	Norton Dickenson
Wild	Kathleen	Kathleen Joanne Wild, MD	Active	Johnston Memorial Hos
Wild	Kathleen	Kathleen Joanne Wild, MD	Active	RCMC
Wild	Kathleen	Kathleen Joanne Wild, MD	Active	Smyth County
Wiley	Gail	Gail L Wiley, DO	Active	Johnston Memorial Hos
Wiley	Gail	Gail L Wiley, DO	Active	RCMC
Wilkinson	Mark	Mark J Wilkinson, MD	Courtesy	Norton Dickenson
Williams	Gordon	Gordon Frank Williams, MD	Courtesy	Norton Dickenson
Williams	Vonzell	Vonzell Osborne Williams, MD	Coverage	Norton Dickenson
Williams	Vonzell	Vonzell Osborne Williams, MD	Coverage	Johnston Memorial Hos
Williams	Vonzell	Vonzell Osborne Williams, MD	Coverage	Smyth County
Williams	Gordon	Gordon Frank Williams, MD	Courtesy	Norton Dickenson
Wilson	Lindsay	Lindsay R Wilson, DO	Active	RCMC
Wilson	Lindsay	Lindsay R Wilson, DO	Active	Smyth County
Wilson	Lindsay	Lindsay R Wilson, DO	Active	Norton Dickenson
Wilson	Lindsay	Lindsay R Wilson, DO	Active	RCMC
Wilson	Lindsay	Lindsay R Wilson, DO	Active	Smyth County
Wilson	Lindsay	Lindsay R Wilson, DO	Active	Norton Dickenson
Wilson	James	James M Wilson, MD	Active	Norton Dickenson
Wilson	Paul	Paul Kent Wilson, DPM	Consulting	RCMC
Wilson	Paul	Paul Kent Wilson, DPM	Active	Smyth County
Wilson	Paul	Paul Kent Wilson, DPM	Active	Johnston Memorial Hos
Wong	William	William Joseph Wong, MD	Teleradiology	RCMC
Wong	William	William Joseph Wong, MD	Teleradiology	Johnston Memorial Hos
Wong	William	William Joseph Wong, MD	Teleradiology	Smyth County
Wood	Roger	Roger Enoch Wood, DDS	Courtesy	Norton Dickenson
Wood	Roger	Roger Enoch Wood, DDS	Courtesy	Norton Dickenson
Woodbury	Garrett	Garrett M Woodbury, MD	Active	Norton Dickenson
Wooldridge	Thomas	Thomas M Wooldridge, MD	Active	Norton Dickenson
Worrall	Bradford	Bradford B Worrall, MD	Telemedicine	Norton Dickenson
Worrall	Bradford	Bradford B Worrall, MD	Telemedicine	Norton Dickenson
Zinn	William	William Lloyd Zinn, MD	Teleradiology	RCMC
Zinn	William	William Lloyd Zinn, MD	Teleradiology	Johnston Memorial Hos

Zinn	William	William Lloyd Zinn, MD	Teleradiology Smyth County
Zwerdlinger	Steven	Steven C Zwerdlinger, MD	Teleradiology Smyth County
Zwerdlinger	Steven	Steven C Zwerdlinger, MD	Teleradiology Johnston Memorial Hos
Zwerdlinger	Steven	Steven C Zwerdlinger, MD	Teleradiology RCMC

EXHIBIT E-2A

NPI #	DOB	Board
1336324896	5/28/1974	American Board of Internal Medicine (Int Med)
1336324896	5/28/1974	American Board of Internal Medicine (Sub: Crit Care Med)
1336324896	5/28/1974	American Board of Internal Medicine (Sub: Pulm Diseases)
1366410250	3/26/1967	American Board of Internal Medicine (Sub: Crit Care Med)
1366410250	3/26/1967	American Board of Internal Medicine (Sub: Pulm Diseases)
1366410250	3/26/1967	American Board of Internal Medicine (Sub: Sleep)
1750571691	3/30/1975	American Board of Family Practice (Fam Prac)
1750571691	3/30/1975	American Board of Family Practice (Fam Prac)
1457594897	2/6/1976	American Board of Internal Medicine (Int Med)
1457594897	2/6/1976	American Board of Internal Medicine (Int Med)
1457594897	2/6/1976	American Board of Internal Medicine (Int Med)
1982613386	7/27/1952	American Board of Nuclear Med (Nuc Med)
1982613386	7/27/1952	American Board of Nuclear Med (Sub: Nuc Radiology)
1982613386	7/27/1952	American Board of Radiology (Diagnostic Radiology)
1386824332	7/10/1970	American Board of Orthopaedic Surgery (Ortho Surg)
1538321518	3/12/1980	American Board of Internal Medicine (Int Med)
1538321518	3/12/1980	American Board of Internal Medicine (Sub: Crit Care Med)
1538321518	3/12/1980	American Board of Internal Medicine (Sub: Pulm Diseases)
1881641496	10/20/1953	American Board of Emergency Med (Emerg Med)
1881641496	10/20/1953	American Board of Internal Medicine (Int Med)
1063489870	1/12/1961	American Board of Anesthesiology (Anes)
1063489870	1/12/1961	American Board of Anesthesiology (Anes)
1063489870	1/12/1961	American Board of Anesthesiology (Anes)
1063489870	1/12/1961	American Board of Anesthesiology (Anes)
1871574053	3/16/1967	American Board of Surgery (Surgery)
1073590584	1/7/1962	American Board of Radiology (Diagnostic Radiology)
1164526364	4/16/1942	American Board of Ophthalmology (Ophthal)
1104116326	11/17/1983	American Board of Internal Medicine (Int Med)
1104116326	11/17/1983	American Board of Internal Medicine (Int Med)
1104116326	11/17/1983	American Board of Internal Medicine (Int Med)
1104116326	11/17/1983	American Board of Pediatrics (Pediatrics)
1104116326	11/17/1983	American Board of Pediatrics (Pediatrics)
1104116326	11/17/1983	American Board of Pediatrics (Pediatrics)
1124196787	6/14/1960	American Board of Internal Medicine (Int Med)
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Cardv Disease)
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Cardv Disease)
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Cardv Disease)
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Cardv Disease)
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Interventional Car
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Interventional Car
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Interventional Car
1649206582	10/1/1964	American Board of Internal Medicine (Sub: Interventional Car
1205942596	10/8/1971	American Board of Emergency Med (Emerg Med)
1205942596	10/8/1971	American Board of Emergency Med (Emerg Med)
1205942596	10/8/1971	American Board of Emergency Med (Emerg Med)
1922292580	6/16/1956	American Board of Pathology (Anatomic&Clinical Path)

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1922292580	6/16/1956	American Board of Pathology (Anatomic&Clinical Path)
1922292580	6/16/1956	American Board of Pathology (Anatomic&Clinical Path)
1922292580	6/16/1956	American Board of Pathology (Anatomic&Clinical Path)
1023034964	3/27/1963	American Board of Emergency Med (Emerg Med)
1023034964	3/27/1963	American Board of Emergency Med (Emerg Med)
1023034964	3/27/1963	American Board of Emergency Med (Emerg Med)
1023034964	3/27/1963	American Board of Emergency Med (Emerg Med)
1386679462	6/24/1966	American Board of Internal Medicine (Int Med)
1386679462	6/24/1966	American Board of Internal Medicine (Int Med)
1063639839	11/3/1978	American Board of Internal Medicine (Int Med)
1063639839	11/3/1978	American Board of Internal Medicine (Sub: Crit Care Med)
1063639839	11/3/1978	American Board of Internal Medicine (Sub: Pulm Diseases)
1063639839	11/3/1978	American Board of Internal Medicine (Sub: Sleep)
1558373316	5/31/1957	American Board of Surgery (Surgery)
1962495853	9/11/1965	American Board of Internal Medicine (Int Med)
1962495853	9/11/1965	American Board of Internal Medicine (Sub: Endo&Met)
1578510079	8/18/1957	American Board of Internal Medicine (Int Med)
1184682494	6/5/1967	American Board of Radiology (Diagnostic Radiology)
1679519698	1/29/1957	American Board of Pediatrics (Pediatrics)
1356575633	10/29/1978	American Board of Radiology (Radiology)
1356575633	10/29/1978	American Board of Radiology (Radiology)
1356575633	10/29/1978	American Board of Radiology (Radiology)
1760454078	5/7/1950	American Board of Family Medicine (Sub: General)
1083682983	2/26/1970	AM OS Bd Int Med
1760552376	11/23/1955	American Board of Internal Medicine (Int Med)
1760552376	11/23/1955	American Board of Internal Medicine (Sub: Pulm Diseases)
1760552376	11/23/1955	American Board of Internal Medicine (Sub: Sleep)
1578504320	6/21/1962	AM OS Bd Family Practice
1578504320	6/21/1962	AM OS Bd Family Practice
1275726069	12/21/1978	AM OS Bd Int Med
1033313846	4/26/1977	AM OS Bd Ob&Gyn
1962616003	6/7/1974	American Board of Radiology (Radiology)
1962616003	6/7/1974	American Board of Radiology (Radiology)
1962616003	6/7/1974	American Board of Radiology (Radiology)
1710079819	10/2/1959	AM OS Bd Family Practice
1710079819	10/2/1959	Am Os Bd of Family Phys (Sub: FP & Osteop
1710079819	10/2/1959	Am Os Bd Preventive Med (PM/OEM)
1801800982	12/17/1972	American Board of Emergency Med (Emerg Med)
1801800982	12/17/1972	American Board of Emergency Med (Emerg Med)
1801800982	12/17/1972	American Board of Emergency Med (Emerg Med)
1518920180	8/5/1946	American Board of Family Medicine (Sub: General)
1518920180	8/5/1946	American Board of Radiology (Diagnostic Radiology)
1801854732	4/29/1966	American Board of Radiology (Radiology)
1801854732	4/29/1966	American Board of Radiology (Radiology)
1801854732	4/29/1966	American Board of Radiology (Sub: Neuroradiology)
1801854732	4/29/1966	American Board of Radiology (Sub: Neuroradiology)
1487699104	9/18/1966	American Board of Radiology (Radiology)

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1487699104	9/18/1966	American Board of Radiology (Radiology)
1205925864	2/12/1977	American Board of Pediatrics (Pediatrics)
1205925864	2/12/1977	American Board of Pediatrics (Pediatrics)
1205925864	2/12/1977	American Board of Radiology (Pediatrics)
1205925864	2/12/1977	American Board of Radiology (Pediatrics)
1205925864	2/12/1977	American Board of Radiology (Radiology)
1205925864	2/12/1977	American Board of Radiology (Radiology)
1053390021	4/9/1970	American Board of Radiology (Diagnostic Radiology)
1053390021	4/9/1970	American Board of Radiology (Diagnostic Radiology)
1689695140	9/28/1943	American Board of Family Medicine (Sub: General)
1679559165	4/21/1977	American Board of Internal Medicine (Electrophysiology)
1679559165	4/21/1977	American Board of Internal Medicine (Sub: Cardv Disease)
1003074071	5/1/1979	American Board of Family Medicine (Sub: General)
1700101110	8/28/1964	AM OS Bd Family Practice
1679553671	2/14/1964	American Board of Radiology (Radiology)
1679553671	2/14/1964	American Board of Radiology (Radiology)
1679553671	2/14/1964	American Board of Radiology (Vascular & Interventional)
1679553671	2/14/1964	American Board of Radiology (Vascular & Interventional)
1740455146	10/9/1976	American Board of Psychiatry & Neurology (Sub: Geriatric Psy
1033345608	9/27/1982	American Board of Radiology (Diagnostic Radiology)
1740419746	1/13/1982	American Board of Family Medicine (Sub: General)
1740419746	1/13/1982	American Board of Family Medicine (Sub: General)
1740419746	1/13/1982	American Board of Family Medicine (Sub: General)
1295947992	12/10/1973	American Board of Internal Medicine (Int Med)
1295947992	12/10/1973	American Board of Internal Medicine (Sub: Med Oncology)
1801861414	2/20/1955	American Board of Pathology (Anatomic&Clinical Path)
1801861414	2/20/1955	American Board of Pathology (Anatomic&Clinical Path)
1801861414	2/20/1955	American Board of Pathology (Anatomic&Clinical Path)
1801861414	2/20/1955	American Board of Pathology (Anatomic&Clinical Path)
1801861414	2/20/1955	American Board of Pathology (Sub: Cytopathology)
1801861414	2/20/1955	American Board of Pathology (Sub: Cytopathology)
1801861414	2/20/1955	American Board of Pathology (Sub: Cytopathology)
1801861414	2/20/1955	American Board of Pathology (Sub: Cytopathology)
1588628705	8/29/1956	American Board of Family Practice (Fam Prac)
1356320881	6/23/1952	American Board of Internal Medicine (Int Med)
1356320881	6/23/1952	American Board of Internal Medicine (Sub: Gastro)
1255590659	4/1/1981	American Board of Pediatrics (Pediatrics)
1255590659	4/1/1981	American Board of Pediatrics (Sub: Emergency Medicine)
1316227473	2/11/1983	AM OS Bd Emergency Med
1124011044	5/1/1967	American Board of Radiology (Diagnostic Radiology)
1124011044	5/1/1967	American Board of Radiology (Diagnostic Radiology)
1124011044	5/1/1967	American Board of Radiology (Diagnostic Radiology)
1124011044	5/1/1967	American Board of Radiology (Sub: Neuroradiology)
1124011044	5/1/1967	American Board of Radiology (Sub: Neuroradiology)
1124011044	5/1/1967	American Board of Radiology (Sub: Neuroradiology)
1356375695	10/26/1952	American Board of Radiology (Radiology)
1356375695	10/26/1952	American Board of Radiology (Radiology)

1356375695	10/26/1952	American Board of Radiology (Radiology)
1356375695	10/26/1952	American Board of Radiology (Sub: Neuroradiology)
1356375695	10/26/1952	American Board of Radiology (Sub: Neuroradiology)
1356375695	10/26/1952	American Board of Radiology (Sub: Neuroradiology)
1467778258	1/15/1979	American Board of Radiology (Sub: Nuclear Radiology)
1609906619	9/10/1963	American Board of Internal Medicine (Int Med)
1609906619	9/10/1963	American Board of Internal Medicine (Int Med)
1609906619	9/10/1963	American Board of Internal Medicine (Int Med)
1306100789	10/20/1980	American Board of Internal Medicine (Int Med)
1306100789	10/20/1980	American Board of Internal Medicine (Int Med)
1679511356	1/27/1962	American Board of Radiology (Diagnostic Radiology)
1679511356	1/27/1962	American Board of Radiology (Diagnostic Radiology)
1679511356	1/27/1962	American Board of Radiology (Diagnostic Radiology)
1679511356	1/27/1962	American Board of Radiology (Sub: Neuroradiology)
1679511356	1/27/1962	American Board of Radiology (Sub: Neuroradiology)
1679511356	1/27/1962	American Board of Radiology (Sub: Neuroradiology)
1487628269	6/27/1956	American Board of Radiology (Radiology)
1487628269	6/27/1956	American Board of Radiology (Radiology)
1487628269	6/27/1956	American Board of Radiology (Radiology)
1629128640	9/7/1973	American Board of Internal Medicine (Int Med)
1629128640	9/7/1973	American Board of Pediatrics (Pediatrics)
1023034972	2/16/1962	American Board of Family Practice (Fam Prac)
1275740789	9/27/1978	American Board of Emergency Med (Emerg Med)
1275740789	9/27/1978	American Board of Emergency Med (Emerg Med)
1275740789	9/27/1978	American Board of Emergency Med (Emerg Med)
1235165317	12/10/1960	American Board of Pediatrics (Sub: Emergency Medicine)
1992922082	1/28/1975	American Board of Radiology (Diagnostic Radiology)
1992922082	1/28/1975	American Board of Radiology (Diagnostic Radiology)
1992922082	1/28/1975	American Board of Radiology (Diagnostic Radiology)
1992922082	1/28/1975	American Board of Radiology (Diagnostic Radiology)
1992922082	1/28/1975	American Board of Radiology (Diagnostic Radiology)
1992922082	1/28/1975	American Board of Radiology (Diagnostic Radiology)
1851345326	2/5/1960	American Board of Internal Medicine (Sub: Cardv Disease)
1851345326	2/5/1960	American Board of Internal Medicine (Sub: Cardv Disease)
1851345326	2/5/1960	American Board of Internal Medicine (Sub: Cardv Disease)
1851345326	2/5/1960	American Board of Internal Medicine (Sub: Interventional Car
1851345326	2/5/1960	American Board of Internal Medicine (Sub: Interventional Car
1851345326	2/5/1960	American Board of Internal Medicine (Sub: Interventional Car
1699822361	3/30/1948	Grandfathered
1912174657	4/4/1976	American Board of Pediatrics (Pediatrics)
1457390247	1/4/1962	American Board of Internal Medicine (Int Med)
1457390247	1/4/1962	American Board of Internal Medicine (Int Med)
1457390247	1/4/1962	American Board of Internal Medicine (Int Med)
1407057920	7/21/1967	American Board of Internal Medicine (Int Med)
1720063852	11/11/1966	American Board of Radiology (Diagnostic Radiology)
1720063852	11/11/1966	American Board of Radiology (Diagnostic Radiology)
1760596829	12/12/1954	American Board of Foot and Ankle Surgery

1437393873	5/23/1974	American Board of Internal Medicine (Int Med)
1467430082	11/14/1968	American Board of Radiology (Diagnostic Radiology)
1467430082	11/14/1968	American Board of Radiology (Diagnostic Radiology)
1689812406	6/26/1982	American Board of Psychiatry&Neurology (Neurology)
1225090509	5/27/1957	American Board of Family Practice (Fam Prac)
1396821112	1/5/1956	American Board of Ob&Gyn (O&G)
1205864329	3/18/1969	AM OS Bd Radiology
1205864329	3/18/1969	AM OS Bd Radiology
1205864329	3/18/1969	AM OS Bd Radiology
1205864329	3/18/1969	Am Os Bd Radiology (Dx Radiology)
1205864329	3/18/1969	Am Os Bd Radiology (Dx Radiology)
1205864329	3/18/1969	Am Os Bd Radiology (Dx Radiology)
1083624365	8/9/1974	American Board of Surgery (Surgery)
1164614079	5/1/1971	AM OS Bd Int Med
1164614079	5/1/1971	AM OS Bd Int Med
1508892035	1/8/1945	Not Board Certified
1174570881	6/20/1958	American Board of Internal Medicine (Int Med)
1174570881	6/20/1958	American Board of Physical Medicine & Rehabilitation
1528032604	7/26/1957	American Board of Radiology (Diagnostic Radiology)
1528032604	7/26/1957	American Board of Radiology (Diagnostic Radiology)
1528032604	7/26/1957	American Board of Radiology (Diagnostic Radiology)
1386679447	7/12/1936	Am Os Bd Ophthalmology&Otorhino (Ophtha)
1386679447	7/12/1936	Am Os Bd Ophthalmology&Otorhino (Ophtha)
1265403968	11/12/1960	American Board of Family Medicine (Sub: General)
1164428090	10/31/1955	American Board of Internal Medicine (Int Med)
1164428090	10/31/1955	American Board of Internal Medicine (Sub: Crit Care Med)
1164428090	10/31/1955	American Board of Internal Medicine (Sub: Pulm Diseases)
1669608618	9/18/1979	American Board of Emergency Med (Emerg Med)
1710952320	2/18/1969	American Board of Pathology (Anatomic&Clinical Path)
1710952320	2/18/1969	American Board of Pathology (Anatomic&Clinical Path)
1710952320	2/18/1969	American Board of Pathology (Anatomic&Clinical Path)
1710952320	2/18/1969	American Board of Pathology (Anatomic&Clinical Path)
1972561702	9/11/1977	AM OS Bd Int Med
1972561702	9/11/1977	AM OS Bd Int Med
1972561702	9/11/1977	AM OS Bd Int Med
1902131170	2/22/1982	AM OS Bd Ophthalmology
1902131170	2/22/1982	AM OS Bd Ophthalmology
1205095973	9/27/1974	AM OS Bd Radiology
1265483184	10/15/1970	American Board of Surgery (Surgery)
1740257831	11/9/1971	American Board of Internal Medicine (Int Med)
1558366864	5/18/1953	American Board of Surgery (Surgery)
1992144745	5/12/1986	AM OS Bd Int Med
1992144745	5/12/1986	AM OS Bd Int Med
1992144745	5/12/1986	AM OS Bd Int Med
1407896947	6/20/1960	American Board of Internal Medicine (Int Med)
1407896947	6/20/1960	American Board of Internal Medicine (Int Med)
1407896947	6/20/1960	American Board of Internal Medicine (Int Med)

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1205901410	9/15/1965	American Board of Internal Medicine (Int Med)
1205901410	9/15/1965	American Board of Internal Medicine (Int Med)
1205901410	9/15/1965	American Board of Internal Medicine (Int Med)
1407896947	6/20/1960	American Board of Internal Medicine (Sub: Med Oncology)
1407896947	6/20/1960	American Board of Internal Medicine (Sub: Med Oncology)
1407896947	6/20/1960	American Board of Internal Medicine (Sub: Med Oncology)
1104810761	5/9/1951	American Board of Nuclear Med (Nuc Med)
1104810761	5/9/1951	American Board of Nuclear Med (Nuc Med)
1104810761	5/9/1951	American Board of Nuclear Med (Nuc Med)
1104810761	5/9/1951	American Board of Radiology (Diagnostic Radiology)
1104810761	5/9/1951	American Board of Radiology (Diagnostic Radiology)
1104810761	5/9/1951	American Board of Radiology (Diagnostic Radiology)
1104810761	5/9/1951	American Board of Radiology (Sub: Neuroradiology)
1104810761	5/9/1951	American Board of Radiology (Sub: Neuroradiology)
1104810761	5/9/1951	American Board of Radiology (Sub: Neuroradiology)
1104810761	5/9/1951	American Board of Radiology (Sub: Nuclear Radiology)
1104810761	5/9/1951	American Board of Radiology (Sub: Nuclear Radiology)
1104810761	5/9/1951	American Board of Radiology (Sub: Nuclear Radiology)
1134328776	5/22/1980	American Board of Emergency Med (Emerg Med)
1134328776	5/22/1980	American Board of Emergency Med (Emerg Med)
1134328776	5/22/1980	American Board of Emergency Med (Emerg Med)
1447454251	6/12/1979	American Board of Family Practice (Fam Prac)
1043522329	4/4/1968	AM OS Bd Int Med
1568625127	5/8/1981	American Board of Internal Medicine (Int Med)
1568625127	5/8/1981	American Board of Pediatrics (Pediatrics)
1649489733	8/23/1979	American Board of Pediatrics (Pediatrics)
1649489733	8/23/1979	American Board of Pediatrics (Sub: Emergency Medicine)
1750445086	1/8/1974	American Board of Radiology (Radiology)
1750445086	1/8/1974	American Board of Radiology (Radiology)
1083863617	1/9/1978	American Board of Radiology (Radiology)
1083863617	1/9/1978	American Board of Radiology (Radiology)
1083863617	1/9/1978	American Board of Radiology (Radiology)
1104024256	2/4/1954	American Board of Radiology (Radiology)
1770554701	7/19/1958	American Board of Radiology (Diagnostic Radiology)
1770554701	7/19/1958	American Board of Radiology (Diagnostic Radiology)
1770554701	7/19/1958	American Board of Radiology (Diagnostic Radiology)
1750353348	8/11/1957	American Board of Internal Medicine (Sub: Med Oncology)
1750353348	8/11/1957	American Board of Internal Medicine (Sub: Med Oncology)
1750353348	8/11/1957	American Board of Internal Medicine (Sub: Med Oncology)
1487614301	4/20/1949	American Board of Psychiatry&Neurology (Psychiatry)
1649477209	1/18/1977	Am Os Bd Surgery (General Surgery)
1649477209	1/18/1977	Am Os Bd Surgery (General Surgery)
1902891260	3/4/1955	American Board of Surgery (Surgery)
1063407773	6/4/1963	American Board of Psychiatry&Neurology (Sub: Child)
1528009198	1/11/1958	American Board of Neurological Surgery (Neuro Surg)
1487850038	1/4/1979	American Board of Emergency Med (Emerg Med)
1487850038	1/4/1979	American Board of Emergency Med (Emerg Med)

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1487850038	1/4/1979	American Board of Emergency Med (Emerg Med)
1750593208	6/1/1978	American Board of Emergency Med (Emerg Med)
1750593208	6/1/1978	American Board of Emergency Med (Emerg Med)
1750593208	6/1/1978	American Board of Emergency Med (Emerg Med)
1659360592	10/16/1969	American Board of Family Medicine (Sub: General)
1104812734	8/5/1969	American Board of Internal Medicine (Sub: Crit Care Med)
1104812734	8/5/1969	American Board of Internal Medicine (Sub: Pulm Diseases)
1104812734	8/5/1969	American Board of Sleep Medicine
1023135811	4/12/1979	American Board of Orthopaedic Surgery (Ortho Surg)
1053404871	10/5/1958	American Board of Family Practice (Fam Prac)
1053404871	10/5/1958	American Board of Family Practice (Fam Prac)
1962466672	11/24/1948	American Board of Pediatrics (Pediatrics)
1184949489	5/30/1967	American Board of Internal Medicine (Int Med)
1184949489	5/30/1967	American Board of Internal Medicine (Sub: Infec Disease)
1356331037	2/26/1963	American Board of Plastic Surgery
1356331037	2/26/1963	American Board of Plastic Surgery
1356331037	2/26/1963	American Board of Surgery (Surgery)
1356331037	2/26/1963	American Board of Surgery (Surgery)
1316943665	1/31/1948	American Board of Internal Medicine (Int Med)
1316943665	1/31/1948	American Board of Internal Medicine (Sub: Crit Care Med)
1316943665	1/31/1948	American Board of Internal Medicine (Sub: Pulm Diseases)
1316943665	1/31/1948	American Board of Internal Medicine (Sub: Sleep)
1093712473	5/13/1957	American Board of Radiology (Diagnostic Radiology)
1093712473	5/13/1957	American Board of Radiology (Diagnostic Radiology)
1093712473	5/13/1957	American Board of Radiology (Diagnostic Radiology)
1467568261	6/4/1957	American Board of Neurological Surgery (Neuro Surg)
1467568261	6/4/1957	American Board of Neurological Surgery (Neuro Surg)
1467568261	6/4/1957	American Board of Radiology (Radiology)
1467568261	6/4/1957	American Board of Radiology (Radiology)
1104818103	11/4/1954	American Board of Surgery (Sub: General Vascular Surg)
1104818103	11/4/1954	American Board of Surgery (Sub: General Vascular Surg)
1104818103	11/4/1954	American Board of Surgery (Surgery)
1104818103	11/4/1954	American Board of Surgery (Surgery)
1841268315	7/24/1957	American Board of Internal Medicine (Int Med)
1841268315	7/24/1957	American Board of Internal Medicine (Sub: Med Oncology)
1922084474	8/16/1962	American Board of Radiology (Diagnostic Radiology)
1922084474	8/16/1962	American Board of Radiology (Diagnostic Radiology)
1477576064	11/13/1973	American Board of Radiology (Radiology)
1477576064	11/13/1973	American Board of Radiology (Radiology)
1477576064	11/13/1973	American Board of Radiology (Radiology)
1205891082	5/2/1967	American Board of Orthopaedic Surgery (Ortho Surg)
1205891082	5/2/1967	American Board of Orthopaedic Surgery (Ortho Surg)
1396799326	4/21/1955	American Board of Orthopaedic Surgery (Ortho Surg)
1932424629	2/20/1984	American Board of Radiology (Radiology)
1497933063	8/1/1956	Am Os Bd Ob&Gyn (OG)
1720268667	9/5/1969	American Board of Surgery (Surgery)
1083874317	1/14/1981	American Board of Family Medicine (Sub: General)

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1083874317	1/14/1981	American Board of Family Medicine (Sub: General)
1083874317	1/14/1981	American Board of Family Medicine (Sub: General)
1083874317	1/14/1981	American Board of Family Medicine (Sub: General)
1356324370	/ /	American Board of Radiology (Radiology)
1356324370	/ /	American Board of Radiology (Radiology)
1356324370	/ /	American Board of Radiology (Radiology)
1528039054	6/12/1965	American Board of Family Practice (Fam Prac)
1154377117	6/30/1968	American Board of Radiology (Radiology)
1154377117	6/30/1968	American Board of Radiology (Radiology)
1154377117	6/30/1968	American Board of Radiology (Sub: Neuroradiology)
1154377117	6/30/1968	American Board of Radiology (Sub: Neuroradiology)
1285620559	2/11/1971	American Board of Psychiatry&Neurology (Psychiatry)
1881858876	4/16/1974	American Board of Pathology (Anatomic&Clinical Path)
1881858876	4/16/1974	American Board of Pathology (Anatomic&Clinical Path)
1881858876	4/16/1974	American Board of Pathology (Anatomic&Clinical Path)
1881858876	4/16/1974	American Board of Pathology (Anatomic&Clinical Path)
1205872876	8/21/1961	American Board of Internal Medicine (Int Med)
1205872876	8/21/1961	American Board of Internal Medicine (Sub: Crit Care Med)
1205872876	8/21/1961	American Board of Internal Medicine (Sub: Pulm Diseases)
1205872876	8/21/1961	American Board of Internal Medicine (Sub: Sleep)
1962478164	4/11/1970	American Board of Internal Medicine (Int Med)
1962478164	4/11/1970	American Board of Internal Medicine (Sub: Med Oncology)
1235114760	4/17/1972	American Board of Radiology (Radiology)
1235114760	4/17/1972	American Board of Radiology (Radiology)
1992742621	3/24/1976	American Board of Radiology (Radiology)
1992742621	3/24/1976	American Board of Radiology (Sub: Neuroradiology)
1013942739	12/5/1960	Am Os Bd of Internal Medicine (Int Med)
1912973595	11/7/1946	American Board of Internal Medicine (Int Med)
1912973595	11/7/1946	American Board of Internal Medicine (Sub: Pulm Diseases)
1912973595	11/7/1946	American Board of Internal Medicine (Sub: Sleep)
1710912399	3/30/1957	American Board of Internal Medicine (Int Med)
1710912399	3/30/1957	American Board of Internal Medicine (Sub: Crit Care Med)
1710912399	3/30/1957	American Board of Internal Medicine (Sub: Pulm Diseases)
1942521836	11/3/1980	AM OS Bd Int Med
1255380481	8/24/1956	American Board of Radiology (Radiology)
1780817460	4/3/1980	American Board of Pediatrics (Pediatrics)
1780817460	4/3/1980	American Board of Pediatrics (Pediatrics)
1780817460	4/3/1980	American Board of Pediatrics (Pediatrics)
1750519070	5/15/1982	American Board of Radiology (Radiology)
1750519070	5/15/1982	American Board of Radiology (Radiology)
1750519070	5/15/1982	American Board of Radiology (Radiology)
1538121116	2/20/1960	American Board of Radiology (Diagnostic Radiology)
1538121116	2/20/1960	American Board of Radiology (Diagnostic Radiology)
1538121116	2/20/1960	American Board of Radiology (Diagnostic Radiology)
1396708731	6/5/1972	American Board of Orthopaedic Surgery (Ortho Surg)
1184666778	7/24/1949	American Board of Radiology (Radiology)
1124139993	4/19/1971	Am Os Bd of Emergency Medicine

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1124139993	4/19/1971	Am Os Bd of Emergency Medicine
1225023104	9/8/1960	American Board of Internal Medicine (Int Med)
1225023104	9/8/1960	American Board of Internal Medicine (Sub: Cardv Disease)
1225023104	9/8/1960	American Board of Internal Medicine (Sub: Interventional Car
1104924232	7/6/1977	American Board of Internal Medicine (Int Med)
1104924232	7/6/1977	American Board of Internal Medicine (Int Med)
1104924232	7/6/1977	American Board of Internal Medicine (Int Med)
1104924232	7/6/1977	American Board of Internal Medicine (Sub: Med Oncology)
1104924232	7/6/1977	American Board of Internal Medicine (Sub: Med Oncology)
1104924232	7/6/1977	American Board of Internal Medicine (Sub: Med Oncology)
1508813478	12/16/1976	American Board of Family Medicine (Sub: General)
1659410728	7/3/1980	American Board of Orthopaedic Surgery (Ortho Surg)
1124017744	1/17/1964	American Board of Family Practice (Fam Prac)
1346357951	2/18/1964	American Board of Orthopaedic Surgery (Ortho Surg)
1346357951	2/18/1964	American Board of Orthopaedic Surgery (Ortho Surg)
1043548381	10/22/1978	AM OS Bd Emergency Med
1316995749	1/8/1965	American Board of Radiology (Diagnostic Radiology)
1881612877	6/4/1964	American Board of Internal Medicine (Int Med)
1881612877	6/4/1964	American Board of Internal Medicine (Int Med)
1881612877	6/4/1964	American Board of Internal Medicine (Int Med)
1881612877	6/4/1964	American Board of Pediatrics (Pediatrics)
1881612877	6/4/1964	American Board of Pediatrics (Pediatrics)
1881612877	6/4/1964	American Board of Pediatrics (Pediatrics)
1891711743	8/7/1970	American Board of Emergency Med (Emerg Med)
1881709244	4/6/1978	American Board of Orthopaedic Surgery (Ortho Surg)
1316089014	5/13/1979	AM OS Bd Family Practice
1316089014	5/13/1979	AM OS Bd Family Practice
1316089014	5/13/1979	AM OS Bd Family Practice
1265431613	1/12/1960	American Board of Internal Medicine (Int Med)
1265431613	1/12/1960	American Board of Internal Medicine (Int Med)
1548576549	1/20/1984	AM OS Bd Int Med
1831119254	10/5/1967	American Board of Radiology (Diagnostic Radiology)
1831119254	10/5/1967	American Board of Radiology (Diagnostic Radiology)
1831119254	10/5/1967	American Board of Radiology (Diagnostic Radiology)
1730293465	9/28/1949	American Board of Oral&Maxillofacial Surgery
1952539553	8/29/1982	AM OS Bd Int Med
1700100286	6/8/1984	American Board of Surgery (Surgery)
1932277423	12/13/1956	American Board of Pediatrics (Pediatrics)
1568468718	11/18/1943	Grandfathered
1689988040	3/26/1975	AM OS Bd Emergency Med
1689988040	3/26/1975	AM OS Bd Emergency Med
1689988040	3/26/1975	AM OS Bd Emergency Med
1548407166	7/23/1973	American Board of Internal Medicine (Int Med)
1548407166	7/23/1973	American Board of Internal Medicine (Int Med)
1770875841	8/1/1984	American Board of Pediatrics (Pediatrics)
1740232305	9/2/1942	American Board of Pediatrics (Pediatrics)
1821029364	1/25/1973	American Board of Radiology (Diagnostic Radiology)

1740474527	1/1/1978	American Board of Family Medicine (Sub: General)
1952344723	2/20/1969	American Board of Orthopaedic Surgery (Ortho Surg)
1790030013	1/21/1984	AM OS Bd Int Med
1790030013	1/21/1984	AM OS Bd Int Med
1164473005	6/26/1962	American Board of Radiology (Diagnostic Radiology)
1801896022	2/17/1962	American Board of Pediatrics (Pediatrics)
1306282421	3/23/1980	American Board of Emergency Med (Emerg Med)
1306282421	3/23/1980	American Board of Emergency Med (Emerg Med)
1306282421	3/23/1980	American Board of Emergency Med (Emerg Med)
1548339989	4/20/1969	American Board of Internal Medicine (Int Med)
1548339989	4/20/1969	American Board of Pediatrics (Pediatrics)
1861453409	10/11/1954	American Board of Internal Medicine (Int Med)
1861453409	10/11/1954	American Board of Internal Medicine (Int Med)
1194968263	1/31/1983	American Board of Radiology (Diagnostic Radiology)
1457382608	5/30/1955	American Board of Radiology (Radiology)
1457382608	5/30/1955	American Board of Radiology (Radiology)
1457382608	5/30/1955	American Board of Radiology (Radiology)
1780851956	11/6/1980	American Board of Emergency Med (Emerg Med)
1649591629	1/23/1982	American Board of Emergency Med (Emerg Med)
1649591629	1/23/1982	American Board of Emergency Med (Emerg Med)
1649591629	1/23/1982	American Board of Emergency Med (Emerg Med)
1205123361	9/30/1984	American Board of Emergency Med (Emerg Med)
1205123361	9/30/1984	American Board of Emergency Med (Emerg Med)
1205123361	9/30/1984	American Board of Emergency Med (Emerg Med)
1962401448	2/22/1960	American Board of Surgery (Surgery)
1962401448	2/22/1960	American Board of Surgery (Surgery)
1962401448	2/22/1960	American Board of Surgery (Surgery)
1962401448	2/22/1960	American Board of Surgery (Surgery)
1033197652	11/24/1964	American Board of Radiology (Diagnostic Radiology)
1033197652	11/24/1964	American Board of Radiology (Diagnostic Radiology)
1033197652	11/24/1964	American Board of Radiology (Diagnostic Radiology)
1033197652	11/24/1964	American Board of Radiology (Sub: Neuroradiology)
1033197652	11/24/1964	American Board of Radiology (Sub: Neuroradiology)
1033197652	11/24/1964	American Board of Radiology (Sub: Neuroradiology)
1558629907	11/1/1983	American Board of Internal Medicine (Int Med)
1851585996	8/12/1979	American Board of Internal Medicine (Int Med)
1346565587	4/4/1975	American Board of Radiology (Diagnostic Radiology)
1346565587	4/4/1975	American Board of Radiology (Diagnostic Radiology)
1346565587	4/4/1975	American Board of Radiology (Diagnostic Radiology)
1992951651	10/21/1976	American Board of Radiology (Diagnostic Radiology)
1992951651	10/21/1976	American Board of Radiology (Diagnostic Radiology)
1811945512	11/15/1967	American Board of Radiology (Diagnostic Radiology)
1396710505	11/17/1959	American Board of Pathology (Anatomic&Clinical Path)
1396710505	11/17/1959	American Board of Pathology (Anatomic&Clinical Path)
1396710505	11/17/1959	American Board of Pathology (Anatomic&Clinical Path)
1396710505	11/17/1959	American Board of Pathology (Anatomic&Clinical Path)
1700879665	6/8/1952	American Board of Ophthalmology (Ophthal)

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1700879665	6/8/1952	American Board of Ophthalmology (Ophthal)
1851480776	12/20/1977	American Board of Radiology (Diagnostic Radiology)
1851480776	12/20/1977	American Board of Radiology (Sub: Neuroradiology)
1184936742	11/3/1981	AM OS Bd Family Practice
1184936742	11/3/1981	AM OS Bd Family Practice
1184936742	11/3/1981	AM OS Bd Family Practice
1043231988	12/1/1966	American Board of Internal Medicine (Sub: Nephrology)
1043231988	12/1/1966	American Board of Internal Medicine (Sub: Nephrology)
1275578593	6/28/1969	American Board of Radiology (Diagnostic Radiology)
1275578593	6/28/1969	American Board of Radiology (Diagnostic Radiology)
1275578593	6/28/1969	American Board of Radiology (Diagnostic Radiology)
1114995354	3/29/1954	American Board of Internal Medicine (Int Med)
1073509568	10/21/1954	American Board of Ob&Gyn (O&G)
1467563239	3/22/1959	American Board of Family Practice (Fam Prac)
1467563239	3/22/1959	American Board of Family Practice (Fam Prac)
1467563239	3/22/1959	American Board of Family Practice (Fam Prac)
1053307546	5/16/1972	American Board of Ob&Gyn (O&G)
1467681965	9/28/1978	American Board of Ob&Gyn (O&G)
1164536512	8/9/1978	American Board of Emergency Med (Emerg Med)
1942266580	10/3/1970	American Board of Psychiatry&Neurology (Psychiatry)
1689938052	7/13/1978	AM OS Bd Int Med
1689938052	7/13/1978	AM OS Bd Int Med
1417920984	6/23/1973	American Board of Family Medicine (Sub: General)
1639148406	5/7/1963	American Board of Radiology (Diagnostic Radiology)
1639148406	5/7/1963	American Board of Radiology (Diagnostic Radiology)
1639148406	5/7/1963	American Board of Radiology (Diagnostic Radiology)
1609813112	12/29/1956	AM OS Bd Family Practice
1609813112	12/29/1956	AM OS Bd Family Practice
1609813112	12/29/1956	AM OS Bd Family Practice
1447469309	3/23/1956	American Board of Internal Medicine (Int Med)
1447469309	3/23/1956	American Board of Internal Medicine (Int Med)
1447469309	3/23/1956	American Board of Internal Medicine (Int Med)
1447469309	3/23/1956	American Board of Internal Medicine (Int Med)
1912938192	8/18/1938	American Board of Family Medicine (Sub: General)
1366523235	3/25/1963	American Board of Radiology (Radiology)
1366523235	3/25/1963	American Board of Radiology (Radiology)
1366523235	3/25/1963	American Board of Radiology (Radiology)
1376533489	1/5/1973	American Board of Pediatrics (Pediatrics)
1376533489	1/5/1973	American Board of Pediatrics (Pediatrics)
1376533489	1/5/1973	American Board of Pediatrics (Sub: Ped Cardiology)
1376533489	1/5/1973	American Board of Pediatrics (Sub: Ped Cardiology)
1922051705	5/29/1971	American Board of Family Medicine (Sub: General)
1922051705	5/29/1971	American Board of Family Medicine (Sub: General)
1922051705	5/29/1971	American Board of Family Medicine (Sub: General)
1922051705	5/29/1971	American Board of Family Medicine (Sub: General)
1992949390	10/26/1971	American Board of Ob&Gyn (O&G)
1306073689	8/25/1975	AM OS Bd Int Med

1336123645	11/6/1966	American Board of Foot and Ankle Surgery
1013272053	3/27/1981	AM OS Bd Int Med
1013272053	3/27/1981	AM OS Bd Int Med
1013272053	3/27/1981	AM OS Bd Int Med
1063496008	8/13/1967	American Board of Podiatric Orthopedics & Primary Pod Med
1013156587	2/13/1977	American Board of Psychiatry&Neurology (Neurology)
1295702512	8/28/1956	AB of Internal Medicine (Sub: Hospice & Pallative Med)
1295702512	8/28/1956	American Board of Family Medicine (Sub: General)
1295702512	8/28/1956	American Board of Internal Medicine (Sub: Hematology)
1295702512	8/28/1956	American Board of Internal Medicine (Sub: Med Oncology)
1982670048	12/24/1968	American Board of Anesthesiology (Anes)
1982670048	12/24/1968	American Board of Anesthesiology (Anes)
1982670048	12/24/1968	American Board of Anesthesiology (Anes)
1982670048	12/24/1968	American Board of Anesthesiology (Anes)
1902803562	4/25/1960	American Board of Radiology (Radiology)
1902803562	4/25/1960	American Board of Radiology (Radiology)
1902803562	4/25/1960	American Board of Radiology (Radiology)
1578548533	2/20/1958	American Board of Radiology (Diagnostic Radiology)
1578548533	2/20/1958	American Board of Radiology (Diagnostic Radiology)
1578548533	2/20/1958	American Board of Radiology (Diagnostic Radiology)
1578548533	2/20/1958	American Board of Radiology (Vascular & Interventional)
1578548533	2/20/1958	American Board of Radiology (Vascular & Interventional)
1578548533	2/20/1958	American Board of Radiology (Vascular & Interventional)
1245225465	1/19/1961	American Board of Orthopaedic Surgery (Ortho Surg)
1780780882	4/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1780780882	4/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1780780882	4/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1780780882	4/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1780635458	2/25/1970	American Board of Radiology (Diagnostic Radiology)
1780635458	2/25/1970	American Board of Radiology (Diagnostic Radiology)
1780635458	2/25/1970	American Board of Radiology (Diagnostic Radiology)
1871540542	10/21/1971	American Board of Radiology (Radiology)
1477515880	1/16/1951	American Board of Pediatrics (Pediatrics)
1477515880	1/16/1951	American Board of Pediatrics (Pediatrics)
1477515880	1/16/1951	American Board of Pediatrics (Pediatrics)
1477515880	1/16/1951	American Board of Pediatrics (Sub: Ped Cardiology)
1477515880	1/16/1951	American Board of Pediatrics (Sub: Ped Cardiology)
1477515880	1/16/1951	American Board of Pediatrics (Sub: Ped Cardiology)
1548268196	5/3/1967	American Board of Family Medicine (Sub: General)
1548268196	5/3/1967	American Board of Family Medicine (Sub: General)
1558509166	2/18/1978	American Board of Radiology (Diagnostic Radiology)
1558509166	2/18/1978	American Board of Radiology (Diagnostic Radiology)
1558509166	2/18/1978	American Board of Radiology (Diagnostic Radiology)
1588620108	10/4/1955	American Board of Internal Medicine (Int Med)
1588620108	10/4/1955	American Board of Internal Medicine (Int Med)
1588620108	10/4/1955	American Board of Internal Medicine (Int Med)
1588620108	10/4/1955	American Board of Internal Medicine (Int Med)

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1588620108	10/4/1955	American Board of Internal Medicine (Sub: Cardv Disease)
1588620108	10/4/1955	American Board of Internal Medicine (Sub: Cardv Disease)
1588620108	10/4/1955	American Board of Internal Medicine (Sub: Cardv Disease)
1588620108	10/4/1955	American Board of Internal Medicine (Sub: Cardv Disease)
1255566196	10/28/1981	AM OS Bd Family Practice
1255566196	10/28/1981	AM OS Bd Family Practice
1255566196	10/28/1981	AM OS Bd Family Practice
1063445989	12/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1063445989	12/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1063445989	12/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1063445989	12/5/1963	American Board of Internal Medicine (Sub: Cardv Disease)
1588616338	6/18/1969	American Board of Radiology (Radiology)
1588616338	6/18/1969	American Board of Radiology (Radiology)
1588616338	6/18/1969	American Board of Radiology (Radiology)
1699724013	12/9/1967	American Board of Internal Medicine (Int Med)
1699724013	12/9/1967	American Board of Internal Medicine (Int Med)
1356662340	10/18/1977	American Board of Internal Medicine (Int Med)
1356662340	10/18/1977	American Board of Internal Medicine (Int Med)
1386829679	3/2/1968	AM OS Bd Int Med
1386872869	3/28/1980	American Board of Emergency Med (Emerg Med)
1467689000	1/22/1965	American Board of Emergency Med (Emerg Med)
1265407423	2/25/1975	American Board of Emergency Med (Emerg Med)
1982662615	8/1/1938	American Board of Psychiatry&Neurology (Psychiatry)
1982662615	8/1/1938	American Board of Psychiatry&Neurology (Psychiatry)
1215918248	6/25/1962	American Board of Internal Medicine (Sub: Cardv Disease)
1164754743	2/9/1973	American Board of Radiology (Radiology)
1164754743	2/9/1973	American Board of Radiology (Radiology)
1215224902	3/14/1963	AM OS Bd Int Med
1215224902	3/14/1963	AM OS Bd Int Med
1144272519	1/15/1948	American Board of Family Practice (Fam Prac)
1932150604	11/18/1953	American Board of Radiology (Diagnostic Radiology)
1932150604	11/18/1953	American Board of Radiology (Diagnostic Radiology)
1932150604	11/18/1953	American Board of Radiology (Diagnostic Radiology)
1154399947	8/25/1968	American Board of Internal Medicine (Int Med)
1740225705	10/19/1966	American Board of Orthopaedic Surgery (Ortho Surg)
1104995414	3/31/1968	American Board of Family Medicine (Sub: General)
1104930502	2/27/1967	American Board of Internal Medicine (Int Med)
1295803708	11/24/1959	American Board of Pediatrics (Pediatrics)
1952389009	11/7/1955	American Board of Radiology (Diagnostic Radiology)
1952389009	11/7/1955	American Board of Radiology (Diagnostic Radiology)
1952389009	11/7/1955	American Board of Radiology (Diagnostic Radiology)
1639302151	3/10/1980	American Board of Internal Medicine (Int Med)
1639302151	3/10/1980	American Board of Internal Medicine (Sub: Pulm Diseases)
1881661965	3/27/1965	American Board of Anesthesiology (Anes)
1942384433	1/22/1975	American Board of Otolaryngology (Otolary)
1750502514	9/7/1981	AM OS Bd Family Practice
1750502514	9/7/1981	AM OS Bd Geriatric Medicine

1023372232	7/13/1977	AM OS Bd Int Med
1023372232	7/13/1977	AM OS Bd Int Med
1023372232	7/13/1977	AM OS Bd Int Med
1023372232	7/13/1977	AM OS Bd Int Med
1689679631	7/25/1955	American Board of Radiology (Diagnostic Radiology)
1689679631	7/25/1955	American Board of Radiology (Diagnostic Radiology)
1689679631	7/25/1955	American Board of Radiology (Diagnostic Radiology)
1760678106	9/28/1979	AM OS Bd Int Med
1275521239	8/27/1968	American Board of Psychiatry&Neurology (Neurology)
1275521239	8/27/1968	American Board of Psychiatry&Neurology (Neurology)
1215901517	8/3/1956	American Board of Family Practice (Fam Prac)
1346568227	4/30/1971	American Board of Radiology (Diagnostic Radiology)
1346568227	4/30/1971	American Board of Radiology (Diagnostic Radiology)
1346568227	4/30/1971	American Board of Radiology (Diagnostic Radiology)
1437212644	5/17/1979	American Board of Radiology (Radiology)
1437212644	5/17/1979	American Board of Radiology (Radiology)
1821068420	1/2/1956	AM OS Bd Family Practice
1083973374	5/23/1985	American Board of Internal Medicine (Int Med)
1083973374	5/23/1985	American Board of Internal Medicine (Int Med)
1083973374	5/23/1985	American Board of Internal Medicine (Int Med)
1154614816	7/21/1981	American Board of Family Medicine (Sub: General)
1154614816	7/21/1981	American Board of Family Medicine (Sub: General)
1154614816	7/21/1981	American Board of Family Medicine (Sub: General)
1851409817	10/11/1965	American Board of Internal Medicine (Int Med)
1851409817	10/11/1965	American Board of Internal Medicine (Int Med)
1851409817	10/11/1965	American Board of Internal Medicine (Int Med)
1508204835	4/28/1959	American Board of Psychiatry&Neurology (Psychiatry)
1669676243	6/25/1978	American Board of Radiology (Diagnostic Radiology)
1669676243	6/25/1978	American Board of Radiology (Diagnostic Radiology)
1770745127	9/25/1978	American Board of Internal Medicine (Int Med)
1770745127	9/25/1978	American Board of Internal Medicine (Int Med)
1770745127	9/25/1978	American Board of Internal Medicine (Sub: Cardv Disease)
1770745127	9/25/1978	American Board of Internal Medicine (Sub: Cardv Disease)
1417136078	1/9/1974	American Board of Surgery (Surgery)
1417136078	1/9/1974	American Board of Surgery (Surgery)
1548379795	2/13/1971	American Board of Emergency Med (Emerg Med)
1396946653	9/9/1977	American Board of Nuclear Med (Nuc Med)
1396946653	9/9/1977	American Board of Radiology (Diagnostic Radiology)
1962573386	12/13/1961	AM OS Bd Int Med
1255370003	10/9/1952	Am Os Bd of Family Phys (Sub: FP & Osteop
1255370003	10/9/1952	Am Os Bd of Family Phys (Sub: FP & Osteop
1750686283	3/30/1978	American Board of Family Medicine (Sub: General)
1013998004	4/18/1973	American Board of Internal Medicine (Int Med)
1932145422	11/6/1973	American Board of Internal Medicine (Int Med)
1013998004	4/18/1973	American Board of Psychiatry&Neurology (Psychiatry)
1487819744	5/19/1979	American Board of Psychiatry&Neurology (Psychiatry)
1073573226	11/8/1967	American Board of Internal Medicine (Sub: Cardv Disease)

1073573226	11/8/1967	American Board of Internal Medicine (Sub: Cardv Disease)
1073573226	11/8/1967	American Board of Internal Medicine (Sub: Cardv Disease)
1073573226	11/8/1967	American Board of Internal Medicine (Sub: Interventional Car
1073573226	11/8/1967	American Board of Internal Medicine (Sub: Interventional Car
1073573226	11/8/1967	American Board of Internal Medicine (Sub: Interventional Car
1043506108	4/16/1985	American Board of Pathology (Clinical Path)
1043506108	4/16/1985	American Board of Pathology (Clinical Path)
1043506108	4/16/1985	American Board of Pathology (Clinical Path)
1043506108	4/16/1985	American Board of Pathology (Clinical Path)
1750375390	11/9/1957	American Board of Internal Medicine (Int Med)
1750375390	11/9/1957	American Board of Internal Medicine (Int Med)
1750375390	11/9/1957	American Board of Internal Medicine (Int Med)
1750375390	11/9/1957	American Board of Radiology (Diagnostic Radiology)
1750375390	11/9/1957	American Board of Radiology (Diagnostic Radiology)
1750375390	11/9/1957	American Board of Radiology (Diagnostic Radiology)
1952509556	8/22/1978	American Board of Anesthesiology (Anes)
1952509556	8/22/1978	American Board of Anesthesiology (Anes)
1952509556	8/22/1978	American Board of Anesthesiology (Anes)
1952509556	8/22/1978	American Board of Anesthesiology (Anes)
1437189149	12/18/1962	American Board of Otolaryngology (Otolary)
1174637821	1/7/1968	American Board of Oral&Maxillofacial Surgery
1174637821	1/7/1968	American Board of Oral&Maxillofacial Surgery
1538352604	3/15/1966	American Board of Family Medicine (Sub: General)
1538352604	3/15/1966	American Board of Family Medicine (Sub: General)
1538352604	3/15/1966	American Board of Family Medicine (Sub: General)
1154360907	4/29/1956	American Board of Radiology (Diagnostic Radiology)
1861461758	12/21/1963	American Board of Ob&Gyn (O&G)
1316919905	5/12/1965	AB of Internal Medicine (Sub: Hospice & Pallative Med)
1316919905	5/12/1965	American Board of Internal Medicine (Sub: Med Oncology)
1457310195	8/12/1976	American Board of Family Practice (Fam Prac)
1831155944	9/10/1961	American Board of Internal Medicine (Sub: Cardv Disease)
1831155944	9/10/1961	American Board of Internal Medicine (Sub: Cardv Disease)
1831155944	9/10/1961	American Board of Internal Medicine (Sub: Cardv Disease)
1831155944	9/10/1961	American Board of Internal Medicine (Sub: Cardv Disease)
1194722652	4/18/1947	American Board of Family Practice (Fam Prac)
1952386989	2/3/1946	American Board of Internal Medicine (Int Med)
1235122151	3/7/1955	American Board of Ophthalmology (Ophthal)
1235122151	3/7/1955	American Board of Ophthalmology (Ophthal)
1720387327	10/14/1964	AM OS Bd Emergency Med
1184645277	10/26/1976	American Board of Emergency Med (Emerg Med)
1184645277	10/26/1976	American Board of Emergency Med (Emerg Med)
1184645277	10/26/1976	American Board of Emergency Med (Emerg Med)
1184645277	10/26/1976	American Board of Emergency Med (Emerg Med)
1184645277	10/26/1976	American Board of Internal Medicine (Int Med)
1184645277	10/26/1976	American Board of Internal Medicine (Int Med)
1184645277	10/26/1976	American Board of Internal Medicine (Int Med)
1184645277	10/26/1976	American Board of Internal Medicine (Int Med)

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1205890050	4/7/1970	American Board of Family Medicine (Sub: General)
1386838811	11/16/1976	American Board of Family Practice (Fam Prac)
1386838811	11/16/1976	American Board of Family Practice (Fam Prac)
1427201128	8/11/1980	American Board of Internal Medicine (Int Med)
1427201128	8/11/1980	American Board of Internal Medicine (Sub: Crit Care Med)
1427201128	8/11/1980	American Board of Internal Medicine (Sub: Geri Med)
1427201128	8/11/1980	American Board of Internal Medicine (Sub: Pulm Diseases)
1124077292	9/14/1957	American Board of Radiology (Diagnostic Radiology)
1023133469	11/22/1966	American Board of Family Medicine (Sub: General)
1023133469	11/22/1966	American Board of Family Medicine (Sub: General)
1023133469	11/22/1966	American Board of Family Medicine (Sub: General)
1780637561	12/24/1952	American Board of Family Medicine (Sub: General)
1780637561	12/24/1952	American Board of Family Medicine (Sub: General)
1780637561	12/24/1952	American Board of Family Medicine (Sub: General)
1487858692	6/5/1977	AM OS Bd Radiology
1558390385	11/24/1972	American Board of Ophthalmology (Ophthal)
1447235783	8/27/1958	American Board of Radiology (Diagnostic Radiology)
1447235783	8/27/1958	American Board of Radiology (Diagnostic Radiology)
1447235783	8/27/1958	American Board of Radiology (Diagnostic Radiology)
1386608172	3/6/1960	American Board of Radiology (Radiology)
1386608172	3/6/1960	American Board of Radiology (Radiology)
1386608172	3/6/1960	American Board of Radiology (Radiology)
1326141672	3/16/1952	American Board of Emergency Med (Emerg Med)
1659353886	7/25/1972	Am Os Bd Radiology (Radiology)
1356316962	1/9/1970	American Board of Pathology (Anatomic Pathology)
1356316962	1/9/1970	American Board of Pathology (Anatomic Pathology)
1356316962	1/9/1970	American Board of Pathology (Anatomic Pathology)
1356316962	1/9/1970	American Board of Pathology (Anatomic Pathology)
1942296645	7/2/1952	American Board of Internal Medicine (Int Med)
1942296645	7/2/1952	American Board of Internal Medicine (Int Med)
1942296645	7/2/1952	American Board of Internal Medicine (Sub: Pulm Diseases)
1942296645	7/2/1952	American Board of Internal Medicine (Sub: Pulm Diseases)
1942296645	7/2/1952	American Board of Internal Medicine (Sub: Sleep)
1942296645	7/2/1952	American Board of Internal Medicine (Sub: Sleep)
1508830753	11/27/1965	American Board of Anesthesiology (Anes)
1508830753	11/27/1965	American Board of Anesthesiology (Anes)
1538163506	1/13/1969	American Board of Family Medicine (Sub: General)
1417924101	6/22/1962	American Board of Internal Medicine (Int Med)
1417924101	6/22/1962	American Board of Internal Medicine (Sub: Med Oncology)
1801835921	9/22/1970	American Board of Emergency Med (Emerg Med)
1740351543	12/4/1962	AM OS Bd Radiology
1740351543	12/4/1962	AM OS Bd Radiology
1619172400	5/29/1954	American Board of Radiology (Diagnostic Radiology)
1619172400	5/29/1954	American Board of Radiology (Diagnostic Radiology)
1619172400	5/29/1954	American Board of Radiology (Diagnostic Radiology)
1881661627	12/26/1958	American Board of Psychiatry&Neurology (Psychiatry)
1881661627	12/26/1958	American Board of Psychiatry&Neurology (Sub: Child)

1295734598	6/21/1945	American Board of Urology
1295734598	6/21/1945	American Board of Urology
1902841539	11/14/1971	American Board of Family Practice (Fam Prac)
1902841539	11/14/1971	American Board of Family Practice (Fam Prac)
1902841539	11/14/1971	American Board of Family Practice (Fam Prac)
1477735355	3/2/1979	American Board of Emergency Med (Emerg Med)
1477735355	3/2/1979	American Board of Emergency Med (Emerg Med)
1477735355	3/2/1979	American Board of Emergency Med (Emerg Med)
1194785832	7/19/1947	American Board of Pediatrics (Pediatrics)
1669645123	1/20/1970	American Board of Pathology (Anatomic Pathology)
1669645123	1/20/1970	American Board of Pathology (Anatomic Pathology)
1669645123	1/20/1970	American Board of Pathology (Anatomic Pathology)
1669645123	1/20/1970	American Board of Pathology (Anatomic Pathology)
1144457599	9/15/1977	American Board of Psychiatry&Neurology (Neurology)
1154548717	8/3/1977	American Board of Pediatrics (Pediatrics)
1104894526	3/24/1940	American Board of Family Medicine (Sub: General)
1366536237	6/28/1977	American Board of Internal Medicine (Int Med)
1659574010	11/27/1963	American Board of Internal Medicine (Int Med)
1659574010	11/27/1963	American Board of Internal Medicine (Int Med)
1508026352	1/9/1976	AM OS Bd Int Med
1508026352	1/9/1976	AM OS Bd Int Med
1508026352	1/9/1976	AM OS Bd Int Med
1629109764	4/5/1978	American Board of Psychiatry&Neurology (Neurology)
1629109764	4/5/1978	American Board of Psychiatry&Neurology (Neurology)
1871568121	9/10/1957	American Board of Pathology (Anatomic&Clinical Path)
1871568121	9/10/1957	American Board of Pathology (Anatomic&Clinical Path)
1871568121	9/10/1957	American Board of Pathology (Anatomic&Clinical Path)
1871568121	9/10/1957	American Board of Pathology (Anatomic&Clinical Path)
1629075403	9/5/1965	American Board of Emergency Med (Emerg Med)
1629075403	9/5/1965	American Board of Emergency Med (Emerg Med)
1629075403	9/5/1965	American Board of Emergency Med (Emerg Med)
1306811708	3/12/1962	American Board of Anesthesiology (Anes)
1306811708	3/12/1962	American Board of Anesthesiology (Anes)
1306811708	3/12/1962	American Board of Anesthesiology (Anes)
1306811708	3/12/1962	American Board of Anesthesiology (Anes)
1609046747	8/3/1974	American Board of Emergency Med (Emerg Med)
1609046747	8/3/1974	American Board of Emergency Med (Emerg Med)
1609046747	8/3/1974	American Board of Emergency Med (Emerg Med)
1427024421	3/9/1956	American Board of Internal Medicine (Int Med)
1659314748	8/5/1957	American Board of Family Medicine (Sub: General)
1497839070	10/4/1977	American Board of Internal Medicine (Int Med)
1497839070	10/4/1977	American Board of Internal Medicine (Int Med)
1033190905	11/10/1954	American Board of Surgery (Surgery)
1033190905	11/10/1954	American Board of Surgery (Surgery)
1033190905	11/10/1954	American Board of Surgery (Surgery)
1295700540	7/2/1952	American Board of Pathology (Anatomic&Clinical Path)
1295700540	7/2/1952	American Board of Pathology (Anatomic&Clinical Path)

1295700540	7/2/1952	American Board of Pathology (Anatomic&Clinical Path)
1063707081	10/12/1984	American Board of Pathology (Anatomic&Clinical Path)
1063707081	10/12/1984	American Board of Pathology (Anatomic&Clinical Path)
1063707081	10/12/1984	American Board of Pathology (Anatomic&Clinical Path)
1295700540	7/2/1952	American Board of Pathology (Anatomic&Clinical Path)
1063707081	10/12/1984	American Board of Pathology (Anatomic&Clinical Path)
1861561409	5/30/1959	American Board of Psychiatry&Neurology (Vascular Neurology)
1861561409	5/30/1959	American Board of Psychiatry&Neurology (Neurology)
1356338495	4/17/1959	American Board of Internal Medicine (Int Med)
1972632974	3/20/1979	American Board of Psychiatry&Neurology (Vascular Neurology)
1972632974	3/20/1979	American Board of Psychiatry&Neurology (Neurology)
1710973623	1/27/1957	American Board of Urology
1306131883	8/12/1967	American Board of Emergency Med (Emerg Med)
1972565265	10/22/1969	American Board of Family Practice (Fam Prac)
1356638076	1/3/1985	AM OS Bd Int Med
1356638076	1/3/1985	AM OS Bd Int Med
1356638076	1/3/1985	AM OS Bd Int Med
1356638076	1/3/1985	AM OS Bd Int Med
1366686180	8/17/1953	American Board of Family Medicine (Sub: General)
1740289156	1/27/1954	American Board of Ob&Gyn (O&G)
1205811569	1/3/1967	American Board of Internal Medicine (Int Med)
1205811569	1/3/1967	American Board of Internal Medicine (Int Med)
1205811569	1/3/1967	American Board of Internal Medicine (Int Med)
1205811569	1/3/1967	American Board of Radiology (Diagnostic Radiology)
1205811569	1/3/1967	American Board of Radiology (Diagnostic Radiology)
1205811569	1/3/1967	American Board of Radiology (Diagnostic Radiology)
1578574505	9/29/1955	American Board of Family Medicine (Sub: General)
1578574505	9/29/1955	American Board of Family Medicine (Sub: General)
1578574505	9/29/1955	American Board of Family Medicine (Sub: General)
1538364856	9/17/1980	American Board of Anesthesiology (Anes)
1538364856	9/17/1980	American Board of Anesthesiology (Anes)
1538364856	9/17/1980	American Board of Anesthesiology (Anes)
1538364856	9/17/1980	American Board of Anesthesiology (Sub: Pain Management)
1538364856	9/17/1980	American Board of Anesthesiology (Sub: Pain Management)
1538364856	9/17/1980	American Board of Anesthesiology (Sub: Pain Management)
1841284429	4/8/1948	American Board of Internal Medicine (Int Med)
1841284429	4/8/1948	American Board of Internal Medicine (Sub: Med Oncology)
1750459228	11/12/1967	American Board of Internal Medicine (Int Med)
1790063865	2/9/1986	American Board of Radiology (Diagnostic Radiology)
1790063865	2/9/1986	American Board of Radiology (Diagnostic Radiology)
1730484452	10/24/1978	AM OS Bd Family Practice
1730484452	10/24/1978	AM OS Bd Family Practice
1730484452	10/24/1978	AM OS Bd Family Practice
1598966467	10/9/1977	American Board of Oral&Maxillofacial Surgery
1598966467	10/9/1977	American Board of Oral&Maxillofacial Surgery
1124009600	9/21/1959	American Board of Radiology (Radiology)
1316922057	11/2/1955	American Board of Radiology (Diagnostic Radiology)

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1316922057	11/2/1955	American Board of Radiology (Diagnostic Radiology)
1316922057	11/2/1955	American Board of Radiology (Diagnostic Radiology)
1881683712	4/1/1974	American Board of Family Medicine (Sub: General)
1336133974	5/29/1958	American Board of Radiology (Diagnostic Radiology)
1336133974	5/29/1958	American Board of Radiology (Diagnostic Radiology)
1033143425	5/25/1968	American Board of Emergency Med (Emerg Med)
1033143425	5/25/1968	American Board of Emergency Med (Emerg Med)
1033143425	5/25/1968	American Board of Emergency Med (Emerg Med)
1487793477	4/28/1977	American Board of Pediatrics (Pediatrics)
1790760064	2/14/1961	American Board of Radiology (Radiology)
1790760064	2/14/1961	American Board of Radiology (Radiology)
1790760064	2/14/1961	American Board of Radiology (Radiology)
1205874708	4/12/1954	AM OS Bd Family Practice
1255438693	6/9/1954	American Board of Radiology (Diagnostic Radiology)
1255438693	6/9/1954	American Board of Radiology (Diagnostic Radiology)
1255438693	6/9/1954	American Board of Radiology (Diagnostic Radiology)
1730179706	1/27/1963	Am Os Bd of Internal Medicine (Int Med)
1730179706	1/27/1963	Am Os Bd of Internal Medicine (Int Med)
1730179706	1/27/1963	American Board of Internal Medicine (Int Med)
1730179706	1/27/1963	American Board of Internal Medicine (Int Med)
1598950644	8/6/1976	American Board of Internal Medicine (Int Med)
1598950644	8/6/1976	American Board of Internal Medicine (Int Med)
1598950644	8/6/1976	American Board of Internal Medicine (Int Med)
1598950644	8/6/1976	American Board of Internal Medicine (Int Med)
1598950644	8/6/1976	American Board of Psychiatry&Neurology (Psychiatry)
1598950644	8/6/1976	American Board of Psychiatry&Neurology (Psychiatry)
1598950644	8/6/1976	American Board of Psychiatry&Neurology (Psychiatry)
1598950644	8/6/1976	American Board of Psychiatry&Neurology (Psychiatry)
1619088424	4/8/1959	American Board of Anesthesiology (Anes)
1619088424	4/8/1959	American Board of Anesthesiology (Anes)
1619088424	4/8/1959	American Board of Anesthesiology (Anes)
1619088424	4/8/1959	American Board of Anesthesiology (Anes)
1922071448	1/6/1971	American Board of Family Medicine (Sub: General)
1922071448	1/6/1971	American Board of Family Medicine (Sub: General)
1922071448	1/6/1971	American Board of Family Medicine (Sub: General)
1922071448	1/6/1971	American Board of Family Medicine (Sub: General)
1841252467	5/21/1960	American Board of Nuclear Med (Nuc Med)
1841252467	5/21/1960	American Board of Nuclear Med (Nuc Med)
1841252467	5/21/1960	American Board of Nuclear Med (Nuc Med)
1841252467	5/21/1960	American Board of Radiology (Diagnostic Radiology)
1841252467	5/21/1960	American Board of Radiology (Diagnostic Radiology)
1841252467	5/21/1960	American Board of Radiology (Diagnostic Radiology)
1992956494	3/30/1978	American Board of Radiology (Diagnostic Radiology)
1992956494	3/30/1978	American Board of Radiology (Diagnostic Radiology)
1114948270	2/17/1964	American Board of Ob&Gyn (O&G)
1538113782	11/29/1954	American Board of Internal Medicine (Int Med)
1538113782	11/29/1954	American Board of Internal Medicine (Sub: Pulm Diseases)

1245211275	1/7/1963	American Board of Emergency Med (Emerg Med)
1467569772	5/3/1971	American Board of Pathology (Anatomic&Clinical Path)
1467569772	5/3/1971	American Board of Pathology (Anatomic&Clinical Path)
1467569772	5/3/1971	American Board of Pathology (Anatomic&Clinical Path)
1467569772	5/3/1971	American Board of Pathology (Anatomic&Clinical Path)
1467569772	5/3/1971	American Board of Pathology (Sub: Cytopathology)
1467569772	5/3/1971	American Board of Pathology (Sub: Cytopathology)
1467569772	5/3/1971	American Board of Pathology (Sub: Cytopathology)
1467569772	5/3/1971	American Board of Pathology (Sub: Cytopathology)
1851499727	10/19/1965	American Board of Radiology (Diagnostic Radiology)
1700812153	10/10/1968	American Board of Emergency Med (Emerg Med)
1871510586	8/12/1964	American Board of Internal Medicine (Int Med)
1871510586	8/12/1964	American Board of Internal Medicine (Sub: Cardv Disease)
1871510586	8/12/1964	American Board of Internal Medicine (Sub: Interventional Car
1184897670	4/13/1981	AM OS Bd Anesthesiology
1184897670	4/13/1981	AM OS Bd Anesthesiology
1184897670	4/13/1981	AM OS Bd Anesthesiology
1184897670	4/13/1981	AM OS Bd Anesthesiology
1366888935	6/29/1984	AM OS Bd Family Practice
1366888935	6/29/1984	AM OS Bd Family Practice
1588619738	2/4/1967	American Board of Internal Medicine (Int Med)
1194768382	12/23/1968	American Board of Internal Medicine (Int Med)
1861674921	4/3/1981	American Board of Internal Medicine (Int Med)
1861674921	4/3/1981	American Board of Internal Medicine (Int Med)
1861674921	4/3/1981	American Board of Internal Medicine (Int Med)
1194768382	12/23/1968	American Board of Pediatrics (Pediatrics)
1003044694	4/22/1982	AM OS Bd Family Practice
1003044694	4/22/1982	AM OS Bd Family Practice
1003044694	4/22/1982	AM OS Bd Family Practice
1003044694	4/22/1982	AM OS Bd Hospice and Pallative Medicine
1003044694	4/22/1982	AM OS Bd Hospice and Pallative Medicine
1003044694	4/22/1982	AM OS Bd Hospice and Pallative Medicine
1205981115	3/16/1976	American Board of Family Medicine (Sub: General)
1912137217	8/9/1969	American Board of Foot and Ankle Surgery
1912137217	8/9/1969	American Board of Foot and Ankle Surgery
1912137217	8/9/1969	American Board of Foot and Ankle Surgery
1023093770	9/1/1969	American Board of Radiology (Diagnostic Radiology)
1023093770	9/1/1969	American Board of Radiology (Diagnostic Radiology)
1023093770	9/1/1969	American Board of Radiology (Diagnostic Radiology)
1770637563	3/6/1945	American Board of Pediatric Dentistry
1770637563	3/6/1945	American Board of Pediatric Dentistry
1699095430	6/21/1982	American Board of Radiology (Diagnostic Radiology)
1902823511	5/3/1961	American Board of Radiology (Diagnostic Radiology)
1821167461	9/18/1965	American Board of Psychiatry&Neurology (Vascular Neurology)
1821167461	9/18/1965	American Board of Psychiatry&Neurology (Neurology)
1912984238	8/5/1960	American Board of Radiology (Diagnostic Radiology)
1912984238	8/5/1960	American Board of Radiology (Diagnostic Radiology)

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1912984238	8/5/1960	American Board of Radiology (Diagnostic Radiology)
1790737328	9/12/1960	American Board of Radiology (Radiology)
1790737328	9/12/1960	American Board of Radiology (Radiology)
1790737328	9/12/1960	American Board of Radiology (Radiology)

EXHIBIT E-2A

Board Status	Orig. Appt. Date
Certified	7/23/2014
Certified	7/23/2014
Certified	7/23/2014
Certified	4/25/2013
Certified	4/25/2013
Certified	4/25/2013
Certified	2/27/2014
Certified	11/3/2014
Certified	7/8/2015
Certified	10/2/2015
Certified	8/24/2015
Certified	3/21/2012
Certified	3/21/2012
Certified	3/21/2012
Certified	8/20/2008
Certified	7/23/2014
Certified	7/23/2014
Certified	7/23/2014
Certified	10/26/2014
Certified	10/26/2014
Certified	10/4/2013
Certified	4/21/2004
Certified	7/26/2010
Certified	11/25/2013
Certified	5/20/1998
Certified	5/26/2016
Certified	8/22/1974
Certified	8/10/2015
Certified	10/2/2015
Certified	9/28/2015
Certified	8/10/2015
Certified	10/2/2015
Certified	9/28/2015
Certified	9/21/1994
Certified	5/2/2012
Certified	4/22/2013
Certified	2/29/2016
Certified	6/7/2013
Certified	5/2/2012
Certified	4/22/2013
Certified	2/29/2016
Certified	6/7/2013
Certified	9/19/2001
Certified	6/6/2014
Certified	4/28/2014
Certified	11/6/2012

Certified	6/27/2011
Certified	5/27/2010
Certified	6/30/2014
Certified	/ /
Certified	8/19/2016
Certified	1/28/2016
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Certified	7/1/2016
Certified	6/17/2016
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Certified	12/16/2014
Certified	12/16/2014
Certified	2/26/2009
Certified	4/1/2016
Not Certified	1/17/1987
Certified	9/1/2016
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Certified	2/24/1997
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Not Certified	6/1/1990
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Certified	9/1/2011
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Certified	7/24/2015
Certified	7/24/2015
Eligible	12/27/2012
Certified	12/3/2010
Certified	2/22/2016
Certified	3/1/2016
Certified	12/3/2010
Certified	2/22/2016
Certified	3/1/2016
Certified	10/24/2012
Certified	3/21/2016

Certified	2/18/2016
Certified	10/24/2012
Certified	3/21/2016
Certified	2/18/2016
Eligible	6/23/2016
Certified	2/4/2015
Certified	2/23/2015
Certified	5/28/2015
Eligible	12/1/2015
Eligible	11/17/2015
Certified	12/3/2010
Certified	2/22/2016
Certified	3/1/2016
Certified	12/3/2010
Certified	2/22/2016
Certified	3/1/2016
Certified	1/1/2006
Certified	3/21/2016
Certified	2/26/2016
Certified	2/22/2007
Certified	2/22/2007
Certified	12/15/2015
Certified	6/18/2008
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Certified	2/22/2016
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Certified	10/18/2000
Certified	5/2/2014
Certified	2/23/2015
Certified	8/15/2007
Certified	11/4/2016
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Certified	2/21/1991

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Certified	10/24/2016
Certified	11/4/2016
Certified	4/28/2016
Certified	1/1/1990
Certified	8/24/2009
Certified	6/21/2006
Certified	12/3/2010
Certified	6/27/2011
Certified	6/21/2006
Certified	12/3/2010
Certified	6/27/2011
Certified	7/22/2016
Certified	1/9/2008
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	8/28/1983
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Certified	3/5/2013
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Certified	9/1/2015
Certified	7/27/1999
Certified	12/7/2012
Certified	5/23/2011
Certified	6/30/2014
Certified	10/24/2016
Certified	7/3/2015
Certified	11/17/2015
Eligible	3/1/2015
Eligible	2/23/2015
Certified	6/6/2016
Certified	2/21/2007
Certified	6/18/2004
Certified	1/17/1987
Eligible	10/1/2016
Eligible	10/7/2016
Eligible	9/26/2016
Certified	4/21/2015
Certified	7/2/2015
Certified	3/23/2007

Certified	6/1/2015
Certified	6/29/2015
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EXHIBIT E-2A

Certified	2/22/2016
Certified	2/22/2016
Certified	3/1/2016
Certified	3/21/2016

Lonesome Pine Hospital
Provider Roster

Abu-Shahin, Fadi I ,MD

4485 West Stone Drive
Suite 200
Kingsport, TN 37660-1050
Phone: (423) 578-8500
Fax: (423) 578-8569
Practice Name: WMA Hematology & Oncology at Kingsport

NPI#: 1215123971
Staff Status: Courtesy
Specialty: Hematology/Oncology
Appointment Date: 9/17/2012
Board: American Board of Internal Medicine
Provider #: 282345

Ahmed, Nausheen ,MD

4485 West Stone Drive
Suite 200
Kingsport, TN 37660-1050
Phone: (423) 578-8500
Fax: (423) 578-8569
Practice Name: WMA Hematology & Oncology at Kingsport

NPI#: 1750519856
Staff Status: Active
Specialty: Hematology/Oncology
Appointment Date: 9/29/2015
Board: American Board of Internal Medicine
Provider #: 354971

Altman, Benjamin ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: E90412 NPI#: 1619942380
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 10/17/2011
Board: American Board of Family Medicine
Provider #: 273549

Asberry, Don E ,MD

1 Medical Park Blvd

Bristol, TN 37620
Phone: (423) 764-3191
Fax: (423) 652-1526
Practice Name: Highlands Pathology Consultants

NPI#: 1356522676
Staff Status: Consulting
Specialty: Pathology
Appointment Date: 6/23/2015
Board: American Board of Pathology
Provider #: 344462

Atkins, Tiffany ,PA

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1356727564
Staff Status: Allied Health
Specialty: Physician Assistant
Appointment Date: 9/29/2015
Board: National Commission on Certification of Physician Assistants
Provider #: 356047

Atyia, Atif ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1588677678
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 1/27/2015
Board:
Provider #: 330295

Backus, Charles L ,DO

415 Broad Street Suite 410

Kingsport, TN 37660

UPIN#: H30127 NPI#: 1801856414
Staff Status: Active
Specialty: Emergency Medicine

Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

Appointment Date: 10/17/2011
Board: American Board of Emergency Medicine
Provider #: 273608

Bacon, Michael L ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: E20756 NPI#: 1780628891
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board: American Board of Emergency Medicine
Provider #: 273611

Baines, Michael F ,PA

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1538423322
Staff Status: Allied Health
Specialty: Physician Assistant
Appointment Date: 1/21/2013
Board: National Commission on Certification of Physician Assistants
Provider #: 286998

Barakam, Neha ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1942430111
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 2/18/2013
Board: American Board of Family Medicine
Provider #: 287849

Barton, Randy L ,CRNA

851 Locust Street

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (864) 345-2259
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1083653190
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 9/24/2013
Board:
Provider #: 274703

Basham, Christopher M ,MD

323 Cloverleaf Square #1

Big Stone Gap, VA 24219
Phone: (276) 523-6715
Fax: (276) 523-6719
Practice Name: WMA Big Stone Gap

UPIN#: H32602 NPI#: 1831160530
Staff Status: Active
Specialty: Family Medicine
Appointment Date: 7/1/2002
Board: American Board of Family Medicine
Provider #: 274706

Baumrucker, Steven J ,MD

130 W. Ravine Road
Suite 200 B
Kingsport, TN 37660
Phone: (423) 224-3150
Fax: (423) 224-3169
Practice Name: WMA Palliative Medicine at Kingsport

UPIN#: A99588 NPI#: 1841239969
Staff Status: Consulting
Specialty:
Appointment Date: 2/23/2016
Board:
Provider #: 274720

Bayer, Cynthia A ,CRNA

851 Locust Street

NPI#: 1407818164
Staff Status: Allied Health

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (864) 576-2857
Practice Name: Medstream Anesthesia, PLLC

Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 4/28/2015
Board:
Provider #: 274722

Begley, Charles J ,MD

102 15th Street NW
Suite 303
Norton, VA 24273
Phone: (276) 439-1280
Fax: (276) 439-1281
Practice Name: Community Pediatrics

UPIN#: B08746 NPI#: 1679519698
Staff Status: Courtesy
Specialty: Pediatrics
Appointment Date: 9/19/2011
Board:
Provider #: 274744

Bertuso, John R ,MD

2050 Meadowview Parkway

Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5097
Practice Name: Wellmont Cardiology Services

UPIN#: A13109 NPI#: 1427084342
Staff Status: Courtesy
Specialty: Cardiovascular Disease
Appointment Date: 9/17/2012
Board: American Board of Internal Medicine
Provider #: 274784

Bhola, David ,DO

130 West Ravine Road

Kingsport, TN 37660
Phone: (423) 224-3628
Fax: (423) 230-8502
Practice Name: WMA Hospitalists at Kingsport

NPI#: 1881946630
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 7/19/2016
Board: American Osteopathic Board of Family Physicians
Provider #: 389470

Bishop, Christopher ,DO

310 Third Street N.E.

Norton, VA 24273
Phone: (276) 679-9100
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Mountain View Regional Medical Center

NPI#: 1548549611
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 8/26/2014
Board: American Osteopathic Board of Family Physicians
Provider #: 303888

Blackwell, Gerald G ,MD

2050 Meadowview Parkway

Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5097
Practice Name: Wellmont Cardiology Services

UPIN#: A17065 NPI#: 1689600587
Staff Status: Courtesy
Specialty: Cardiovascular Disease
Appointment Date: 3/24/1998
Board: American Board of Internal Medicine
Provider #: 274822

Blow, Alton J ,MD

349 Island Road

Bristol, VA 24201-7009
Phone: (276) 469-4200
Fax: (276) 469-4249
Practice Name: WMA Hematology & Oncology at Bristol

UPIN#: B75109 NPI#: 1922091826
Staff Status: Active
Specialty:
Appointment Date: 11/25/2014
Board: American Board of Internal Medicine
Provider #: 274844

Botts, Robert E ,OD

606 Powell Ave.

UPIN#: T87432 NPI#: 1649309691

Big Stone Gap, VA 24219
Phone: (276) 523-4414
Fax: (276) 523-4414
Practice Name: Drs. Botts and Botts Optometrists P.C.

Staff Status: Consulting
Specialty: Optometry
Appointment Date: 5/29/2001
Board:
Provider #: 274879

Bowden, James A ,MD

Hawkins County Memorial Hospital

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: F94275 NPI#: 1881768281
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 1/21/2013
Board:
Provider #: 274883

Bowman, Robin E ,NP

1 Medical Park Blvd
Suite 3W
Bristol, TN 37620
Phone: (423) 844-5583
Fax: (423) 844-5588
Practice Name: WMA Palliative Medicine at Bristol

NPI#: 1629331178
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 3/29/2016
Board: American Academy of Nurse Practitioners
Provider #: 283229

Brtalik, Douglas S ,DO

Holston Valley Medical Center

Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1831533306
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 7/1/2016
Board:
Provider #: 416046

Butler, Robin M ,FNP

Holston Valley Medical Center

Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1861832081
Staff Status: Allied Health
Specialty: Family Nurse Practitioner
Appointment Date: 9/24/2013
Board: American Academy of Nurse Practitioners
Provider #: 302085

Cambareri, Richard J ,MD

671 Highway 58 East

Norton, VA 24273
Phone: (276) 679-5874
Fax: (276) 679-6912
Practice Name: WMA Hematology & Oncology SWVA

NPI#: 1689786212
Staff Status: Active
Specialty: Hematology/Oncology
Appointment Date: 9/22/2014
Board: American Board of Internal Medicine
Provider #: 324369

Campbell, Amy R ,NP

310 Third Street N.E.

Norton, VA 24273
Phone: (276) 679-9100
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Mountain View Regional Medical Center

NPI#: 1932582350
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 10/27/2015
Board: American Academy of Nurse Practitioners
Provider #: 356635

Campbell, James W ,DO

100 McClure Avenue

Clintwood, VA 24228
Phone: (276) 926-6071
Fax: (276) 679-1261
Practice Name: Appalachian Healthcare Associates P.C.

UPIN#: pending NPI#: 1629128640
Staff Status: Active
Specialty: Internal Med/Peds
Appointment Date: 10/17/2011
Board:
Provider #: 276066

Carroll, Ronald K ,DO

Holston Valley Medical Center

Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1215129515
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board: American Osteopathic Board of Emergency Medicine
Provider #: 276095

Carter, Rachael L ,NP

Laguardia Cancer Center
130 W. Ravine Road
Kingsport, TN 37662
Phone: (423) 224-5500
Fax: (423) 224-5506
Practice Name: Radiation Oncology Associates of North East Tennessee

NPI#: 1285959692
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 12/29/2015
Board: Oncology Nursing Certification Corporation
Provider #: 276105

Chase, Steffen D ,NP

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1205218724
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 8/25/2015
Board: American Nurses Credentialing Center
Provider #: 355461

Chipas, Anthony J ,CRNA

851 Locust Street

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (864) 576-2857
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1689782625
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 3/24/2015
Board: National Board of Certification and Recertification for Nurse
Provider #: 333187

Chumbley, Kelly D ,DO

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: I32330 NPI#: 1841243292
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 12/19/2011
Board:
Provider #: 273708

Cline, Sherry E ,DO

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (276) 523-8876
Practice Name: WMA Hospitalists at Lonesome Pine

NPI#: 1366793861
Staff Status: Active
Specialty: Family Medicine
Appointment Date: 10/27/2015
Board:
Provider #: 365473

Cline, Terry A ,CRNA

851 Locust Street
Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (864) 576-2857
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1245281344
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 7/16/2012
Board:
Provider #: 273740

Coen, Scott D ,MD

Laguardia Cancer Center
130 W. Ravine Road
Kingsport, TN 37662
Phone: (423) 224-5500
Fax: (423) 224-5506
Practice Name: Radiation Oncology Associates of North East Tennessee

UPIN#: H91659 NPI#: 1780642934
Staff Status: Courtesy
Specialty: Radiation Oncology
Appointment Date: 4/16/2007
Board:
Provider #: 273749

Colquitt, Landon A ,MD

130 West Ravine Road
Kingsport, TN 37660
Phone: (423) 224-6760
Fax: (423) 224-6717
Practice Name: Highlands Pathology Consultants

UPIN#: G66212 NPI#: 1629054556
Staff Status: Consulting
Specialty: Pathology
Appointment Date: 9/19/1994
Board: American Board of Pathology
Provider #: 273762

Compton, Joshua B ,PA-C

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1538409230
Staff Status: Allied Health
Specialty: Physician Assistant
Appointment Date: 4/15/2013
Board: National Commission on Certification of Physician Assistants
Provider #: 294292

Concepcion, Nicanor B ,MD

PO Box 1171
Norton, VA 24273
Phone: (276) 679-6145
Fax: (276) 679-6145
Practice Name: Nicanor B. Concepcion M.D. P.C.

UPIN#: B60216 NPI#: 1508892035
Staff Status: Active
Specialty: Urology
Appointment Date: 3/21/2005
Board:
Provider #: 273770

Conkin, Courtney D ,FNP

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1093122301
Staff Status: Allied Health
Specialty: Family Nurse Practitioner
Appointment Date: 10/27/2015
Board: American Nurses Credentialing Center
Provider #: 323206

Cook, Nicholas A ,MD

671 Highway 58 East
Norton, VA 24273
Phone: (276) 679-5874
Fax: (276) 679-6912

NPI#: 1114015989
Staff Status: Active
Specialty: Hematology/Oncology
Appointment Date: 8/10/2016
Board: American Board of Internal Medicine

Practice Name: WMA Hematology & Oncology SWVA
Provider #: 417505

Cook, William A ,MD

1980 Holton Avenue
Big Stone Gap, VA 24219
Phone:
Fax:
Practice Name: Lonesome Pine Hospital

NPI#: 1336121052
Staff Status: Active
Specialty: Obstetrics and Gynecology
Appointment Date: 3/3/2015
Board: American Board of Obstetrics and Gynecology
Provider #: 328084

Cox, Jack K ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: D93630 NPI#: 1780738625
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 8/18/2003
Board:
Provider #: 273828

Cruise, Grover S ,CRNA

1990 Holton Avenue
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1720043219
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 1/28/2014
Board: National Board of Certification and Recertification for Nurse
Provider #: 307564

Dalton, Joshua H ,DO

14 E. 27th St. N
Suite 2
Big Stone Gap, VA 24219
Phone: (276) 523-5080
Fax: (276) 523-5083
Practice Name: Appalachian Osteopathy PC

UPIN#: HW427 NPI#: 1245498062
Staff Status: Courtesy
Specialty: Neuromusculoskeletal Medicine
Appointment Date: 1/19/2009
Board:
Provider #: 273876

D'Amato, Luciano ,MD

411 West Main Street
P.O. Box 3416
Wise, VA 24293
Phone: (276) 328-5332
Fax: (276) 328-2989
Practice Name: Southwest Surgical Clinic

UPIN#: B08228 NPI#: 1558366864
Staff Status: Active
Specialty: Surgery General
Appointment Date: 8/18/1986
Board:
Provider #: 273877

Dargan, Suzanne C ,FNP

378 Market Place Boulevard
Suite 5
Johnson City, TN 37604-2361
Phone: (423) 282-0751
Fax: (423) 282-1577
Practice Name: WMA Urgent Care at Johnson City

NPI#: 1033524970
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 5/24/2016
Board: American Academy of Nurse Practitioners
Provider #: 321631

Deel, Samuel P ,DO

280 Virginia Ave
Suite 107
Norton, VA 24273
Phone: (276) 679-5390
Fax: (276) 679-5395

NPI#: 1568625127
Staff Status: Active
Specialty: Internal Med/Peds
Appointment Date: 9/19/2011
Board:

Practice Name: WMA Internal Medicine / Pediatrics Norton
Provider #: 274942

DePonte, Kathleen A ,MD

935 Virginia Ave NW
Norton, VA 24273
Phone: (276) 679-2729
Fax: (276) 679-0578
Practice Name: Diagnostic Imaging Associates

UPIN#: D94224 NPI#: 1104024256
Staff Status: Active
Specialty: Radiology
Appointment Date: 6/27/2012
Board: American Board of Radiology
Provider #: 274959

Devens, William E ,MD

Holston Valley Medical Center
Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: B92347 NPI#: 1245274430
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board: American Board of Emergency Medicine
Provider #: 274964

Dozier, Lance C ,MD

338 Coeburn Ave. SW
Suite 103A
Norton, VA 24273
Phone: (276) 679-0800
Fax: (276) 679-0097
Practice Name: Lance C. Dozier M.D. P.C.

UPIN#: C78523 NPI#: 1902891260
Staff Status: Active
Specialty: Surgery General
Appointment Date: 9/1/1999
Board: American Board of Surgery
Provider #: 275022

Dukes, Robert R ,MD

1990 Holton Avenue
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1487609053
Staff Status: Active
Specialty: Anesthesiology
Appointment Date: 1/21/2013
Board: American Board of Anesthesiology
Provider #: 287045

Eades, Megan K ,NP

1990 Holton Avenue
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Lonesome Pine

NPI#: 1619377553
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 6/23/2015
Board: American Academy of Nurse Practitioners
Provider #: 347709

Ehsan, Imran A ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1881961563
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 2/18/2013
Board: American Board of Internal Medicine
Provider #: 287807

Ellington, Kenneth R ,MD

851 Locust Street
Rogersville, TN 37857
Phone: (423) 921-7000

NPI#: 1144244112
Staff Status: Active
Specialty: Anesthesiology
Appointment Date: 7/16/2012

Fax: (864) 576-2857
Practice Name: Medstream Anesthesia, PLLC

Board:
Provider #: 275082

English, Warren E ,MD

Holston Valley Medical Center

Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1609194067
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 9/24/2013
Board: American Board of Emergency Medicine
Provider #: 293613

Ernspiker, Erich L ,MD

280 Virginia Avenue
Suite 103
Norton, VA 27273
Phone: (276) 679-2310
Fax: (276) 679-8460
Practice Name: WMA General Surgery Norton

NPI#: 1821285727
Staff Status: Active
Specialty: Surgery General
Appointment Date: 11/26/2013
Board: American Board of Surgery
Provider #: 303569

Fannin, John M ,MD

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1134135122
Staff Status: Active
Specialty: Anesthesiology
Appointment Date: 9/24/2013
Board: American Board of Anesthesiology
Provider #: 284558

Fawad, Fnu ,MD

851 Locust Street

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (423) 921-7204
Practice Name: WMA Hospitalist at Hawkins County

NPI#: 1609162767
Staff Status: Active
Specialty: Internal Medicine
Appointment Date: 9/24/2013
Board: American Board of Internal Medicine
Provider #: 297810

Fig, Ralph E ,NP

1 Medical Park Blvd.

Bristol, TN 37620
Phone: (423) 844-5560
Fax: (423) 844-5569
Practice Name: WMA Hospitalists at Bristol

NPI#: 1356750731
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 7/28/2015
Board: American Nurses Credentialing Center
Provider #: 276199

Fisher, Richard A ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1316000839
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 3/18/2013
Board: American Board of Family Medicine
Provider #: 291681

Fox, Bryant K ,PA-C

415 Broad Street Suite 410

NPI#: 1568647733
Staff Status: Allied Health

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

Specialty: Physician Assistant
Appointment Date: 10/28/2014
Board: National Commission on Certification of Physician Assistants
Provider #: 276264

Franks, Leutshia C ,NP

280 Virginia Avenue
Suite 103
Norton, VA 27273
Phone: (276) 679-2310
Fax: (276) 679-8460
Practice Name: WMA General Surgery Norton

NPI#: 1922499409
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 10/27/2015
Board: American Academy of Nurse Practitioners
Provider #: 334286

Frye, Joseph W ,DO

1980 Holton Avenue
Suite 202
Big Stone Gap, VA 24219
Phone: (276) 523-8973
Fax: (276) 523-8974
Practice Name: WMA Big Stone Gap

NPI#: 1457617011
Staff Status: Active
Specialty: Physical Medicine and Rehabilitation
Appointment Date: 8/15/2016
Board:
Provider #: 421500

Fugate, Amy L ,NP

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1801135694
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 9/24/2013
Board: American Academy of Nurse Practitioners
Provider #: 293626

Fugate, Sara E ,NP

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1588045280
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 9/29/2015
Board: American Nurses Credentialing Center
Provider #: 354640

Gale, Peter F ,MD

130 West Ravine Road

Kingsport, TN 37660
Phone: (423) 224-6720
Fax: (423) 224-6717
Practice Name: Highlands Pathology Consultants

UPIN#: B00220 NPI#: 1336125277
Staff Status: Consulting
Specialty: Pathology
Appointment Date: 9/19/1994
Board: American Board of Pathology
Provider #: 276322

Galloway, Kristie L ,NP

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: C06181 NPI#: 1043276314
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 5/21/2013
Board: American Nurses Credentialing Center
Provider #: 276326

Geller, Schuyler K ,MD

1990 Holton Avenue

NPI#: 1972653152

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Lonesome Pine

Staff Status: Active
Specialty: Internal Medicine
Appointment Date: 9/5/2016
Board: American Board of Internal Medicine
Provider #: 320043

Gerlock, Gregory A ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: F20235 NPI#: 1114987740
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board: American Board of Family Medicine
Provider #: 275745

Gibbon, Bruce N ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: F96914 NPI#: 1730141698
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board: American Board of Emergency Medicine
Provider #: 275750

Giesecke, Todd C ,CRNA

851 Locust Street

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (864) 345-2259
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1083848253
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 11/25/2014
Board: National Board of Certification and Recertification for Nurse
Provider #: 275758

Gopalan, Pushkas ,MD

130 West Ravine Road

Kingsport, TN 37660
Phone: (423) 224-3628
Fax: (423) 230-8502
Practice Name: WMA Hospitalists at Kingsport

NPI#: 1376700930
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 4/29/2014
Board:
Provider #: 275800

Grimes, Marcus C ,MD

130 West Ravine Road

Kingsport, TN 37660
Phone: (423) 224-6709
Fax: (423) 224-6717
Practice Name: Highlands Pathology Consultants

UPIN#: B00228 NPI#: 1265418107
Staff Status: Consulting
Specialty: Pathology
Appointment Date: 3/21/1994
Board: American Board of Pathology
Provider #: 275858

Grover, Bruce S ,MD

111 West Stone Drive
Suite 100
Kingsport, TN 37660
Phone: (423) 247-5197
Fax: (423) 247-5254
Practice Name: WMA Pulmonary at Kingsport

UPIN#: E57819 NPI#: 1518919745
Staff Status: Courtesy
Specialty: Pulmonary Medicine
Appointment Date: 6/27/2012
Board: American Board of Internal Medicine
Provider #: 275865

Hagaman, Mistie G ,NP

671 Highway 58 East
Norton, VA 24273
Phone: (276) 679-5874
Fax: (276) 679-6912
Practice Name: WMA Hematology & Oncology SWVA

NPI#: 1760861140
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 7/28/2015
Board: American Academy of Nurse Practitioners
Provider #: 354657

Harman, Derek C ,DO

295 Wharton Lane
Norton, VA 24273
Phone: (276) 679-0321
Fax: (276) 679-6498
Practice Name: WMA Norton Outpatient Center

NPI#: 1326206749
Staff Status: Active
Specialty: Family Medicine
Appointment Date: 2/23/2016
Board: American Osteopathic Board of Family Physicians
Provider #: 287696

Hasell, Rhett H ,MD

1990 Holton Avenue
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1316044035
Staff Status: Active
Specialty: Anesthesiology
Appointment Date: 12/17/2013
Board: American Board of Anesthesiology
Provider #: 306642

Haworth, Carol S ,NP

2050 Meadowview Parkway
Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5097
Practice Name: Wellmont Cardiology Services

NPI#: 1366677296
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 8/15/2011
Board:
Provider #: 273926

Hayes, Mary ,NP

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1295964179
Staff Status: Allied Health
Specialty: Family Nurse Practitioner
Appointment Date: 9/24/2013
Board:
Provider #: 273929

Helms, Ernest L ,MD

671 Highway 58 East
Norton, VA 24273
Phone: (276) 679-5874
Fax:
Practice Name: Southwest VA Cancer Center

NPI#: 1437117744
Staff Status: Active
Specialty: Radiation Oncology
Appointment Date: 5/20/2014
Board: American Board of Radiology
Provider #: 273946

671 Highway 58 East
Norton, VA 24273
Phone:
Fax:
Practice Name: Southwest VA Cancer Center

NPI#: 1437117744
Staff Status: Active
Specialty: Radiation Oncology
Appointment Date: 5/20/2014
Board: American Board of Radiology
Provider #: 273946

Hensley, Martha M ,CRNA

310 3rd Street, NE
Norton, VA 24273
Phone: (276) 679-9100
Fax: (828) 398-5244
Practice Name: Medstream Anesthesia, PLLC

Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 4/21/2008
Board:
Provider #: 273963

Hill, Russell M ,MD

Holston Valley Medical Center
Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1508121849
Staff Status: Associate
Specialty: Emergency Medicine
Appointment Date: 1/27/2015
Board:
Provider #: 317562

Homoky, Douglas E ,MD

135 West Ravine Road
Suite 3A
Kingsport, TN 37660
Phone: (423) 246-6777
Fax: (423) 245-5439
Practice Name: Gastroenterology Associates

UPIN#: G86040 NPI#: 1073508560
Staff Status: Courtesy
Specialty: Gastroenterology
Appointment Date: 11/20/2006
Board: American Board of Internal Medicine
Provider #: 274039

Hoskere, Girendra V ,MD

271 Medical Park Blvd.
Bristol, TN 37620
Phone: (423) 968-2311
Fax: (423) 968-2298
Practice Name: WMA Pulmonary at Bristol

UPIN#: N/A NPI#: 1710970793
Staff Status: Active
Specialty: Pulmonary/Critical Care
Appointment Date: 8/25/2015
Board:
Provider #: 274057

Howell, William D ,CRNA

1990 Holton Avenue
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1023108958
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 9/24/2013
Board: National Board of Certification and Recertification for Nurse
Provider #: 300988

Hudgens, David R ,MD

1 Medical Park Blvd.
Bristol, TN 37620
Phone: (423) 323-5290
Fax: (423) 323-5653
Practice Name: Highlands Pathology Consultants

UPIN#: F89329 NPI#: 1003893850
Staff Status: Courtesy
Specialty: Pathology
Appointment Date: 9/17/2012
Board: American Board of Pathology
Provider #: 274080

Hunter, Lawrence G ,CRNA

1990 Holton Avenue
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1316953474
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 5/21/2013
Board: National Board of Certification and Recertification for Nurse
Provider #: 297156

Ibrahim, Rimon ,MD

Mountain View Regional Medical Center
Norton, VA 24273
Phone: (276) 679-9100
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: F82939 NPI#: 1811934698
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 6/27/2012
Board:
Provider #: 275144

Iqbal, Sharjeel ,MD

130 West Ravine Road
Kingsport, TN 37660
Phone: (423) 224-3628
Fax: (423) 230-8502
Practice Name: WMA Hospitalists at Kingsport

NPI#: 1417142159
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 4/29/2014
Board:
Provider #: 275154

Islam, Tareq ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1275773079
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 6/18/2013
Board:
Provider #: 292582

Jacobs, Richard L ,MD

1990 Holton Avenue
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1427132588
Staff Status: Active
Specialty: Anesthesiology
Appointment Date: 1/21/2013
Board: American Board of Anesthesiology
Provider #: 282344

Jaynal, Francis M ,MD

295 Wharton Lane
Norton, VA 24273
Phone: (276) 679-0321
Fax: (276) 679-6498
Practice Name: WMA Norton Outpatient Center

UPIN#: B20371 NPI#: 1477516243
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 8/15/2005
Board:
Provider #: 275185

Jean-Baptiste, Hans ,MD

1980 Holton Avenue
Suite 301
Big Stone Gap, VA 24219
Phone: (276) 523-0390
Fax: (276) 523-5514
Practice Name: Wellmont Medical Associates, Inc

NPI#: 1437332269
Staff Status: Active
Specialty: Obstetrics and Gynecology
Appointment Date: 4/29/2014
Board: American Board of Family Medicine
Provider #: 308799

Johnson, Tonya L ,MD

280 Virginia Avenue
Suite 103
Norton, VA 27273
Phone: (276) 679-2310
Fax: (276) 679-8460
Practice Name: WMA General Surgery Norton

NPI#: 1356637607
Staff Status: Active
Specialty: Surgery General
Appointment Date: 8/10/2016
Board:
Provider #: 439704

Justice, Heather ,PA

130 W. Ravine Road
Suite 200 B
Kingsport, TN 37660
Phone: (423) 224-3150
Fax: (423) 224-3169
Practice Name: WMA Palliative Medicine at Kingsport

NPI#: 1811182710
Staff Status: Allied Health
Specialty: Physician Assistant
Appointment Date: 4/26/2016
Board: National Commission on Certification of Physician Assistants
Provider #: 397589

Justus, Victoria H ,PA-C

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: Q24415 NPI#: 1992804645
Staff Status: Allied Health
Specialty: Physician Assistant
Appointment Date: 10/16/2006
Board: National Commission on Certification of Physician Assistants
Provider #: 275266

Kakkar, Sanjeev ,MD

1230 Volunteer Parkway

Bristol, TN 37620-4628
Phone: (423) 844-3360
Fax: (423) 844-3369
Practice Name: WMA Occupational Medicine Bristol

NPI#: 1447458427
Staff Status: Consulting
Specialty: Occupational Medicine
Appointment Date: 9/24/2013
Board: American Board of Preventive Medicine
Provider #: 298578

Kanwal, Gurcharan S ,MD

116 Center Street
P.O. Box 1996
Coeburn, VA 24230
Phone: (276) 395-6244
Fax: (276) 395-3058
Practice Name: Coeburn Clinic, Inc

UPIN#: B06287 NPI#: 1386670461
Staff Status: Courtesy
Specialty: Internal Medicine
Appointment Date: 1/16/2006
Board:
Provider #: 275279

Karakattu, Sajin M ,MD

Hawkins County Memorial Hospital

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1619107794
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/19/2012
Board: American Board of Family Medicine
Provider #: 283178

Ketcham, Michael C ,DO

1980 Holton Avenue
Suite 301
Big Stone Gap, VA 24219
Phone: (276) 523-0390
Fax: (276) 523-5514
Practice Name: WMA Women's Health at Big Stone Gap

NPI#: 1912910191
Staff Status: Active
Specialty: Obstetrics and Gynecology
Appointment Date: 11/21/2011
Board: American Osteopathic Board of Obstetrics and Gynecology
Provider #: 275529

Klappholz, David L ,CRNA

851 Locust Street

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (864) 576-2857

NPI#: 1679576755
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 5/20/2014
Board: National Board of Certification and Recertification for Nurse

Practice Name: Medstream Anesthesia, PLLC Provider #: 309619

Kneff, James C ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1639256183
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board:
Provider #: 275570

Koo, Johan ,DO

1 Medical Park Blvd.

Bristol, TN 37620
Phone: (423) 844-5560
Fax: (423) 844-5569
Practice Name: WMA Hospitalists at Bristol

NPI#: 1114280419
Staff Status: Active
Specialty: Family Medicine
Appointment Date: 8/1/2015
Board:
Provider #: 346070

Kossick, Mark A ,CRNA

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1942296744
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 2/18/2013
Board: National Board of Certification and Recertification for Nurse
Provider #: 282554

Kramer, Robert K ,MD

2050 Meadowview Parkway

Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5035
Practice Name: Wellmont Cardiology Services

UPIN#: G87948 NPI#: 1346285467
Staff Status: Consulting
Specialty: Cardiovascular Disease
Appointment Date: 4/15/2013
Board: American Board of Internal Medicine
Provider #: 275592

Ladley, Herbert D ,MD

2050 Meadowview Parkway

Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5035
Practice Name: Wellmont Cardiology Services

UPIN#: A97201 NPI#: 1174552467
Staff Status: Courtesy
Specialty: Cardiovascular Disease
Appointment Date: 9/17/2012
Board: American Board of Internal Medicine
Provider #: 275622

Likens, Dwayne ,DO

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Lonesome Pine

NPI#: 1326336793
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 1/26/2016
Board:
Provider #: 389481

Litton, John S ,MD

PO Box 646
Lee Regional Medical Plaza
Pennington Gap, VA 24277

UPIN#: H48030 NPI#: 1417920984
Staff Status: Active
Specialty: Family Medicine

Phone: (276) 546-4894
Fax: (276) 546-4896
Practice Name: Litton Family Medicine PC

Appointment Date: 1/28/2014
Board:
Provider #: 275723

Love, Jasmine M ,NP

1 Medical Park Blvd
5th Floor
Bristol, TN 37620
Phone: (423) 844-6000
Fax: (423) 844-6027
Practice Name: Wellmont Inpatient Psychiatry at Bristol

NPI#: 1902213275
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 1/26/2016
Board: American Nurses Credentialing Center
Provider #: 363469

Luna, James A ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: F42305 NPI#: 1407963507
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board:
Provider #: 276390

Malik, Shahram ,MD

310 Third Street N.E.

Norton, VA 24273
Phone: (276) 679-9100
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Mountain View Regional Medical Center

UPIN#: N/A NPI#: 1285827923
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 11/13/2013
Board: American Board of Family Medicine
Provider #: 276425

Manatu, Bernard ,MD

320 Cloverleaf Square
Suite D3
Big Stone Gap, VA 24219
Phone: (276) 524-1785
Fax: (276) 524-1787
Practice Name: Bernard Manatu M.D. P.C.

UPIN#: F46704 NPI#: 1518971845
Staff Status: Courtesy
Specialty: Pediatrics
Appointment Date: 11/21/2011
Board:
Provider #: 276430

Mann, John W ,MD

1 Medical Park Blvd.

Bristol, TN 37620
Phone: (423) 844-5560
Fax: (423) 844-5569
Practice Name: WMA Hospitalists at Bristol

UPIN#: H92572 NPI#: 1104811694
Staff Status: Active
Specialty: Internal Medicine
Appointment Date: 11/13/2013
Board:
Provider #: 276438

Manthey, Brett ,DO

338 Coeburn Avenue

Norton, VA 24273
Phone: (276) 679-1286
Fax: (276) 679-1630
Practice Name: WMA Women's Health at Norton

NPI#: 1407855810
Staff Status: Active
Specialty: Obstetrics and Gynecology
Appointment Date: 5/24/2016
Board: American Osteopathic Board of Obstetrics and Gynecology
Provider #: 380893

Marcum, Gregory C ,MD

415 Broad Street Suite 410

Kingsport, TN 37660

UPIN#: B59050 NPI#: 1992749600
Staff Status: Active
Specialty: Emergency Medicine

Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

Appointment Date: 11/21/2011
Board: American Board of Family Medicine
Provider #: 276447

Marsh, Jeremiah L ,MD

130 West Ravine Road

Kingsport, TN 37660
Phone: (423) 224-3628
Fax: (423) 230-8502
Practice Name: WMA Neurohospitalists at HVMC

NPI#: 1104141944
Staff Status: Consulting
Specialty: Neurology
Appointment Date: 9/29/2015
Board: American Board of Psychiatry and Neurology
Provider #: 321229

Martinez, Melissa C ,DO

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1306073689
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 3/19/2012
Board:
Provider #: 292312

Mathews, Kenneth M ,CRNA

310 3rd Street, NE

Norton, VA 24273
Phone: (276) 679-9100
Fax: (828) 398-5244
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1831450246
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 10/27/2015
Board: National Board of Certification and Recertification for Nurse
Provider #: 358251

Matlock-Carr, Natosha L ,NP

130 W. Ravine Road
Suite 200 B
Kingsport, TN 37660
Phone: (423) 224-3150
Fax: (423) 224-3169
Practice Name: WMA Palliative Medicine at Kingsport

NPI#: 1417351891
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 7/19/2016
Board: American Academy of Nurse Practitioners
Provider #: 397752

Mayden, Kelley D ,NP

671 Highway 58 East

Norton, VA 24273
Phone: (276) 679-5874
Fax: (276) 679-6912
Practice Name: WMA Hematology & Oncology SWVA

UPIN#: P27474 NPI#: 1871526194
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 11/24/2015
Board:
Provider #: 276497

Mays, Whitney B ,NP

203 West Front Street

Coeburn, VA 24230
Phone: (276) 395-8293
Fax: (276) 395-8297
Practice Name: WMA Southwest Virginia Outpatient Center

UPIN#: NP387 NPI#: 1790946358
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 7/28/2015
Board:
Provider #: 276503

McElroy, Edwin A ,MD

4485 West Stone Drive

UPIN#: F44721 NPI#: 1487621272

Suite 200
Kingsport, TN 37660-1050
Phone: (423) 578-8500
Fax: (423) 578-8569
Practice Name: WMA Hematology & Oncology at Kingsport

Staff Status: Courtesy
Specialty: Hematology/Oncology
Appointment Date: 11/28/2000
Board: American Board of Internal Medicine
Provider #: 276546

McSharry, Roger J ,MD

271 Medical Park Blvd.

Bristol, TN 37620
Phone: (423) 968-2311
Fax: (423) 968-2298
Practice Name: WMA Pulmonary at Bristol

UPIN#: G34743 NPI#: 1063405736
Staff Status: Courtesy
Specialty: Pulmonary/Critical Care
Appointment Date: 9/20/2004
Board: American Board of Internal Medicine
Provider #: 274119

Meade, Deneen K ,CRNA

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1851697544
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 1/21/2013
Board: National Board of Certification and Recertification for Nurse
Provider #: 289546

Meade, Ella F ,DO

1 Medical Park Blvd
Suite 3W
Bristol, TN 37620
Phone: (423) 844-5583
Fax: (423) 844-5588
Practice Name: WMA Palliative Medicine at Bristol

NPI#: 1174717235
Staff Status: Active
Specialty: Palliative Medicine
Appointment Date: 2/23/2016
Board: American Board of Family Medicine
Provider #: 274120

Metcalf, Thomas J ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: N/A NPI#: 1932317674
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 12/19/2011
Board:
Provider #: 274152

Moretz, Miranda N ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1255529509
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board:
Provider #: 274249

Morgan, Steven W ,MD

3183 West State Street
Suite 1201
Bristol, TN 37620
Phone: (423) 764-0987
Fax: (423) 764-0717
Practice Name: Mountain Empire Neurological Associates P.C.

UPIN#: A96651 NPI#: 1003809781
Staff Status: Consulting
Specialty: Neurology
Appointment Date: 10/15/2012
Board: American Board of Psychiatry and Neurology
Provider #: 274251

Morgan, Vickie G ,MD

1 Medical Park Blvd.
Suite 102W
Bristol, TN 37620
Phone: (423) 844-5650
Fax: (423) 844-5655
Practice Name: WMA Hematology/Oncology Bristol

NPI#: 1780871707
Staff Status: Active
Specialty: Oncology
Appointment Date: 3/29/2016
Board: American Board of Internal Medicine
Provider #: 399493

Musil, Clinton A ,MD

109 West Watauga Avenue

Johnson City, TN 37601
Phone: (423) 232-2600
Fax: (423) 467-3644
Practice Name: Frontier Health

UPIN#: F66921 NPI#: 1366546046
Staff Status: Consulting
Specialty: Psychiatry
Appointment Date: 2/23/2016
Board:
Provider #: 275328

Nakhla, Shadi ,MD

310 Third Street N.E.

Norton, VA 24273
Phone: (276) 679-9100
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Mountain View Regional Medical Center

NPI#: 1134414196
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 7/29/2014
Board: American Board of Internal Medicine
Provider #: 320883

Nelson, Shawn K ,MD

3183 West State Street
Suite 1201
Bristol, TN 37620
Phone: (423) 764-0987
Fax: (423) 764-0717
Practice Name: Mountain Empire Neurological Associates P.C.

UPIN#: H12957 NPI#: 1346233020
Staff Status: Consulting
Specialty: Neurology
Appointment Date: 10/15/2012
Board:
Provider #: 275372

Nichols, Kimberly C ,NP

671 Highway 58 East

Norton, VA 24273
Phone: (276) 679-5874
Fax: (276) 679-6912
Practice Name: WMA Hematology & Oncology SWVA

NPI#: 1619251626
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 5/28/2015
Board:
Provider #: 275386

Nida, Maurice E ,DO

295 Wharton Lane

Norton, VA 24273
Phone: (276) 679-0321
Fax: (276) 679-6498
Practice Name: WMA Norton Outpatient Center

UPIN#: F79326 NPI#: 1285601344
Staff Status: Active
Specialty: Internal Medicine
Appointment Date: 4/21/2008
Board: American Osteopathic Board of Internal Medicine
Provider #: 275388

Odle, Crystal L ,CRNA

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

UPIN#: N/A
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 6/12/2007
Board:
Provider #: 275427

Osborne, Jan Summer M ,NP

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1285937250
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 4/28/2015
Board:
Provider #: 275456

Page, Lynda J ,CRNA

1 Medical Park Blvd.

Bristol, TN 37620
Phone: (423) 844-2686
Fax: (423) 844-2688
Practice Name: BRMC CRNA Group

NPI#: 1912927732
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 9/24/2013
Board: National Board of Certification and Recertification for Nurse
Provider #: 293271

Parkison, Holly M ,NP

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1750773289
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 2/23/2016
Board: American Nurses Credentialing Center
Provider #: 334807

Patel, Mihir H ,MD

851 Locust Street

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (423) 921-7204
Practice Name: WMA Hospitalist at Hawkins County

NPI#: 1528226016
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 10/17/2011
Board:
Provider #: 275512

Pendergraft, Courtney P ,NP

Holston Valley Medical Center

Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1790064384
Staff Status: Allied Health
Specialty: Family Nurse Practitioner
Appointment Date: 12/19/2011
Board:
Provider #: 276581

Phillips, Paul A ,DO

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: N/A NPI#: 1538352604
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/26/2013
Board: American Board of Family Medicine
Provider #: 276619

Phillips, Rachel A ,FNP

1 Medical Park Blvd
Suite 3W
Bristol, TN 37620
Phone: (423) 844-5583
Fax: (423) 844-5588
Practice Name: WMA Palliative Medicine at Bristol

NPI#: 1154736288
Staff Status: Allied Health
Specialty: Family Nurse Practitioner
Appointment Date: 4/26/2016
Board: American Nurses Credentialing Center
Provider #: 333782

Prill, Sue J ,MD

1 Medical Park Blvd.
Suite 102W
Bristol, TN 37620
Phone: (423) 844-5650
Fax: (423) 844-5655
Practice Name: WMA Hematology/Oncology Bristol

UPIN#: F85426 NPI#: 1902899818
Staff Status: Active
Specialty: Oncology Hematology
Appointment Date: 11/25/2014
Board: American Board of Internal Medicine
Provider #: 276680

Py, Lauren S ,MD

Holston Valley Medical Center

Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1598012775
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 9/29/2015
Board: American Board of Emergency Medicine
Provider #: 354016

Quarles, Glenn R ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: B92173 NPI#: 1881640514
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 5/15/2006
Board:
Provider #: 276700

Rabon, Randal J ,MD

110 Med Tech Parkway
Suite 1
Johnson City, TN 37604
Phone: (423) 929-2111
Fax: (423) 929-0497
Practice Name: Johnson City Eye Clinic P.C.

UPIN#: A98766 NPI#: 1487612453
Staff Status: Courtesy
Specialty: Ophthalmology
Appointment Date: 5/1/2001
Board: American Board of Ophthalmology
Provider #: 276710

Rafuls, William A ,MD

130 West Ravine Road

Kingsport , TN 37660
Phone: (423) 224-4000
Fax: (423) 244-5199
Practice Name: Wellmont Medical Associates, Inc

NPI#: 1417973652
Staff Status: Consulting
Specialty: Psychiatry
Appointment Date: 11/24/2015
Board: American Board of Psychiatry and Neurology
Provider #: 276715

Raj, James L ,MD

280 Virginia Avenue
Suite 104
Norton, VA 24273
Phone: (276) 679-1890
Fax: (276) 679-1894
Practice Name: WMA ENT - Norton

UPIN#: A15310 NPI#: 1063496941
Staff Status: Active
Specialty: Otolaryngology
Appointment Date: 9/21/2009
Board:
Provider #: 276721

Ramakrishnan, M R ,MD

1745 Valley View Drive

Big Stone Gap, VA 24219
Phone: (276) 325-0461
Fax:

UPIN#: C75655 NPI#: 1003806738
Staff Status: Active
Specialty: Radiology
Appointment Date: 11/19/1979
Board: American Board of Radiology

Practice Name: Diagnostic Imaging Associates
Provider #: 276725

Ramakrishnan, Vijay ,MD

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-7943
Fax: (276) 523-7028
Practice Name: Diagnostic Imaging Associates

NPI#: 1235361155
Staff Status: Active
Specialty: Diagnostic Radiology
Appointment Date: 1/16/2012
Board:
Provider #: 276726

Rao, Arun P ,MD

2050 Meadowview Parkway

Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5035
Practice Name: Wellmont Cardiology Services

UPIN#: H28628 NPI#: 1619906260
Staff Status: Consulting
Specialty: Cardiovascular Disease
Appointment Date: 8/25/2015
Board: American Board of Internal Medicine
Provider #: 276734

Rao, Qasim A ,MD

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 325-0461
Fax: (276) 325-0469
Practice Name: Diagnostic Imaging Associates

NPI#: 1295968600
Staff Status: Active
Specialty: Radiology
Appointment Date: 7/18/2011
Board:
Provider #: 276736

Reddy, Tunga T ,MD

Hawkins County Memorial Hospital

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1336379502
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/19/2012
Board: American Board of Family Medicine
Provider #: 287708

Rethy, Michael C ,MD

6458 Citywest Parkway
Suite 100
Eden Prairie, MN 55344
Phone: (952) 943-3931
Fax: (952) 935-2757
Practice Name: Virtual Radiologic Consultants

UPIN#: I29124 NPI#: 1689601502
Staff Status: Consulting
Specialty: Radiology
Appointment Date: 8/16/2010
Board:
Provider #: 276992

Russ, Mark D ,MD

PO Box 857

Big Stone Gap, VA 24219
Phone: (276) 523-1006
Fax: (276) 523-5293
Practice Name: Lonesome Pine Orthopaedics

UPIN#: H04189 NPI#: 1629018767
Staff Status: Active
Specialty: Orthopaedic Surgery
Appointment Date: 10/3/2000
Board:
Provider #: 277090

Ryan, Perrie L ,MD

349 Island Road

Bristol, VA 24201-7009

UPIN#: N/A NPI#: 1073530432
Staff Status: Active
Specialty: Oncology Hematology

Phone: (276) 469-4200
Fax: (276) 469-4249
Practice Name: WMA Hematology & Oncology at Bristol

Appointment Date: 11/25/2014
Board:
Provider #: 277097

Saha, Pabitra K ,MD PhD

2050 Meadowview Parkway

Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5097
Practice Name: Wellmont Cardiology Services

UPIN#: G336800 NPI#: 1992795066
Staff Status: Active
Specialty: Cardiovascular Disease
Appointment Date: 8/10/2016
Board: American Board of Internal Medicine
Provider #: 277113

Salyer, Vanessa T ,FNP

1990 Holton Avenue, 1st Floor

Big Stone Gap, VA 24219-3350
Phone: (276) 523-8741
Fax: (276) 523-8636
Practice Name: Wound Care Center at LPH

NPI#: 1205861333
Staff Status: Allied Health
Specialty: Family Nurse Practitioner
Appointment Date: 3/24/2015
Board: American Nurses Credentialing Center
Provider #: 333441

Sapra, Parmod K ,MD

98 15th Street Northwest
Suite 209
Norton, VA 24273
Phone: (276) 679-3037
Fax: (276) 679-3043
Practice Name: Dr. Parmod Sapra

UPIN#: B08883 NPI#: 1194785832
Staff Status: Courtesy
Specialty: Pediatrics
Appointment Date: 1/21/2013
Board: American Board of Pediatrics
Provider #: 277141

Sargent, J. Dale ,MD

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Lonesome Pine

UPIN#: A97404 NPI#: 1396775532
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 3/21/2011
Board: American Board of Internal Medicine
Provider #: 277145

Saylor, Gary ,CRNA

1990 Holton Avenue

Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (828) 398-5223
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1528137981
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 7/16/2012
Board: National Board of Certification and Recertification for Nurse
Provider #: 277157

Sexton, Lindsay M ,NP

Holston Valley Medical Center

Kingsport, TN 37660
Phone: (423) 224-5109
Fax: (423) 224-5120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1295152874
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 9/29/2015
Board: American Nurses Credentialing Center
Provider #: 318052

Shah, Kaushal ,MD

103 North Street
Suite A

NPI#: 1275858516
Staff Status: Consulting

Bristol, VA 24201
Phone: (423) 844-6000
Fax: (423) 844-6027
Practice Name: Wellmont Inpatient Psychiatry at Bristol

Specialty: Psychiatry
Appointment Date: 12/29/2015
Board: American Board of Psychiatry and Neurology
Provider #: 354955

Shao, Ryan W ,MD

349 Island Road

Bristol, VA 24201-7009
Phone: (276) 469-4200
Fax: (276) 469-4249
Practice Name: WMA Hematology & Oncology at Bristol

NPI#: 1649406190
Staff Status: Active
Specialty: Hematology/Oncology
Appointment Date: 8/1/2015
Board: American Board of Internal Medicine
Provider #: 343992

Sharp, Kathy L ,NP

349 Island Road

Bristol, VA 24201-7009
Phone: (276) 469-4200
Fax: (276) 469-4249
Practice Name: WMA Hematology & Oncology at Bristol

UPIN#: S71070 NPI#: 1225021199
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 11/25/2014
Board: American Nurses Credentialing Center
Provider #: 274325

Singh, Parminderjit ,MD

130 West Ravine Road

Kingsport, TN 37660
Phone: (423) 224-3628
Fax: (423) 230-8502
Practice Name: WMA Hospitalists at Kingsport

NPI#: 1396903126
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 7/29/2014
Board: American Board of Internal Medicine
Provider #: 274391

Smith, Brian S ,MD

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1629298757
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 8/26/2014
Board:
Provider #: 316444

Smith, Dallas ,MD

109 Muirs Chapel Road

Greensboro, NC 27410
Phone: (336) 542-2900
Fax:
Practice Name: Southeastern Overread Services, PLLC

NPI#: 1972507655
Staff Status: Active
Specialty: Radiology
Appointment Date: 11/1/2012
Board:
Provider #: 321642

Smith, Daniel S ,MD

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1730352642
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board:
Provider #: 274420

Smith, Happy ,M.D.

415 Broad Street Suite 410
Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1487739108
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 6/27/2012
Board:
Provider #: 281594

Smith, Michelle A ,NP

130 West Ravine Road
Kingsport, TN 37660
Phone: (423) 224-3628
Fax: (423) 230-8502
Practice Name: WMA Hospitalists at Kingsport

NPI#: 1699151761
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 9/29/2015
Board: American Academy of Nurse Practitioners
Provider #: 362289

Speak, Kenneth P ,CRNA

851 Locust Street
Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (864) 576-2857
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1780753137
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 7/16/2012
Board: National Board of Certification and Recertification for Nurse
Provider #: 274472

Spitznas, Andrew L ,MD

111 West Stone Drive
Suite 200
Kingsport, TN 37660
Phone: (423) 723-2030
Fax: (423) 247-4110
Practice Name: WMA Kingsport at Stone

NPI#: 1447289251
Staff Status: Consulting
Specialty: Psychiatry
Appointment Date: 11/24/2015
Board: American Board of Psychiatry and Neurology
Provider #: 331630

Strickland, Robert D ,MD

135 West Ravine Road
Suite 3A
Kingsport, TN 37660
Phone: (423) 246-6777
Fax: (423) 245-5439
Practice Name: Gastroenterology Associates

UPIN#: C76734 NPI#: 1629063813
Staff Status: Courtesy
Specialty: Gastroenterology
Appointment Date: 11/16/2004
Board: American Board of Internal Medicine
Provider #: 274554

Swiney, Lona B ,FNP

1980 Holton Avenue
Suite 301
Big Stone Gap, VA 24219
Phone: (276) 523-0390
Fax: (276) 523-5514
Practice Name: WMA Women's Health at Big Stone Gap

NPI#: 1346689619
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 11/25/2014
Board: American Nurses Credentialing Center
Provider #: 323874

Swinney, Christy R ,NP

601 Commonwealth Dr.
Norton, VA 24273
Phone: (276) 679-5880
Fax: (276) 679-6713
Practice Name: WMA Norton

UPIN#: N/A NPI#: 1023281508
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 9/21/2009
Board:
Provider #: 274598

Talton, Brooks M ,MD

Laguardia Cancer Center
130 W. Ravine Road
Kingsport, TN 37662
Phone: (423) 224-5500
Fax: (423) 224-5506
Practice Name: Radiation Oncology Associates of North East Tennessee

UPIN#: D32094 NPI#: 1144278334
Staff Status: Consulting
Specialty: Radiation Oncology
Appointment Date: 3/8/1995
Board: American Board of Radiology
Provider #: 274610

Te, Rolyn P ,MD

851 Locust Street

Rogersville, TN 37857
Phone: (423) 921-7000
Fax: (423) 921-7204
Practice Name: WMA Hospitalist at Hawkins County

NPI#: 1144567272
Staff Status: Active
Specialty: Internal Medicine
Appointment Date: 7/16/2013
Board: American Board of Internal Medicine
Provider #: 300785

Turano, Jodi A ,DO

1980 Holton Avenue
Suite 301
Big Stone Gap, VA 24219
Phone: (276) 523-0390
Fax: (276) 523-5514
Practice Name: WMA Women's Health at Big Stone Gap

NPI#: 1639340599
Staff Status: Active
Specialty: Obstetrics and Gynecology
Appointment Date: 11/21/2011
Board:
Provider #: 276802

Turner, Kenneth E ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: F70584 NPI#: 1396710620
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board: American Board of Emergency Medicine
Provider #: 276812

Vacco, Michael C ,MD

1980 Holton Avenue
Suite 303
Big Stone Gap, VA 24219
Phone: (276) 523-8681
Fax: (276) 523-8684
Practice Name: WMA Pediatrics at Big Stone Gap

UPIN#: E51753 NPI#: 1447222922
Staff Status: Active
Specialty: Pediatrics
Appointment Date: 5/23/2005
Board:
Provider #: 276830

Vardhana, Harsha G ,MD

349 Island Road

Bristol, VA 24201-7009
Phone: (276) 469-4200
Fax: (276) 469-4249
Practice Name: WMA Hematology & Oncology at Bristol

UPIN#: N/A NPI#: 1285823658
Staff Status: Active
Specialty: Hematology/Oncology
Appointment Date: 11/25/2014
Board: American Board of Internal Medicine
Provider #: 276850

Vito Cruz, Marissa G ,MD

Lonesome Pine Hospital
1990 Holton Avenue East
Big Stone Gap, VA 24219
Phone: (276) 523-3111
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: H11784 NPI#: 1922071448
Staff Status: Active
Specialty: Hospitalist Medicine
Appointment Date: 2/18/2002
Board: American Board of Family Medicine
Provider #: 276884

Wade, Melanie L ,NP

310 Third Street N.E.

Norton, VA 24273
Phone: (276) 679-9100
Fax: (423) 224-3258
Practice Name: WMA Hospitalists at Mountain View Regional Medical Center

NPI#: 1487089322
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 12/29/2015
Board: American Academy of Nurse Practitioners
Provider #: 373544

Walton (Flynn), Katherine ,PA

Bristol Regional Medical Center
One Medical Park Blvd.
Bristol, TN 24201
Phone: (423) 844-1121
Fax: (423) 844-2120
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1417348426
Staff Status: Allied Health
Specialty: Physician Assistant
Appointment Date: 5/28/2015
Board: National Commission on Certification of Physician Assistants
Provider #: 333957

Ward, Becca J ,NP

1 Medical Park Blvd
5th Floor
Bristol, TN 37620
Phone: (423) 844-6000
Fax: (423) 844-5300
Practice Name: Wellmont Inpatient Psychiatry at Bristol

NPI#: 1124387857
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 12/29/2015
Board: American Nurses Credentialing Center
Provider #: 354871

Ward, Kyle A ,DO

601 Commonwealth Dr.

Norton, VA 24273
Phone: (276) 679-5880
Fax: (276) 679-6713
Practice Name: WMA Norton

NPI#: 1831487222
Staff Status: Courtesy
Specialty:
Appointment Date: 4/28/2015
Board: American Osteopathic Board of Family Physicians
Provider #: 297144

Wayne, Stephen L ,MD

3183 West State Street
Suite 1201
Bristol, TN 37620
Phone: (423) 764-0987
Fax: (423) 764-0717
Practice Name: Mountain Empire Neurological Associates P.C.

UPIN#: G70989 NPI#: 1881687556
Staff Status: Consulting
Specialty: Neurology
Appointment Date: 10/15/2012
Board: American Board of Psychiatry and Neurology
Provider #: 276943

Wheatley, Michael W ,MD

417 West Main Street

Wise, VA 24293
Phone: (276) 328-7071
Fax: (276) 328-6082
Practice Name: WMA Wise

UPIN#: F99353 NPI#: 1295706299
Staff Status: Active
Specialty: Family Medicine
Appointment Date: 10/26/1999
Board: American Board of Family Medicine
Provider #: 277190

Williams, Douglas P ,MD

3183 West State Street
Suite 1201
Bristol, TN 37620
Phone: (423) 764-0987
Fax: (423) 764-0717
Practice Name: Mountain Empire Neurological Associates P.C.

UPIN#: E89254 NPI#: 1528051208
Staff Status: Consulting
Specialty: Neurology
Appointment Date: 2/18/2013
Board: American Board of Psychiatry and Neurology
Provider #: 277230

Williams, Freddie M ,MD

2050 Meadowview Parkway

Kingsport, TN 37660
Phone: (423) 230-5000
Fax: (423) 230-5035
Practice Name: Wellmont Cardiology Services

UPIN#: N/A NPI#: 1356553648
Staff Status: Consulting
Specialty: Cardiovascular Disease
Appointment Date: 11/19/2012
Board:
Provider #: 277231

Wilson, Earl K ,MD

3183 West State Street
Suite 1201
Bristol, TN 37620
Phone: (423) 764-0987
Fax: (423) 764-0717
Practice Name: Mountain Empire Neurological Associates P.C.

UPIN#: B08290 NPI#: 1568455244
Staff Status: Consulting
Specialty: Neurology
Appointment Date: 10/15/2012
Board: American Board of Psychiatry and Neurology
Provider #: 277265

Woodard (Phillips), Jennifer ,DO

Hancock County Hospital

Sneedville, TN 37869
Phone: (423) 733-5010
Fax: (423) 239-9737
Practice Name: Northeast Tennessee Emergency Physicians

NPI#: 1861768350
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 7/1/2015
Board: American Board of Family Medicine
Provider #: 321029

Woodard, J. Mark ,MD

415 Broad Street Suite 410

Kingsport, TN 37660
Phone: (423) 239-9737
Fax: (423) 398-5500
Practice Name: Northeast Tennessee Emergency Physicians

UPIN#: F79075 NPI#: 1568422194
Staff Status: Active
Specialty: Emergency Medicine
Appointment Date: 11/21/2011
Board: American Board of Emergency Medicine
Provider #: 277302

Woods, Richard L ,CRNA

310 3rd Street, NE

Norton, VA 24273
Phone: (276) 679-9100
Fax: (828) 398-5244
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1053348524
Staff Status: Allied Health
Specialty: Certified Registered Nurse Anesthetist
Appointment Date: 7/16/2012
Board: National Board of Certification and Recertification for Nurse
Provider #: 281589

Wright, Melinda A ,NP

280 Virginia Ave
Suite 107
Norton, VA 24273
Phone: (276) 679-5390
Fax: (276) 679-5395
Practice Name: WMA Internal Medicine / Pediatrics Norton

NPI#: 1861770380
Staff Status: Allied Health
Specialty: Nurse Practitioner
Appointment Date: 7/19/2016
Board:
Provider #: 277317

Zahn, Roland M ,MD

310 3rd Street, NE

Norton, VA 24273
Phone: (276) 679-9100
Fax: (828) 398-5244
Practice Name: Medstream Anesthesia, PLLC

NPI#: 1255301289
Staff Status: Active
Specialty: Anesthesiology
Appointment Date: 7/16/2012
Board: American Board of Anesthesiology
Provider #: 281559

Exhibit G-1A
New Health System Revised Commitments

1. **Commitment:** In order to ensure pricing is not increased as a result of the elimination of inpatient competition for the majority of consumers covered by third party commercial insurance, pricing will increase by less with the merger than if the merger were not to occur. For all Principal Payers[1], the New Health System will reduce existing commercial contracting for fixed rate increases by 50% for the second full fiscal year commencing after the closing date of the New Health System. Fixed rate increases are defined as provisions in commercial contracts that specify the rate of increase between one year and the next which include annual inflators tied to external indices or contractually-specified rates of increase in reimbursement. Applicants represent that the fiscal year for the New Health System will end on June 30, and that the fiscal year will not change until after the second full year commencing after the closing date of the New Health System.[2]

   Timing: First full fiscal year following the first contract year after the formation of the New Health System.

   Amount: The estimated annual savings to consumers for the combination of Commitments 1 and 2 are $10 million in lower health care costs annually.[3]

2. **Commitment:** To ensure the Cooperative Agreement protects consumers from pricing increases that could otherwise result from the elimination of competition, a limit on pricing growth is

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[1] For purposes of this Application, "Principal Payers" are defined as those commercial payers and governmental payers with negotiated rates who provide more than two percent (2%) of the New Health System's total net revenue. (All of a payer's revenue shall be considered in calculating the revenue percentage even if the payer has more than one contract with the New Health System.) .) The proposed commitments would not apply to traditional Medicare or any other payers that provide two percent (2%) or less of the New Health System's net revenue. Notwithstanding any provision to the contrary, the limitation on rate increases applicable to insurers providing coverage on behalf of governmental payers (i.e., Medicare Advantage Plans or Medicaid Plans) does not apply if the adjustments are tied to actions made by government entities, including but not limited to, market basket adjustments, adjustments tied to area wage index, or other governmentally imposed rate adjustments. The limitations on pricing committed to by the parties are intended to ensure price increases beyond the limits imposed by the Cooperative Agreement (COPA) do not occur as a result of increased market concentration resulting from the merger transaction. The price limits imposed by the Cooperative Agreement (COPA) are not intended to interfere with government-imposed pricing which would occur with or without the creation of the New Health System. To the degree pricing for insurers providing coverage on behalf of governmental payers is tied contractually to Medicare rates (i.e., a percent of Medicare), the Cooperative Agreement (COPA) is not intended to interfere with such pricing relationships. The intent is to ensure future pricing is not increased as a result of the merger transaction.

[2] For purposes of these commitments, the Commissioner shall not appoint an individual as his or her delegate if such person has a conflict of interest. If the Commissioner appoints an entity as his or her delegate, such as the Southwest Virginia Healthcare Authority, the entity must take steps to assure that no person involved with the entity in its role as the Commissioner's delegate has a conflict of interest. Notwithstanding anything herein to the contrary, the Commissioner shall retain the final authority with respect to conclusions reached by the Commonwealth or actions to be taken by the Commonwealth.

[3] This estimate is nonbinding. To the extent, however, that there is a dispute on the New Health Systems compliance with these rate of increase commitments, the estimate may be used as a tool to interpret what the commitment means.

applied for each year to restrain pricing growth to below the national hospital consumer price index. Effective on the closing date of the merger, the New Health System will commit to not adjust hospital negotiated rates by more than the hospital Consumer Price Index for the previous year minus 0.25%, while New Health System negotiated rates for physician and non-hospital outpatient services will not increase by more than the medical care Consumer Price Index minus 0.25%. This is a ceiling in rate adjustments; nothing herein establishes these adjustments as the floor on rates. To the extent, if any, that the Applicants negotiate contracts with Principal Payers between October 10, 2016 and the closing date of the merger and such contracts include fixed rate increases in excess of the hospital Consumer Price Index for hospital inpatient and outpatient services and the medical care Consumer Price Index for physician and non-hospital outpatient services compared with previous contracts with the same payer, no later than one month following the closing date, New Health System will rollback its rates to what they would have been if the negotiated rates of increase had been no more than the above-referenced Consumer Price Index changes. Applicants represent that their current contracts with Anthem for nongovernmental patients will not expire prior to the now-expected date of the rate increase commitment becoming effective, i.e., July 1, 2018.

This provision only applies to contracts with negotiated rates and does not apply to Medicare or other non-negotiated rates or adjustments set by CMS or other governmental payers. The New Health System agrees that contract structures may include rates being tied to a percentage of Medicare, or may establish base rates with annual inflators or quality incentives. The New Health System will not refuse to enter into any of these types of structures on the basis of the structure and will negotiate the rate structure in good faith. For purposes of calculating rate increases and comparison with the relevant Index, baseline rates for an expiring contract will be used to compare with newly negotiated rates for the first year of the relevant new contract. For comparison with the relevant Index, new contract provisions governing specified annual rate increases or set rates of change or formulas based on annual inflation indices may also be used as an alternative to calculated changes. Subject to the Commissioner's approval, the foregoing commitment shall not apply in the event of natural disaster or other extraordinary circumstances beyond the New Health System's control that result in an increase of total annual expenses per adjusted admission in excess of 250 basis points over the current applicable consumer price index. If following such approval, the New Health System and a Principal Payer are unable to reach agreement on a negotiated rate, New Health System agrees to mediation[4] as a process to resolve any disputes. The New Health System shall timely notify the Commissioner of any mediation occurring pursuant to this commitment if the payer has insureds (or members) in the Commonwealth of Virginia, and shall offer updates to the Commissioner on the progress of such mediation.

Timing: Subsequent contract years.

Amount: The estimated annual savings to consumers for the combination of Commitments 1 and 2 are $10 million in lower health care costs annually.

Metric: Easily verifiable.

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[4] Nothing herein is intended to override dispute resolution provisions that may be parts of binding contracts between New Health System (in its own name or as a successor to the Applicants) and any payer.

3. **Commitment:** In order to minimize any adverse impact on the ability of insurance companies to contract with the hospitals, and while this Cooperative Agreement ensures open access and choice for all consumers to choose any hospital in the region, it also remains the intent of the Cooperative Agreement that consumers and businesses enjoy a competitive market for insurance. As such, the New Health System will negotiate in good faith with Principal Payers to include the New Health System in health plans offered in the Geographic Service Area on commercially reasonable terms and rates (subject to the limitations herein). The New Health System will not unreasonably refuse to negotiate with potential new entrants to the market or with insurers that do not meet the definition of "Principal Payer", as long as the payer has demonstrable experience, a reputation for fair-dealing and timely payment, and negotiates in good faith. New Health System will resolve through mediation any disputes as to whether this commitment applies to the proposed terms of a health plan contract. The New Health System shall timely notify the Commissioner of any mediation occurring pursuant to this commitment if the payer has insureds (or members) in the Commonwealth of Virginia, and shall offer to the Commissioner updates on the progress of such mediation.

   Timing: Immediately upon closing of the merger and then upon expiration of existing contracts or with contracts with any new payers coming into area, and ongoing.

   Amount: No cost.

   Metric: Complaints from payers and credible report by the New Health System.

4. **Commitment:** In order to ensure providers in the region not affiliated with the New Health System may continue to operate competitively, and to ensure new provider entrants to the market are not disadvantaged by the New Health System, the New Health System will not require as a condition of entering into a contract that it shall be the exclusive network provider to any health plan, including any commercial, Medicare Advantage or managed Medicaid insurer. Nothing herein shall be construed as to impede the discretion of the payers in the market from designating the New Health System (or components thereof), as an exclusive network provider in all or part of the New Health System's service area.

   Timing: Immediately upon closing of the merger and then upon expiration of existing contracts or with contracts with any new payers coming into area, and ongoing.

   Amount: No cost.

   Metric: Easily verifiable.

5. **Commitment:** In order to improve quality for patients, ensure seamless access to needed patient information, and to support the efforts of the local physician community to access needed information in order to provide high quality patient care, the New Health System will participate meaningfully in a health information exchange or a cooperative arrangement whereby privacy protected health information may be shared with community-based providers for the purpose of providing seamless patient care.

   Timing: No later than 36 months after closing.

Amount: Up to $6 million over 10 years.

Metric: The New Health System shall report annually to the Commissioner on mileposts toward meeting this commitment.

6. **Commitment:** In order to enhance quality and decrease the total cost of care, the New Health System will collaborate in good faith with independent physician groups to develop a local, region-wide, clinical services network to share data, best practices and efforts to improve outcomes for patients and to deliver such outcomes at the highest possible value.

   Timing: No later than 36 months after closing.

   Metric: The New Health System shall report to the Commissioner on the mileposts toward meeting this commitment.

7. **Commitment:** In order to enhance quality, improve cost-efficiency and reduce unnecessary utilization of hospital services, for all Principal Payers, the New Health System will endeavor to include provisions for improved quality and other value-based incentives based on priorities agreed upon by each payer and the New Health System.

   Timing: Immediately upon closing of the merger and ongoing.

   Amount: No incremental cost.

   Metric: Annual report and complaints, if any, from payers.

8. **Commitment:** In order to enhance quality of patient care through greater transparency, improve utilization of hospital resources, and to ensure the population health of the region is consistent with goals established by the Authority, the New Health System will establish annual priorities related to quality improvement and publicly report these quality measures in an easy to understand manner for use by patients, employers and insurers. Such reporting shall include posting of quality measures and actual performance on New Health System's website accessible to the public. The New Health System shall report such data timely so the public can easily evaluate the performance of the New Health System as compared to its competitors, and ensure consumers retain the option to seek services where the quality is demonstrably the highest. In addition, the New Health System will timely report and include on its web site its performance compared to the Medicare quality measures including readmission statistics. The New Health System will give notice to the Authority of the metrics the New Health System is prioritizing, and will, in good faith, include input from the Authority in establishing or modifying its priorities.

   Timing: Annually, based upon when the New Health System establishes its annual quality goals.

   Metric: Compliance with commitment as agreed upon and modified subsequently.

9. **Commitment:** In order to ensure low income patients who are uninsured are not adversely impacted due to pricing, the New Health System will adopt a charity care policy that is substantially similar to the existing policies of both Parties and consistent with the Internal Revenue Service's final 501(r) rule. The New Health System shall furnish a copy of its policies relating to charity care to the Commissioner no later than the end of the third month following the closing of the merger. Thereafter, the New Health System shall furnish to the Commissioner a copy of any revisions to such policies immediately upon the effective date of such revisions. These policies shall provide for the full write-off of amounts owed for services by patients with incomes at or below two hundred percent (200%) of the federal poverty level. The New Health System shall inform the public of its charity care and discounting policies in accordance with all applicable laws and shall post such policies on its publicly accessible web site and on the separate web sites for all provider components that are part of the New Health System.

   Timing: Immediately upon closing of the merger and ongoing.

   Amount: Extent of additional cost is unknown but is not immaterial.

   Metric: Charity care costs as measured in cost of care furnished. For hospital services that number can come from the Medicare cost report S-10 schedule. New Health System's annual report to the Commissioner shall also include data on the number of individuals receiving uncompensated care and compare that number to prior fiscal years when the New Health System was in operation. The cost for charity care for nonhospital services may be estimated using the cost to charge ratio aggregated for all nonhospital services.

10. **Commitment:** In order to ensure low income patients are not adversely affected due to pricing, uninsured or underinsured individuals who do not qualify under the charity care policy will receive a discount off hospital charges based on their ability to pay. This discount will comply with Section 501(r) of the Internal Revenue Code, and the rules and regulations relating to that Section governing not for-profit organizations, and payment provisions will be based on the specific circumstances of each individual/family. The New Health System will seek to connect individuals to coverage when possible.

    "Uninsured" patients are those with no level of insurance or third-party assistance to assist with meeting his/her payment obligations. "Underinsured" patients are those with some level of insurance or third-party assistance but with out-of-pocket expenses that exceed financial abilities. These patients will not be charged more than amounts generally billed (AGB) to individuals who have insurance covering such care in case of Emergency or other Medically Necessary Services." AGB percentage is determined using the look-back method utilizing the lowest percentage for all facilities per the IRS regulatory guidelines set forth in 501(r). Emergency Services are defined in accordance with the definition of "Emergency Medical Conditions" in Section 1867 of the Social Security Act (42 U.S.C. 1395dd). Medically Necessary Services are defined by Medicare as services of items reasonable and necessary for the diagnosis or treatment of illness or injury and are Services not included in the list of "particular services excluded from coverage" in 42 CFR § 411.15). Financial assistance eligibility will be determined by a review of the Application for Financial Assistance, documents to support the Application for Financial Assistance (i.e. income verification documentation), and verification of assets. Financial assistance determinations are based on National Poverty Guidelines for the applicable year. The

New Health System shall adhere to the IRS regulatory guidelines set forth in Section 501(r) of the Internal Revenue Code.

Timing: Immediately upon closing and ongoing.

Metric: Credible report.

11. **Commitment:** In order to demonstrate the New Health System maintains the financial viability to fulfill its commitments of this Cooperative Agreement, and to ensure proper state supervision, any notices of default, technical or otherwise, that the New Health System, or an affiliate, receives under bond or other debt documents, must be furnished to the Authority and the Commonwealth.

    Timing: Ongoing.

    Amount: No cost.

    Metric: Credible report.

12. **Commitment:** In order to demonstrate the New Health System maintains the financial viability to fulfill its commitments of this Cooperative Agreement, and to ensure proper state supervision, If the New Health System records a liability for a Material Adverse Event which may impair the ability of the New Health System to fulfill the commitments, the New Health System will notify the Authority within 30 days of making such a determination.

    Timing: Ongoing.

    Amount: No cost.

    Metric: Credible report and easy to determine.

13. **Commitment:** In order to ensure employees are properly recognized for their years of service, and to protect the benefits they have earned over time, the New Health System will honor prior service credit for eligibility and vesting under the employee benefit plans maintained by Wellmont and Mountain States, and will provide all employees credit for accrued vacation and sick leave.

    Timing: First year.

    Metric: Easily verifiable.

14. **Commitment:** In order to ensure a uniform system of compensation, and to ensure competitiveness of pay for attracting and retaining employees, the New Health System will work as quickly as practicable after completion of the merger to invest up to $70 million over 10 years addressing differences in salary/pay rates and employee benefit structures between Wellmont and Mountain States. The New Health System will offer competitive compensation and benefits for its employees to support its vision of becoming one of the strongest health systems in the country and one of the best health system employers in the country.

Timing: By the end of the first full fiscal year upon closing of the merger.

Amount: The estimated incremental investment in addressing salary/pay rate differences is approximately $70 million over 10 years.

Metric: Credible report which shall be provided confidentially in order to preserve a competitive employment environment. Such report will include if there were grievances filed by employees with respect to pay adjustments related to the merger and how the grievances were addressed.

15. **Commitment:** In order to ensure employees are treated fairly in the event there is a facility closure or termination of services related directly and demonstrably to the merger, the New Health System will provide to the Commissioner, within two (2) months of closing, a severance policy addressing how employees will be compensated if they are not retained by the New Health System or any of its subsidiaries or affiliates. This policy shall not affect termination of employees if the termination was for-cause or related to the routine operation of such facility. The severance policy shall consider several factors, including but not limited to, each individual's position within his/her current organization and years of service. The policy will also address outplacement support to be provided to any such employee. Compliance with this commitment in Virginia shall be judged solely by the Commissioner and corrective action required for noncompliance shall be determined solely by the Commissioner. This provision shall not be construed to create a right of action for any individual employee.

    Timing: 5 years.

    Amount: Severance cost is estimated to be approximately $5 million from the closing of the merger to the end of the first full fiscal year after the closing of the merger, attributable mostly to corporate level synergies. Severance cost thereafter is not easily calculable due to unknown variables in the market, including ongoing attrition in the workforce as inpatient hospital use rates continue to decline.

    Metric: Confidential annual report for the first five full fiscal years after the closing of the merger reporting on the total number of involuntary employee terminations due to merger-related reductions, the number of such terminations for which severance compensation was paid, and the aggregate cost of such severance compensation. Importantly, it is also recognized that there will be new employment created as the New Health System makes the committed investments in research, academics, new specialties and services and population health. The New Health System may also provide as part of the annual report the number of new jobs created due to such investments, and approximate incremental payroll costs resulting.

16. **Commitment:** In order to invest in the advancement of employees, and to assist employees in achieving growth in their careers, the New Health System will combine the best of both organizations' career development programs in order to ensure maximum opportunity for career enhancement and training.

    Timing: No later than 24 months after closing.

Metric: Credible report.

17. **Commitment:** In order to ensure training of physicians and allied health professionals meets the goals and objectives of the health system and the Authority, the New Health System will develop, in partnership with at least its current academic partners, a 10-year plan for post graduate training of physicians, nurse practitioners, and physician assistants and other allied health professionals in Virginia and Tennessee. The plan will include, but not be limited to, how it will address the Authority's goals, how training will be deployed in Virginia and Tennessee based on the assessed needs, clinical capacity and availability of programs. Contingent on continued funding for existing programs from federal and state sources, the New Health System will not reduce or eliminate any medical residency programs or available resident positions presently operated by the Applicants at any Virginia facility provided, however, that such programs may be moved within Virginia, or substituted for residency training in Virginia in other specialties if that is in the best interests of the patient population in the area. Notwithstanding the foregoing, minor and temporary decreases in the number of full time equivalent residents working at Virginia hospitals may reflect year-to-year variations in residents applying for such training, dropping out of such training, electing to rotate to other hospitals, or transferring to another residency program, and shall not be deemed to violate this agreement.

    Timing: 10 years.

    Amount: Combination of commitments 17 and 18 total $85 million.

    Metric: Annually, the New Health System will report to the Commissioner: the number of accredited resident positions for each residency program operated in Virginia and the number of such positions that are filled, and shall furnish copies of the relevant pages of the Medicare cost reports showing the number of full time equivalent residents. An annual report shall also include a description of any affiliation agreements moving resident "slots" from one hospital to another pursuant to Medicare rules, resident programs moved from one hospital to another, and new programs started. No later than June 30, 2018, the New Health System will furnish to the Commissioner a plan for medical residency training programs and other health care professional training. The plan shall set forth the targeted number of persons to be trained by physician specialty or health care professional category, the location(s) of such training, the schedule for starting such training, and the expected gross annual expenditure relating to such training. It is acknowledged that the service area for the New Health System extends across state boundaries and patients, employees, and vendors freely cross those state lines. Accordingly, the Commissioner will not apply a fixed ratio to determine whether each year's expenditure under commitments number 17 and 18 is appropriately shared in by Virginia. On the other hand, the Commissioner will review expenditures made pursuant to this commitment for appropriate inclusion of Virginia sites and/or demonstrable benefit to Virginia residents and businesses.

18. **Commitment:** In order to help create opportunities for investment in research in partnership with Virginia's academic institutions, the New Health System is committed to collaborating with the academic institutions to compete for research opportunities. The New Health System will work closely with current academic partners to develop and implement a 10-year plan for investment in research and growth in the research enterprise in Virginia and Tennessee service area. The plan will include, but not be limited to, how it will address the Authority's goals, how

research will be deployed in Virginia and Tennessee based on the needs and opportunities, capacity and competitiveness of the proposals.

Timing: 10 years.

Amount: Combination of commitments 17 and 18 total $85 million.

Metric: Report in year one and dollars spent thereafter. The New Health System will present a plan for research expenditures for full fiscal years two and three starting after the closing of the merger no later than the end of the first fiscal year after the merger. Thereafter, the New Health System must update its plan to address subsequent fiscal years no later than the end of the period for which the prior plan ends up to the end of the ninth full fiscal year after the closing of the merger. The annual report should include a description of research topics, the entities engaged in the research, the principal researcher(s) who is/are responsible for each project, any grant money applied for or expected, and the anticipated expenditures. Annual reports for full fiscal years three and through ten should report on the outcome of previously reported research projects including references to any published results. The Commissioner will review expenditures made pursuant to this commitment for appropriate inclusion of Virginia sites and/or demonstrable benefit to Virginia residents and businesses.

19. **Commitment:** In order to enhance hospital quality, improve cost-efficiency, improve the utilization of hospital-related services, and to enhance opportunities in research, the New Health System will adopt a Common Clinical IT Platform as soon as reasonably practical after the formation of the New Health System. The New Health System will make access to the IT Platform available on reasonable terms to all physicians in the service area. This fully integrated medical information system will allow for better coordinated care between patients and their doctors, hospitals, and post-acute care and outpatient services and facilitate the move to value-based contracting. Subject to confidentiality laws and rules, the New Health System will grant reasonable access to the data collected in its Common Clinical IT Platform to researchers with credible credentials who have entered into Business Associate Agreements for the purpose of conducting research in partnership with the New Health System.

    Timing: Implementation No later than 48 months after closing.

    Amount: Up to $150 million.

    Metric: Implementation of promised system with mileposts along the way. The mileposts shall be proposed by New Health System no later than three months after the closing of the merger or June 30, 2017, whichever is later. The New Health System will report in each annual report its progress toward implementing the Common Clinical IT Platform, and after implementation, any material enhancements or changes. The New Health System will also include in the annual report the researchers (by individual or by group for those working together) who have entered into Business Associate Agreements for purposes of conducting research.

20. **Commitment:** In order to preserve hospital services in geographical proximity to the communities traditionally served by such facilities, to ensure access to care, and to improve the utilization of hospital resources and equipment, all hospitals in operation at the effective date of the merger will remain operational as clinical and health care institutions for at least five years.

After this time, the New Health System will continue to provide access to health care services in the community, which may include continued operation of the hospital, new services as defined by the New Health System, and continued investment in health care and preventive services based on the demonstrated need of the community. The New Health System may adjust scope of services or repurpose hospital facilities. In the event that the New Health System repurposes any hospital, it will continue to provide essential services in the community. For purposes of this commitment, the following services are considered "essential services":

- Emergency room stabilization for patients;
- Emergent obstetrical care;
- Outpatient diagnostics needed to support emergency stabilization of patients;
- Rotating clinic or telemedicine access to specialty care consultants as needed in the community and based on physician availability;
- Helicopter or high acuity transport to tertiary care centers;
- Mobile health services for preventive screenings, such as mammography, cardiovascular and other screenings;
- Primary care services;
- Access to a behavioral health network of services through a coordinated system of care; and
- Community-based education, prevention and disease management services for prioritized programs of emphasis based on goals established in collaboration with the Commonwealth and the Authority.

If the New Health System becomes the primary health service partner of the Lee County Hospital Authority, the New Health System will be responsible for essential services as outlined above.

Timing: Ongoing.

Amount: The net cost varies depending on annual operating losses. The current annual operating losses for the predecessors of the New Health System for Virginia hospitals that are losing money are approximately $11 million.

Metric: Each year, the operating results for the Virginia hospitals and sites furnishing "essential services" as defined above will be reported to the Commissioner. The annual report to the Commonwealth will also outline services provided in each community by the hospitals or other sites furnishing "essential services" as specified in this commitment.

21. **Commitment:** In order to ensure preservation of hospital facilities and tertiary services in geographical proximity to the communities traditionally served by those facilities, the New Health System will maintain, for the Virginia and Tennessee service areas, a minimum of the three full-service tertiary referral hospitals located in Johnson City, Kingsport, and Bristol, to ensure higher-level services are available in close proximity to where the population lives.

    Timing: Immediately upon closing of the merger and ongoing.

    Amount: Not applicable.

Metric: Easily verifiable. The New Health System must report immediately to the Commissioner the closing of any of the above referenced three full-service tertiary referral hospitals and must also report any reduction in the capability of any of the three tertiary referrals hospitals so that they can no longer be credibly viewed as tertiary referral hospitals.

22. **Commitment:** In order to ensure choice of providers for consumers and to ensure physicians are free to practice medicine without any adverse effect from the merger, the New Health System will maintain an open medical staff at all facilities, subject to the rules and conditions of the organized medical staff of each facility. Exceptions may be made for certain hospital departments or services as determined by the New Health System's Board of Directors or the hospital board if the hospital board is acting as the ultimate fiduciary body.

    Timing: Immediate upon closing of the merger and ongoing, subject to current contractual obligations.

    Amount: No cost.

    Metric: Easily verifiable.

23. **Commitment:** In order to ensure physicians and patients maintain their choice of facilities, and to ensure independent physicians can maintain their independent practice of medicine, the New Health System will not require independent physicians to practice exclusively at the New Health System's hospitals and other facilities.

    Timing: Immediate upon closing of the merger and ongoing.

    Amount: No cost.

    Metric: Easily verifiable.

24. **Commitment:** The New Health System will not take steps to prohibit independent physicians from participating in health plans and health networks of their choice.

    Timing: Immediate upon closing of the merger and ongoing.

    Amount: No cost.

    Metric: Easily verifiable.

25. **Commitment:** In order to enhance access to services for patients, and to ensure robust choices remain in the market for physicians in the various specialties needed throughout the region, the New Health System will commit to the development of a comprehensive physician/physician extender needs assessment and recruitment plan every three years in each community served by the New Health System. The New Health System will consult with the Authority in development of the plan. The New Health System will employ physicians and physician extenders primarily in underserved areas and locations where needs are not being met, and where independent physician groups are not interested in, or capable of, adding such specialties

or expanding. The New Health System will promote recruitment and retention of pediatric sub-specialists in accordance with the Niswonger Children's Hospital physician needs assessment.

Timing: Every 3 years, starting within the first full fiscal year.

Amount: Costs of recruitment related to implementation of the recruitment plan shall be part of the $140 million commitment referenced below in number 26. Expenditures incurred in the development of the community needs assessment and the recruitment plan shall not be credited toward that $140 million commitment.

Metric: Credible evidence of recruitment plan, which identifies needs and priorities. The first community needs assessment and physician/physician extender recruitment plan shall be presented to the Commissioner no later than in the annual report submitted after the end of the first full fiscal year after closing of the merger, and thereafter at three (3) year intervals (or more frequently if the plan is amended). In each annual report, the New Health System shall report on progress toward its recruitment goals including the number of recruited physicians by specialty, and related data such as recruitment efforts, interviews conducted, and the number of offers extended. To the extent that physician needs identified in the plan are not met in 600 days or more (measured at the end of each full fiscal year), the New Health System shall include an explanation of the feasibility of meeting the plan for the unfilled position(s), additional steps, if any, that management believes are appropriate to take, and consideration of alternatives such as building relationships with centers of excellence to improve the availability of the missing specialty to patients in the region. In order to preserve competition, this annual reporting requirement will be treated as confidential.

26. **Commitment:** Enhancing healthcare services:
    a. In an effort to enhance treatment of substance abuse in the region, the New Health System will create new capacity for residential addiction recovery services serving the people of Southwest Virginia and Tennessee.
    b. Because improved mental health services is a priority of the Authority and the law, the New Health System will develop community-based mental health resources, such as mobile health crisis management teams and intensive outpatient treatment and addiction resources for adults, children, and adolescents designed to minimize inpatient psychiatric admissions, incarceration and other out-of-home placements throughout the Virginia and Tennessee service area.
    c. As part of the priority of preserving hospital services in geographical proximity to the communities traditionally served by the facilities, and to ensure access to care, the New Health System will develop pediatric specialty centers and Emergency Rooms in Kingsport and Bristol with further deployment of pediatric telemedicine and rotating specialty clinics in rural hospitals to ensure quick diagnosis and treatment in the right setting in close proximity to patients' homes.

Timing: The plan will be developed no later than 24 months after closing and will include a time schedule for implementing the plan and expenditures under the plan.

Amount: $140 million over 10 years including physician recruitment referenced in number 25 above.

Metric: The New Health System will include in the annual report for the second full fiscal year the plan for enhancing healthcare services, and in that report and each following, shall include in the annual report progress in implementing the plan and expenditures made.

27. **Commitment:** In an effort to enhance population health status consistent with the regional health goals established by the Authority, the New Health System will invest not less than $75 million over ten years in population health improvement for the service area. The New Health System will establish a plan, to be updated annually in collaboration with the Authority, the Commonwealth, and possibly the State of Tennessee, to make investments that are consistent with the plan and to complement resources already being expended. The New Health System also commits to pursuing opportunities to establish Accountable Care Communities in partnership with various local, state and federal agencies, payers, service providers and community groups who wish to partner in such efforts. It is the desire of the New Health System for the Commonwealth and Tennessee to collaborate with the New Health System to establish a regional plan that disregards state boundaries.

    Timing: 10 years.

    Amount: $75 million.

    Metric: The New Health System will establish and track long-term outcome goals similar to those developed in Healthy People 2020 and consistent with the health plans of Virginia and Tennessee, and will be evaluated based on whether expenditures made are consistent with the plan established by the collaborative between the states, including the Authority, and the New Health System.

    Discussion: The expenditures of $75 million throughout the region have the greatest positive impact only if those dollars are spent in a prioritized way in collaboration with the state health plan and the regional priorities as established by the Authority, and in partnership with efforts already underway through community based assets.

28. **Commitment:** In support of the Authority's role in promoting population health improvement under the Commonwealth's Cooperative Agreement with the New Health System, the New Health System shall reimburse the Authority for costs associated with the various planning efforts cited above in an amount up to $75,000 annually, with CPI increases each year. No reimbursable costs shall be paid toward compensation for any member of the Authority's Board or Directors.

    Timing: Annual.

    Amount: Up to $75,000 annually as part of the $75 million for population health improvement, with annual CPI increases.

    Metric: Reimbursement is made or is not made. All amounts paid to the Authority shall be included in the annual report submitted to the Commissioner.

29. **Commitment:** Best practice governance of the New Health System is critical to the success of the efforts outlined in the Cooperative Agreement. As such, the Board of Directors of the New Health System will operate such that each Board member must exercise the Duty of Care, Loyalty and Obedience to the New Health System required by law, and all Board members must adhere to the strict fiduciary policies established by the Board. It is recognized that governance of the New Health System should reflect the region, including both Virginia and Tennessee. As such, the New Health System makes the following commitments related to governance:
    - Currently, one member of the Board of Directors resides in Virginia. No later than 3 months after closing, an additional resident of Virginia will be appointed to serve on the Board of Directors of the New Health System. Such resident shall be appointed through the governance selection process outlined in the bylaws of the New Health System;
    - The New Health System will ensure membership from Virginia on the following Board committees, with full voting privileges: Finance, Audit and Compliance, Quality, Community Benefit/Population Health, and Workforce;
    - The New Health System will ensure than not less than 30 percent of the composition of the Community Benefit/Population Health committee will reside in Virginia (committee will be the Board committee responsible for the oversight of the compliance of the Cooperative Agreement); and
    - Within 5 years, not less than 3 members of the Board of Directors will reside in the Commonwealth of Virginia, and such composition shall be sustained.

    Timing: Ongoing.

    Amount: No dollar cost.

    Metric: Easily verifiable.

30. **Commitment:** The New Health System expects that the conditions under which the Cooperative Agreement is granted will be enumerated in a formal enforceable agreement between the New Health System and the Commissioner, and it is expected an annual report will be required. Any report will be attested to by the appropriate leadership of the New Health System, including the Senior Executive.

    Timing: Annual.

    Amount: No material cost.

    Metric: Receipt of compliant report.

31. **Commitment:** The New Health System will provide information on a quarterly basis of the key financial metrics and the balance sheet comparing performance to the similar prior year period and year to date. This information will be provided on the same timetable as what is publicly reported through EMMA (Electronic Municipal Market Access).

    Timing: Annual and quarterly.

    Amount: No material cost.

Metric: Easily verified.

32. **Commitment:** The New Health System will adhere to Exhibit 12.1 setting forth relevant considerations and the process for closing a facility should it be necessary. This policy will remain in effect unless the change is agreed to by the Commissioner.

    Timing: If closing a facility is considered.

    Amount:

    Metric: Annual report will provide evidence of compliance with policy.

33. **Commitment:** The New Health System shall create, together with the Southwest Virginia Health Authority, a Joint Task Force comprised of four members, two from the New Health System and two from the Southwest Virginia Health Authority. The Task Force shall meet at least annually to guide the collaboration between the Authority and the New Health System, and to track the progress of the New Health System toward meeting the commitments of the Cooperative Agreement and shall report such progress to the Authority. The Task Force shall be chaired by a member of the Authority. The members appointed by the Authority may not have a conflict of interest.

    Timing: Immediate upon closing of the merger.

    Amount: No cost.

    Metric: Creation of a Joint Task Force.

A. Revision of Commitments – Recommendations by the Authority to the Commissioner

These commitments have been negotiated and drafted with the intent of them remaining in place for ten (10) years. Nevertheless, there may be changes in circumstances that arise which affect the feasibility or the meaningfulness of the commitments and which are not possible to foresee presently. For example,[5] a major structural change to the federal payment system could, depending on how it is implemented, materially change both the needs of the region and the New Health System's ability to meet those needs. Other events which may have a material effect include, but are not limited to, substantial and material reductions in federal reimbursement, repeal of Certificate of Public Need, labor shortages causing significant and material increases in labor expense, significant reductions in inpatient hospital use rates which cause a material decrease in revenue (and which may be demonstrated to reduce the total cost of care), or an act of God. It is the interest of the Commonwealth that the region's hospitals maintain their financial viability, that they are of sound credit worthiness and that they are capable of reinvesting capital. Accordingly, if the New Health System produces clear and

[5] These are examples only and are not intended to be exclusive basis for amending the agreement, but simply as an illustration of a possible change in circumstances that may have a material impact.

convincing evidence that changes in circumstances have materially affected its ability to meet the commitments and that its inability is not affected by deficiencies in management, either the Commissioner or the New Health System may petition the other to amend the commitments to reduce the burden or cost of the commitments to a level that may be more sustainable. In the event that the New Health System petitions the Commissioner for amendment of the Cooperative Agreement, the Commissioner may require the New Health System to engage an independent consultant to prepare a report validating that the changes in circumstances have adversely affected the New Health System, the extent to which this has occurred, and validating that the changes in circumstances are not related to the effectiveness of management. The cost of such an independent consultant engagement shall not exceed $250,000 (as adjusted by the CPI from the date of the closing of the merger). The amendment process should not be used to increase the overall level of burden or cost on the New Health System, although the parties acknowledge that depending on the change in circumstance, measuring the change in the level of burden or cost may be subject to reasonable ranges and disagreement of the impact within a range. If either party petitions for amending the commitments and the parties cannot come to agreement, the parties shall agree on a dispute resolution process in order to reach agreement.

B. Ten-Year Review of Cooperative Agreement – Recommendations by the Authority to the Commissioner

Before the end of calendar year 2026, the New Health System and the Commissioner shall review how well the formation and operation of the New Health System has served the overall interests of Virginians and Virginia businesses in the area. That review will consider all the elements set forth in Section 15.2-5384.1, Code of Virginia, and will also consider New Health System's profitability. It is the opinion of the Authority that the citizens of the region and the Commonwealth are well-served when the health system generates the resources necessary to be sustainable, of good credit, and capable of meeting its commitments as a community-based health system in the region. It is the hope of the Authority that the New Health System achieves financial sustainability that exceeds national or regional averages. If, however, it appears the New Health System is generating excessive profits and negotiated payment rates to the New Health System have increased more rapidly than national or regional averages, new or additional commitments may be appropriate. Conversely, if the New Health System is unable to attain sufficient profitability notwithstanding effective management, reducing the burden of the commitments would be appropriate. Likewise, if the New Health System is not maintaining its support of population health, subsidizing money-losing services, medical education, research, and physician recruitment, new commitments may be appropriate. In the event that an extension of the existing cooperative agreement or negotiation of a new or amended agreement is not achieved, the Commonwealth should withdraw its support for the cooperative agreement.

NEW HEALTH SYSTEM ALIGNMENT POLICY

Alignment of Clinical Facilities and Clinical Services by health systems, where appropriate, are a standard and widely accepted mechanism for reducing unnecessary cost in health care, improving quality, and ensuring the services and programs offered are continuously evaluated objectively to ensure efficiency and the best outcome for patients. Among the many benefits of proper alignment are:

1. Assembling a "critical mass" of technology, clinical expertise and financial resources required to develop true centers of excellence.
2. Freeing up resources needed to provide highly technical and resource intensive services that, at a given time, may only be accessed outside the region.
3. Providing financial resources to clinical services that operate at a loss, or are currently not adequately provided, but are vitally important to the health of the region.
4. Improving the financial and clinical performance of services or facilities that currently operate in close proximity of each other.
5. Ensuring overall system financial viability, with an understanding that low overall operating margins inhibit the ability of the system to capitalize and invest in other services important to the region.
6. Realignment of care will improve access and care delivery, and provide effective care at the right locations.

Policy: Alignment of clinical facilities and/or services, where appropriate, may occur after an evaluation of the potential merits and adverse effects related to access, quality and service for patients. The objective of any alignment should include, but may not be limited to: enhanced service to the region, improved quality or scope of care, or enhanced financial performance material to the success of the overall system. Prior to implementing an alignment, it must be determined the benefits of the alignment outweigh the adverse effects.

Application: This policy applies to alignment of clinical facilities and clinical services in those cases where the alignment results in a discontinuation of a major service line or facility such that any such discontinuation would render the service unavailable in that community. This policy is not applicable to alignment of administrative or non-clinical services or programs.

Definitions:

Clinical Facility or Facilities - Any location where inpatient care is provided.

Clinical Service –A scope of patient care generally recognized to be associated with a specific medical or surgical specialty.

Community – The primary service area of a clinical service or facility, generally defined as the area from which 75% of patient volume originates.

Region – the geographic area served by the New Health System

Board Integration Committee – A committee of the Board which shall meet as needed upon a proposal by management to align a facility or service applicable under this policy. The purpose of the committee shall be to evaluate management's recommendation, and make a recommendation to the Board of Directors prior to the Board's final approval or rejection of a proposed alignment.

Procedure:

1. Management identifies an opportunity (or opportunities) for alignment which meets the requirement for review as outlined herein.
2. Management will evaluate the opportunity based upon (a) the use of clinical and financial data, and (b) input from physicians and other clinicians relevant to the service or facility which is subject of the alignment. Management will identify the benefits and adverse effects of the proposed alignment, including any cultural impacts. Management may utilize consulting and other independent resources to assist in the evaluation.
3. Upon reaching a conclusion to move forward with alignment, management will notify the Board of its intent, and will request a meeting of the Board Integration Committee. Management will present the proposal for the alignment to the Board Integration Committee.
4. The Board Integration Committee will evaluate the proposal, including the data and input relied upon by management in making its proposal. The Board Integration Committee will formulate a recommendation to the Board of Directors.
5. In considering the recommendation of the Board Integration Committee, the Board shall evaluate the data and input relied upon by the Board Integration Committee, including any data or input which does not support the recommendation.
6. Management shall provide administrative and analytical support to the Board Integration Committee as it contemplates any proposed action.
7. Upon approval by the Board of any alignment, management shall report periodically to the Board Integration Committee on the status of the alignment effort for each project approved, until such project has been completed.
8. One year after the completion of an alignment, management will provide a report to the Board on the results of the alignment, including any lessons learned, physician feedback, community effects and financial impact.

Charter of the Board Integration Committee

Membership. The Board Integration Committee will consist of 10 members (the "Members"), composed of the following:

A. Six (6) Members shall be non-management Directors, two (2) of whom shall be physicians.
B. Four (4) Members shall be at-large members who are not Directors and who are not otherwise serving on any committees of the Board of Directors. At least two (2) at-large Members shall be independently practicing physicians.

The Members will be nominated by the Board Governance/Nominating committee, except that the two (2) at-large physician Members will be nominated by the Clinical Council. The initial membership of the Board Integration Committee shall be composed of equal representation from legacy Wellmont Health System and Mountain States Health Alliance until after the second anniversary of the closing of the merger transaction.

1. The Board Integration Committee shall endeavor to ensure management, in making a recommendation to align a service or facility, has deployed a planning process which includes objective financial and clinical data and research, as well as input from affected physicians, clinicians, and other affected stakeholders. The committee will insure a clear vision is articulated by management, including the goals and objectives of the alignment. The committee will evaluate potential community impact of proposed alignment in terms of health status, access, employment and other community considerations.

2. The Board Integration Committee may request that management establish an inventory of current facilities and services and request recommendations for where potential overlap exists and/or synergies could be realized.

3. The Board Integration Committee will ensure management has developed a communication plan and strategy for implementation that considers the various stakeholders affected by any such decision to align a facility or service.

Name	Place of Residence	Business Position	Business Address	Business Phone Number	Appointment Date	Committee Service
Barbara Allen	Johnson City, TN	Operations / General Manager	Stowaway Storage 3300 Browns Mill Road Johnson City, TN 37604	423.282.4841	2012-2013	Chair of the Board
Sandra Kaye Brooks, M.D.	Johnson City, TN	Pathologist	Johnson City Medical Center 400 North State of Franklin Road Johnson City, TN 37604	423.431.6387	2006-2007	Governance Quality (Vice-Chair)
Michael Tod Christian	Johnson City, TN	Retired, Banker	N / A		2009-2010	Treasurer of the Board Finance (Chair) Investment
Robert Lloyd Feathers	Kingsport, TN	President, Workspace Interiors, Inc.	Workspace Interiors, Inc. P.O. Box 809 Kingsport, TN 37662	423.392.6542	2009-2010	Vice-Chair of the Board Finance Governance
Linda Garceau	Johnson City, TN	Retired, Dean, ETSU College of Business & Tech	N / A		2012-2013	Audit & Compliance
Joanne W. Gilmer	Johnson City, TN	Retired, HR Benefits, General Shale Corporation	N / A		2010-2011	Secretary of the Board Governance (Vice-Chair) Social Responsibility (Chair) Retirement Work Force
Alan Morris Levine	Johnson City, TN	President & CEO	Mountain States Health Alliance 303 Med Tech Parkway Suite 300 Johnson City, TN 37604	423.302.1040	Ex-officio	Finance Investment Quality Retirement Work Force
David Paul May, M.D.	Elizabethton, TN	Anesthesiologist	Sycamore Shoals Anesthesia Associates, P.C. 922 West G Street Elizabethton, TN 37643	423.895.0342	2010-2011	Executive Quality (Chair)

David Rick Moulton, M.D.	Johnson City, TN	Internist	Johnson City Internal Medicine 301 Med Tech Parkway, Suite 240 Johnson City, TN 37604	423.794.5708	2016-2017	Quality
Gary Lee Peacock	Marion, VA	Retired, VP Royal Mouldings	N / A		2008-2009	Finance Governance Retirement (Chair) Work Force (Vice-Chair)
Rick K. Storey	Jonesborough, TN	Retired, Banker	N / A		2010-2011	Audit & Compliance (Vice-Chair) Finance Investment (Chair) Social Responsibility
Clem Cabell Wilkes, Jr.	Jonesborough, TN	Financial Advisor	Raymond James Finanical Services 3028 Peoples Street Johnson City, TN 37604	423.928.8361	2008-2009	Past Chair of the Board Finance (Vice-Chair) Governance (Chair) Investment

Dickenson Community Hospital Board of Directors - Public Information

Name	Place of Residence	Business Position	Business Address	Business Phone Number
Donald Burns Baker*	Clintwood, VA	Mayor, Town of Clintwood	P.O. Box 456 Clintwood, VA 24228	276.926.8383
Vonda Buchanan***	Clintwood, VA	Retired, RN		
Shane Hilton	Blountville, TN	VP / CFO, Market Operations, MSHA	303 Med Tech Parkway, Suite 140 Johnson City, TN 37604	423.302.3467
Robert Arlen Leonard****	Norton, VA	CPA	P.O. Box 555 Norton, VA 24273	276.679.1090
Monty McLaurin	Kingsport, TN	CEO IPMC	Indian Path Medical Center 2000 Brookside Drive Kingsport, TN 37660	423.587.7110
James Edward Manicure**	Wise, VA	Principal Broker	Bennett & Edwards RealtyP.O. Box 363 Wise, VA 24293	276.328.0034
Buford G. Sturgill	Wise, VA	CEO	Buford & Sturgill Funeral Homes P.O. Box 1068 Wise, VA 24293	276.328.5751

Ex-Officio Members Mark T. Leonard, CEO Freddie Mullins, Attorney Kevin Morrison, CFO Mark S. Vanover, Assistant Vice President- DCH				

*Chair
**Vice-Chair
***Secretary
****Treasurer

Name	Place of Residence	Business Position	Business Address	Business Phone Number
Brian Dawson, M.D.	Abingdon, VA	Physician	Mountain States Health Alliance JMH Emergency Physicians	
Marvin Eichorn****	Johnson City, TN	Executive Vice President, COO and Corporate Treasurer	Mountain States Health Alliance 303 Med Tech Parkway Suite 300, Johnson City, TN 37604	423.302.3372
John Thomas Fowlkes	Bristol, VA	Managing Director, Bankstreet Partners, LLC; Senior Vice President and General Counsel, The United Company	The United Co. P.O. Box 1280 Bristol, VA 24203	276.645.1444
Rachel Davis Fowlkes	Abingdon, VA	Retired, Executive Director of Southwest Virginia Higher Ed Center		
Richard (Dick) Gail	Abingdon, VA	Retired, Plant Manager, American Electric Power		
Jim Gardner, M.D.	Abingdon VA	Physician	Magnolia Family Medicine 611 Campus Drive Abingdon, VA 24210	276-676-1133

Marvin Gilliam	Bristol, VA	Retired		
Joanne Gilmer**	Johnson City, TN	Retired, HR Benefits, General Shale Corporation		

William Hayter "Bill"***	Abingdon, VA	CEO, President, Director	First Bank & Trust Company P.O. Box 1000 Abingdon, VA 24210	276.623.2265
Donnie L. Meadows	Abingdon, VA	Vice President, Human Resources	K-VA-T Food Stores P.O. Box 1158 Abingdon, VA 24212	276.623.5100 x 5108
Brendan McSheehy*	Abingdon, VA	Vice President	Universal Fibers, Inc. 14401 Industrial Park Road P.O. Box 8930 Bristol, VA 24203-8930	276-645-9758
Eric Miller	Abingdon, VA	President	Damascas Corporation P.O. Box 610 Abingdon, VA 24212	276-676-2376
Kathy J. Mitchell	Pounding Mill, VA	Dean, VATNP	VA Highlands Community College P.O. Box 828 Abingdon, VA 24212	276.739.2440
Gary Lee Peacock	Marion, VA	Retired, VP Royal Mouldings		

Michael A. Spiegler	Abingdon, VA	CPA, Managing Shareholder	Spiegler, Blevins, & Co., PC 848 French Moore Jr. Boulevard Abingdon, VA 24210	276.628.8700

Ex-Officio Members

Stan Hickson, *CEO - Johnston Memorial Hospital*

David Simmons, M.D. - *President, Medical Staff*

*Chair
**Vice-Chair
***Secretary
****Treasurer

Norton Community Hospital Board of Directors - Public Information

Name	Place of Residence	Business Position	Business Address	Business Phone Number
Dr. Matthew Cusano, M.D.	Big Stone Gap, VA	Physician	1490 Park Aven., NW, Ste. 3 Norton, VA 24273	276.679.8890
Marvin Eichorn	Johnson City, TN	Executive Vice President, COO and Corporate Treasurer	303 Med Tech Parkway, Suite 300 Johnson City, TN 37604	423.302.3372
Shane Hilton	Blountville, TN	VP / CFO, Market Operations, MSHA	303 Med Tech Parkway, Suite 140 Johnson City, TN 37604	423.302.3467
Valerie Lawson	Wise, VA	Senior Director of Development	UVA-Wise Wise, VA 24293	276.376.4523
Robert Arlen Leonard***	Norton, VA	CPA	P.O. Box 556 Norton, VA 24273	276.679.1090
James Edward Manicure	Wise, VA	Principal Broker	P.O. Box 363 Wise, VA 24293	276.328.0034
Monty McLaurin	Kingsport, TN	CEO IPMC	Indian Path Medical Center 2000 Brookside Drive Kingsport, TN 37660	423.587.7110
Charles "Chuck" Slemp III	Wise, VA	Commonwealth's Attorney, Wise County	P.O. Box 3964 413 East Main Street Wise, VA 24293	276.328.9406
Buford G. Sturgill	Wise, VA	CEO	Buford & Sturgill Funeral Homes P.O. Box 1068 Wise, VA 24293	276.328.5751
Tom Tull	Elizabethon, TN	AVP, Chief Experience Officer	303 Med Tech Parkway Johnson City, TN 37604	423.302.3376

Charles "Jibber" Ward**	Coeburn, VA	Vice-Chair	Miner's Exchange Bank P.O. Box 1197 Coeburn, VA 24230	276.395.2230
Ernie Ward	Norton, VA			
Bill Wampler	Wise, VA	Retired, Contractor, Construction	N / A	
Ex-Officio Members Mark T. Leonard, CEO - Norton Community Hospital Mark S. Vanover, Director of Operations - Dickenson Community Hospital				

*Chair
**Vice-Chair
***Secretary / Treasurer

EXHIBIT G-2A Smyth County Community Hospital Board of Directors- Public Information

Name	Place of Residence	Business Position	Business Address	Business Phone Number
Andy Blevins	Marion, VA	President	Empire Vending 1162 Chatham Hill Road Marion, VA 24354	276.783.4046
Anthony Clary, M.D.	Atkins, VA	Chief of Staff, SCCH Obstetrician and Gynecologist	MSMG-OB/GYN 1205 Snider Street Marion, VA 24354	276.783.2354
Ruth Rhea Cox	Saltville, VA	Director of Community Acute Care Services	Mount Rogers Mental Health 770 West Ridge Road Wytheville, VA 24382	276-223-3212
Amanda Currin	Marion, VA	Asst. Director, Administrative Serv.	SWVA Mental Health Institute 340 Bagley Circle Marion, VA 24354	276.783.1202
Chelsea Hamman, M.D.	Rural Retreat, VA	Family Practitioner	Smyth County Family Physicians 1616 N. Main Street Marion, VA 24354	276.783.8123
Brian Haynes	Glade Spring, VA	Chief Executive Officer	SWVA Community Health Systems 319 5th Avenue, P.O. Box 729 Saltville, VA 24370	276.496.4492 x 1004

EXHIBIT G-2A Smyth County Community Hospital Board of Directors- Public Information

Stan Hickson	Abingdon, VA	Chief Executive Officer, Northeast Market, Mountain States Health Alliance	Johnston Memorial Hospital 16000 Johnston Memorial Drive Abingdon, VA 24211	276.258.2860
John Jeter***	Bristol, VA	Chief Financial Officer, Northeast Market, Mountain States Health Alliance	Johnston Memorial Hospital 16000 Johnston Memorial Drive Abingdon, VA 24211	276.258.2830
Tony Keck	Bristol, TN	Senior Vice President, Chielf Development Officer	MSHA 303 Med Tech Parkway, Ste. 300 Johnson City, TN 37604	423.302.3375
James McDowell, M.D.	Marion, VA	Retired Family Practitioner	Unavailable	Unavailable
Gary Peacock	Marion, VA	Retired, VP Royal Mouldings	Unavailable	Unavailable
Eric Sacknoff, M.D.	Physician	Urologist Chief of Staff	MSMG-Urology 1201 Snider Street Marion, VA 24354	276.783.5400
Robert Shults****	Marion, VA	CPA	Shults, Kiser & Associates P.O. Box 189 Marion, VA 24354	276.783.1040
Ex-Officio Members James Tyler - Smyth County Community Hospital				

EXHIBIT G-2A Smyth County Community Hospital Board of Directors- Public Information

*Chair
**Vice-Chair
***Secretary
****Treasurer

EXHIBIT G-2C

WELLMONT HEALTH SYSTEM BOARD OF DIRECTORS

NAME	DATE OF APPOINTMENT	COMMITTEE SERVICE	OCCUPATION	BUSINESS ADDRESS	BUSINESS PHONE
Roger Leonard, Chair	July 2009	• Audit (FY10 – FY13) • Executive/Nominating (FY12, FY14, FY15 – Current) • Finance (FY12, FY13) • Investment (FY13, FY14) • Strategic Options (FY15 – Current)	Retired business adviser	888 17th Street, NW Suite 304 Washington, DC 20006	(202) 386-6521
Terry Begley, Vice Chair	July 2014	• Executive/Nominating (FY17) • Finance (FY15 – Current)	Retired executive	None	None
Wayne Kennedy, Secretary	July 2010	• Executive/Nominating (FY12, FY13, FY15 – Current) • Finance (FY13) • Human Resources (FY11, FY12, FY14 – Current) • Strategic Options (FY14, FY15)	Retired executive	None	None
Roger K. Mowen, Treasurer/Asst. Secy.	February 2014	• Audit (FY10) • Executive/Nominating (FY10 – FY12, FY15 – Current) • Finance (FY10 – Current) • Human Resources (FY10 – FY12) • Quality/Safety/Service (FY10 – FY12) • Strategic Options (FY14)	Retired executive	None	None
Julie Bennett	July 2010	• Audit (FY11) • Executive/Nominating (FY11, FY13 – FY16) • Human Resources (FY13 – Current)	Attorney	151 Speedway Boulevard Bristol, TN 37620	(423) 989-6912
R. David Crockett, Sr.	July 2008	• Executive/Nominating (FY09 – FY12) • Finance (FY09 – Current) • Human Resources (FY11, FY12) • Quality/Safety/Service (FY09, FY10) • Strategic Options (FY14 – FY15)	Retired executive	None	None
Stanley Gall, M.D.	September 2014	• Quality/Safety/Service (FY16 – Current)	Physician	2050 Meadowview Parkway Kingsport, TN 37660	(423) 230-8526
Mary Hall	July 2014	• Finance (FY15 – Current) • Strategic Options (FY15)	Executive and treasurer	One Quaker Park 901 E. Hector Street Conshohocken, PA 19428	(423) 306-6701
Ravan Krickbaum	July 2005	• Audit (FY14 – Current) • Finance (FY09) • Human Resources (FY10 – FY12) • Quality/Safety/Service (FY09, FY10, FY12 – Current) • Strategic Options (FY06 – FY08)	Retired educator	None	None

NAME	DATE OF APPOINTMENT	COMMITTEE SERVICE	OCCUPATION	BUSINESS ADDRESS	BUSINESS PHONE
David Lester	July 2010	• Finance (FY10 – Current) • Strategic Options (FY13 – Current)	Chief financial officer	148B Bristol East Road Bristol, VA 24202	(276) 669-6476
Glen "Skip" Skinner	July 2008	• IT (FY09, FY10) • Audit (FY13 – FY17) • Quality/Safety/Service (FY09 – FY12)	Executive director, planning district commission	372 Technology Trail Lane Suite 101 Duffield, VA 24244	(276) 431-2206
William Smith, M.D.	July 2011	• Executive/Nominating (FY14 – Current) • Audit (FY13, FY14) • Quality/Safety/Service (FY12 – FY14)	Physician	350 Blountville Highway #207 Bristol, TN 37620	(423) 968-2313
David Sparks, M.D.	July 2012	• Executive/Nominating (FY15 – Current) • Finance (FY13) • Human Resources (FY14 – FY16) • Quality/Safety/Service (FY15 – Current)	Physician	3023 W. State Street Bristol, TN 37620	(423) 224-6800
Keith Wilson	July 2014	• Human Resources (FY16 – Current)	Retired newspaper publisher	None	None
Ted Wood	July 2014	• Finance (FY15) • Human Resources (FY17)	Retired executive	None	None
Douglas Springer, M.D.	June 2010	• Executive/Nominating (FY11, FY13, FY14) • Audit (FY11) • Quality/Safety/Service (FY12 – FY15)	Physician	None	None
Janet Pickstock, M.D.	January 2017	None	Physician	*Not Immediately Available*	(423) 844-4240
David Thompson, M.D.	April 2015	None	Physician	350 Blountville Highway Suite 201, Bristol, TN 37620	(423) 968-6650
Bart Hove (non-voting)	September 2014	• Audit (non-voting) (FY15 – Current) • Executive/Nominating (non-voting) (FY15 – Current) • Finance (non-voting) (FY15 – Current) • Human Resources (non-voting) (FY15 – Current) • Investment (non-voting) (FY15 – Current) • Quality/Safety/Service (non-voting) (FY15 – Current) • Strategic Options (non-voting) (FY15 – Current)	Wellmont Chief Executive Officer	1905 American Way Kingsport, TN 37660	(423) 230-8219

EXHIBIT G-2D

LONESOME PINE HOSPITAL BOARD OF DIRECTORS

NAME	DATE OF APPOINTMENT	COMMITTEE SERVICE	OCCUPATION	BUSINESS ADDRESS	BUSINESS PHONE
Mike Allen, Chair	2012	• Executive Committee (effective 7/2014) • Nominations Committee (effective 7/2016) • Grants Committee (effective 7/2016)	President/Director, Southwest Insurance Agency	132 11th Street Southwest Norton, VA 24273	(276) 679-3511
John Schoolcraft, Vice Chair	2014	• Executive Committee (effective 7/2016) • Nominations Committee (effective 7/2016)	Retired – Alpha Professor, Mountain Empire Community College	3441 Mountain Empire Road Big Stone Gap, VA 24219	*Not Immediately Available*
Roger Viers, Secretary	2012	• Executive Committee (12/2013)	Accountant	PO Box 3585 Wise, VA 24293	*Not Immediately Available*
Kevin Allred, DDS	2014	• Executive Committee (effective 7/2016)	Dentist	407 3rd Avenue East Big Stone Gap, VA 24219	(276) 523-0931
Nancy Bailey	2010	• Executive Committee (effective 7/2011) • Grants Committee (*effective date not immediately available*)	Outreach Director, Family Preservation	225 Boone Trail Road Duffield, VA 24244	*Not Immediately Available*
Roger Bays, DDS	2011	None	Retired Dentist	N/A	N/A
Betty Fleenor	2012	None	Retired Nurse	N/A	N/A
Karen Hall	2013	None	Manager, Underwriters Safety and Claims	307 Shawnee East Big Stone Gap, VA 24219	(276) 523-6080
Scott Hamilton	2013	• Executive Committee (effective 7/2015) • Grants Committee (effective 7/2015)	President, Mountain Empire Community College	3441 Mountain Empire Road Big Stone Gap, VA 24219	(276) 523-2400

NAME	DATE OF APPOINTMENT	COMMITTEE SERVICE	OCCUPATION	BUSINESS ADDRESS	BUSINESS PHONE
Robert Isaac	2011	• Executive Committee (effective 12/2013)	Retired Businessman	N/A	N/A
Michael Ketcham, DO	2016	• Executive Committee (effective 7/2016)	Physician	1980 Holton Avenue East, Suite 301	*Not Immediately Available*
Danny Lambert	2013	None	Retiree from the VA Dept. of Taxation	N/A	N/A
Abran Quesenberry	2016	None	Vice President, Quesenberry's Inc.	PO Drawer Q Big Stone Gap, VA 24219	*Not Immediately Available*
James Raj, MD	2014	• Executive Committee (effective 7/2015)	Physician	280 Virginia Avenue Norton, VA 24273	*Not Immediately Available*
Cecilia Robinette	2011	None	Retired	N/A	N/A
Glen Skinner	2000	• Executive Committee (effective 7/2000) • Nominations Committee (*effective date not immediately available*) • Grants Committee (*effective date not immediately available*)	Retired from LENOWISCO	N/A	N/A
Robert Spera	2013	None	Retired	N/A	N/A
Ryan Witt	2012	None	Executive Vice President/Director, Southwest Insurance Agency	PO Drawer S Big Stone Gap, VA 24219	(276) 523-4111
Ed Roop (non-voting)	*Not Immediately Available*	• Grants Committee (effective 7/2011)	*Not Immediately Available*	*Not Immediately Available*	(276) 328-7007
Dale Clark (LPH president: not a board member; committee member only)	*Not Immediately Available*	• Executive Committee (non-voting) (effective 3/2015)	*Not Immediately Available*	*Not Immediately Available*	*Not Immediately Available*

Wellmont Health System - FY16 Board / Committee Members

Board of Directors

Meets 8-10x/year

Roger Leonard, Chair	Bart Hove (non-voting)	David Sparks, M.D.
Julie Bennett, Vice-Chair	Wayne Kennedy, Secretary	Keith Wilson
Terry Begley	Ravan Krickbaum	Ted Wood
R. David Crockett, Sr.	David Lester	Doug Springer, M.D.
Stan Gall, M.D.	Roger K. Mowen, Jr., Treasurer/Asst Secy	David Thompson, M.D.
Nelson Gwaltney, M.D.	Glen "Skip" Skinner	
Mary Hall	William Smith, M.D.	Staff: CFO, COO, General Counsel

Audit & Compliance Committee

Meets 4x/year

Skip Skinner, Chair	Robin Wilkerson, CPA	Staff: Compliance Officer, CEO, CFO,
Ravan Krickbaum		General Counsel

Executive / Nominating Committee

Meets 12x/year

Roger Leonard, Chair	Roger K. Mowen, Jr., Treasurer/Asst Secy	
Julie Bennett, Vice-Chair	William Smith, M.D.	
Wayne Kennedy, Secretary	Dave Sparks, M.D.	Staff: CEO

Finance Committee

Meets 4th Tuesday Each Month/4:00 p.m./Rolston Room

Roger K. Mowen, Jr., Chair	Mary Hall	Forooz Smalley
Terry Begley	E. Wayne Kirk	
R. David Crockett, Sr.	David Lester	
Nelson Gwaltney, M.D.	Don Raber	Staff: CEO, CFO, COO, General Counsel

Human Resources Committee

Meets 6x/year

Wayne Kennedy, Chair	David Sparks, M.D.	
Julie Bennett	Mary Lee Williams (Chiltern)	
Don Raber	Keith Wilson	Staff: CEO, SVP HR, General Counsel

Investment Committee (Sub-committee of Finance)

Meetings called by chair

Donald Raber, Chair	Gary Poe, Foundation Treasurer	
David Atkinson	Fielding Rolston	
E. Wayne Kirk	Virgil Stephens	Staff: CEO, CFO, Foundation Director,
Joe Macione	Spike Tickle	General Counsel

Quality / Safety / Service Committee

Meets 4th Tuesday Each Month/6:00 p.m./Rhododendron Room

David Sparks, M.D., Chair	Monika Karakattu, M.D.	Staff:CEO, COO, CFO, CMIO/CQO, SVPHR
Tom Bulle, M.D.	Ravan Krickbaum	CEOs BRMC/HVMC/Comm Hospital Div
Dr. Stephen Combs	Mihir Patel, M.D.	VPs Pt Care BRMC/HVMC, System
John Chiles		Director Quality/Safety, Pharmacy
Stan Gall, M.D.		Mission Health SystemContent Expert Guest
Larry Jackson		Representative, & HVMC Director Quality

IT Governance (subcommittee of Quality)

Roger Mowen	Marta Wayt, M.D.	William Smith, M.D.

7.01.15

Wellmont Health System - FY17 Board / Committee Members

Board of Directors

Meets 8-10x/year

Roger Leonard, Chair	Bart Hove (non-voting)	David Sparks, M.D.
Julie Bennett	Wayne Kennedy, Secretary	Keith Wilson
Terry Begley, Vice Chair	Ravan Krickbaum	Ted Wood
R. David Crockett, Sr.	David Lester	Doug Springer, M.D.
Stan Gall, M.D.	Roger K. Mowen, Jr., Treasurer/Asst Secy	David Thompson, M.D.
Nelson Gwaltney, M.D.	Glen "Skip" Skinner	
Mary Hall	William Smith, M.D.	Staff: CFO, COO, General Counsel

Audit & Compliance Committee

Meets 4x/year

Skip Skinner, Chair	Robin Wilkerson, CPA	Staff: Compliance Officer, CEO, CFO,
Ravan Krickbaum		General Counsel

Executive / Nominating Committee

Meets 12x/year

Roger Leonard, Chair	Roger K. Mowen, Jr., Treasurer/Asst Secy	
Terry Begley, Vice Chair	William Smith, M.D.	
Wayne Kennedy, Secretary	Dave Sparks, M.D.	Staff: CEO

Finance Committee

Meets 4th Tuesday Each Month/4:00 p.m./Rolston Room

Roger K. Mowen, Jr., Chair	Mary Hall	Forooz Smalley
Terry Begley	E. Wayne Kirk	
R. David Crockett, Sr.	David Lester	
Nelson Gwaltney, M.D.	Don Raber	Staff: CEO, CFO, COO, General Counsel

Human Resources Committee

Meets 6x/year

Wayne Kennedy, Chair	Mary Lee Williams (Chiltern)	
Julie Bennett	Keith Wilson	
Don Raber	Ted Wood	Staff: CEO, SVP HR, General Counsel

Investment Committee (Sub-committee of Finance)

Meetings called by chair

Donald Raber, Chair	Gary Poe, Foundation Treasurer	
David Atkinson	Fielding Rolston	
E. Wayne Kirk	Virgil Stephens	Staff: CEO, CFO, Foundation Director,
Joe Macione	Spike Tickle	General Counsel

Quality / Safety / Service Committee

Meets 4th Tuesday Each Month/6:00 p.m./Rhododendron Room

David Sparks, M.D., Chair	Ravan Krickbaum	Staff:CEO, COO, CFO, CMIO/CQO, SVPHR
Tom Bulle, M.D.	Mihir Patel, M.D.	CEOs BRMC/HVMC/Comm Hospital Div
Dr. Stephen Combs	Norris Sneed	VPs Pt Care BRMC/HVMC, System
Stan Gall, M.D.		Director Quality/Safety, Pharmacy
Larry Jackson		Mission Health SystemContent Expert Guest
Monika Karakattu, M.D.		Representative, & HVMC Director Quality

IT Governance (subcommittee of Quality)

Roger Mowen	Marta Wayt, M.D.	William Smith, M.D.

Presented 6.29.16

Policy Manual:	Administration/Operational
Manual Section:	Board
Policy Number:	BD-000-006
Effective Date:	August 5, 2016
Supersedes:	August 2013
Reviewed Date:	August 5, 2016

I. TITLE: CODE OF ETHICS AND BUSINESS CONDUCT

II. PURPOSE:

To describe the ethical framework within which Mountain States Health Alliance conducts its patient care and business operations.

III. SCOPE:

All team members

IV. FACILITIES/ENTITIES:

Tennessee: FWCH, IPMC, JCCH, JCMC, SSH, UCMH, WPH, Niswonger Children's Hospital, New Leaf, Kingsport Day Surgery (a separate legal entity managed by MSHA), Princeton Transitional Care, Unicoi County Nursing Home

Virginia: DCH, JMH, NCH, RCMC, SCCH, Clearview Psychiatric Unit, Francis Marion Manor Health & Rehabilitation, Green Oak Behavioral Health (Geriatric Behavioral Health Inpatient Program – DCH), Norton Community Physicians Services (NCPS), Community Home Care (CHC), Abingdon Physician Partners (APP)

BRMMC

Home Health / Hospice

ISHN

Wilson Pharmacy, Inc.

Mountain States Pharmacy at Norton Community Hospital

V. DEFINITIONS:

Not Applicable

VI. POLICY:

A. Mountain States Health Alliance, its Board of Directors, Medical / Dental Staff, employees, and independent contractors conduct patient care according to the Patient-Centered Care Philosophy and all business operations in an ethical manner. Our behavior is guided by our mission, vision, and core values statements and the following general principles.

1. We shall treat everyone with dignity, respect, and courtesy.
2. All team members are considered as caregivers, and all caregivers cooperate with one another through a common focus on the best interests and

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personal goals of the patient.

3. Our primary commitment is to the health, safety, and rights of the patient, whether an individual, family, friends, group, or community.
4. Care is provided in a healing environment of comfort, peace, support, openness and honesty.
5. We shall provide services only to those patients for whom we can safely care within this organization, and no patient with a medical necessity will be turned away due to an inability to pay or for any other reason unrelated to patient care.
6. Care is customized and reflects patient needs, values, and choices and is based on continuous healing relationships, with the patient being the source of control for their care.
7. Patient confidentiality is preserved with knowledge and information being shared only among care partners, physicians, and other caregivers with a "need to know".
8. Caregivers owe the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
9. We shall adhere to a uniform standard of care throughout the organization.
10. We shall continuously seek to improve our skills and the quality of our care and add new technology in a prudent manner, while striving to cut costs.
11. We shall make clinical decisions on identified patient health care needs, not financial risks or incentives.
12. We shall abide by all professional standards, laws and regulations governing the operations of our organization, and we shall fairly and accurately represent ourselves and our capabilities.
13. We shall meet, or exceed, all standards and requirements imposed upon us by licensing and accrediting bodies.

VII. PROCEDURE:

A. The Code of Ethics and Business Conduct conveys the standards of ethical and legal behavior that is expected of all team members, Physicians / Allied Health Personnel, Independent contractors, and vendors.

B. The Code of Ethics and Business Conduct booklet is provided to all new team members during orientation, to new vendors or independent contractors and is provided to all new Physicians / Allied Health Personnel.

1. Individuals receiving a hard-copy of The Code of Ethics and Business Conduct must sign an acknowledgment of receipt or complete a computerized acknowledgment of receipt.
2. The Code of Ethics and Business Conduct document is accessible at all times in electronic format on the MSHA Intranet.

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C. The Code of Ethics and Business Conduct is reviewed annually and modifications are submitted to the Board for approval.

D. All individuals subject to the Code of Ethics and Business Conduct are expected to adhere to the Standards.

1. Failure to do so will result in disciplinary action up to and including termination of employment, removal from the Medical Staff or be excluded as a participating vendor.

LINKS:

Code of Ethics and Business Conduct – MSHA

_____ _____

Chair, MSHA Board Date

_____ _____

President and Chief Executive Officer, MSHA Date

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Manager:	Wilkes, Bo *Assistant Vice President, Corporate Operations*
Author(s):	Carter, Paige *Corporate Director - Corporate Audit Services* Belisle, Tim *Senior Vice President - Compliance Officer/General Counsel*
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Summary of Changes/Updates:

Updated section IV and LINKS section; no other revisions to policy.

MOUNTAIN STATES

HEALTH ALLIANCE

CODE OF ETHICS

and

BUSINESS CONDUCT

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Message from the CEO

Mountain States Health Alliance is committed to Bringing Loving Care to Health Care. As part of our Mission, we are guided by a set of principles referred to as our *Code of Ethics and Business Conduct* ("the Code"). This Code incorporates the ethical conduct expected of all of us as we strive to provide caring and compassionate services to others. It also represents our commitment to conducting business with integrity and in compliance with all applicable laws and regulations. The reputation of our organization is reflected in how we treat our patients, how we treat each other and how we conduct our business operations. Because this is so important, this code is a policy of Mountain States.

We must all comply with the Code of Ethics and Business Conduct in our every day actions, as it supports our values of integrity, service, leadership and excellence. In doing so, we share a common path in pursuing a world class healthcare system, which is critical to our future. The Code embodies our pledge to our patients, colleagues, physicians, volunteers, contractors, vendors/suppliers, regulators and all those we may encounter in our journey. The spirit of the Code of Ethics and Business Conduct can be summed up in just a few words.....

We follow the Code of Ethics and Business Conduct because "It's the right thing to do."

It is not possible to include every situation you may encounter within your daily activities in the Code of Ethics and Business Conduct. Therefore, we have invested in a robust compliance function within Mountain States to provide guidance and resources should you ever have a question about a situation. Our compliance hotline is anonymous, and we encourage you to report any activity which you think places our organization at risk due to non-compliance with policies or activity you think may not be ethical or legal. We have strict non-retaliation policies, so your anonymity will be protected, and actions will not be permitted to be taken against you for reporting issues in good faith. If you have questions or concerns about the Code or other related policies or procedures, you should contact your Supervisor, a Member of Management, your Facility Compliance Officer or the Corporate Audit and Compliance Services Department. If you wish to remain anonymous, you may call the MSHA AlertLine.

I am grateful you chose to be a part of the Mountain States health Alliance team, and believe if we all follow the best standards for conduct, we will all share the satisfaction of being part of something special.

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MSHA CODE OF ETHICS AND BUSINESS CONDUCT

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MSHA CODE OF ETHICS AND BUSINESS CONDUCT

MSHA Mission

Mountain States Health Alliance is committed to Bringing Loving Care to Health Care. We exist to identify and respond to the healthcare needs of individuals and communities in our region and to assist them in attaining their highest possible level of health.

MSHA Vision

We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.

MSHA Core Values

Integrity ..... Honesty in Everything We Do
Service ..... With Caring and Compassion
Leadership .... With Creativity and Innovation
Excellence ..... Always Pursuing a Higher Standard

Definitions

When used herein, the following words have the associated meanings:

A. **Corporate Audit and Compliance Services (CACS):** The independent advisory department of MSHA designed to assist Mountain States Health Alliance in attaining its Mission and Vision by promoting and helping to maintain an effective system of internal controls and compliance with laws, rules and regulations.

B. **Team Member:** An individual that may be employed, contracted or volunteers with Mountain States Health Alliance or an entity in which Mountain States Health Alliance is a majority member, to work in a facility, clinic, office, subsidiary or other operation owned or managed by Mountain States Health Alliance.

C. **Mountain States Health Alliance (MSHA):** The entity known as Mountain States Health Alliance, including facilities, clinics, offices, subsidiaries and other operations that have adopted the Compliance Program of Mountain States Health Alliance.

D. **Stakeholder:** A collective reference that includes all Team Members, Physicians/Allied Health Personnel and Vendors.

E. **Physician/Allied Health Personnel (AHP):** An individual who holds a position on the professional staff of an MSHA facility as a result of having been granted an appointment to such staff by the Board of Directors of MSHA, pursuant to the MSHA bylaws.

F. **Vendor:** An individual or entity who does business with MSHA by providing supplies, goods or services to MSHA.

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I. Medical Compliance and Ethics Standards

Standard 1.1 Professional Standards

MSHA prides itself in providing quality patient care with the utmost degree of professionalism. Team Members must display a superior level of professionalism and integrity while engaged in the organization's business. Licensed and certified Team Members are expected to abide by the ethical standards set forth by professional organizations. Team Members should respond honestly and in good faith, striving for excellence in performing job duties, observing all laws and regulations and using MSHA assets only for legitimate business purposes.

MSHA mandates that Team Members in certain professions must maintain current licensure, registration or certification in order to practice. MSHA will not hire or retain in employment any professional Team Member who cannot present a current license or valid temporary permit. Current licensure in another state does not satisfy this requirement or allow the professional to practice in Tennessee or Virginia in the absence of a reciprocal agreement between the states. Failure to present evidence of licensure, registration or certification renewal on or before the renewal date may result in suspension from duty until the current license, registration or certification is obtained.

Standard 1.2 Quality Patient Care

As our Mission statement affirms, MSHA is committed to bringing loving care to health care. This is accomplished by providing care that occurs in the course of systematic processes designed to ensure the delivery of safe, effective and timely care through compassionate approaches. The delivery of quality patient care services requires specialized knowledge, judgment and skill derived from the principles of biological, physical, behavioral, psychosocial, medical and nursing sciences. Services must be planned, coordinated, provided, delegated and supervised by professional healthcare providers who assess and recognize the unique physical, emotional and spiritual needs of each person. Patient care encompasses not only the recognition of disease and health, but also education and advocacy. The medical staff, nurses and allied health professionals must collaborate as an interdisciplinary team to achieve positive patient outcomes.

Each Stakeholder should strive to provide services and to achieve the best attainable outcome for patients at the lowest possible cost. Stakeholders are expected to adhere to care guidelines; requirements of accreditation bodies; federal, state and local regulations; organizational policies and other standards related to patient care. Federal agencies such as the Centers for Medicare and Medicaid Services (CMS) that administer the Medicare and Medicaid programs require health care organizations such as MSHA to comply with health and safety standards referred to as Conditions of Participation (CoPs) and Conditions of Coverage (CfCs). These standards are the foundation for improving quality and protecting the health and safety of our patients. CMS also ensures that the standards of accrediting organizations recognized by CMS must meet or exceed the Medicare standards set forth in the CoPs/CfCs.

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Standard 1.3 Emergency Care

MSHA adheres to the Emergency Medical Treatment and Active Labor Act (EMTALA) to provide emergency treatment to patients, regardless of ability to pay. MSHA is required by law to provide a presenting patient with a medical screening examination to determine whether an emergency exists and to provide stabilizing care within its capabilities for emergency medical conditions. Patients will only be transferred to another facility if MSHA does not have necessary equipment or services available or the patient/family requests a transfer to another facility.

Standard 1.4 Patient Rights

MSHA is committed to the observance of a patient's rights, personal preferences and individual values as reasonably possible. Patients will be provided information regarding their rights. Patients have a right to competent, considerate, and courteous treatment and services within our capacity without discrimination as to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. This encompasses the right to receive care in a safe setting and be free from neglect, exploitation, verbal, mental, physical and sexual abuse and harassment from staff, other patients or visitors.

These rights also include but are not limited to the right to participate in decisions regarding the consent to or refusal of medical care; the right to receive information in a manner understood by the patient and receive assistance with communication, including an interpreter if necessary; the right to privacy and confidentiality of clinical records as outlined in the MSHA Notice of Privacy Practices; the right to be free from restraint/seclusion unless medically necessary to ensure safety; and the right to visitors of choice.

Patients have the right to designate a surrogate decision maker or legal representative to exercise the rights of the patient. Patients are provided information about advance directives regarding treatment decisions, financial matters and the designation of a healthcare decision maker. Stakeholders must make reasonable efforts to determine the wishes of a patient and/or representative regarding advance directives in order to protect the rights of the patient. If a patient's decision about medical treatment conflicts with MSHA policies, the situation should be evaluated in accordance with MSHA policies and applicable federal and state laws. Patients have the right to file complaints or grievances if they believe a violation of their rights has occurred; or regarding the quality or appropriateness of care. MSHA maintains a board approved policy regarding the patient/guest complaint and/or grievance process.

In addition, if asked to participate in an investigational study or clinical trial, patients will receive information upon which to base their decision. MSHA will protect patients and their rights during research, investigation and clinical trials involving human subjects by providing information to make informed decisions, including but not limited to describing expected benefits, potential discomforts and risks, and alternatives; procedures to be followed and how they may refuse to participate, and such refusal will not compromise access to MSHA services.

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Standard 1.5 Patient Confidentiality

It is not only the right of every patient to expect confidentiality and privacy; it is mandated by federal and state laws. Patient information as defined by various privacy laws such as the Health Information Portability and Accountability Act (HIPAA) provide protections for individually identifiable health information held by MSHA and other entities doing business with MSHA. These regulations give patients a range of rights while balancing the need for health information by Stakeholders to deliver patient care and for other business purposes. Stakeholders must access, use and disclose patient information only as permitted by job duties and in accordance with federal and state regulations, and MSHA policies.

Some of the rights afforded to patients include but are not limited to the right to request to inspect and a obtain copy of the medical information used to make decisions about their care; the right to request an amendment to certain information within their medical record; and the right to an accounting of disclosures regarding release of information by MSHA to others. MSHA provides various avenues regarding patient privacy such as policies, the provision of a Notice of Privacy Practices, education and other methods to ensure that the rights of patients are ensured in accordance with applicable regulations.

Standard 1.6 Admission, Transfer and Discharge Practices

Admission, transfer and discharge processes are based on medical necessity, not hospital fiscal conditions. MSHA does not admit, transfer or discharge patients simply on the ability to pay. Patients whose specific condition cannot be safely treated are transferred to an accepting organization only under specific circumstances and in accordance with MSHA policies. Admission, transfer and discharge are conducted in an ethical manner and in accordance with local, state and federal rules and regulations and MSHA policies.

II. Business Compliance and Ethics Standards

Standard 2.1 Conflict of Interest

A conflict of interest arises when a Stakeholder's exercise of judgment or discretion in the course of job responsibilities is or may be influenced by personal considerations, or if the interests of MSHA are compromised or jeopardized by those considerations. Stakeholders have a responsibility to put the interests of MSHA ahead of other employment, business, financial or personal interests that they, as individuals, or family members may have. Stakeholders must refrain from engaging in an employment, business, financial or personal activity or practice that conflicts with the interest of MSHA or the provision of health care to its patients or that might negatively impact the reputation of MSHA.

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Stakeholders are required to disclose any employment, consulting or other business relationships that they may have with an MSHA competitor, customer or supplier by completing a Conflict of Interest Disclosure Statement and submitting it to Corporate Audit and Compliance Services (CACS). Stakeholders may not use their positions at MSHA to profit personally or to assist others in profiting in at the expense of MSHA. Team Members are required to disclose immediately, to their direct Supervisor and CACS, any situation that may constitute a conflict of interest. Board Members, Administrative Staff, Department Directors and other selected individuals are required to complete a Conflict of Interest Disclosure Statement annually. Team Members are expected to avoid even the appearance of a conflict of interest.

The existence of a conflict of interest is not always obvious. The following are a few examples of potential conflicts; other transactions may also constitute conflicts.

1. A Team Member or immediate family member (parent, sibling, child or spouse) directly or indirectly holds a financial interest in an outside organization that does business with MSHA or is a competitor of MSHA, where the interest is sufficient to potentially affect decisions or actions of the Team Member.
2. A Team Member or immediate family member serves as a director, officer, consultant, agent, or in any other type of decision-making capacity of an organization that does business with MSHA or is a competitor of MSHA.
3. A Team Member or immediate family member uses confidential information obtained in the course of employment at MSHA for personal gain or the benefit of others.
4. A Team Member uses MSHA facilities, equipment or resources in any political campaign.

Team Members are encouraged to consult with their Supervisor or CACS to discuss any concerns.

Standard 2.2 Medical Records Coding and Billing of Third Parties

Federal and state regulations govern third party billing of our insured patients. Stakeholders are required to ensure that patient records, documents and bills are prepared and maintained accurately and completely. To achieve this, Stakeholders must:

1. Abide by MSHA policies, federal and state laws and regulations, third party requirements, etc. that govern documentation, coding and billing practices.
2. Ensure accurate, complete, truthful and timely documentation is made in the patient medical record for all services performed.
3. Use appropriate procedure, diagnosis and billing codes that are supported by adequate documentation in the medical record.
4. Ensure that services were actually rendered and appropriately documented before bills or claims are submitted for payment.
5. Take necessary steps to verify the accuracy of information and, if necessary, contact other Team Members or physicians to obtain additional information.

MSHA will not knowingly submit claims for payment or reimbursement that are false, fraudulent, inaccurate, incomplete or fictitious. Team Members are obligated to notify their Supervisor or CACS of billing practices that deviate from policy or requests to deviate from accepted practices.

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Standard 2.3 Financial Reporting and Record Keeping

MSHA records, including but not limited to financial, clinical and personnel records, must be accurate, timely, reliable and properly retained. Financial information must reflect actual transactions and conform to generally accepted accounting principles. MSHA maintains a system of internal controls to provide assurances that transactions are authorized by Management and properly recorded. Financial records are audited annually by an external certified accounting firm selected by the MSHA Corporate Audit and Compliance Committee of the Board.

MSHA is required by federal and state laws to disclose certain information regarding operating costs and statistical data. These laws describe allowable costs and reimbursement practices. MSHA is required to retain certain types of medical and business records for specified time periods. Team Members must be familiar with specific policies applicable to the information they work with and comply with the record retention and destruction requirements.

The following standards govern record keeping. MSHA will:

- Not misrepresent facts or falsify records.
- Maintain those documents required by law and necessary to do business.
- Preserve the confidentiality of patient records.
- Maintain records in accordance with legal requirements.
- Destroy records only in accordance with the records retention policy.
- Make records available for periodic inspection by authorized persons.

Standard 2.4 Kickbacks and Referrals

Federal and state laws govern the relationships between hospitals and physicians in an effort to prohibit soliciting or receiving, or offering or paying, anything of value to induce the referral of patients or business insured by certain government programs; or in return for receiving services, supplies, patients or other business related to such government programs.

Stakeholders must ***NOT*** accept or offer anything of value in exchange for the direct or indirect referral of patients or business or for receiving services, supplies, patients or other business. Limited exceptions are discussed in *Standard 5.3 Acceptance of Gifts and Gratuities* and *Standard 5.4 Business Inducements.* Any uncertainty should be resolved on the advice of Corporate Audit and Compliance Services and/or MSHA Legal Counsel prior to the offer of acceptance.

Examples of prohibited kickback/referral activities include, but are not limited to, the following:

- Payments to referral sources (such as physicians or other hospitals) that exceed the fair market value of the services we are receiving OR accepting payments that exceed the fair market value of the services we provide when MSHA is the referral source.
- Giving free or unreasonably discounted goods or services to referral sources OR accepting free or unreasonably discounted goods or services when MSHA is the referral source (including free or discounted radiology, laboratory, ambulance, pharmacy and therapy services or supplies).

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- Payment arrangements with vendors, suppliers or others who are in a position to make referrals to MSHA where the payments by MSHA are based on the amount or volume of business referred by the other party, rather than the actual value of the goods or services.

Standard 2.5 Antitrust and Competition

Team Members must comply with antitrust and similar laws that regulate competition. These laws are designed to foster free and open competition in the marketplace and generally forbid any kind of understanding or agreement between competitors to fix or control fees for services, terms, conditions of treatment, patients, divide markets, boycotts, or to engage in any other conduct that restrains competition. MSHA will compete fairly in the market.

Team Members cannot participate in any discussion, understanding, agreement, plan or scheme with a competitor or potential competitor that restricts competition. For MSHA, a "competitor" may be another hospital or, depending on the circumstances, another healthcare provider. Discussions or other communications with competitors about the division of either patients, geographic areas or services; the circumstances under which business will be conducted with suppliers, insurance companies, patients or customers (including boycotts); or specific marketing efforts are prohibited. Discussions with competitors regarding the future business plans of MSHA; or pricing, reimbursement or salary levels should not occur.

Standard 2.6 Information Owned by Others

Like MSHA, other organizations and individuals have intellectual property that must be protected, but may be disclosed for a particular business purpose. Any Team Member receiving another party's confidential information must proceed with caution to prevent any accusations that the information was misappropriated or misused. Any Team Member having knowledge of another party's confidential or restricted information must not use, copy, distribute or disclose that information, unless done so in accordance with the terms of an agreement. Stakeholders should not duplicate copyrighted materials in any form without written permission of the license holder for use on MSHA premises or elsewhere.

Care should be taken in acquiring software from others. As intellectual property, software is protected by copyright laws and may also be protected by patent, trade secret laws or as confidential information. Such software includes computer programs, databases and related documentation owned by the party with whom you are dealing or by another party. The terms and conditions of software license agreements, such as provisions not to copy or distribute programs must be strictly followed. Software acquired for personal use should not be copied or used in the course of work for MSHA or placed on MSHA-owned computer system.

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Standard 2.7 Lobbying/Political Activity

As a tax-exempt, not-for-profit corporation laws prohibit MSHA from donating, either directly or indirectly, corporate funds, goods, or services (including Team Members' work time) to any individual who holds a political office or is a candidate for political office. Therefore, these general rules must be followed:

- Team Members ***May Not*** contribute MSHA money or property, or the services of any Team Member, to a political candidate, party, organization, committee or individual, which would violate applicable law.
- Team Members ***May*** personally participate in and contribute to political organizations or campaigns as private individuals, not as representatives of MSHA, using their own personal time and funds. Team Members will at all times let it be known that the views expressed are theirs as individuals and not those of MSHA.

MSHA may publicly offer recommendations regarding legislation or regulations being considered. MSHA may analyze and take public positions on issues that have a relationship to the operations of the organization. These recommendations and positions may be proposed only by individuals officially appointed by MSHA Administration.

Standard 2.8 Tax Laws

As a not-for-profit organization, MSHA has a legal and ethical obligation to comply with tax laws, to engage in activities to further its charitable purpose, and to ensure that its resources are used to further the public good. To maintain this tax exemption, which is critical to the organization's continued existence, MSHA must avoid what the tax laws refer to as "private inurement" and "private benefit." This means that non-exempt individuals or entities must pay fair market value for the use of MSHA services, supplies, equipment, properties or other assets. Personal items cannot be purchased through MSHA, even if the purchaser reimburses the organization. Tax returns and related information must be filed according to applicable laws.

Standard 2.9 Standards of Conduct for Vendors, Contractors and Consultants

MSHA will enter into business relationships only with vendors, contractors and consultants (also referred to as a third party) who have in effect and abide by standards of ethics and compliance comparable to those reflected in this Code. If a Team Member is uncertain about the standards adhered to by a vendor, contractor or consultant, prior to entering into the business relationship, the Team Member is obligated to provide a copy of this Code to the third party. The Team Member must inform the third party that MSHA expects vendors, contractors and consultants to abide by comparable standards, to the extent applicable and relevant to their operations.

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Standard 2.10 Marketing and Public Relations Practices

MSHA aims to conduct ourselves professionally with truth, accuracy, fairness and accountability to the public which we serve, holding to fundamental values and dignity of the individual, and the freedom of speech, assembly and the press. MSHA marketing materials reflect only those services available, the level of licensure and accreditation, and comply with truth in advertising and non-discrimination laws and regulations. Events will be held under the auspices of MSHA Public Relations must be coordinated through the appropriate MSHA Department and/or by designated individuals. MSHA respects the privacy of our patient. Public relations involving patients or patient information will require approved authorizations unless exempted by regulation or law.

Standard 2.11 Ineligible Persons

MSHA will not contract with, employ, or grant hospital privileges to any person or company who has been excluded from participation in federally funded programs (referred to as an "Ineligible Person"). Pending the resolution of criminal charges or proposed debarment or exclusion, individuals and companies with whom MSHA currently contracts who are charged with criminal offenses related to health care, or proposed for debarment or exclusion, will be removed from direct responsibility for or involvement in any federally-funded health care program. If resolution results in conviction, debarment or exclusion of the individual or company, MSHA will immediately cease contracting with or employing that Ineligible Person. Before employing an individual, credentialing for medical/allied health professional (AHP) staff or entering into a contract or agreement, MSHA will ensure that the proposed employee, contractor, physician/AHP or vendor is not an Ineligible Person by performing sanction checks to verify that an individual has not been excluded from participation in federally funded programs. Sanction checks are performed monthly on all active Team Members, credentialed medical/AHP staff and vendors.

III. Employment Compliance and Ethics Standards

Standard 3.1 Fair and Equitable Treatment of Team Members

MSHA is an equal opportunity employer. Team Members are afforded non-discriminatory terms, conditions and privileges of employment in accordance with law, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, veteran status or factors protected by law. Consistent with the MSHA philosophy of respect for the rights and dignity of each Team Member, harassment is not be sanctioned or tolerated. MSHA expects all Team Members to demonstrate proper respect for each other, regardless of position. It is the policy of MSHA to comply with wage and hour laws; and statutes regulating employer-employee relationships. Management is available to discuss employment concerns that Team Members may have. Human Resources representatives may be contacted to assist in resolving employment issues. Employment practices are set forth in policies. Team Members should consult these for information.

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Standard 3.2 Health and Safety Precautions

MSHA is committed to complying with federal, state and local health and safety laws and standards. Team Members are expected to know and follow safety-related standards and regulations that apply to their positions. Additionally, Team Members should be aware of and effectively perform duties during disasters and code situations. Team Members should refer to specific policies and/or manuals regarding the environment of care or related procedures. MSHA requires Team Members to report to their Supervisor, Safety Officer or a member of the Safety Committee any existing or potentially dangerous condition that is a threat to the health and well-being of individuals or that is a violation of policy. MSHA is committed to maintaining a safe workplace for our Team Members, patients, visitors and customers.

Standard 3.3 Use of Illegal Drugs or Alcohol

MSHA maintains a safe working environment without the presence of illegal drugs or alcohol. Unlawful use of controlled substances is inconsistent with the behavior expected of Stakeholders. Inappropriate behavior could subject Stakeholders, patients and visitors to unacceptable safety risks while undermining our ability to operate effectively and efficiently. Stakeholders are prohibited from the use, sale, possession, manufacture or purchase of illegal drugs or alcohol while at work or on MSHA premises. Stakeholders are not allowed on MSHA premises while under the influence of illegal drugs, legal drugs improperly used or alcohol unless at a facility seeking emergency treatment. Any Stakeholder having knowledge of another Stakeholder or a concern of an individual who appears to be impaired must immediately notify MSHA Management.

Standard 3.4 Pharmaceuticals, Prescription Drugs, Controlled Substances

Many Stakeholders have responsibility for or access to prescription drugs, controlled substances, related supplies, paraphernalia, hypodermic needles, drug samples and other regulated pharmaceuticals in the course of their duties. MSHA is legally responsible for the proper distribution and handling of these pharmaceutical products. Federal, state and local laws covering prescription drugs and controlled substances are intended to maintain the integrity of our national drug distribution system and protect consumers by assuring that prescription drugs are safe and properly labeled. These laws include prohibitions against diversion of prescription drugs or controlled substances, including a drug sample, in any amount for any reason to an unauthorized individual or entity. The distribution of adulterated, misbranded, mislabeled, expired or diverted pharmaceuticals is a violation of federal and state law for which severe criminal penalties may be imposed on individual violators, as well as on their employer.

MSHA providers who dispense and/or prescribe controlled substances will comply with controlled substance monitoring programs to promote the appropriate use of controlled substances for legitimate purposes while preventing abuse and diversion of controlled substances. Stakeholders must be diligent and vigilant in their obligations to handle and dispense prescription drugs and controlled substances in accordance with laws, regulations and internal policies.

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IV. Environmental Compliance and Ethics Standards

Standard 4.1 Environmental Standards

MSHA is committed to observing and complying with all federal, state and local health, safety and environmental laws. Stakeholders are required to ensure that:

- Medical waste, environmentally sensitive materials and hazardous materials are disposed of in a proper manner.
- Infectious materials and medical equipment are properly handled and stored.
- Personal protective equipment is used appropriately.
- Spills/accidents involving infectious/hazardous materials are promptly reported and handled in the approved manner.
- Confidential patient and/or business information is properly shredded or destroyed.

MSHA is concerned with the protection of the environment and strives to conserve natural and man-made resources. Team Members are charged with using resources appropriately and efficiently, reducing waste and recycling or shredding as appropriate. Noncompliance should be reported to a Supervisor, the Safety Officer, a Member of the Safety Committee, the HIPAA Privacy or Security Officer, or to the Corporate Audit and Compliance Services Department. Efforts will be made to work cooperatively with appropriate authorities to remedy any environmental contamination for which MSHA may be responsible.

V. Basic Workplace Compliance and Ethics Standards

Standard 5.1 Confidentiality and Proprietary Information

Throughout the course of employment, Stakeholders may have access to and become knowledgeable about information that is confidential and/or proprietary. Stakeholders are expected to maintain confidentiality during and subsequent to employment with MSHA. Examples include, but are not limited to, the following:

- Medical information pertaining to patients and beneficiaries
- Payment and reimbursement information
- Team Member records and/or Negotiations with Team Members or organizations
- Company financial records; Business plans or Business strategies
- Computer programming and processing information
- Customer lists
- Product and pricing strategies

Stakeholders possessing proprietary information must handle the information in a manner as to protect against improper access, use or disclosure. Confidential or proprietary information may not be used directly or indirectly for personal gain, nor can it be disclosed to anyone or posted in publicly available sources without authorization. Team Members must return all confidential and proprietary information to MSHA upon termination of employment with the organization.

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Standard 5.2 Travel and Entertainment

Travel and entertainment expenses should be consistent with Team Member job responsibilities and the needs and resources of MSHA. Team Members should not have a financial gain or loss as a result of business travel and entertainment. Team Members are expected to exercise reasonable judgment and discretion with MSHA financial resources and use them as carefully as they would their own. Team Members are required to comply with Business Travel and Entertainment policies and Departmental travel and entertainment requirements.

Standard 5.3 Acceptance of Gifts and Business Gratuities

When gifts or items of value are offered from a vendor, patient or anyone external to MSHA, there may be a concern that the donor's motivation is improper, such as expecting to receive special treatment in exchange for the gift. Team Members should not accept gifts, entertainment or favors from a supplier, potential supplier, patient or competitor of MSHA if it may be inferred that the gift is intended to influence, or possibly influence, the Team Member. Under certain circumstances, acceptance of non-monetary items may be allowed. MSHA has adopted policies to establish the parameters around such practices.

Standard 5.4 Business Inducements

Team Members may not offer, give, solicit or receive any form of bribe or other improper payment from a vendor or anyone external to MSHA as an inducement for business or special treatment. While commissions, rebates, discounts and allowances are acceptable under certain circumstances, the rules governing those circumstances are complex. No such arrangement should be entered into without explicit approval of MSHA Management and/or MSHA Legal Counsel prior to the arrangement.

Standard 5.5 Proper Use of Corporate Assets

MSHA assets made available to Team Members are to be used for authorized business purposes and not for non-business or personal purposes. Team Members are personally responsible and accountable for the proper use of company property and expenditure of company funds. Team Members are expected to protect MSHA assets, property, facilities, equipment and supplies against loss, theft, damage, inappropriate use or disclosure by ensuring that internal controls exist and are followed. Improper use of assets, including theft or embezzlement of funds or other property belonging to MSHA or MSHA customers, for anything other than an authorized purpose is a serious violation and will lead to appropriate disciplinary action.

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VI. Communicating Legal and Ethical Issues

Standard 6.1 Responsibility to Report Problems or Concerns

The Standards in this Code of Ethics and Business Conduct are designed to promote honesty, fairness and to ensure compliance with regulatory requirements. It is the responsibility of every Stakeholder to ensure associations with patients, co-workers, community members and businesses are honest and law abiding. This imposes on each Stakeholder an affirmative obligation to know MSHA policies, laws and regulations that relate to their responsibilities. The reputation of MSHA depends upon each Stakeholder to report questionable behavior, unethical conduct or suspected violation of policies or laws. Every Stakeholder is responsible for making appropriate persons within the organization aware of potential or known concerns or problems.

Standard 6.2 No Retaliation for Reporting Problems or Concerns

MSHA encourages Stakeholders to discuss legal and ethical issues that may arise while performing job responsibilities and requires Team Members to report concerns to appropriate persons within the organization for investigation or follow-up. In order to protect those Stakeholders coming forth in good faith to relate these issues, MSHA has implemented a non-retaliation policy. MSHA will not tolerate retaliation against any Stakeholder who, in good faith, reports a legal or ethical concern either internally or to external parties, such as the federal government, state or accrediting bodies that govern our operations.

VII. Doing Business with the Government

Standard 7.1 Medicare and Medicaid/State Programs

MSHA participates in Medicare and Medicaid/State programs, all of which are governed by complex laws and regulations imposing strict requirements that may be significantly different from, and more extensive than, those encountered in non-government commercial contracts. Medicare and Medicaid/State programs have multifaceted payment guidelines that identify the circumstances under which, and how much, those programs will reimburse for goods and services rendered to patients covered under those programs. These guidelines are often different than directives received from other third-party payers.

Violations of these laws and regulations can result in criminal sanctions being imposed, not only on the persons actively involved, but also on the organization on whose behalf those persons act. MSHA could be precluded from further participation in federally funded programs. Strict compliance with Medicare and Medicaid/State laws and regulations is essential. Stakeholders are expected to strive toward compliance in performing respective duties while conducting business for, or with, MSHA and MSHA patients.

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Standard 7.2 Federal and State False Claims Act

Federal and State governments have false claims acts to help prevent and detect fraud, waste and abuse in healthcare programs. In summary, under these acts, a civil action may be brought against any person who "knowingly" submits or causes another to submit a false or fraudulent claim for payment by a government agency, which can result in significant fines and penalties.

Under the Tennessee Medicaid False Claims Act, the Virginia Fraud Against Taxpayers Act and the Federal False Claims Act, a person (relator) may bring a civil action (referred to as a qui tam lawsuit) under each act for both the person and the state (the TN Act and the VA Act) and/or the U.S. Government (under the Federal Act). Generally, if the civil lawsuit is successful, the relator (referred to as the whistleblower) will be entitled to between 15 to 30 percent of the government's recovery as well as reasonable attorney fees and costs. Under each false claims act there are protections for whistleblowers to protect them from being discharged, demoted, suspended, threatened, harassed or discriminated against as a result of lawful actions. An employee may bring an action in court for such protections under the acts.

MSHA operates under a system-wide no-retaliation philosophy, which means Team Members will not be retaliated against for reporting in good faith compliance and ethical concerns.

Standard 7.3 Responding to Government Inquiries

It is a policy of MSHA to comply with reasonable and lawful request by government officials for information. Requests might include information related to patient care, billing and financial practices or operational issues. When possible, Team Members should seek to obtain government requests/inquiries in writing; if this is not possible, Team Members should independently document the specific request for information. Team Members are expected to provide truthful and accurate information in a timely manner to a government request for information. MSHA will not tolerate false statements made by Team Members to government agencies and will take action against Team Members for violations.

While Team Members are expected to comply with such requests, MSHA is entitled to safeguards provided by law against disclosure of certain information. Examples of information that might not be subject to disclosure include, but are not limited to:

- Patient information protected by medical record privacy laws
- Quality assurance data compiled by MSHA to comply with federal and state requirements
- Information collected as part of the MSHA peer review process to review and evaluate the credentials of healthcare providers furnishing services within our organization
- Employee records

Team Members must consult with their Supervisor if there is any question concerning whether information requested by a government official is subject to disclosure. Policies may apply to disclosures of information including patient information. Team Members should maintain copies of or a list identifying information disclosed in response to an audit.

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Any Team Member receiving a subpoena from the government must notify Corporate Audit and Compliance Services and/or MSHA Legal Services immediately. Team Members are not permitted to respond to subpoenas without permission and direction of MSHA Legal Counsel. This measure is required to ensure that the delivery of MSHA healthcare services and business operations are not compromised as a result of responding to a government subpoena.

Any Team Member who is requested to provide information regarding MSHA operations or confidential information in response to a government request, regardless of where the request for information is made (i.e., on MSHA premises or at the Team Member's home), should report the existence of the communication to their Departmental Director and Corporate Audit and Compliance Services. Requests for patient information should be directed to the Medical Records/Health Information Management Department. Team Members have the right to not respond to such inquiries before consulting with MSHA Legal Counsel.

Standard 7.4 Hiring of Former Government Employees

Specific rules exist to eliminate the appearance of a conflict of interest by former government employees who, upon termination of their government service, seek employment with those who do business with the government. Clearance from MSHA Legal Counsel must be obtained prior to discussing the employment or possible retention of a current or former government employee.

Standard 7.5 Offering Gifts, Meals or Gratuities to Government Personnel

Payment for meals, refreshments, travel or lodging expenses for government employees are governed by strict guidelines which prohibit any type of gratuity, with very few exceptions, and strict compliance is required. Unlike other circumstances, laws regarding this issue can easily be violated if anything of value is given to a government employee, even if there is no intent to influence an official action or decision.

VIII. Compliance Education

MSHA is committed to providing education to Team Members regarding this Code of Ethics and Business Conduct. MSHA requires that all Stakeholders read this Code thoroughly, attest to having read and understood it, and comply with the Standards contained in this Code. Team Members are expected to complete compliance training. New Team Members will receive training as part of orientation. Satisfactory completion of training and adherence to MSHA standards and policies will be a factor in Team Member evaluations

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IX. Sanctions for Violations

Stakeholders are expected to abide by this Code of Ethics and Business Conduct, policies, laws and regulations that affect the operations of our business. MSHA maintains a policy of zero tolerance for violations of MSHA standards, policies and regulatory requirements.

Disciplinary actions will be taken for:

- Authorization of or participation in actions that violate the Code
- Failure to report a violation of the Code or to cooperate in an investigation
- Failure by the Management of a violator to detect and report a violation of the Code, if such failure reflects inadequate supervision or lack of oversight
- Retaliation against an individual for reporting a violation or possible violation of the Code

Disciplinary action may result in verbal or written warnings, corrective action programs, employment or contractual termination, institution of peer review, etc. as applicable. Actions will be determined on a case-by-case basis in accordance with MSHA policies.

X. How to Report Problems or Concerns

Team Members are encouraged to talk to a Supervisor about concerns. Management is responsible for using resources throughout the organization to assist in upholding the Standards of the Code of Ethics and Business Conduct, MSHA policies and regulatory requirements. If an issue is raised and appears to not be receiving appropriate attention, or if the Team Member feels the answer from the Supervisor is not acceptable, concerns should be raised to the next level and/or to the Department Director. If this individual is unable to resolve the issue, the issue should be elevated to the Facility Compliance Officer, a Human Resources representative, Corporate Audit and Compliance Services, MSHA Legal Counsel, the Ethics Committee Consultant and/or a Vice President.

A concern may be reported anonymously by calling the MSHA Compliance AlertLine. The Compliance AlertLine is designed to permit a Stakeholder to report a compliance concern or to obtain clarification on compliance issues. Calls to the AlertLine are answered confidentially by trained operators from an external agency 24 hours a day, 7 days a week. There is no caller ID function and caller identification is not required. A caller may remain anonymous and will be given a follow-up code to call back and request a status of the reported concern.

MSHA Compliance AlertLine: **1-800-535-9057**

********Additional resources may be found on the following page********

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Stakeholders may also report quality of care or patient safety issues to:

The Joint Commission:	Online:	www.jointcommission.org
	Email:	patientsafetyreport@jointcommmission.org
	Fax:	630-792-5636
	Mail:	The Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181

The Healthcare Facilities Accreditation Program:

	Online:	www.hfap.org
	Fax:	312-202-8298
	Mail:	HFAP c/o Complaint Dept 142 E Ontario St. Chicago, IL 60611

State of Tennessee:	Online:	www.tn.gov
	Tele:	877-287-0010 (toll free)
	Mail:	Division of Health Care Facilities Centralized Complaint Intake Unit 665 Mainstream Dr. 2nd Floor Nashville, TN 37243

State of Virginia:	Online:	www.vdh.virginia.gov
	Email:	OLC-Complaints@vdh.virginia.gov
	Fax:	804-527-4503
	Tele:	800-955-1819 (toll free)
	Mail:	Office of Licensure and Certification Complaint Intake-VA Dept of Health 9960 Mayland Dr. Suite 401 Henrico, VA 23233

Other resources available throughout MSHA include:

Coding Questions Request Line	**423-431-6070**
Billing/Reimbursement Patient Accounts	**423-431-1700**
Employment/Human Resources-Corporate	**423-302-3251**
Employment/Human Resources-NCH/DCH	**276-679-9698**
Environmental/Infection Control	Call Facility Main Number
Ethics Consult or House Supervisor	Call Facility Main Number
Conflicts of Interest/Corporate Compliance Officer	**423-302-3394**
Contracts, Kickbacks, Legal Counsel	**423-302-3411**
HIPAA Privacy/HIPAA Security	**423-302-3401/423-302-3407**

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Creator:	Jones, Myra L *RN - Clinical Standards (Policy & Procedure)*
Committee:	Board Policy Committee
Owner/SME:	Levine, Alan *President & Chief Executive Officer - MSHA*
Manager:	Belisle, Tim *Senior Vice President - Compliance Officer/General Counsel*
Author(s):	Carter, Paige *Corporate Director - Corporate Audit Services* Belisle, Tim *Senior Vice President - Compliance Officer/General Counsel*
Publisher:	Jones, Myra L *RN - Clinical Standards (Policy & Procedure)*

Summary of Changes/Updates:

Revised and replaces Code of Ethics and Business Conduct - Norton Community Hospital.

Wellmont Health System

Effective:	*09/2013*
Approved:	*09/2016*
Last Revised:	*09/2016*
Custodian:	*Geanna Walker: AUDIT SPECIALIST AND PROGRAM COORDINATOR*
Policy Area:	*Compliance*
Regulatory:	
Applicability:	*Wellmont Health System*

Conflict Of Interest Policy

Policy Statement:

Members of the Board of Directors ("Directors"), members of any Board of Directors Committee ("Committee Members"), members of any affiliates' Boards of Directors ("Affiliate Directors"), Officers and Management Employees of Wellmont Health System, including its subsidiaries and affiliates ("Wellmont") have responsibility to ensure that they conduct themselves in an ethical and unbiased manner, act in the best interest of Wellmont and disregard personal interests when considering Wellmont's business affairs. This Policy sets forth the obligation of the Directors, Committee Members, Affiliate Directors, Officers and Management Employees to identify and appropriately disclose Conflicts of Interest and outlines procedures designed to ensure that any transactions or arrangements involving Conflicts of Interest are approved and documented in a manner which satisfies applicable legal requirements. This Policy is intended to supplement but not replace any applicable state or federal laws governing conflicts of interest applicable to nonprofit charitable corporation.

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Procedure:

A. Identifying Conflicts of Interest

A Conflict of Interest arises when financial or other personal considerations of a Director, Committee Member, Affiliate Directors, Officer or Management Employee of Wellmont directly or indirectly affect, may affect or may have the appearance of affecting the individual's professional judgment in carrying out his or her responsibilities to Wellmont. If an actual or potential Conflict of Interest exists with respect to an entity that is part of Wellmont, the actual or potential Conflict of Interest is considered to exist with respect to all entities which are part of Wellmont. Examples of situations in which a Conflict of Interest may exist and which therefore merit careful case by case evaluation include the instances in which a Director, Committee Member, Officer or Management Employee, or any of their respective Family Members or Controlled Entities:

a. Has an ownership or investment interest in an entity which sells any goods or services to, or purchases any goods or services from Wellmont;

b. Is a party to any transaction or arrangement with Wellmont involving the receipt of any Compensation from Wellmont for services rendered to Wellmont;

c. Is a party to any transaction or arrangement with Wellmont involving the purchase, sale or lease of any property to or from Wellmont;

d. Is a party to any transaction or arrangement which competes with Wellmont; or

e. Receives gifts, gratuities or special favors from vendors of Wellmont.

A Conflict of Interest does not arise when a Director, Committee Member, Affiliate Directors, Officer or Management Employee, or any of their respective Family Members or Controlled Entities: (a) owns securities of a publicly traded company for investment purposes so long as the combined ownership of the Director, Committee Member, Affiliate Directors, Officer or Management Employee and their respective Family Members and Controlled Entities does not exceed 5% of the outstanding securities of the company, or (b) gives or receives gifts of nominal value which clearly are tokens of respect or friendship.

B. Annual Disclosure of Conflicts of Interest

Duty to Disclose. Given that perception regarding Conflicts of Interest may vary from person to person, the most effective way to address such matters is to establish a system for disclosures and evaluations of Conflicts of Interest. All Directors, Committee Members, Affiliate Directors, Officers and Management Employees of Wellmont are required to accurately and fully disclose the existence of any actual or potential Conflicts of Interest by completing the electronic Conflict of Interest Disclosure Form (as such form may be modified from time to time) in accordance with the process described herein.

Disclosure Process. Annually, the Compliance Department will distribute electronically to all Directors, Committee Members, Affiliate Directors, Officers and Management Employees a link to the Conflict of Interest Disclosure Form, which shall be promptly, accurately and fully completed by the Directors, Committee Members, Officers and Management Employees upon receipt. In addition to such annual disclosure, Directors, Committee Members, Officers and Management Employees are required to promptly notify the Compliance Department in writing regarding any new Conflicts of Interest or changes in circumstances which gave rise to a previously reported Conflict of Interest. Any questions that Directors, Committee Members, Officers and Management Employees may have in connection with reporting a Conflict of Interest or completing the Conflict of Interest Disclosure Form shall be directed to the Chief Compliance Officer or designee.

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Conflict of Interest Disclosure Forms Review. All reported disclosures of any actual or potential Conflicts of Interest shall be reviewed by the Chief Compliance Officer or designee and addressed as follows:

a. The Chief Compliance Officer or designee shall coordinate with General Counsel the review and resolution of any Conflicts of Interest reported by Management Employees;

b. The Chief Compliance Officer or designee shall coordinate with General Counsel and the Board, or any committee designated by the Board, the review and resolution of any Conflicts of Interest reported by the CEO, COO or CFO of Wellmont or by any other individuals who directly report to the CEO of Wellmont;

c. The Chief Compliance Officer or designee shall coordinate with the Board Chair the review and resolution of the Conflicts of Interest reported by Directors, Committee Members, and Affiliate Directors.

Additional Information. In addressing any reported Conflicts of Interest, the Chief Compliance Officer or designee may seek from Directors, Committee Members, Affiliate Directors, Officers and Management Employees any information relevant to ensuring compliance with this Policy. Because the integrity and credibility of Wellmont is enhanced by disclosure, it is expected that Directors, Committee Members, Officers and Management Employees will provide promptly and accurately any relevant information requested. The information received shall be handled confidentially unless public disclosure is part of the conflict of interest management plan, or is required by law.

Resolution of Conflicts of Interest. All Conflicts of Interest shall be resolved in a manner which appropriately protects the interests of Wellmont. All such resolutions shall be documented and maintained by the Chief Compliance Officer or designee.

C. Additional Disclosures at Board Meetings

When a Director has a newly arisen actual or potential Conflict of Interest which was not previously disclosed through the disclosure process outlined above with respect to a transaction or arrangement being considered at a Board meeting, the Director shall disclose the Conflict of Interest to all individuals present at the meeting before the transaction or arrangement is considered by the Board. Following such disclosure, the disclosing Director shall be required to leave the meeting and the Board shall determine whether a Conflict of Interest exists by a majority vote. If it is determined that a Conflict of Interest exists: (a) for a consummated transaction or arrangement, the Board shall investigate appropriate steps to mitigate or eliminate the Conflict of Interest, including, without limitation, restructuring or terminating the transaction or arrangement, if necessary; and (b) for a proposed transaction or arrangement which has not yet been consummated, the Board shall authorize the transaction or arrangement only if the Board determines by a majority vote of disinterested Directors that the transaction or arrangement is in the best interests of Wellmont and that Wellmont cannot with reasonable efforts obtain a more advantageous transaction or arrangement from a person or entity that would not give rise to a Conflict of Interest.

D. Compliance

Annual Affirmation of Compliance. Each Director, Committee Member, Affiliate Directors, Officer and Management Employee shall annually sign a statement which affirms that such person (a) has received a copy of this Policy, (b) has read and understands the Policy, (c) has agreed to comply with the Policy, and (d) understands that Wellmont is a charitable organization and that in order to maintain its Federal tax exemption, Wellmont must engage primarily in activities which accomplish its tax-exempt purposes.

Violations of this Policy. Violations of the requirements of this Policy by any Director, Officer, Committee Member, or Affiliate Directors, if not resolved, shall result in that Director, Officer, Committee Member or Affiliate Directors being relieved of his or her duties as a Director, Officer, Committee Member or Affiliate Directors, as applicable. Violations of the requirements of this policy by a Management Employee shall, if not resolved, subject the individual to discipline, including, where appropriate, termination, pursuant to Wellmont's human resources policies.

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DEFINITIONS:

For purposes of this Policy and the Conflict of Interest Disclosure Form, the following terms shall have the following meanings:

"Affiliate Director" means a director of any hospital, physician, or other subsidiary Board under the control and governance of the Board.

"Board" means the Board of Directors of Wellmont Health System.

"Compensation" means direct or indirect remuneration, as well as loans, gifts or favors which are substantial in nature.

"Conflict of Interest" means a set of circumstances where financial or other personal considerations of a Director, Committee Member, Officer or Management Employee directly or indirectly affect, may affect or may have the appearance of affecting the individual's professional judgment in carrying out his or her responsibilities to Wellmont.

"Controlled Entity" means any entity in which a Director, Committee Member, Officer or Management Employee, or any of their respective Family Members, directly or indirectly (a) possesses 50% or more of the voting rights, or (b) owns 50% or more of the stock or capital or profits interest.

"Family Member" or "***Family Relationship"*** means a (a) spouse, (b) sibling (whether by whole or half blood) and their spouses, (c) parent or stepparent, and (d) child (natural or adopted), grandchild, great grandchild and their spouses.

"Financial Interest" means a covered individual shall be deemed to have a Financial Interest if the individual has, directly or indirectly, through business, investment or family relationship:

a. An ownership or investment interest in any entity with which the Corporation has, or is considering to have, a transaction or arrangement, or;
b. A compensation arrangement with the Corporation or with any entity or individual with which the Corporation has, or is considering to have, a transaction or arrangement, or;
c. A potential ownership, investment interest, or compensation arrangement with any entity or individual with which the Corporation is negotiating, or considering to negotiate, a transaction or arrangement.

"Management Employee" means any employee of Wellmont who (a) holds a director authority or higher position, or (b) has authority to direct expenditures of Wellmont's resources of a material threshold consistent with the Wellmont policy titled Contracts Management ID #1088826, attachment titled Contract Signature Authority Grid.

"Officer" means any person designated as an officer pursuant to Wellmont's Corporate Bylaws.

Scope:

Directors, Committee Members, Officers and Management Employees

Regulatory Agency Standard(s):

IRC Sec. 4958 and Sarbanes Oxley Sec 402; TJC: LD.02.02.01 and LD.02.04.01

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Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
System Policy Approval Committee	Cheryl Perkins: QUALITY FACILITATOR	09/2016
WHS President	Bart Hove: PRESIDENT/CEO WHS	08/2016
Compliance Specialist and Program Coordinator	Judy Martin: SYSTEM PRIVACY OFFICER, COMPLIANCE & ETHICS	08/2016

WELLMONT HEALTH SYSTEM

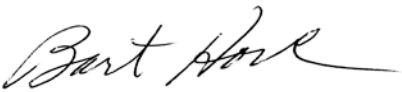
Dear Wellmont Health System Directors, Officers, Employees and Medical Staff Members:

Consistent with Wellmont Health System's mission and values, providing high quality health care services in compliance with ethical standards and applicable laws is vital to our organization. To promote ethical and lawful conduct throughout our organization, Wellmont Health System implemented a system-wide Compliance Program. As the foundation of the Compliance Program, Wellmont Health System adopted a Code of Conduct which expresses the organization's commitment to conduct its business with integrity, ethically, and in accordance with applicable laws.

The Code of Conduct identifies the standards that everyone within our organization must understand and follow and is intended to be a resource for resolving questions about appropriate conduct in the work place. At Wellmont Health System, open lines of communication, and prompt reporting of any compliance concerns are expected and encouraged. The objective is to enable each of you to bring forward any concerns you may have regarding the proper operations of the organization and any deviations from the standards articulated in the Code of Conduct without fear of retribution. While the Code of Conduct is a great resource, it cannot replace each person's sense of fairness, judgment, honesty and integrity. Thus, if you encounter a situation that is not addressed in the Code of Conduct but which just does not feel right, it is important to discuss the situation with your supervisor, Compliance Liaison or Corporate Compliance Officer.

The importance of each individual's involvement and participation in the Compliance Program cannot be overemphasized. Each person within our organization is essential to the success of our Compliance Program and needs to be fully committed to compliance with the Code of Conduct. Thank you for your contributions and commitment to our organization's compliance efforts.

Very truly yours,



Bart Hove
President and Chief Executive Officer

5638071.9

WELLMONT HEALTH SYSTEM

CODE OF CONDUCT

COMPLIANCE WITH CODE OF CONDUCT

Wellmont Health System's Compliance Program is designed to promote ethical and lawful conduct by all entities and facilities comprising Wellmont Health System (collectively, "Wellmont Health System"). This Code of Conduct ("Code") outlines ethical and legal standards for the conduct of our organization's operations. Compliance with this Code is required of all Wellmont Health System Employees, directors, officers and Medical Staff members. Failure to abide by the Code may lead to disciplinary action, ranging from verbal warning to immediate termination. The Code does not provide any additional employment or contract rights to Employees or other persons.

REPORTING VIOLATIONS

Wellmont Health System Employees have an obligation to report concerns and potential violations of this Code to their supervisors, Compliance Liaison or Corporate Compliance Officer. The report can be made on a confidential or anonymous basis through the Corporate Compliance and Ethics Hotline (800-500-0333). No employee of Wellmont Health System may discourage or prohibit another employee from reporting a violation or potential violation of this Code or applicable laws. There will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct. Employees who report compliance concerns in good faith will not suffer adverse employment consequences or be discriminated against as a result of making a report. Wellmont Health System has an Open Door Policy to encourage reporting of compliance related concerns and potential violations of this Code (see Exhibit A).

LEGAL REQUIREMENTS

All actions taken by or on behalf of Wellmont Health System must be consistent with the Code and applicable laws. The legal requirements outlined below are designed to provide guidance with respect to compliance with applicable laws. However, it is important to understand that these descriptions do not fully address all applicable legal requirements and that compliance with all applicable laws is expected, even if those laws are not specifically described in the Code. Wellmont Health System has developed a set of compliance and

other policies that expand on and more fully address many principles covered in the Code and it is important to be familiar with and follow those policies. If any questions arise with respect to compliance with any law, such questions should be directed to the appropriate Compliance Liaison or to Corporate Compliance Officer.

1. **Billing and Coding.** The Federal False Claims Act prohibits healthcare providers from knowingly submitting false or fraudulent claims for payment to Federal healthcare programs, including claims for services not rendered, claims that characterize the service differently from the service actually provided or claims that do not comply with applicable legal requirements. State laws contain similar prohibitions. Wellmont Health System implemented policies and procedures to facilitate accurate coding and billing for services provided to our patients. All claims submitted to any payor must be accurate and cost reports must be prepared consistent with applicable laws. Knowingly presenting or causing to be presented claims to any payor which are false or fraudulent is prohibited. For more detailed information about the Federal and state false claims laws and Wellmont's related policies, see the Wellmont Health System False Claims Information Policy attached to this Code as Exhibit B.

2. **Antikickback Law.** The Federal Antikickback Law applies to relationships with physicians and other referral sources and prohibits direct or indirect remuneration in exchange for the referrals of patients. Wellmont Health System accepts patients based on their health care needs and our ability to provide the needed services. No payments or other remuneration shall be given to anyone in exchange for patient referrals.

3. **Physician Self-Referral.** Federal physician self-referral law, commonly known as the Stark Law, prohibits a physician from referring a patient to an entity for designated health services (which include, among others, hospital services, laboratory services, home health services, physical therapy) payable by Medicare if the physician has a "financial relationship" with the entity. "Financial relationship" includes a compensation arrangement or an investment interest. The Stark Law is a strict liability law, which means that if a prohibited referral is made, the Stark Law is violated regardless of the intent. The Stark Law disallows Medicare payments for services provided pursuant to prohibited referrals. All Wellmont Health System's arrangements with physicians must be structured to assure compliance with the Stark Law, as well as other applicable requirements. Any proposed arrangement with physicians which

may implicate the Stark Law shall be evaluated and approved by the Corporate Compliance Officer, in consultation with the legal counsel.

4. **Health Information Privacy and Security.** The HIPAA privacy rules outline numerous requirements related to the use and disclosure of patient protected health information ("PHI"). The general rule is that it is impermissible to use or disclose PHI without a patient's written authorization unless an exception applies and that PHI must only be accessed if it is necessary to perform the individual's job responsibilities. The HIPAA security rules require implementation of numerous security standards to safeguard electronic PHI. The HITECH Act requires patients to be notified if their PHI is improperly disclosed placing the patient at risk of financial, reputational or other harm. Wellmont Health System's privacy and security policies and procedures detail the standards for the appropriate use and disclosure of PHI and everyone within the organization must understand and follow these policies and procedures. Our Corporate Privacy Officer and Privacy Coordinators are excellent resources who can provide clarification on any questions related to the proper use and disclosure of PHI.

5. **Occupational Health and Safety.** The health and safety of patients, visitors and employees are important to Wellmont Health System. It is the policy of Wellmont Health System to comply with all applicable laws pertaining to health and safety, including the Occupational Safety and Health Act, regulations of the Centers for Disease Control and Prevention, the Drug Enforcement Administration and the Food and Drug Administration. It is the responsibility of every employee to understand and comply with all relevant standards applicable to such individual's workplace activities. It is important that each employee immediately notifies the supervisor of any workplace injury or any situation creating a danger of workplace injury so that immediate corrective measures can be taken.

6. **Drug Free Workplace.** Wellmont Health System is a drug-free workplace. Except to the extent that service of alcoholic beverages at official Wellmont Health System functions is authorized, it is specifically prohibited to use alcohol at Wellmont Health System functions and to possess, use, be under the influence of, distribute, transfer, manufacture or sell alcohol or drugs as a Wellmont Health System representative or on Wellmont Health System's time.

7. **Environmental Compliance.** As a healthcare provider, Wellmont Health System is subject to compliance with various environmental

laws concerning the handling of hazardous materials, potentially infectious medical waste and other wastes. Wellmont Health System Employees must (a) understand how their job duties impact the environment, (b) utilize resources appropriately and efficiently, (c) dispose of all waste in accordance with applicable laws, and (d) avoid pollution. It is essential to immediately notify the supervisor of any situation involving improper disposal of hazardous waste or any other situation that may be damaging to the environment.

8. **Employment Practices.** Wellmont Health System will recruit, hire, train, promote, assign, transfer and terminate employees based on their ability, performance, experience and conduct without regard to race, color, religion, sex, national origin, age, disability, or any other classification prohibited by law. The organization promotes diversity in the workplace. Wellmont Health System is committed to providing a work environment where everyone is treated respectfully and fairly, and that is free from any form of prohibited harassment, including sexual or racial harassment. Wellmont Health System will not tolerate any harassing, intimidating or disruptive conduct that interferes with work performance or creates an intimidating, hostile or offensive work environment. Each allegation of harassment or discrimination will be promptly investigated in accordance with applicable human resources policies.

9. **Antitrust.** All employees must comply with applicable antitrust laws that regulate competition and protect consumers from unfair trade practices. Examples of conduct prohibited by antitrust laws include: (a) agreements to fix prices, bid rigging, collusion (including price sharing) with competitors; (b) gaining so-called "monopoly power" to control prices or exclude competitors; (c) boycotts, certain exclusive dealing and price discrimination agreements; and (d) unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation and similar unfair practices. To avoid violating these laws, Employees shall not discuss prices with competitors and shall not engage in any actions that involve boycotting or refusing to deal with any payor or vendor. It is also inappropriate to provide past, current or expected price lists, financial terms of managed care contracts or similar information to competitors or accept such information from a competitor of Wellmont Health System.

10. **Tax.** As a tax-exempt entity, Wellmont Health System is required to act in compliance with applicable tax exempt laws, to engage in activities that support the organization's charitable purposes and to ensure that resources are used to further the interests of the

organization, rather than the private or personal interests of any individual. Consistent with these principles, Wellmont Health System will avoid compensation arrangements with Employees, physicians and vendors in excess of fair market value for the services provided and will accurately report required information to appropriate governmental authorities.

11. **Intellectual Property.** Federal and State laws protect intellectual property which includes copyrights, trademarks, patents, and trade secrets. Copyright laws provide protection when an original work of authorship such as a book or an article, a computer software program, or a recorded program is fixed in a tangible medium of expression. Trademark laws protect consumers from confusion about the source and quality of goods or services. Patent laws give an inventor exclusive rights to make, use, and sell the patented invention. Wellmont Health System employees shall not misappropriate confidential or proprietary information belonging to another person or entity or utilize any publication, document, computer program, information, or product in violation of a third party's interest in that product. Employees are responsible to ensure they do not improperly copy any documents or computer programs in violation of applicable copyright laws or licensing agreements.

12. **Lobbying and Political Activity.** No individual may contribute money, property, or services at Wellmont Health System's expense to any political candidate, party, organization, committee, or individual in violation of any applicable law. While it is permissible to participate in and contribute to political organizations or campaigns, this must be done on individual basis and not as representatives of Wellmont Health System and using individual's own funds. Wellmont Health System has a number of contractual arrangements with governmental bodies and officials. All transactions with governmental bodies and officials shall be conducted in an honest and ethical manner and any action to influence the decision-making process of governmental bodies or officials by an improper offer of any benefit is prohibited.

PATIENT PROTECTION

1. **Patient Care Standards.** Wellmont Health System is committed to providing high quality, safe, compassionate, and cost effective health care services. Our health care services shall be consistent with applicable laws and professional standards regarding patient safety and comfort. We shall treat all patients with dignity and respect and

provide care that is safe and appropriate. Patient care related standards may be contained in various policies of Wellmont Health System and are dictated by numerous legal standards, such as Medicare hospital conditions of participation, hospital licensing requirements, The Joint Commission Standards, and many others. Every employee shall understand and follow the laws, professional standards and Wellmont Health System policies and procedures related to patient care and shall strive to provide exceptional patient care at all times.

2. **Quality of Care Concerns.** Employees have the most direct link to our patients and our operations and are in the best position to identify potential problems. Therefore, Wellmont Health System relies on its employees to provide feedback to make improvements to patient care services. In any circumstance where an employee has a concern about patient safety or quality of patient care, the employee is obligated to promptly raise the issue with the supervisor, Compliance Liaison or Corporate Compliance Officer, so that the issue can be properly evaluated and addressed. Examples of actions which constitute noncompliance in the patient care area include conduct that endangers a patient, failure to provide appropriate care for a patient, theft of patient's property, rudeness to a patient or a patient's family, or failure to timely report malfunction of medical equipment, or any injury to a patient caused by any medical device.

3. **Patient Rights.** Health care services provided by Wellmont Health System are available to all patients without regard to age, gender, disability, race, religion or national origin. Our organization respects cultural heritage of every patient and our Employees must be sensitive and respectful of each patient's cultural preferences and needs. Each of our patients is given a statement of patient rights which explain that each patient has, among other rights, the right to make informed decisions about health care services, the right to refuse treatment and the right to confidentiality of medical information. Each employee is responsible for knowing and understanding patient rights and ensuring that care provided to our patients is consistent with and supports patient rights.

4. **Emergency Treatment.** Wellmont Health System complies with the Federal Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing an emergency medical screening examination and stabilizing treatment to every patient regardless of the ability to pay. In an emergency situation, or if a patient is in labor, medical screening examination and the necessary stabilizing treatment shall not be delayed in order for the patient to provide

payment information for the services. If a patient has an emergency medical condition, the patient may be transferred to another facility only if the patient care needs cannot be met or if the patient requests the transfer and other legal requirements are met.

BUSINESS ETHICS AND RELATIONSHIPS

Wellmont Health System shall conduct all business transactions consistent with high ethical standards and applicable laws and without any conflict of interest or improper inducements. The standards set forth below are intended to guide employees in determining the appropriateness of the listed activities or behaviors within the context of Wellmont Health System's business relationships, including relationships with vendors, providers, contractors, third-party payers, and governmental entities.

1. **Conflict of Interest.** A conflict of interest arises when there is a conflict between one's personal stake in a matter and his or her fiduciary responsibility to Wellmont Health System caused by a financial interest, position, activity or other relationship with a third party. Wellmont Health System directors, officers and employees are obligated to ensure that they remain free of conflicts of interests in the performance of their responsibilities for the organization. All possible conflicts of interest which may affect or be perceived as affecting a decision on a proposed Wellmont Health System transaction or arrangement shall be appropriately disclosed. If there is any doubt or concern about whether specific conduct or activities are ethical, present a conflict of interest, or otherwise inappropriate, those questions should be directed to the appropriate Compliance Liaison or Corporate Compliance Officer.

2. **Serving on Boards.** Employees, directors, officers, and committee members must disclose all board of directors' activities in their annual conflict of interest disclosure statement. Wellmont Health System retains the right to prohibit membership on any board of directors where such membership may conflict with the best interests of Wellmont Health System. If not disclosed and approved in accordance with Wellmont Policy, no director, officer or employee shall be a director or officer of an organization that competes with or provides services for Wellmont Health System. All fees and compensation (other than reimbursement for expenses arising from board participation) that are received for board services provided during normal work time shall be paid directly to Wellmont Health System. Questions regarding whether board participation might

present a conflict of interest should be discussed with the Compliance Liaison or Corporate Compliance Officer.

3. **Gifts.** Employees shall not accept gifts, favors, services, entertainment, or other things of value to the extent that such things might influence decision-making or actions affecting Wellmont Health System. Similarly, the offering or giving of money, services, or other things of value by Wellmont Health System with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer, government official, or other person is absolutely prohibited. Employees shall not solicit any gratuities or gifts from patients and may only accept non-monetary gratuities and gifts of a nominal value from patients. If a patient or other individual wishes to make a monetary gift, he or she should be referred to the Wellmont Health System Foundation. For additional information on acceptance of gifts, please reference Wellmont Health System's policy and procedure on the Intranet.

4. **Vendor Relationships.** Employees may not utilize "insider" information for any business activity conducted by or on behalf of Wellmont Health System. All business relations with contractors must be conducted at arm's length and in compliance with applicable policies. [Employees may retain gifts from vendors that have a nominal value. If an employee has any concern whether a gift should be accepted, the employee should consult with his/her supervisor. To the extent possible, these gifts should be shared with the recipient's employees. At a vendor's invitation, an individual may accept meals or refreshments of reasonable value at the vendor's expense. Occasional attendance at a local theater or sporting event, or similar entertainment, at the vendor's expense, may also be accepted. In most circumstances, a regular business representative of the vendor should be in attendance with the employee. Attendance at local, vendor-sponsored workshops, seminars and training sessions is permitted. Attendance, at vendor expense, at out-of-town seminars, workshops and training sessions is permitted only with the approval of the employee's supervisor.

5. **Inducements.** Wellmont Health System employees shall not seek to gain any advantage through the improper use of payments, business courtesies or other inducements. Offering, giving, soliciting, or receiving any form of bribe, kickback, or other improper payment is prohibited. Appropriate commissions, rebates, discounts, and allowances are customary and acceptable business inducements, provided that they are approved by the Legal Department and they do not constitute illegal or unethical payments. Employees may provide

gifts, entertainment, and meals of nominal value to Wellmont Health System's customers, current and prospective business partners, and other persons when such activities have a legitimate business purpose and are reasonable and consistent with all applicable laws. Any gifts or non-monetary benefits to any physician shall be consistent with the Stark Law and approved by the Legal Department.

DOCUMENTATION AND CONFIDENTIALITY

1. **Accurate Documentation.** Timely, accurate and complete documentation is important to safe and efficient patient care. In addition, clinical documentation is the basis for the coding and billing determinations. Each of our employees is responsible for the accuracy and integrity of our organization's documents. Wellmont Health System Employees are required to prepare, maintain, and retain all medical and billing records and other documents in accordance with applicable legal and professional standards.

2. **Proprietary and Confidential Information.** Information pertaining to Wellmont Health System's competitive position, business operations and strategies, payment, financial and reimbursement related information, marketing strategies, personnel data, patient data, medical staff related files, supplier information, and information relating to negotiations with vendors is important to the organization and must be protected from improper disclosure. This information may be shared only with Employees having a need to know such information to perform their professional responsibilities to our organization. Care and safeguarding steps must be taken to maintain integrity and confidentiality of this information. Any employee who believes that confidentiality of any such information has been compromised, must immediately report the issue to the supervisor, Compliance Liaison or Corporate Compliance Officer.

3. **Use of Electronic Media.** All communication systems, including computers, portable electronic devices, electronic mail, Intranet, internet access, phones, voicemail, and other electronic media, are the property of Wellmont Health System and shall be used only to conduct business of Wellmont Health System. Personal use of the organization's communication system is not permitted. There shall be no expectation of privacy in any information transmitted through or stored in the organization's communication system. Use of the organization's communication system unlawfully or for personal business is grounds for disciplinary action.

ORGANIZATIONAL RESOURCES

All employees will strive to preserve and protect Wellmont Health System's assets by making prudent and effective use of the organization's resources and properly and accurately reporting its financial condition. The standards set forth below are intended to guide employees by articulating Wellmont Health System's expectations as they relate to activities that may affect the organization's financial integrity or that reflect a reasonable and appropriate use of the assets of a non-profit entity.

1. **Financial Records.** All financial reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts and the true nature of a transaction. Improper or fraudulent accounting, documentation or financial reporting is prohibited.

2. **Travel Expenses.** All travel and entertainment expenses incurred by employees should be consistent with the employee's job responsibility and the organization's needs and resources. Employees must comply with Wellmont Health System's policies relating to travel and entertainment expenses and ensure that all expenses are reasonable and appropriately incurred for the benefit of the organization.

3. **Asset Protection.** Employees shall not convert any resources or assets of Wellmont Health System for personal use. All property and business of the organization shall be conducted in a manner designed solely to advance the interests of Wellmont Health System. Prior to engaging in any activity on company time that will result in remuneration to the employee, or the use of Wellmont Health System's equipment, supplies, materials, or services for personal or non-work-related purposes, employees shall obtain the approval of the supervisor.

Approved by:

Leadership Corporate Compliance Committee on: April 10, 2013

Audit and Compliance Committee of the Board on: August 28, 2013

Wellmont Health System Board of Directors on: September 10, 2013

Exhibit A
Open Door Policy

Wellmont Health System ("Wellmont") is committed to providing quality care to our patients and to complying with applicable legal standards and the principles set forth in the Code of Conduct. Wellmont employees have the most direct link to the patients and operations of our organization and are in the best position to identify potential compliance issues or concerns which may affect our organization. Therefore, Wellmont Health System has adopted this Open Door Policy and encourages all employees with legitimate concerns regarding any compliance issues, any patient care issues or other issues which may affect our organization to promptly raise those issues within the organization, so that they can be evaluated and addressed as necessary.

Employees with legitimate concerns about compliance issues should raise their concerns with appropriate Wellmont personnel in the order listed below:

1. Immediate supervisor,
2. Employee's department head,
3. Senior leadership team member for the employee's facility/division,
4. Chief Executive Officer of the employee's facility/division,
5. Senior leadership team member of Wellmont Health System.

When reporting a compliance issue, each employee is expected to present relevant facts, his or her concerns and offer potential solutions to an identified issue. In the event that a satisfactory resolution has not been reached in any step of this process, and the employee continues to be concerned about the issue, the employee should raise the issue with the next individual listed above, until the issue has been appropriately addressed and resolved.

If at any time an employee is uncomfortable reporting a legitimate concern to his or her immediate supervisor, or other member of management as set forth above, the employee may choose to report the concern to the Divisional Compliance Liaison or the Corporate Compliance Officer. If requested by the employee, confidentiality of the employee's identity will be maintained to the extent possible. An employee may also make a report on a confidential or anonymous basis through the EthicsLine, which is Wellmont Health System's Corporate Compliance and Ethics Hotline.

EthicsLine:
Via phone at 800-500-0333
Via e-mail at Wellmont.myethicsline.com

Additional information about reporting of compliance concerns is set forth in Wellmont Health System's Policy on Reporting Compliance Concerns, which all employees are expected to be familiar with and follow at all times.

EXHIBIT B

False Claims Information Policy

Deficit Reduction Act Requirements. The Deficit Reduction Act of 2005 ("DRA") requires that any entity receiving Medicaid payments of at least $5 million establish for its employees, agents and contractors written policies that provide information about the Federal False Claims Act, administrative remedies for false claims and statements and state false claims laws. These policies also must include information regarding the entity's procedures for detecting and preventing fraud, waste and abuse.

Wellmont Health System Policy. This False Claims Information Policy addresses the requirements contained in the DRA pertaining to false claims information. One of the primary goals of Wellmont Health System's Corporate Compliance Program is to ensure effective processes for preventing, detecting and addressing any activity that may constitute a violation of law, including any Federal or state law pertaining to false claims. In furtherance of the goals of the Corporate Compliance Program, the purpose of this Policy is to inform our employees, agents, contractors and Medical Staff members of (a) the Federal, Tennessee and Virginia false claims laws, (b) methods to report actions that may constitute a violation of the Federal, Tennessee or Virginia false claims laws or the policies and procedures of Wellmont Health System, and (c) Wellmont Health System's policy prohibiting retaliation against any employee, agent, contractor or Medical Staff member who reports any actions that may constitute a violation of applicable policies or laws, including the false claims laws.

Federal False Claims Act. The Federal False Claims Act prohibits knowingly presenting or causing to be presented a false or fraudulent claim for payment to any Federal healthcare program, including Medicare and Medicaid, knowingly making a false record or misrepresentation to obtain payment for a false claim from any Federal healthcare program, or conspiring to defraud any Federal healthcare program by getting a false claim paid. Examples of actions that could constitute a violation of the Federal False Claims Act include:

- Filing false or fraudulent claims for payment or approval;
- Making or entering any charge for a service that was not provided or not ordered by a physician or other appropriately licensed person;
- Recording a charge for a service that differs in any way from the actual service provided (e.g., entering an incorrect CPT code);

- Submitting separate claims to maximize reimbursement for tests and procedures that are required to be billed together (i.e., unbundling);
- Falsely certifying that a service was medically necessary to obtain payment;
- Making or using, or causing another to make or use, any false record or statement in connection with obtaining payment for a false or fraudulent claim; or
- Filing a false or fraudulent cost report.

Violations of the Federal False Claims Act may result in any or all of the following penalties:

- Civil penalties of between $5,500-$11,000 for each false claim;
- An additional penalty equal to three times the amount of each false claim, as determined by the government depending on the relevant circumstances;
- Recoupment by a federal healthcare program of any reimbursement received for services covered by a false claim; and
- Exclusion or suspension from participation in Federal healthcare programs.

The False Claims Act permits *qui tam* suits to be brought by private individuals who are entitled to a portion of the monetary recovery if the action is successful and protects whistleblowers from retaliation.

The Program Fraud Civil Remedies Act of 1986. The Program Fraud Civil Remedies Act of 1986 establishes an administrative remedy against any person who presents or causes to be presented a claim or written statement that the person knows or has reason to know is false, fictitious or fraudulent or is supported by a statement asserting a material fact which is false, fictitious or fraudulent to certain federal agencies, including the U.S. Department of Health and Human Services. The law allows for penalties of $5,000 per claim and an assessment of up to twice the amount of the original claim.

Tennessee False Claim Laws. Tennessee has enacted a Medicaid False Claims Act and a Tennessee False Claims Act. Both laws prohibit conduct similar to that prohibited under the Federal False Claims Act. The Medicaid False Claims Act makes it unlawful to knowingly present, or cause to be presented, a false or fraudulent claim for payment or approval under the Tennessee Medicaid program, to knowingly make, use, or cause to be made or

used, a false record or statement material to a false or fraudulent claim to get a false or fraudulent claim paid or approved under the Medicaid program, or to conspire to commit such violations. Violators are subject to a civil penalty of not less than $5,000 and not more than $25,000 per false claim, plus three (3) times the amount of damages which the state sustains because of the violation and the costs of a civil action brought to recover any such penalty or damages.

The Tennessee False Claims Act makes it unlawful to knowingly present or cause to be presented to an officer or employee of the state a false claim for payment or approval, to knowingly make, use, or cause to be made or used a false record or statement to get a false claim paid or approved by the state, or to conspire to defraud the state by getting a false claim allowed or paid by the state. The Tennessee False Claims Act does not apply to any claims covered under the Medicaid False Claims Act. Violators of the Tennessee False Claims Act are subject to liability for three times of the amount of damages sustained by the state, a civil penalty of not less than $2,500 and not more than $10,000 for each false claim and the state's costs of the civil action to recover the penalties.

Both the Medicaid False Claims Act and the Tennessee False Claims Act allow state officials to file a lawsuit or a private individual to file a qui tam lawsuit on behalf of the state. State officials may choose to participate in the qui tam lawsuit or allow the individual to proceed alone on the state's behalf. If the case is successful, the individual is entitled to a portion of the state's monetary recovery. Employees who assist or participate in an action under Tennessee's False Claims Act or the Medicaid False Claims Act are protected from workplace retaliation.

Virginia False Claims Laws. Virginia enacted a Virginia Fraud Against Taxpayers Act which applies to false claims in connection with the state's healthcare programs. This Act makes it unlawful to knowingly present, or cause to be presented, a false or fraudulent claim for payment or approval to any State agency, knowingly make, use, or cause to be made or used, a false record or statement material to a false or fraudulent claim or to conspire to commit such violations. Violators of this law are liable to the Commonwealth of Virginia for a civil penalty of not less than $5,500 and not more than $11,000, plus three times the amount of damages sustained by the State, as well as for the State's reasonable attorneys fees and costs of a civil action brought to recover any such penalties or damages. The Fraud Against Taxpayers Act also permits *qui tam* suits by private individuals and protects such whistleblowers from retaliation.

Reporting Potential Violations. Any employee, agent, contractor or Medical Staff member who in good faith believes an activity may not comply with the Federal or state false claims laws or any of Wellmont Health System's policies

or procedures shall report the activity consistent with the Open Door Policy. While Wellmont Health System encourages reporting of any suspect activity internally consistent with the mechanism outlined in the Program, individuals also have the right to bring a civil action on their own or in conjunction with the government for a violation of the Federal False Claims Act or the state false claims laws and may recover damages or a portion of the recovery obtained by the government if such action is successful.

No Retaliation. No employee, agent, contractor or Medical Staff member shall be subject to adverse or discriminatory action by Wellmont Health System for reporting in good faith any wrongdoing or suspect activity or for participating in any investigation or providing assistance with respect to any action that may be brought against Wellmont Health System, including, without limitation, bringing a civil action for a violation of Federal or state false claims laws. Employees, agents, contractors and Medical Staff members shall report immediately any action believed to be retaliation against any individual for reporting suspect activities or wrongdoing. Individuals determined to have engaged in retaliation or discriminatory treatment in response to a report of wrongdoing or suspect activity will be subject to disciplinary or other corrective action, including termination consistent with applicable policies of Wellmont Health System.

Compliance Program Information. Wellmont Health System's Corporate Compliance Program includes detailed policies and procedures designed to detect, prevent and report any actions which constitute violations of applicable laws, policies and procedures. Copies of the Corporate Compliance Program are available to employees, agents, contractors and Medical Staff members upon request to the Corporate Compliance Officer and can also be found at.

REFERENCES

31 U.S.C. §§ 3729-3733
31 U.S.C. §§ 3801-3812
TCA § 4-18-108, et. seq.
TCA §71-5-181, et. seq.
Va. Code Ann. § 8.01-216.1 et. seq.

REORGANIZATION AGREEMENT

OF

NORTON COMMUNITY HOSPITAL, INC.

WITH

COMMUNITY HEALTHCARE FOUNDATION (49.9% MEMBER)

AND

MOUNTAIN STATES HEALTH ALLIANCE (50.1% MEMBER)

OF

NORTON COMMUNITY HOSPITAL

Signing Date: June 2, 2007

Closing Date: September 30, 2007

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REORGANIZATION AGREEMENT

THIS REORGANIZATION AGREEMENT is made and entered into as of the 2nd day of June, 2007, by and among **NORTON COMMUNITY HOSPITAL, INC.**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**NCH**"), **COMMUNITY HEALTHCARE FOUNDATION**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**Community Member**"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**MSHA**").

WHEREAS, NCH owns and operates a 129-bed general acute care hospital located at 100 Fifteenth Street, N.W., Norton, Virginia and commonly known as **NORTON COMMUNITY HOSPITAL** ("**Hospital**");

WHEREAS, NCH is the sole member of Dickenson Community Hospital, Inc., a Virginia nonstock corporation exempt from federal income tax under Internal Revenue Code §501(c)(3) ("DCH") which leases and operates a 25-bed critical access hospital located at 312 Hospital Drive, Clintwood, Virginia;

WHEREAS, NCH owns one hundred percent (100%) of the issued and outstanding common stock of Community Physician Services Corporation ("CPSC") and Community Home Care, Inc. ("CHC"), both of which are wholly-owned by NCH. NCH, DCH, CPSC, CHC and every other subsidiary of NCH are sometimes collectively referred to in this Agreement as the "NCH Group"; and

WHEREAS, in reliance upon each other's representations, warranties and covenants set forth in this Agreement, NCH desires to reorganize its corporate structure to establish Community Member as a forty-nine and nine tenths percent (49.9%) member of Hospital and MSHA as a fifty and one tenth percent (50.1%) member of Hospital and, in connection with such reorganization, MSHA is willing to make an investment in Hospital upon the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the foregoing and the agreements, covenants, representations and warranties set forth in this Agreement, the parties agree as follows:

ARTICLE I.
REORGANIZATION OF HOSPITAL

1.1 MSHA Investment in NCH. Subject to the terms and conditions of this Agreement, following the Closing of this Agreement pursuant to Article VII, MSHA will invest Forty-Five Million Dollars ($45,000,000) in NCH to be used for the following designated purposes:

a.	Facilities	$ 9,000,000
b.	Capital Equipment	15,000,000
c.	Information Systems	5,000,000
d.	Deferred Pension Liability	2,000,000
e.	Increase Days Cash on Hand	12,000,000
f.	Newco Funding	2,000,000
	Total	$45,000,000

The entire investment amount will be wire transferred to board designated or trustee accounts of NCH at Closing, as applicable, to be used and disbursed thereafter in a manner consistent with the categories described above as approved by the post-Closing NCH board of directors. The post-Closing NCH board of directors may also choose to reallocate funds among the board designated accounts from time to time in order to adjust to changing needs of NCH.

1.2 Order of Funds Used for NCH Capital Needs. Following Closing, the funds available for NCH Group operations will be first provided from the operations of the NCH Group. The second source of funds for NCH Group operations will be the cash contribution that MSHA provides pursuant to Section 1.1 above. Following Closing, the funds available for NCH Group capital expenditures will be first provided from the portions of the MSHA cash contribution designated for such purposes in Section 1.1 above, and will next be provided from operations of the NCH Group. Should these sources of funds not be adequate to meet the operating and capital expenditure needs of the NCH Group, to the extent that MSHA determines it has funds available to do so, it will provide the shortfall to NCH through a loan at an interest rate equal to MSHA's cost of borrowing. In the alternative to a loan, MSHA and the Community Member may agree to contribute additional capital to NCH in proportion to the relative percentage interests of MSHA and the Community Member as members of NCH. If the Community Member elects not to contribute its proportionate amount, then, upon approval by a supermajority vote of the Members of NCH as specified in Section 1.5.b. of this Agreement, MSHA may contribute such amount and thereby increase its percentage rights as a Member. The amount of increase in MSHA's membership rights will be based upon the ratio of the total MSHA contributions to NCH to the sum of those contributions to NCH plus Forty-Five Million Dollars ($45,000,000).

1.3 Assets Owned or Controlled by NCH. At the Closing, subject to additions and dispositions in the ordinary course of business, NCH will own or control all assets shown on the September 30, 2006 financial statements provided by it to MSHA, including the Hospital, its sole member interest in DCH, and all subsidiaries owned by NCH, including without limitation, CPSC, CHC and Newco (to be organized pursuant to Section 5.9 of this Agreement). Such assets are referred to in this Agreement by the collective term "NCH Assets". Notwithstanding the prior sentence, the Community Member is a separate entity that is and will not be subject to NCH control at any time unless it independently agrees to such relationship.

1.4 Strategic Plan; Excess Cash Flow from NCH Operations. Following Closing, the NCH board of directors will work with MSHA and NCH management to develop and approve a strategic plan for the NCH Group which will establish goals for NCH Group earnings and net cash flow and adopt plans for achieving those goals. To the extent that the NCH Group exceeds the earnings and net cash flow goals established by the strategic plan, the board of directors of NCH may choose to donate the excess cash flow to MSHA and to the Community Member according to their relative membership distribution percentages (initially, fifty and one tenths percent (50.1%) MSHA and forty-nine and nine tenths percent (49.9%) Community Member). Any such donations to MSHA and to the Community Member will be used solely to support NCH.

1.5 Amendment of NCH Governing Documents. At the closing of the Reorganization Agreement, NCH will amend its governing documents to establish or modify the rights of corporate members of NCH (herein called "Members") and the board of directors to accomplish the following:

a. Members. Establish two (2) Members, MSHA and the Community Member. MSHA will have fifty percent (50%) of the voting rights of the Members, and the Community Member will have fifty percent (50%) of the voting rights of the Members;

b. Members Decisions. Members will have the voting rights accorded to them by the Virginia non-stock corporation law. In addition, Members' approval will be required for borrowing from MSHA or borrowing from a third party creditor where either the credit or assets of MSHA are at risk of repayment of the loan or the amount of the borrowing exceeds One Million Dollars ($1,000,000).

Ordinarily, decisions by the members will require approval by both MSHA and the Community Member. If pursuant to Section 1.12 of this Agreement, MSHA's Membership interest is increased, then decisions will be by a vote of a majority or greater of the Membership interests, except that certain supermajority vote items will require approval by both MSHA and the Community Member. These items are: (i) Sale of all or substantially all of NCH's assets; (ii) merger or consolidation of NCH with another entity; (iii) Dissolution and liquidation of NCH; and (iv) increasing the percentage Membership Interest of any Member;

c. Board of Directors. Establish a new NCH board of directors (the "New Board") consisting of a mutually agreed number of individuals. MSHA selected directors will have fifty percent (50%) of the votes on the New Board and directors elected by the Community Member will have fifty percent (50%) of the votes on the New Board;

d. Board of Directors Decisions. Generally, decisions of the New Board will be by a simple majority vote, with some pre-determined decisions being subject to super majority vote. The list below summarizes the mutually agreed super majority vote items:

(i) A decision to discontinue any existing health care service provided by NCH;

(ii) A decision to close DCH or to end the lease agreement between DCH and the owner of its facility;

(iii) Recommending to the Members amendment of the Articles of Incorporation of NCH;

(iv) Amendment of the Bylaws of NCH;

(v) Subject to the right of substitution set forth in Section 1.13.b. of this Reorganization Agreement, recommending to the Members the grant or establishment of Member interests in NCH for anyone other than MSHA and the Community Member;

(vi) Changing the name of NCH;

(vii) Approving any contribution to the Members or to the Community Member of excess cash flows or other funds generated by NCH; and

(viii) Initiating bankruptcy, insolvency or similar proceedings on behalf of NCH.

Supermajority vote items will require approval by a majority of the votes held by the MSHA elected directors and by a majority of the votes held by the Community Member elected directors.

With respect to any aspect of MSHA's authority under Sections 3.6 through 3.10 of the Management Agreement (defined by Section 1.6 below) that is subject to retained authority of the New Board of NCH, if the MSHA elected directors and the Community Member elected directors disagree, after good faith efforts are made to resolve the disagreement, the decision by the MSHA elected directors will be sufficient approval for MSHA to exercise its authority as Manager under any of these sections of the Management Agreement.

e. Committees. The committee structure of the New Board will be determined by it with MSHA and Community Member committee voting rights proportional to their respective membership voting percentages held in NCH.

f. Subsidiaries. Modify the board of directors of CPSC, CHC, and any other subsidiary of NCH except DCH to provide for members of the board of directors of NCH to also serve as the members of the board of directors of each such subsidiary and to provide for relative voting rights of MSHA and Community Member representatives identical to those rights on the NCH board of directors. Any current directors on such subsidiary boards who desire to continue may do so without vote until their current term expires. Modify the board of directors of DCH to add MSHA and Community Member representatives with authority of the DCH board of directors subject to such bylaw provisions established by the New Board of NCH for the DCH board of directors.

The specific form and substance of the amended and restated articles of incorporation and bylaws to be adopted by NCH and effective upon Closing shall be in the forms attached hereto as **Exhibits A-1** and **A-2**, respectively. The specific form and substance of the amended and restated (or initial, as applicable) articles of incorporation and bylaws to be adopted by DCH, CPSC, CHC, Newco and each other subsidiary and effective upon Closing shall be in forms approved by MSHA.

1.6 Management Agreement. The New Board will make the decisions regarding hiring and discharge of the NCH Chief Executive Officer ("CEO"). The parties are jointly engaged in a search for a CEO and CFO to be employed by MSHA and supplied to NCH at cost. NCH and MSHA will enter into a management agreement in the form attached hereto as **Exhibit B** (the "Management Agreement") at Closing pursuant to which MSHA will supply to NCH, the CEO, CFO, and Chief Nursing Officer ("CNO") of NCH who will oversee the day-to-day management of NCH operations. The management agreement will be for a ten (10)-year term with renewal terms of ten (10) years each. The parties have entered into a separate Employee Lease Agreement, dated March 20, 2007, which sets forth their agreements regarding MSHA providing to NCH the CEO and CFO prior to Closing. The Management Agreement will replace the Employee Lease Agreement upon Closing.

1.7 System Support. Following Closing, MSHA corporate staff services will be made available to the CEO and appropriate staff of the NCH Group. MSHA staff support that will be available to the NCH Group includes managed care relations, physician recruitment and contracting, marketing, public relations, finance, human resources, credentialing, risk management, insurance programming, strategic planning, facility planning, materials management and information services, among others. These corporate staff support services will serve as an adjunct to the management within the NCH Group. MSHA's corporate staff will observe any collective bargaining obligations of NCH in providing corporate staff services that affect NCH personnel represented by a union.

The costs of providing corporate staff services furnished to MSHA hospitals and subsidiaries will be allocated to the NCH Group consistent with MSHA policies and procedures for allocation to all

MSHA subsidiaries. Corporate expenses at MSHA are allocated to subsidiary entities using a two-step process.

Step 1 – Employee benefits expense for corporate staff are allocated to each corporate department based on the number of team members in each department. Corporate information systems ("IS") expense is allocated to each corporate department based on the number of IS devices (PCs, laptops, printers) in each department.

Step 2 – Expenses for each corporate department are then allocated to subsidiary entities proportionately based on a statistic appropriate for the given department. A listing of the corporate departments and the allocation statistic used for each department is attached hereto as **Exhibit C**.

The cost allocation to the NCH Group will not be affected by MSHA's fifty and one tenth percent (50.1%) membership or by any future increase in its membership percentage.

MSHA and NCH agree that NCH management may access MSHA corporate staff services to address the following goals and objectives and any other mutually agreed upon as determined by the New Board following closing of the Reorganization Agreement:

* Provide managed care contracting for the NCH Group to achieve the following:
  - Correct payment of the NCH Group according to contract terms
  - Financial modeling of all current and proposed contracts
  - Securing payor approval for assignment and/or conversion of NCH Group contracts to MSHA managed care contracts, where applicable, while working to retain NCH Group contracts that may be more financially advantageous than MSHA contracts
  - Improvement of overall reimbursement rates for the NCH Group as a whole

* Identify needed physician specialties and recruit physicians to conduct full time practice or part time specialty clinics in the communities where NCH and DCH are located as determined by the community need.

* Access by NCH Group executive personnel and department heads to the MSHA senior management team and department heads on the same basis as all other MSHA hospital executives and department heads, including participation in various leadership groups within MSHA.

* Improve NCH Group performance in the areas of Clinical Effectiveness, Operational Effectiveness, Stakeholder Safety and Service Excellence.

* Assist the NCH Group with development and updating of master facility plans.

* Determine current and future IT needs of the NCH Group and integrate the NCH Group into MSHA's IT system, including participation in MSHA's work toward an integrated electronic medical records system and electronic physician order entry.

* Ongoing NCH Group preparation for accreditation surveys through assistance by MSHA's continual readiness survey team.

* Sponsor NCH Group affiliate membership in the Premier group purchasing organization and membership in the MSHA created Synergy Health Group, LLC, which was organized to

maximize the Premier affiliation for Synergy members and to identify and implement cost savings and revenue enhancement opportunities for Synergy members, including the NCH Group.

* Make available to the NCH Group access at competitive rates to MSHA's regional reference laboratory for laboratory services that the NCH Group cannot perform on site.

* Identify, develop and implement community outreach programs of NCH Group and MSHA within the communities served by the NCH Group.

* Support the NCH Group's continued commitment to providing needed care in the community to persons regardless of their ability to pay.

* Participation by the NCH Group in MSHA's malpractice insurance reserve program and excess insurance program, including coverage through the malpractice insurance reserve program for NCH liability claims made from and after the Closing.

* Participation in the MSHA corporate compliance program and code of ethics and access to MSHA's corporate compliance services to facilitate compliance with federal, state and local laws and regulations and to address any compliance issues that arise.

* Make available to NCH Group management staff MSHA's centralized medical staff credentialing services (including access to MSHA hospitals shared data base and to Cactus data bank for medical staff reports) to achieve current and legally compliant medical staff bylaws, rules and regulations and credentialing processes.

* Make available to physicians in NCH Group communities the continuing medical education and training that MSHA sponsors for physicians in the region, including those accredited through MSHA's relationship with East Tennessee State University Quillen College of Medicine.

* Provide human resource services to assist the NCH Group in recruiting clinical and nonclinical staff other than physicians.

* Assist the NCH Group in identifying and implementing cost effective options for food service, housekeeping, facility maintenance, laundry and other support services to NCH Group operations.

A listing of additional integrating services provided to on site management and the New Board through MSHA's corporate offices is attached hereto as **Exhibit D**.

1.8 NCH Participation in MSHA Board Activities. Following closing, the New Board will have multiple opportunities to interact with the MSHA board of directors, including the bi-annual board meeting. Directors of the New Board will be included in the annual MSHA board retreat and other various board functions throughout the year. MSHA board of directors meetings may be attended by nonmembers only by invitation. However, should an issue arise relevant to the NCH Group that the New Board wants to address with the MSHA board of directors, attendance by directors of the New Board at the applicable MSHA board of directors meeting would be welcomed.

1.9 Name. The name of NCH will remain unchanged following Closing unless a change of name is approved by the New Board, voting in the manner required by Section 1.5.d.(v) of this Agreement. Each party may, however, communicate with third parties that NCH has joined MSHA and is a MSHA hospital. Coordination of these communications will occur through interaction between NCH and MSHA public relations personnel.

1.10 Physician Privileges. All MSHA facilities have open medical staffs and admit any physician meeting the credentialing criteria as it is defined by the medical staff bylaws at the individual facilities. Among the credentialing criteria at some MSHA facilities are geographic requirements regarding location of a physician's practice. Appropriately licensed NCH Group physicians are welcome to apply for any level of medical staff privileges at any MSHA facility and the medical staff offices at the various MSHA facilities will assist the NCH Group physicians in the application process. MSHA has certain exclusive contractual arrangements at existing MSHA facilities for hospital based physicians such as emergency medicine, anesthesia, radiology and pathology. Additions to the medical staff for those specialties at the existing facilities are not open.

1.11 Mission, Vision and Values; Charity Care. In order to facilitate the benefits of NCH integration with MSHA, following Closing MSHA and NCH will align the NCH Group's mission, vision and values with the MSHA mission, vision and values.

The current mission, vision and values statements of MSHA are set forth below:

Mission Statement	Mountain States Health Alliance is committed to "Bringing Loving Care to Health Care". We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health.
Vision Statement	We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.
Values	Integrity – Honesty in Everything We Do Service – With Caring and Compassion Leadership – With Creativity and Innovation Excellence – Always Pursuing a Higher Standard

Prior to Closing, the parties will compare the charity care policies of NCH with the charity care policies of MSHA with the intent that the NCH Group will adopt and implement after the Closing the charity care policies of the party which provide the greatest benefit to the communities served by the NCH Group.

1.12 Increase in MSHA Interest. MSHA desires after Closing to increase its Membership interest in NCH at a time when agreeable to the Community Member. If in the future, MSHA and the Community Member, by a supermajority vote as required by Section 1.5.b.(iv), agree to an increase in MSHA's Membership interest in NCH, then the consideration to be paid by MSHA to NCH, the conditions of its use and any related changes in the voting rights of the Members, the number and configuration of the board of directors and the voting rights of the directors will be mutually agreed and

memorialized in a written agreement and corresponding changes to NCH's articles of organization and bylaws. In connection with any increase in MSHA's voting rights, the parties intend to maintain the supermajority voting provisions described in Sections 1.5.b. and 1.5.d. of this Agreement.

1.13 Exit Conditions, Procedure and Payments. Each party intends that MSHA's investment in NCH and its roles as a Member of NCH and provider of management services to NCH continue on a permanent basis. Nevertheless, although not currently intended, future conditions or changes in circumstances of the parties may also make it desirable for either MSHA or the Community Member to end their investment in and role as a Member of NCH. Recognizing these possibilities, the parties intend in this Section 1.13 to describe the events that may cause a change in the participation by a party in NCH Membership, the procedures that would be followed to effect the change, and the method for valuing and paying to the party whose involvement ends the value of their investment in NCH.

a. Withdrawal by a Party. MSHA may withdraw from Membership in NCH upon occurrence of any of the following events: (i) NCH files for bankruptcy or has bankruptcy proceedings filed against it which are not dismissed within ninety (90) days after filing. For this purpose, bankruptcy includes receivership, insolvency and other similar proceedings and an assignment for the benefit of creditors; (ii) a representation or warranty made by NCH in Article II or by Community Member in Section 3.2 proves to be untrue and the untruth of such representation or warranty has a material adverse effect upon NCH. For this purpose, a material adverse effect shall mean an adverse effect upon the NCH Assets or on the business, results of operations or financial condition of NCH and its subsidiaries, taken as a whole, that equals or exceeds $6,750,000; or (iii) MSHA offers to withdraw from Membership and the offer of withdrawal is accepted by the Community Member. Upon the occurrence of one of the events described in (i) or (ii) above, MSHA may within sixty (60) days afterward notify NCH and Community Member that it is withdrawing from Membership based upon the occurrence of the event stated in the notice.

Community Member may withdraw from Membership in NCH upon occurrence of any of the following events: (i) MSHA files for bankruptcy or has bankruptcy proceedings filed against it which are not dismissed within ninety (90) days after filing. For this purpose, bankruptcy includes receivership, insolvency and other similar proceedings and an assignment for the benefit of creditors; (ii) a representation or warranty made by MSHA in Section 3.1 proves to be untrue and the untruth of such representation or warranty has a material adverse effect upon MSHA and NCH; or (iii) Community Member offers to withdraw from Membership and the offer of withdrawal is accepted by MSHA. Upon the occurrence of one of the events described in (i) or (ii) above, Community Member may within sixty (60) days afterward notify NCH and MSHA that it is withdrawing from Membership based upon the occurrence of the event stated in the notice.

Following notice of withdrawal or acceptance of an offer to withdraw, the parties will mutually select an independent appraiser who will appraise the value of the NCH Group as a going concern. If MSHA is the withdrawing party, then the parties agree that the value of MSHA's Member interest will be its applicable percentage Member interest at the time of the appraised value of the NCH Group as a going concern plus any amount required to be paid to MSHA pursuant to Section 1.14. If the Community Member is the withdrawing party, then the parties agree that the value of its Member interest will be its applicable percentage Member interest at the time of the appraised value of NCH as a going concern minus any amount required to be subtracted pursuant to Section 1.14.

Within thirty (30) days after receipt of the appraisal of value, a withdrawal closing will occur at which: (i) NCH will pay to the withdrawing party the value of its Member interest; (ii) the withdrawing party will vote its Member interest and the directors elected by the withdrawing party will vote to amend NCH's governing documents in the manner prescribed by the party that did not withdraw; (iii) the withdrawing party's directors will resign from the New Board; (iv) the withdrawing party will resign as a Member of NCH; and (v) if MSHA is the withdrawing party, then the Management Agreement will terminate and the management personnel employed by MSHA to work at NCH will be terminated by MSHA and may be offered employment by NCH.

b. Substitution of a Party. Either MSHA or the Community Member (the "Initiating Member") may at any time after the first five (5) years following the Closing and after receiving a bona fide offer from an independent third party, require the other party (the "Responding Member") to vote to amend the Charter and Bylaws of NCH to substitute another hospital, health care system or hospital company (the "Substitute Member") for the Initiating Member with all of the rights, privileges and responsibilities of the Initiating Member as a Member of NCH. Further, the Initiating Member shall be entitled to retain any and all consideration provided to it by the Substitute Member for causing the Substitute Member to be substituted for the Initiating Member as a member of NCH. If the Responding Member does not exercise the right to match described in the next paragraph, then at the time stated in the notice of substitution, the Charter and Bylaws of NCH shall be amended to effect the substitution of the Substitute Member for the Initiating Member as a Member of NCH.

Notwithstanding the foregoing, upon receipt of notice of substitution from the Initiating Member, which notice shall state the identity of the proposed Substitute Member and the consideration to be provided by it to the Initiating Member for the Membership substitution, the Responding Member may offer to match the consideration offered by the proposed Substitute Member. The responding Member must exercise this right to match by written notice to the Initiating Member given within ninety (90) days after receiving written notice from the Initiating Member of the proposed substitution. Within ninety (90) days following exercise of the right to match by the Responding Member, a closing will be held at which the Responding Member will pay or cause to be paid to the Initiating Member the consideration stated in the original notice of substitution and the Initiating Member will resign as a Member of NCH, cause its directors on the New Board to resign, and, if the Initiating Member is MSHA, terminate the Management Agreement and afford to NCH the opportunity to hire the management personnel employed by MSHA.

MSHA and the Community Member each intend as an Initiating Member to prefer any bidder among otherwise equal bidders to become a Substitute Member who agrees to continue NCH as a nonprofit organization. The Initiating Member will exercise its good faith discretion in determining whether competing bids are otherwise equal.

c. Sale of NCH. Following approval by the Members of a sale of substantially all of the assets of the NCH Group and upon closing of the subsequent sale transaction, any net proceeds remaining after payment of NCH Group liabilities shall be contributed to MSHA and to the Community Member in accordance with their respective percentage Membership Interests at the time of sale plus or minus any adjustment pursuant to Section 1.14 of this Agreement.

1.14 MSHA Remedy for Liability or Damage from Pre-Closing Activity. If following Closing, NCH or any of its subsidiaries incurs a liability or suffers any loss or damage, and such liability, loss or damage exceeds Twenty-Five Thousand Dollars ($25,000), and such liability, loss or damage

arises from Pre-Closing operations, activity or conditions of NCH, any of its subsidiaries, or any of their properties or assets, then an amount equal to the adverse effect upon NCH (or applicable subsidiary) plus earnings thereon at a deemed rate of five percent (5%) per year, measured from the date that NCH incurs the liability or suffers the loss or damage, will be: (i) subtracted from any payment otherwise due to the Community Member upon its withdrawal as a Member of NCH or upon sale of substantially all of the assets of NCH and subsequent distribution of net proceeds to the Members; or (ii) added to any payment otherwise due to MSHA upon its withdrawal as a Member of NCH or upon sale of substantially all of the assets of NCH and subsequent distribution of net proceeds to the Members.

1.15 No Shop. Except for use and disposition of property in the ordinary and usual course of operations, NCH and Community Member agree that, from the date hereof through the Closing Date or earlier termination of this Agreement, NCH and Community Member shall not, and shall not permit any of their respective employees or any investment banker, attorney, advisor or other representative of either of them to, directly or indirectly, (a) offer for sale or solicit offers to buy the Hospital, any part thereof or any other assets of the NCH Group, (b) hold discussions or negotiate with, or provide information to, any person (other than MSHA) with a view towards such an offer or solicitation or with a view towards a merger or consolidation, or (c) enter into any agreement, arrangement or understanding with any person relating to the sale, lease, other disposition, or management of the Hospital or other NCH Group assets.

1.16 Restrictive Covenants.

a. Noncompetition. Except as permitted in this Section, during the period commencing on the Closing Date and ending on the fifth (5th) anniversary following the date that Community Member no longer holds any rights as a member of NCH (the "**Noncompete Term**"), Community Member shall not, and it shall cause its successors, assigns and controlled affiliates and subsidiaries not to, directly or indirectly (including by making a donation or providing other financing), (i) engage in the construction or operation of any Competing Business within Wise County, Virginia and any county contiguous to Wise County, Virginia ("**Territory**"); or (ii) acquire, lease, own or be a shareholder, partner, member or equity holder of, exercise management control over, provide consulting services for, or acquire or maintain any interest in, any Competing Business that operates or conducts any business within the Territory. For purposes of this Section, the term "**Competing Business**" means the business of owning, operating, managing or otherwise participating in a facility or facilities which provide general acute care, long term care, physician, outpatient surgical or diagnostic, home health, hospice, psychiatric, behavioral health development, disability or rehabilitation services.

b. Nonsolicitation of Employees. Throughout the Noncompete Term, Community Member will not, directly or indirectly, solicit, hire, employ or retain any NCH Group employee or any employee or agent of MSHA retained for NCH Group operations, or any member of the NCH Group Medical Staff, and Community Member will not, directly or indirectly, cause any NCH Group employee, employee or agent of MSHA retained for NCH Group operations, or NCH or DCH Medical Staff member to terminate or suspend their employment or agency relationship with NCH (or applicable NCH Group entity) or MSHA or membership on the NCH or DCH Medical Staff.

c. Adequacy of Remedy. Community Member recognizes that the covenants in this Section, and the territorial, time and other limitations with respect thereto, are reasonable and properly required for the adequate protection of the interests of NCH and MSHA, and Community Member agrees that such limitations are reasonable. Community Member agrees and acknowledges that the violation of the covenants or agreements in this Section would cause

irreparable injury to NCH and MSHA and that a remedy at law for any violation or threatened violation thereof would be inadequate and that, in addition to whatever other remedies may be available at law or in equity, NCH and MSHA shall be entitled to temporary and permanent injunctive or other equitable relief without the necessity of proving actual damages or posting bond. Community Member also waives any requirement of proving actual damages in connection with the obtaining of any such injunctive or other equitable relief.

d. Enforcement. It is the intention of each party hereto that the provisions of this Section shall be enforced to the fullest extent permissible under the Laws and the public policies of the Commonwealth of Virginia and of any other jurisdiction in which enforcement appropriately may be sought, but that the unenforceability (or the modification to conform with any such Laws or public policies) of any provisions hereof shall not render unenforceable or impair any of the remaining provisions of this Agreement. Accordingly, if any term or provision of this Section shall be determined to be illegal, invalid or unenforceable, either in whole or in part, this Agreement shall be deemed amended to delete or modify, as necessary, the offending provisions and to alter the balance of this Agreement in order to render the same valid and enforceable to the fullest extent permissible as aforesaid. The provisions of this Section 1.16 may be enforced by any court of competent jurisdiction and are not subject to the arbitration provisions of Section 8.3 b. of this Agreement.

e. Continued Application. This Section shall continue to apply to Community Member and its successors and assigns, even if Community Member is acquired by or merged with or into, or assigns any of its rights or obligations to, any other person or organization that owns or operates a Competing Business.

ARTICLE II.
REPRESENTATIONS AND WARRANTIES OF NCH

As of the date of this Agreement and as of the Closing Date, except as set forth on NCH's Disclosure Schedule, NCH represents and warrants to Community Member and to MSHA the following:

2.1 Corporate Capacity. NCH and DCH are nonstock corporations duly organized and validly existing in good standing under the Laws of the Commonwealth of Virginia. NCH has the requisite corporate power and authority to enter into this Agreement, perform its obligations hereunder, and conduct the business and operations of the Hospital and NCH's other businesses as now conducted and as conducted at the Closing. CPSC and CHC are general business corporations duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia. DCH, CPSC and CHC each have the requisite corporate power and authority to conduct its business and operations as now conducted and as conducted at the Closing. Newco will be organized either as a general business corporation or as a limited liability company and at the Closing will be validly existing and in good standing under the laws of the Commonwealth of Virginia. Newco will have the requisite corporate or limited liability company power and authority to conduct its business and operations as conducted on the date of its organization and at the Closing. Pursuant to the requirements of Section 5.9 of this Agreement, NCH intends to cause CPSC to transfer to Newco CPSC's current physician clinic operations.

2.2 Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by NCH and all other agreements referenced herein or ancillary hereto to which NCH is a party, and the consummation of the transactions described herein and therein by NCH and its subsidiaries:

a. are within their respective powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

b. will not, with or without the giving of notice and/or the passage of time, (i) contravene the terms of the articles or certificate of incorporation, bylaws, or any amendments thereto of any NCH Group entity, (ii) violate or conflict with any Law to which any entity within the NCH Group is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect (as defined below), or (iii) violate or conflict with any judgment, order, writ or decree of any court applicable to any entity within the NCH Group;

c. do not require any approval of, or filing with, any governmental entity under applicable Law; and

d. will not conflict in any material respect with, or result in any breach or violation under, or give rise to any right of termination, cancellation, acceleration or augmentation of any obligations or to loss of a material benefit under, or result in the creation of any material Encumbrance (other than a Permitted Encumbrance) affecting any NCH Assets, under (i) any bond, contract, agreement or other instrument to which any NCH Group entity is a party or (ii) any Laws.

For purposes of this Agreement, the term "**Material Adverse Effect**" when used with respect to a representation, warranty or covenant of NCH means an actual and material adverse effect on the NCH Assets or on the business, results of operations or financial condition of NCH and its subsidiaries, taken as a whole.

2.3 Binding Agreement. This Agreement and all agreements to which NCH will become a party hereunder are and will constitute the valid and legally binding obligations of NCH and are and will be enforceable against it in accordance with the respective terms hereof or thereof, except as enforceability may be restricted, limited or delayed by applicable bankruptcy or other Laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity.

2.4 Insider Interests. No present officer or director of NCH or any of its subsidiaries (i) owns, directly or indirectly, in whole or in part, any of the properties used in the businesses of NCH or any of its subsidiaries, (ii) has received a loan or advance from any of them which is currently outstanding, (iii) has any obligation to make any loan to any of them, or (iv) has any other business relationship with any of them other than in his or her capacity as an officer or director. No present officer or director of NCH or any of its subsidiaries owns, directly or indirectly, in excess of five percent (5%) of, or controls, or is an employee, officer, director or partner of, or participant in, or consultant to, any corporation, association, partnership, limited partnership, joint venture, or other entity which is a competitor of NCH or any of its subsidiaries.

2.5 Financial Statements. NCH's Disclosure Schedule contains the following consolidated financial statements of NCH and its subsidiaries and separate financial statements of the Hospital on an accrual basis ("Financial Statements"):

a. unaudited consolidated and separate balance sheets dated as of March 31, 2007;

b. unaudited consolidated and separate income statements for the 6-month period ended on the date of the balance sheets referred to in (a) above; and

c. audited consolidated balance sheet and income statement of NCH and its subsidiaries and unaudited separate balance sheet and income statement of the Hospital for the fiscal year of NCH ended on September 30, 2006.

The Financial Statements have been prepared in accordance with GAAP (except the unaudited statements lack footnotes and are subject to customary year-end adjustments), applied on a consistent basis throughout the periods indicated, and NCH has not materially changed any accounting policy or methodology (including those used in the determination of contractual allowances, contractual discounts or reserves for uncollected accounts receivable) throughout all periods presented. Each balance sheet included in the Financial Statements presents fairly and accurately in all material respects the financial condition of NCH or the Hospital, as applicable, as of the date indicated thereon, and each Income Statement included in the Financial Statements presents fairly and accurately in all material respects the results of operations of NCH or the Hospital, as applicable, for the period specified therein.

Except for intercompany advances that will be capitalized, the accounts receivable of NCH and its subsidiaries reflected on the March 31, 2007 financial statements are, and those existing on the Closing Date (i) shall be, comprised of valid claims in the full amount thereof against the debtor charged therewith on their books; (ii) except as disclosed on such financial statements or otherwise disclosed to MSHA, shall all have been acquired in the ordinary course of business; (iii) shall be subject to no known defenses, set-offs or counterclaims; and (iv) shall be collectible in full, less the reserves for bad debts and third party payor adjustments reflected on the March 31, 2007 balance sheets and on the balance sheets to be delivered to MSHA between the date of this Agreement and the Closing Date.

2.6 Permits. NCH's Disclosure Schedule includes a true and complete description of all licenses, permits, certificates, registrations, qualifications, accreditations, authorizations, consents and other approvals issued or granted by a governmental entity or an accreditation organization ("Permits") that are currently held by or issued to NCH and its subsidiaries in connection with their assets and operations. Except where failure to have a particular Permit will not have a Material Adverse Effect upon NCH or any of its subsidiaries, such Permits constitute all Permits necessary for the conduct of the business and ownership, development and operation of the Hospital and other assets of NCH and its subsidiaries. NCH and its subsidiaries are in compliance in all material respects with all Permits issued to or held by them. There are no provisions in, or agreements relating to, any such Permits that preclude or limit in any material respect NCH or any of its subsidiaries from operating their respective facilities and businesses as currently operated. There is not now pending nor, to the knowledge of NCH, threatened, any action by or before any governmental entity or accreditation organization to revoke, cancel, rescind, modify or refuse to renew any of such Permits. All of such Permits are currently held by NCH and its subsidiaries in good standing and as of Closing all of such Permits will be in full force and effect, unimpaired and not subject to meritorious challenge.

2.7 Government Program Participation.

a. Program Participation. NCH and its subsidiaries are eligible to receive payment without restriction under Title XVIII of the Social Security Act ("Medicare") and Title XIX of the Social Security Act ("Medicaid") and are "providers" with valid and current provider agreements and with one or more provider numbers with Medicare, all applicable state Medicaid and successor programs ("Government Programs") through intermediaries. NCH and its subsidiaries are "providers" with valid and current provider agreements and with one or more provider numbers with TriCare and successor programs through intermediaries. A true and correct copy of each of such agreements has been previously delivered to MSHA by NCH. NCH

and its subsidiaries are in compliance with the conditions of participation and all other applicable certification criteria for the Government Programs in all material respects, including, to the extent applicable, those necessary to claim available capital costs reimbursement from Government Programs on those assets for which the Government Programs provide capital costs reimbursement. There is not pending, nor to NCH's knowledge threatened, any proceeding or investigation under any of the Government Programs involving or relating to NCH or any of its subsidiaries, nor has any allegation been made against any of them within the past three (3) years by any state or federal agency relating to the federal Emergency Medical Treatment or Active Labor Act ("EMTALA"). NCH has previously delivered to MSHA true, correct and complete copies of the Hospital's and DCH's most recent Medicare and Medicaid certification survey reports, including any statements of deficiencies and plans of correction, and any statements of deficiencies against the Hospital and DCH in the last year that include any allegation involving EMTALA, and the Hospital's and/or DCH's corrective action plans related thereto. NCH and its subsidiaries have taken all reasonable steps to correct all deficiencies referenced in this Section or in NCH's Disclosure Schedule.

b. Cost Reports. NCH and DCH have timely filed and caused to be timely filed all cost reports and other reports of every kind whatsoever that are required, by Law, by written or oral contracts, or otherwise, to have been filed or made with respect to the purchase of services of the Hospital and DCH by third party payors, including Government Programs and other insurance carriers, and all such cost reports and other reports have been properly filed and are complete and correct in all material respects. NCH and DCH are and have been in compliance with filing requirements with respect to cost reports of the Hospital and DCH, and such reports do not claim, and the Hospital and DCH have not received, any payment or reimbursement in excess of the amount provided or allowed by applicable Law or any applicable agreement, except where excess reimbursement was noted on the cost report. True and correct copies of all such reports for the three (3) most recent fiscal years of the Hospital and DCH have been available to MSHA. There are no material claims, actions or appeals pending before any commission, board or agency, including any fiscal intermediary or carrier, Governmental Entity, or the Administrator of the Centers for Medicare & Medicaid Services, with respect to any Government Program cost reports or claims filed on behalf of NCH with respect to the Hospital or on behalf of DCH on or before the Closing Date. NCH's Disclosure Schedule indicates which of such cost reports have been audited by the fiscal intermediary and finally settled, and contains a brief description of any and all notices of program reimbursement, proposed or pending audit adjustments, disallowances, appeals of disallowances, and any and all other unresolved claims or disputes, in connection with any audit, review or inquiry with respect to such cost reports. There are no facts or circumstances that may give rise to any material disallowance under any such cost reports. Except as disclosed on NCH's Disclosure Schedule and except for those in the ordinary course of business, no validation review or program integrity review related to the Hospital or DCH, or the consummation of the transactions contemplated by this Agreement, has been conducted by any commission, board, agency or governmental entity in connection with a Government Program, and to the knowledge of NCH, no such reviews are scheduled, pending or threatened against or affecting NCH with respect to the Hospital, DCH or the consummation of the transactions contemplated by this Agreement.

c. Debarred Individuals. To NCH's knowledge, (i) neither NCH nor any individual currently employed by NCH to perform functions for operations of NCH or any NCH subsidiary (individually, an "NCH Employee" and, collectively, "NCH Employees") has been excluded from participating in, or otherwise made ineligible to participate in, any federal health care program (as defined in 42 U.S.C. §1320a-7b(f)) or been subject to sanction pursuant to 42 U.S.C.

§1320a-7a or 1320a-8 or been convicted of a crime described at 42 U.S.C. §1320a-7b, and (ii) no party to an Assumed Contract has been excluded from Medicare or any federal health care program (as defined in 42 U.S.C. §1320a-7b(f)).

d. Arrangements With Referral Sources. NCH has disclosed to MSHA the extent to which NCH, any of its subsidiaries and any partner, member, director, officer or employee of any of them, is a party to any written or unwritten contract, lease or other arrangement with any physician, hospital, health care facility, nursing facility, home health agency or other person or organization in a position to make or influence referrals to or otherwise generate business for NCH or any of its subsidiaries.

e. Legal Compliance. NCH and its subsidiaries (i) are not parties to a Corporate Integrity Agreement with the Office of Inspector General of the United States Department of Health and Human Services, (ii) have no reporting obligations pursuant to any settlement agreement entered into with any governmental entity, (iii) have not been, to NCH's knowledge, the subject of any government payer program investigation conducted by any federal or state enforcement agency, (iv) are not and have not been a defendant in any qui tam / False Claims Act litigation, (v) have not been served with or received any search warrant, subpoena, civil investigative demand, contact letter or telephone or personal contact by or from any federal or state enforcement agency, and (vi) have not, to NCH's knowledge, received any current or unresolved written complaints from any employee, independent contractor, vendor, physician or other person or organization that would indicate that any of them has violated any Law applicable to their assets or operations.

2.8 Regulatory Compliance. NCH and its subsidiaries with respect to their respective assets and operations have not received any written notice with respect to noncompliance with applicable Law. NCH and its subsidiaries have timely filed all forms, applications, statements, reports, data and other information required to be filed with any governmental entity, except where a failure to file timely would not reasonably be expected to have a Material Adverse Effect.

2.9 Contracts.

a. Contracts. The contracts listed on NCH's Disclosure Schedule include all contracts with third parties associated with operation of NCH and its subsidiaries which are currently in effect (the "Contracts"). NCH has disclosed to MSHA true and accurate originals or copies of each Contract in effect on the date hereof. Between signing and Closing, MSHA, by virtue of its position as Interim Manager of NCH pursuant to the Interim Management Agreement between NCH and MSHA, dated March 21, 2007, will be made aware of any proposed amendments, replacements, modifications and renewals to the contracts listed on NCH's Disclosure Schedule. Further, MSHA will be involved with the consideration of any proposed new contracts with respect to NCH and its subsidiaries. Only such amendments, replacements, modifications, renewals and new contracts as are accepted by MSHA may be added to the updated NCH Disclosure Schedule delivered at Closing.

b. Performance. Except as set forth on NCH's Disclosure Schedule, (i) each Contract is legally binding and enforceable in accordance with its respective terms and is in full force and effect, (ii) NCH or the applicable subsidiary of NCH has duly performed in all material respects all of its obligations under each Contract to which it is a party to the extent that such obligations to perform have accrued, (iii) no material breach or default, alleged material breach or default, or event that would (with the passage of time, notice or both) constitute a material

breach or default under any Contract by NCH, its applicable subsidiary, or by any other party or obligor with respect thereto, has occurred, except where the breach or default would not reasonably be expected to have a Material Adverse Effect, and (iv) NCH and its subsidiaries have not received written or oral notice of any default, offset, counterclaim or defense under any Contract.

2.10 Inventory, Furniture and Equipment. The inventory of NCH and its subsidiaries is in good, usable or salable condition (as applicable) in the amount set forth on the Financial Statements. All of the furniture and equipment that is material to the conduct of the business of NCH and its subsidiaries is in good operating condition in all material respects, except for reasonable wear and tear. No person or entity other than NCH, its applicable subsidiary, or a lessor under a lease that is a Contract listed on NCH's Disclosure Schedule (Section 2.9), owns any furniture and equipment held or used for operations of NCH or any of its subsidiaries.

2.11 Real Property. The real property identified on NCH's Disclosure Schedule (the "Real Property") comprises all of the real property owned or leased by NCH and its subsidiaries and associated with or used in their respective operations or businesses. NCH and its subsidiaries have not created or suffered any encumbrance that causes title to the Real Property to be unmarketable or that will materially interfere with their continued use of the Real Property following Closing in a manner consistent with the current use by them. At the Closing, the Real Property will be owned or leased by NCH and its subsidiaries, subject only to (a) lease obligations as part of the Contracts listed on NCH's Disclosure Schedule (Section 2.9) and (b) those encumbrances approved by MSHA and listed as Permitted Encumbrances on NCH's Disclosure Schedule ("Permitted Encumbrances"). For purposes hereof, Permitted Encumbrances means (a) liens for utilities and current taxes not yet due and payable; (b) mechanics', carriers', workers', repairers', materialmen's, warehousemen's and other similar liens arising or incurred in the ordinary course of business relating to claims not yet due or payable; (c) liens listed on the Financial Statements or in Section 2.13 of the NCH Disclosure Schedule; (d) purchase money security interests arising from the purchase of assets, in the ordinary course of business, after the date of this Agreement and prior to Closing; and (e) liens that will be released on or before the Closing Date.

2.12 Insurance. NCH's Disclosure Schedule contains an accurate list of the insurance policies and programs of self-insurance covering the operation of NCH and its subsidiaries and ownership of their respective assets, indicating the types of insurance, policy numbers, terms, identity of insurers and amounts and coverages (including applicable deductibles). NCH has one or more "business interruption" insurance policies in customary form and amount covering the operations of NCH and its subsidiaries. All of such policies are now, and will continue to be until Closing, in full force and effect on an occurrence basis with no premium arrearages. All claims pending as of Closing for which insurance is available under policies maintained by NCH will continue to be covered under such policies (or in the case of self-insured claims, through maintenance of adequate reserves) following the Closing. Except as set forth on NCH's Disclosure Schedule, (a) there is no outstanding written requirement or recommendation by any insurance company that issued any such policy or by any board of fire underwriters or other similar body (including any governmental entity) exercising similar functions that requires or recommends any repairs or other work to be done with respect to the Hospital or any of the other assets of NCH and its subsidiaries, (b) NCH has given to its insurers in a timely manner all notices required to be given under its insurance policies with respect to all claims and actions covered by insurance, and no insurer has denied coverage of any such claims or actions or reserved its rights with respect to or rejected any such claims, and (c) NCH has not (i) received any notice or other written communication from any such insurance company canceling or materially amending any of said insurance policies, and to the knowledge of NCH no such cancellation or amendment is threatened, or (ii)

failed to give any required notice or present any claim which is still outstanding under any of such policies.

2.13 Existing Indebtedness. NCH and its subsidiaries do not have any existing indebtedness to third parties of any type except (i) that which was set forth on the combined unaudited balance sheets of NCH and its subsidiaries as of March 31, 2007, (ii) that which was incurred in the ordinary course of business since such date, and (iii) that which is described on NCH's Disclosure Schedule. NCH and its subsidiaries do not have any guaranties outstanding by which any of them guarantees any indebtedness or any liability of any person or entity.

2.14 Taxes; Exempt Status. NCH and its subsidiaries have filed all required federal and other tax returns and paid any taxes due pursuant thereto or pursuant to any assessment received by any of them, except such taxes, if any, as are being contested in good faith and as to which adequate reserves have been provided. No audit of any federal, state or city income tax returns or other tax returns of NCH or a subsidiary of NCH is in progress, pending or, to NCH's knowledge, threatened.

True copies of all federal, state and local income tax, property tax, sales tax, Form 990, and other tax returns, tax examination and audit reports, and statements of deficiencies assessed against or agreed to by NCH and its subsidiaries since December 31, 2003 have been provided to MSHA. All such tax returns were based upon accurate information and were prepared in substantial conformity with the applicable tax laws. All deficiencies assessed against NCH and its subsidiaries have been paid or are being contested in good faith and are appropriately reserved against on the March 31, 2007 financial statements.

Copies of the Internal Revenue Service determination letters confirming that NCH and DCH are organizations exempt from federal income tax under §501(c)(3) of the Code and copies of all other exemption letters issued to NCH and DCH by taxing authorities have been provided or made available to MSHA. NCH and DCH have not received any notice of any investigation nor is either of them the subject of any pending action or proceeding which alleges that it is in violation of or questions its compliance with any of the requirements of §501(c)(3) of the Code or any other provision of the Code or state law which are conditions to the continued maintenance of their respective tax exempt status under federal or state law. No audit of the exempt status of NCH or DCH is in progress, pending or, to NCH's knowledge, threatened by any federal, state or local authority.

2.15 Employment and Labor Matters. Many of NCH's employees are represented by the United Steel Workers Union and NCH is a party to a collective bargaining agreement with such union. A true, correct and complete copy of such collective bargaining agreement has been provided to MSHA. Except as set forth on NCH's Disclosure Schedule, (i) there is no pending or, to NCH's knowledge, threatened employee strike, work stoppage, work slowdown or labor dispute involving the operations of NCH and its subsidiaries, (ii) to NCH's knowledge, no other union representation question exists respecting any NCH Employees (as defined in Section 2.7(c)), no other demand has been made for recognition by a labor organization by or with respect to any NCH Employees and no other union organizing activities by or with respect to any NCH Employees are taking place, (iii) no other collective bargaining agreement exists with respect to the operations of NCH and its subsidiaries and none is currently being negotiated by any of them, (iv) there is no unfair labor practice claim against NCH or any of its subsidiaries before the National Labor Relations Board or, to NCH's knowledge, any threatened, strike, dispute, slowdown, or stoppage pending with respect to their operations, (v) NCH and its subsidiaries are in compliance with all Laws relating to employment and employment practices, discrimination, labor relations, terms and conditions of employment, and wages and hours (including, but not limited to, the Fair Labor Standards Act, Title VII of the Civil Rights Act of 1964, the Occupational

Safety and Health Act of 1970 and the Age Discrimination Act of 1967, all as amended from time to time), and (vi) there are no pending or, to NCH's knowledge, threatened, complaints or charges before any governmental entity regarding employment discrimination, safety or other employment-related charges or complaints, wage and hour claims, unemployment compensation claims, workers' compensation claims, or the like, and (vii) NCH and its subsidiaries are not engaged in any unfair labor practices involving their operations or any NCH Employees.

2.16 Relationships. NCH and its subsidiaries enjoy satisfactory working relationships with their employees, medical staff members, suppliers and patients under all arrangements necessary to the normal operations of their businesses.

2.17 Litigation or Proceedings. NCH's Disclosure Schedule contains an accurate list and summary description of all litigation or proceedings to which NCH and its subsidiaries are parties. Except to the extent set forth in NCH's Disclosure Schedule, there are no claims, actions, suits, proceedings or investigations pending, or to the knowledge of NCH, threatened against or affecting NCH or any of its subsidiaries, either at law or in equity, or before or by any federal, state, municipal or other governmental entity wherever located.

2.18 Environmental Laws. Except as set forth in NCH's Disclosure Schedule or in any environmental report listed therein (true and accurate copies of which have been made available to MSHA):

a. Environmental Laws. NCH and its subsidiaries have previously complied, and they are currently complying, in all material respects with all federal, state and local environmental statutes, laws, ordinances, orders, rules, regulations and moratoria relating to human health and the environment, including the Clean Air Act, as amended; the Federal Water Pollution Control Act, as amended; the Safe Drinking Water Act, as amended; the Resource Conservation and Recovery Act, as amended; the Hazardous Materials Transportation Act, as amended; the Occupational Safety and Health Act of 1970, as amended; the Comprehensive Environmental Response, Compensation and Liability Act, as amended by the Superfund Amendments and Reauthorization Act of 1986, as amended; and all other similar laws, ordinances, orders, rules, regulations or moratoria (collectively, "Environmental Laws"). NCH and its subsidiaries have not received any written notice alleging, nor have any knowledge of, any noncompliance with or potential liability pursuant to any of such Environmental Laws, which has not previously been remedied pursuant to applicable Environmental Laws.

b. Hazardous Substances. Except to the extent permitted under and in compliance with applicable Environmental Laws, no medical wastes or hazardous wastes, hazardous substances, hazardous materials, toxic or hazardous air or water pollutants, or any other hazardous, toxic, infectious or noxious substances and/or any waste or recycled products thereof that are the subject of Environmental Laws ("Hazardous Substances") have ever been transported, generated, treated, used, stored, spilled, leaked, released or disposed of on the Real Property (which for purposes of this Section shall include the air above and all surface and subsurface soil and water), by NCH, any of its subsidiaries (either directly or through arrangements with third parties), or, to NCH's knowledge, by any prior owners, operators or lessees of the Real Property, which have not previously been remedied pursuant to applicable Environmental Laws.

c. Releases of Hazardous Substances. There is not now, nor has there been in the past, occurring at, on under or migrating onto or off of the Real Property, any release or

threatened release, as those terms are defined in Environmental Laws, of any Hazardous Substances from any source, which has not previously been remedied pursuant to applicable Environmental Laws, nor has NCH any reason to believe such a release is occurring or has occurred at any time in the past which has not previously been remedied pursuant to applicable Environmental Laws. Further, there are no Hazardous Substances, including petroleum, or petroleum products or derivatives thereof or other conditions or uses of the Real Property, whether natural or man-made, which pose a present or potential threat of damage to the health of persons, to property, to natural resources or to the environment. Except as set forth on NCH's Disclosure Schedule, no underground storage tanks are or were previously situated on or under, or abandoned or removed on or from, the Real Property, which have not previously been remediated or otherwise remedied pursuant to applicable Environmental Laws.

d. Environmental Claims. NCH and its subsidiaries have no liability, responsibility or obligation, whether fixed, unliquidated, absolute, contingent or otherwise, under or pursuant to any Environmental Laws or pursuant to any common law rights relating to Hazardous Substances including any liability, responsibility or obligation to any person, entity or governmental authority for fines, violations, penalties, personal injury, damages or awards, or for investigation, expense, removal, or remedial action to effect compliance with or discharge any duty, obligation or claim under any such Environmental Laws ("Environmental Claims"), and NCH has no reason to believe that any such Environmental Claims exist or may be brought or threatened.

e. Off-Site Facilities. NCH's Disclosure Schedule contains (i) a list of all Hazardous Substances or waste treatment, storage or disposal sites used in the operation of the Hospital and not located on the Real Property ("Off-Site Facilities") during the ten (10)-year period prior to the date of this Agreement and (ii) a list of all parties engaged to transport Hazardous Substances or wastes to such Off-Site Facilities during such ten (10)-year period. Except as set forth in NCH's Disclosure Schedule, during such ten (10)-year period, NCH and its subsidiaries have not sent Hazardous Substances to an Off-Site Hospital that has been designated as a site for investigation or remediation under any Environmental Law or by any governmental entity.

f. Permits. Except as set forth on NCH's Disclosure Schedule, NCH and its subsidiaries do not hold nor are they required to hold any Permit for the generation, treatment, storage, or disposal of hazardous waste in accordance with the Resource Conservation and Recovery Act (42 U.S.C. §6901 et seq.).

g. Management System. NCH maintains an environmental management system for itself and its subsidiaries in the form set forth on the NCH's Disclosure Schedule.

h. Reports. NCH has disclosed and made available to MSHA all relevant information, including all known studies, site assessments, compliance audits and similar environmental reports, analyses, and test results, relating to past and present (i) environmental conditions on, under or about the Real Property, (ii) use or operation of the Real Property, and (iii) any activities relating to Hazardous Substances on, or any off-site disposal of a Hazardous Substance from, the Real Property ("Environmental Reports"). NCH has disclosed and made available to MSHA any and all documents in their possession or control relating to projected environmental expenditures for the Real Property, including capital and operating budgets and reports prepared by independent auditors or accountants and prepared by NCH, including reports,

studies or documents relating to the costs (including anticipated capital costs and annual expenses) of compliance with reasonably anticipated Environmental Laws.

2.19 Bank Accounts. Section 2.19 of NCH's Disclosure Schedule contains a true and complete list as of March 31, 2007 of all accounts of NCH and its subsidiaries with banks, trust companies, savings and loan associations, brokerage houses, and money managers, and the names of all persons authorized to draw thereon or to have access thereto.

2.20 Trademarks, Trade Names, Etc. Section 2.20 of NCH's Disclosure Schedule sets forth all, if any, of the trademarks, trade names, service marks, patents, copyrights, registrations of NCH and its subsidiaries, or applications with respect thereto, and licenses or rights under the same presently owned, used or intended to be acquired or used by any of them, and the extent to which the same have been duly registered in such offices as are indicated thereon

2.21 Absence of Changes. Except as set forth on NCH's Disclosure Schedule or except as is not reasonably likely to have a Material Adverse Effect, since March 31, 2007, there has not been any transaction or occurrence in which NCH or any of its subsidiaries has:

a. suffered any adverse change in the condition of their assets or in the results of operations or financial condition of any of them or suffered any occurrence or event that NCH knows or reasonably expects to result in any such adverse change (including, without limitation, damage to or destruction or loss of any assets, whether or not covered by insurance.

b. sold, transferred or otherwise disposed of any of their assets, except the use or disposal of inventory and obsolete furniture and equipment in the ordinary course of business;

c. written down or written up in any material amount the value of any inventory (including write-downs by reason of shrinkage or markdowns), except for write-downs, write-ups, and write-offs in the ordinary course of business consistent with past practice;

d. waived or released any right relating to any of their assets;

e. taken any other action that is neither in the ordinary course of business nor provided for in this Agreement; or

f. agreed, so as to affect any of their assets (including the Contracts), whether in writing or otherwise, to take any of the actions set forth in this Section and not otherwise permitted by this Agreement.

2.22 Statements True and Correct. This Agreement and the Schedules hereto (other than MSHA's Disclosure Schedule and Community Member's Disclosure Schedule) do not include any untrue statement of a material fact or omit to state any material fact necessary to make the statements made by NCH in this Agreement not misleading.

ARTICLE III.
REPRESENTATIONS AND WARRANTIES OF MSHA AND COMMUNITY MEMBER

3.1 Representations and Warranties of MSHA. As of the date of this Agreement and as of the Closing Date, except as set forth on MSHA's Disclosure Schedule, MSHA represents and warrants to NCH and Community Member the following:

(a) Corporate Capacity. MSHA is a nonprofit public benefit corporation duly organized and validly existing in good standing under the laws of the State of Tennessee. MSHA is qualified to do business in the Commonwealth of Virginia. MSHA has the requisite power and authority to enter into this Agreement, perform its obligations hereunder, and conduct its business as now being conducted and as conducted at the Closing.

(b) Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by MSHA and all other agreements referenced herein or ancillary hereto to which MSHA is a party, and the consummation of the transactions contemplated herein and therein by MSHA:

(i) are within MSHA's powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

(ii) will not, with or without the giving of notice and/or the passage of time, (A) contravene the terms of MSHA's articles or certificate of incorporation, bylaws, or any amendments thereto, (B) violate or conflict with any provision of Law to which MSHA is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect as defined below), or (C) violate or conflict with any judgment, order, writ or decree of any court applicable to MSHA;

(iii) to MSHA's knowledge, do not require any approval of, or filing with, any governmental entity under applicable Law, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect; and

(iv) will neither conflict with nor result in any material breach or contravention of any indenture, agreement, lease, instrument or understanding to which MSHA is a party or by which MSHA is bound, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect.

For purposes of this Agreement, the term **"Material Adverse Effect"** when used with respect to a representation, warranty or covenant of MSHA means an actual and material adverse effect on the ability of MSHA to consummate the transactions contemplated hereunder.

(c) Binding Effect. This agreement and all other agreements to which MSHA will become a party hereunder are and will constitute the valid and legally binding obligations of MSHA and are and will be enforceable against MSHA in accordance with the respective terms hereof and thereof, except as enforceability against MSHA may be restricted, limited or delayed by applicable bankruptcy or other laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity.

(d) Litigation. There is no claim, action, suit, proceeding or investigation pending or, to the knowledge of MSHA, threatened against or affecting MSHA that has or would reasonably be expected to have a Material Adverse Effect.

(e) Exempt Status. Copies of the Internal Revenue Service determination letters confirming that MSHA is an organization exempt from federal income tax under §501(c)(3) of the Code and copies of all other exemption letters issued to MSHA by taxing authorities have been provided to NCH. MSHA has not received any notice of any investigation nor is it the subject of any pending action or proceeding which alleges that it is in violation of or questions its compliance with any of the requirements of §501(c)(3) of the Code or any other provision of the Code or state law which are conditions to the continued maintenance of its tax exempt status under federal or state law. No audit of the exempt status of MSHA is in progress, pending, or threatened by any federal, state or local authority.

3.2 Representations and Warranties of Community Member. As of the date of this Agreement and as of the Closing Date, except as set forth on Community Member's Disclosure Schedule, Community Member represents and warrants to NCH and MSHA the following:

(a) Corporate Capacity. Community Member is a nonstock corporation duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia. Community Member has the requisite power and authority to enter into this Agreement, perform its obligations hereunder, and conduct its business as now being conducted and as conducted at the Closing.

(b) Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by Community Member and all other agreements referenced herein or ancillary hereto to which Community Member is a party, and the consummation of the transactions contemplated herein and therein by Community Member:

(i) are within Community Member's powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

(ii) will not, with or without the giving of notice and/or the passage of time, (A) contravene the terms of Community Member's articles or certificate of incorporation, bylaws, or any amendments thereto, (B) violate or conflict with any provision of Law to which Community Member is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect as defined below), or (C) violate or conflict with any judgment, order, writ or decree of any court applicable to Community Member;

(iii) to Community Member's knowledge, do not require any approval of, or filing with, any governmental entity under applicable Law, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect; and

(iv) will neither conflict with nor result in any material breach or contravention of any indenture, agreement, lease, instrument or

understanding to which Community Member is a party or by which Community Member is bound, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect.

For purposes of this Agreement, the term **"Material Adverse Effect"** when used with respect to a representation, warranty or covenant of Community Member means an actual and material adverse effect on the ability of Community Member to consummate the transactions contemplated hereunder.

(c) Binding Effect. This agreement and all other agreements to which Community Member will become a party hereunder are and will constitute the valid and legally binding obligations of Community Member and are and will be enforceable against Community Member in accordance with the respective terms hereof and thereof, except as enforceability against Community Member may be restricted, limited or delayed by applicable bankruptcy or other laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity.

(d) Litigation. There is no claim, action, suit, proceeding or investigation pending or, to the knowledge of Community Member, threatened against or affecting Community Member that has or would reasonably be expected to have a Material Adverse Effect.

(e) Exempt Status. Copies of the Internal Revenue Service determination letters confirming that Community Member is an organization exempt from federal income tax under §501(c)(3) of the Code and copies of all other exemption letters issued to Community Member by taxing authorities have been provided to MSHA. Community Member has not received any notice of any investigation nor is it the subject of any pending action or proceeding which alleges that it is in violation of or questions its compliance with any of the requirements of §501(c)(3) of the Code or any other provision of the Code or state law which are conditions to the continued maintenance of its tax exempt status under federal or state law. No audit of the exempt status of Community Member is in progress, pending, or threatened by any federal, state or local authority.

(f) Supporting Organization. Community Member is organized solely for the purpose of supporting NCH and Community Member qualifies as a supporting organization under §509(a)(3) of the Code by virtue of its relationship with NCH. Consummation of the transactions and reorganization contemplated by this Agreement will not compromise Community Member's continuing qualification as a supporting organization of NCH under §509(a)(3) of the Code.

ARTICLE IV.
CONDUCT OF NCH'S OPERATIONS PRIOR TO CLOSING

4.1 Access. Between the date of this Agreement and the Closing, NCH shall afford to the officers and authorized representatives and agents of MSHA reasonable access to and the right to inspect the plants, properties, books and records of NCH and its subsidiaries, and NCH will furnish MSHA with such additional financial and operating data and other information relating to NCH and its subsidiaries as MSHA may from time to time reasonably request. Such access may include, as reasonably requested by MSHA, consultations with NCH Employees, medical staff members, third party payors and suppliers of NCH and its subsidiaries. At MSHA's request, NCH shall cooperate with MSHA in MSHA's efforts to

contact and obtain information from third parties to Contracts. MSHA's right of access and inspection shall be made in such a manner as not to interfere unreasonably with the operation of NCH and its subsidiaries.

4.2 Operating Covenants. From the date hereof to the Closing Date, except as set forth in NCH's Disclosure Schedule, NCH and its subsidiaries will continue to conduct their business and operations in the ordinary course of the business consistent with past practice and none of them will, without the prior written consent of MSHA, do any of the following:

a. amend in any material respect or terminate any of the Contracts, enter into any contract or commitment not terminable on thirty (30) days' notice or involving expenditure or receipt of more than Fifty Thousand Dollars ($50,000), or incur or agree to incur any liability other than in the ordinary course of business;

b. sell, assign or otherwise transfer or dispose of any their assets, except in the ordinary course of business;

c. conduct any discussions or negotiations regarding collective bargaining and union activities without consultation with MSHA prior to any such discussion or negotiation and, to the extent possible, MSHA's participation in any such discussion or negotiation;

d. except for Permitted Encumbrances, create, assume or permit to exist any new Encumbrance upon any of their assets;

e. (i) except in the ordinary course of business consistent with past practices, by action or inaction, abandon, terminate, cancel, forfeit, waive or release any right of any of them, in whole or in part, (ii) cancel or permit the cancellation or lapse of insurance coverage relating to any of them or their assets, or (iii) settle any dispute or threatened dispute relating to any of them or their assets in any manner that materially and adversely affects MSHA; or

f. take any action outside the ordinary course of business except as otherwise permitted under this Agreement.

4.3 Notices. Between the date of this Agreement and the Closing, each party shall promptly notify the other party in writing if it becomes aware of (a) any fact or condition that causes or constitutes a breach of any of such party's representations and warranties made as of the date of this Agreement, (b) the occurrence after the date of this Agreement of any fact or condition that would or be reasonably likely to cause or constitute a breach of any such representation or warranty had that representation and warranty been made as of the time of the occurrence of, or such party's discovery of, such fact or condition, or (c) the occurrence of any breach of any covenant of such party in this Article IV or of the occurrence of any event that may make the satisfaction of the conditions in Article V or VI impossible or unlikely.

4.4 Additional Financial Information. Within thirty (30) days following the end of each calendar month prior to the Closing Date, NCH will deliver to MSHA copies of the unaudited consolidated balance sheets of NCH and its subsidiaries and separate balance sheets of the Hospital and the related unaudited consolidated statements of income of, or relating to, NCH and its subsidiaries and separate income statements of the Hospital for each month ended after the Balance Sheet Date, together with a year-to-date compilation and the notes, if any, related thereto, which presentation shall be true, complete and correct in all material respects, shall have been prepared from and in accordance with

GAAP and the books and records of NCH and its subsidiaries, applied on a consistent basis throughout the applicable periods, and which shall fairly and accurately present the financial condition and results of operations of NCH and its subsidiaries or the Hospital, as applicable, as of the date and for the period indicated.

4.5 Efforts to Close. NCH, MSHA and Community Member shall use their reasonable commercial efforts to satisfy all of the conditions precedent set forth in Articles V and VI of this Agreement to the extent that such party's action or inaction can control or influence the satisfaction of such conditions, so that the Closing will occur by September 30, 2007. Without limiting the foregoing, NCH shall make commercially reasonable efforts to render its title to the assets of NCH and its subsidiaries, free and clear of all Encumbrances, other than Permitted Encumbrances, and to obtain appropriate consents and approvals from all persons, organizations and governmental entities necessary for MSHA to become a fifty and one tenth percent (50.1%) member of NCH and for Community Member to become a forty-nine and nine tenth percent (49.9%) member of NCH.

ARTICLE V.
CONDITIONS PRECEDENT TO OBLIGATIONS OF MSHA

The obligations of MSHA hereunder are subject to the fulfillment on or before the Closing of each of the following conditions, unless waived in writing by MSHA:

5.1 Correctness of Representations and Warranties. The representations and warranties of NCH and Community Member contained in this Agreement and in the schedules, certificates and papers to be delivered to MSHA pursuant hereto and in connection herewith shall be true on the date hereof and on the Closing Date as though such representations and warranties were made on and as of the Closing Date.

5.2 Compliance with Covenants. NCH and Community Member shall have performed all obligations and complied with all covenants and conditions required by this Agreement to be performed or complied with by them at or prior to the Closing.

5.3 Opinion of NCH's Counsel. MSHA shall have received from counsel to NCH an opinion dated as of the Closing Date and addressed to MSHA, in form and substance reasonably satisfactory to MSHA, to the effect that: (i) NCH is a nonstock corporation duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia; (ii) NCH has full power and authority to make, execute, deliver and perform this Agreement, and all corporate proceedings required to be taken by NCH to authorize the execution, delivery and performance of this Agreement, and to establish MSHA as a fifty and one-tenth percent (50.1%) Member of NCH as herein contemplated have all been duly and properly taken; and (iii) this Agreement constitutes the valid and binding obligation of NCH, enforceable in accordance with its terms. Such opinion shall contain usual and customary qualifications and assumptions. In rendering such opinion, such counsel may rely upon certificates of governmental officials and may place reasonable reliance upon certificates of officers of NCH.

5.4 Governmental Compliance. MSHA shall have obtained or received documentation or other evidence reasonably satisfactory to MSHA that:

a. Applicable Federal and State Requirements. The parties have complied with all pre-Closing requirements, if any, of the United States Federal Trade Commission, United States Justice Department, the Attorney General of Virginia, the Virginia Department of Health, and

any other applicable federal or state agency, and no federal or state agency shall have requested, orally or in writing, that NCH, Community Member or MSHA delay or postpone the Closing.

b. Permits. The NCH Group has received all Permits from all governmental entities whose approval is required to consummate the transactions contemplated herein and continue the operation of the Hospital by NCH and to continue the NCH Group's other operations from and after the Closing on the same terms as operated by the NCH Group prior to the Closing (including being eligible to receive payment as a "provider" without restriction under the Government Programs and under its valid provider agreements).

c. Action/Proceeding. No court or any other governmental entity has issued an order restraining or prohibiting the transactions herein contemplated and no governmental entity has commenced or threatened in writing to commence any action or suit before any court of competent jurisdiction or other governmental entity that seeks to restrain or prohibit the consummation of the transactions contemplated or otherwise seeks a remedy that would materially and adversely affect the ability of NCH Group entities to continue to enjoy the full use and enjoyment of the NCH Assets.

5.5 Title Policies and Surveys. If requested by MSHA, MSHA shall have received commitments from a title insurance company reasonably acceptable to MSHA (the "Title Company") to issue to NCH and any applicable subsidiary of NCH as of the Closing Date an ALTA 1992 form owner's policy of title insurance with extended coverage and zoning endorsements and other endorsements reasonably acceptable to MSHA for the Real Property (which shall include leasehold policies with respect to those portions of such Real Property leased by NCH or applicable subsidiary), together with improvements, buildings and fixtures thereon, in amounts equal to the reasonable value assigned to such Real Property by MSHA and in the customary form prescribed for use in the Commonwealth of Virginia but with any creditors' rights exception and any mandatory arbitration provision deleted therefrom. NCH agrees to provide such information as the Title Company may reasonably require in order to delete the creditors' rights exception. The commitments shall provide for the issuance of such policy (or policies) to NCH and any applicable subsidiary of NCH as of Closing and shall insure fee simple title to that portion of the Real Property owned by NCH or applicable subsidiary and leasehold title to that portion of the Real Property leased by NCH or applicable subsidiary, subject only to Permitted Encumbrances (as defined in Section 2.10). MSHA shall, within fifteen (15) business days from the date MSHA receives written notice of the title insurer's declination to provide the requested insurance, notify NCH in writing of any title exceptions or defects pertaining to the Real Property that would result in the inability of NCH to receive title policies sufficient to satisfy this Section. Not less than fifteen (15) days after receiving MSHA's notice, NCH shall notify MSHA in writing of any such exceptions to title or defects in title which NCH is unable to cause to be removed or insured against prior to or at Closing. With respect to such exceptions or defects, MSHA shall elect, by giving written notice to NCH within ten (10) days thereafter, whether to (a) terminate this Agreement, or (b) consummate the Closing, with a reduction in the amount invested by MSHA in NCH to reflect the diminution in value of NCH associated with the uninsured exceptions and defects. NCH agrees to deliver any information (including any affidavits or other documents) as may be required by the Title Company under the requirements section of the title insurance commitment or otherwise in connection with the issuance of the title insurance policy. NCH also agrees to provide an affidavit of title and/or such other information as the Title Company may reasonably require in order for the Title Company to insure over the "gap" (i.e., the period of time between the effective date of the Title Company's last checkdown of title to such Real Property and the Closing Date) and to use commercially reasonable efforts to cause the Title Company to delete all standard exceptions from the final title insurance policy. MSHA shall also have received as-built surveys of the Real Property reflecting all improvements visible on the grounds and all easements and rights of

way of record or on the grounds. Such surveys shall meet the requirements of an ALTA/ASCM Survey and otherwise be reasonably acceptable to MSHA. The survey shall be certified to MSHA and to the title insurance company. The costs of such title policy and surveys shall be borne by NCH. It is the intent of the parties that NCH take the lead role in satisfying the conditions of this Section, with the cooperation and assistance of MSHA.

5.6 Opinion of Title. If MSHA chooses not to request a commitment from a title company as provided in Paragraph 5.5, MSHA shall be provided with a legal opinion of title, reasonably acceptable to MSHA for the Real Property (which will include an opinion regarding those portions of the real property leased by NCH or applicable subsidiary, together with improvements, buildings and fixtures thereon. NCH agrees to provide such information as any attorney examining title may require in regard to such opinion of title. Such opinion of title must conclude that NCH or applicable subsidiary has good fee simple title to that portion of the Real Property owned by it and leasehold title to that portion of the Real Property leased by NCH or applicable subsidiary, subject only to Permitted Encumbrances (as defined in Section 2.11). MSHA shall have fifteen (15) days from the date MSHA receives the opinion of title to notify NCH in writing of any title exceptions or defects pertaining to the Real Property that are not Permitted Encumbrances and are not acceptable to MSHA. No less than fifteen (15) days after receiving MSHA's notice, NCH shall notify MSHA in writing of any such exceptions to title or defects in title which NCH is unable to cause to be removed or insured against prior to or at Closing. With respect to such defects, MSHA shall elect, by giving written notice to NCH within ten (10) days thereafter, whether to (a) terminate this Agreement, or (b) consummate the Closing, with an agreed upon reduction of the amount invested by MSHA in NCH to reflect diminution in value of NCH associated with the uninsured exceptions and defects. If the parties cannot agree upon the diminution in value, then they will agree upon an independent third party qualified by training and experience to determine the diminution in value of NCH associated with the uninsured exceptions and defects. The parties will share equally the cost of the appraiser's services. The appraiser's decision regarding the diminution in value will be final and binding upon MSHA and NCH. NCH agrees to provide an Affidavit of continuing good title or title update as MSHA may reasonably require to cover the "gap" (i.e., the period of time between the effective date of the Title Company's or the examiner's last checkdown of title to such Real Property and the Closing Date).

5.7 . No Material Adverse Changes. Since March 31, 2007, the business and operation of NCH and its subsidiaries shall not be and shall not have been threatened or affected adversely, or interfered with in any way, which would have or be reasonably expected to have a Material Adverse Effect, whether or not covered by insurance, as a result of fire, explosion, earthquake, disaster, accident, labor dispute, any action of the United States or other governmental authority, riot, civil disturbance, activity of the Armed Forces or act of God or public enemy, and there shall not have occurred any adverse change in the financial condition, operating results, business prospects, employees, medical staff, third party payor programs (governmental and nongovernmental) or suppliers of NCH and its subsidiaries or other adverse change in the condition of their assets (whether or not covered by insurance). For purposes of this condition to MSHA's obligation to close, Material Adverse Effect shall mean an adverse effect upon the NCH Assets or on the business, results of operations or financial condition of NCH and its subsidiaries, taken as a whole, that equals or exceeds $6,750,000.

5.8 Tail Coverage. MSHA shall have received documentation demonstrating to its satisfaction that NCH and its subsidiaries have in place post-Closing tail coverage for the insurance policies/self insured retention that cover their risks prior to Closing or the parties shall have established a mutually acceptable alternative to tail coverage.

5.9 Transfer of Physician Clinic Operations. Prior to Closing, NCH will have created a new wholly owned or wholly controlled subsidiary (herein called "Newco") to which the assets and business of the physician clinics currently operated by CPSC (the "Physician Clinics") will be transferred. The articles of incorporation (or articles of organization, as applicable), bylaws (if applicable), directors, officers and policies and procedures of Newco shall have been previously approved by MSHA and every physician contract and physician clinic employee of the Physician Clinics shall have been assigned or transferred (and any necessary consents obtained) to Newco.

5.10 Closing Deliveries. The deliveries referred to in Section 7.2 shall have been made at Closing.

ARTICLE VI.
CONDITIONS PRECEDENT TO OBLIGATIONS OF NCH

The obligations of NCH hereunder are subject to the fulfillment on or before the Closing of each of the following conditions, unless waived in writing by NCH:

6.1 Correctness of Warranties and Representations. The representations and warranties of MSHA and Community Member contained in this Agreement and in the Schedules, certificates and papers to be delivered to NCH pursuant hereto and in connection herewith shall be true on the date hereof and on the Closing Date as though such representations and warranties were made at and as of the Closing Date.

6.2 Compliance with Covenants. MSHA and Community Member shall have performed all obligations and complied with all covenants required by this Agreement to be performed or complied with by them at or prior to the Closing.

6.3 Opinion of MSHA's Counsel. NCH shall have received from counsel to MSHA an opinion dated as of the Closing Date and addressed to NCH, in form and substance reasonably satisfactory to NCH, to the effect that: (i) MSHA is a nonprofit public benefit corporation duly organized and validly existing in good standing under the laws of the State of Tennessee; (ii) MSHA is qualified to do business in the Commonwealth of Virginia; (iii) MSHA has full power and authority to make, execute, deliver and perform this Agreement, and all corporate proceedings required to be taken by MSHA to authorize the execution and performance of this Agreement, and to make the investment in NCH as herein contemplated have all been duly and properly taken; and (iv) this Agreement constitutes the valid and binding obligation of MSHA, enforceable in accordance with its terms. Such opinion shall contain usual and customary qualifications. In rendering such opinion, such counsel may rely upon certificates of governmental officials and may place reasonable reliance upon certificates of officers of MSHA.

6.4 Governmental Compliance. NCH shall have obtained documentation or other evidence reasonably satisfactory to NCH as follows:

a. Federal and State Requirements. The parties shall have complied with all pre-Closing requirements, if any, of the United States Federal Trade Commission, United States Justice Department, the Attorney General of Virginia, the Virginia Department of Health and any other applicable federal or state agency, and no federal or state agency shall have requested, orally or in writing, that NCH, Community Member or MSHA delay or postpone the Closing.

b. Action / Proceeding. No court or any other governmental entity has issued an order restraining or prohibiting the transactions herein contemplated; and no governmental entity has commenced or threatened in writing to commence any action or suit before any court of competent jurisdiction or other governmental entity that seeks to restrain or prohibit the consummation of the transactions contemplated herein.

6.5 Closing Deliveries. The closing deliveries referred to in Section 7.3 shall have been made at Closing.

ARTICLE VII.
CLOSING

7.1 Time and Place. Subject to the satisfaction or waiver by the appropriate party of all conditions precedent to Closing specified in Articles V and VI hereof, the Closing under this Agreement for the sale and purchase of the Assets shall take place at the offices of the Hospital, 100 Fifteenth Street, N.W., Norton, Virginia, at 10:00 a.m. EDT on September 30, 2007, or such other date and time or at such other place as the parties shall mutually agree ("Closing Date").

7.2 Actions of NCH at Closing. At the Closing and unless otherwise waived in writing by MSHA, NCH shall deliver to MSHA the following:

a. Amended and restated articles of incorporation of NCH in the form of **Exhibit A-1**, properly signed and acknowledged in form for filing with the Virginia State Corporation Commission, and amended and restated bylaws of NCH in the form of **Exhibit A-2**, certified by an officer of NCH as effective upon Closing;

b. Copies of resolutions duly adopted by the board of directors of NCH authorizing and approving NCH's performance of the transactions contemplated hereby and the execution and delivery of this Agreement and the documents described herein, certified as true and of full force and effect as of Closing, by the appropriate officers of NCH;

c. Amended and restated articles of incorporation of DCH, CPSC, CHC and each other subsidiary of NCH in the form approved by MSHA, properly signed and acknowledged in form for filing with the Virginia State Corporation Commission, and amended and restated bylaws of such entities in the form approved by MSHA, certified by an officer of each such entity as effective upon Closing;

d. Copies of resolutions duly adopted by the boards of directors of DCH, CPSC, CHC and each other subsidiary of NCH, recommending to NCH as sole shareholder or sole member approval of the amended and restated articles of incorporation and amended and restated bylaws referred to in subparagraph c. of this Section 7.2, and copies of resolutions duly adopted by the board of directors of NCH approving such amended and restated articles of incorporation and bylaws, all such resolutions certified as true and of full force and effect as of Closing by the appropriate officers of each such entity;

e. Title insurance policies and surveys satisfying the requirements of Section 5.5 if requested, or per Section 5.6, opinion of title examination satisfactory to MSHA;

f. Certificates of incumbency for the officers of NCH executing this Agreement and any other agreements or instruments contemplated herein dated as of the Closing Date;

g. A certificate of existence and good standing of NCH issued by the Commonwealth of Virginia within thirty (30) days prior to the Closing Date;

h. A certificate of NCH certifying that all of the conditions set forth in Sections 5.1 and 5.2 hereof have been satisfied;

i. The opinion of NCH's counsel as required by Section 5.3 hereof;

j. Counterpart originals of the Management Agreement attached hereto as **Exhibit B**, duly signed by an authorized officer of NCH;

k. The evidence of tail coverage or mutually acceptable alternative arrangement required by Section 5.8 hereof;

l. Evidence satisfactory to MSHA of the transfer of Physician Clinics from CPSC to Newco in the manner required by Section 5.9 hereof shall have been provided to MSHA; and

m. Such other instruments, certificates or other documents as are reasonably necessary to carry out the transactions contemplated by this Agreement, to comply with the terms hereof, or as required pursuant to the terms hereof.

7.3 Actions of MSHA at Closing. At the Closing and unless otherwise waived in writing by NCH, MSHA shall deliver to NCH the following:

a. Forty Five Million Dollars ($45,000,000) in immediately available funds;

b. Copies of resolutions duly adopted by the board of directors of MSHA authorizing and approving its performance of the transactions contemplated hereby and the execution and delivery of this Agreement and the documents described herein, certified as true and in full force as of Closing by an appropriate officer of MSHA;

c. Certificates of incumbency for the officers of MSHA executing this Agreement and any other agreements or instruments contemplated herein dated as of the Closing Date;

d. A certificate of existence and good standing of MSHA issued by the State of Tennessee within thirty (30) days prior to the Closing Date;

e. A certificate of authority of MSHA to do business in Virginia issued by the Commonwealth of Virginia within thirty (30) days prior to the Closing Date;

f. A certificate of MSHA certifying that all of the conditions set forth in Sections 6.1 and 6.2 hereof have been satisfied;

g. The opinion of MSHA's counsel as required by Section 6.3 hereof;

h. Counterpart originals of the Management Agreement attached hereto as **Exhibit B**, duly signed by an authorized officer of MSHA; and

i. Such other instruments, certificates or other documents as are reasonably necessary to carry out the transactions contemplated by this Agreement, to comply with the terms hereof, or as required pursuant to the terms of this Agreement.

7.4 Termination Prior to Closing. Notwithstanding anything herein to the contrary, this Agreement and the transactions contemplated by this Agreement may be terminated at any time on or before the Closing Date (or in the case of Subsection b., thereafter) as follows and in no other manner:

a. by mutual written consent of MSHA and NCH;

b. by NCH or MSHA upon written notice to the other at any time after September 30, 2007, if the Closing has not occurred by such date; provided that the right to terminate pursuant to this Subsection b. shall not be available to any party whose failure to fulfill any obligation under this Agreement has been the cause of, or resulted in, the failure of the Closing to occur by such date;

c. By MSHA upon written notice to NCH and Community Member if, immediately prior to the Closing Date, any of the conditions specified in Article V (including, without limitation, the conditions contained in Section 5.7) have not been met or have not been waived by MSHA;

d. By NCH upon written notice to MSHA and Community Member if, immediately prior to the Closing Date, any of the conditions specified in Article VI have not been met or have not been waived by NCH;

e. By either party upon written notice to the other if the office of the Virginia Attorney General declines to issue a "No Action Letter" in regard to the transaction contemplated by this Agreement; and

f. By either party upon written notice to the other party if any consent of bondholders, any trustee for bondholders, or the bond insurer(s) for any bond issue which requires consent for either party to Close has not been signed by the Closing Date.

Each party to this Agreement shall be entitled to seek and recover all damages and other remedies available to such party at law, in equity or under the terms of this Agreement that result from a breach of this Agreement by the other party. In addition, the obligations of the parties contained in this Section 7.4 and Article VIII (excluding Section 8.5) shall survive any such termination.

ARTICLE VIII.
MISCELLANEOUS

8.1 Consents, Approvals and Discretion. Except as herein expressly provided to the contrary, whenever this Agreement requires any consent or approval to be given by either party or either party must or may exercise discretion, the parties agree that such consent or approval shall not be unreasonably withheld or delayed and such discretion shall be reasonably exercised.

8.2 Representations and Agreements Do Not Survive Closing.

a. Except as otherwise set forth in Section 8.2.b. below, the representations and agreements of the parties set forth herein and in the certificates to be delivered at the Closing shall not survive the Closing and, following the Closing, no party shall have a cause of action or any other remedy based upon the noncompliance of any party with any provision of this Agreement or based upon the omission, untruth or misleading nature of any representation made

hereunder. MSHA, NCH and Community Member shall each rely upon their own investigation in determining whether or not to close the transactions contemplated hereunder.

b. The provisions of Article I, the provisions of this Section 8.2, and the provisions of Sections 8.3 through and including Section 8.13 shall survive the Closing.

8.3 Governing Law; Arbitration.

a. Governing Law. The parties agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee, without giving effect to any choice or conflict of law provision or rule thereof. The parties acknowledge that the laws of the Commonwealth of Virginia determine rights and responsibilities of the NCH Group in the Real Property and the corporate laws and procedures which the NCH Group must comply with in amending the Articles of Incorporation and Bylaws of NCH Group entities.

b. Arbitration. Except as specifically provided for elsewhere in this Agreement, all claims and controversies arising out of or in connection with this Agreement shall be subject to binding arbitration by a single arbitrator in accordance with the commercial arbitration rules of the American Arbitration Association ("AAA"), the existing Rules of Practice and Procedures of the Judicial Arbitration and Mediation Services, Inc. ("JAMS"), the existing rules of arbitration of the American Health Lawyers Association ("AHLA") Alternative Dispute Resolution Service or other mutually agreed rules and procedures for arbitration of disputes. Any arbitration shall occur in Johnson City, Tennessee, and any judgment on the award rendered in such arbitration shall be entered in any Tennessee state or federal court having jurisdiction. The party filing the arbitration shall have the right to select either AAA, JAMS or AHLA. The prevailing party in any arbitration proceeding hereunder as determined by the arbitrator or in any legal proceedings or actions arising from or in connection with this Agreement shall be entitled to recover reasonable attorneys' fees and costs. Nothing herein shall prohibit a party from seeking equitable relief in a court of law to maintain the status quo while an arbitration is pending hereunder. The parties agree that the arbitrator shall not have the right to award punitive damages.

8.4 Benefit; Assignment. Subject to provisions herein to the contrary, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns; provided, however, that no party may assign this Agreement without the prior written consent of the other party, which consent may be withheld in the sole discretion of the other party. The Section 8.1 requirement of reasonableness does not apply to the granting or withholding of consent to assignment of this Agreement. Notwithstanding the foregoing, MSHA may assign its interest in this Agreement (in whole or in part) to any affiliate without the consent of NCH, but in such event MSHA shall be required to remain obligated hereunder in the same manner as if such assignment had not been effected.

8.5 Accounting Date. The transactions contemplated hereby shall be effective for accounting purposes as of 12:01 a.m. on the day following the Closing Date, unless otherwise agreed in writing by NCH and MSHA. The parties will use commercially reasonable efforts to cause the Closing to be effective as of a month end, with equitable adjustments made to the Purchase Price necessary to give effect to the foregoing.

8.6 Confidentiality.

a. Agreements and Contemplated Transactions. This Agreement and the terms hereof shall be kept confidential in accordance with this Section except as may, in the reasonable judgment of either party hereto, be required by any applicable Law. If any party hereto concludes that disclosure is required, it shall provide the other party with a reasonable opportunity to discuss the nature of the requirement and to review the disclosure before it is made. The party making the disclosure shall have the right to make the disclosure in a manner satisfactory in terms and in substance to such party in its sole and absolute discretion to the extent it has been advised by its counsel that such form and content of the disclosure is required. Each party hereto shall not otherwise disclose to any person the nature or progress of the transactions contemplated pursuant to this Agreement or the contents of any information provided to such party in anticipation of such transactions.

b. Other Proprietary Information. It is understood by the parties hereto that the information, documents and instruments delivered to MSHA by NCH or NCH's agents and the information, documents and instruments delivered to NCH by MSHA or MSHA's agents are of a confidential and proprietary nature. Each party hereto agrees that, both prior and subsequent to Closing, it will maintain the confidentiality of all such confidential information, documents or instruments delivered to it by the other party hereto or its agents in connection with the negotiation of this Agreement or in compliance with the terms, conditions and covenants hereof and only disclose such information, documents and instruments to its duly authorized officers, directors, representatives and agents. Each party hereto further agrees that, if the transactions contemplated hereby are not consummated, it will return all such documents and instruments and all copies thereof in their possession to the other party to this Agreement. Each party hereto recognizes that any breach of this Section would result in irreparable harm to the other party to this Agreement and that, therefore, either NCH or MSHA shall be entitled to an injunction to prohibit any such breach or anticipated breach, without the necessity of posting a bond, cash or otherwise, in addition to all of their other legal and equitable remedies. Nothing in this Section, however, shall prohibit the use of such confidential information, documents or information for such governmental filings as in the mutual opinion of MSHA's counsel and NCH's counsel are (i) required by Law or (ii) otherwise appropriate.

8.7 Waiver of Breach. The waiver by either party of breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any subsequent breach of the same or other provision hereof.

8.8 Notice. Any notice, demand or communication required, permitted, or desired to be given hereunder shall be deemed effectively given when personally delivered, when received by telegraphic or other electronic means (including telecopy and telex) or overnight courier, or five (5) days after being deposited in the United States mail, with postage prepaid thereon, certified or registered mail, return receipt requested, addressed as follows:

NCH: Norton Community Hospital, Inc.
Attn: Buford Sturgill, Chairman
100 Fifteenth Street, N.W.
Norton, Virginia 24273
Facsimile: (276) 679-9664.

Community Member:	Norton Community Healthcare Foundation Attn: Buford Sturgill, Chairman 100 Fifteenth Street, N.W. Norton, Virginia 24273 Facsimile: (276) 679-9664
with copies to:	Woods Rogers PLC Attn: Thomas T. Palmer, Esq. 10 South Jefferson Street, Suite 1400 Roanoke, Virginia 24011 Facsimile: (540) 983-7711; and Freddie Mullins, Esq. P.O. Box 951 Clintwood, Virginia 24228 Facsimile: (276) 926-8460.
MSHA:	Mountain States Health Alliance Attn: Dennis Vonderfecht, President and CEO 400 N. State of Franklin Road Johnson City, Tennessee 37604-6074 Facsimile: (423) 431-6057
with copies to:	Mountain States Health Alliance Attn: Timothy S. Belisle, Esq. 400 N. State of Franklin Road Johnson City, Tennessee 37604 Facsimile: (423) 431-5013,

or to such other address, and to the attention of such other person or officer as any party may designate.

8.9 Severability. In the event any provision of this Agreement is held to be invalid, illegal or unenforceable for any reason and in any respect, such invalidity, illegality, or unenforceability shall in no event affect, prejudice or disturb the validity of the remainder of this Agreement, unless doing so would result in an interpretation of this Agreement that is manifestly unjust.

8.10 Interpretation. Inasmuch as this Agreement is the result of negotiations between sophisticated parties of equal bargaining power represented by counsel, no inference in favor of, or against, either party shall be drawn from the fact that any portion of this Agreement has been drafted by or on behalf of such party. The divisions of this Agreement into sections and subsections and the use of captions and headings in connection therewith are solely for convenience and shall have no legal effect in construing the provisions of this Agreement.

8.11 No Third Party Beneficiaries. The terms and provisions of this Agreement are intended solely for the benefit of MSHA and NCH and their respective permitted successors or assigns, and it is not the intention of the parties to confer, and this Agreement shall not confer, third-party beneficiary rights upon any other person.

8.12 Entire Agreement; Amendment. This Agreement supersedes all previous contracts and constitutes the entire agreement of whatsoever kind or nature existing between or among the parties

representing the within subject matter and no party shall be entitled to benefits other than those specified herein. As between the parties, no oral statement or prior written material not specifically incorporated herein shall be of any force and effect. The parties specifically acknowledge that, in entering into and executing this Agreement, the parties rely solely upon the representations and agreements contained in this Agreement and no others. All prior representations or agreements, whether written or verbal, not expressly incorporated herein are superseded unless and until made in writing and signed by all parties hereto. This Agreement may be executed in two or more counterparts, each and all of which shall be deemed an original and all of which together shall constitute but one and the same instrument.

8.13 Specific Performance. The parties acknowledge that the Hospital and NCH Assets are unique, that a failure by either party to complete the transactions contemplated by this Agreement will cause irreparable injury to the other party, and that actual damages for any such failure may be difficult to ascertain and may be inadequate. Accordingly, either party shall be entitled to specific performance of any of the provisions of this Agreement in addition to any other equitable remedies to which such party may otherwise be entitled for a failure by the other party to complete the transactions contemplated by this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION CLAUSE THAT IS ENFORCEABLE AGAINST THE PARTIES.

NORTON COMMUNITY HOSPITAL, INC.

By: _____
Buford Sturgill, Chairman

NORTON COMMUNITY HEALTHCARE FOUNDATION

By: _____
Buford Sturgill, Chairman

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vondeffecht, President & CEO

LIST OF EXHIBITS AND SCHEDULES

Exhibit A-1 – NCH Amended and Restated Articles of Incorporation

Exhibit A-2 – NCH Amended and Restated Bylaws

Exhibit B – Management Agreement

Exhibit C – MSHA Corporate Services Overhead Allocation

Exhibit D – MSHA Corporate Services Available to NCH

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Section 2.1 – Corporate Capacity

Section 2.2 – Corporate Powers, Consents, Absences of Conflicts with Other Agreements, Etc.

Section 2.3 – Binding Agreement

Section 2.4 – Insider Interests

Section 2.5 – Financial Statements

Section 2.6 – Permits and Approvals

Section 2.7 – Government Program Participation

Section 2.8 – Regulatory Compliance

Section 2.9 – Contracts

Section 2.10 – Inventory, Furniture and Equipment

Section 2.11 – Real Property

Section 2.12 – Insurance

Section 2.13 – Existing Indebtedness

Section 2.14 – Taxes; Exempt Status

Section 2.15 – Employment and Labor Matters

Section 2.16 – Relationships

Section 2.17 – Litigation or Proceedings

Section 2.18 – Environmental Laws

Section 2.19 – Bank Accounts

Section 2.20 – Trademarks, Trade Names, Etc.

Section 2.21 – Absence of Changes

Section 2.22 – Statements True and Correct

Schedule Two – MSHA's Disclosure Schedule

Section 3.1(a) – Corporate Capacity

Section 3.1(b) – Corporate Powers, Consents, Absence of Conflicts with Other Agreements, Etc.

Section 3.1(c) – Binding Effect

Section 3.1(d) – Litigation

Section 3.1(e) – Exempt Status

Schedule Three – Community Member's Disclosure Schedule

Section 3.2(a) – Corporate Capacity

Section 3.2(b) – Corporate Powers, Consents, Absence of Conflicts with Other Agreements, Etc.

Section 3.2(c) – Binding Effect

Section 3.2(d) – Litigation

Section 3.2(e) – Exempt Status

EXHIBIT A-1

AMENDED AND RESTATED NCH ARTICLES OF INCORPORATION

[See Item #7 of this Closing Binder]

EXHIBIT A-2

AMENDED AND RESTATED NCH BYLAWS

[See Item #8 of this Closing Binder]

EXHIBIT B

MANAGEMENT AGREEMENT

[See Item #4 of this Closing Binder]

EXHIBIT C

MSHA CORPORATE SERVICES OVERHEAD ALLOCATION

CORPORATE DEPARTMENT	OVERHEAD ALLOCATION METHOD
Other Revenue/Expense	Net Patient Revenue
Nursing Administration	Net Patient Revenue
Mtn States Regional Labs	Outpatient Lab Volume
Corp Denials	Net Patient Revenue
MCC Clinical	Net Patient Revenue
Pt Resource Mgmt	Net Patient Revenue
MCC Scheduling	Net Patient Revenue
Medical Staff Services	Net Patient Revenue
Physician Recruitment	Active Recruitments
Administration	Net Patient Revenue
Accounting	Net Patient Revenue
Decision Support	Net Patient Revenue
Reimbursement	Medicare Revenue
Business Office	Bill Claims – 5.0 FTE Min
Material & Resource Management	Total Supply Expense
Human Resources	Employees
Performance Improvement	Net Patient Revenue
Management Engineering	Net Patient Revenue
Telecommunications	Telephones
Information Systems	Devices
Corp Audit & Compliance	Net Patient Revenue
Legal	Net Patient Revenue
Teaching Hours	Employees
Organizational Development	Employees
Government Relations	Net Patient Revenue
Business Development	Net Patient Revenue
Managed Care	Net Patient Revenue
Patient Centered Care	Net Patient Revenue
Marketing & Public Relations	Net Patient Revenue
Strategic Planning	Net Patient Revenue
Accreditation	Net Patient Revenue
Quality	Net Patient Revenue
Business Health	Net Patient Revenue
Fund Development	Net Patient Revenue
THA Workforce Development Grant	Net Patient Revenue
Grants & Awards Writing & Admin	Net Patient Revenue
Contingency	Net Patient Revenue

EXHIBIT D

MSHA CORPORATE SERVICES AVAILABLE TO NORTON COMMUNITY HOSPITAL, INC.

The following corporate services are available to the NCH Group as an adjunct to the services of on site management personnel:

* Organization Development
* Human Resources
* Information Systems
* Marketing
* Quality/Case Management/Risk Management
* Medical Staff Services
* Materials Management
* Construction & Biomedical Engineering
* Facilities Engineering
* Safety/Security
* Medical Records
* Infection Control
* Corporate Compliance/Auditing
* Planning
* Managed Care
* Government Relations
* Legal
* Business Development
* Physician Recruitment
* Business Office
* Management Engineering
* Environmental Services
* Insurance
* Laboratory
* Strategic Services Units (Cardiology, Oncology, Ortho/Neuro, Women's Services)

SCHEDULE ONE

NCH DISCLOSURE SCHEDULE

[See Items #33 and #34]

SCHEDULE TWO

MSHA DISCLOSURE SCHEDULE

[None]

SCHEDULE THREE

COMMUNITY MEMBER DISCLOSURE SCHEDULE

[None]

AMENDMENT TO
REORGANIZATION AGREEMENT

THIS AMENDMENT TO REORGANIZATION AGREEMENT (this "Amendment") is made and entered into as of the 28th day of September, 2007, by and among **NORTON COMMUNITY HOSPITAL, INC.**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**NCH**"), **COMMUNITY HEALTHCARE FOUNDATION**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**Community Member**"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**MSHA**").

RECITALS

A The parties previously entered into that certain Reorganization Agreement, dated June 2, 2007 (the "Agreement"), pursuant to which NCH agreed to reorganize its corporate structure to establish Community Member as a forty nine and nine-tenths percent (49.9%) member of Hospital and MSHA as a fifty and one-tenth percent (50 1%) member of Hospital and, in connection with such reorganization, MSHA agreed to contribute $45,000,000 to Hospital upon the terms and conditions set forth in the Agreement.

B The parties now desire to modify the Agreement to extend the Closing Date for a one (1) month period.

C Capitalized terms not defined in this Amendment shall have the meaning assigned to them by the Agreement.

NOW, THEREFORE, in consideration of the foregoing and the agreements, covenants, representations and warranties set forth in this Amendment, the parties amend the Agreement as follows:

AMENDMENT OF AGREEMENT

1. Extension of Closing Date. MSHA, NCH and Community Member agree to extend the Closing Date for a period of one (1) month. The parties agree to Close the reorganization of NCH on October 31, 2007, effective at the end of that day.

2 Ratification of Agreement. Except as modified by this Amendment, the parties ratify, confirm and approve all of the terms, covenants and conditions of the Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written

NORTON COMMUNITY HOSPITAL, INC.

By: _____
Robert Leonard, Vice Chairman

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht, President & CEO

NORTON COMMUNITY HEALTHCARE FOUNDATION

By: _____
Buford Sturgill, Chairman

AMENDMENT TO
REORGANIZATION AGREEMENT

THIS AMENDMENT TO REORGANIZATION AGREEMENT (this "Amendment") is made and entered into as of the 25th day of October, 2007, by and among **NORTON COMMUNITY HOSPITAL, INC.**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**NCH**"), **COMMUNITY HEALTHCARE FOUNDATION**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**Community Member**"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**MSHA**").

RECITALS

A. The parties previously entered into that certain Reorganization Agreement, dated June 2, 2007 as amended (the "Agreement"), pursuant to which NCH agreed to reorganize its corporate structure to establish Community Member as a forty nine and nine-tenths percent (49.9%) member of Hospital and MSHA as a fifty and one-tenth percent (50.1%) member of Hospital and, in connection with such reorganization, MSHA agreed to contribute $45,000,000 to Hospital upon the terms and conditions set forth in the Agreement.

B. The parties now desire to modify the Agreement to: establish the method for NCH obtaining liability coverage for preclosing risks; defer the timing of MSHA's contribution to NCH; and facilitate MSHA's use of tax exempt bond financing to fund a substantial portion of MSHA's contribution to NCH in exchange for MSHA paying interest on the deferred contribution and in exchange for MSHA agreeing to other covenants set forth in this Amendment.

C. Capitalized terms not defined in this Amendment shall have the meaning assigned to them by the Agreement, except that the term "NCH Group" shall also include physician employees of any entity within the NCH Group other than those listed on **Exhibit A** attached hereto.

NOW, THEREFORE, in consideration of the foregoing and the agreements, covenants, representations and warranties set forth in this Amendment, the parties amend the Agreement as follows:

AMENDMENT OF AGREEMENT

1. Agreements Regarding Professional Liability Insurance Coverage.

(a) Post-Closing Occurrences. Except with respect to the employed physicians listed on **Exhibit A** attached hereto, for NCH Group occurrences that happen following Closing, professional liability insurance coverage will be provided in accordance with the MSHA self insurance program, subject to all of the terms and

conditions of such coverage, including without limitation, any applicable cost allocations, reserve requirements, excess liability insurance coverage, provisions regarding choice of legal counsel, and exclusions from coverage.

(b) Pre-Closing Claims. For NCH Group occurrences that happen prior to Closing and for which a claim is made on or prior to the Closing Date, insurance coverage will be provided through the policy(ies) of professional liability medical malpractice insurance coverage maintained by the NCH Group through the Closing Date as required by Section 4.2 e (ii) of the Reorganization Agreement.

(c) Post-Closing Claims Based Upon Pre-Closing Occurrences. For NCH Group occurrences that happen prior to Closing and for which a claim is made against any entity within the NCH Group (i.e., NCH, DCH, CHC and CPSC), insurance coverage will be provided by the NCH Group obtaining on or prior to the Closing Date, an extended reporting endorsement (i.e., tail coverage) for the policy of malpractice insurance maintained by the NCH Group through the Closing Date, which tail coverage extends coverage for the NCH Group indefinitely following Closing.

For NCH Group occurrences that happen prior to Closing and for which a claim is made after the Closing against any physician who is not listed on **Exhibit A** attached hereto and is employed by a member of the NCH Group, NCH and MSHA agree to the following risk sharing arrangement:

(i) NCH Annual Reserve. Upon Closing, NCH will establish an annual malpractice claims reserve in the amount of $300,000. This reserve will be the initial source of funds to pay costs and expenses of defending, settling and otherwise resolving (e.g. by payment of a judgment or arbitration award) claims made against such employed physicians after Closing based upon occurrences on or prior to the Closing Date (such costs and expenses are called "Employed Physician Tail Claims Costs"). This annual reserve will be restored to $300,000 on the first and second anniversary dates of the Closing, so that amounts spent from this reserve during the prior Measurement Year (i.e., the twelve (12) month period commencing on each November 1st and ending on the succeeding October 31st) will only deplete the reserve for that Measurement Year. NCH will not have to maintain this reserve after the third anniversary date of the Closing;

(ii) MSHA Self Insurance Program. Any additional Employed Physician Tail Claims Costs incurred by NCH will be reimbursed to NCH through MSHA's program of self insurance. All such payments plus earnings thereon at a deemed rate of 5% per year (subject to a limit on the earnings equal to the amount of the MSHA reimbursement to NCH) will be repaid to MSHA in either of the following ways: (A) by a direct payment or payments from Community Member made at any time prior to the events described in (B) below; or by subtraction from any payment otherwise due to the Community Member upon its withdrawal as a member of NCH or upon sale of substantially all of the assets of NCH and subsequent distribution of net proceeds to the members; and

(iii) No Third Party Beneficiaries. The risk sharing arrangement described in this paragraph 1.c. establishes rights and responsibilities between the parties and with the Community Member. The rights of the parties are personal to them and may not be enforced by third parties. Further, no third party beneficiaries are intended and no rights of third parties are created by such risk sharing provisions. Neither MSHA nor Community Member shall have any liability or responsibility to third parties for the acts or omissions to act of NCH, its employees and agents.

(d) Employed Physicians Listed on Exhibit A. NCH will seek to renew the policy of professional liability insurance maintained by NCH through closing with respect to the employed physicians listed on **Exhibit A** attached hereto. If the current carrier refuses to renew such policy, then NCH will purchase a new policy of professional liability insurance coverage for the post-10/31/07 professional activity of such employed physicians and an extended reporting endorsement ("tail coverage") for the policy that expires 10/31/07, which tail coverage provides continuing protection for claims made after 10/31/07 arising from the professional activity of such employed physicians prior to 11/01/07.

2. Deferral of Contribution. MSHA may defer the date of its contribution to NCH until the first month end following the Closing at which MSHA will have proceeds from bond financing available to MSHA to fund its agreed contribution to NCH, but not later than December 31, 2007. If by December 31, 2007 MSHA has not secured bond financing for its agreed contribution to NCH, then MSHA shall use other funds available to it to make the contribution. If MSHA requests a further deferral or subsequent replacement of the funds contributed December 31, 2007 with proceeds of a subsequent bond financing, the NCH approval of such request will require a supermajority vote of the post-Closing NCH board of directors. In addition, MSHA shall add interest to the contribution amount computed at an annual rate of five percent (5%) from the Closing Date to the date MSHA makes its agreed contribution to NCH.

3. Modification of Contribution Requirements of Reorganization Agreement. Consistent with the agreement to defer MSHA's contribution described in paragraph 1 of this Amendment, the specific provisions of the Agreement requiring transfer to NCH accounts at Closing of MSHA's agreed contribution are hereby deleted.

4. Covenants of Parties Related to Tax Exempt Financing. The following categories of uses for MSHA's agreed contribution may be qualified uses of proceeds from tax exempt bond financings:

Use Category	Amount
Information Systems	$ 5,000,000
Facilities	9,000,000
Capital Equipment	15,000,000
Total	$29,000,000

In order to take advantage of the favorable interest rates available through tax exempt bond financings, the parties agree to the following covenants:

(a) MSHA will be the borrower from the Smyth County Industrial Development Authority (the "IDA") of proceeds from tax exempt bonds issued by the IDA to fund the $29,000,000 in capital expenditures that represent the contribution;

(b) The proceeds of such bond issue and the earnings thereon will be held in an account for NCH until spent by NCH on qualifying projects approved by the post-Closing NCH board of directors. Approval of specific expenditures from this account will require a supermajority vote of the post-Closing NCH board of directors as set forth in the Amended and Restated Bylaws of NCH delivered at Closing;

(c) MSHA will be the sole party obligated to repay such borrowing and no assets of NCH nor any assets of its subsidiaries will be used as collateral to secure repayment of MSHA's borrowing;

(d) NCH will agree to covenants limiting use of the amounts so borrowed by MSHA to projects which, under Virginia law and the U.S. Internal Revenue Code of 1986 (the "Code") and implementing Treasury Regulations, may be funded with proceeds of the tax exempt bonds issued by the IDA and will enter into financing agreements with the IDA or other approved issuing authority to evidence such covenants and to otherwise facilitate such financing;

(e) NCH will further covenant to maintain its exempt status under Section 501(c)(3) of the Code until such borrowings by MSHA are repaid;

(f) If the funds held in any tax exempt bond proceeds account for NCH projects are either: (i) still in the account three (3) years after the account is established and funded; or (ii) applied to redeem bonds in order to preserve the tax exemption thereon, then at such time MSHA will replace such funds with other funds available to it by contribution to a board designated account of NCH. In the event of (i), MSHA may apply the funds in the account to redeem bonds; and

(g) MSHA, NCH and Community Member agree to take such actions and sign such documents and instruments as may be necessary in order to carry out the covenants set forth above.

5. Closing Procedure. NCH will deliver to legal counsel for MSHA on October 30, 2007, the closing documents, opinions and deliveries required by Section 7.2 of the Agreement, except that: (a) Amended and Restated Articles of Incorporation of NCH and DCH will be filed by NCH with the Virginia State Corporation Commission ("SCC") prior to Wednesday, October 31, 2007, to be effective at the close of business on that date, and filed stamped copies delivered to legal counsel for MSHA following NCH receipt thereof from the SCC; (b) in lieu of Amended and Restated Articles of Incorporation and Bylaws for CPSC and CHC, MSHA agrees to accept delivery of the signed Shareholders Agreement of each such entity in the form included in NCH's notice filing to the Virginia attorney general; (c) Updated disclosure schedules of NCH may be delivered to MSHA by November 2, 2007; and (d) all deliveries related to transfer of

CPSC physician clinic operations to Newco and Newco's Management Agreement with BRMMC will be deferred until the first day of the month following the month in which Newco obtains provider numbers from Medicare and other payors determined to be necessary for billing and reimbursement of services provided.

MSHA will deliver to legal counsel for NCH on October 30, 2007, the closing documents, opinions and deliveries required by Section 7.3 of the Agreement, except that the financial contribution to be made by MSHA will be deferred and made in the manner described in Sections 2, 3 and 4 of this Amendment.

6. Ratification of Agreement. Except as modified by this Amendment, the parties ratify, confirm and approve all of the terms, covenants and conditions of the Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

NORTON COMMUNITY HOSPITAL, INC.

By: _____
Buford Sturgill, Chairman

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht, President & CEO

NORTON COMMUNITY HEALTHCARE FOUNDATION

By: _____
Buford Sturgill, Chairman

EXHIBIT A

LIST OF EMPLOYED PHYSICIANS TO WHOM SECTION 1(D) OF THE AMENDMENT APPLIES

Isam Zibdah, M.D.

Gayle Vest, M.D.

Erin Mullins, M.D

EXHIBIT G-6C

AMENDED AND RESTATED

BYLAWS

OF

NORTON COMMUNITY HOSPITAL

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AMENDED AND RESTATED

BYLAWS

OF

NORTON COMMUNITY HOSPITAL

ARTICLE I.
CORPORATION

Section 1.1. Name and Purpose. The name of this corporation is Norton Community Hospital (the "Corporation"), a Virginia non-stock, member corporation. The purposes, powers, rights, obligations, and duties of the Corporation shall be as set forth in its Articles of Incorporation.

The Corporation shall, so long as the Board of Directors of the Corporation (the "Board") deems it advisable, own, operate and maintain a fully licensed and accredited community hospital in the City of Norton, Wise County, Virginia known as Norton Community Hospital (the "Hospital"). The purposes of the Hospital are to provide care to all persons regardless of race, color or creed who are suffering from any illness, injury or disability and who may require hospital care; to establish, maintain and operate health care facilities ancillary to the Hospital in the communities it serves and such other health care facilities as the Board shall deem appropriate; and to participate so far as circumstances may warrant in any other activity designed to promote the general health of the communities served by the Hospital. The Hospital shall have an organized medical staff responsible to the Board for its own governance and for all medical care provided to patients (the "Medical Staff"). The Corporation shall also serve as the sole member of Dickenson Community Hospital, Inc., a Virginia nonstock corporation exempt from federal income tax under Internal Revenue Code § 501(c)(3) ("DCH") which leases and operates a 25-bed critical access hospital located in Clintwood, Virginia.

The Corporation may own, lease, operate or maintain such other facilities/entities providing health care services as the Board may from time to time deem appropriate consistent with the stated purposes of the Corporation. All such facilities/entities, including the Hospital and DCH, shall be referred to collectively herein as "the Facilities".

Section 1.2. Mission, Vision and Values. The current mission, vision and values of the Hospital are set forth below:

Mission Statement	Norton Community Hospital is committed to "Bringing Loving Care to Health Care". We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health.
Vision Statement	We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.

Values	Integrity – Honesty in Everything We Do Service – With Caring and Compassion Leadership – With Creativity and Innovation Excellence – Always Pursuing a Higher Standard

Section 1.3. Offices. The principal office of the Corporation shall be in the City of Norton, Wise County, Virginia.

ARTICLE II.
MEMBERS

Section 2.1. Identification. The Corporation shall have two (2) members, namely Mountain States Health Alliance ("MSHA"), which shall have a 50.1% membership interest in the Corporation, and Community Healthcare Foundation, Inc. ("Foundation"), which shall have a 49.9% membership interest in the Corporation (each a "Member" and collectively, the "Members"). Mountain States Health Alliance is a Tennessee public benefit corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code which serves as the parent sponsoring organization of a number of health care related entities. Community Healthcare Foundation, Inc. is a charitable foundation operating exclusively for charitable, religious, scientific, literary and educational purposes which supports the operation and mission of Norton Community Hospital.

Section 2.2. Rights of Members. Members shall have the right to (a) appoint and elect the Board of Directors, as provided in Article III, Section 3.5; (b) remove Directors, as provided in Article III, Section 3.7; (c) approve in advance any proposed dissolution and/or liquidation of the Corporation; (d) approve any sale of all or substantially all of the Corporation's assets; (e) approve any merger or consolidation of the Corporation with another entity; (f) approve amendments to the Articles of Incorporation of the Corporation; (g) approve borrowing from MSHA and approve borrowing from a third party creditor where either the credit or assets of MSHA will be at risk of repayment or the amount of the borrowing exceeds $1,000,000; (h) approve the increase/decrease of percentage Membership interest of any Member; and (i) approve the establishment of Membership Interests in the Corporation for anyone other than MSHA or the Foundation. Ordinarily, decisions by the Members may be taken upon approval by Members holding at least a majority membership interest in the Corporation, with each Member having fifty percent (50%) of the voting rights of the Members, except that certain supermajority vote items will require approval by both MSHA and the Foundation. These items are:

(i) Sale of all or substantially all of the Corporation's assets;

(ii) Merger or consolidation of the Corporation with another entity;

(iii) Dissolution and liquidation of the Corporation; and

(iv) Increasing/decreasing the percentage Membership Interest of any Member.

Section 2.3. Transfer of Membership. Membership in the Corporation is not transferable or assignable.

Section 2.4. Annual Meeting. An annual meeting of the Members shall be held preceding the annual meeting of the Board. The purpose of the annual meeting shall be to name Directors.

Section 2.5. Special Meetings. Special meetings of the Members for any purpose or purposes may be called by the President or by the Board, and shall be called by the President or Secretary at the written request of a Member. The notice of the meeting shall state the purpose or purposes for which the meeting is called and no business other than that specified in the notice shall be conducted at the meeting.

Section 2.6. Member Action. Action by the Members shall be by the Board of Directors of each Member as communicated to the Corporation by a representative of the Member authorized to provide such notice. A representative or representatives authorized by the MSHA Board of Directors and a representative or representatives authorized by the Foundation may attend and take action at meetings of Members.

Section 2.7. Action Without a Meeting. Whenever the vote of the Members at a meeting is required or permitted to be taken for or in connection with any corporate action by any provisions of the statutes or of the Articles of Incorporation or these Bylaws, the meeting and vote may be dispensed with if all Members entitled to vote on the matter shall consent in writing to such action being taken, and any action so taken without a meeting shall have the same force and effect as action taken at a meeting of Members by the unanimous vote of the Members entitled to vote on such action.

ARTICLE III.
DIRECTORS

Section 3.1. General Powers. The business and affairs of the Corporation shall be conducted by a Board of Directors. The Board will be vested with the full authority of the Board of Directors of a Virginia nonstock member corporation as provided for in the Virginia Nonstock Corporation Act. All powers of the Corporation shall be exercised by or under authority of the Board of Directors, except as otherwise expressly provided by law, the Articles of Incorporation of the Corporation or these Bylaws.

Section 3.2. Board of Directors. The governing body of the Corporation shall be the Board of Directors, which shall operate in accordance with the Articles of Incorporation and Bylaws of the Corporation. The number of Directors which shall constitute the entire Board shall be thirteen (13), of which nine (9) shall be Foundation Class Directors and four (4) shall be MSHA Class Directors. The number and classes of Directors may be changed only by amendment to these Bylaws and the Articles of Incorporation. The Foundation Class Directors shall hold 50% of the votes of the Board of Directors. The MSHA Class Directors shall hold

50% of the votes of the Board of Directors. Unless otherwise decided by the applicable class of Directors, the votes held by each class of Directors shall be allocated among them pro rata. In other words, initially, if all Directors are present and voting, each Foundation Class Director will have a vote equal to 5.55% (rounded) of the total vote (with the Foundation Class Directors collectively having 50% of the total vote) and each MSHA Class Director will have a vote equal to 12.5% of the total vote (with all MSHA Class Directors collectively having a vote equal to 50% of the vote).

If a Director is to be absent from a particular meeting, that Director may, by written proxy, authorize another Director of the same Class to vote in the absent Director's place and stead at the meeting designated in such proxy. The proxy shall not be valid after the meeting for which the proxy vote was authorized. References to "vote," as used in these Bylaws, shall also include appropriately authorized proxy votes, and proxy votes shall be counted in determining a quorum.

Section 3.3. Supermajority Issues. The following actions shall require the affirmative vote of a majority of the votes held by the Foundation Class Directors and the affirmative vote of a majority of the votes held by the MSHA Class Directors, as described in Section 3.2, before the Corporation may take any action regarding the following matters:

(i) A decision to discontinue any existing health care service provided by the Corporation;

(ii) A decision to close DCH or to end the lease agreement between DCH and the owner of its facility;

(iii) Recommending to the Members amendment of the Articles of Incorporation of the Corporation.

(iv) Subject to the right of substitution set forth in Section 1.13 of the Reorganization Agreement between the Corporation and MSHA, dated June 2, 2007, and any amendments thereto (collectively, the "Reorganization Agreement"), recommending to the Members the grant or establishment of a Member interest in the Corporation for anyone other than MSHA and the Foundation;

(v) Changing the name of the Corporation;

(vi) Approving any contribution to the Members of excess cash flows or other funds generated by the Corporation;

(vii) Amendment of the Bylaws of the Corporation;

(viii) Initiating bankruptcy, insolvency or similar proceedings on behalf of the Corporation;

(ix) Expenditures from the proceeds of the $29,000,000 tax-exempt financing obtained by MSHA pursuant to the terms of the

Reorganization Agreement, or any request for a further deferral, or a subsequent replacement with proceeds of a subsequent bond financing, of the funds due to be contributed on December 31, 2007, pursuant to the terms of the Reorganization Agreement.

The decision by the MSHA Class Directors may be subject to prior or further approval by the MSHA board of directors, a committee thereof, or senior officers of MSHA in accordance with MSHA's levels of approval authority policies.

With respect to any aspect of MSHA's authority under Sections 3.6 through 3.10 of the Management Agreement between the Corporation and MSHA, dated November 1, 2007, and any amendments thereto (collectively, the "Management Agreement") that is subject to retained authority of the Board of Directors of the Corporation, if the MSHA Class Directors and the Foundation Class Directors disagree, after good faith efforts are made to resolve the disagreement, the decision by the MSHA Class Directors will be sufficient approval for MSHA to exercise its authority as Manager under any of these sections of the Management Agreement.

Section 3.4. Qualification of Directors. The Foundation Class Directors shall at all times be members of the Board of Directors of the Foundation who reside in the communities served by the Hospital, who are recognized as leaders in the community and who are willing to devote their time, talent, and services to supervision of the affairs of the Corporation and accomplishment of its purposes. An effort shall be made in selecting Directors to achieve a balance of talents and representative interests necessary to the good management of the Corporation. Except for the President and CEO of the Corporation, any member of the Hospital medical staff, and any individual who is a member of the Initial Foundation Class of Directors, no person employed to work for or on behalf of the Corporation or the Hospital is eligible to serve as a member of the Board of Directors.

Section 3.5. Election and Terms.

(a) The MSHA Directors shall serve upon appointment by MSHA and shall hold office until the earlier of resignation or removal of any such director by MSHA. Four (4) MSHA Class Directors will be named in the Amended and Restated Articles of Incorporation of the Corporation.

(b) The Foundation Class Directors shall be named in the Amended and Restated Articles of Incorporation of the Corporation ("Initial Foundation Class Directors"). The eight (8) Initial Foundation Class Directors named therein shall be individuals who were serving as directors of the Hospital immediately prior to the adoption of these Bylaws and who shall continue to be divided into three groups as nearly equal in number as possible, and who, as members of such groups, shall serve staggered terms of three (3) years each. Thereafter, upon the expiration of the terms of office of the Initial Foundation Class Directors, the Foundation shall elect from the Directors of the Foundation successors to serve three (3) year terms. Nothing herein shall be construed to prevent (i) the election of a Director to succeed himself or herself; (ii) the election of a Director for the remainder of an unexpired term of a Director; or (iii) amendment of these Bylaws to

increase or decrease the number of Directors upon approval of each of the Members. At all times the Foundation Class Directors shall be the Directors of the Foundation.

(c) Election of the Foundation Class Directors and appointment of the MSHA Class Directors shall take place at the annual meeting of the Members except when successor Directors are elected as provided in Section 3.8.

Section 3.6. Vacancies. If the office of any Foundation Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be filled by election by the Board of Directors of the Foundation. If the office of any MSHA Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be appointed by MSHA. Each Director elected or appointed to fill a vacancy shall hold office for the unexpired term of his predecessor in office and thereafter will be eligible to serve additional full terms.

Section 3.7. Removal. Foundation Class Directors may be removed, with or without cause, by the vote of more than two-thirds of the total number of the Foundation Class. MSHA Class Directors may be removed, with or without cause, by the act of MSHA as communicated by its representative. Removal as a Director also shall constitute removal as an officer of the Corporation.

Section 3.8. Election and Filling of Vacancies. Directors of either class may be elected or appointed in advance of the annual meeting of the Members, and vacancies in the office of Director of either class may be filled in advance of the vacancies. The election or appointment of Directors hereunder shall be effective as of the next annual meeting of the Members, except that the filling of vacancies shall be effective as of the occurrence of a vacancy among the Directors of that class.

Section 3.9. Place and Notice of Directors Meeting. The annual meeting of the Board shall be held on the fourth Thursday of each May, or such day as soon thereafter as the Board shall establish, for the purpose of transacting any and all such business as may come before the meeting. Regular meetings of the Board may be held at such time and place as the Board may determine by resolution. Special meetings of the Board may be called at any time by the Chairman, the Secretary, a majority of Directors, or by either Member.

Section 3.10. Notice of Meetings. Notice of the date, time and place of every meeting, along with the purpose of the meeting, shall be given by mail, telephone or telecopier at least forty-eight (48) hours previous thereto to each Director. Neither the business to be transacted at, nor the purpose of, any meeting of the Board need be specified in the notice or waiver of notice of the meeting.

Section 3.11. Actions Without Meeting. Any action that may be taken at a meeting of the Board may be taken without a meeting if a consent in writing, setting forth the actions so to be taken, shall be signed by all of the Directors before or after the action is to become effective. The Directors' consent shall have the same force and effect as a unanimous vote.

Section 3.12. Quorum. A majority of the number of voting members of the Board, whether voting in person or by proxy, shall constitute a quorum for the transaction of business at meetings of the Board, provided, however, for the actions set forth in Section 3.3 of these Bylaws requiring approval by a majority of each of the Foundation Class Directors and MSHA Class Directors, a quorum will consist of a majority of Directors of the Foundation Class and a majority of Directors of the MSHA Class. If less than a quorum of the members of the Board is present at any meeting, such meeting may be adjourned by a majority of those members present from time to time until a quorum shall be present, and any business may be transacted which might have been transacted at the meeting as originally notified. When a quorum is present at any meeting, unless the Articles of Incorporation of the Corporation or these Bylaws require the vote of a greater number of Directors, the vote of Directors present who represent at least a majority of the votes allocated among the Directors by Section 3.2 of this Article III shall be sufficient to elect and pass any measure. The vote made by the MSHA Class Directors may in some cases be subject to prior or further approval by the MSHA board of directors, a committee hereof, or senior officers of MSHA in accordance with MSHA's level of approval authority policies.

Section 3.13. Attendance. It is expected that all Directors attend every meeting of the Board and every meeting of a Board committee of which he or she is a member. Absences may be excused for such reasons as illness, unavoidable absence from the area or unavoidable conflict for personal or business reasons. An excused absence will be recorded as such in the minutes of the meeting. It shall be the responsibility of each Board member to notify the Secretary of the Board in advance if he or she cannot attend a meeting and the reason(s) therefore. Secretaries of Board Committees shall likewise be notified in advance if a member cannot attend a meeting. Absences at Board and Committee Meetings shall be reviewed quarterly by the Chairman to determine whether absences, for whatever reason(s), warrants continuation on the Board. A Director who is absent from three consecutive Board meetings, or more than twenty-five percent (25%) of the Board meetings in a calendar year, shall be removed from the Board, unless the Board determines, at its next meeting, in its discretion, that there are extenuating reasons for any such excessive absences. If it is determined that a Director shall be removed from the Board due to excessive absences, the Director shall be so notified by the Secretary of the Board.

Section 3.14. Transaction of Business at Board Meetings; Minutes. Business at meetings of the Board shall be transacted in accordance with a written agenda distributed to members of the Board at or before the opening of any meeting for the transaction of business. The Board shall record and maintain written minutes of its meetings. The minutes of Board meetings shall be kept in the administrative offices of the Hospital and shall be available for review by any member of the Board.

Section 3.15. Meetings by Telephone. Meetings of the Board may be held through the use of telephones or other communications equipment, whereby all persons, while participating in the meeting, can communicate with each other. Participation by any Board member in a meeting so held shall constitute presence in person at the meeting and the minutes of any such meeting shall be prepared in the same manner as a meeting of the Board held in person.

Section 3.16. Educational Opportunities. Educational opportunities for members of the Board shall be arranged at least annually. Such educational opportunities may include, but shall

not be limited to, a program relating to the duties and responsibilities of Board members and other relevant continuing programs intended to keep the Board well informed of current issues affecting hospitals and health care generally.

Section 3.17. Self-Evaluation. At least annually, the performance of the Board and the individual Directors shall be self-evaluated using a form that is approved by the Board for this purpose.

Section 3.18. Emeritus Director. Either Class of the Board of Directors may, from time to time, elect individuals to serve as emeritus members of the Board of Directors. Such individuals shall be elected as a result of their past service to the Hospital and its Board, their experience and/or their ability to provide continued valuable input to discussions of the Board. Emeritus Board members shall have the right to attend all regular meetings of the Board of Directors, but shall not have a right to vote, nor shall they be counted in establishing a quorum. Emeritus Board members may fully participate in all meetings and discussions of the Board and its committees, but shall not be required to meet the continuing education requirements or attendance requirements as required of members of the Board of Directors.

ARTICLE IV.
OFFICERS AND AGENTS

Section 4.1. General. The officers of the Corporation shall consist of a Chairman of the Board, a Vice Chairman of the Board, a President, a Secretary, and a Treasurer, all of whom, with the exception of the President, shall be Directors.

The Board of Directors shall select and appoint a President who shall serve at the pleasure of the Board as the Administrator of the Hospital and the Chief Executive Officer of the Corporation pursuant to the terms of the Management Agreement. The other officers of the Corporation (collectively referred to as the "Elected Officers"), shall be elected by the members of the Board who are Directors as of, and after, July 1 of each election year. Such election shall occur at an organizational meeting of the newly constituted Board to be convened at the next regularly scheduled Board meeting after July 1 of an election year, without the need for any separate notice. Except as otherwise set forth herein, elected Officers shall serve one-year terms that shall run from their election until their successors are elected as set forth herein. Any person may hold any two or more offices simultaneously other than the offices of President and Secretary. The Chairman of the Board shall serve a two year term. The initial Chairman of the Board shall be selected by the Foundation Class Directors with the initial Vice-Chairman, who shall also serve as Chairman of the Finance and Investment Committee, being selected by the MSHA Class of Directors. Upon expiration of the term of the initial Chairman, the MSHA Class of Directors shall have the right to select a Chairman of the Board. Should the MSHA Class Directors choose to exercise their right to select a Chairman, the Foundation Class Directors shall select the Vice Chairman who shall also serve as the Chair of the Finance and Investment Committee. Thereafter, the Foundation Class Directors and MSHA Class Directors shall alternate the right to select the Chairman of the Board every two years, subject to the provisions set forth herein.

Section 4.2. Chairman of the Board. The Chairman of the Board (the "Chairman") shall preside at all meetings of the Board of Directors when present. The Chairman shall monitor the implementation of policies and procedures established by the Board. The Chairman shall perform all duties incident to the office of Chairman and such other duties as from time to time may be assigned by the Board of Directors or any committee duly authorized by the Board, and shall have such other powers and authorities as are elsewhere in these bylaws conferred upon him.

Section 4.3. Vice Chairman. The Vice Chairman shall assist the Chairman in addressing such matters as the Chairman or the Board shall direct. In the absence of the Chairman, the Vice Chairman shall perform all the duties of the Chairman at any Board meeting and shall also perform such other duties of the Chairman as requested by the Chairman or the President.

Section 4.4. President. The Board of Directors shall select and appoint a competent and experienced President and CEO who shall report to and be its direct representative in the management of the health care system pursuant to the terms of the Management Agreement. The President shall serve as the Administrator of the Hospital and the Chief Executive Officer of the Corporation and shall be responsible for implementing the policies and procedures established by the Board. The President, subject to the provisions of these Bylaws, shall supervise the agents and employees of the Corporation, shall perform such other duties as may be prescribed from time to time by the Board, and shall have all other powers and duties that pertain to his or her position as Chief Executive Officer. This official shall be vested with the necessary authority and responsibility, in accordance with board policies, goals and expressed directions, and the Management Agreement to: conduct all financial and business affairs of the Corporation; maintain and improve quality in cooperation with the medical staffs of its facilities; act as spokesperson for the Corporation; and exercise other responsibilities necessary for effective operations.

Section 4.5. Secretary. The Secretary shall certify the actions of the Board when necessary, keep the minutes of the Board, maintain the records (other than financial) of the Corporation, give notice of any meetings of the Board, and have such other powers and duties as may be prescribed by the Board from time to time. The Secretary shall provide for safe custody of the seal of the Corporation and, when authorized by the Board, affix the same to any instrument requiring it, and when so affixed, it shall be attested by his or her signature, or the signature of the Assistant Secretary, if one is elected.

Section 4.6. Treasurer. The Treasurer shall provide for the custody of all corporate funds and securities and shall see that a true and accurate accounting of the financial transactions of the Corporation is made and that reports of those transactions are presented promptly to the Finance and Investment Committee and to the Board. The Treasurer shall see to the disbursement of funds of the Corporation as may be ordered by the Board, proper vouchers being taken for such disbursements, and shall be responsible for rendering to the Chairman and Directors, at the regular meetings of the Board, or whenever they may require it, an account of all his or her transactions as Treasurer and of the financial condition of the Corporation.

Section 4.7. Assistant Officers. The Board may from time to time appoint such assistant officers as it deems appropriate. Persons eligible for appointment as assistant officers shall include without limitation employees of the Corporation. Such assistant officers shall have such powers and duties as the Board may prescribe. Assistant officers may, in the absence of the officers they assist, exercise the authority of those officers.

Section 4.8. Removal of Officers and Vacancies. Any Elected Officer may be removed with or without cause whenever the Board in its absolute discretion shall consider that his or her removal will serve the best interests of the Corporation. Election or appointment of an officer shall not of itself create contract rights. The President shall be an at-will employee of the Manager who may be removed by the Board from his position as President and Chief Executive Officer of the Corporation and Administrator of the Hospital with or without cause pursuant to the terms of the Management Agreement. Vacancies shall be filled by the Board as soon as possible after they occur.

Section 4.9. Fidelity Bonds. Every officer, agent or employee of the Corporation who may receive, handle or disburse money for his account or who may have any of the Corporation's property in his custody or be responsible for its safety or preservation may be required, in the discretion of the members of the Board, to give bond, the costs of which shall be paid by the Corporation, in such sum and with such sureties and in such form as shall be satisfactory to the Board, for the faithful performance of the duties of such office.

ARTICLE V.
CONDUCT OF BUSINESS

Section 5.1. Execution of Contracts and Other Documents. Except as otherwise required by law, the Articles or these Bylaws, the Board may authorize any officer or officers in the name and on behalf of the Corporation, to enter into any contract or execute any deed or other instrument, and any such authority may be general or confined to specific instances. Whenever the Board, in authorizing or directing the execution of any contract, deed or other instrument, fails to specify the officer or officers who are to execute the same, such contract, deed, or other instrument shall be executed on behalf of the Corporation by the President or the Chairman.

Section 5.2. Loans. The President or any officer of the Corporation specifically authorized by the Board may effect loans or advances at any time for the Corporation, in the ordinary course of the Corporation's business, from any bank, trust company or other institution, or from any firm, corporation, or individual, and for such loans and advances may make, execute and deliver promissory notes, bonds or other certificates or evidence of indebtedness of the Corporation, and when authorized so to do may pledge or transfer any securities or other property of the Corporation as security for any such loans or advances. Such authority conferred by the Board may be general or confined to specific instances.

Section 5.3. Checks, Drafts, Etc. All checks, drafts and other orders for payment of money out of the funds of the Corporation shall be signed on behalf of the Corporation in such manner as shall from time to time be determined by resolution of the Board.

Section 5.4. Deposits. The funds of the Corporation not otherwise employed shall be deposited from time to time to the order of the Corporation in such banks, trust companies or other depositories as the Board may from time to time select, or as may be selected by an officer or officers of the Corporation to whom such power may from time to time be delegated by the Board or any committee duly authorized by the Board.

Section 5.5. Compliance Function. The compliance functions of the Corporation shall be overseen by the MSHA Corporate Audit and Compliance Committee and the MSHA Corporate Compliance Officer. Personnel employed to provide day-to-day compliance function services for the Corporation shall report to the MSHA Corporate Compliance Officer who shall supervise and coordinate their corporate compliance activities.

Section 5.6. Rules of Order. Meetings of the Board and its committees shall be conducted in accordance to procedures set forth in these Bylaws. Matters of procedure and conduct of meetings not otherwise addressed in these Bylaws shall be governed by Robert's Rules of Order/latest edition.

ARTICLE VI.
COMMITTEES

Section 6.1. Establishment. The committees of the Board shall be standing and special. The initial standing committees shall be the Quality Committee and the Finance and Investment Committee. Further standing committees may be established by amendment of these Bylaws. Membership on committees of the Board and officers of committees shall be appointed by the Chairman and ratified by the Board. Unless otherwise specified in these Bylaws, each committee shall include representatives of the MSHA Class of Directors and the Foundation Class of Directors with voting rights for representatives of each Class in regard to committee matters proportionate to the respective MSHA and Foundation voting percentage interests in the Corporation.

Section 6.2. Quorum, Minutes, Removal. At a committee meeting, a quorum shall be one-half of the members of the committee. Each committee shall have an agenda and shall submit minutes of its meetings to the Board. Committee appointments, as proposed by the Chairman and voted upon by the Board, shall be made at the organizational meeting following the annual meeting, or at such time as a committee is created and shall be effective until the next annual meeting. Any committee member may be removed at any time with or without cause by resolution of the Board, and any vacancy in any committee may be filled by resolution of the Board.

Section 6.3. Meetings. Meetings of any committee shall be called by the chairman of the committee thereof and shall be held at such time and place as specified in the notice. Notice of the date, time and place of such meeting shall be given by mail, telephone, or facsimile at least forty-eight (48) hours previous thereto to each member. The business to be transacted at any special meeting must be specified in the notice. Meetings may be held without notice if all of the committee members are present or if notice is waived by those not present.

Section 6.4. Attendance. Committee members are expected to attend not less than three-fourths (3/4) of the meetings of each committee of which they are members.

Section 6.5. Quality Committee. The Board shall appoint a Quality Committee consisting of from nine (9) to thirteen (13) individuals, including a mixture of Directors, medical staff members and Hospital employees, which shall meet monthly. Notwithstanding the provisions of Section 6.1, since this Committee's authority is limited to making recommendations to and carrying out decisions of the Board, each member of this Committee shall have one vote on matters within its purview. This committee's responsibilities include:

(a) Review, evaluate, and recommend, to the Board, quality assurance and performance improvement activities, programs, or plans for the Corporation.

(b) Collaborate with key management/Medical Staff leadership to develop, review, and recommend for the Board's approval, policies, and procedures related to ensuring quality of patient care, addressing key items such as:

(i) Nursing care based on nursing standards of patient care and nursing practice standards; and

(ii) Medical Staff's responsibility for developing, adopting, and periodically reviewing its bylaws and rules and regulations.

(c) Review and make recommendations to the Board for resolving any ethical issues that arise throughout the Corporation with regard to patient care or business practices.

Section 6.6. Finance and Investment Committee. The Board shall appoint a Finance and Investment Committee consisting of two (2) directors from the MSHA Class Directors, three (3) directors from the Foundation Class Directors, and such other individuals with appropriate expertise as the Board deems appropriate, which committee shall meet monthly. The Finance and Investment Committee's responsibility shall include:

(a) Review, evaluate, and make recommendations to the Board with respect to all financial matters relating to the Corporation, including but not limited to:

(i) Investing, safeguarding, and managing corporate funds;

(ii) Securing capital;

(iii) Securing and maintaining appropriate insurance coverage for the Corporation;

(iv) Subject to Section 3.1, authorizing expenditures not otherwise authorized; and

(v) Subject to Section 3.1, developing and approving the Corporation's annual budget, capital expenditure budget, and any other amendments thereto.

(b) Supervise, review, and make recommendations to the Board with respect to the annual audit of the complete financials of the Corporation, to be conducted by an independent certified public accountant, and any other audits of corporate matters deemed necessary by the Board.

(c) Review, evaluate, and make recommendations to the Board with respect to all investment matters relating to the Corporation, including but not limited to:

(i) Developing and recommending investment guidelines;

(ii) Screening and recommending to the Board the selection of independent investment managers and custodians of funds, and

(iii) Reviewing the investment reports.

Section 6.7. Other Committees. The Board may create such special committees as it may deem appropriate and appoint to membership any persons, whether they be members of the Board or not, and may fix and prescribe their rights, duties, power, authority, and terms of office.

ARTICLE VII.
ADMINISTRATION

Section 7.1. General. As Chief Executive Officer of the Corporation and as the Administrator of the Hospital, the President shall be the Board's direct representative in the management of the Facilities. The President shall serve at the pleasure of the Board. He or she shall have at least a Master's Degree in Hospital or Health Administration from a recognized school of Hospital or Health Administration, or a Master's Degree in Business Administration from a recognized school of Business Administration, with demonstrated competence and experience in the area of health administration. The President shall be given the necessary authority and responsibility for the administration of the Hospital and the other Facilities to the extent permitted by law in all their activities and departments subject only to such policies and procedures as may be adopted and such orders as may be issued by the Board or by any of its committees to which it has delegated power for such action. The President shall act as the duly authorized representative of the Board in all matters in which the Board has not formally designated some other person for that specific purpose. The Board will conduct at least an annual review and evaluation of the President's performance.

Section 7.2. Authority and Duties.

(a) When acting within the scope of his or her authority, the President shall directly represent the Board in all matters pertaining to the administration of the Facilities and shall be responsible to the Board alone for the proper

performance of said duties pursuant to the terms of the Management Agreement or as otherwise directed by the Board.

(b) In all cases of disputed authority or uncertainty as to the meaning of rules and regulations of the Corporation or any of its Facilities, the decision of the President shall be operative until such time as a contrary ruling shall have been rendered by the Board or by a Board committee responsible for the supervision of such matter.

(c) In accordance with the specifically enumerated duties set forth in the Management Agreement, it shall be the duty of the President to promulgate and enforce all rules and regulations for the proper conduct of the Facilities made by or under the authority of the Board, and until such have been made, the President shall have authority to make and enforce all necessary rules and regulations for the proper conduct of the Facilities.

ARTICLE VIII.
MEDICAL STAFF

Section 8.1. Organization, Appointment and Hearings. The Board shall organize the physicians and dentists granted practice privileges in the Hospital into a Medical Staff under Medical Staff Bylaws approved by the Board. The Board shall consider recommendations of the Medical Staff and appoint to the Medical Staff, in numbers not exceeding the Hospital's needs, physicians and dentists who meet the qualifications for membership as set forth in the bylaws of the Medical Staff. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his or her patients, subject to such limitations as are contained in these Bylaws and in the bylaws, rules and regulations of the Medical Staff and subject, further, to any limitation attached to his or her appointment.

Section 8.2. Medical Care and Its Evaluation.

(a) The Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for seeking to ensure that appropriate professional care is rendered to the Hospital's patients.

(b) The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in the Hospital and shall report such activities and their results to the Board or to a committee of the Board.

(c) The Medical Staff shall make such recommendations to the Board or an appropriate Board committee concerning:

(i) The structure of the Medical Staff.

(ii) Appointments, reappointments, and other changes in staff status.

(iii) Granting of clinical privileges.

(iv) The mechanism used to review credentials and to delineate individual clinical privileges.

(v) Disciplinary actions and the mechanism for fair-hearing procedures.

(vi) All matters relating to professional competency.

(vii) All matters relating to the performance improvement activities of the Medical Staff.

(viii) Such specific matters as may be referred to it by the Board.

Section 8.3. Medical Staff Bylaws. There shall be bylaws, rules and regulations for the Medical Staff that set forth its organization and government within the framework of the Corporation. Such bylaws, rules and regulations shall be reviewed at least biannually by the Medical Staff. Any changes deemed necessary by the Medical Staff shall be submitted to the Board and shall be effective upon approval by the Board.

Section 8.4. Medical-Administrative Personnel. Health care providers otherwise eligible for membership on the Medical Staff and employed by the Hospital in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Hospital and their contracts and other terms of employment and need not be members of the Medical Staff. Those health care providers who are otherwise eligible for Medical Staff privileges who are employed or contracted by the Hospital, either full- or part-time, whose duties are medical-administrative in nature and include clinical responsibilities or functions with the Medical Staff involving their professional capabilities as health care providers, must be members of the Medical Staff, achieving that status by the same procedure provided for other Medical Staff members. In matters involving exclusive contracts, Medical Staff membership may be contingent on continuing employment or contract with the Hospital. Except where services are provided pursuant to an exclusive contract, termination of an employment relationship or contract with the Hospital shall not affect a health care provider's privileges or staff appointment, which shall be governed by the terms of the Medical Staff Bylaws.

Section 8.5. Qualified Medical Personnel. For the purpose of medical screening examinations required under the Emergency Medical Treatment and Labor Act and regulations promulgated thereunder, emergency room physicians shall be qualified medical personnel to perform medical screening examinations. In addition, in regard to women presenting to the Hospital in labor, obstetricians and obstetrical registered nurses shall be deemed to be qualified medical personnel for the purpose of performing medical screening examinations on women in labor. Qualified medical personnel are authorized to sign certificates that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk to the individual patient or, in the case of a woman in labor, to the woman or the unborn child, from being transferred, which certification may be signed at the direction of the on-call physician, and which certification must also contain a summary of the risk and benefits upon which it is based. All medical screening examinations must be conducted within the capabilities

of the Hospital's emergency department or, in the case of a woman in labor, the Hospital's obstetrical department, in each case including ancillary services routinely available to the emergency department or obstetrical department, in order to determine if an emergency medical condition exists.

Section 8.6. Medical Malpractice Insurance. Members of the Medical Staff shall be covered by professional malpractice insurance in such amounts as may be required by the Board of Directors consistent with Code of Virginia §8.01-581.15 and shall furnish the Hospital with adequate proof of such insurance and immediate notice upon receipt of notice of cancellation.

ARTICLE IX.
HOSPITAL AUXILIARY

Section 9.1. Purpose. In order to promote interest in the Hospital and to support its activities and operation, an Auxiliary may be authorized under these Bylaws. The purpose of the Auxiliary shall be to promote volunteer services for the Hospital and to render services to the Hospital which may be within its capabilities.

Section 9.2. Organization. This organization shall have the authority, subject to the approval of the Board, to elect officers and establish auxiliary bylaws for the conduct of its business. Auxiliary activities shall be subject to the general supervision of the President.

Section 9.3. Expenditure of Funds. All funds raised by the Auxiliary shall be utilized for the benefit of the Hospital on such projects as may be mutually agreed upon by the Auxiliary and the President.

ARTICLE X.
INDEMNIFICATION OF BOARD AND OFFICERS

Section 10.1. Indemnification of Directors. The Hospital shall indemnify its Directors and the officers, employees and agents of the Hospital in accordance with the provisions set forth in §§ 13.1-875 through 13.1-883 of the Code of Virginia, as may from time to time be amended, or in any successor statute thereto, as long as such individual meets the standards of conduct required for indemnification as set forth in Section 13.1-876. In addition, the Hospital shall pay for or reimburse reasonable expenses incurred by a Director, officer, employee or agent of the Corporation who is a party to a proceeding in advance of a final disposition of the proceeding if the prerequisites of Virginia Code Section 13.1-878 are met.

Section 10.2. Payment of Attorneys' Fees. To the extent that a Director, President or officer of the Corporation entirely prevails in the defense of any proceeding referred to in Section 10.1 of this Article or in defense of any claim, issue or matter therein, he or she shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by him or her in connection therewith.

Section 10.3. Authorization for Indemnification.

(a) Any indemnification under Section 10.1 of this Article (unless ordered by a court) shall be made by the Corporation only as authorized in the specific

case, upon a determination that indemnification of the Director, President or officer is proper in the circumstances because he or she has met the standard of conduct set forth in Section 10.1 of this Article. Such determination shall be made:

(i) by the Board by a majority vote of a quorum (as defined in these Bylaws) consisting of Directors who were not parties to such proceeding; or

(ii) if such quorum is not obtainable, by majority vote of a committee duly designated by the Board (in which designation Directors who are parties may participate), consisting solely of two or more Directors not at the time parties to the proceeding.

(b) Authorization of indemnification and evaluation as to reasonableness of expenses shall be made in the same manner as the determination that indemnification is permissible.

(c) Notwithstanding the failure or refusal under the terms of this paragraph to make provision therefore, such indemnification shall be made if a court of competent jurisdiction makes a determination under applicable law that the Director, President or officer has a right to indemnification hereunder in any specific case upon the application of such person, or if a court of competent jurisdiction determines that such person has satisfied the standards for indemnification specified in Section 10.1 of this Article X.

Section 10.4. Payment of Expenses in Advance. Reasonable expenses (including attorney's fees) incurred in defending such proceeding may be paid or reimbursed by the Corporation in advance of the final disposition of such proceeding as authorized by the Board in the specific case upon receipt of a written statement from such party of his or her good faith belief that he or she has met the standard of conduct described in Section 10.1 of this Article; such party furnishes the Corporation a written undertaking, executed personally or on his behalf, to repay the advance if it is ultimately determined that he or she did not meet the standard of conduct; and a determination is made that the facts then known to those making this determination would not preclude indemnification under this Article. Determination and authorizations of payments under this Section 10.4 shall be made in the manner specified in subparagraph (i) or (ii) of Section 10.3(a) of this Article.

Section 10.5. Directors and Officers Liability Insurance. The Corporation, with the approval of the Board, may purchase and maintain insurance on behalf of any person who is or was a Director or officer of the Corporation, whether elected or appointed, against any liability asserted against him or her or the Corporation and incurred by him or her or the Corporation in any such capacity, or arising out of his or her status as such, whether or not the Corporation would have the power to indemnify him or her against such liability under the provisions of this Article.

Section 10.6. Reliance Upon Advice of Counsel. Neither the Corporation nor its Directors or officers nor any person acting on its behalf shall be liable to anyone for any determination as to the existence or absence of conduct which would provide a basis of making or refusing to make any payment under this Article or for taking or omitting to take any other action under this Article, if such action or omission is made in reliance upon the advice of counsel.

Section 10.7. Individuals Covered, Indemnification Not Exclusive. Each reference herein to Directors, Presidents or officers shall be deemed to include references to former Directors, Presidents or officers, and their respective heirs, executors, and administrators. The indemnification hereby provided shall not be exclusive of any other rights to which any person may be entitled, including any right under policies of insurance that may be purchased and maintained by the Corporation or others, with respect to claims, issues or matters in relation to which the Corporation would not have the power to indemnify such person under the provisions of this Article. The Corporation shall have the power to make any other or further indemnify as permitted under the laws of the Commonwealth of Virginia.

Section 10.8. Change in Law. If at any time, any provision contained in the laws of the Commonwealth of Virginia prohibits or limits indemnification in respect of any proceeding described in Section 10.1 of this Article, except upon a determination of the extent hereof in the manner provided in such provision, indemnification shall be made only in accordance with such provision, and the provisions of this paragraph shall be superseded with respect to transactions governed by such provision.

ARTICLE XI.
CONFLICTS OF INTEREST

Section 11.1. Policy; Disclosure. All members of the Board of Directors, Board Committees, Officers and Key Management Personnel of this Corporation shall comply with the Corporation's "Conflict of Interest Policy," including the annual completion and submission of the "Acknowledgement Form" and "Disclosure Statement" that are a part of the Conflicts of Interest Policy. In addition, all members of the Board of Directors shall complete and submit annually the "Board Member's Confidentiality Agreement." Further, any possible or actual conflict of interest on the part of any Director in any matter involving the Corporation shall be disclosed to the other members of the Board of Directors at or before the meeting at which the matter is considered.

Section 11.2. Definitions. A conflict of interest transaction is a transaction with the Corporation in which a Director of the Corporation has a direct or indirect personal interest or a conflicting interest. A conflict of interest transaction is not voidable by the Corporation solely because of the Director's interest in the transaction if: (1) the material facts of the transaction and the Director's interest were disclosed or known to the Board or a committee of the Board and the Board or committee of the Board authorized, approved, or ratified the transaction; or (2) the material facts of the transaction and the Director's interest were disclosed to the members entitled to vote and they authorized, approved or ratified the transaction; or (3) the transaction was fair to the Corporation.

Section 11.3. Indirect Personal Interest. A Director has an indirect personal interest in a transaction if: (1) another entity in which he has a material financial interest or in which he is a general partner is a party to the transaction; or (2) another entity of which he is a director, officer, or trustee is a party to the transaction and the transaction is or should be considered by the Board of the Corporation. A vote or consent of an entity in which the Director has an interest described in the preceding sentence is deemed to be a vote or consent of the Director.

Section 11.4. Conflicting Interest. A Director has a conflicting interest in a transaction if he or she is a member, shareholder, trustee, owner, partner, director, officer or employee of any organization or governmental entity that either competes with the Corporation or any affiliate or is involved or is likely to become involved in any litigation or adversarial proceeding with the Corporation or any affiliate or is seeking or soliciting funds or other substantial benefits from the Corporation.

Section 11.5. Material Financial Interest. A material financial interest is any arrangement or transaction pursuant to which the Director has, directly or indirectly, through businesses, investment or family either:

(i) a present or potential ownership, investment interest or compensation arrangement in any entity with which this Corporation or any Affiliate has or may have a transaction or arrangement; or

(ii) a compensation arrangement with this Corporation or any entity or individual with which this Corporation or any Affiliate has or may have a transaction or arrangement.

Section 11.6. Voting. A conflict of interest transaction is authorized, approved, or ratified if it receives the affirmative vote of a majority of the Directors on the Board, or on the committee, who have no direct or indirect personal interest in the transaction, but a transaction may not be authorized, approved, or ratified by a single Director. If a majority of the Directors who have no direct or indirect personal interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum is present for the purpose of taking action under this section.

Section 11.7. Statement of Position. The foregoing requirements shall not be construed as preventing a Director from briefly stating his position in the matter, nor from answering pertinent questions of other Directors, since his knowledge may be of great assistance to them.

Section 11.8. Minutes to Show Compliance. The minutes of any meeting at which the Board shall consider a matter involving a conflict of interest of any Director shall reflect disclosure of such conflict, and all pertinent actions relating thereto.

ARTICLE XII.
MISCELLANEOUS

Section 12.1. Fiscal Year. The fiscal year of the Corporation shall begin on July 1st of each year.

Section 12.2. Review and Amendment of Bylaws. These Bylaws shall be reviewed at least once every two years by the Board, Administration of the Hospital and/or Hospital counsel, and shall be amended as may be necessary for conformity with changes in the law or the accreditation standards of the American Osteopathic Association, or as otherwise may be appropriate. The Board may adopt alterations, amendments, repeal or restatement of these Bylaws or adoption of new bylaws upon a vote at any regular or special meeting that meets the requirements of Article III, Section 3.3, of these Bylaws or by unanimous written consent of the Directors in lieu of a meeting. However, before any existing bylaws are amended, or before a new bylaw may be adopted, notice of such action must be given to each Director ten (10) days in advance of the meeting.

The foregoing was adopted by the unanimous consent of the directors of the Corporation to be effective the 23rd day of October, 2007.

Buford G. Sturgill, Chairman of the Board

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF DICKENSON COMMUNITY HOSPITAL

ARTICLE I – NAME

The name of the Corporation is Dickenson Community Hospital (the "Corporation" or "DCH").

ARTICLE II – PURPOSE

The Corporation is organized as a nonstock, nonprofit corporation under the Virginia Nonstock Corporation Act, Section 13.1-801 et. seq. of the Code of Virginia, 1950, as amended, to own, operate and maintain a fully licensed and accredited community hospital in the Town of Clintwood, Dickenson County, Virginia, known as Dickenson Community Hospital (the "Hospital"); provided, however, that the Corporation is organized and shall be operated exclusively for charitable, scientific, or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law) (the "Code").

ARTICLE III - TAX EXEMPT STATUS

The Corporation is organized exclusively for charitable, scientific and educational purposes as a not-for-profit corporation and its activities shall be conducted for the aforesaid purposes in such a manner that no part of its net earnings will inure to the benefit of any director, officer, or individual. No person shall at any time, either upon dissolution of the Corporation or any other event, be considered to be the owner or entitled to any extent to any of the assets, funds or property of the Corporation. It shall not be its purpose to engage in carrying on propaganda or otherwise attempting to influence legislation.

ARTICLE IV – MEMBER

The sole member of the Corporation shall be Norton Community Hospital, a Virginia non-stock, not-for-profit corporation (the "Member").

The Member shall be vested with all rights granted to members of a Virginia nonstock corporation as provided for in the Virginia Nonstock Corporation Act,

and such other rights as specified in the Bylaws of the Corporation. The manner in which the Member shall act shall be as specified in the Bylaws of the Corporation.

ARTICLE V – DIRECTORS

The business and affairs of the Corporation shall be conducted by a Board of Directors consisting of eleven (11) individuals as shall be provided for in the Bylaws of the Corporation. The individuals on the Board of Directors shall consist of two (2) classes of directors, the "MSHA Class" and the "Dickenson Class." At least 40% of the Dickenson Class Directors must be residents of Dickenson County.

A. MSHA Class. The initial MSHA Class shall consist of four (4) directors who shall serve upon appointment by MSHA. Representatives of the MSHA Class shall be:

Marvin Eichorn
Jeff Whitton
Ann Fleming
Sandra Brooks, M.D.

The MSHA Directors shall serve upon appointment by MSHA and shall hold office until the earlier of resignation or removal of any such director by MSHA.

B. Dickenson Class. The initial Dickenson Class shall consist of seven (7) directors. Representatives of the Dickenson Class, shall be:

Buford Sturgill
Jim Manicure
Bob Leonard
John Wright
David Yates
Donald Baker
Judy Compton

The initial seven (7) Dickenson Class Directors shall serve staggered terms of three (3) years each. Thereafter, upon the expiration of the terms of office of the

Dickenson Class Directors, the Board shall elect successors to serve three (3) year terms.

C. Vacancies. If the office of any Dickenson Class director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new directorship is created, the vacancy or new directorship shall be filled by election by the Board of Directors of the Corporation. If the office of any MSHA Class director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new directorship is created, the vacancy or new directorship shall be filled by appointment by MSHA. Each director elected to fill a vacancy shall hold office for the unexpired term of his predecessor in office.

D. General Powers. The Board of Directors will be vested with the full authority of the Board of Directors of a Virginia nonstock corporation that has members as provided for in the Virginia Nonstock Corporation Act. The MSHA Class directors shall have fifty percent (50%) of the voting rights on the Board of Directors and the Dickenson Class directors shall have fifty percent (50%) of the voting rights on the Board of Directors, as set forth in the Bylaws.

E. Supermajority Issues. The following actions shall require the affirmative vote of a majority of the Dickenson Class and the affirmative vote of a majority of the MSHA Class, as described further in the Bylaws of the Corporation, before the Corporation may take any action regarding the following matters:

(a) A decision to discontinue any existing health care service provided by the Corporation;
(b) A decision to close DCH or to end the lease agreement between DCH and the owner of its facility;
(c) Recommending to the Members amendment of the Articles of Incorporation of the Corporation;
(d) Changing the name of the Corporation;
(e) Approving any contribution to the Members of excess cash flows or other funds generated by the Corporation;
(f) Amendment of the Bylaws of the Corporation;
(g) Initiating bankruptcy, insolvency or similar proceedings on behalf of the Corporation.

ARTICLE VI – DISSOLUTION

In the event of the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, distribute the remaining assets of the Corporation to such organization or organizations, organized and operated exclusively for charitable, scientific, or educational purposes as shall at the time qualify as a tax exempt organization or organizations described in Section 501(c)(3) of the Code. Any of such assets not so disposed of shall be disposed of by the court of general jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for the purposes of the Corporation in such manner, or to such tax exempt organization or organizations described in Section 501(c)(3) of the Code, as said court shall determine.

ARTICLE VII – INDEMNIFICATION

The Corporation shall indemnify its directors and the officers, employees and agents of the Corporation in accordance with the provisions set forth in Sections 13.1-875 through 13.1-883 of the Code of Virginia, as may from time to time be amended, or in any successor statute thereto. In addition, the Corporation shall pay for or reimburse reasonable expenses incurred by a director, officer, employee or agent of the Corporation who is a party to a proceeding in advance of a final disposition of the proceeding if the prerequisites of Virginia Code Section 13.1-878 are met.

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, OCTOBER 25, 2007

The State Corporation Commission has found the accompanying articles submitted on behalf of

Dickenson Community Hospital (formerly Dickenson Community Hospital, Inc.)

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective November 1, 2007.

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By Mark C. Christie

Commissioner

07-10-25-0509
AMENACPT
CIS0306

EXHIBIT G-6E

AMENDED AND RESTATED

BYLAWS

OF

DICKENSON COMMUNITY HOSPITAL, INC.

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AMENDED AND RESTATED

BYLAWS

OF

DICKENSON COMMUNITY HOSPITAL, INC.

ARTICLE I.
CORPORATION

Section 1.1. Name and Purpose. The name of this corporation is Dickenson Community Hospital, Inc. (the "Corporation"), a Virginia non-stock, member corporation. The purposes, powers, rights, obligations, and duties of the Corporation shall be as set forth in its Articles of Incorporation.

The Corporation shall strive, so long as the Board of Directors of the Corporation (the "Board") deems it advisable, own, operate and maintain a fully licensed and accredited community hospital in the Town of Clintwood, Dickenson County, Virginia known as Dickenson Community Hospital (the "Hospital"). The purposes of the Hospital are to provide care to all persons regardless of race, color or creed who are suffering from any illness, injury or disability and who may require hospital care; to establish, maintain and operate health care facilities ancillary to the Hospital in the communities it serves and such other health care facilities as the Board shall deem appropriate; and to participate so far as circumstances may warrant in any other activity designed to promote the general health of the communities served by the Hospital. The Hospital shall have an organized medical staff (which may be a joint medical staff with Norton Community Hospital) responsible to the Board for its own governance and for all medical care provided to patients (the "Medical Staff").

The Corporation may own, lease, operate or maintain such other facilities/entities providing health care services as the Board may from time to time deem appropriate consistent with the stated purposes of the Corporation. All such facilities/entities, including the Hospital, shall be referred to collectively herein as "the Facilities."

Section 1.2. Mission, Vision and Values. The current mission, vision and values of the Hospital are set forth below:

Mission Statement	Dickenson Community Hospital is committed to "Bringing Loving Care to Health Care." We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health.
Vision Statement	We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.

Values	Integrity – Honesty in Everything We Do Service – With Caring and Compassion Leadership – With Creativity and Innovation Excellence – Always Pursuing a Higher Standard

Section 1.3. Offices. The principal office of the Corporation shall be in the Town of Clintwood, Dickenson County, Virginia.

ARTICLE II.
MEMBER

Section 2.1. Identification. The sole member of the Corporation shall be Norton Community Hospital, a Virginia non-stock, not-for-profit corporation ("Member").

Section 2.2. Rights of Member. Member shall have the right to (a) appoint and elect the Board of Directors; (b) remove Directors; (c) approve in advance any proposed dissolution and/or liquidation of the Corporation; (d) approve any sale of all or substantially all of the Corporation's assets; (e) approve any merger or consolidation of the Corporation with another entity; (f) approve amendments to the Articles of Incorporation of the Corporation; (g) approve borrowing from a third party creditor where the amount of the borrowing exceeds $1,000,000; and (h) approve the establishment of Membership Interests in the Corporation for anyone other than the Member.

Section 2.3. Transfer of Membership. Membership in the Corporation is not transferable or assignable.

Section 2.4. Annual Meeting. An annual meeting of the Member shall be held preceding the annual meeting of the Board. The purpose of the annual meeting shall be to name Directors.

Section 2.5. Special Meetings. Special meetings of the Member for any purpose or purposes may be called by the President or by the Board, and shall be called by the President or Secretary at the written request of the Member. The notice of the meeting shall state the purpose or purposes for which the meeting is called and no business other than that specified in the notice shall be conducted at the meeting.

Section 2.6. Member Action. Action by the Member shall be by the Board of Directors of the Member as communicated to the Corporation by a representative of the Member authorized to provide such notice.

Section 2.7. Action Without a Meeting. Whenever the vote of the Member at a meeting is required or permitted to be taken for or in connection with any corporate action by any provisions of the statutes or of the Articles of Incorporation or these Bylaws, the meeting

and vote may be dispensed with if the Member shall consent in writing to such action being taken, and any action so taken without a meeting shall have the same force and effect as action taken at a meeting of the Member.

ARTICLE III.
DIRECTORS

Section 3.1. General Powers. The business and affairs of the Corporation shall be conducted by a Board of Directors. The Board will be vested with the full authority of the Board of Directors of a Virginia nonstock member corporation as provided for in the Virginia Nonstock Corporation Act. All powers of the Corporation shall be exercised by or under authority of the Board of Directors, except as otherwise expressly provided by law, the Articles of Incorporation of the Corporation or these Bylaws.

Section 3.2. Board of Directors. The governing body of the Corporation shall be the Board of Directors, which shall operate in accordance with the Articles of Incorporation and Bylaws of the Corporation. The number of Directors which shall constitute the entire Board shall be eleven (11), of which four (4) shall be Mountain States Health Alliance ("Mountain States") Class Directors and seven (7) shall be Dickenson Class Directors. Three (3) of the Dickenson Class Directors must be residents of Dickenson County, one (1) of which three (3) members must also be a member of the Industrial Development Authority of Dickenson County. The number and classes of Directors may be changed only by amendment to these Bylaws and the Articles of Incorporation. The Dickenson Class Directors shall hold 50% of the votes of the Board of Directors. The Mountain States Class Directors shall hold 50% of the votes of the Board of Directors. Unless otherwise decided by the applicable class of Directors, the votes held by each class of Directors shall be allocated among them pro rata. In other words, initially, if all Directors are present and voting, each Dickenson Class Director will have a vote equal to 7.14% (rounded) of the total vote (with the Dickenson Class Directors collectively having 50% of the total vote) and each Mountain States Class Director will have a vote equal to 12.5% of the total vote (with all Mountain States Class Directors collectively having a vote equal to 50% of the vote).

If a Director is to be absent from a particular meeting, that Director may, by written proxy, authorize another Director of the same Class to vote in the absent Director's place and stead at the meeting designated in such proxy. The proxy shall not be valid after the meeting for which the proxy vote was authorized. References to "vote," as used in these Bylaws, shall also include appropriately authorized proxy votes, and proxy votes shall be counted in determining a quorum.

Section 3.3. Supermajority Issues. The following actions shall require the affirmative vote of a majority of the votes held by the Dickenson Class Directors and the affirmative vote of a majority of the votes held by the Mountain States Class Directors, as described in Section 3.2, before the Corporation may take any action regarding the following matters:

(i) A decision to discontinue any existing health care service provided by the Corporation;

(ii) A decision to close Dickenson Community Hospital or to end the lease agreement between Dickenson Community Hospital and the owner of its facility;

(iii) Recommending to the Member amendment of the Articles of Incorporation of the Corporation.

(iv) Changing the name of the Corporation;

(v) Approving any contribution to the Member of excess cash flows or other funds generated by the Corporation;

(vi) Amendment of the Bylaws of the Corporation;

(vii) Initiating bankruptcy, insolvency or similar proceedings on behalf of the Corporation.

The decision by the Mountain States Class Directors may be subject to prior or further approval by the Mountain States board of directors, a committee thereof, or senior officers of Mountain States in accordance with Mountain States' levels of approval authority policies.

With respect to any aspect of Mountain States' authority under Sections 3.6 through 3.10 of the Management Agreement between Norton Community Hospital, Inc. and Mountain States Health Alliance, dated November 1, 2007, and any amendments thereto (collectively, the "Management Agreement"), which relates to the Corporation, which is included as a subsidiary under said Management Agreement, and is subject to retained authority of the Board of Directors of the Member or of the Corporation, if the Mountain States Class Directors and the Dickenson Class Directors disagree, after good faith efforts are made to resolve the disagreement, the decision by the Mountain States Class Directors will be sufficient approval for Mountain States to exercise its authority as Manager under any of these sections of the Management Agreement.

Section 3.4. Qualification of Directors. The Dickenson Class Directors shall at all times be individuals who reside in Dickenson or Wise County, Virginia, who are recognized as leaders in their communities and who are willing to devote their time, talent, and services to supervision of the affairs of the Corporation and accomplishment of its purposes. An effort shall be made in selecting Directors to achieve a balance of talents and representative interests necessary to the good management of the Corporation. Except for the President and CEO of the Corporation, any member of the Hospital medical staff, and any individual who is a member of the Initial Dickenson Class of Directors, no person employed to work for or on behalf of the Corporation or the Hospital is eligible to serve as a member of the Board of Directors.

Section 3.5. Election and Terms.

(a) The Mountain States Directors shall serve upon appointment by Mountain States and shall hold office until the earlier of resignation or removal of any such director by Mountain States. Four (4) initial Mountain States Class Directors will be named in the Amended and Restated Articles of Incorporation of the Corporation.

(b) The Dickenson Class Directors shall be named in the Amended and Restated Articles of Incorporation of the Corporation ("Initial Dickenson Class Directors"). The seven (7) Initial Dickenson Class Directors shall serve staggered terms with three (3) directors elected for initial terms running from November 1, 2007, through June 30, 2008, two (2) directors elected for initial terms running from November 1, 2007, through June 30, 2009, and two (2) directors elected for initial terms running from November 1, 2007, through June 30, 2010. Thereafter, upon the expiration of the terms of office of the Initial Dickenson Class Directors, the Dickenson Class Directors shall elect successors to serve three (3) three (3) year terms. Nothing herein shall be construed to prevent (i) the election of a Director to succeed himself or herself; (ii) the election of a Director for the remainder of an unexpired term of a Director; or (iii) amendment of these Bylaws to increase or decrease the number of Directors upon approval of the Member.

(c) Election of the Dickenson Class Directors and appointment of the Mountain States Class Directors shall take place at the annual meeting of the Member except when successor Directors are elected as provided in Section 3.8.

Section 3.6. Vacancies. If the office of any Dickenson Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be filled by election by the Board of Directors of Dickenson. If the office of any Mountain States Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be appointed by Mountain States. Each Director elected or appointed to fill a vacancy shall hold office for the unexpired term of his predecessor in office and thereafter will be eligible to serve additional full terms.

Section 3.7. Removal. Dickenson Class Directors may be removed, with or without cause, by the vote of more than two-thirds of the total number of the Dickenson Class. Mountain States Class Directors may be removed, with or without cause, by the act of Mountain States as communicated by its representative. Removal as a Director also shall constitute removal as an officer of the Corporation.

Section 3.8. Election and Filling of Vacancies. Directors of either class may be elected or appointed in advance of the annual meeting of the Member, and vacancies in the office of Director of either class may be filled in advance of the vacancies. The election or appointment of Directors hereunder shall be effective as of the next annual meeting of the Member, except that the filling of vacancies shall be effective as of the occurrence of a vacancy among the Directors of that class.

Section 3.9. Place and Notice of Directors Meeting. The annual meeting of the Board shall be held on the fourth Thursday of each May, or such day as soon thereafter as the Board shall establish, for the purpose of transacting any and all such business as may come before the

meeting. Regular meetings of the Board may be held at such time and place as the Board may determine by resolution. Special meetings of the Board may be called at any time by the Chairman, the Secretary, a majority of Directors, or by the Member.

Section 3.10. Notice of Meetings. Notice of the date, time and place of every meeting, along with the purpose of the meeting, shall be given by mail, telephone or telecopier at least forty-eight (48) hours previous thereto to each Director. Neither the business to be transacted at, nor the purpose of, any meeting of the Board need be specified in the notice or waiver of notice of the meeting.

Section 3.11. Actions Without Meeting. Any action that may be taken at a meeting of the Board may be taken without a meeting if a consent in writing, setting forth the actions so to be taken, shall be signed by all of the Directors before or after the action is to become effective. The Directors' consent shall have the same force and effect as a unanimous vote.

Section 3.12. Quorum. A majority of the number of voting members of the Board, whether voting in person or by proxy, shall constitute a quorum for the transaction of business at meetings of the Board, provided, however, for the actions set forth in Section 3.3 of these Bylaws requiring approval by a majority of each of the Dickenson Class Directors and Mountain States Class Directors, a quorum will consist of a majority of Directors of the Dickenson Class and a majority of Directors of the Mountain States Class. If less than a quorum of the members of the Board is present at any meeting, such meeting may be adjourned by a majority of those members present from time to time until a quorum shall be present, and any business may be transacted which might have been transacted at the meeting as originally notified. When a quorum is present at any meeting, unless the Articles of Incorporation of the Corporation or these Bylaws require the vote of a greater number of Directors, the vote of Directors present who represent at least a majority of the votes allocated among the Directors by Section 3.2 of this Article III shall be sufficient to elect and pass any measure. The vote made by the Mountain States Class Directors may in some cases be subject to prior or further approval by the Mountain States board of directors, a committee hereof, or senior officers of Mountain States in accordance with Mountain States' level of approval authority policies.

Section 3.13. Attendance. It is expected that all Directors attend every meeting of the Board and every meeting of a Board committee of which he or she is a member. Absences may be excused for such reasons as illness, unavoidable absence from the area or unavoidable conflict for personal or business reasons. An excused absence will be recorded as such in the minutes of the meeting. It shall be the responsibility of each Board member to notify the Secretary of the Board in advance if he or she cannot attend a meeting and the reason(s) therefore. Secretaries of Board Committees shall likewise be notified in advance if a member cannot attend a meeting. Absences at Board and Committee Meetings shall be reviewed quarterly by the Chairman to determine whether absences, for whatever reason(s), warrants continuation on the Board. A Director who is absent from three consecutive Board meetings, or more than twenty-five percent (25%) of the Board meetings in a calendar year, shall be removed from the Board, unless the Board determines, at its next meeting, in its discretion, that there are extenuating reasons for any such excessive absences. If it is determined that a Director shall be removed from the Board due to excessive absences, the Director shall be so notified by the Secretary of the Board.

Section 3.14. Transaction of Business at Board Meetings; Minutes. Business at meetings of the Board shall be transacted in accordance with a written agenda distributed to members of the Board at or before the opening of any meeting for the transaction of business. The Board shall record and maintain written minutes of its meetings. The minutes of Board meetings shall be kept in the administrative offices of the Hospital and shall be available for review by any member of the Board.

Section 3.15. Meetings by Telephone. Meetings of the Board may be held through the use of telephones or other communications equipment, whereby all persons, while participating in the meeting, can communicate with each other. Participation by any Board member in a meeting so held shall constitute presence in person at the meeting and the minutes of any such meeting shall be prepared in the same manner as a meeting of the Board held in person.

Section 3.16. Educational Opportunities. Educational opportunities for members of the Board shall be arranged at least annually. Such educational opportunities may include, but shall not be limited to, a program relating to the duties and responsibilities of Board members and other relevant continuing programs intended to keep the Board well informed of current issues affecting hospitals and health care generally.

Section 3.17. Self-Evaluation. At least annually, the performance of the Board and the individual Directors shall be self-evaluated using a form that is approved by the Board for this purpose.

ARTICLE IV.
OFFICERS AND AGENTS

Section 4.1. General. The officers of the Corporation shall consist of a Chairman of the Board, a Vice Chairman of the Board, a President, a Secretary, and a Treasurer, all of whom, with the exception of the President, shall be Directors.

The Board of Directors of the Member shall select and appoint a President who shall serve as the Administrator and the Chief Executive Officer of the Corporation and of the Member, pursuant to the applicable terms of the Management Agreement. The other officers of the Corporation (collectively referred to as the "Elected Officers"), shall be elected by the members of the Board who are Directors as of, and after, July 1 of each election year. Such election shall occur at an organizational meeting of the newly constituted Board to be convened at the next regularly scheduled Board meeting after July 1 of an election year, without the need for any separate notice. Except as otherwise set forth herein, elected Officers shall serve one-year terms that shall run from their election until their successors are elected as set forth herein. Any person may hold any two or more offices simultaneously other than the offices of President and Secretary. The Chairman of the Board shall serve a two year term. The initial Chairman of the Board shall be selected by the Dickenson Class Directors with the initial Vice-Chairman being selected by the Mountain States Class of Directors. Upon expiration of the term of the initial Chairman, the Mountain States Class of Directors shall have the right to select a Chairman of the Board. Should the Mountain States Class Directors choose to exercise their right to select a Chairman, the Dickenson Class Directors shall select the Vice Chairman. Thereafter, the

Dickenson Class Directors and Mountain States Class Directors shall alternate the right to select the Chairman of the Board every two years, subject to the provisions set forth herein.

Section 4.2. Chairman of the Board. The Chairman of the Board (the "Chairman") shall preside at all meetings of the Board of Directors when present. The Chairman shall monitor the implementation of policies and procedures established by the Board. The Chairman shall perform all duties incident to the office of Chairman and such other duties as from time to time may be assigned by the Board of Directors or any committee duly authorized by the Board, and shall have such other powers and authorities as are elsewhere in these bylaws conferred upon him.

Section 4.3. Vice Chairman. The Vice Chairman shall assist the Chairman in addressing such matters as the Chairman or the Board shall direct. In the absence of the Chairman, the Vice Chairman shall perform all the duties of the Chairman at any Board meeting and shall also perform such other duties of the Chairman as requested by the Chairman or the President.

Section 4.4. President. The Board of Directors of the Member shall select and appoint a competent and experienced President and CEO who shall report to and be its direct representative in the management of the health care system pursuant to the terms of the Management Agreement. The President shall serve as the Administrator of the Hospital and the Chief Executive Officer of the Corporation and shall be responsible for implementing the policies and procedures established by the Board. The President, subject to the provisions of these Bylaws, shall supervise the agents and employees of the Corporation, shall perform such other duties as may be prescribed from time to time by the Board, and shall have all other powers and duties that pertain to his or her position as Chief Executive Officer. This official shall be vested with the necessary authority and responsibility, in accordance with board policies, goals and expressed directions, and the Management Agreement to: conduct all financial and business affairs of the Corporation; maintain and improve quality in cooperation with the medical staffs of its facilities; act as spokesperson for the Corporation; and exercise other responsibilities necessary for effective operations.

Section 4.5. Secretary. The Secretary shall certify the actions of the Board when necessary, keep the minutes of the Board, maintain the records (other than financial) of the Corporation, give notice of any meetings of the Board, and have such other powers and duties as may be prescribed by the Board from time to time. The Secretary shall provide for safe custody of the seal of the Corporation and, when authorized by the Board, affix the same to any instrument requiring it, and when so affixed, it shall be attested by his or her signature, or the signature of the Assistant Secretary, if one is elected.

Section 4.6. Treasurer. The Treasurer shall provide for the custody of all corporate funds and securities and shall see that a true and accurate accounting of the financial transactions of the Corporation is made and that reports of those transactions are presented promptly to the Finance and Investment Committee and to the Board. The Treasurer shall see to the disbursement of funds of the Corporation as may be ordered by the Board, proper vouchers being taken for such disbursements, and shall be responsible for rendering to the Chairman and

Directors, at the regular meetings of the Board, or whenever they may require it, an account of all his or her transactions as Treasurer and of the financial condition of the Corporation.

Section 4.7. Assistant Officers. The Board may from time to time appoint such assistant officers as it deems appropriate. Persons eligible for appointment as assistant officers shall include without limitation employees of the Corporation. Such assistant officers shall have such powers and duties as the Board may prescribe. Assistant officers may, in the absence of the officers they assist, exercise the authority of those officers.

Section 4.8. Removal of Officers and Vacancies. Any Elected Officer may be removed with or without cause whenever the Board in its absolute discretion shall consider that his or her removal will serve the best interests of the Corporation. Election or appointment of an officer shall not of itself create contract rights. The President shall be an at-will employee who may be removed by the Board of the Member from his position as President and Chief Executive Officer of the Corporation and Administrator of the Hospital with or without cause pursuant to the terms of the Management Agreement. Vacancies shall be filled by the Board as soon as possible after they occur.

Section 4.9. Fidelity Bonds. Every officer, agent or employee of the Corporation who may receive, handle or disburse money for his account or who may have any of the Corporation's property in his custody or be responsible for its safety or preservation may be required, in the discretion of the members of the Board, to give bond, the costs of which shall be paid by the Corporation, in such sum and with such sureties and in such form as shall be satisfactory to the Board, for the faithful performance of the duties of such office.

ARTICLE V.
CONDUCT OF BUSINESS

Section 5.1. Execution of Contracts and Other Documents. Except as otherwise required by law, the Articles or these Bylaws, the Board may authorize any officer or officers in the name and on behalf of the Corporation, to enter into any contract or execute any deed or other instrument, and any such authority may be general or confined to specific instances. Whenever the Board, in authorizing or directing the execution of any contract, deed or other instrument, fails to specify the officer or officers who are to execute the same, such contract, deed, or other instrument shall be executed on behalf of the Corporation by the President or the Chairman.

Section 5.2. Loans. The President or any officer of the Corporation specifically authorized by the Board may effect loans or advances at any time for the Corporation, in the ordinary course of the Corporation's business, from any bank, trust company or other institution, or from any firm, corporation, or individual, and for such loans and advances may make, execute and deliver promissory notes, bonds or other certificates or evidence of indebtedness of the Corporation, and when authorized so to do may pledge or transfer any securities or other property of the Corporation as security for any such loans or advances. Such authority conferred by the Board may be general or confined to specific instances.

Section 5.3. Checks, Drafts, Etc. All checks, drafts and other orders for payment of money out of the funds of the Corporation shall be signed on behalf of the Corporation in such manner as shall from time to time be determined by resolution of the Board.

Section 5.4. Deposits. The funds of the Corporation not otherwise employed shall be deposited from time to time to the order of the Corporation in such banks, trust companies or other depositories as the Board may from time to time select, or as may be selected by an officer or officers of the Corporation to whom such power may from time to time be delegated by the Board or any committee duly authorized by the Board.

Section 5.5. Compliance Function. The compliance functions of the Corporation shall be overseen by the Mountain States Corporate Audit and Compliance Committee and the Mountain States Corporate Compliance Officer. Personnel employed to provide day-to-day compliance function services for the Corporation shall report to the Mountain States Corporate Compliance Officer who shall supervise and coordinate their corporate compliance activities.

Section 5.6. Rules of Order. Meetings of the Board and its committees shall be conducted in accordance to procedures set forth in these Bylaws. Matters of procedure and conduct of meetings not otherwise addressed in these Bylaws shall be governed by Robert's Rules of Order/latest edition.

ARTICLE VI.
ADMINISTRATION

Section 6.1. General. As Chief Executive Officer of the Corporation and as the Administrator of the Hospital, the President shall be the Board's direct representative in the management of the Hospital. The President shall serve at the pleasure of the Board of the Member. He or she shall have at least a Master's Degree in Hospital or Health Administration from a recognized school of Hospital or Health Administration, or a Master's Degree in Business Administration from a recognized school of Business Administration, with demonstrated competence and experience in the area of health administration. The President shall be given the necessary authority and responsibility for the administration of the Hospital to the extent permitted by law in all their activities and departments subject only to such policies and procedures as may be adopted and such orders as may be issued by the Board. The President shall act as the duly authorized representative of the Board in all matters in which the Board has not formally designated some other person for that specific purpose. The Board will conduct at least an annual review and evaluation of the President's performance.

Section 6.2. Authority and Duties.

(a) When acting within the scope of his or her authority, the President shall directly represent the Board in all matters pertaining to the administration of the Hospital and shall be responsible to the Board alone for the proper performance of said duties pursuant to the terms of the Management Agreement or as otherwise directed by the Board.

(b) In all cases of disputed authority or uncertainty as to the meaning of rules and regulations of the Corporation, the decision of the President shall be

operative until such time as a contrary ruling shall have been rendered by the Board or by a Board committee responsible for the supervision of such matter.

(c) In accordance with the specifically enumerated duties set forth in the Management Agreement, it shall be the duty of the President to promulgate and enforce all rules and regulations for the proper conduct of the Hospital made by or under the authority of the Board, and until such have been made, the President shall have authority to make and enforce all necessary rules and regulations for the proper conduct of the Hospital.

ARTICLE VII.
MEDICAL STAFF

Section 7.1. Organization, Appointment and Hearings. The Board shall organize the physicians and dentists granted practice privileges in the Hospital into a Medical Staff, which may be a joint medical staff with Norton Community Hospital, under Medical Staff Bylaws approved by the Board. The Board shall consider recommendations of the Medical Staff and appoint to the Medical Staff, in numbers not exceeding the Hospital's needs, physicians and dentists who meet the qualifications for membership as set forth in the bylaws of the Medical Staff. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his or her patients, subject to such limitations as are contained in these Bylaws and in the bylaws, rules and regulations of the Medical Staff and subject, further, to any limitation attached to his or her appointment.

Section 7.2. Medical Care and Its Evaluation.

(a) The Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for seeking to ensure that appropriate professional care is rendered to the Hospital's patients.

(b) The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in the Hospital and shall report such activities and their results to the Board or to a committee of the Board.

(c) The Medical Staff shall make such recommendations to the Board or an appropriate Board committee concerning:

(i) The structure of the Medical Staff.

(ii) Appointments, reappointments, and other changes in staff status.

(iii) Granting of clinical privileges.

(iv) The mechanism used to review credentials and to delineate individual clinical privileges.

(v) Disciplinary actions and the mechanism for fair-hearing procedures.

(vi) All matters relating to professional competency.

(vii) All matters relating to the performance improvement activities of the Medical Staff.

(viii) Such specific matters as may be referred to it by the Board.

Section 7.3. Medical Staff Bylaws. There shall be bylaws, rules and regulations for the Medical Staff that set forth its organization and government within the framework of the Corporation. Such bylaws, rules and regulations shall be reviewed at least biannually by the Medical Staff. Any changes deemed necessary by the Medical Staff shall be submitted to the Board and shall be effective upon approval by the Board.

Section 7.4. Medical-Administrative Personnel. Health care providers otherwise eligible for membership on the Medical Staff and employed by the Hospital in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Hospital and their contracts and other terms of employment and need not be members of the Medical Staff. Those health care providers who are otherwise eligible for Medical Staff privileges who are employed or contracted by the Hospital, either full- or part-time, whose duties are medical-administrative in nature and include clinical responsibilities or functions with the Medical Staff involving their professional capabilities as health care providers, must be members of the Medical Staff, achieving that status by the same procedure provided for other Medical Staff members. In matters involving exclusive contracts, Medical Staff membership may be contingent on continuing employment or contract with the Hospital. Except where services are provided pursuant to an exclusive contract, termination of an employment relationship or contract with the Hospital shall not affect a health care provider's privileges or staff appointment, which shall be governed by the terms of the Medical Staff Bylaws.

Section 7.5. Qualified Medical Personnel. For the purpose of medical screening examinations required under the Emergency Medical Treatment and Labor Act and regulations promulgated thereunder, emergency room physicians shall be qualified medical personnel to perform medical screening examinations. In addition, in regard to women presenting to the Hospital in labor, obstetricians and obstetrical registered nurses shall be deemed to be qualified medical personnel for the purpose of performing medical screening examinations on women in labor. Qualified medical personnel are authorized to sign certificates that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk to the individual patient or, in the case of a woman in labor, to the woman or the unborn child, from being transferred, which certification may be signed at the direction of the on-call physician, and which certification must also contain a summary of the risk and benefits upon which it is based. All medical screening examinations must be conducted within the capabilities of the Hospital's emergency department or, in the case of a woman in labor, the Hospital's obstetrical department, in each case including ancillary services routinely available to the

emergency department or obstetrical department, in order to determine if an emergency medical condition exists.

Section 7.6. Medical Malpractice Insurance. Members of the Medical Staff shall be covered by professional malpractice insurance in such amounts as may be required by the Board of Directors consistent with Code of Virginia §8.01-581.15 and shall furnish the Hospital with adequate proof of such insurance and immediate notice upon receipt of notice of cancellation.

ARTICLE VIII.
INDEMNIFICATION OF BOARD AND OFFICERS

Section 8.1. Indemnification of Directors. The Corporation shall indemnify its Directors and the officers, employees and agents of the Corporation in accordance with the provisions set forth in §§ 13.1-875 through 13.1-883 of the Code of Virginia, as may from time to time be amended, or in any successor statute thereto, as long as such individual meets the standards of conduct required for indemnification as set forth in Section 13.1-876. In addition, the Corporation shall pay for or reimburse reasonable expenses incurred by a Director, officer, employee or agent of the Corporation who is a party to a proceeding in advance of a final disposition of the proceeding if the prerequisites of Virginia Code Section 13.1-878 are met.

Section 8.2. Payment of Attorneys' Fees. To the extent that a Director, President or officer of the Corporation entirely prevails in the defense of any proceeding referred to in Section 8.1 of this Article or in defense of any claim, issue or matter therein, he or she shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by him or her in connection therewith.

Section 8.3. Authorization for Indemnification.

(a) Any indemnification under Section 8.1 of this Article (unless ordered by a court) shall be made by the Corporation only as authorized in the specific case, upon a determination that indemnification of the Director, President or officer is proper in the circumstances because he or she has met the standard of conduct set forth in Section 8.1 of this Article. Such determination shall be made:

(i) by the Board by a majority vote of a quorum (as defined in these Bylaws) consisting of Directors who were not parties to such proceeding; or

(ii) if such quorum is not obtainable, by majority vote of a committee duly designated by the Board (in which designation Directors who are parties may participate), consisting solely of two or more Directors not at the time parties to the proceeding.

(b) Authorization of indemnification and evaluation as to reasonableness of expenses shall be made in the same manner as the determination that indemnification is permissible.

(c) Notwithstanding the failure or refusal under the terms of this paragraph to make provision therefore, such indemnification shall be made if a court of competent jurisdiction makes a determination under applicable law that the Director, President or officer has a right to indemnification hereunder in any specific case upon the application of such person, or if a court of competent jurisdiction determines that such person has satisfied the standards for indemnification specified in Section 8.1 of this Article VIII.

Section 8.4. Payment of Expenses in Advance. Reasonable expenses (including attorney's fees) incurred in defending such proceeding may be paid or reimbursed by the Corporation in advance of the final disposition of such proceeding as authorized by the Board in the specific case upon receipt of a written statement from such party of his or her good faith belief that he or she has met the standard of conduct described in Section 8.1 of this Article; such party furnishes the Corporation a written undertaking, executed personally or on his behalf, to repay the advance if it is ultimately determined that he or she did not meet the standard of conduct; and a determination is made that the facts then known to those making this determination would not preclude indemnification under this Article. Determination and authorizations of payments under this Section 8.4 shall be made in the manner specified in subparagraph (i) or (ii) of Section 8.3(a) of this Article.

Section 8.5. Directors and Officers Liability Insurance. The Corporation, with the approval of the Board, may purchase and maintain insurance on behalf of any person who is or was a Director or officer of the Corporation, whether elected or appointed, against any liability asserted against him or her or the Corporation and incurred by him or her or the Corporation in any such capacity, or arising out of his or her status as such, whether or not the Corporation would have the power to indemnify him or her against such liability under the provisions of this Article.

Section 8.6. Reliance Upon Advice of Counsel. Neither the Corporation nor its Directors or officers nor any person acting on its behalf shall be liable to anyone for any determination as to the existence or absence of conduct which would provide a basis of making or refusing to make any payment under this Article or for taking or omitting to take any other action under this Article, if such action or omission is made in reliance upon the advice of counsel.

Section 8.7. Individuals Covered, Indemnification Not Exclusive. Each reference herein to Directors, Presidents or officers shall be deemed to include references to former Directors, Presidents or officers, and their respective heirs, executors, and administrators. The indemnification hereby provided shall not be exclusive of any other rights to which any person may be entitled, including any right under policies of insurance that may be purchased and maintained by the Corporation or others, with respect to claims, issues or matters in relation to which the Corporation would not have the power to indemnify such person under the provisions of this Article. The Corporation shall have the power to make any other or further indemnify as permitted under the laws of the Commonwealth of Virginia.

Section 8.8. Change in Law. If at any time, any provision contained in the laws of the Commonwealth of Virginia prohibits or limits indemnification in respect of any proceeding

described in Section 8.1 of this Article, except upon a determination of the extent hereof in the manner provided in such provision, indemnification shall be made only in accordance with such provision, and the provisions of this paragraph shall be superseded with respect to transactions governed by such provision.

ARTICLE IX.
CONFLICTS OF INTEREST

Section 9.1. Policy; Disclosure. All members of the Board of Directors, Board Committees, Officers and Key Management Personnel of this Corporation shall comply with the Corporation's "Conflict of Interest Policy," including the annual completion and submission of the "Acknowledgement Form" and "Disclosure Statement" that are a part of the Conflicts of Interest Policy. In addition, all members of the Board of Directors shall complete and submit annually the "Board Member's Confidentiality Agreement." Further, any possible or actual conflict of interest on the part of any Director in any matter involving the Corporation shall be disclosed to the other members of the Board of Directors at or before the meeting at which the matter is considered.

Section 9.2. Definitions. A conflict of interest transaction is a transaction with the Corporation in which a Director of the Corporation has a direct or indirect personal interest or a conflicting interest. A conflict of interest transaction is not voidable by the Corporation solely because of the Director's interest in the transaction if: (1) the material facts of the transaction and the Director's interest were disclosed or known to the Board or a committee of the Board and the Board or committee of the Board authorized, approved, or ratified the transaction; or (2) the material facts of the transaction and the Director's interest were disclosed to the members entitled to vote and they authorized, approved or ratified the transaction; or (3) the transaction was fair to the Corporation.

Section 9.3. Indirect Personal Interest. A Director has an indirect personal interest in a transaction if: (1) another entity in which he has a material financial interest or in which he is a general partner is a party to the transaction; or (2) another entity of which he is a director, officer, or trustee is a party to the transaction and the transaction is or should be considered by the Board of the Corporation. A vote or consent of an entity in which the Director has an interest described in the preceding sentence is deemed to be a vote or consent of the Director.

Section 9.4. Conflicting Interest. A Director has a conflicting interest in a transaction if he or she is a member, shareholder, trustee, owner, partner, director, officer or employee of any organization or governmental entity that either competes with the Corporation or any affiliate or is involved or is likely to become involved in any litigation or adversarial proceeding with the Corporation or any affiliate or is seeking or soliciting funds or other substantial benefits from the Corporation.

Section 9.5. Material Financial Interest. A material financial interest is any arrangement or transaction pursuant to which the Director has, directly or indirectly, through businesses, investment or family either:

(i) a present or potential ownership, investment interest or compensation arrangement in any entity with which this Corporation or any Affiliate has or may have a transaction or arrangement; or

(ii) a compensation arrangement with this Corporation or any entity or individual with which this Corporation or any Affiliate has or may have a transaction or arrangement.

Section 9.6. Voting. A conflict of interest transaction is authorized, approved, or ratified if it receives the affirmative vote of a majority of the Directors on the Board, or on the committee, who have no direct or indirect personal interest in the transaction, but a transaction may not be authorized, approved, or ratified by a single Director. If a majority of the Directors who have no direct or indirect personal interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum is present for the purpose of taking action under this section.

Section 9.7. Statement of Position. The foregoing requirements shall not be construed as preventing a Director from briefly stating his position in the matter, nor from answering pertinent questions of other Directors, since his knowledge may be of great assistance to them.

Section 9.8. Minutes to Show Compliance. The minutes of any meeting at which the Board shall consider a matter involving a conflict of interest of any Director shall reflect disclosure of such conflict, and all pertinent actions relating thereto.

ARTICLE X.
MISCELLANEOUS

Section 10.1. Fiscal Year. The fiscal year of the Corporation shall begin on July 1st of each year.

Section 10.2. Review and Amendment of Bylaws. These Bylaws shall be reviewed at least once every two years by the Board, Administration of the Hospital and/or Hospital counsel, and shall be amended as may be necessary for conformity with changes in the law or the accreditation standards of the American Osteopathic Association, or as otherwise may be appropriate. The Board may adopt alterations, amendments, repeal or restatement of these Bylaws or adoption of new bylaws upon a vote at any regular or special meeting that meets the requirements of these Bylaws or by unanimous written consent of the Directors in lieu of a meeting. However, before any existing bylaws are amended, or before a new bylaw may be adopted, notice of such action must be given to each Director ten (10) days in advance of the meeting.

The foregoing was adopted by the unanimous vote of the directors of the Corporation to be effective the 1st day of November, 2007.

Chairman of the Board

EXHIBIT G-6F

REORGANIZATION AGREEMENT

OF

SMYTH COUNTY COMMUNITY HOSPITAL

WITH

MOUNTAIN STATES HEALTH ALLIANCE
(80% MEMBER)

Signing Date: August 29, 2006

Closing Date: October 31, 2006

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REORGANIZATION AGREEMENT

THIS REORGANIZATION AGREEMENT is made and entered into as of the 29th day of August, 2006, by and between **SMYTH COUNTY COMMUNITY HOSPITAL**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**SCCH**"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**MSHA**").

WHEREAS, SCCH owns and operates a 154-bed general acute care hospital and a 109-bed long term care facility located at 565 Radio Hill Road, Marion, Virginia (collectively herein referred to as "Hospital") and commonly known as **SMYTH COUNTY COMMUNITY HOSPITAL**;

WHEREAS, SCCH has asked **SMYTH COUNTY COMMUNITY FOUNDATION**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**Existing Foundation**") to change its purposes and governing structure to become an organization dedicated solely to support of SCCH and its mission. If the Existing Foundation agrees to and implements such changes before Closing, then it will be the "**Community Member**" referred to throughout this Agreement. If the Existing Foundation does not agree to and implement such changes by Closing, then SCCH intends to organize a Virginia nonstock corporation called **SMYTH COUNTY COMMUNITY HOSPITAL FOUNDATION** ("**New Foundation**") to support SCCH and cause it to apply for exemption from federal income taxation under Internal Revenue Code §501(c)(3). If the New Foundation is organized, then it will be the "**Community Member**" referred to throughout this Agreement; and

WHEREAS, in reliance upon each other's representations, warranties and covenants set forth in this Agreement, SCCH desires to reorganize its governance structure to establish Community Member as a 20% member of SCCH and MSHA as an 80% member of SCCH (with MSHA and Community Member collectively herein referred to as the "Members") and, in connection with such reorganization, MSHA is willing to make a contribution to Community Member and an investment in SCCH upon the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the foregoing and the agreements, covenants, representations and warranties set forth in this Agreement, the parties agree as follows:

ARTICLE I.
REORGANIZATION OF HOSPITAL

1.1 MSHA Combined Investment in SCCH. Subject to the terms and conditions of this Agreement, at and after the Closing of this Agreement pursuant to Article VII at the times specified herein, MSHA will invest a total of $52,800,000 in and for SCCH to be used as follows:

A.	Investment in the Hospital:	
	Information Systems	$ 3,000,000
	New Master Facility Plan[1]	30,100,000
	Minimal Routine Capital (5 years)	15,000,000
	Total Designated Capital	$48,100,000

B. Additionally, MSHA will make a Contribution to Community Member of $4,700,000. If Community Member is the Existing Foundation, then this contribution will be made at Closing. If Community Member is the New Foundation, then this contribution will be made upon receipt of its Determination Letter from the Internal Revenue Service confirming its exemption from federal income tax under Internal Revenue Code §501(c)(3).

[1] The New Master Facility Plan will be developed post-Closing by MSHA, subject to approval by the post-Closing SCCH board of directors.

Eight Million Dollars ($8,000,000) will be wire transferred to SCCH at Closing to be used first to repay SCCH's obligation to Carilion Health System and next to be held in board designated accounts for use and disbursement in a manner consistent with the categories described above as approved by the post-Closing SCCH board of directors. At Closing, Eight Million Dollars ($8,000,000) of SCCH invested funds will be designated by the SCCH board as accounts or funds dedicated to the Minimal Routine Capital purpose described above.

Forty Million One Hundred Thousand Dollars ($40,100,000) plus interest thereon at 5% per year (i.e. $2,005,000) will be wire transferred to board designated accounts of SCCH on or before the one (1) year anniversary of the Closing Date (as hereinafter defined) to be used and disbursed thereafter in a manner consistent with the categories described above as approved by the post-Closing SCCH board of directors. The post-Closing SCCH board of directors may also choose to reallocate funds among the board designated accounts from time to time in order to adjust to changing needs of SCCH. A supermajority of the board will be required to reallocate funds away from the Master Facility Plan.

If the Existing Foundation is the Community Member, then Four Million Seven Hundred Thousand Dollars ($4,700,000) will be wire transferred to an account of the Community Member on the Closing Date, or if the New Foundation is the Community Member, then such amount will be wire transferred to an account of the Community Member on the later of the Closing Date or the date it provides to MSHA a copy of its determination letter from the Internal Revenue Service confirming tax exempt status under Code §501(c)(3).

1.2 Order of Funds Used for SCCH Capital Needs. Following Closing, the funds available for SCCH operations and capital expenditures will be first provided from the operations of SCCH. The second source of funds for SCCH operations and capital expenditures will be the cash contribution that MSHA provides and the existing SCCH investments designated for the purposes described in Section 1.1 above. Should the first two sources of funds not be adequate to meet the operating and capital expenditure needs of SCCH for both the Master Facility Plan implementation and ongoing capital requirements for equipment and maintenance, as determined by the SCCH Board, to the extent that MSHA determines it has funds available to do so, it will provide the shortfall to SCCH through a loan at an interest rate equal to MSHA's cost of borrowing. Thereafter, the SCCH Board may decide to borrow needed funds from a third party creditor, or, as an alternative to a loan, MSHA and the Community Member may choose to contribute additional capital to SCCH in proportion to the relative percentage interests of MSHA and the Community Member as members of SCCH. If the Community Member elects

not to contribute its proportionate amount, then MSHA may choose to contribute such amount and thereby increase its percentage rights as a Member. The adjusted MSHA membership rights will be equal to the ratio of the total MSHA investments and contributions to SCCH and Community Member to the sum of the total Community Member contributions to SCCH plus $66 million, which is the appraised value of SCCH relied upon by the parties in determining the value of MSHA's 80% membership interest.

1.3 Assets Owned or Controlled by SCCH. At the Closing, subject to additions, reconciliations and dispositions in the ordinary course of business, or matters otherwise disclosed by SCCH to MSHA and accepted by MSHA, SCCH will own or control all assets shown on the December 31, 2005 financial statements provided by it to MSHA, including the Hospital, physician practices and its investment in Southwest Community Health Services ("SCHS"). Notwithstanding the prior sentence, the Smyth County Community Foundation is a separate entity that is and will not be subject to SCCH control (except for existing contractual obligations) at any time unless it independently agrees to such relationship.

1.4 Excess Cash Flow from SCCH Operations. Following Closing, the SCCH board of directors will work with MSHA and SCCH management to mutually develop and approve a strategic plan for SCCH which will establish goals for SCCH earnings and net cash flow and adopt plans for achieving those goals. To the extent that SCCH exceeds the earnings and net cash flow goals established by the strategic plan, the board of directors of SCCH may choose to distribute such excess to MSHA and to the Community Member in accordance with the following method:

Initially, excess cash flows of SCCH that its board of directors chooses to distribute will be allocated between MSHA and the Community Member based upon the relative book value of MSHA's combined contribution to Community Member and investment in SCCH and the Community Member's investment in SCCH. After the amount distributed to the Community Member using this method exceeds by $23,360,000 the amount that would have been distributed to it if relative membership interest percentages had been the basis for allocating distributions, subsequent distributions of excess cash flows authorized by the board of directors of SCCH will be allocated between MSHA and the Community Member according to their relative membership interest percentages. Any such distributions to MSHA and to the Community Member will be used solely to support SCCH.

1.5 Amendment of SCCH Governing Documents. Contemporaneously with closing, SCCH will amend its governing documents (the "SCCH Governing Documents") to establish or modify the rights of Members and the board of directors to accomplish the following:

a. Members. Convert SCCH to a member corporation and establish two members, MSHA and the Community Member. MSHA will have an 80% membership interest, and the Community Member will have a 20% membership interest in the ownership of SCCH.

b. Members Decisions. Members will have the voting rights accorded to them by the Virginia non-stock corporation law. In addition, Members' approval will be required for borrowing from MSHA or for borrowing from a third party creditor where either the credit or assets of MSHA would be at risk for repayment of the loan or the amount of the borrowing exceeds $500,000, and subject to all other requirements of this Agreement.

Ordinarily, decisions by the Members will be by a vote of a majority or such greater portion of the voting rights as may be required by the Virginia Non-Stock Corporation Act. Certain supermajority vote items will require approval by both MSHA and the Community Member. These items are: (i) Sale of all or substantially all of SCCH's assets; (ii) merger or

consolidation of SCCH with another entity; (iii) Dissolution and liquidation of SCCH; and (iv) amendment to the SCCH Governing Documents.

c. Board of Directors. Establish a new SCCH board of directors (the "New Board") initially consisting of fourteen individuals. Four MSHA appointed directors will have 80% of the votes on the New Board and nine directors elected by the Community Member from its directors, and including the Chief of the Medical Staff will have 20% of the votes on the New Board. The President and CEO of SCCH will be a director of SCCH, ex officio, without vote.

d. Board of Directors Decisions. Generally, decisions of the New Board will be by a simple majority vote, with some pre-determined decisions being subject to super-majority vote. The list below summarizes the mutually agreed super-majority vote items:

(i) A decision to discontinue any existing health care service provided by SCCH;

(ii) Recommendations for Amendment of the Articles of Incorporation and Amendment of the Bylaws of SCCH;

(iii) Subject to the right of substitution set forth in Section 1.12 b of this Reorganization Agreement, grant or establishment of Member interests in SCCH for anyone other than MSHA and the Community Member;

(iv) Changing the name of SCCH;

(v) Approving any contribution to the Members of excess cash flows or other funds generated by SCCH;

(vi) Approval of capital expenditures by SCCH that exceed $10 million for any fiscal year;

(vii) Initiating bankruptcy, insolvency or similar proceedings on behalf of SCCH; and

(viii) Borrowing by SCCH in excess of $10 million.

Supermajority vote items will require approval by a majority of the votes held by the MSHA directors and by a majority of the votes held by the Community Member directors

e. Committees. The committee structure of the New Board will be determined by the New Board, with MSHA and Community Member committee voting rights proportional to their respective membership percentages held in SCCH.

The specific form and substance of the amended and restated articles of incorporation and bylaws to be adopted by SCCH and effective upon Closing shall be in the forms attached hereto as **Exhibits A-1** and **A-2**, respectively, subject to any modifications mutually agreed by the parties at or prior to Closing

1.6 SCCH Employees: Management of Employed Physician Practices. As of the Closing, MSHA (and/or one of its wholly-owned subsidiaries) shall offer employment to all of the SCCH Employees.

SCCH Employees who accept offers of employment from MSHA will be eligible to participate in the employee benefits programs of MSHA in accordance with and subject to the terms and conditions of such employee benefits programs, except that the SCCH tax sheltered annuity retirement plan program or a functional equivalent mutually agreed by the parties will be adopted by MSHA for such employees in lieu of the MSHA pension plan and other MSHA retirement benefits. Benefits eligibility dates for such employees who are currently eligible for benefits with SCCH will be carried over to MSHA for purposes of pension and paid time off accruals. Benefits eligibility dates for SCCH Employees who accept MSHA's offer of employment and who are not yet eligible to participate in SCCH's benefits will be the date the employee becomes eligible under the terms of the applicable benefit plan of MSHA. Subject to the limiting conditions of any particular employee benefit program and applicable law, SCCH Employees who accept MSHA's offer of employment will have the years of service they accumulated with SCCH count as years of service with MSHA for most employment related purposes so long as they remain employees of MSHA. Seniority of SCCH Employees who accept MSHA's offer of employment with respect to their job classification and within MSHA will be deemed by MSHA to be their hire date with SCCH. At the Closing, MSHA agrees to assume the vacation and sick leave balances of SCCH Employees who accept MSHA's offer of employment. At the Closing, SCCH and MSHA will enter into an Employee Lease Agreement in the form attached to this Agreement as **Exhibit B**, subject to any modifications mutually agreed by the parties at or prior to Closing.

Notwithstanding the foregoing, physicians and mid-level providers (e.g., nurse practitioners, physician assistants, CRNAs and the like) employed by SCCH will either continue to remain employees of SCCH or will become employees of SCCH's subsidiary, SCHS. At the Closing, either SCCH or SCHS, as applicable, and MSHA's subsidiary, Blue Ridge Medical Management Corporation ("BRMMC") will enter into a Management Services Agreement in the form attached to this Agreement as **Exhibit C** (subject to any modifications mutually agreed by the parties at or prior to Closing) pursuant to which BRMMC will provide management services for the employed physician clinic operations of SCCH or SCHS.

Notwithstanding anything herein to the contrary, no employee of MSHA or SCCH shall be deemed a third party beneficiary of this Agreement and all employment offers will be on an "at-will" basis unless a specific employment contract is entered into by MSHA or SCCH.

1.7 System Support. Following Closing, MSHA corporate staff services will be made available to the CEO and appropriate staff of SCCH. MSHA staff support that will be available to SCCH includes managed care relations, physician recruitment and contracting, marketing, public relations, finance, human resources, credentialing, risk management, insurance programming, strategic planning, facility planning, materials management and information services, among others. These corporate staff support services will serve as an adjunct to the management within SCCH. The costs of providing corporate staff services furnished to MSHA hospitals and subsidiaries will be allocated to SCCH consistent with MSHA policies and procedures for allocation to all MSHA subsidiaries. Corporate staff expenses at MSHA are allocated to subsidiary entities using a two-step process.

Step 1 – Employee benefits expense for corporate staff are allocated to each MSHA corporate department based on the number of team members in each department. Corporate information systems ("IS") expense is allocated to each MSHA corporate department based on the number of IS devices (PCs, laptops, printers) in each department.

Step 2 – Expenses for each MSHA corporate department are then allocated among subsidiary entities proportionately based on a statistic appropriate for the given department. A listing of the corporate departments and the allocation statistic used for each department is attached hereto as **Exhibit D**.

The cost allocation to SCCH will not be affected by MSHA's 80% membership.

MSHA and SCCH agree that SCCH management may access MSHA corporate staff services to address the following goals and objectives as well as any other additional goals and objectives as may be determined by the New Board following Closing:

* Provide managed care contracting for SCCH to achieve the following:
  - Correct payment of SCCH according to contract terms
  - Financial modeling of all current and proposed contracts
  - Securing payor approval for assignment and/or conversion of SCCH contracts to MSHA managed care contracts, where applicable, while working to retain SCCH contracts that may be more financially advantageous than MSHA contracts
  - Improvement of overall reimbursement rates for SCCH as a whole

* Identify needed physician specialties and recruit physicians to conduct full time practice or part time specialty clinics in the community where SCCH is located as determined by the community need. The parties agree that community need for physicians in at least the following specialties will be addressed: cardiology, oncology, anesthesiology, radiology, psychiatry, orthopaedics, urology, hospitalists, and emergency medicine Processes for addressing these needs are attached hereto as **Exhibit E**. Employment of recruited physicians through MSHA's subsidiary, Blue Ridge Physician Group or through SCCH or SCHS, will be available as an option if recruitment to private practice settings is not achieving a particular recruitment goal.

* Access by SCCH executive personnel and department heads to the MSHA senior management team and department heads on the same basis as all other MSHA hospital executives and department heads, including participation in various leadership groups within MSHA.

* Improve SCCH performance in the areas of Clinical Effectiveness, Operational Effectiveness, Stakeholder Safety and Service Excellence.

* Develop and implement a New Master Facility Plan for SCCH to which the amount identified in paragraph 1 1 will be committed. MSHA expects to simultaneously evaluate the options of renovation or replacement of the existing facility, generally following the decision tree which is attached hereto as **Exhibit F**.

* Determine current and future IT needs of SCCH and integrate SCCH into MSHA's IT system, including participation in MSHA's work toward an integrated electronic medical records system and electronic physician order entry.

* Ongoing SCCH preparation for JCAHO accreditation surveys through assistance by MSHA's continual readiness survey team.

* Sponsor SCCH continuing membership in the Premier group purchasing organization and in the MSHA created Synergy Health Group, LLC, which was organized to maximize the Premier affiliation for Synergy members and to identify and implement cost savings and revenue enhancement opportunities for Synergy members, including SCCH.

* Make available to SCCH access at competitive rates to MSHA's regional reference laboratory for laboratory services that SCCH cannot perform on site

* Identify, develop and implement community outreach programs of SCCH and MSHA within the community served by SCCH

* Support SCCH's continued commitment to providing needed care in the community to persons regardless of their ability to pay.

* Participation by SCCH in MSHA's malpractice insurance reserve program and excess insurance program, including coverage through the malpractice insurance reserve program for SCCH liability claims made from and after the Closing. SCCH should obtain post-Closing tail coverage for the insurance policies/self insured retention that is in place through the Closing. MSHA agrees to consult with SCCH and make available to SCCH the personnel of MSHA's insurance department to assist in SCCH's procurement of tail coverage. Further, the parties agree to mutually explore less costly alternatives to tail coverage between signing and Closing.

* Participation in the MSHA corporate compliance program and code of ethics and access to MSHA's corporate compliance services to facilitate compliance with federal, state and local laws and regulations and to address any compliance issues that arise.

* Make available to SCCH management staff MSHA's centralized medical staff credentialing services (including access to MSHA hospitals shared data base and to Cactus data bank for medical staff reports) to achieve current and legally compliant medical staff bylaws, rules and regulations and credentialing processes.

* Make available to physicians in SCCH's community the continuing medical education and training that MSHA sponsors for physicians in the region, including those accredited through MSHA's relationship with East Tennessee State University Quillen College of Medicine.

* Provide human resource services to assist SCCH in recruiting clinical and nonclinical staff other than physicians.

* Assist SCCH in identifying and implementing cost effective options for food service, housekeeping, facility maintenance, laundry and other support services to SCCH operations.

* Support SCCH's commitment to the wellness of residents of the community it serves.

A listing of additional integrating services provided to on site management and the New Board through MSHA's corporate offices is attached hereto as **Exhibit G**.

1.8 SCCH Participation in MSHA Board Activities. Following Closing, the New Board will have multiple opportunities to interact with the MSHA board of directors, including the bi-annual board meeting. Directors of the New Board will be included in the annual MSHA board retreat and other various board functions throughout the year. MSHA board of directors meetings may be attended by nonmembers only by invitation. However, should an issue arise relevant to SCCH that the New Board wants to address with the MSHA board of directors, attendance by directors of the New Board at the applicable MSHA board of directors meeting would be welcomed.

1.9 Name. The name of SCCH will remain unchanged following Closing unless a change of name is approved by the New Board as set forth in Section 1.5(d)(iv). Each party may, however, communicate with third parties that SCCH has joined MSHA and is a MSHA hospital. Coordination of

these communications will occur through interaction between SCCH and MSHA public relations personnel.

1.10 Physician Privileges. All MSHA facilities have open medical staffs and admit any physician meeting the credentialing criteria as it is defined by the medical staff bylaws at the individual facilities. Among the credentialing criteria at some MSHA facilities are geographic requirements regarding location of a physician's practice. Appropriately licensed SCCH physicians are welcome to apply for any level of medical staff privileges at any MSHA facility and the medical staff offices at the various MSHA facilities will assist the SCCH physicians in the application process. MSHA has certain exclusive contractual arrangements at existing MSHA facilities for hospital based physicians such as emergency medicine, anesthesia, radiology and pathology. Additions to the medical staff for those specialties at the existing facilities are not open

1.11 Mission, Vision and Values; Charity Care. In order to facilitate the benefits of SCCH integration with MSHA, following Closing MSHA and SCCH will align the SCCH mission, vision and values with the MSHA mission, vision and values. SCCH may add the words "and wellness" to the end of the mission statement.

The current mission, vision and values statements of MSHA are set forth below:

Mission Statement	Mountain States Health Alliance is committed to "Bringing Loving Care to Health Care". We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health
Vision Statement	We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.
Values	Integrity – Honesty in Everything We Do Service – With Caring and Compassion Leadership – With Creativity and Innovation Excellence – Always Pursuing a Higher Standard

Prior to Closing, the parties will compare the charity care policies of SCCH with the charity care policies of MSHA with the intent that SCCH will adopt and implement after the Closing the charity care policies of the party which provide the greatest benefit to the Community served by SCCH.

1.12 Exit Conditions, Procedure and Payments. Each party intends that MSHA's investment in SCCH and its roles as a Member of SCCH and employer of SCCH personnel continue on a permanent basis. Nevertheless, MSHA and SCCH foresee future circumstances where the role of MSHA may be functioning so well that it would be desirable to increase its role to become the sole member of SCCH. Further, although not currently intended, future conditions or changes in circumstances of the parties may also make it desirable for either MSHA or the Community Member to end its investment in and role as a member of SCCH. Recognizing these possibilities, the parties intend in this Section 1.12 to describe the events that may cause a change in the participation by a party in SCCH Membership, the procedures that

would be followed to effect the change, and the method for valuing and paying to the party whose involvement ends the value of their investment in SCCH.

a Withdrawal by a Party. MSHA may withdraw from membership in SCCH upon occurrence of either of the following events: (i) SCCH files for bankruptcy or has bankruptcy proceedings filed against it which are not dismissed within 90 days after filing. (For this purpose, bankruptcy includes receivership, insolvency and other similar proceedings and an assignment for the benefit of creditors); ; or (ii) MSHA offers to withdraw from membership and the offer of withdrawal is accepted by the Community Member. Upon the occurrence of the event described in (i) above, MSHA may within 60 days afterward notify SCCH and Community Member that it is withdrawing from membership based upon the occurrence of the event stated in the notice.

Community Member may withdraw from membership in SCCH upon occurrence of any of the following events: (i) MSHA files for bankruptcy or has bankruptcy proceedings filed against it which are not dismissed within 90 days after filing. (For this purpose, bankruptcy includes receivership, insolvency and other similar proceedings and an assignment for the benefit of creditors); (ii) a representation or warranty made by MSHA in Article III proves to be untrue and the untruth of such representation or warranty has a material adverse effect upon MSHA, SCCH or Community Member; or (iii) Community Member offers to withdraw from membership and the offer of withdrawal is accepted by MSHA. Upon the occurrence of one of the events described in (i) or (ii) above, Community Member may within 60 days afterward notify SCCH and MSHA that it is withdrawing from membership based upon the occurrence of the event stated in the notice.

Following notice of withdrawal or acceptance of an offer to withdraw, if the parties are unable to mutually agree upon a value, the parties will mutually select an independent appraiser who has been designated as a Senior Appraiser by the American Society of Appraisers and who has documented current experience in the valuation of hospitals as on-going healthcare enterprises who will appraise the value of SCCH as a going concern. If MSHA is the withdrawing party, then the parties agree that the value of MSHA's member interest will be 80% of the appraised value of SCCH as a going concern minus $23,360,000, but not less than zero. If the Community Member is the withdrawing party, then the parties agree that the value of its member interest will be 20% of the appraised value of SCCH as a going concern plus $23,360,000. The appraised value of SCCH or a Member's interest shall not reflect any discount for lack of marketability, a minority discount or a control premium Attached to this Agreement as **Schedule 1.12 a.** is a sample calculation to illustrate how this calculation will work. The sample calculation is not intended as any party's forecast or expectation regarding the future value of SCCH or any Member's interest in SCCH.

Within thirty (30) days after receipt of the appraisal of value, a withdrawal closing will occur at which: (i) SCCH or the non-withdrawing party will pay to the withdrawing party the value of the withdrawing party's Member interest; (ii) the withdrawing party will vote its Member interest and the directors elected by the withdrawing party will vote their Board interest, to amend SCCH's governing documents in the manner prescribed by the party that did not withdraw; (iii) the withdrawing party's directors will resign from the New Board; (iv) the withdrawing party will resign as a member of SCCH; and (v) if MSHA is the withdrawing party, then the Employee Lease Agreement will terminate and the personnel employed by MSHA to work at SCCH will be terminated by MSHA and offered employment by SCCH. In such event, the provisions of Section 1.6 of this Agreement will be applied in reverse by the parties to the employment by SCCH of the personnel terminated by MSHA.

b. Community Member Right to Withdraw. After one (1) year following the Closing, the Community Member will have the right, upon not less than six (6) months prior written notice to MSHA and to SCCH, to withdraw from participation as a member of SCCH. Following receipt by SCCH and MSHA of the Community Member's notice of withdrawal, the procedures specified in Section 1.12 a. above for valuing the Community Member's membership and conducting a withdrawal closing shall occur, except that the withdrawal closing may not occur until six (6) months after receipt of the withdrawal notice.

c. Substitution of a Party. Either MSHA or the Community Member (the "Initiating Member") may at any time after the first five (5) years following the Closing and after receiving a bona fide offer from an independent third party, require the other party (the "Responding Member") to vote to amend the Articles of Incorporation and Bylaws of SCCH to substitute another hospital, health care system or hospital company (the "Substitute Member") for the Initiating Member with all of the rights, privileges and responsibilities of the Initiating Member as a member of SCCH. Further, the Initiating Member shall be entitled to retain any and all consideration provided to it by the Substitute Member for causing the Substitute Member to be substituted for the Initiating Member as a member of SCCH. If the Responding Member does not exercise the right to match described in the next paragraph, then at the time stated in the notice of substitution, the Articles of Incorporation and Bylaws of SCCH shall be amended to effect the substitution of the Substitute Member for the Initiating Member as a member of SCCH. The Substitute Member must agree in writing to, and after closing shall be, bound by all terms and conditions of this Agreement, and any other related agreement entered into by the Initiating Member prior to substitution of the Substituted Member.

Notwithstanding the foregoing, upon receipt of notice of substitution from the Initiating Member, which notice shall state the identity of the proposed Substitute Member and the consideration to be provided by it to the Initiating Member for the membership substitution, the Responding Member may offer to match the consideration offered by the proposed Substitute Member. The Responding Member must exercise this right to match by written notice to the Initiating Member given within thirty (30) days after receiving written notice from the Initiating Member of the proposed substitution. Within thirty (30) days following exercise of the right to match by the Responding Member, a closing will be held at which the Responding Member will pay or cause to be paid to the Initiating Member the consideration stated in the original notice of substitution and the Initiating Member will resign as a member of SCCH, cause its directors on the New Board to resign, and, if the Initiating Member is MSHA, transfer the employees back to SCCH.

MSHA and the Community Member each intend as an Initiating Member to prefer any bidder among otherwise equal bidders to become a Substitute Member who agrees to continue SCCH as a nonprofit organization. The Initiating Member will exercise its good faith discretion in determining whether competing bids are otherwise equal.

d. Sale of SCCH. Following approval by the Members of a lease, merger or other similar transaction involving a sale of substantially all of the assets of SCCH and upon closing of the subsequent sale transaction, any net proceeds remaining after payment of SCCH liabilities shall be contributed to MSHA and to the Community Member as follows:

(i) The first $29,200,000 of the remaining net proceeds will be contributed to the Community Member; and

(ii) 80% of any remaining net proceeds will be distributed to MSHA and 20% of any remaining net proceeds will be contributed to the Community Member

1.13 MSHA Remedy for Untruth of SCCH Representations If during the one (1) year period following Closing, a representation or warranty made by SCCH in Article II proves to be untrue in any respect and the particular untruth results in an adverse effect upon SCCH that exceeds $25,000, and if such adverse effect can be cured by the payment of money, then the Community Member will pay money to SCCH in an amount sufficient to fully cure the adverse effect from the $4,700,000 contributed to it by MSHA at or after Closing and from any earnings upon such contribution. If such payment is not adequate to fully cure the adverse effect upon SCCH, then an amount equal to the uncured portion of the adverse effect upon SCCH plus earnings thereon at a deemed rate of 5% per year will be subtracted from any payment otherwise due to the Community Member upon its withdrawal as a member of SCCH or upon sale of substantially all of the assets of SCCH and subsequent distribution of net proceeds to the members.

1.14 No Shop. Except for use and disposition of property in the ordinary and usual course of operations, SCCH and Community Member agree that, from the date hereof through the Closing Date or earlier termination of this Agreement, SCCH and Community Member shall not, and shall not permit any of their respective employees or any investment banker, attorney, advisor or other representative of either of them to, directly or indirectly, (a) offer for sale or solicit offers to buy the Hospital, any part thereof or any other assets of SCCH, (b) hold discussions or negotiate with, or provide information to, any person (other than MSHA) with a view towards such an offer or solicitation or with a view towards a merger or consolidation, or (c) enter into any agreement, arrangement or understanding with any person relating to the sale, lease, other disposition, or management of the Hospital or other SCCH assets.

ARTICLE II.
REPRESENTATIONS AND WARRANTIES OF SCCH

As of the date of this Agreement and as of the Closing Date, except as set forth on SCCH's Disclosure Schedule, SCCH represents and warrants to MSHA the following:

2.1 Corporate Capacity. SCCH is a nonstock corporation duly organized and validly existing in good standing under the Laws of the Commonwealth of Virginia. SCCH has the requisite corporate power and authority to enter into this Agreement, perform its obligations hereunder, and conduct the business and operations of the Hospital and SCCH's other businesses as now conducted and as conducted at the Closing.

2.2 Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by SCCH and all other agreements referenced herein or ancillary hereto to which SCCH is a party, and the consummation of the transactions described herein and therein by SCCH:

a. are within SCCH's powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

b. will not, with or without the giving of notice and/or the passage of time, (i) contravene the terms of SCCH's articles or certificate of incorporation, bylaws, or any amendments thereto, (ii) violate or conflict with any Law to which SCCH is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect

(as defined below), or (iii) violate or conflict with any judgment, order, writ or decree of any court applicable to SCCH;

c. do not require any approval of, or filing with, any governmental entity under applicable Law, except as otherwise set forth herein; and

d will not conflict in any material respect with, or result in any breach or violation under, or give rise to any right of termination, cancellation, acceleration or augmentation of any obligations or to loss of a material benefit under, or result in the creation of any material Encumbrance (other than a Permitted Encumbrance) affecting any SCCH Assets, under (i) any bond, contract, agreement or other instrument to which SCCH is a party or (ii) any Laws.

For purposes of this Agreement, the term **"Material Adverse Effect"**, when used with respect to a representation, warranty or covenant of SCCH means an actual and material adverse effect on the SCCH Assets or on the business, results of operations or financial condition of the Hospital, taken as a whole.

2.3 Binding Agreement. This Agreement and all agreements to which SCCH will become a party hereunder are and will constitute the valid and legally binding obligations of SCCH and are and will be enforceable against it in accordance with the respective terms hereof or thereof, except as enforceability may be restricted, limited or delayed by applicable bankruptcy or other Laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity or adverse to matters of public policy.

2.4 Insider Interests No present officer or director of SCCH or of any of its subsidiaries (i) owns, directly or indirectly, in whole or in part, any of the properties used in the businesses of SCCH or any of its subsidiaries, (ii) has received a loan or advance from SCCH or any of its subsidiaries which is currently outstanding, (iii) has any obligation to make any loan to SCCH or any of its subsidiaries, or (iv) has any other business relationship with SCCH or any of its subsidiaries other than in his or her capacity as an officer or director. No present officer or director of SCCH or of any of its subsidiaries owns, directly or indirectly, in excess of five percent (5%) of, or controls, or is an employee, officer, director or partner of, or participant in, or consultant to, any corporation, association, partnership, limited partnership, joint venture, or other entity which is a competitor of SCCH or of any of its subsidiaries.

2.5 Financial Statements. SCCH's Disclosure Schedule contains the following consolidated financial statements of SCCH and separate financial statements of the Hospital on an accrual basis ("Financial Statements"):

a. unaudited consolidated and separate balance sheets dated as of June 30, 2006;

b. unaudited consolidated and separate income statements for the nine (9)-month period ended on the date of the balance sheets referred to in (a) above; and

c. audited consolidated balance sheet and income statement of SCCH and unaudited separate balance sheet and income statement of the Hospital for the fiscal year of SCCH ended on September 30, 2005.

The Financial Statements have been prepared in accordance with GAAP (except the unaudited statements lack footnotes and are subject to customary year end adjustments), applied on a consistent basis throughout the periods indicated, and SCCH has not materially changed any accounting policy or methodology (including those used in the determination of contractual allowances, contractual discounts or reserves for uncollected accounts receivable) throughout all periods presented. Each

balance sheet included in the Financial Statements presents fairly and accurately in all material respects the financial condition of SCCH or the Hospital, as applicable, as of the date indicated thereon, and each Income Statement included in the Financial Statements presents fairly and accurately in all material respects the results of operations of SCCH or the Hospital, as applicable, for the period specified therein.

The accounts receivable of SCCH reflected on the June 30, 2006 financial statements are, and those existing on the Closing Date (i) shall be, comprised of valid claims in the full amount thereof against the debtor charged therewith on their books; (ii) except as disclosed on such financial statements or otherwise disclosed to MSHA, shall all have been acquired in the ordinary course of business; (iii) shall be subject to no known defenses, set-offs or counterclaims; and (iv) shall be collectible in full, less the reserves for bad debts and third party payor adjustments reflected on the June 30, 2006 balance sheets and on the balance sheets to be delivered to MSHA between the date of this Agreement and the Closing Date.

2.6 Permits. SCCH's Disclosure Schedule includes a true and complete description of all licenses, permits, certificates, registrations, qualifications, accreditations, authorizations, consents and other approvals issued or granted by a governmental entity or an accreditation organization ("Permits") that are currently held by or issued to SCCH in connection with the Hospital, or any of the SCCH Assets, and such Permits constitute all Permits necessary for the conduct of the business and ownership, development and operation of the Hospital and SCCH Assets, except where the failure to have a Permit would not reasonably be expected to have a Material Adverse Effect on the operation of SCCH or the Hospital. SCCH is in compliance in all material respects with all such Permits. There are no provisions in, or agreements relating to, any such Permits that preclude or limit in any material respect SCCH from operating the Hospital as it is currently operated. There is not now pending nor, to the knowledge of SCCH, threatened, any action by or before any governmental entity or accreditation organization to revoke, cancel, rescind, modify or refuse to renew any of such Permits. All of such Permits are currently held by SCCH in good standing and as of Closing all of such Permits will be in full force and effect, unimpaired and not subject to meritorious challenge.

2.7 Government Program Participation.

a. Program Participation. The Hospital is eligible to receive payment without restriction under Title XVIII of the Social Security Act ("Medicare") and Title XIX of the Social Security Act ("Medicaid") and is a "provider" with valid and current provider agreements and with one or more provider numbers with Medicare, all applicable state Medicaid and successor programs through intermediaries. The Hospital is a "provider" with a valid and current provider agreement and with one or more provider numbers with TriCare and successor programs through intermediaries. Medicare, Medicaid and TriCare are collectively referred to in this Agreement as "Government Programs". A true and correct copy of each such agreement has been previously delivered to MSHA by SCCH. The Hospital is in compliance with the conditions of participation and all other applicable certification criteria for the Government Programs in all material respects, including those necessary to claim available capital costs reimbursement from Government Programs on those SCCH Assets for which the Government Programs provide capital costs reimbursement. There is not pending, nor to SCCH's knowledge threatened, any proceeding or investigation under any of the Government Programs involving or relating to the Hospital or SCCH, nor has any allegation been made against SCCH with respect to the Hospital or its other businesses within the past three (3) years by any state or federal agency relating to the federal Emergency Medical Treatment or Active Labor Act ("EMTALA"). SCCH has previously delivered to MSHA true, correct and complete copies of the Hospital's most recent Medicare and Medicaid certification survey reports, including any statements of deficiencies and plans of correction, and any statements of

deficiencies against the Hospital in the last year that include any allegation involving EMTALA, and the Hospital's corrective action plans related thereto. SCCH has taken all reasonable steps to correct all deficiencies referenced in this Section or in SCCH's Disclosure Schedule

b. Cost Reports. SCCH has timely filed and caused to be timely filed all cost reports and other reports of every kind whatsoever that are required, by Law, by written or oral contracts, or otherwise, to have been filed or made with respect to the purchase of services of the Hospital by third party payors, including Government Programs and other insurance carriers, and all such cost reports and other reports have been properly filed and are complete and correct in all material respects. SCCH is and has been in compliance with filing requirements with respect to cost reports of the Hospital, and such reports do not claim, and the Hospital has not received, any payment or reimbursement in excess of the amount provided or allowed by applicable Law or any applicable agreement, except where excess reimbursement was noted on the cost report. True and correct copies of all such reports for the three (3) most recent fiscal years of the Hospital have been available to MSHA There are no material claims, actions or appeals pending before any commission, board or agency, including any fiscal intermediary or carrier, Governmental Entity, or the Administrator of the Centers for Medicare & Medicaid Services, with respect to any Government Program cost reports or claims filed on behalf of SCCH with respect to the Hospital on or before the Closing Date. SCCH's Disclosure Schedule indicates which of such cost reports have been audited by the fiscal intermediary and finally settled, and contains a brief description of any and all notices of program reimbursement, proposed or pending audit adjustments, disallowances, appeals of disallowances, and any and all other unresolved claims or disputes, in connection with any audit, review or inquiry with respect to such cost reports. There are no facts or circumstances that may give rise to any material disallowance under any such cost reports. Except as disclosed on SCCH's Disclosure Schedule and except for those in the ordinary course of business, no validation review or program integrity review related to the Hospital, or the consummation of the transactions contemplated by this Agreement, has been conducted by any commission, board, agency or governmental entity in connection with a Government Program, and to the knowledge of SCCH, no such reviews are scheduled, pending or threatened against or affecting SCCH with respect to the Hospital or the consummation of the transactions contemplated by this Agreement

c. Debarred Individuals. To SCCH's knowledge, (i) neither SCCH nor any individual currently employed by SCCH to perform functions for SCCH operations (individually, an "SCCH Employee" and, collectively, "SCCH Employees") has been excluded from participating in, or otherwise made ineligible to participate in, any federal health care program (as defined in 42 U.S.C. §1320a-7b(f)) or been subject to sanction pursuant to 42 U.S.C. §1320a-7a or 1320a-8 or been convicted of a crime described at 42 U.S.C. §1320a-7b, and (ii) no party to an Assumed Contract has been excluded from Medicare or any federal health care program (as defined in 42 U.S.C §1320a-7b(f)).

d. Arrangements With Referral Sources. To the extent prohibited by any applicable Law, neither SCCH nor to SCCH's knowledge any director, officer or employee of SCCH, is a party to any written or unwritten contract, lease or other arrangement related to the Hospital with any physician, hospital, health care hospital, nursing hospital, home health agency or other person or organization in a position to make or influence referrals to or otherwise generate business for the Hospital.

e. Legal Compliance. SCCH (i) is not a party to a Corporate Integrity Agreement with the Office of Inspector General of the United States Department of Health and Human Services, (ii) has no reporting obligations pursuant to any settlement agreement entered into with any governmental entity, (iii) has not been, to SCCH's knowledge, the subject of any government payer program investigation conducted by any federal or state enforcement agency, (iv) is not and has not been a defendant in any qui tam / False Claims Act litigation, (v) has not been served with or received any current search warrant, subpoena, civil investigative demand, contact letter or telephone or personal contact by or from any federal or state enforcement agency, and (vi) has not, to SCCH's knowledge, received any current or unresolved written complaints from any employee, independent contractor, vendor, physician or other person or organization that would indicate that SCCH has violated any Law applicable to the Hospital or SCCH Assets

2.8 Regulatory Compliance. SCCH and the operations of the Hospital and SCCH Assets have been, and currently are, in compliance with all applicable Laws, except where the failure to be in compliance would not reasonably be expected to have a Material Adverse Effect, and SCCH has not received any written notice with respect to noncompliance with applicable Law. SCCH has timely filed all forms, applications, statements, reports, data and other information required to be filed with any governmental entity, except where a failure to file timely would not reasonably be expected to have a Material Adverse Effect.

2.9 Contracts.

a Contracts. The contracts listed on SCCH's Disclosure Schedule include all contracts associated with operation of the Hospital and other SCCH Assets. SCCH has disclosed to MSHA true and accurate originals or copies of each Contract in effect on the date hereof. Between signing and Closing, SCCH will disclose to MSHA any proposed amendments, replacements, modifications and renewals to the contracts listed on SCCH's Disclosure Schedule. Further, SCCH will disclose to MSHA any proposed new contracts with respect to the Hospital and with respect to other SCCH Assets Only such amendments, replacements, modifications, renewals and new contracts as are accepted by MSHA or that are entered into in the ordinary course of business may be added to the updated SCCH Disclosure Schedule delivered at Closing.

b. Performance. Except as set forth on SCCH's Disclosure Schedule, (i) each material contract is legally binding and enforceable in accordance with its respective terms and is in full force and effect, (ii) SCCH has duly performed in all material respects all of its obligations under each material contract to which it is a party to the extent that such obligations to perform have accrued, (iii) no material breach or default, alleged material breach or default, or event that would (with the passage of time, notice or both) constitute a material breach or default under any material contract by SCCH by any other party or obligor with respect thereto, has occurred, except where the breach or default would not reasonably be expected to have a Material Adverse Effect, and (iv) SCCH has not received written or oral notice of any default, offset, counterclaim or defense under any Contract.

2.10 Inventory, Furniture and Equipment. SCCH's Inventory is in good, usable or salable condition (as applicable) in the amount set forth on the Financial Statements. All of the items of furniture and equipment that are material to the conduct of SCCH's business are in good operating condition in all material respects, except for reasonable wear and tear. No person or entity other than SCCH, or a lessor under a lease that is a Contract listed on SCCH's Disclosure Schedule (Section 2.9), owns any furniture or equipment held or used for SCCH operations.

2.11 Real Property The Real Property comprises all of the real property owned or leased by SCCH and associated with or used in the operations or business of SCCH. SCCH has not created or suffered any Encumbrance (as defined in Section ___) that causes title to the Real Property owned by SCCH to be unmarketable or that will materially interfere with SCCH's continued use of the SCCH Assets following Closing in a manner consistent with the current use by SCCH. At the Closing, the Real Property will be owned or leased by SCCH, subject only to (a) lease obligations as part of the Contracts listed on SCCH's Disclosure Schedule (Section 2.9) and (b) Permitted Encumbrances. For purposes hereof, Permitted Encumbrances means (a) liens for utilities and current taxes not yet due and payable, (b) mechanics', carriers', workers', repairers', materialmen's, warehousemen's and other similar liens arising or incurred in the ordinary course of business relating to claims not yet due or payable, and (c) liens listed on the Financial Statements or in Section 2.13 of the SCCH Disclosure Schedule or purchase money security interests arising from the purchase of assets, in the ordinary course of business, after the date of this Agreement and prior to Closing or (e) liens that will be released on or before the Closing Date.

2.12 Insurance. SCCH's Disclosure Schedule contains an accurate list of the insurance policies and programs of self-insurance covering the ownership and operation of the Hospital and other SCCH Assets, indicating the types of insurance, policy numbers, terms, identity of insurers and amounts and coverages (including applicable deductibles). SCCH has one or more "business interruption" insurance policies in customary form and amount covering SCCH's operations. All of such policies are now, and will continue to be until Closing, in full force and effect on an occurrence basis with no premium arrearages. All claims pending as of Closing for which insurance is available under policies maintained by SCCH will continue to be covered under such policies (or in the case of self-insured claims, through maintenance of adequate reserves) following the Closing. Except as set forth on SCCH's Disclosure Schedule, (a) there is no outstanding written requirement or recommendation by any insurance company that issued any such policy or by any board of fire underwriters or other similar body (including any governmental entity) exercising similar functions that requires or recommends any repairs or other work to be done with respect to the Hospital or any of the SCCH Assets, (b) SCCH has given to its insurers in a timely manner all notices required to be given under its insurance policies with respect to all claims and actions covered by insurance with respect to the Hospital and other SCCH Assets, and no insurer has denied coverage of any such claims or actions or reserved its rights with respect to or rejected any such claims, and (c) SCCH has not (i) received any notice or other written communication from any such insurance company canceling or materially amending any of said insurance policies with respect to the Hospital or any of the SCCH Assets, and to the knowledge of SCCH no such cancellation or amendment is threatened, or (ii) failed to give any required notice or present any claim which is still outstanding under any of such policies with respect to the Hospital or any of the SCCH Assets.

2.13 Existing Indebtedness. SCCH and its subsidiaries do not have any existing indebtedness of any type except (i) that which was set forth on the combined unaudited balance sheets of SCCH and its subsidiaries as of June 30, 2006, (ii) that which was incurred in the ordinary course of business since such date, and (iii) that which is described on SCCH's Disclosure Schedule. SCCH and its subsidiaries do not have any guaranties outstanding by which any of them guarantees any indebtedness or any liability of any person or entity.

2.14 Taxes; Exempt Status. SCCH and its subsidiaries have filed all required federal and other tax returns and paid any taxes due pursuant thereto or pursuant to any assessment received by any of them, except such taxes, if any, as are being contested in good faith and as to which adequate reserves have been provided. No audit of any federal, state or city income tax returns or other tax returns of SCCH or a subsidiary of SCCH is in progress, pending, or to SCCH's knowledge, threatened.

True copies of all federal, state and local income tax, property tax, sales tax, Form 990, and other tax returns, tax examination and audit reports, and statements of deficiencies assessed against or agreed to

by SCCH and its subsidiaries since December 31, 2002 have been provided to or made available to MSHA. All such tax returns were based upon accurate information and were prepared in substantial conformity with the applicable tax laws. All deficiencies assessed against SCCH and its subsidiaries have been paid or are being contested in good faith and are appropriately reserved against on the June 30, 2006 financial statements.

Copies of the Internal Revenue Service determination letters confirming that SCCH is an organization exempt from federal income tax under §501(c)(3) of the Code and copies of all other exemption letters issued to SCCH by taxing authorities have been provided to MSHA. SCCH has not received any notice of any investigation nor is it the subject of any pending action or proceeding which alleges that it is in violation of or questions its compliance with any of the requirements of §501(c)(3) of the Code or any other provision of the Code or state law which are conditions to the continued maintenance of its tax exempt status under federal or state law. No audit of the exempt status of SCCH is in progress, pending, or to SCCH's knowledge, threatened by any federal, state or local authority.

2.15 Employment and Labor Matters. Except as set forth on SCCH's Disclosure Schedule, (i) there is no pending or, to SCCH's knowledge, threatened employee strike, work stoppage, work slowdown or labor dispute involving SCCH operations, (ii) to SCCH's knowledge, no union representation question exists respecting any SCCH Employees (as defined in Section 2.7(c)), no demand has been made for recognition by a labor organization by or with respect to any SCCH Employees, no union organizing activities by or with respect to any SCCH Employees are taking place, and no SCCH Employee is represented by any labor union or organization, (iii) no collective bargaining agreement exists with respect to SCCH operations and none is currently being negotiated by SCCH, (iv) there is no unfair labor practice claim against SCCH before the National Labor Relations Board, (v) SCCH is in compliance with all Laws relating to employment and employment practices, discrimination, labor relations, terms and conditions of employment, and wages and hours (including, but not limited to, the Fair Labor Standards Act, Title VII of the Civil Rights Act of 1964, the Occupational Safety and Health Act of 1970 and the Age Discrimination Act of 1967, all as amended from time to time), and (vi) there are no pending or, to SCCH's knowledge, threatened, governmental investigations or audits, or complaints or charges before any governmental entity regarding employment discrimination, safety or other employment-related charges or complaints, wage and hour claims, unemployment compensation claims, workers' compensation claims, or the like, and (vii) SCCH is not engaged in any unfair labor practices involving its operations or any SCCH Employees.

2.16 Relationships. SCCH enjoys satisfactory working relationships with its employees, medical staff members, suppliers and patients under all arrangements necessary to the normal operations of SCCH's business.

2.17 Litigation or Proceedings. SCCH's Disclosure Schedule contains an accurate list and summary description of all litigation or proceedings to which SCCH is a party that involve or relate to the Hospital or any of the SCCH Assets. Except to the extent set forth in SCCH's Disclosure Schedule, there are no claims, actions, suits, proceedings or investigations pending, or to the knowledge of SCCH, threatened against or affecting the Hospital or any of the SCCH Assets, either at law or in equity, or before or by any federal, state, municipal or other governmental entity wherever located.

2.18 Environmental Laws. Except as set forth in SCCH's Disclosure Schedule or in any environmental report listed therein (true and accurate copies of which have been made available to MSHA):

a. Environmental Laws. SCCH has previously complied, and SCCH is currently complying, in all material respects with all federal, state and local environmental statutes, laws,

ordinances, orders, rules, regulations and moratoria relating to human health and the environment, including the Clean Air Act, as amended; the Federal Water Pollution Control Act, as amended; the Safe Drinking Water Act, as amended; the Resource Conservation and Recovery Act, as amended; the Hazardous Materials Transportation Act, as amended; the Occupational Safety and Health Act of 1970, as amended; the Comprehensive Environmental Response, Compensation and Liability Act, as amended by the Superfund Amendments and Reauthorization Act of 1986, as amended; and all other similar laws, ordinances, orders, rules, regulations or moratoria (collectively, "Environmental Laws"). SCCH has not received any written notice alleging, nor has any knowledge of, any noncompliance with or potential liability pursuant to any of such Environmental Laws, which has not previously been remedied pursuant to applicable Environmental Laws.

b. Hazardous Substances. Except to the extent permitted under and in compliance with applicable Environmental Laws, no medical wastes or hazardous wastes, hazardous substances, hazardous materials, toxic or hazardous air or water pollutants, or any other hazardous, toxic, infectious or noxious substances and/or any waste or recycled products thereof that are the subject of Environmental Laws ("Hazardous Substances") have ever been transported, generated, treated, used, stored, spilled, leaked, released or disposed of on the Real Property (which for purposes of this Section shall include the air above and all surface and subsurface soil and water), by SCCH (either directly or through arrangements with third parties), or, to SCCH's knowledge, by any prior owners, operators or lessees of the Real Property, which have not previously been remedied pursuant to applicable Environmental Laws.

c. Releases of Hazardous Substances. There is not now, nor has there been in the past, occurring at, on under or migrating onto or off of the Real Property, any release or threatened release, as those terms are defined in Environmental Laws, of any Hazardous Substances from any source, which has not previously been remedied pursuant to applicable Environmental Laws, nor has SCCH any reason to believe such a release is occurring or has occurred at any time in the past which has not previously been remedied pursuant to applicable Environmental Laws. Further, there are no Hazardous Substances, including petroleum, or petroleum products or derivatives thereof or other conditions or uses of the Real Property, whether natural or man-made, which pose a present or potential threat of damage to the health of persons, to property, to natural resources or to the environment. Except as set forth on SCCH's Disclosure Schedule, no underground storage tanks are or were previously situated on or under, or abandoned or removed on or from, the Real Property, which have not previously been remediated or otherwise remedied pursuant to applicable Environmental Laws.

d. Environmental Claims SCCH has no liability, responsibility or obligation, whether fixed, unliquidated, absolute, contingent or otherwise, under or pursuant to any Environmental Laws or pursuant to any common law rights relating to Hazardous Substances including any liability, responsibility or obligation to any person, entity or governmental authority for fines, violations, penalties, personal injury, damages or awards, or for investigation, expense, removal, or remedial action to effect compliance with or discharge any duty, obligation or claim under any such Environmental Laws ("Environmental Claims"), and SCCH has no reason to believe that any such Environmental Claims exist or may be brought or threatened.

e. Off-Site Facilities SCCH's Disclosure Schedule contains (i) a list of all Hazardous Substances or waste treatment, storage or disposal sites used in the operation of the Hospital and not located on the Real Property ("Off-Site Facilities") during the ten (10)-year

period prior to the date of this Agreement and (ii) a list of all parties engaged to transport Hazardous Substances or wastes to such Off-Site Facilities during such ten (10)-year period. Except as set forth in SCCH's Disclosure Schedule, during such ten (10)-year period, SCCH has not sent Hazardous Substances to an Off-Site Hospital that has been designated as a site for investigation or remediation under any Environmental Law or by any governmental entity

f. Permits. Except as set forth on SCCH's Disclosure Schedule, SCCH does not hold nor is it required to hold any Permit for the generation, treatment, storage, or disposal of hazardous waste in accordance with the Resource Conservation and Recovery Act (42 U S C. §6901 et seq)

g. Management System. SCCH maintains an environmental management system for the Hospital in the form set forth on the SCCH's Disclosure Schedule.

h Reports. SCCH has disclosed and made available to MSHA all relevant information, including all known studies, site assessments, compliance audits and similar environmental reports, analyses, and test results, relating to past and present (i) environmental conditions of SCCH on, under or about the Real Property, (ii) use or operation of the Real Property used in or held for use in connection with the Hospital property only, and (iii) any activities relating to Hazardous Substances on, or any off-site disposal of a Hazardous Substance from, the Real Property ("Environmental Reports"). SCCH has disclosed and made available to MSHA any and all documents in their possession or control relating to projected environmental expenditures for the Hospital and the Real Property, including capital and operating budgets and reports prepared by independent auditors or accountants and prepared by SCCH, including reports, studies or documents relating to the costs (including anticipated capital costs and annual expenses) of compliance with reasonably anticipated Environmental Laws.

2.19 Bank Accounts. Section 2.19 of SCCH's Disclosure Schedule contains a true and complete list as of June 30, 2006 of all accounts of SCCH and its subsidiaries with banks, trust companies, savings and loan associations, brokerage houses, and money managers, and the names of all persons authorized to draw thereon or to have access thereto.

2.20 Trademarks, Trade Names, Etc. Section 2.20 of SCCH's Disclosure Schedule sets forth all, if any, of the trademarks, trade names, service marks, patents, copyrights, registrations of SCCH and its subsidiaries, or applications with respect thereto, and licenses or rights under the same presently owned, used or intended to be acquired or used by any of them, and the extent to which the same have been duly registered in such offices as are indicated thereon

2.21 Absence of Changes. Except as set forth on SCCH's Disclosure Schedule, in the Financial Statements, or except as is not reasonably likely to have a Material Adverse Effect, since December 31, 2005, there has not been any transaction or occurrence in which SCCH has:

a. suffered any adverse change in the condition of the SCCH Assets or in the results of operations or financial condition of the Hospital or suffered any occurrence or event that SCCH knows or reasonably expects to result in any such adverse change (including, without limitation, damage to or destruction or loss of any SCCH Assets, whether or not covered by insurance.

b. sold, transferred or otherwise disposed of any of the SCCH Assets, except the use or disposal of Inventory in the ordinary course of business and the disposal of obsolete Furniture and Equipment;

c. written down or written up in any material amount the value of any Inventory (including write-downs by reason of shrinkage or markdowns), except for write-downs, write-ups, and write-offs in the ordinary course of business consistent with past practice;

d. waived or released any right relating to the Hospital or any of the SCCH Assets;

e. taken any other action that is neither in the ordinary course of business nor provided for in this Agreement; or

f. agreed, so as to affect the Hospital or any of the SCCH Assets (including the Contracts), whether in writing or otherwise, to take any of the actions set forth in this Section and not otherwise permitted by this Agreement.

ARTICLE III.
REPRESENTATIONS AND WARRANTIES OF MSHA

As of the date of this Agreement and as of the Closing Date, except as set forth on MSHA's Disclosure Schedule, MSHA represents and warrants to SCCH and Community Member the following:

3.1 Corporate Capacity. MSHA is a nonprofit public benefit corporation duly organized and validly existing in good standing under the laws of the State of Tennessee. MSHA is qualified to do business in the Commonwealth of Virginia MSHA has the requisite power and authority to enter into this Agreement, perform its obligations hereunder, and conduct its business as now being conducted and as conducted at the Closing.

3.2 Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by MSHA and all other agreements referenced herein or ancillary hereto to which MSHA is a party, and the consummation of the transactions contemplated herein and therein by MSHA:

a. are within MSHA's powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

b. will not, with or without the giving of notice and/or the passage of time, (i) contravene the terms of MSHA's articles or certificate of incorporation, bylaws, or any amendments thereto, (ii) violate or conflict with any provision of Law to which MSHA is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect as defined below), or (iii) violate or conflict with any judgment, order, writ or decree of any court applicable to MSHA;

c. to MSHA's knowledge, do not require any approval of, or filing with, any governmental entity under applicable Law, except (i) as otherwise expressly herein provided and (ii) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect; and

d. will neither conflict with nor result in any material breach or contravention of any indenture, agreement, lease, instrument or understanding to which MSHA is a party or by which MSHA is bound, except (i) as otherwise expressly herein provided and (ii) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect.

For purposes of this Agreement, the term **"Material Adverse Effect"** when used with respect to a representation, warranty or covenant of MSHA means a material adverse effect on the ability of MSHA to consummate the transactions contemplated hereunder on the continuing operation of SCCH and the Hospital.

3.3 Binding Effect. This agreement and all other agreements to which MSHA will become a party hereunder are and will constitute the valid and legally binding obligations of MSHA and are and will be enforceable against MSHA in accordance with the respective terms hereof and thereof, except as enforceability against MSHA may be restricted, limited or delayed by applicable bankruptcy or other laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity or adverse to matters of public policy.

3.4 Litigation. There is no claim, action, suit, proceeding or investigation pending or, to the knowledge of MSHA, threatened against or affecting MSHA that has or would reasonably be expected to have a Material Adverse Effect.

3.5 Exempt Status. Copies of the Internal Revenue Service determination letters confirming that MSHA is an organization exempt from federal income tax under §501(c)(3) of the Code and copies of all other exemption letters issued to MSHA by taxing authorities have been provided to SCCH. MSHA has not received any notice of any investigation nor is it the subject of any pending action or proceeding which alleges that it is in violation of or questions its compliance with any of the requirements of §501(c)(3) of the Code or any other provision of the Code or state law which are conditions to the continued maintenance of its tax exempt status under federal or state law. No audit of the exempt status of MSHA is in progress, pending, or threatened by any federal, state or local authority.

ARTICLE IV.
ORGANIZATION OF COMMUNITY MEMBER; CONDUCT OF SCCH'S OPERATIONS PRIOR TO CLOSING

4.1 Establishment of Community Member Relationship. Prior to the Closing, either: (a) the Existing Foundation will change its purposes and modify its structure to become an organization solely dedicated to support of SCCH with eight (8) of the Existing Foundation board of directors also serving as the Community Member's elected representatives on the SCCH board of directors. By the Closing Date, the Existing Foundation will have (i) amended its Articles of Incorporation and Bylaws to accomplish the foregoing; (ii) selected its representatives to the SCCH New Board; (iii) authorized entry at Closing into the Contribution and Noncompetition Agreement attached hereto as **Exhibit** H; and (iv) obtained a certificate of good standing from the Commonwealth of Virginia. Following Closing, through expiration of unexpired terms and nonselection of replacements, the Existing Foundation will reduce the size of its board of directors so that its eight (8) directors who also serve on the SCCH board of directors constitute a majority of the Existing Foundation's board of directors; or (b) SCCH will organize the New Foundation as a Virginia nonstock company for the sole purpose of acting as a supporting organization to SCCH as that term is defined by Internal Revenue Code §501(a)(3) and its interpretative regulations. A majority of the board of directors of the New Foundation shall serve as the Community Member's representatives on the SCCH board of directors. By the Closing Date, the New Foundation will have: (i) held the organizing meeting of its governing board; (ii) selected its representatives to the SCCH New Board; (iii) applied to the Internal Revenue Service for recognition of exempt status under §501(c)(3) and

public charity status under §501(a)(3) of the Internal Revenue Code; (iv) authorized entry at Closing into the Contribution and Noncompetition Agreement attached hereto as **Exhibit H**; and (v) obtained a certificate of good standing from the Commonwealth of Virginia.

4.2 Access. Between the date of this Agreement and the Closing, SCCH shall afford to the officers and authorized representatives and agents of MSHA reasonable access to and the right to inspect the plants, properties, books and records of SCCH relating to the Hospital and SCCH Assets, and SCCH will furnish MSHA with such additional financial and operating data and other information relating to the Hospital and SCCH Assets as MSHA may from time to time reasonably request. Such access may include, as reasonably requested by MSHA, consultations with SCCH Employees, medical staff members, third party payors and suppliers of SCCH. At MSHA's request, SCCH shall cooperate with MSHA in MSHA's efforts to contact and obtain information from third parties to Contracts. MSHA's right of access and inspection shall be made in such a manner as not to interfere unreasonably with the operation of the Hospital or SCCH Assets In this regard, MSHA agrees that such inspection shall not take place, and no SCCH Employee shall be contacted by MSHA or MSHA's representatives, without first coordinating such contact or inspection with Linda Parks White, President, or her designee.

4.3 Operating Covenants. From the date hereof to the Closing Date, except as set forth in SCCH's Disclosure Schedule, SCCH, in respect of the Hospital and SCCH Assets, will continue to conduct the business and operations of the Hospital in the ordinary course of the business consistent with past practice and SCCH will not, without the prior written consent of MSHA do any of the following:

a. amend in any material respect or terminate any of the Material Contracts, enter into any contract or commitment not terminable on 30-days' notice or involving expenditure or receipt of more than Fifty Thousand Dollars ($50,000), or incur or agree to incur any liability other than in the ordinary course of business;

b. sell, assign or otherwise transfer or dispose of any SCCH Assets, except in the ordinary course of business;

c. conduct any discussions or negotiations regarding collective bargaining and union activities without consultation with MSHA prior to any such discussion or negotiation and, to the extent possible, MSHA's participation in any such discussion or negotiation;

d. except for Permitted Encumbrances, create, assume or permit to exist any new Encumbrance upon any of the SCCH Assets;

e. (i) except in the ordinary course of business consistent with past practices, by action or inaction, abandon, terminate, cancel, forfeit, waive or release any right of SCCH with respect to the Hospital or SCCH Assets, in whole or in part, (ii) cancel or permit the cancellation or lapse of insurance coverage relating to the Hospital or SCCH Assets, or (iii) settle any dispute or threatened dispute relating to the Hospital or SCCH Assets in any manner that materially and adversely affects MSHA; or

f. take any action outside the ordinary course of business except as otherwise permitted or contemplated under this Agreement.

4.4 Notices Between the date of this Agreement and the Closing, each party shall promptly notify the other party in writing if it becomes aware of (a) any fact or condition that causes or constitutes a breach of any of such party's representations and warranties made as of the date of this Agreement, (b) the occurrence after the date of this Agreement of any fact or condition that would or be reasonably likely

to cause or constitute a breach of any such representation or warranty had that representation and warranty been made as of the time of the occurrence of, or such party's discovery of, such fact or condition, or (c) the occurrence of any breach of any covenant of such party in this Article IV or of the occurrence of any event that may make the satisfaction of the conditions in Article V or VI impossible or unlikely

4.5 Additional Financial Information Within thirty (30) days following the end of each calendar month prior to the Closing Date, SCCH will deliver to MSHA copies of the unaudited consolidated balance sheets of SCCH and separate balance sheets of the Hospital and the related unaudited consolidated statements of income of, or relating to, SCCH and separate income statements of the Hospital for each month ended after the Balance Sheet Date, together with a year-to-date compilation and the notes, if any, related thereto, which information shall be true, complete and correct in all material respects, shall have been prepared from and in accordance with GAAP (except for footnotes and subject to customary year end adjustments) and the books and records of SCCH, applied on a consistent basis throughout the applicable periods, and which shall fairly and accurately present the financial condition and results of operations of SCCH or the Hospital in all material respects, as applicable, as of the date and for the period indicated.

4.6 Efforts to Close. SCCH and MSHA shall use their reasonable commercial efforts to satisfy all of the conditions precedent set forth in Articles V and VI of this Agreement to the extent that such party's action or inaction can control or influence the satisfaction of such conditions, so that the Closing will occur by October 31, 2006. Without limiting the foregoing, SCCH shall make commercially reasonable efforts to render its title to the SCCH Assets, free and clear of all Encumbrances, other than Permitted Encumbrances, and to obtain appropriate consents and approvals from all persons, organizations and governmental entities, including the Office of the Virginia Attorney General, necessary for MSHA to become an 80% member of SCCH and for Community Member to become a 20% member of SCCH

ARTICLE V.
CONDITIONS PRECEDENT TO OBLIGATIONS OF MSHA

The obligations of MSHA hereunder are subject to the fulfillment on or before the Closing of each of the following conditions, unless waived in writing by MSHA:

5.1 Correctness of Representations and Warranties. The representations and warranties of SCCH contained in this Agreement and in the schedules, certificates and papers to be delivered to MSHA pursuant hereto and in connection herewith shall be true on the date hereof and on the Closing Date as though such representations and warranties were made on and as of the Closing Date. MSHA acknowledges that Section 2.9 of SCCH's Disclosure Schedule is incomplete on the date of signing of this Agreement. SCCH will work diligently between signing and Closing to complete Section 2.9 of SCCH's Disclosure Schedule. Any and all modifications to Section 2.9 of SCCH's Disclosure Schedule must be true, complete and accurate and acceptable to MSHA.

5.2 Compliance with Covenants. SCCH shall have performed all obligations and complied with all covenants and conditions required by this Agreement to be performed or complied with by it at or prior to the Closing.

5.3 Opinion of SCCH's Counsel. MSHA shall have received from counsel to SCCH an opinion dated as of the Closing Date and addressed to MSHA, in form and substance reasonably satisfactory to MSHA, to the effect that: (i) SCCH is a nonstock corporation duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia; (ii) SCCH has full corporate

power and authority to make, execute, deliver and perform this Agreement, and all corporate proceedings required to be taken by SCCH to authorize the execution, delivery and performance of this Agreement, and to establish MSHA as an 80% member of SCCH as herein contemplated have all been duly and properly taken; and (iii) this Agreement constitutes the valid and binding obligation of SCCH, enforceable in accordance with its terms. Such opinion shall contain usual and customary qualifications and assumptions. In rendering such opinion, such counsel may rely upon certificates of governmental officials and may place reasonable reliance upon certificates of officers of SCCH.

5.4 Governmental Compliance. MSHA shall have obtained or received documentation or other evidence reasonably satisfactory to MSHA that:

a. Applicable Federal and State Requirements. The parties have complied with all pre-Closing requirements, if any, of the Attorney General of Virginia, the Virginia Department of Health, and any other applicable federal or state agency, and no federal or state agency shall have requested, orally or in writing, that SCCH, Community Member or MSHA delay or postpone the Closing

b. Permits. SCCH has received all Permits from all governmental entities and the JCAHO whose approval may be required to consummate the transactions contemplated herein and continue the operation of the Hospital by SCCH and to continue SCCH's other operations from and after the Closing on the same terms as operated by SCCH prior to the Closing (including being eligible to receive payment without restriction under the Government Programs and under valid provider agreements as a "provider").

c. Action/Proceeding. No court or any other governmental entity has issued an order restraining or prohibiting the transactions herein contemplated and no governmental entity has commenced or threatened in writing to commence any action or suit before any court of competent jurisdiction or other governmental entity that seeks to restrain or prohibit the consummation of the transactions contemplated or otherwise seeks a remedy that would materially and adversely affect the ability of SCCH to continue to enjoy the full use and enjoyment of the SCCH Assets.

5.5 Title Policies and Surveys. If requested by MSHA, MSHA shall have received commitments from a title insurance company reasonably acceptable to MSHA (the "Title Company") to issue to SCCH as of the Closing Date an ALTA 1992 form owner's policy of title insurance with extended coverage and zoning endorsements and other endorsements reasonably acceptable to MSHA for the Real Property (which shall include leasehold policies with respect to those portions of such Real Property leased by SCCH), together with improvements, buildings and fixtures thereon, in amounts equal to the reasonable value assigned to such Real Property by MSHA and in the customary form prescribed for use in the Commonwealth of Virginia but with any creditors' rights exception and any mandatory arbitration provision deleted therefrom. SCCH agrees to provide such information as the Title Company may reasonably require in order to delete the creditors' rights exception. The commitments shall provide for the issuance of such policy (or policies) to SCCH as of Closing and shall insure fee simple title to that portion of the Real Property owned by SCCH and leasehold title to that portion of the Real Property leased by SCCH, subject only to Permitted Encumbrances (as defined in Section 2.10). MSHA shall, within fifteen (15) business days from the date MSHA receives written notice of the title insurer's declination to provide the requested insurance, notify SCCH in writing of any title exceptions or defects pertaining to the Real Property that would result in the inability of SCCH to receive title policies sufficient to satisfy this Section. Not less than fifteen (15) days after receiving MSHA's notice, SCCH shall notify MSHA in writing of any such exceptions to title or defects in title which SCCH is unable to cause to be removed or insured against prior to or at Closing. With respect to such exceptions or defects,

MSHA shall elect, by giving written notice to SCCH within ten (10) days thereafter, whether to (a) terminate this Agreement, or (b) consummate the Closing, with a reduction in the amount invested by MSHA in SCCH to reflect the diminution in value of SCCH associated with the uninsured exceptions and defects SCCH agrees to deliver any information (including any affidavits or other documents) as may be required by the Title Company under the requirements section of the title insurance commitment or otherwise in connection with the issuance of the title insurance policy. SCCH also agrees to provide an affidavit of title and/or such other information as the Title Company may reasonably require in order for the Title Company to insure over the "gap" (i e , the period of time between the effective date of the Title Company's last checkdown of title to such Real Property and the Closing Date) and to use commercially reasonable efforts to cause the Title Company to delete all standard exceptions from the final title insurance policy. If requested by MSHA, MSHA shall also have received as-built surveys of the Real Property reflecting all improvements visible on the grounds and all easements and rights of way of record or on the grounds. Such surveys shall meet the requirements of an ALTA/ASCM Survey and otherwise be reasonably acceptable to MSHA. The survey shall be certified to MSHA and to the title insurance company. The costs of such title policy and surveys shall be borne by SCCH. It is the intent of the parties that SCCH take the lead role in satisfying the conditions of this Section, with the cooperation and assistance of MSHA.

5.6 Opinion of Title. If MSHA chooses not to request a commitment from a title company as provided in Paragraph 5.5, MSHA shall be provided with a legal opinion of title, reasonably acceptable to MSHA for the real property (which will include an opinion regarding those portions of the real property leased by SCCH, together with improvements, buildings and fixtures thereon. SCCH agrees to provide such information as any attorney examining title may require in regard to such opinion of title. Such opinion of title must conclude that SCCH has good fee simple title to that portion of the real estate owned by it and leasehold title to that portion of the real property leased by SCCH, subject only to Permitted Encumbrances (as defined in Section 2 11). MSHA shall have fifteen (15) days from the date MSHA receives the opinion of title to notify SCCH in writing of any title exceptions or defects pertaining to the real property that are not Permitted Encumbrances and are not acceptable to MSHA No less than fifteen (15) days after receiving MSHA's notice, SCCH shall notify MSHA in writing of any such exceptions to title or defects in title which SCCH is unable to cause to be removed or insured against prior to or at Closing. With respect to such defects, MSHA shall elect, by giving written notice to SCCH within ten (10) days thereafter, whether to (a) terminate this Agreement, or (b) consummate the Closing, with an agreed upon reduction of the amount invested by MSHA in SCCH to reflect diminution in value of SCCH associated with the uninsured exceptions and defects. If the parties cannot agree upon the diminution in value, then they will agree upon an independent third party qualified by training and experience to determine the diminution in value of SCCH associated with the uninsured exceptions and defects. The parties will share equally the cost of the appraiser's services. The appraiser's decision regarding the diminution in value will be final and binding upon MSHA and SCCH. SCCH agrees to provide an Affidavit of continuing good title or title update as MSHA may reasonably require to cover the "gap" (i.e., the period of time between the effective date of the Title Company's or the examiner's last checkdown of title to such Real Property and the Closing Date).

5.7 No Material Adverse Changes. Since June 30, 2006, the business and operation of the Hospital and the SCCH Assets shall not be and shall not have been threatened or affected adversely, or interfered with in anyway which would have or be reasonably expected to have a Material Adverse Effect, whether or not covered by insurance, as a result of fire, explosion, earthquake, disaster, accident, labor dispute, any action of the United States or other governmental authority, riot, civil disturbance, activity of the Armed Forces or act of God or public enemy, and there shall not have occurred any material adverse change in the financial condition, operating results, business prospects, employees, medical staff, third party payor programs (governmental and nongovernmental) or suppliers of the

Hospital or other material adverse change in the condition of the SCCH Assets (whether or not covered by insurance).

5.8 Establishment of Community Member Relationship. MSHA shall have received documentation demonstrating to its satisfaction that the requirements for establishment of SCCH's relationship with either the Existing Foundation or the New Foundation as the Community Member and authorization of the Community Member's entry into the Contribution and Noncompetition Agreement attached hereto as **Exhibit H** (as more fully set forth in Section 4 1) have been satisfied.

5 9 Tail Coverage. MSHA shall have received documentation demonstrating to its satisfaction that SCCH has in place post-Closing tail coverage for the insurance policies/self insured retention that cover SCCH's risks prior to Closing or the parties shall have established a mutually acceptable alternative to tail coverage.

5 10 CPA Letter; Environmental Report. MSHA shall have received documentation demonstrating to its reasonable satisfaction that SCCH has resolved the issues raised in the CPA letter dated August 1, 2006 and disclosed in Section 2.5 of SCCH's Disclosure Schedule. Further, MSHA shall have received from SCCH either Phase II Environmental Reports showing no contamination from the underground tanks and lines disclosed in Section 2 18 of SCCH's Disclosure Schedule or satisfactory evidence that an agreed plan has been adopted for such remediation or any such contamination has been remediated as required by applicable governmental agencies.

5.11 Closing Deliveries The deliveries referred to in Section 7.2 shall have been made at Closing.

ARTICLE VI.
CONDITIONS PRECEDENT TO OBLIGATIONS OF SCCH

The obligations of SCCH hereunder are subject to the fulfillment on or before the Closing of each of the following conditions, unless waived in writing by SCCH:

6.1 Correctness of Warranties and Representations. The representations and warranties of MSHA contained in this Agreement and in the Schedules, certificates and papers to be delivered to SCCH pursuant hereto and in connection herewith shall be true on the date hereof and on the Closing Date as though such representations and warranties were made at and as of the Closing Date.

6.2 Compliance with Covenants. MSHA shall have performed all obligations and complied with all covenants required by this Agreement to be performed or complied with by it at or prior to the Closing

6.3 Opinion of MSHA's Counsel. SCCH shall have received from counsel to MSHA an opinion dated as of the Closing Date and addressed to SCCH, in form and substance reasonably satisfactory to SCCH, to the effect that: (i) MSHA is a nonprofit public benefit corporation duly organized and validly existing in good standing under the laws of the State of Tennessee; (ii) MSHA is qualified to do business in the Commonwealth of Virginia; (iii) MSHA has full power and authority to make, execute, deliver and perform this Agreement, and all corporate proceedings required to be taken by MSHA to authorize the execution and performance of this Agreement, and to make the investment in SCCH as herein contemplated have all been duly and properly taken; and (iv) this Agreement constitutes the valid and binding obligation of MSHA, enforceable in accordance with its terms. Such opinion shall contain usual and customary qualifications. In rendering such opinion, such counsel may rely upon

certificates of governmental officials and may place reasonable reliance upon certificates of officers of MSHA.

6.4 Governmental Compliance. SCCH shall have obtained documentation or other evidence reasonably satisfactory to SCCH as follows:

a. Federal and State Requirements. The parties shall have complied with all pre-Closing requirements, if any, of the Attorney General of Tennessee, the Tennessee Department of Health and any other applicable federal or state agency, and no federal or state agency shall have requested, orally or in writing, that SCCH, Community Member or MSHA delay or postpone the Closing.

b. Action / Proceeding. No court or any other governmental entity has issued an order restraining or prohibiting the transactions herein contemplated; and no governmental entity has commenced or threatened in writing to commence any action or suit before any court of competent jurisdiction or other governmental entity that seeks to restrain or prohibit the consummation of the transactions contemplated herein.

6.5 Closing Deliveries. The closing deliveries referred to in Section 7.3 shall have been made at Closing.

ARTICLE VII
CLOSING

7.1 Time and Place. Subject to the satisfaction or waiver by the appropriate party of all conditions precedent to Closing specified in Articles V and VI hereof, the Closing under this Agreement for the sale and purchase of the Assets shall take place at the offices of the Hospital, 565 Radio Hill Road, Marion, Virginia, at 10:00 a.m. EDT on October 31, 2006, or such other date and time or at such other place as the parties shall mutually agree ("**Closing Date**").

7.2 Actions of SCCH at Closing. At the Closing and unless otherwise waived in writing by MSHA, SCCH shall deliver to MSHA the following:

a. Amended and restated articles of incorporation of SCCH in the form of **Exhibit A-1**, properly signed and acknowledged in form for filing with the Virginia State Corporation Commission, and amended and restated bylaws of SCCH in the form of **Exhibit A-2**, certified by an officer of SCCH as effective upon Closing;

b. Copies of resolutions duly adopted by the board of directors of SCCH authorizing and approving SCCH's performance of the transactions contemplated hereby, the execution and delivery of this Agreement and the documents described herein, and designate $10,000,000 of investment funds as Minimal Routine Capital funds, certified as true and of full force and effect as of Closing, by the appropriate officers of SCCH;

c. Title insurance policies and surveys satisfying the requirements of Section 5.5, if requested, or per Section 5.6, opinion of title examination satisfactory to MSHA;

d. Certificates of incumbency for the officers of SCCH executing this Agreement and any other agreements or instruments contemplated herein dated as of the Closing Date;

e. A certificate of existence and good standing of SCCH issued by the Commonwealth of Virginia within thirty (30) days prior to the Closing Date;

f. A certificate of SCCH certifying that all of the conditions set forth in Sections 5.1 and 5.2 hereof have been satisfied;

g. The opinion of SCCH's counsel as required by Section 5.3 hereof;

h. Counterpart originals of the Employee Lease Agreement attached hereto as **Exhibit B**, duly signed by an authorized officer of SCCH;

i. Counterpart originals of the Management Services Agreement attached hereto as **Exhibit C**, duly signed by an authorized officer of SCCH or SCHS, as applicable;

j. The documentation contemplated by Section 5.8 hereof including, without limitation, counterpart originals of the Contribution and Noncompetition Agreement attached hereto as **Exhibit H** duly signed by an authorized officer of Community Member;

k. The evidence of tail coverage or mutually acceptable alternative arrangement required by Section 5.9 hereof;

l. The evidence required by Section 5.10 hereof with respect to certain CPA raised and environmental risk issues; and

m. Such other instruments, certificates or other documents as are reasonably necessary to carry out the transactions contemplated by this Agreement, to comply with the terms hereof, or as required pursuant to the terms hereof.

7.3 Actions of MSHA at Closing. At the Closing and unless otherwise waived in writing by SCCH, MSHA shall deliver to SCCH the following:

a. The investment amount specified in Section 1.1 in immediately available funds;

b. Copies of resolutions duly adopted by the board of directors of MSHA authorizing and approving its performance of the transactions contemplated hereby and the execution and delivery of this Agreement and the documents described herein, certified as true and in full force as of Closing by an appropriate officer of MSHA;

c. Certificates of incumbency for the officers of MSHA executing this Agreement and any other agreements or instruments contemplated herein dated as of the Closing Date;

d. A certificate of existence and good standing of MSHA issued by the State of Tennessee within thirty (30) days prior to the Closing Date;

e. A certificate of authority of MSHA to do business in Virginia issued by the Commonwealth of Virginia within thirty (30) days prior to the Closing Date;

f. A certificate of MSHA certifying that all of the conditions set forth in Sections 6.1 and 6.2 hereof have been satisfied;

g. The opinion of MSHA's counsel as required by Section 6.3 hereof;

h. Counterpart originals of the Employee Lease Agreement attached hereto as Exhibit B, duly signed by an authorized officer of MSHA;

i. Counterpart originals of the Management Services Agreement attached hereto as **Exhibit C**, duly signed by an authorized officer of BRMMC;

j The documentation contemplated by Section 5 8 hereof including, without limitation, counterpart originals of the Contribution and Noncompetition Agreement attached hereto as **Exhibit H** duly signed by an authorized officer of MSHA ; and

k. Such other instruments, certificates or other documents as are reasonably necessary to carry out the transactions contemplated by this Agreement, to comply with the terms hereof, or as required pursuant to the terms of this Agreement.

7.4 Termination Prior to Closing. Notwithstanding anything herein to the contrary, this Agreement and the transactions contemplated by this Agreement may be terminated at any time on or before the Closing Date (or in the case of subsection (b), thereafter) as follows and in no other manner:

a. by mutual written consent of MSHA and SCCH;

b. by SCCH or MSHA upon written notice to the other at any time after October 31, 2006, if a "No Action Letter" from the Virginia Attorney General has been received and the Closing has not occurred by such date; provided that the right to terminate pursuant to this subsection (b) shall not be available to any party whose failure to fulfill any obligation under this Agreement has been the cause of, or resulted in, the failure of the Closing to occur by such date;

c. By MSHA upon written notice to SCCH if there has been a misrepresentation or breach of warranty in any material respect or a failure to perform a covenant in any material respect on the part of SCCH, of which SCCH previously has been given notice in writing by MSHA and which has not been cured by SCCH within ten (10) days of such notice;

d. By SCCH upon written notice to MSHA if there has been a misrepresentation or a breach of warranty in any material respect or a failure to perform a covenant in any material respect on the part of MSHA, of which MSHA previously has been given notice in writing by SCCH and which has not been cured within ten (10) days of such notice;

e By MSHA upon written notice to SCCH if, immediately prior to the Closing Date, any of the conditions specified in Article V (including, without limitation, the conditions contained in Section 5.7) have not been met or have not been waived by MSHA;

f. By SCCH upon written notice to MSHA if, immediately prior to the Closing Date, any of the conditions specified in Article VI have not been met or have not been waived by SCCH; and

g. By either party upon written notice to the other if the office of the Virginia Attorney General declines to issue a "No Action Letter" in regard to the transaction contemplated by this Agreement.

Each party to this Agreement shall be entitled to seek and recover all actual damages and losses, including expenses paid by it in preparation for, and meeting the requirement of, Closing that result from a breach

of this Agreement by the other party. In addition, the obligations of the parties contained in this Section 7.4 and Article VIII (excluding Section 8.5) shall survive any such termination.

ARTICLE VIII.
MISCELLANEOUS

8.1 Consents, Approvals and Discretion. Except as herein expressly provided to the contrary, whenever this Agreement requires any consent or approval to be given by either party or either party must or may exercise discretion, the parties agree that such consent or approval shall not be unreasonably withheld or delayed and such discretion shall be reasonably exercised.

8.2 Representations and Agreements Do Not Survive Closing.

a. Except as otherwise set forth in Section 1.12 a. of this Agreement and in Section 8.2(b) below, the representations and agreements of the parties set forth herein and in the certificates to be delivered at the Closing shall not survive the Closing and, following the Closing, no party shall have a cause of action or any other remedy based upon the noncompliance of any party with any provision of this Agreement or based upon the omission, untruth or misleading nature of any representation made hereunder. MSHA and SCCH shall each rely upon their own investigation in determining whether or not to close the transactions contemplated hereunder.

b. The provisions of Article I, the provisions of this Section 8.2, the provisions of Sections 8.3 through and including Section 8.13, and any separate agreements entered into by the parties with each other and/or with Community Member at the Closing shall survive the Closing.

8.3 Governing Law; Arbitration.

a. Governing Law. The parties agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee, without giving effect to any choice or conflict of law provision or rule thereof. The parties further agree that Virginia law shall govern the SCCH Articles of Incorporation and Bylaws and the real estate owned and leased by SCCH in Virginia.

b. Arbitration. Except as specifically provided for elsewhere in this Agreement, all claims and controversies arising out of or in connection with this Agreement shall be subject to binding arbitration by a single arbitrator in accordance with the commercial arbitration rules of the American Arbitration Association ("AAA"), the existing Rules of Practice and Procedures of the Judicial Arbitration and Mediation Services, Inc. ("JAMS") or the existing rules of arbitration of the American Health Lawyers Association ("AHLA") Alternative Dispute Resolution Service, or such other rules, or modification to the referenced rules, as the parties may mutually agree. Any arbitration shall occur in Johnson City, Tennessee, and any judgment on the award rendered in such arbitration shall be entered in any Tennessee state or federal court having jurisdiction. The party filing the arbitration shall have the right to select either AAA, JAMS or AHLA. The prevailing party in any arbitration proceeding hereunder as determined by the arbitrator or in any legal proceedings or actions arising from or in connection with this Agreement shall be entitled to recover reasonable attorneys' fees and costs. Nothing herein shall prohibit a party from seeking equitable relief in a court of law to maintain the status quo while an arbitration is pending hereunder. The parties agree that the arbitrator shall not have the right to award punitive damages.

8.4 Benefit; Assignment. Subject to provisions herein to the contrary, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns; provided, however, that no party may assign this Agreement without the prior written consent of the other party, which consent may be withheld in the sole discretion of the other party. The Section 8.1 requirement of reasonableness does not apply to the granting or withholding of consent to assignment of this Agreement. Notwithstanding the foregoing, MSHA may assign its interest in this Agreement (in whole or in part) to any affiliate without the consent of SCCH, but in such event MSHA shall be required to remain obligated hereunder in the same manner as if such assignment had not been effected.

8.5 Accounting Date. The transactions contemplated hereby shall be effective for accounting purposes as of 12:01 a.m. on the day following the Closing Date, unless otherwise agreed in writing by SCCH and MSHA. The parties will use commercially reasonable efforts to cause the Closing to be effective as of a month end, with equitable adjustments made to the Purchase Price necessary to give effect to the foregoing.

8.6 Confidentiality.

a. Agreements and Contemplated Transactions. This Agreement and the terms hereof shall be kept confidential in accordance with this Section except as may, in the reasonable judgment of either party hereto, be required by any applicable Law. If any party hereto concludes that disclosure is required, it shall provide the other party with a reasonable opportunity to discuss the nature of the requirement and to review the disclosure before it is made. The party making the disclosure shall have the right to make the disclosure in a manner satisfactory in terms and in substance to such party in its sole and absolute discretion to the extent it has been advised by its counsel that such form and content of the disclosure is required. Each party hereto shall not otherwise disclose to any person the nature or progress of the transactions contemplated pursuant to this Agreement or the contents of any information provided to such party in anticipation of such transactions.

b. Other Proprietary Information. It is understood by the parties hereto that the information, documents and instruments delivered to MSHA by SCCH or SCCH's agents and the information, documents and instruments delivered to SCCH by MSHA or MSHA's agents are of a confidential and proprietary nature. Each party hereto agrees that, both prior and subsequent to Closing, it will maintain the confidentiality of all such confidential information, documents or instruments delivered to it by the other party hereto or its agents in connection with the negotiation of this Agreement or in compliance with the terms, conditions and covenants hereof and only disclose such information, documents and instruments to its duly authorized officers, directors, representatives and agents. Each party hereto further agrees that, if the transactions contemplated hereby are not consummated, it will return all such documents and instruments and all copies thereof in their possession to the other party to this Agreement. Each party hereto recognizes that any breach of this Section would result in irreparable harm to the other party to this Agreement and that, therefore, either SCCH or MSHA shall be entitled to an injunction to prohibit any such breach or anticipated breach, without the necessity of posting a bond, cash or otherwise, in addition to all of their other legal and equitable remedies. Nothing in this Section, however, shall prohibit the use of such confidential information, documents or information for such governmental filings as in the mutual opinion of MSHA's counsel and SCCH's counsel are (i) required by Law or (ii) otherwise appropriate

8.7 Waiver of Breach The waiver by either party of breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any subsequent breach of the same or other provision hereof.

8.8 Notice. Any notice, demand or communication required, permitted, or desired to be given hereunder shall be deemed effectively given when personally delivered, when received by telegraphic or other electronic means (including telecopy and telex) or overnight courier, or five (5) days after being deposited in the United States mail, with postage prepaid thereon, certified or registered mail, return receipt requested, addressed as follows:

SCCH:	Smyth County Community Hospital Attn: Linda Parks White President 565 Radio Hill Road Marion, Virginia 24354 Facsimile: (276) 782-1438
with copies to:	Board of Directors, Smyth County Community Hospital Attn: Gary Peacock Chairman 565 Radio Hill Road Marion, Virginia 24354 Facsimile: (276) 782-1438
	Woods Rogers PLC Attn: Thomas T. Palmer, Esq. 10 South Jefferson Street, Suite 1400 Roanoke, Virginia 24011 Facsimile: (540) 983-7711
MSHA:	Mountain States Health Alliance Attn: Dennis Vonderfecht, President and CEO 400 N. State of Franklin Road Johnson City, Tennessee 37604-6074 Facsimile: (423) 431-6057
with copies to:	Mountain States Health Alliance Attn: Timothy S. Belisle, Esq. 400 N State of Franklin Road Johnson City, Tennessee 37604 Facsimile: (423) 431-5013

or to such other address, and to the attention of such other person or officer as any party may designate.

8.9 Severability. In the event any provision of this Agreement is held to be invalid, illegal or uneuforceable for any reason and in any respect, such invalidity, illegality, or unenforceability shall in no event affect, prejudice or disturb the validity of the remainder of this Agreement, unless doing so would result in an interpretation of this Agreement that is manifestly unjust.

8.10 Interpretation. Inasmuch as this Agreement is the result of negotiations between sophisticated parties of equal bargaining power represented by counsel, no inference in favor of, or

against, either party shall be drawn from the fact that any portion of this Agreement has been drafted by or on behalf of such party. The divisions of this Agreement into sections and subsections and the use of captions and headings in connection therewith are solely for convenience and shall have no legal effect in construing the provisions of this Agreement.

8.11 No Third Party Beneficiaries. The terms and provisions of this Agreement are intended solely for the benefit of MSHA and SCCH and their respective permitted successors or assigns, and it is not the intention of the parties to confer, and this Agreement shall not confer, third-party beneficiary rights upon any other person.

8.12 Entire Agreement; Amendment; Counterparts. This Agreement together with the attached Exhibits and Schedules supersedes all previous contracts and constitutes the entire agreement of whatsoever kind or nature existing between or among the parties representing the within subject matter and no party shall be entitled to benefits other than those specified herein. As between the parties, no oral statement or prior written material not specifically incorporated herein shall be of any force and effect. The parties specifically acknowledge that, in entering into and executing this Agreement, the parties rely solely upon the representations and agreements contained in this Agreement and no others. All prior representations or agreements, whether written or verbal, not expressly incorporated herein are superseded unless and until made in writing and signed by all parties hereto. This Agreement may only be amended, modified, terminated or replaced by a subsequent written instrument signed by an authorized officer of each party hereto. This Agreement may be executed in two or more counterparts, each and all of which shall be deemed an original and all of which together shall constitute but one and the same instrument.

8.13 Specific Performance. The parties acknowledge that the Hospital and SCCH Assets are unique, that a failure by either party to complete the transactions contemplated by this Agreement may cause irreparable injury to the other party, and that actual damages for any such failure may be difficult to ascertain and may be inadequate. Accordingly, either party shall be entitled to specific performance of any of the provisions of this Agreement in addition to any other equitable remedies to which such party may otherwise be entitled for a failure by the other party to complete the transactions contemplated by this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION CLAUSE THAT IS ENFORCEABLE AGAINST THE PARTIES.

SMYTH COUNTY COMMUNITY HOSPITAL

By: _____
Gary L. Peacock, Chairman

By: _____
Linda Parks White,
President

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderlecht,
President and CEO

LIST OF EXHIBITS AND SCHEDULES

Exhibit A-1 – SCCH Amended and Restated Articles of Incorporation

Exhibit A-2 – SCCH Amended and Restated Bylaws

Exhibit B – Employee Lease Agreement

Exhibit C – Management Services Agreement – Employed Physician Clinics

Exhibit D – MSHA Corporate Services Overhead Allocation

Exhibit E – Processes for Addressing SCCH Community Need for Physician Specialties

Exhibit F – Master Facility Plan Decision Tree

Exhibit G – MSHA Corporate Services Available to SCCH

Exhibit H – Contribution and Noncompetition Agreement

Schedule 1 12 a. – Example Calculation of Withdrawal Payment

Schedule One - SCCH's Disclosure Schedule

Section 2.1 - Corporate Capacity

Section 2.2 - Corporate Powers, Consents, Absences of Conflicts with Other Agreements, Etc.

Section 2.3 - Binding Agreement

Section 2.4 – Insider Interests

Section 2.5 - Financial Statements

Section 2.6 - Permits and Approvals

Section 2.7 - Government Program Participation

Section 2.8 - Regulatory Compliance

Section 2.9 - Contracts

Section 2.10 - Inventory, Furniture and Equipment

Section 2.11 - Real Property

Section 2.12 – Insurance

Section 2.13 – Existing Indebtedness

Section 2.14 – Taxes; Exempt Status

Section 2.15 - Employment and Labor Matters

Section 2.16 - Relationships

Section 2.17 - Litigation or Proceedings

Section 2.18 - Environmental Laws

Section 2.19 – Bank Accounts

Section 2.20 – Trademarks, Trade Names, Etc.

Section 2.21 - Absence of Changes

Section 2.22 - Statements True and Correct

Schedule Two – MSHA's Disclosure Schedule

Section 3.1 - Corporate Capacity

Section 3.2 - Corporate Powers, Consents, Absence of Conflicts with Other Agreements, Etc.

Section 3.3 - Binding Effect

Section 3.4 – Litigation

Section 3.5 – Exempt Status

SCHEDULE 1.12 a.

EXAMPLE CALCULATION OF WITHDRAWAL PAYMENTS

Assumption: Appraised value of SCCH at time of withdrawal is $100,000,000

Example 1: MSHA Withdraws

.8 x ($100,000,000) =	$80,000,000	Gross Value of MSHA Interest
	(23,360,000)	True-Up Amount
	$56,640,000	Payment to MSHA for its Membership Interest

Example 2: Community Member Withdraws

.2 x ($100,000,000) =	$20,000,000	Gross Value of Community Member Interest
	23,360,000	True-Up Amount
	$43,360,000	Payment to Community Member for its Membership Interest

SCHEDULE ONE

SCCH DISCLOSURE SCHEDULE

[See Attached]

SCHEDULE TWO

MSHA DISCLOSURE SCHEDULE

Sections 3.1 and 3.2: MSHA's Charter is not fully clear regarding its authority to conduct business in Virginia. MSHA will hold a membership meeting and amend its Charter prior to Closing to clarify its authority to conduct business in Virginia.

EXHIBIT A-1

AMENDED AND RESTATED SCCH ARTICLES OF INCORPORATION

[See Attached]

EXHIBIT A-2

AMENDED AND RESTATED SCCH BYLAWS

[See Attached]

EXHIBIT B

EMPLOYEE LEASE AGREEMENT

[See Attached]

EXHIBIT C

MANAGEMENT SERVICES AGREEMENT –
EMPLOYED PHYSICIAN CLINICS

[See Attached]

EXHIBIT D

MSHA CORPORATE SERVICES OVERHEAD ALLOCATION

CORPORATE DEPARTMENT	OVERHEAD ALLOCATION METHOD
Other Revenue/Expense	Net Patient Revenue
Nursing Administration	Net Patient Revenue
Mtn States Regional Labs	Outpatient Lab Volume
Corp Denials	Net Patient Revenue
MCC Clinical	Net Patient Revenue
Pt Resource Mgmt	Net Patient Revenue
MCC Scheduling	Net Patient Revenue
Medical Staff Services	Net Patient Revenue
Physician Recruitment	Active Recruitments
Administration	Net Patient Revenue
Accounting	Net Patient Revenue
Decision Support	Net Patient Revenue
Reimbursement	Medicare Revenue
Business Office	Bill Claims – 5.0 FTE Min
Material & Resource Management	Total Supply Expense
Human Resources	Employees
Performance Improvement	Net Patient Revenue
Management Engineering	Net Patient Revenue
Telecommunications	Telephones
Information Systems	Devices
Corp Audit & Compliance	Net Patient Revenue
Legal	Net Patient Revenue
Teaching Hours	Employees
Organizational Development	Employees
Government Relations	Net Patient Revenue
Business Development	Net Patient Revenue
Managed Care	Net Patient Revenue
Patient Centered Care	Net Patient Revenue
Marketing & Public Relations	Net Patient Revenue
Strategic Planning	Net Patient Revenue
Accreditation	Net Patient Revenue
Quality	Net Patient Revenue
Business Health	Net Patient Revenue
Fund Development	Net Patient Revenue
THA Workforce Development Grant	Net Patient Revenue
Grants & Awards Writing & Admin	Net Patient Revenue
Contingency	Net Patient Revenue

EXHIBIT E

PROCESSES FOR ADDRESSING SCCH COMMUNITY NEED FOR PHYSICIAN SPECIALTIES

All time frames described below commence on the Closing Date unless otherwise stated.

CARDIOLOGY

- MSHA will immediately work with existing cardiology practices, both independent and owned, to provide cardiology clinics and consult services at SCCH. The clinics would begin on a part-time basis. MSHA can provide cardiology coverage in 180 days or less from date of closing for at least 50% of the time.

- MSHA will also recruit cardiologists to fill existing and future needs.

- MSHA leadership will immediately begin working with SCCH management to collaboratively develop an immediate and long-term implementation schedule for cardiac services at SCCH.

- The schedule will include:

  - the provision of cardiology clinics and/or a full-time cardiologist

  - a diagnostic cardiology assessment

  - needed improvements in technology and team member training/recruitment needs.

ONCOLOGY

- MSHA leadership will immediately meet with SCCH leadership to determine current oncology needs and expansion opportunities and to develop an implementation schedule to meet those needs. It is expected that consult services will be in place within 180 days.

- As a part of the implementation schedule, MSHA will meet with the existing oncologists providing services to SCCH to ascertain interest/involvement/support of expansion opportunities.

- MSHA offers a comprehensive chemotherapy course for RNs twice a year. SCCH staff can be trained to provide outpatient chemotherapy services on site as a part of an overall outpatient oncology program.

ANESTHESIOLOGY

- Anesthesiologists or CRNAs within MSHA are independent practitioners. MSHA will work with existing MSHA contracted anesthesia groups to provide support and coverage during vacations/absences of SCCH Anesthesiologists/CRNAs.

RADIOLOGY

- MSHA Information Systems will work with SCCH on PACS system support and will integrate SCCH into the current GE PACS system being implemented at MSHA.

- MSHA will immediately begin to recruit an additional radiologist to provide the needed coverage and interventional services at SCCH.

- The current MSHA radiology group should be fully staffed to cover current system needs by 2007. At that time, we will work with the MSHA radiology group to cover SCCH during times of vacations, etc.

PSYCHIATRY

- MSHA employs psychiatrists through Blue Ridge Medical Management and can provide psychiatric coverage through these employed psychiatrists.

- MSHA is also implementing a telemedicine program for psychiatric consults out of the Emergency Department that can be utilized at SCCH.

ORTHOPAEDICS

- MSHA has arrangements in place through MD Link to provide for transfers of orthopaedic patients during times that orthopaedic coverage is not available at SCCH.

- MSHA will work with the SCCH staff to determine if sufficient orthopaedic volume exists to support another orthopaedist in the community. If sufficient volume does exist, MSHA will immediately begin recruitment of an additional orthopaedist.

UROLOGY

- MSHA has arrangements in place through MD Link to provide for patient transfer during time urology coverage is not available at SCCH.

- If sufficient volume exists for an additional urologist in the community, MSHA will immediately begin recruitment.

HOSPITALIST PROGRAM

- MSHA utilizes hospitalists at all MSHA facilities and found it to be a successful model. MSHA will immediately begin implementation of an integrated hospitalist program to support SCCH's medical staff.

EMERGENCY DEPARTMENT

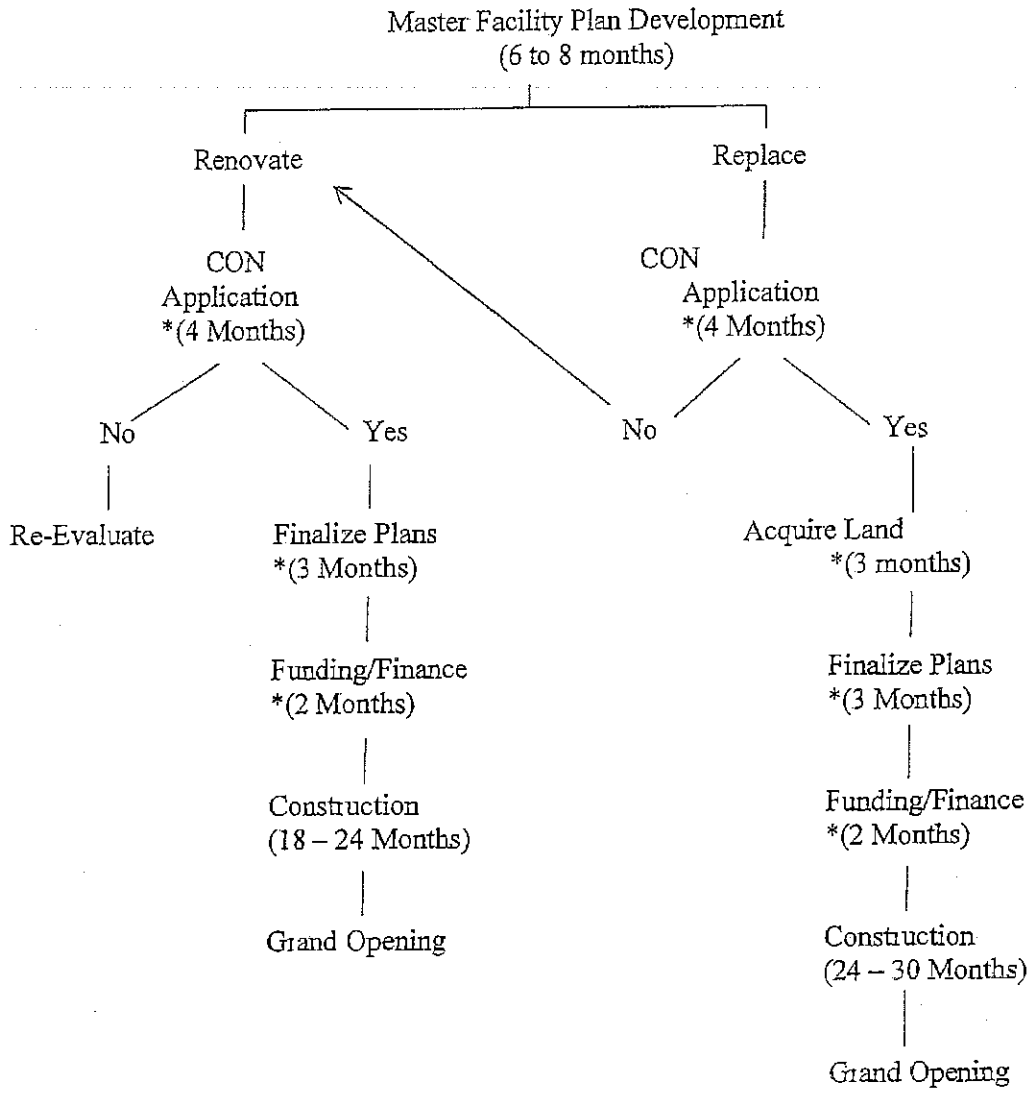
- MSHA does not employ ER physicians. However, MSHA will work with existing MSHA contracted groups to provide ER services to SCCH, if applicable.

- All MSHA Emergency Departments provide service 24 hours a day, seven days a week, with physician coverage. It is MSHA's expectation that SCCH will provide this same level of service.

- MSHA commits to providing the non-physician staffing necessary to maintain around the clock ER services, including the physician assistant from 12:00 p.m. to 12:00 a.m. daily.

EXHIBIT F

Master Facility Plan Decision Tree



Total Time – 31 to 42 months
* Can occur simultaneously

EXHIBIT G

MSHA CORPORATE SERVICES AVAILABLE TO SMYTH COUNTY COMMUNITY HOSPITAL

The following corporate services are available to SCCH as an adjunct to the services of on site management personnel:

* Organization Development
* Human Resources
* Information Systems
* Marketing
* Quality/Case Management/Risk Management
* Medical Staff Services
* Materials Management
* Construction & Biomedical Engineering
* Facilities Engineering
* Safety/Security
* Medical Records
* Infection Control
* Corporate Compliance/Auditing
* Planning
* Managed Care
* Government Relations
* Legal
* Business Development
* Physician Recruitment
* Business Office
* Management Engineering
* Environmental Services
* Insurance
* Laboratory
* Strategic Services Units (Cardiology, Oncology, Ortho/Neuro, Women's Services)

EXHIBIT H

CONTRIBUTION AND NONCOMPETITION AGREEMENT

THIS AGREEMENT is made and entered into this ____ day of _____, 2006, by and among SMYTH COUNTY COMMUNITY HOSPITAL, a Virginia nonstock company and organization exempt from federal income tax under Internal Revenue Code §501(c)(3) ("SCCH"), SMYTH COUNTY COMMUNITY **[HOSPITAL?]** FOUNDATION, a Virginia nonstock company which **[has applied for recognition of exemption]** or **[is exempt]** from federal income tax under Internal Revenue Code §501(c)(3) (the "Community Member"), and MOUNTAIN STATES HEALTH ALLIANCE, a Tennessee nonprofit public benefit corporation and an organization exempt from federal income tax under Internal Revenue Code §501(c)(3).

WHEREAS, SCCH and MSHA entered into that certain Reorganization Agreement, dated August 29, 2006 (the "Reorganization Agreement") pursuant to which the parties agreed, among other things, that MSHA would acquire an 80% membership interest in SCCH, SCCH would establish a relationship with the Community Member to support SCCH and to hold a 20% membership interest in SCCH, MSHA would make certain contributions to SCCH and to Community Member, and entry by Community Member into this Agreement would be a material condition to MSHA's obligation to Close the Reorganization Agreement and to make the contributions to SCCH and to Community Member required by Section 1.1 thereof;

WHEREAS, to carry out the requirements of Section 5.8 of the Reorganization Agreement, MSHA, SCCH and Community Member are willing to enter into this Agreement in accordance with the terms, covenants and conditions set forth herein;

NOW, THEREFORE, in consideration of the foregoing and the terms, covenants and conditions set forth herein, the parties agree as follows:

1. MSHA Contribution to Community Member. Upon presentation to MSHA of:

(a) A determination letter issued to Community Member by the Internal Revenue Service which recognizes that Community Member is exempt from federal income tax under Internal Revenue Code §501(c)(3) and is also a supporting organization under Internal Revenue Code §501(a)(3);

(b) Satisfactory evidence that Community Member remains in good standing with the Commonwealth of Virginia; and

(c) Wire transfer instructions to a designated bank account of Community Member,

MSHA will contribute to Community Member Five Million Seventy Two Thousand Dollars ($5,072,000) by wire transfer of immediately available funds to the designated bank account of Community Member.

2. Requirements for Use of Proceeds. Community Member shall use the funds contributed to it by MSHA pursuant to this Agreement solely for the support of SCCH and the provision of health care services (including wellness) to the community served by SCCH. Except as set forth below, the specific uses and investment of the contributed funds for the purpose described in the preceding sentence shall be determined from time to time by the governing board of the Community Member based upon requests made to Community Member by SCCH. If SCCH settles the claim or claims associated with the following action: **[describe *Spalding* case]** or if final judgment in the *Spalding* case is rendered against SCCH and SCCH either determines not to appeal the judgment or the judgment is nonappealable, and if the amount of the settlement payment(s) or judgment award(s) exceed the reserve established by SCCH on its books for the contingent liabilities associated with the *Spalding* case, then within five (5) business days following SCCH demand for reimbursement of the amount(s) paid in excess of the reserve, the Community Member will wire transfer to a designated account of SCCH the lesser of: (a) the amount be paid in excess of the reserve; or (b) the remainder of the original MSHA contribution to the Community Member, plus earnings thereon, minus prior contributions to SCCH by Community Member from the fund created by MSHA's contribution to Community Member.

3. Restrictive Covenants.

(a) Noncompetition. Except as permitted in this Section, during the period commencing on the Closing Date and ending on the fifth (5th) **[second (2nd)]** anniversary following the date that Community Member no longer holds any rights as a member of SCCH (the "**Noncompete Term**"), Community Member shall not, and it shall cause its successors, assigns and controlled affiliates and subsidiaries not to, directly or indirectly (including by making a donation or providing other financing), (i) engage in the construction or operation of any Competing Business within Smyth County, Virginia and any county contiguous to Smyth County, Virginia ("**Territory**"); or (ii) acquire, lease, own or be a shareholder, partner, member or equity holder of, exercise management control over, provide consulting services for, or acquire or maintain any interest in, any Competing Business that operates or conducts any business within the Territory. For purposes of this Section, the term "**Competing Business**" means the business of owning, operating, managing or otherwise participating in a facility or facilities which provide general acute care, long term care, physician, outpatient surgical or diagnostic, home health, hospice, psychiatric, behavioral health development, disability or rehabilitation services.

(b) Nonsolicitation of Employees. Throughout the Noncompete Term, Community Member will not, without prior written approval of MSHA, directly or indirectly, solicit, hire, employ or retain any SCCH Employee or any employee or agent of MSHA retained for SCCH operations, or any member of the SCCH Medical Staff, and Community Member will not, directly or indirectly, cause any SCCH Employee, employee or agent of MSHA retained for SCCH operations, or SCCH Medical Staff member to terminate or suspend their employment or agency relationship with SCCH or MSHA or membership on the SCCH Medical Staff.

(c) Adequacy of Remedy. Community Member recognizes that the covenants in this Section, and the territorial, time and other limitations with respect thereto, are reasonable and properly required for the adequate protection of the interests of SCCH and MSHA, and Community Member agrees that such limitations are reasonable. Community Member agrees and acknowledges that the violation of the covenants or agreements in this Section would cause irreparable injury to SCCH and MSHA and that a remedy at law for any violation or threatened violation thereof would be inadequate and that, in addition to whatever other remedies may be available at law or in equity, SCCH and MSHA shall be entitled to temporary and permanent injunctive or other equitable relief without the necessity of proving actual damages or posting bond. Community Member also waives any requirement of proving actual damages in connection with the obtaining of any such injunctive or other equitable relief.

(d) Enforcement. It is the intention of each party hereto that the provisions of this Section shall be enforced to the fullest extent permissible under the Laws and the public policies of the Commonwealth of Virginia and of any other jurisdiction in which enforcement appropriately may be sought, but that the unenforceability (or the modification to conform with any such Laws or public policies) of any provisions hereof shall not render unenforceable or impair any of the remaining provisions of this Agreement. Accordingly, if any term or provision of this Section shall be determined to be illegal, invalid or unenforceable, either in whole or in part, this Agreement shall be deemed amended to delete or modify, as necessary, the offending provisions and to alter the balance of this Agreement in order to render the same valid and enforceable to the fullest extent permissible as aforesaid.

(e) Continued Application. This Section shall continue to apply to Community Member and its successors and assigns, even if Community Member is acquired by or merged with or into, or assigns any of its rights or obligations to, any other person or organization that owns or operates a Competing Business.

4. Governing Law. The parties agree that this Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia, without giving effect to any choice or conflict of law provision or rule thereof.

5. Benefit; Assignment. Subject to provisions herein to the contrary, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns; provided, however, that no party may assign this Agreement without the prior written consent of the other party, which consent may be withheld in the sole discretion of the other party. Notwithstanding the foregoing, MSHA may assign its interest in this Agreement (in whole or in part) to any affiliate without the consent of SCCH, but in such event MSHA shall be required to remain obligated hereunder in the same manner as if such assignment had not been effected.

6. Waiver of Breach. The waiver by either party of breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any subsequent breach of the same or other provision hereof.

7. Notice. Any notice, demand or communication required, permitted, or desired to be given hereunder shall be deemed effectively given when personally delivered, when received by telegraphic or other electronic means (including telecopy and telex) or overnight courier, or five (5) days after being deposited in the United States mail, with postage prepaid thereon, certified or registered mail, return receipt requested, addressed as follows:

SCCH:	Smyth County Community Hospital Attn: Linda Parks White President 565 Radio Hill Road Marion, Virginia 24354 Facsimile: (276) 282-1438
MSHA	Mountain States Health Alliance Attn: Dennis Vonderfecht, President and CEO 400 N. State of Franklin Road Johnson City, Tennessee 37604-6074 Facsimile: (423) 431-6057
with copies to:	Mountain States Health Alliance Attn: Timothy S. Belisle, Esq. 400 N. State of Franklin Road Johnson City, Tennessee 37604 Facsimile: (423) 431-5013
Community Member:	Smyth County Community **[Hospital?]** Foundation Attn: _____ _____ _____ Marion, Virginia 24354 Facsimile: (____) _____
	Woods Rogers PLC Attn: Thomas F. Palmer, Esq. 10 South Jefferson Street, Suite 1400 Roanoke, Virginia 24011 Facsimile: (540) 983-7711

8. Interpretation. Inasmuch as this Agreement is the result of negotiations among sophisticated parties of equal bargaining power represented by counsel, no inference in favor of, or against, any party shall be drawn from the fact that any portion of this Agreement has been drafted by or on behalf of such party. The divisions of this Agreement into sections and subsections and the use of captions and headings in connection therewith are solely for convenience and shall have no legal effect in construing the provisions of this Agreement.

9. No Third Party Beneficiaries. The terms and provisions of this Agreement are intended solely for the benefit of MSHA, Community Member and SCCH and their respective permitted successors or assigns, and it is not the intention of the parties to confer, and this Agreement shall not confer, third-party beneficiary rights upon any other person

10. Entire Agreement; Amendment; Counterparts. This Agreement supersedes all previous contracts and constitutes the entire agreement of whatsoever kind or nature existing between or among the parties representing the within subject matter and no party shall be entitled to benefits other than those specified herein. This Agreement may only be amended, modified, terminated, discharged or replaced by a subsequent written instrument signed by an authorized officer of each party to this Agreement. This Agreement may be executed in two or more counterparts, each and all of which shall be deemed an original and all of which together shall constitute but one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

SMYTH COUNTY COMMUNITY HOSPITAL

By: _____
Gary L. Peacock, Chairman

By: _____
Linda Parks White,
President

MOUNTAIN STATES HEALTH ALLIANCE

By: Dennis Vonderfecht (EH)
Dennis Vonderfecht,
President and CEO

SMYTH COUNTY COMMUNITY [HOSPITAL?] FOUNDATION

By: _____
_____,
_____

AMENDMENT TO
REORGANIZATION AGREEMENT

THIS AMENDMENT is made and entered into as of the 31st day of October, 2006, by and between **SMYTH COUNTY COMMUNITY HOSPITAL**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**SCCH**"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**MSHA**").

WHEREAS, SCCH and MSHA previously entered into that certain Reorganization Agreement, dated August 29, 2006 (the "Reorganization Agreement") which provided for investment by MSHA of substantial sums in SCCH and reorganization of SCCH to establish MSHA as an 80% member of SCCH and to establish Smyth County Community Foundation, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) (the "Foundation"), as a 20% member of SCCH; and

WHEREAS, SCCH and MSHA desire to make certain mutually agreed modifications to the Reorganization Agreement as set forth in this Amendment.

NOW, THEREFORE, in consideration of the foregoing and the mutually agreed terms, covenants and conditions set forth herein, SCCH and MSHA hereby amend the Reorganization Agreement as follows:

1. Agreements Regarding Employee Payment of Health Insurance Premiums. SCCH and MSHA acknowledge that SCCH personnel who accept offers from MSHA to become MSHA employees will have increased responsibility for their health insurance premiums as a result of switching from the SCCH health insurance program to MSHA's self insured health benefits program. The parties agree to establish a transitional period from the Closing Date through June 30, 2008 during which a portion of each employee's increased health insurance premium responsibility will be paid from the $4.7 million dollars contributed by MSHA to the Foundation at the Closing.

The amount of premium to be paid by each employee for each pay period during the Transition Period will gradually increase each quarter as set forth below:

"Employee Only" Health Premiums

Employee Cost Per Pay Period

Effective Date of New Employee Cost	Health			Pharmacy		
	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3
11/01/2006	$13.58	$16.21	$15.96	$0.84	$ 2.42	$ 4.33
02/01/2007	$13.78	$19.04	$18.54	$1.68	$ 4.84	$ 8.66
05/01/2007	$13.98	$21.87	$21.12	$2.52	$ 7.26	$12.99
08/01/2007	$14.18	$24.70	$23.70	$3.36	$ 9.68	$17.32
11/01/2007	$14.38	$27.53	$26.28	$4.20	$12.10	$21.65
02/01/2008	$14.58	$30.36	$28.86	$5.04	$14.52	$25.98
05/01/2008	$14.78	$33.19	$31.44	$5.88	$16.94	$30.31
07/01/2008	$15.00	$36.00	$34.00	$6.71	$19.35	$34.61

The amount each employee will pay will depend upon which MSHA Health Plan Option the employee selects. For each Option, the employee's cost will be the sum of the Health amount and the Pharmacy amount. Further, if the MSHA self insured health benefits program increases the "employee only" Health Premiums during the Transition Period, then the amounts set forth in the above rate table will be increased by the amount(s) of such "employee only" Health Premiums increase(s).

Each pay period following Closing, the MSHA self funded health insurance trust (the "Health Insurance Trust") will bill to SCCH which will in turn bill to the Foundation an amount equal to the difference between the actual employee aggregate premium charged by the MSHA health plan for the SCCH personnel employed by MSHA and the aggregate amount actually paid by such personnel applying the rate table set forth above augmented by any premium increases to such employees. Payment will be due to the Health Insurance Trust from SCCH and to SCCH from the Foundation within ten (10) days following receipt of each invoice from the Health Insurance Trust or from SCCH, as applicable.

2. Agreements Regarding Professional Liability Insurance Coverage.

(a) Post-Closing Occurrences. For SCCH occurrences that happen following Closing, professional liability insurance coverage will be provided in accordance with the MSHA self insurance program, subject to all of the terms and conditions of such coverage, including without limitation, any applicable cost allocations, reserve requirements, excess liability insurance coverage, provisions regarding choice of legal counsel, and exclusions from coverage.

(b) Pre-Closing Claims. For SCCH occurrences that happen prior to Closing and for which a claim is made on or prior to the Closing Date, insurance coverage will be provided through the policy(ies) of professional liability medical malpractice insurance coverage maintained by SCCH through the Closing Date as required by Section 4.3(e)(i) of the Reorganization Agreement.

(c) Post-Closing Claims Based Upon Pre-Closing Occurrences. For SCCH occurrences that happen prior to Closing and for which a claim is made on or before the third (3rd) anniversary of the Closing Date, in lieu of obtaining an extended reporting endorsement (i.e., tail coverage) for the policy of malpractice insurance maintained by SCCH through the Closing Date, SCCH and MSHA agree to the following risk sharing arrangement:

(i) SCCH Annual Reserve. SCCH will establish an annual malpractice claims reserve in the amount of $350,000. This reserve will be the initial source of funds to pay costs and expenses of defending, settling and otherwise resolving (e.g. by payment of a judgment or arbitration award) claims made after Closing based upon occurrences on or prior to the Closing Date (such costs and expenses are called "Tail Claims Costs"). This annual reserve will be restored to $350,000 on each anniversary date of the Closing, so that amounts spent from this reserve during the prior Measurement Year (i.e., the twelve (12) month period commencing on each November 1st and ending on the succeeding October 31st) will only deplete the reserve for that Measurement Year;

(ii) Foundation Funds. The parties acknowledge that at Closing, MSHA will contribute $4.7 million dollars to the Foundation to be used for the support of SCCH (the "MSHA Contribution Fund"). If the amounts spent during any Measurement Year following Closing fully deplete the malpractice reserve established by SCCH at the beginning of that Measurement Year, then up to $850,000 of the MSHA Contribution

Fund held by the Foundation will be the next source of funds relied upon by SCCH to fund Tail Claims Costs; provided, however, that health insurance premium payments for MSHA employees working at SCCH and costs and expenses of defending and settlement or judgment payments made by SCCH arising from the Spalding case shall be reimbursed from the MSHA Contribution Fund prior to any reimbursement from the MSHA Contribution Fund of Tail Claims Costs;

(iii) MSHA Self Insurance Program. After $850,000 of the MSHA Contribution Fund held by the Foundation is spent to reimburse Tail Claims Costs or following the fifth (5th) anniversary of the Closing Date, whichever occurs first, any additional Tail Claims Costs incurred by SCCH will be reimbursed to SCCH through MSHA's program of self insurance. All such payments plus earnings thereon at a deemed rate of 5% per year will be subtracted from any payment otherwise due to the Foundation upon its withdrawal as a member of SCCH or upon sale of substantially all of the assets of SCCH and subsequent distribution of net proceeds to the members; and

(iv) No Third Party Beneficiaries. The risk sharing arrangement described in this paragraph 1.c. establishes rights and responsibilities between the parties and with the Foundation. The rights of the parties are personal to them and may not be enforced by third parties. Further, no third party beneficiaries are intended and no rights of third parties are created by such risk sharing provisions. Neither MSHA nor the Foundation shall have any liability or responsibility to third parties for the acts or omissions to act of SCCH, its employees and agents.

3. Modifications to SCCH Disclosure Schedule. MSHA and SCCH agree to the modifications to the SCCH Disclosure Schedule attached hereto as **Schedule One.**

4. Amended and Restated Bylaws. MSHA and SCCH agree to substitute the Amended and Restated Bylaws of SCCH that are attached to this Amendment for **Exhibit A-2** to the Reorganization Agreement.

5. Modified Employee Lease Agreement. MSHA and SCCH agree to substitute the Employee Lease Agreement attached to this Amendment for **Exhibit B** to the Reorganization Agreement and to cause their respective officers to sign and deliver counterparts of the same at Closing.

6. Modified Management Services Agreement. MSHA and SCCH agree to substitute the Management Services Agreement attached to this Amendment for **Exhibit C** to the Reorganization Agreement, and MSHA agrees to require Blue Ridge Medical Management Corporation to execute such Agreement and deliver it to SCCH at the Closing.

7. Modified Contribution and Noncompetition Agreement. MSHA and SCCH agree to substitute the Contribution and Noncompetition Agreement attached to this Amendment for **Exhibit H** to the Reorganization Agreement and to require the Foundation to execute such agreement and deliver it to the parties at the Closing as a condition of MSHA's obligation to close.

8. Correction to Section 7.2(b). Section 7.2(b) of the Reorganization Agreement is hereby restated in its entirety as follows:

"(b) Copies of resolutions duly adopted by the board of directors of SCCH authorizing and approving SCCH's performance of the transactions contemplated hereby, the execution and delivery of this Agreement and the documents described herein, and designate

$8,000,000 of investment funds as Minimal Routine Capital funds, certified as true and of full force and effect as of Closing, by the appropriate officers of SCCH;"

9. Opinion of Title. The parties acknowledge that MSHA did not request a title insurance commitment so that pursuant to Section 5.6 of the Reorganization Agreement, SCCH provided to MSHA a legal opinion of title. MSHA acknowledges receipt of the legal opinion of title and accepts the title exceptions described therein as Permitted Encumbrances.

10. Ratification of Reorganization Agreement; Conflicting Terms. Except as modified by this Amendment, MSHA and SCCH hereby ratify, confirm and approve all of the terms, covenants and conditions of the Reorganization Agreement. To the extent a provision of the Reorganization Agreement conflicts with a provision of this Amendment, the Amendment provision shall be considered to modify or replace, as appropriate to the context, the Reorganization Agreement provision.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION CLAUSE THAT IS ENFORCEABLE AGAINST THE PARTIES.

SMYTH COUNTY COMMUNITY HOSPITAL

By: _____
Gary L. Peacock, Chairman

By: _____
Linda Parks White,
President

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht,
President and CEO

SCHEDULE ONE

MODIFICATIONS TO SCCH DISCLOSURE SCHEDULE

EXHIBIT A

Initial Leased Employees

(see attached list of employees)

REPLACEMENT EXHIBIT A-2 TO

REORGANIZATION AGREEMENT

AMENDED AND RESTATED

BYLAWS OF SCCH

SMYTH COUNTY COMMUNITY HOSPITAL

BYLAWS

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AMENDED AND RESTATED

BYLAWS

OF

SMYTH COUNTY COMMUNITY HOSPITAL

ARTICLE I.
CORPORATION

Section 1.1. Name and Purpose. The name of this corporation is Smyth County Community Hospital (the "Corporation"), a Virginia non-stock, member corporation. The purposes, powers, rights, obligations, and duties of the Corporation shall be as set forth in its Articles of Incorporation.

The Corporation shall, so long as the Board of Directors of the Corporation (the "Board") deems it advisable, own, operate and maintain a fully licensed and accredited community hospital in the Town of Marion, Smyth County, Virginia known as Smyth County Community Hospital (the "Hospital"). The purposes of the Hospital are to provide care to all persons regardless of race, color or creed who are suffering from any illness, injury or disability and who may require hospital care; to establish, maintain and operate health care facilities ancillary to the Hospital in the communities it serves and such other health care facilities as the Board shall deem appropriate; and to participate so far as circumstances may warrant in any other activity designed to promote the general health of the communities served by the Hospital. The Hospital shall have an organized medical staff responsible to the Board for its own governance and for all medical care provided to patients (the "Medical Staff"). The Corporation shall also, so long as the Board deems it advisable, own, operate and maintain a fully licensed nursing home in the Town of Marion, Smyth County, Virginia known as Francis Marion Manor (the "Nursing Home"). This shall be considered a Department of the Hospital.

The Corporation may own, lease, operate or maintain such other facilities as the Board may from time to time deem appropriate consistent with the stated purposes of the Corporation. All such facilities, including the Hospital and the Nursing Home, shall be referred to collectively herein as "the Facilities".

Section 1.2. Mission, Vision and Values. The current mission, vision and values of the Hospital are set forth below:

Mission Statement	Smyth County Community Hospital is committed to "Bringing Loving Care to Health Care". We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health and wellness.
Vision Statement	We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.

Values	Integrity – Honesty in Everything We Do Service – With Caring and Compassion Leadership – With Creativity and Innovation Excellence – Always Pursuing a Higher Standard

Section 1.3. Offices. The principal office of the Corporation shall be in the Town of Marion, Smyth County, Virginia.

ARTICLE II.
MEMBERS

Section 2.1. Identification. The Corporation shall have two (2) members, namely Mountain States Health Alliance ("MSHA"), which shall have an 80% membership interest in the Corporation, and the Smyth County Community Foundation ("SCC Foundation"), which shall have a 20% membership interest in the Corporation (each a "Member" and collectively, the "Members"). Mountain States Health Alliance is a Tennessee public benefit corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code which serves as the parent sponsoring organization of a number of health care related entities. Smyth County Community Foundation is a charitable foundation operating exclusively for charitable, religious, scientific, literary and educational purposes and in support of the operation and mission of Smyth County Community Hospital.

Section 2.2. Rights of Members. Members shall have the right and the power to: (a) appoint and elect the Board of Directors, as provided in Article III, Section 3.5; (b) remove directors, as provided in Article III, Section 3.7; (c) approve amendments to the Bylaws, as provided in Article XII, Section 12.2; (d) approve in advance any proposed dissolution and/or liquidation of the corporation; (e) approve any sale of all or substantially all of the corporation's assets; (f) approve any merger or consolidation of the corporation with another entity; (g) amend the Articles of Incorporation of the corporation; and (h) approve borrowing from MSHA and approve borrowing from a third party creditor where either the credit or assets of MSHA will be at risk of repayment or the amount of the borrowing exceeds $500,000. The actions listed in clauses (d) through and including (g) of this Section 2.2 shall require approval by both MSHA and SCC Foundation. All other actions by the members may be taken upon approval by Members holding at least a majority membership interest in the corporation.

Section 2.3. Transfer of Membership. Membership in the Corporation is not transferable or assignable.

Section 2.4. Annual Meeting. An annual meeting of the Members shall be held preceding the annual meeting of the Board. The purpose of the annual meeting shall be to name Directors.

Section 2.5. Special Meetings. Special meetings of the Members for any purpose or purposes may be called by the President or by the Board, and shall be called by the President or Secretary at the written request of a Member. The notice of the meeting shall state the purpose or purposes for which the meeting is called and no business other than that specified in the notice shall be conducted at the meeting.

Section 2.6. Member Action. Action by the Members shall be by the Board of Directors of each Member as communicated to the Corporation by a representative of the Member authorized to provide such notice. A representative or representatives authorized by the MSHA Board of Directors and a representative or representatives authorized by the SCC Foundation may attend and take action at meetings of Members.

Section 2.7. Action Without a Meeting. Whenever the vote of the Members at a meeting is required or permitted to be taken for or in connection with any corporate action by any provisions of the statutes or of the Articles of Incorporation or these Bylaws, the meeting and vote may be dispensed with if all Members entitled to vote on the matter shall consent in writing to such action being taken, and any action so taken without a meeting shall have the same force and effect as action taken at a meeting of Members by the unanimous vote of the Members entitled to vote on such action.

ARTICLE III.
DIRECTORS

Section 3.1. General Powers. The business and affairs of the Corporation shall be conducted by a Board of Directors. The Board will be vested with the full authority of the Board of Directors of a Virginia nonstock member corporation as provided for in the Virginia Nonstock Corporation Act. All powers of the Corporation shall be exercised by or under authority of the Board of Directors, except as otherwise expressly provided by law, the Articles of Incorporation of the Corporation or these Bylaws.

Section 3.2. Board of Directors. The governing body of the Corporation shall be the Board of Directors, which shall operate in accordance with the Articles of Incorporation and Bylaws of the Corporation. The number of Directors which shall constitute the entire Board shall be fourteen (14), of which nine (9) shall be SCC Foundation Class Directors (including the president of the medical staff, ex officio, with vote), four (4) shall be MSHA Class Directors, and one shall be the president and chief executive officer of the Corporation, ex officio, without vote. The number and classes of Directors may be changed only by amendment to these Bylaws and the Articles of Incorporation. The SCC Foundation Class Directors shall hold 20% of the votes of the Board of Directors. The MSHA Class Directors shall hold 80% of the votes of the Board of Directors. Unless otherwise decided by the applicable class of Directors, the votes held by each class of Directors shall be allocated among them pro rata. In other words, each SCC Foundation Class Director will vote 2.22% of the votes and each MSHA Class Director will vote 20% of the votes.

Section 3.3. Supermajority Issues. The following actions shall require the affirmative vote of a majority of the SCC Foundation Class Directors and the affirmative vote of a majority of the MSHA Class Directors, as described in Section 3.2, before the Corporation may take any action regarding the following matters:

(i) A decision to discontinue any existing health care service provided by the Corporation;

(ii) Recommendation for Amendment of the Articles of Incorporation and Amendment of the Bylaws of the Corporation;

(iii) Subject to the right of substitution set forth in Section 1.12 b. of the Reorganization Agreement between Smyth County Community Hospital and MSHA, dated August 29, 2006 and any amendments thereto (collectively, the "Reorganization Agreement"), grant and establishment of a Member interest in the Corporation for anyone other than MSHA and the SCC Foundation;

(iv) Changing the name of the Corporation;

(v) Approving any contribution to the Members of excess cash flows or other funds generated by the Corporation ;

(vi) Approval of any capital expenditures by the Corporation that exceed $10 million for any fiscal year;

(vii) Initiating bankruptcy, insolvency or similar proceedings on behalf of the Corporation;

(viii) Borrowing by the Corporation in excess of $10 million; and

(ix) Reallocation of funds away from the Board designated account for the Master Facility Plan, as referenced in the Reorganization Agreement, to adjust to changing needs of the Corporation.

The decision by the MSHA Class Directors may be subject to prior or further approval by the MSHA board of directors, a committee thereof, or senior officers of MSHA in accordance with MSHA's levels of approval authority policies.

Section 3.4. Qualification of Directors. The SCC Foundation Class Directors shall at all times be members of the Board of Directors of the SCC Foundation who reside in the communities served by the Hospital, who are recognized as leaders in the community and who are willing, without compensation, to devote their time, talent, and services to supervision of the affairs of the Corporation and accomplishment of its purposes. An effort shall be made in selecting Directors to achieve a balance of talents and representative interests necessary to the good management of the Corporation. Except for the President and CEO of the Corporation and any member of the Hospital medical staff, no person employed to work for or on behalf of the Corporation or the Hospital is eligible to serve as a member of the Board of Directors.

Section 3.5. Election and Terms.

(a) The MSHA Directors shall serve upon appointment by MSHA and shall hold office until the earlier of resignation or removal of any such director by MSHA. Four (4) MSHA Class Directors will be named in the Amended and Restated Articles of Incorporation of the Corporation effective as of November 1, 2006.

(b) The SCC Foundation Class Directors shall be named in the Amended and Restated Articles of Incorporation of the Corporation effective as of November 1, 2006 ("Initial SCC Foundation Class Directors"). The eight (8) Initial SCC Foundation Class Directors (exclusive of the ex officio director) shall be appointed from individuals who were serving as directors of the Hospital immediately prior to November 1, 2006, and shall serve staggered terms with two (2) directors elected for initial terms running from November 1, 2006, through June 30, 2007, three (3) directors elected for initial terms running from November 1, 2006, through June 30, 2008, and three (3) directors elected for initial terms running from November 1, 2006, through June 30, 2009. At least two (2) of the elected SCC Foundation Class Directors shall be members of the Hospital's Medical Staff. The remaining SCC Foundation Class director shall be the President of the Hospital's Medical Staff who shall serve ex-officio, with vote, for a period to run concurrently with service in such position. Upon expiration of the terms of the Initial SCC Foundation Class Directors, the SCC Foundation shall elect from the Directors of the SCC Foundation successors to serve three (3) year terms. Nothing herein shall be construed to prevent (i) the election of a Director to succeed himself or herself; (ii) the election of a Director for the remainder of an unexpired term of a Director; or (iii) amendment of these Bylaws to increase or decrease the number of Directors upon approval of each of the Members. No elected SCC Foundation Class Director may serve for more than three (3) consecutive three (3) year terms but may, upon taking a leave of one (1) year, again be eligible to be re-elected. Furthermore, if a vacancy is filled for a term of less than one (1) year, the individual filling such vacancy will be eligible to serve up to an additional three (3) consecutive three (3) year terms. If a vacancy is filled for a term of one (1) year or more, the individual filling such vacancy shall be eligible to serve up to an additional two (2) consecutive three (3) year terms.

(c) Election of the SCC Foundation Class Directors and appointment of the MSHA Class Directors shall take place at the annual meeting of the Members unless successor Directors are elected as provided in Section 3.8.

(d) The President and CEO of the Corporation shall serve ex officio, without vote, for a period to run concurrently with service in such position.

(e) At all times the SCC Foundation Class Directors shall constitute a majority of the board of the SCC Foundation, except as otherwise set forth in the Reorganization Agreement.

Section 3.6. Vacancies. If the office of any SCC Foundation Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be filled by election by the Board of Directors of the SCC Foundation. If the office of any MSHA Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be appointed by MSHA. Each Director elected or appointed to fill a vacancy shall hold office for the unexpired term of his predecessor in office.

Section 3.7. Removal. SCC Foundation Class Directors (including an ex-officio director) may be removed, with or without cause, by the vote of two-thirds of the total number of the SCC Foundation Class. MSHA Class Directors may be removed, with or without cause, by the act of MSHA communicated by its representative. Removal as a Director also shall constitute removal as an officer of the Corporation.

Section 3.8. Election and Filling of Vacancies. Directors of either class may be elected or appointed in advance of the annual meeting of the Members, and vacancies in the office of Director of either class may be filled in advance of the vacancies. The election or appointment of Directors pursuant to this Section 3.8 shall be effective as of the next annual meeting of the Members. The filling of vacancies pursuant to this Section 3.8 shall be effective as of the occurrence of a vacancy among the Directors of that class.

Section 3.9. Place and Notice of Directors Meeting. The annual meeting of the Board shall be held on the fourth Monday of each May, or such day as soon thereafter as the Board shall establish, for the purpose of transacting any and all such business as may come before the meeting. Regular meetings of the Board may be held at such time and place as the Board may determine by resolution. Special meetings of the Board may be called at any time by the Chairman, the Secretary, a majority of Directors, or by either Member.

Section 3.10. Notice of Meetings. Notice of the date, time and place of every meeting, along with the purpose of the meeting, shall be given by mail, telephone or telecopier at least forty-eight (48) hours previous thereto to each Director. Neither the business to be transacted at, nor the purpose of, any meeting of the Board need be specified in the notice or waiver of notice of the meeting.

Section 3.11. Actions Without Meeting. Any action that may be taken at a meeting of the Board may be taken without a meeting if a consent in writing, setting forth the actions so to be taken, shall be signed by all of the Directors before or after the action is to become effective. The Directors' consent shall have the same force and effect as a unanimous vote.

Section 3.12. Quorum. A majority of the number of voting members of the Board shall constitute a quorum for the transaction of business at meetings of the Board, provided, however, for the actions set forth in Section 3.3 of these Bylaws requiring approval by a majority of each

of the SCC Foundation Class Directors and MSHA Class Directors, a quorum will consist of a majority of Directors of the SCC Foundation Class and a majority of Directors of the MSHA Class. If less than a quorum of the members of the Board is present at any meeting, such meeting may be adjourned by a majority of those members present from time to time until a quorum shall be present, and any business may be transacted which might have been transacted at the meeting as originally notified. When a quorum is present at any meeting, unless the Articles of Incorporation of the Corporation or these Bylaws require the vote of a greater number of Directors, the vote of Directors present who represent at least a majority of the votes allocated among the Directors by Section 3.2 of this Article III shall be sufficient to elect and pass any measure. The vote made by the MSHA Class Directors may in some cases be subject to prior or further approval by the MSHA board of directors, a committee thereof, or senior officers of MSHA in accordance with MSHA's level of approval authority policies.

Section 3.13. Attendance. It is expected that all Directors attend every meeting of the Board and every meeting of a Board committee of which he or she is a member. Absences may be excused for such reasons as illness, unavoidable absence from the city or unavoidable conflict for personal or business reasons. An excused absence will be recorded as such in the minutes of the meeting. It shall be the responsibility of each Board member to notify the Secretary of the Board in advance if he or she cannot attend a meeting and the reason(s) therefore. Secretaries of Board Committees shall likewise be notified in advance if a member cannot attend a meeting. Absences at Board and Committee Meetings shall be reviewed quarterly by the Chairman to determine whether absences, for whatever reason(s), warrants continuation on the Board. A Director who is absent from three consecutive Board meetings, or more than twenty-five percent (25%) of the Board meetings in a calendar year, shall be removed from the Board, unless the Board determines, at its next meeting, in its discretion, that there are extenuating reasons for any such excessive absences. If it is determined that a Director shall be removed from the Board due to excessive absences, the Director shall be so notified by the Secretary of the Board.

Section 3.14. Transaction of Business at Board Meetings; Minutes. Business at meetings of the Board shall be transacted in accordance with a written agenda distributed to members of the Board at or before the opening of any meeting for the transaction of business. The Board shall record and maintain written minutes of its meetings. The minutes of Board meetings shall be kept in the administrative offices of the Hospital and shall be available for review by any member of the Board.

Section 3.15. Meetings by Telephone. Meetings of the Board may be held through the use of telephones or other communications equipment, whereby all persons, while participating in the meeting, can communicate with each other. Participation by any Board member in a meeting so held shall constitute presence in person at the meeting and the minutes of any such meeting shall be prepared in the same manner as a meeting of the Board held in person.

Section 3.16. Educational Opportunities. Education opportunities for members of the Board shall be arranged at least annually. Such educational opportunities may include, but shall not be limited to, a program relating to the duties and responsibilities of Board members and other relevant continuing programs intended to keep the Board well informed of current issues affecting hospitals and health care generally.

Section 3.17. Self-Evaluation. At least annually, the performance of the Board and the individual Directors shall be self-evaluated using a form that is approved by the Board for this purpose.

ARTICLE IV.
OFFICERS AND AGENTS

Section 4.1. General. The officers of the Corporation shall consist of a Chairman of the Board, a Vice Chairman of the Board, a President, a Secretary, and a Treasurer, all of whom, with the exception of the President, shall be Directors.

The Board of Directors shall select and appoint a President who shall serve at the pleasure of the Board as the Administrator of the Hospital and the Chief Executive Officer of the Corporation. The other officers of the Corporation (collectively referred to as the "Elected Officers"), shall be elected every year by the members of the Board who are Directors as of, and after, July 1 of each year. Such election shall occur at an organizational meeting of the newly constituted Board to be convened at the next regularly scheduled Board meeting after July 1 of each year, without the need for any separate notice. All Elected Officers shall serve one-year terms that shall run from their election until their successors are elected as set forth herein. Any person may hold any two or more offices simultaneously other than the offices of President and Secretary. The Chairman of the Board, the Vice Chairman of the Board and the Secretary may serve no more than two consecutive one year terms.

Section 4.2. Chairman of the Board. The Chairman of the Board (the "Chairman") shall preside at all meetings of the Board of Directors when present. The Chairman shall monitor the implementation of policies and procedures established by the Board. The Chairman shall perform all duties incident to the office of Chairman and such other duties as from time to time may be assigned by the Board of Directors or any committee duly authorized by the Board, and shall have such other powers and authorities as are elsewhere in these bylaws conferred upon him.

Section 4.3. Vice Chairman. The Vice Chairman shall assist the Chairman in addressing such matters as the Chairman or the Board shall direct. In the absence of the Chairman, the Vice Chairman shall perform all the duties of the Chairman at any Board meeting and shall also perform such other duties of the Chairman as requested by the Chairman or the President.

Section 4.4. President. The Board of Directors shall select and appoint competent and experienced President and CEO who shall report to and be its direct representative in the management of the health care system. The President shall serve as the Administrator of the Hospital and the Chief Executive Officer of the Corporation and shall be responsible for implementing the policies and procedures established by the Board. The President, subject to the provisions of these Bylaws, shall supervise the agents and employees of the Corporation, shall perform such other duties as may be prescribed from time to time by the Board, and shall have all other powers and duties that pertain to his or her position as Chief Executive Officer. This official shall be vested with the necessary authority and responsibility, in accordance with board policies, goals and expressed directions, to: Conduct all financial and business affairs of the

Corporation; Maintain and improve quality in cooperation with the medical staffs of its facilities; Act as spokesperson for the Corporation; and Exercise other responsibilities necessary for effective operations.

Section 4.5. Secretary. The Secretary shall certify the actions of the Board when necessary, keep the minutes of the Board, maintain the records (other than financial) of the Corporation, give notice of any meetings of the Board, and have such other powers and duties as may be prescribed by the Board from time to time. The Secretary shall provide for safe custody of the seal of the Corporation and, when authorized by the Board, affix the same to any instrument requiring it, and when so affixed, it shall be attested by his or her signature, or the signature of the Assistant Secretary, if one is elected.

Section 4.6. Treasurer. The Treasurer shall provide for the custody of all corporate funds and securities and shall see that a true and accurate accounting of the financial transactions of the Corporation is made and that reports of those transactions are presented promptly to the Finance Committee and to the Board. The Treasurer shall see to the disbursement of funds of the Corporation as may be ordered by the Board, proper vouchers being taken for such disbursements, and shall be responsible for rendering to the Chairman and Directors, at the regular meetings of the Board, or whenever they may require it, an account of all his or her transactions as Treasurer and of the financial condition of the Corporation.

Section 4.7. Assistant Officers. The Board may from time to time appoint such assistant officers as it deems appropriate. Persons eligible for appointment as assistant officers shall include without limitation employees of the Corporation. Such assistant officers shall have such powers and duties as the Board may prescribe. Assistant officers may, in the absence of the officers they assist, exercise the authority of those officers.

Section 4.8. Removal of Officers and Vacancies. Any Elected Officer may be removed with or without cause whenever the Board in its absolute discretion shall consider that his or her removal will serve the best interests of the Corporation. Election or appointment of an officer shall not of itself create contract rights. The President shall be an at-will employee of the Corporation who may be removed by the Board from his position as President and Chief Executive Officer of the Corporation and Administrator of the Hospital with or without cause. Vacancies shall be filled by the Board as soon as possible after they occur.

Section 4.9. Fidelity Bonds. Every officer, agent or employee of the Corporation who may receive, handle or disburse money for his account or who may have any of the Corporation's property in his custody or be responsible for its safety or preservation may be required, in the discretion of the members of the Board, to give bond, the costs of which shall be paid by the Corporation, in such sum and with such sureties and in such form as shall be satisfactory to the Board, for the faithful performance of the duties of such office.

ARTICLE V.
CONDUCT OF BUSINESS

Section 5.1. Execution of Contracts and Other Documents. Except as otherwise required by law, the Articles or these Bylaws, the Board may authorize any officer or officers in

the name and on behalf of the Corporation, to enter into any contract or execute any deed or other instrument, and any such authority may be general or confined to specific instances. Whenever the Board, in authorizing or directing the execution of any contract, deed or other instrument, fails to specify the officer or officers who are to execute the same, such contract, deed, or other instrument shall be executed on behalf of the Corporation by the President or the Chairman.

Section 5.2. Loans. The President or any officer of the Corporation specifically authorized by the Board may effect loans or advances at any time for the Corporation, in the ordinary course of the Corporation's business, from any bank, trust company or other institution, or from any firm, corporation, or individual, and for such loans and advances may make, execute and deliver promissory notes, bonds or other certificates or evidence of indebtedness of the Corporation, and when authorized so to do may pledge or transfer any securities or other property of the Corporation as security for any such loans or advances. Such authority conferred by the Board may be general or confined to specific instances.

Section 5.3. Checks, Drafts, Etc. All checks, drafts and other orders for payment of money out of the funds of the Corporation shall be signed on behalf of the Corporation in such manner as shall from time to time be determined by resolution of the Board.

Section 5.4. Deposits. The funds of the Corporation not otherwise employed shall be deposited from time to time to the order of the Corporation in such banks, trust companies or other depositories as the Board may from time to time select, or as may be selected by an officer or officers of the Corporation to whom such power may from time to time be delegated by the Board or any committee duly authorized by the Board.

Section 5.5. Compliance Function. The compliance functions of the Corporation shall be overseen by the MSHA Corporate Audit and Compliance Committee and the MSHA Corporate Compliance Officer. Personnel employed to provide day-to-day compliance function services for the Corporation shall report to the MSHA Corporate Compliance Officer who shall supervise and coordinate their corporate compliance activities.

ARTICLE VI.
COMMITTEES

Section 6.1. Establishment. The committees of the Board shall be standing and special. The initial standing committee shall be the Quality Committee. Further standing committees may be established by amendment of these bylaws. Membership on committees of the Board shall be appointed by the Chairman and ratified by the Board. Unless otherwise specified on these bylaws, each committee shall include representatives of the MSHA Class of Directors and the SCCH Foundation Class of Directors with voting rights for representatives of each Class in regard to committee matters proportionate to the respective MSHA and SCCH Foundation membership interest percentages in the Corporation.

Section 6.2. Quorum, Minutes, Removal. At a committee meeting, a quorum shall be one-half of the members of the committee. Each committee shall have an agenda and shall submit minutes of its meetings to the Board. Committee appointments, as proposed by the

Chairman and voted upon by the Board, shall be made at the organizational meeting following the annual meeting, or at such time as a committee is created and shall be effective until the next annual meeting. Any committee member may be removed at any time with or without cause by resolution of the Board, and any vacancy in any committee may be filled by resolution of the Board.

Section 6.3. Meetings. Meetings of any committee shall be called by the Chairman of the committee thereof and shall be held at such time and place as specified in the notice. Notice of the date, time and place of such meeting shall be given by mail, telephone, or facsimile at least forty-eight (48) hours previous thereto to each member. The business to be transacted at any special meeting must be specified in the notice. Meetings may be held without notice if all of the committee members are present or if notice is waived by those not present.

Section 6.4. Attendance. Committee members are expected to attend not less than three-fourths (3/4) of the meetings of each committee of which they are members.

Section 6.5. Quality Committee. The Board shall appoint a Quality Committee consisting of from nine (9) to thirteen (13) individuals, including a mixture of Directors, medical staff members and Hospital employees. Notwithstanding the provisions of Section 6.1, since this Committee's authority is limited to making recommendations to and carrying out decisions of the Board, each member of this Committee shall have one vote on matters within its purview. This committee's responsibilities include:

(a) Review, evaluate, and recommend, to the Board, quality assurance and performance improvement activities, programs, or plans for the Corporation.

(b) Collaborate with key management/Medical Staff leadership to develop, review, and recommend for the Board's approval, policies, and procedures related to ensuring quality of patient care, addressing key items such as:

    (i) Nursing care based on nursing standards of patient care and nursing practice standards; and

    (ii) Medical Staff's responsibility for developing, adopting, and periodically reviewing its bylaws and rules and regulations.

(c) Review and make recommendations to the Board for resolving any ethical issues that arise throughout the Corporation with regard to patient care or business practices.

Section 6.6. Other Committees. The Board may create such special committees as it may deem appropriate and appoint to membership any persons, whether they be members of the Board or not, and may fix and prescribe their rights, duties, power, authority, and terms of office.

ARTICLE VII.
ADMINISTRATION

Section 7.1. General. As Chief Executive Officer of the Corporation and as the Administrator of the Hospital, the President shall be the Board's direct representative in the management of the Facilities. The President shall serve at the pleasure of the Board. He or she shall have at least a Master's Degree in Hospital or Health Administration from a recognized school of Hospital or Health Administration, or a Master's Degree in Business Administration from a recognized school of Business Administration, with demonstrated competence and experience in the area of health administration. The President shall be given the necessary authority and responsibility for the administration of the Hospital and the other Facilities to the extent permitted by law in all their activities and departments subject only to such policies and procedures as may be adopted and such orders as may be issued by the Board or by any of its committees to which it has delegated power for such action. The President shall act as the duly authorized representative of the Board in all matters in which the Board has not formally designated some other person for that specific purpose. The Board will conduct at least an annual review and evaluation of the President's performance.

Section 7.2. Authority and Duties.

(a) When acting within the scope of his or her authority, the President shall directly represent the Board in all matters pertaining to the administration of the Facilities and shall be responsible to the Board alone for the proper performance of said duties which shall include:

(i) Recommending to the Board appropriate procedures and measures to further or accomplish the duly adopted policies of the Board, and establishing and implementing such procedures and measures as the Board approves.

(ii) Formulating appropriate long-range and strategic plans, consistent with the mission and purposes of the Corporation, for adoption by the Board and implementing such plans as are adopted.

(iii) Developing and submitting to the Board for its approval a plan of organization for the operation of the Facilities and recommending changes where necessary.

(iv) Maintaining appropriate books and records in accordance with sound accounting principles. Working with management, clinical, and Administrative Staff provides for internal controls protecting human, physical, financial, and information resources.

(v) Preparing an annual budget showing the expected revenues and expenditures as required by the Board, and reporting promptly to the Board any actual or anticipated departure therefrom.

(vi) Selecting, employing, controlling, and discharging all employees and developing and maintaining personnel policies and practices for the Facilities subject to review of the Board.

(vii) Maintaining all physical properties in good and safe state of repair and operating condition.

(viii) Supervising all business affairs and ensuring that all funds are collected, invested and expended to the best possible advantage.

(ix) Maintaining appropriate records of all patients in accordance with sound hospital practice.

(x) Working with the Medical Staff and with other healthcare professionals to the end that the best possible care consistent with the resources of the Corporation and its Medical Staff may be rendered to all the patients.

(xi) Submitting regularly to the Board or its authorized committees periodic reports showing (i) the financial activities of the Facilities; (ii) the utilization of the goods and services provided by the Facilities; and (iii) such other information on the affairs of the Facilities as the Board may request, as well as preparing and submitting such special reports or obtaining such information as may be required by the Board or its authorized committees.

(xii) Attending all meetings of the Board and its committees, unless otherwise instructed by the Board.

(xiii) Serving as the primary liaison and channel of communication between the Board or any of its committees and the Medical Staff and assisting the Medical Staff with its organizational and medical-administrative problems and responsibilities.

(xiv) Representing the Corporation in its relationships with other healthcare agencies or entities, in accordance with and subject to the authority granted to him by the Board. Promptly responds to reports and recommendations from regulatory and inspecting agencies.

(xv) Providing for the Facilities' compliance with applicable laws and regulations.

(xvi) Performing any other duty that may be necessary and in the best interests of the Corporation.

(b) In all cases of disputed authority or uncertainty as to the meaning of rules and regulations of the Corporation or any of its Facilities, the decision of

the President shall be operative until such time as a contrary ruling shall have been rendered by the Board or by a Board committee responsible for the supervision of such matter.

(c) In accordance with the specifically enumerated duties above, it shall be the duty of the President to promulgate and enforce all rules and regulations for the proper conduct of the Facilities made by or under the authority of the Board, and until such have been made, the President shall have authority to make and enforce all necessary rules and regulations for the proper conduct of the Facilities.

ARTICLE VIII.
MEDICAL STAFF

Section 8.1. Organization, Appointment and Hearings. The Board shall organize the physicians and dentists granted practice privileges in the Hospital into a Medical Staff under Medical Staff Bylaws approved by the Board. The Board shall consider recommendations of the Medical Staff and appoint to the Medical Staff, in numbers not exceeding the Hospital's needs, physicians and dentists who meet the qualifications for membership as set forth in the bylaws of the Medical Staff. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his or her patients, subject to such limitations as are contained in these Bylaws and in the bylaws, rules and regulations of the Medical Staff and subject, further, to any limitation attached to his or her appointment.

Section 8.2. Medical Care and Its Evaluation.

(a) The Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for seeking to ensure that appropriate professional care is rendered to the Hospital's patients.

(b) The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in the Hospital and shall report such activities and their results to the Board or to a committee of the Board.

(c) The Medical Staff shall make such recommendations to the Board or an appropriate Board committee concerning:

(i) The structure of the Medical Staff.

(ii) Appointments, reappointments, and other changes in staff status.

(iii) Granting of clinical privileges.

(iv) The mechanism used to review credentials and to delineate individual clinical privileges.

(v) Disciplinary actions and the mechanism for fair-hearing procedures.

(vi) All matters relating to professional competency.

(vii) All matters relating to the performance improvement activities of the Medical Staff.

(viii) Such specific matters as may be referred to it by the Board.

Section 8.3. Medical Staff Bylaws. There shall be bylaws, rules and regulations for the Medical Staff that set forth its organization and government within the framework of the Corporation. Such bylaws, rules and regulations shall be reviewed at least biannually by the Medical Staff. Any changes deemed necessary by the Medical Staff shall be submitted to the Board and shall be effective upon approval by the Board.

Section 8.4. Medical-Administrative Personnel. Health care providers otherwise eligible for membership on the Medical Staff and employed by the Hospital in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Hospital and their contracts and other terms of employment and need not be members of the Medical Staff. Those health care providers who are otherwise eligible for Medical Staff privileges who are employed or contracted by the Hospital, either full- or part-time, whose duties are medical-administrative in nature and include clinical responsibilities or functions with the Medical Staff involving their professional capabilities as health care providers, must be members of the Medical Staff, achieving that status by the same procedure provided for other Medical Staff members. In matters involving exclusive contracts, Medical Staff membership may be contingent on continuing employment or contract with the Hospital. Except where services are provided pursuant to an exclusive contract, termination of an employment relationship or contract with the Hospital shall not affect a health care provider's privileges or staff appointment, which shall be governed by the terms of the Medical Staff Bylaws.

Section 8.5. Qualified Medical Personnel. For the purpose of medical screening examinations required under the Emergency Medical Treatment and Labor Act and regulations promulgated thereunder, emergency room physicians shall be qualified medical personnel to perform medical screening examinations. In addition, in regard to women presenting to the Hospital in labor, obstetricians and obstetrical registered nurses shall be deemed to be qualified medical personnel for the purpose of performing medical screening examinations on women in labor. Qualified medical personnel are authorized to sign certificates that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk to the individual patient or, in the case of a woman in labor, to the woman or the unborn child, from being transferred, which certification may be signed at the direction of the on-call physician, and which certification must also contain a summary of the risk and benefits upon which it is based. All medical screening examinations must be conducted within the capabilities of the Hospital's emergency department or, in the case of a woman in labor, the Hospital's obstetrical department, in each case including ancillary services routinely available to the emergency department or obstetrical department, in order to determine if an emergency medical condition exists.

Section 8.6. Medical Malpractice Insurance. Members of the Medical Staff shall be covered by professional malpractice insurance in such amounts as may be required by the Board of Directors consistent with Code of Virginia §8.01-581.15 and shall furnish the Hospital with adequate proof of such insurance and immediate notice upon receipt of notice of cancellation.

ARTICLE IX.
HOSPITAL AUXILIARY

Section 9.1. Purpose. In order to promote interest in the Hospital and to support its activities and operation, an Auxiliary shall be authorized under these Bylaws. The purpose of the Auxiliary shall be to promote volunteer services for the Hospital and to render services to the Hospital which may be within its capabilities.

Section 9.2. Organization. This organization shall have the authority, subject to the approval of the Board, to elect officers and establish auxiliary bylaws for the conduct of its business. Auxiliary activities shall be subject to the general supervision of the President.

Section 9.3. Expenditure of Funds. All funds raised by the Auxiliary shall be utilized for the benefit of the Hospital on such projects as may be mutually agreed upon by the Auxiliary and the President.

ARTICLE X.
INDEMNIFICATION OF BOARD AND OFFICERS

Section 10.1. Indemnification of Directors. The Hospital shall indemnify its Directors and the officers, employees and agents of the Hospital in accordance with the provisions set forth in §§ 13.1-875 through 13.1-883 of the Code of Virginia, as may from time to time be amended, or in any successor statute thereto, as long as such individual meets the standards of conduct required for indemnification as set forth in Section 13.1-876. In addition, the Hospital shall pay for or reimburse reasonable expenses incurred by a Director, officer, employee or agent of the Corporation who is a party to a proceeding in advance of a final disposition of the proceeding if the prerequisites of Virginia Code Section 13.1-878 are met.

Section 10.2. Payment of Attorneys' Fees. To the extent that a Director, President or officer of the Corporation entirely prevails in the defense of any proceeding referred to in Section 10.1 of this Article or in defense of any claim, issue or matter therein, he or she shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by him or her in connection therewith.

Section 10.3. Authorization for Indemnification.

(a) Any indemnification under Section 10.1 of this Article (unless ordered by a court) shall be made by the Corporation only as authorized in the specific case, upon a determination that indemnification of the Director, President or officer is proper in the circumstances because he or she has met the standard of conduct set forth in Section 10.1 of this Article. Such determination shall be made:

(i) by the Board by a majority vote of a quorum (as defined in these Bylaws) consisting of Directors who were not parties to such proceeding; or

(ii) if such quorum is not obtainable, by majority vote of a committee duly designated by the Board (in which designation Directors who are parties may participate), consisting solely of two or more Directors not at the time parties to the proceeding.

(b) Authorization of indemnification and evaluation as to reasonableness of expenses shall be made in the same manner as the determination that indemnification is permissible.

(c) Notwithstanding the failure or refusal under the terms of this paragraph to make provision therefore, such indemnification shall be made if a court of competent jurisdiction makes a determination under applicable law that the Director, President or officer has a right to indemnification hereunder in any specific case upon the application of such person, or if a court of competent jurisdiction determines that such person has satisfied the standards for indemnification specified in Section 10.1 of this Article X.

Section 10.4. Payment of Expenses in Advance. Reasonable expenses (including attorney's fees) incurred in defending such proceeding may be paid or reimbursed by the Corporation in advance of the final disposition of such proceeding as authorized by the Board in the specific case upon receipt of a written statement from such party of his or her good faith belief that he or she has met the standard of conduct described in Section 10.1 of this Article; such party furnishes the Corporation a written undertaking, executed personally or on his behalf, to repay the advance if it is ultimately determined that he or she did not meet the standard of conduct; and a determination is made that the facts then known to those making this determination would not preclude indemnification under this Article. Determination and authorizations of payments under this Section 10.4 shall be made in the manner specified in subparagraph (i) or (ii) of Section 10.3(a) of this Article.

Section 10.5. Directors and Officers Liability Insurance. The Corporation, with the approval of the Board, may purchase and maintain insurance on behalf of any person who is or was a Director or officer of the Corporation, whether elected or appointed, against any liability asserted against him or her or the Corporation and incurred by him or her or the Corporation in any such capacity, or arising out of his or her status as such, whether or not the Corporation would have the power to indemnify him or her against such liability under the provisions of this Article.

Section 10.6. Reliance Upon Advice of Counsel. Neither the Corporation nor its Directors or officers nor any person acting on its behalf shall be liable to anyone for any determination as to the existence or absence of conduct which would provide a basis of making or refusing to make any payment under this Article or for taking or omitting to take any other action under this Article, if such action or omission is made in reliance upon the advice of counsel.

Section 10.7. Individuals Covered, Indemnification Not Exclusive. Each reference herein to Directors, Presidents or officers shall be deemed to include references to former Directors, Presidents or officers, and their respective heirs, executors, and administrators. The indemnification hereby provided shall not be exclusive of any other rights to which any person may be entitled, including any right under policies of insurance that may be purchased and maintained by the Corporation or others, with respect to claims, issues or matters in relation to which the Corporation would not have the power to indemnify such person under the provisions of this Article. The Corporation shall have the power to make any other or further indemnify permitted under the laws of the Commonwealth of Virginia.

Section 10.8. Change in Law. If at any time, any provision contained in the laws of the Commonwealth of Virginia prohibits or limits indemnification in respect of any proceeding described in Section 10.1 of this Article, except upon a determination of the extent hereof in the manner provided in such provision, indemnification shall be made only in accordance with such provision, and the provisions of this paragraph shall be superseded with respect to transactions governed by such provision.

ARTICLE XI.
CONFLICTS OF INTEREST

Section 11.1. Policy; Disclosure. All members of the Board of Directors, Board Committees, Officers and Key Management Personnel of this Corporation shall comply with the Corporation's "Conflict of Interest Policy," including the annual completion and submission of the "Acknowledgement Form" and "Disclosure Statement" that are a part of the Conflicts of Interest Policy. In addition, all members of the Board of Directors shall complete and submit annual the "Board Member's Confidentiality Agreement." Further, any possible or actual conflict of interest on the part of any Director in any matter involving the Corporation shall be disclosed to the other members of the Board of Directors at or before the meeting at which the matter is considered.

Section 11.2. Definitions. A conflict of interest transaction is a transaction with the Corporation in which a Director of the Corporation has a direct or indirect personal interest or a conflicting interest. A conflict of interest transaction is not voidable by the Corporation solely because of the Director's interest in the transaction if: (1) the material facts of the transaction and the Director's interest were disclosed or known to the Board or a committee of the Board and the Board or committee of the Board authorized, approved, or ratified the transaction; or (2) the material facts of the transaction and the Director's interest were disclosed to the members entitled to vote and they authorized, approved or ratified the transaction; or (3) the transaction was fair to the Corporation.

Section 11.3. Indirect Personal Interest. A Director has an indirect personal interest in a transaction if: (1) another entity in which he has a material financial interest or in which he is a general partner is a party to the transaction; or (2) another entity of which he is a director, officer, or trustee is a party to the transaction and the transaction is or should be considered by the Board of the Corporation. A vote or consent of an entity in which the Director has an interest described in the preceding sentence is deemed to be a vote or consent of the Director.

Section 11.4. Conflicting Interest. A Director has a conflicting interest in a transaction if he or she is a member, shareholder, trustee, owner, partner, director, officer or employee of any organization or governmental entity that either competes with the Corporation or any affiliate or is involved or is likely to become involved in any litigation or adversarial proceeding with the Corporation or any affiliate or is seeking or soliciting funds or other substantial benefits from the Corporation.

Section 11.5. Material Financial Interest. A material financial interest is any arrangement or transaction pursuant to which the Director has, directly or indirectly, through businesses, investment or family either:

(i) a present or potential ownership, investment interest or compensation arrangement in any entity with which this Corporation or any Affiliate has or may have a transaction or arrangement; or

(ii) a compensation arrangement with this Corporation or any entity or individual with which this Corporation or any Affiliate has or may have a transaction or arrangement.

Section 11.6. Voting. A conflict of interest transaction is authorized, approved, or ratified if it receives the affirmative vote of a majority of the Directors on the Board, or on the committee, who have no direct or indirect personal interest in the transaction, but a transaction may not be authorized, approved, or ratified by a single Director. If a majority of the Directors who have no direct or indirect personal interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum is present for the purpose of taking action under this section.

Section 11.7. Statement of Position. The foregoing requirements shall not be construed as preventing a Director from briefly stating his position in the matter, nor from answering pertinent questions of other Directors, since his knowledge may be of great assistance to them.

Section 11.8. Minutes to Show Compliance. The minutes of any meeting at which the Board shall consider a matter involving a conflict of interest of any Director shall reflect disclosure of such conflict, and all pertinent actions relating thereto.

ARTICLE XII.
MISCELLANEOUS

Section 12.1. Fiscal Year. The fiscal year of the Corporation shall begin on July 1st of each year.

Section 12.2. Review and Amendment of Bylaws. These Bylaws shall be reviewed at least once every two years by the Board, Administration of the Hospital and/or Hospital counsel, and shall be amended as may be necessary for conformity with changes in the law or the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations, or as otherwise may be appropriate. The Board may recommend to the Members of the

Corporation for adoption alterations, amendments, repeal or restatement of these Bylaws or adoption of new bylaws upon a vote at any regular or special meeting that meets the requirements of Article III, Section 3.3, of these Bylaws. These Bylaws may be altered, amended or repealed or new bylaws may be adopted by a vote of both members of the Corporation at any regular or special meeting or by unanimous written consent of the Members in lieu of a meeting. However, before any existing bylaws are amended, or before a new bylaw may be adopted, notice of such action must be given to each Member ten (10) days in advance of the meeting.

The foregoing was adopted by the unanimous consent of the directors of the Corporation to be effective the first (1st) day of November, 2006.

REPLACEMENT EXHIBIT B

EMPLOYEE LEASE AGREEMENT

THIS EMPLOYEE LEASE AGREEMENT (this "Agreement") is made and entered into as of the 1st day of November, 2006 (the "Effective Date"), by and between **SMYTH COUNTY COMMUNITY HOSPITAL**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**SCCH**"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("**MSHA**").

WITNESSETH:

WHEREAS, pursuant to that certain Reorganization Agreement between SCCH and MSHA dated August 29, 2006 (the "Reorganization Agreement"), which is incorporated herein by this reference, SCCH agreed to terminate all SCCH Employees (as defined in Section 2.7(c) of the Reorganization Agreement), and MSHA agreed to offer employment to all of the SCCH Employees, effective as of Closing under the Reorganization Agreement;

WHEREAS, SCCH desires to lease from MSHA those SCCH Employees who accepted offers of employment with MSHA upon Closing under the Reorganization Agreement and such other employees of MSHA as the parties may agree are necessary and appropriate for SCCH operations (the "Leased Employees"); and

WHEREAS, MSHA desires to lease and make available the services of the Leased Employees to SCCH under the terms and conditions of this Agreement;

NOW, THEREFORE, for and in consideration of the foregoing, the mutual covenants herein contained, and certain other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Leased Employees. During the term hereof, SCCH shall lease from MSHA, and MSHA shall lease to SCCH, the services of the Leased Employees, pursuant to work schedules established by SCCH. The individual Leased Employees and the number of Leased Employees may be changed from time to time upon mutual agreement of the parties. The initial Leased Employees hired by MSHA upon Closing under, and pursuant to the terms of, the Reorganization Agreement are listed on **EXHIBIT A** attached hereto. As individual Leased Employees are terminated and new Leased Employees are hired and made available to SCCH during the term hereof, as applicable, MSHA will maintain an updated employee roster (in electronic form) listing all of the current Leased Employees, and will make such roster available to SCCH in hardcopy form from time to time upon reasonable request.

2. Term of Agreement. The initial term of this Agreement shall commence as of the Effective Date and shall continue for a period of five (5) years. Thereafter, this Agreement shall automatically renew for additional consecutive one (1)-year terms, unless either party provides the other party with written notice of its intent not to renew at least thirty (30) days prior to the expiration of the then current term. This Agreement may terminate prior to the expiration of the stated term hereof, as follows:

A. In the event of a material breach of this Agreement by either party hereto and failure by such party to timely cure or remedy such default in accordance with the following: If the non-defaulting party determines that the defaulting party is in material breach of a provision of this Agreement, then the non-defaulting party shall give the defaulting party written notice of the specific reasons for such determination, and the defaulting party shall have a period of ten (10) days to cure or remedy the breach. If the defaulting party is able to cure or remedy the breach to the reasonable satisfaction of the non-defaulting party within such ten (10)-day period, then this Agreement shall continue in full force and effect. If a breach is not so cured, then the non-defaulting party may terminate this Agreement by giving written notice to the defaulting party of such termination effective as of the date set forth in the notice.

B. Immediately upon the bankruptcy or insolvency of either party if such bankruptcy or insolvency results in an inability of the bankrupt or insolvent party to continue to fulfill its obligations under this Agreement.

C. In the event MSHA terminates its employment relationship with any Leased Employee for any reason, this Agreement shall be immediately terminated with respect to that Leased Employee, but shall otherwise remain in full force and effect with respect to the other Leased Employees, if any.

D. In the event SCCH cancels the assignment of any Leased Employee, this Agreement shall be immediately terminated with respect to that Leased Employee, but shall otherwise remain in full force and effect with respect to the other Leased Employees, if any.

E. Immediately upon MSHA's withdrawal from membership in SCCH pursuant to Section 1.12 of the Reorganization Agreement. In such event, MSHA agrees to terminate all Leased Employees effective as of the date of such withdrawal and SCCH shall have the right to offer employment for all of the Leased Employees.

F. Upon mutual written agreement of the parties, at such time as specified in such Agreement.

3. Compensation. SCCH shall pay to MSHA an amount equal to the total costs incurred by MSHA in employing the Leased Employees during the term of this Agreement, including all wages, salary, overtime compensation (if applicable), fringe benefit costs and group insurance premiums, workers compensation insurance premiums, FUTA, FICA and all other payroll taxes, and any other similar costs attributable to MSHA's employment of the Leased Employees which are incurred by MSHA in employing the Leased Employees, pursuant to the terms of the Reorganization Agreement, to provide services during the term of this Agreement. MSHA shall invoice SCCH for such payments on a bi-weekly basis during the term hereof, and such payments shall be made by SCCH to MSHA in a timely manner that corresponds with MSHA's regular payroll and permits MSHA to timely compensate the Leased Employees in accordance with its payroll practices and procedures. Nothing herein is intended to, nor shall be construed to, grant any rights to any of the Leased Employees or any other third party. The parties expressly acknowledge and agree that, absent any written employment contracts to the contrary, the Leased Employees are and shall remain employees-at-will during the term hereof and, therefore, the employment relationship between MSHA and each Leased Employee may be terminated either by MSHA or by the Leased Employee at any time, with or without cause, reason or prior notice.

4. Duties and Rights of MSHA.

A. MSHA agrees that for the purposes of paying wages, providing benefits (as agreed by the parties in the Reorganization Agreement) and withholding, collecting, reporting and paying all applicable payroll/employment taxes attributable to the Leased Employees from its own accounts, it will be deemed the employer of the Leased Employees. However, the administrative switch to MSHA payroll system will commence with the payroll period beginning 12:01 a.m., November 12, 2006.

B. Commencing with the payroll period that begins on 12:01 a.m., November 12, 2006, MSHA shall withhold all taxes and other amounts required to be withheld by an employer with respect to compensation paid to employees under applicable laws and remit the same to appropriate authorities.

C. MSHA agrees to comply with all federal, state and local laws, regulations, rules and requirements applicable to the lessor of Leased Employees.

D. MSHA shall not be liable for any acts, errors or omissions of SCCH or any of the Leased Employees who perform services for the SCCH during the term hereof while under SCCH's direction and control.

E. MSHA also covenants and agrees to hold SCCH and its agents, representatives, officers and employees harmless from and against any and all claims, penalties, demands, causes of action, damages, losses, liabilities, costs and expenses, including reasonable attorney fees, arising out of or in any manner directly related to the negligence or misconduct of MSHA or any breach by MSHA of its obligations hereunder and any violations by MSHA of applicable federal, state or local laws or regulations.

5. Rights and Duties of SCCH.

A. During the term of this Agreement, SCCH will have and exercise direction and control over the manner and method by which the Leased Employees render services for the benefit of SCCH hereunder to the same extent as if the Leased Employees were directly employed by SCCH and to the extent which SCCH deems necessary to conduct its business, discharge its duties, and comply with applicable law.

B. SCCH has the right to accept or cancel the assignment of any Leased Employee for any reason or no reason and may recommend to MSHA disciplinary action against or increases and decreases in wages payable to any Leased Employee. In taking any such actions, SCCH agrees to abide by all applicable federal, state and local laws.

C. To the extent that a Leased Employee is not considered exempt from the minimum wage and overtime requirements of the federal Fair Labor Standards Act and/or applicable state wage and hour laws, SCCH agrees to properly, timely and accurately record the actual time worked by the Leased Employee on behalf of SCCH and to provide such time records to MSHA on a weekly basis. SCCH specifically agrees to comply with all applicable laws regarding the recording of such time worked by the Leased Employees, including without limitation, the recording and reporting of all overtime hours worked (i.e. – any time actually worked in excess of forty (40) hours in one workweek). SCCH covenants and agrees that it will not allow any of the Leased Employees to perform any work that is not recorded and reported as hours worked.

D. SCCH has the right, at its sole cost, to train and instruct the Leased Employees as it deems necessary to conduct its business, discharge its duties, and comply with applicable law.

E. After the administrative switch to MSHA payroll on November 12, 2006, SCCH agrees not to pay any wages or other forms of direct or indirect compensation to any of the Leased Employees, including employee benefits, without first informing MSHA in writing and obtaining MSHA's written consent.

F. SCCH agrees to directly reimburse the Leased Employees for any business or travel expenses directly related to providing services to SCCH under this Agreement in accordance with SCCH's policies, and shall promptly report the same to MSHA.

G. SCCH will promptly provide MSHA with written notice of any performance problems or potential liabilities relating to any of the Leased Employees.

H. SCCH shall pay directly or timely reimburse MSHA for all the costs incurred in securing, providing and maintaining commercially reasonable workers compensation insurance coverage for the Leased Employees during the term hereof. SCCH and MSHA shall each be named as an insured under all such workers compensation insurance policies or programs covering the Leased Employees (whether insured through a third party or self-insured). The mechanics of placement of the coverage, the administration thereof, and any changes to it will be worked out from time-to-time by MSHA and SCCH.

I. Except to the extent arising out of a breach by MSHA of its obligations hereunder, SCCH shall indemnify, defend and hold harmless MSHA (and its officers, directors, employees, representatives, predecessors, successors, assigns, affiliates, subsidiaries and agents) from and against any and all liabilities, losses, damages, claims of any kind or nature whatsoever, demands, counterclaims, suits, causes of action, obligations, costs and expenses (including, without limitation, those resulting from personal injury, death, property damage, breach of this Agreement and/or violation of applicable law, and all court costs and attorneys' fees) arising out of, or incurred in connection with, any act(s), error(s) and/or omission(s) by SCCH, its employees and/or agents, or by any of the Leased Employees while under SCCH's direction and control hereunder, including, without limitation, any breach by SCCH of its obligations hereunder and any violations by SCCH (including any of its employees and/or agents) of applicable federal, state or local laws or regulations.

J. SCCH agrees to comply with all federal, state and local laws, regulations, rules, and requirements applicable to it as lessee of Leased Employees.

6. Remedies. All rights, powers, and remedies granted to any party by any particular term of this Agreement are in addition to, and not in limitation of, any rights, powers, or remedies that it has under any other term of this Agreement, at common law, in equity, by statute, or otherwise. All such rights, powers, and remedies may be exercised separately or concurrently, in such order and as often as may be deemed expedient by either party. No delay or omission by either party to exercise any right, power, or remedy shall impair such right, power or remedy or be construed to be a waiver of or an acquiescence to any breach or default. A waiver by either party of any breach or default hereunder shall not constitute a waiver of any subsequent breach or default.

7. Counterparts. This Agreement and any amendments hereto may be executed in multiple counterparts by the parties. Each counterpart shall be deemed an original, but all counterparts together shall constitute one and the same instrument.

8. Headings. The headings of the various sections of this Agreement are inserted merely for convenience and do not expressly or by implication limit, define, or extend the specific terms of the section so designated.

9. Waiver. No waiver shall be valid against any party unless made in writing and signed by the party against whom enforcement of such waiver is sought. Waiver of any agreement or obligation set forth in this Agreement by either party shall not prevent that party from later insisting upon full performance of such agreement or obligation and no course of dealing, partial exercise, or any delay or failure on the part of any party hereto in exercising any right, power, privilege, or remedy under this Agreement or any related agreement or instrument shall impair or restrict any such right, power, privilege, or remedy or be construed as a waiver thereof.

10. Assignment. SCCH shall not assign or delegate any of its rights or obligations hereunder without first obtaining the written consent of MSHA. MSHA may, without the consent of SCCH, assign this Agreement to any corporation or entity related to MSHA by common ownership or control.

11. Binding Effect. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and all permitted successors and assigns.

12. Entire Agreement; Severability; Amendments. This Agreement, together with the attached Exhibit, constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any other agreement, whether oral or written, between the parties hereto. Should any part of this Agreement be declared invalid by a court or regulatory body of competent jurisdiction, such decision shall not affect the validity of the remaining parts and they shall remain in full force and effect. This Agreement shall not be modified in any matter whatsoever unless in writing executed by both parties.

13. Governing Law. The parties agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee, without giving effect to any choice or conflict of law provision or rule thereof.

14. Creation of Substantial Risk. In the event either party determines in good faith that any of the transactions contemplated by this Agreement creates, or has created, a substantial risk of violating any applicable federal, state or local law, or that any applicable law existing at the time of execution of this Agreement, or as adopted, amended or finalized subsequent thereto, shall cause any paragraph or provision of this Agreement to be invalid, void or in any manner unlawful or subject either party to penalty or liability, then the parties agree that if the risk can be eliminated by amending or restructuring this Agreement, this Agreement shall be renegotiated in good faith so as to restructure their relationship in a manner that would eliminate any such substantial risk. In the event the parties are unable to so successfully renegotiate this Agreement or either party determines in good faith that the risk cannot be eliminated by renegotiation, then such party shall be entitled to terminate this Agreement upon at least sixty (60) days' prior written notice thereof to the other party.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written.

"MSHA":

MOUNTAIN STATES HEALTH ALLIANCE

By_____
Dennis Vonderfecht, President and CEO

"SCCH":

SMYTH COUNTY COMMUNITY HOSPITAL

By_____
Linda Parks White, President

398125v1

REPLACEMENT EXHIBIT C

MANAGEMENT SERVICES AGREEMENT
(Employed Physician Clinics)

THIS MANAGEMENT SERVICES AGREEMENT is made and entered into as of the 1st day of November, 2006, by and between **BLUE RIDGE MEDICAL MANAGEMENT CORPORATION**, a Tennessee corporation (hereinafter called "Manager"), and **SMYTH COUNTY COMMUNITY HOSPITAL**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) (hereinafter called "Owner").

W I T N E S S E T H:

WHEREAS, Owner operates existing outpatient clinics in Smyth County, Virginia for the provision of primary care medical services (the "Clinics");

WHEREAS, Owner desires to retain the services of Manager to provide the non-physician personnel and management services necessary for operation of the Clinics and Manager is willing to provide such items and services to Owner in exchange for the consideration stated herein;

NOW, THEREFORE, in consideration of the foregoing and the consideration to be paid to Manager hereunder, Owner hereby retains Manager to provide to Owner the following management services upon the terms and conditions hereinafter set forth.

1. Appointment; Relationship of Parties. Owner hereby engages Manager to perform the functions and to provide the services and items described in this Agreement, and Manager hereby accepts such engagement under the terms and conditions set forth in this Agreement. Manager shall act as an independent contractor of Owner and shall be entitled to subcontract with other persons or corporations for performance of any part or all of the services required of Manager under this Agreement. Manager and Owner covenant and agree that none of their respective employees shall be considered employees or agents of the other party. Nothing contained in this Agreement shall constitute or be construed to be or to create a partnership or joint venture between Manager and Owner and neither party shall have any authority to bind the other party without such party's prior express written consent. Each party understands and agrees that it shall be solely responsible for payment of compensation, provision of fringe benefits, withholding of wages, and payment of payroll taxes and other expenses of employment for its own employees. Neither party shall have any liability for such obligations with respect to the other party's employees except to the extent otherwise agreed herein.

2. Employees.

A. Personnel Provided by Manager. Manager shall hire, employ, train and supervise all non-physician, personnel it deems necessary for operation of the Clinics and for performance of Manager's duties hereunder, including but not limited to, all mid-level practitioners (i.e., physician assistants, nurse practitioners, CRNAs and the like), nursing and non-physician technical personnel, receptionists, secretaries, clerks, purchasing and marketing personnel, janitorial and maintenance personnel and non-physician supervisory personnel. Included within the personnel supplied by Manager shall be the Clinics Administrator who shall report directly to Manager's Chief Operations Officer and who shall serve as Manager's liaison to Owner with respect to Manager's services hereunder. The Clinics Administrator shall have direct supervisory

authority over the other personnel provided by Manager to work in the Clinics. Subject to Manager's right to subcontract with other persons or corporations as set forth in Section 1, all such personnel shall be employees of Manager and all salaries, payroll costs and fringe benefits for such employees of Manager shall be reimbursed by Owner to Manager pursuant to Section 6 of this Agreement.

B. Physicians. Owner shall hire and retain all physicians necessary and appropriate for operation of the Clinics during the term of this Agreement. All such professionals shall be employees or independent contractors of Owner and all compensation which is or becomes due for their services shall be paid from Owner's revenues from the Clinics' operations after payment of the Management Fee and/or from contributions of Owner. **EXHIBIT A** identifies all physicians retained by Owner on the date of this Agreement and the Clinic or Clinics in which they practice medicine. Owner shall update such listing from time to time during this Agreement and send written notice of changes to Manager. Owner and Manager acknowledge that under a separate agreement between Owner and Manager's parent, Mountain States Health Alliance ("MSHA"), Owner has contracted with MSHA to employ such Physicians and lease them to Owner.

3. Owner's Obligations. By contract, agreement or policy, Owner shall require those physicians retained in accordance with Section 2.B. to perform the following duties and obligations in the provision of physician services from the Clinics:

A. Schedule and perform a minimum of forty (40) hours per week seeing the Clinics' patients.

B. Concurrently with each patient encounter, keep and maintain appropriate records relating to all professional services rendered for patients of the Clinics. Further, Owner and/or its professional personnel shall timely prepare and attend to, in connection with such services, all dictation, reports, medical record notations, discharge summaries, claim forms, correspondence and other information necessary or appropriate for Manager to prepare the billing statements for such services.

C. Work with Owner and Manager to expand the base of patients to whom Owner provides primary care medical services.

D. Obtain and maintain active membership in good standing on the Medical Staff of the hospital(s) mutually designated by Owner and Manager, with privileges appropriate for performance of services in the field of each such physician's training.

E. Assist Owner and Manager in increasing the quality and efficiency of the delivery of primary care medical services to patients of the Clinics and pursue relationships with managed care companies.

F. Provide professional medical services in accordance with current professional standards and methods. The Owner shall require each of the physicians to obtain and maintain an unrestricted license to practice medicine in the Commonwealth of Virginia and meet all applicable guidelines imposed upon physicians trained in their applicable specialty by all applicable governmental bodies, regulatory authorities, or state or federal boards or professional organizations.

4. Management Services to be Provided by Manager. During the term of this Agreement, Manager shall perform development, managerial, supervisory and administrative services relating to the operation of the Clinics. Such development, managerial, supervisory and administrative services shall include the following:

A. General Administrative Services. Manager will provide overall supervision and management of the Clinics, including (i) negotiation of office leases and equipment leases or purchases on Owner's behalf, subject to Owner's right to approve or disapprove such contracts; and (ii) the maintenance and repair of all facilities and all furniture, fixtures, furnishings, equipment and leasehold improvements located in or upon the Clinics' premises.

B. Non-Physician Personnel. As provided in Section 2.A. of this Agreement, Manager will hire, employ, train and supervise the nonphysician personnel. The Manager will require each mid-level practitioner to maintain an unrestricted license to practice that profession in the Commonwealth of Virginia and meet all applicable guidelines imposed upon professionals trained in their applicable field by all applicable governmental bodies, regulatory authorities, or state or federal boards, or professional organizations.

C. Insurance. On behalf of Owner, Manager will obtain and maintain in full force and effect during the term of this Agreement, all medical malpractice insurance for health care providers designated to work in the Clinics (other than Owner's physician personnel as further provided in Section 2.B.) and all non-medical malpractice, general liability and casualty insurance of every kind, name and nature which the parties agree is appropriate to protect them against loss in the nature of fire, other catastrophe, theft, business interruption, public liability, and medical and non-medical negligence in such amounts as the parties shall mutually determine is appropriate.

D. Patient Scheduling, Billing and Collection. As agent of Owner, Manager shall be responsible for all patient scheduling at the Clinics. Manager shall in Owner's name, prepare, mail and collect all bills and statements for all professional medical services rendered by Owner for the Clinics' patients. With respect thereto, Manager shall establish reasonable billing and collection procedures for the Clinics, but does not guarantee collection of the Clinics' patient accounts. All fees and fee schedules for medical professional services performed by Owner shall be determined by Owner; provided that they do not exceed customary charges within the community served by the Clinic. All collections made and received by Manager for or on account of medical professional services rendered by Owner shall be deposited in the account established under Section 6 of this Agreement.

E. Managed Care Contracts. Manager shall serve as the sole managed care contracting agent of Owner. Manager shall act as Owner's agent and shall use its best efforts on behalf of Owner in (i) contracting with managed care plans, employers, insurance carriers, networks, and other similar payors (collectively, "Payors") for the provision of medical services by Owner through its contracted physicians; and (ii) marketing Owner's services to Payors. Notwithstanding anything in the foregoing to the contrary, Owner retains the right to make all final decisions regarding entry into and termination of Payor contracts.

F. Compliance with Governmental Laws and Other Requirements. Manager shall take all such actions as may be required so that the Clinics comply with all lease requirements, laws, regulations and insurance policy requirements relating to the Clinics' business. Owner shall cooperate with Manager in taking or refraining from taking actions necessary to comply with such requirements.

G. Reports. Manager will supply to Owner on a regular periodic basis, such internal reports as the parties agree may be necessary or appropriate for the parties to evaluate the performance and productivity of the Clinics, including, but not limited to, the financial reports described in Section 7 of this Agreement.

H. Budgets. At the beginning of each fiscal year of the Owner, Manager shall prepare a proposed budget for the Clinics for the ensuing fiscal year. Such budget shall be subject to approval by the Owner. Manager makes no guarantee, representation or warranty whatsoever in connection with any budget, other than that such budget will be prepared in good faith to the best of Manager's ability.

All costs incurred by Manager in providing the management services described herein shall be reimbursed by Owner to Manager pursuant to Section 6 of this Agreement. Manager acknowledges and agrees it shall not be entitled to any management fee beyond such reimbursement of costs.

5. Authority Retained by Owner. By entering into this Agreement, Owner does not delegate to Manager any powers, duties and responsibilities described in this Section 5. Although Manager may from time to time consult with Owner and make recommendations regarding certain issues as described below, Owner retains full power and responsibility for the following duties and functions:

A. Medical and Professional Matters. Manager and Owner acknowledge that, any activities or judgments which constitute the practice of medicine shall be solely and exclusively within the discretion and professional judgment of the physician personnel employed or retained by Owner, and Manager and Owner hereby disclaim in full any right of either party to supervise, direct or control the physicians employed or retained by Owner with regard to such matters.

B. Physician Compensation. Consistent with Section 2.B. of this Agreement, Owner retains the power and authority to approve, disapprove or withhold continuing approval of any physician performing services at any of the Clinics.

C. Strategic Practice Management Decisions. Owner retains the right and responsibility for making all strategic decisions regarding operation and development of the Clinics.

D. Capital Expenditures. Funds for capital expenditures in accordance with the fiscal year's capital budget shall be provided first by cash collections from operation of the Clinics and next by borrowed or equity funds obtained by the Owner. These funds will be used for making capital replacements, substitutions and additions to the facilities, improvements, equipment, furniture, trade fixtures and other capital assets used in the Clinics in accordance with the applicable capital budget.

E. Other Matters. With respect to all functions and activities of the Clinics other than those described in this Section 5, Owner retains the right from time to time to consult with and make recommendations to Manager.

6. Owner's Account, Payments and Disbursements; Manager's Costs. As agent for Owner, Manager shall deposit in a financial institution selected by Owner, in a segregated account in the Owner's name, all monies collected by Manager from the operation of the Clinics (the "Cash Collections"). From such account and other resources available to it, Owner shall pay day-to-day expenses incurred in operation of the Clinics, including, but not limited to: rental for office space; medical office supply costs;

insurance premiums; outside laboratory and consulting physician fees; legal and accounting fees; telephone and other utility costs; pager and answering service costs; copying costs; patient and third party payor refunds; and, applicable taxes upon Owner's operations per tax returns prepared by Owner and/or its accountants/tax return preparers. With respect to all personnel costs incurred by Manager pursuant to Section 2.A and all management and other costs incurred by Manager in performing its duties pursuant to Section 4, Manager will bill the Owner monthly for these costs. Owner shall reimburse Manager within ten (10) days of issuance of the bill. If the Owner objects to any portion of the monthly billing for Manager's costs of providing non-physician Clinics personnel or for Manager's costs in performing the management services required hereunder, then Owner shall pay the undisputed portion of the billing, and the parties will meet to resolve any disputed amounts. If the parties cannot resolve their disagreement, then they will mutually agree upon an independent accounting firm to determine the appropriate amount due to Manager from the amount in dispute. Upon resolution of the dispute, Owner shall pay any remaining portion due to Manager.

7. Confidentiality. All patient records, reports and information obtained, generated or encountered relating to the Clinics' business shall at all times be the property of Owner, and so long as it is in the possession, use or control of Manager, shall be kept in the strictest confidence. Manager shall instruct all personnel of the Clinics to keep confidential any such information, as well as any financial, statistical, personnel and patient information obtained or encountered relating to Owner or to the Clinics.

8. Force Majeure. Notwithstanding any other provisions contained herein, Manager shall not be liable to Owner, and shall not be deemed to be in default hereunder, for the failure to perform or provide any of the facilities, equipment, supplies, services, personnel, or other obligations to be performed or provided by Manager pursuant to this Agreement if such failure is a result of a labor dispute, act of God, or any other event which is beyond the reasonable control of Manager or which is not reasonably foreseeable by the parties on the date hereof.

9. Term and Termination. The initial term of this Agreement is five (5) years commencing November 1, 2006 and ending October 31, 2011. Thereafter this Agreement shall automatically renew for additional, consecutive one (1)-year terms, unless either party sends written notice of non-renewal to the other party at least ninety (90) days before the end of the then current term. Notwithstanding the stated term, this Agreement may be terminated prior to its expiration as follows:

A. In the event of a material breach of this Agreement by either party hereto and failure by such party to timely cure or remedy such default in accordance with the following: If the non-defaulting party determines that the defaulting party is in material breach of a provision of this Agreement, then the non-defaulting party shall give the defaulting party written notice of the specific reasons for such determination, and the defaulting party shall have a period of thirty (30) days to cure or remedy the breach. If the defaulting party is able to cure or remedy the breach to the reasonable satisfaction of the non-defaulting party within such thirty (30)-day period, then this Agreement shall continue in full force and effect. If a breach is not so cured, then the non-defaulting party may terminate this Agreement by giving written notice to the defaulting party of such termination effective as of the date set forth in the notice.

B. Immediately upon the bankruptcy or insolvency of either party if such bankruptcy or insolvency results in an inability of the bankrupt or insolvent party to continue to fulfill its obligations under this Agreement.

C. Immediately upon MSHA's withdrawal from membership in SCCH pursuant to Section 1.12 of the Reorganization Agreement.

10. Indemnifications. Each party shall indemnify, hold harmless, and defend the other party from any and all liability, loss, claims, lawsuits, damages, injury, cost, expense or other detriment arising out of the performance or nonperformance under this Agreement by such indemnifying party, its employees, contractors, subcontractors and agents, including (without limitation) all consequential damages and attorneys' fees; provided, however, neither party shall be liable to the other hereunder for any claim covered by insurance, except to the extent liability of the party exceeds the amount of such insurance coverage.

11. Compliance With Federal Anti-Kickback and Physician Self-Referral Statutes. Notwithstanding any unanticipated effect of any of the provisions herein, no party intends to violate the federal Anti-Kickback Statute and/or the federal Physician Self-Referral Statute, as such provisions are amended from time to time. Accordingly, the parties acknowledge that there is no obligation of Owner or any of its physician personnel to refer patients to any health care facility affiliated with Manager, nor any intent to influence the judgment of Owner or any of its physician personnel regarding where their patients receive health care services. Moreover, there is no obligation of Manager or any health care facility affiliated with Manager to refer patients to the Owner or any of its physician personnel. The parties further intend that this Agreement meet as many as feasible of the requirements of the personal services and management contract safe harbor to the federal Anti-Kickback Statute which are set forth in 42 C.F.R. Part 1001.952 (d). Further, if and to the extent that this Agreement together with Owner's employment agreements with its employed physicians creates an indirect compensation arrangement within the meaning of the Physician Self-Referral Statute which is set forth in 42 U.S.C. Section 1395nn (the "Stark Law") and the corresponding final regulations found at 42 C.F.R. §411.354(c)(2), then the parties intend that this Agreement meet all of the requirements of the indirect compensation arrangement exception to the Stark Law found at 42 C.F.R. §411.357(p). This Agreement shall be construed in a manner consistent with compliance with such statutes and final regulations. The payments to Manager hereunder are fair market value for the services rendered based upon arm's length bargaining and the value of similar services in the community. Such payments are intended solely as compensation for the administrative, supervisory and managerial services provided under this Agreement.

12. Federal Access to Records. Manager shall keep and maintain accurate books and records of all services provided to Owner under this Agreement and shall retain and preserve such books and records for not less than four (4) years after the last date on which such services are provided Hospital pursuant to this Agreement. To the extent required by Section 1861(v)(1)(I) of the Federal Social Security Act and final regulations promulgated pursuant thereto as finally construed and determined to be valid and enforceable by a court of competent jurisdiction, Manager agrees that the Secretary of the Department of Health and Human Services and the Comptroller General of the United States, or the legally authorized designee or representative of either of them, upon written request, shall have access to such books, records and documents of Manager pertaining to performance of this Agreement and the provision of the services hereunder as necessary to establish and document the nature and extent of the costs incurred by Hospital for the services provided by Manager hereunder and claimed by Owner as a Medicare reimbursable cost. Upon receipt of the written request of the Secretary, the Comptroller General, or the designee or authorized representative of either, Manager:

A. Shall make available at reasonable times and places, during normal business hours, a copy of this Agreement, and the originals of all books, documents and records of Manager necessary to verify the nature and extent of the cost of services provided by Manager furnished to Owner pursuant hereto; and

B. Shall give prompt written notice of such request to Owner.

C. To the extent, if any, that Manager is authorized to perform any of the duties of this Agreement through a subcontract and does so under a subcontract having a value or cost of $10,000 or more over a twelve (12) month period with an organization related to Manager, such related organization shall agree in writing with Manager to be bound by the provisions of this paragraph with respect to the books, records and documents of such related organization as are necessary to verify the nature and extent of the cost of the services provided to Owner pursuant thereto.

13. Security and Privacy. It is the intent of the parties to fully comply with the national standards issued by the U.S. Department of Health and Human Services (HHS) at 45 C.F.R. Parts 160-164, to protect the security and privacy of individually identifiable health information (the "Standards"). In the performance of Manager's duties on behalf of Owner pursuant to this Agreement, Manager represents and warrants that it will appropriately safeguard protected health information generated by or received from Owner in accordance with the Standards and as outlined in the attached Business Associate Agreement.

14. Assignment. This Agreement and the rights and obligations created hereunder shall not be assignable by either party, either voluntarily or by operation of the law, without the express prior written consent of the other party, except that without Owner's consent Manager may assign this Agreement to any organization related to Manager by common ownership or control. Any assignment without such consent shall be null and void.

15. Governing Law. This Agreement shall be governed by and construed under the laws of the Commonwealth of Virginia.

16. Waiver. The waiver of any covenant, condition or duty hereunder by either party shall not prevent that party from later insisting upon full performance of the same.

17. Amendment. No amendment of the terms of this Agreement shall be binding on either party unless in writing and executed by the duly authorized representatives of each party.

18. Entire Agreement. This Agreement together with attached exhibits constitutes the entire agreement between the parties in connection with the subject matter hereof, and supersedes all prior agreements, whether written or oral, and whether explicit or implicit, which have been entered into before the execution hereof. Should any litigation or arbitration arise between the parties, neither party shall (and each party hereby waives the right to) introduce any parol evidence which would tend to contradict or impeach any of the express written terms, conditions and covenants of this Agreement.

19. Notice. Any notice or other communication under this Agreement shall be given by personal delivery or by prepaid mail to each party at such address as such party shall furnish to the other in writing. Notice shall be deemed to have been effectively given at the time it is personally delivered, or if given by mail, then three (3) days after deposit in the United States mail.

20. Miscellaneous Provisions. If any one or more of the terms, provisions, promises, covenants or conditions of this Agreement or the application thereof to any person or circumstance shall be adjudged to any extent invalid, unenforceable, void or voidable for any reason whatsoever by a court of competent jurisdiction, each and all of the remaining terms, provisions, promises, covenants and conditions of this Agreement or their application to other persons or circumstances shall not be affected thereby and shall be valid and enforceable to the fullest extent permitted by law. The headings appearing herein are for convenience of reference only and shall not be deemed to govern, limit, modify or in any

manner affect the scope, meaning or intent of the provisions of this Agreement. Subject to Section 14 hereinabove, this Agreement shall be binding upon and inure to the benefit of the parties hereto and upon their respective successors and permitted assigns. Each covenant hereof is a condition, and each condition hereof is as well a covenant by the parties bound thereby unless waived in writing by the parties hereto. Whenever in this Agreement an approval or consent is required by one of the parties, the same shall not be unreasonably withheld.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year first above written.

"Manager"
BLUE RIDGE MEDICAL MANAGEMENT CORPORATION

By:_____
Dennis Vonderfecht, President

"Owner"
SMYTH COUNTY COMMUNITY HOSPITAL

By:_____
Linda Parks White, President

CONTRIBUTION AND NONCOMPETITION AGREEMENT

THIS AGREEMENT is made and entered into this 31st day of October, 2006, by and among SMYTH COUNTY COMMUNITY HOSPITAL, a Virginia nonstock company and organization exempt from federal income tax under Internal Revenue Code §501(c)(3) ("SCCH"), SMYTH COUNTY COMMUNITY FOUNDATION, a Virginia nonstock company which is exempt from federal income tax under Internal Revenue Code §501(c)(3) (the "Community Member"), and MOUNTAIN STATES HEALTH ALLIANCE, a Tennessee nonprofit public benefit corporation and an organization exempt from federal income tax under Internal Revenue Code §501(c)(3).

WHEREAS, SCCH and MSHA entered into that certain Reorganization Agreement, dated August 29, 2006 (the "Reorganization Agreement") pursuant to which the parties agreed, among other things, that MSHA would acquire an 80% membership interest in SCCH, SCCH would establish a relationship with the Community Member to support SCCH and to hold a 20% membership interest in SCCH, MSHA would make certain contributions to SCCH and to Community Member, and entry by Community Member into this Agreement would be a material condition to MSHA's obligation to Close the Reorganization Agreement and to make the contributions to SCCH and to Community Member required by Section 1.1 thereof;

WHEREAS, SCCH and MSHA entered into an Amendment to Reorganization Agreement dated October 31, 2006 (the "Amendment") which modified the agreements between them and affected the terms and conditions of this Agreement;

WHEREAS, to carry out the requirements of Section 5.8 of the Reorganization Agreement as amended, MSHA, SCCH and Community Member are willing to enter into this Agreement in accordance with the terms, covenants and conditions set forth herein;

NOW, THEREFORE, in consideration of the foregoing and the terms, covenants and conditions set forth herein, the parties agree as follows:

1. MSHA Contribution to Community Member. Upon presentation to MSHA of:

(a) A determination letter issued to Community Member by the Internal Revenue Service which recognizes that Community Member is exempt from federal income tax under Internal Revenue Code §501(c)(3) and is also a supporting organization under Internal Revenue Code §501(a)(3);

(b) Satisfactory evidence that Community Member remains in good standing with the Commonwealth of Virginia; and

(c) Wire transfer instructions to a designated bank account of Community Member,

MSHA will contribute to Community Member Four Million Seven Hundred Thousand Dollars ($4,700,000) by wire transfer of immediately available funds to the designated bank account of Community Member.

2. Requirements for Use of Proceeds.

(a) General Requirements. Community Member shall use the funds contributed to it by MSHA pursuant to this Agreement solely for the support of SCCH and the provision of health care services (including wellness) to the community served by SCCH. Except as set forth below, the specific uses and investment of the contributed funds for the purpose described in the preceding sentence shall be determined from time to time by the governing board of the Community Member based upon requests made to Community Member by SCCH.

Employee Health Insurance Premium Assistance. During a transition period from 11/01/06 through 6/30/08, the parties have agreed to provide health insurance premium assistance to the SCCH employees hired by MSHA to work for SCCH from and after 11/01/06 and who elect to participate in MSHA's self funded health insurance program.

The amount of premium to be paid by each employee for each pay period during the Transition Period will gradually increase each quarter as set forth below:

"Employee Only" Health Premiums

Employee Cost Per Pay Period

Effective Date of New Employee Cost	Health			Pharmacy		
	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3
11/01/2006	$13.58	$16.21	$15.96	$0.84	$ 2.42	$ 4.33
02/01/2007	$13.78	$19.04	$18.54	$1.68	$ 4.84	$ 8.66
05/01/2007	$13.98	$21.87	$21.12	$2.52	$ 7.26	$12.99
08/01/2007	$14.18	$24.70	$23.70	$3.36	$ 9.68	$17.32
11/01/2007	$14.38	$27.53	$26.28	$4.20	$12.10	$21.65
02/01/2008	$14.58	$30.36	$28.86	$5.04	$14.52	$25.98
05/01/2008	$14.78	$33.19	$31.44	$5.88	$16.94	$30.31
07/01/2008	$15.00	$36.00	$34.00	$6.71	$19.35	$34.61

The amount each employee will pay will depend upon which MSHA Health Plan Option the employee selects. For each Option, the employee's cost will be the sum of the Health amount and the Pharmacy amount. Further, if the MSHA self insured health benefits program increases the "employee only" Health Premiums during the Transition Period, then the amounts set forth in the above rate table will be increased by the amount(s) of such "employee only" Health Premiums increase(s). Each pay period following Closing, the MSHA self funded health insurance trust (the "Health Insurance Trust") will bill to SCCH which will in turn bill toCommunity Member an amount equal to the difference between the actual employee aggregate premium charged by the MSHA health plan for the SCCH personnel employed by MSHA and the aggregate amount

actually paid by such personnel applying the rate table set forth above augmented by premium increases to such employees. Payment shall be made by SCCH to the Health Insurance Trust and by Community Member to SCCH within ten (10) days following receipt of the applicable billing statement.

(b) Spalding Case Settlement or Judgment. If SCCH settles the claim or claims associated with the following action: *Diane Spalding v. Smyth County Community Hospital* (the "*Spalding* case")or if final judgment in the *Spalding* case is rendered against SCCH and SCCH either determines not to appeal the judgment or the judgment is nonappealable, and if the amount of the settlement payment(s) or judgment award(s) exceed the reserve established by SCCH on its books for the contingent liabilities associated with the *Spalding* case, then within five (5) business days following SCCH demand for reimbursement of the amount(s) paid in excess of the reserve, the Community Member will wire transfer to a designated account of SCCH the lesser of: (a) the amount be paid in excess of the reserve; or (b) the remainder of the original MSHA contribution to the Community Member, plus earnings thereon, minus prior contributions to SCCH by Community Member from the fund created by MSHA's contribution to Community Member.

(c) Malpractice Tail Claims. For a period of five (5) years from 11/01/06 through 10/31/11, SCCH shall be entitled to make demand upon the funds held by Community Member pursuant to this Agreement to reimburse SCCH for costs and expenses incurred by SCCH, including settlement payments and satisfaction of judgments or arbitration awards, to defend professional liability medical malpractice claims made after October 31, 2006 and before November 1, 2009 that are based upon events that occurred on or before October 31, 2006. Such costs and expenses are referred to herein as "Tail Claims Costs". SCCH's right to demand and receive reimbursement of Tail Claims Costs from the funds maintained by Community Member pursuant to this Agreement is subject to the following terms and conditions:

(i) SCCH shall first establish an annual reserve of $350,000 from which Tail Claims Costs shall be paid. This reserve shall be established each November 1st and shall be available to pay such costs for the twelve (12) month period ending the following October 31st. Each such twelve (12) month period is referred to herein as a "Measurement Period";

(ii) After the annual reserve of $350,000 for a Measurement Period has been fully depleted, SCCH may demand and receive reimbursement from the funds held by the Community Member pursuant to this Agreement of up to $850,000 of additional Tail Claims Costs incurred by SCCH;

(iii) Employee health insurance premium assistance pursuant to subparagraph (b) above and reimbursement of *Spalding* case costs in accordance with subparagraph (c) above shall have priority over the reimbursement of Tail Claims Costs pursuant to this subparagraph (d);

(iv) If the funds maintained by Community Member pursuant to this Agreement are fully depleted by: (x) payment of employee health insurance premium assistance, and (y) reimbursement of *Spalding* case costs, or if Tail Claims Costs reimbursed by Community Member total $850,000, then SCCH shall have no further right of reimbursement from the Community Member for such costs;

(v) MSHA Self Insurance Program. After $850,000 of the MSHA Contribution Fund held by the Community Member is spent to reimburse Tail Claims Costs or following the fifth (5th) anniversary of the Closing Date, whichever occurs first, any additional Tail Claims Costs incurred by SCCH will be reimbursed to SCCH through MSHA's program of self insurance. All such payments plus earnings thereon at a deemed rate of 5% per year will be subtracted from any payment otherwise due to the Community Member upon its withdrawal as a member of SCCH or upon sale of substantially all of the assets of SCCH and subsequent distribution of net proceeds to the members; and

(vi) The rights of SCCH to reimbursement hereunder are personal to it, may not be enforced by any third parties and do not create any rights in any third party beneficiaries. Community Member is and shall not be liable or responsible for the acts or omissions to act of SCCH, its employees and agents.

3. Acceptance of Exit Conditions, Procedures and Payments. Community Member has read, understands, accepts and agrees to the provisions of Sections 1.12 and 1.13 of the Reorganization Agreement as modified by paragraph 2(c)(iii) of the Amendment. These provisions establish procedures, conditions, responsibilities and payments associated with: (a) sale of SCCH assets followed by dissolution of SCCH; and (b) either MSHA or Community Member ceasing to be a member of SCCH.

4. Restrictive Covenants.

(a) Noncompetition. Except as permitted in this Section, during the period commencing on the Closing Date and ending on the fifth (5th) anniversary following the date that Community Member no longer holds any rights as a member of SCCH (the "**Noncompete Term**"), Community Member shall not, and it shall cause its successors, assigns and controlled affiliates and subsidiaries not to, directly or indirectly (including by making a donation or providing other financing), (i) engage in the construction or operation of any Competing Business within Smyth County, Virginia and any county contiguous to Smyth County, Virginia ("**Territory**"); or (ii) acquire, lease, own or be a shareholder, partner, member or equity holder of, exercise management control over, provide consulting services for, or acquire or maintain any interest in, any Competing Business that operates or conducts any business within the Territory. For purposes of this Section, the term "**Competing Business**" means the business of owning, operating, managing or otherwise participating in a facility or facilities which provide general acute care, long term care, physician, outpatient surgical or diagnostic, home health, hospice, psychiatric, behavioral health development, disability or rehabilitation services.

(b) Nonsolicitation of Employees. Throughout the Noncompete Term, Community Member will not, without prior written approval of MSHA, directly or indirectly, solicit, hire, employ or retain any SCCH Employee or any employee or agent of MSHA retained for SCCH operations, or any member of the SCCH Medical Staff, and Community Member will not, directly or indirectly, cause any SCCH Employee, employee or agent of MSHA retained for SCCH operations, or SCCH Medical Staff member to terminate or suspend their employment or agency relationship with SCCH or MSHA or membership on the SCCH Medical Staff.

(c) Adequacy of Remedy. Community Member recognizes that the covenants in this Section, and the territorial, time and other limitations with respect thereto, are reasonable and properly required for the adequate protection of the interests of SCCH and MSHA, and Community Member agrees that such limitations are reasonable. Community Member agrees and acknowledges that the violation of the covenants or agreements in this Section would cause irreparable injury to SCCH and MSHA and that a remedy at law for any violation or threatened violation thereof would be inadequate and that, in addition to whatever other remedies may be available at law or in equity, SCCH and MSHA shall be entitled to temporary and permanent injunctive or other equitable relief without the necessity of proving actual damages or posting bond. Community Member also waives any requirement of proving actual damages in connection with the obtaining of any such injunctive or other equitable relief.

(d) Enforcement. It is the intention of each party hereto that the provisions of this Section shall be enforced to the fullest extent permissible under the Laws and the public policies of the Commonwealth of Virginia and of any other jurisdiction in which enforcement appropriately may be sought, but that the unenforceability (or the modification to conform with any such Laws or public policies) of any provisions hereof shall not render unenforceable or impair any of the remaining provisions of this Agreement. Accordingly, if any term or provision of this Section shall be determined to be illegal, invalid or unenforceable, either in whole or in part, this Agreement shall be deemed amended to delete or modify, as necessary, the offending provisions and to alter the balance of this Agreement in order to render the same valid and enforceable to the fullest extent permissible as aforesaid.

(e) Continued Application. This Section shall continue to apply to Community Member and its successors and assigns, even if Community Member is acquired by or merged with or into, or assigns any of its rights or obligations to, any other person or organization that owns or operates a Competing Business.

5. Governing Law. The parties agree that this Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia, without giving effect to any choice or conflict of law provision or rule thereof.

6. Benefit; Assignment. Subject to provisions herein to the contrary, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns; provided, however, that no party may assign this Agreement without the prior written consent of the other party, which consent may be withheld

in the sole discretion of the other party. Notwithstanding the foregoing, MSHA may assign its interest in this Agreement (in whole or in part) to any affiliate without the consent of SCCH, but in such event MSHA shall be required to remain obligated hereunder in the same manner as if such assignment had not been effected.

7. Waiver of Breach. The waiver by either party of breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any subsequent breach of the same or other provision hereof.

8. Notice. Any notice, demand or communication required, permitted, or desired to be given hereunder shall be deemed effectively given when personally delivered, when received by telegraphic or other electronic means (including telecopy and telex) or overnight courier, or five (5) days after being deposited in the United States mail, with postage prepaid thereon, certified or registered mail, return receipt requested, addressed as follows:

SCCH:	Smyth County Community Hospital Attn: Linda Parks White President 565 Radio Hill Road Marion, Virginia 24354 Facsimile: (276) 282-1438
MSHA	Mountain States Health Alliance Attn: Dennis Vonderfecht, President and CEO 400 N. State of Franklin Road Johnson City, Tennessee 37604-6074 Facsimile: (423) 431-6057
with copies to:	Mountain States Health Alliance Attn: Timothy S. Belisle, Esq. 400 N. State of Franklin Road Johnson City, Tennessee 37604 Facsimile: (423) 431-5013
Community Member:	Smyth County Community Foundation Attn: Marvin Craig, Chairman 1 Health Way Marion, Virginia 24354 Facsimile: (276) 782-1918
	Woods Rogers PLC Attn: Thomas T. Palmer, Esq. 10 South Jefferson Street, Suite 1400 Roanoke, Virginia 24011 Facsimile: (540) 983-7711

9. Interpretation. Inasmuch as this Agreement is the result of negotiations among sophisticated parties of equal bargaining power represented by counsel, no inference in favor of, or against, any party shall be drawn from the fact that any portion of this Agreement has been drafted by or on behalf of such party. The divisions of this Agreement into sections and subsections and the use of captions and headings in connection therewith are solely for convenience and shall have no legal effect in construing the provisions of this Agreement.

10. No Third Party Beneficiaries. The terms and provisions of this Agreement are intended solely for the benefit of MSHA, Community Member and SCCH and their respective permitted successors or assigns, and it is not the intention of the parties to confer, and this Agreement shall not confer, third-party beneficiary rights upon any other person.

11. Entire Agreement; Amendment; Counterparts. This Agreement supersedes all previous contracts and constitutes the entire agreement of whatsoever kind or nature existing between or among the parties representing the within subject matter and no party shall be entitled to benefits other than those specified herein. This Agreement may only be amended, modified, terminated, discharged or replaced by a subsequent written instrument signed by an authorized officer of each party to this Agreement. This Agreement may be executed in two or more counterparts, each and all of which shall be deemed an original and all of which together shall constitute but one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

SMYTH COUNTY COMMUNITY HOSPITAL

By: _____
Gary L. Peacock, Chairman

By: _____
Linda Parks White,
President

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht,
President and CEO

SMYTH COUNTY COMMUNITY FOUNDATION

By: _____
Marvin Craig, Chairman

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SMYTH COUNTY COMMUNITY HOSPITAL

By: _____
Gary L. Peacock, Chairman

By: _____
Linda Parks White,
President

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht,
President and CEO

SMYTH COUNTY COMMUNITY FOUNDATION

By: _____
Marvin Craig, Chairman

EXHIBIT G-6G

SMYTH COUNTY COMMUNITY HOSPITAL

BYLAWS

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BYLAWS

OF

SMYTH COUNTY COMMUNITY HOSPITAL

ARTICLE I.
CORPORATION

Section 1.1. Name and Purpose. The name of this corporation is Smyth County Community Hospital (the "Corporation"), a Virginia non-stock, member corporation. The purposes, powers, rights, obligations, and duties of the Corporation shall be as set forth in its Articles of Incorporation.

The Corporation shall, so long as the Board of Directors of the Corporation (the "Board") deems it advisable, own, operate and maintain a fully licensed and accredited community hospital in the Town of Marion, Smyth County, Virginia known as Smyth County Community Hospital (the "Hospital"). The purposes of the Hospital are to provide care to all persons regardless of race, color or creed who are suffering from any illness, injury or disability and who may require hospital care; to establish, maintain and operate health care facilities ancillary to the Hospital in the communities it serves and such other health care facilities as the Board shall deem appropriate; and to participate so far as circumstances may warrant in any other activity designed to promote the general health of the communities served by the Hospital. The Hospital shall have an organized medical staff responsible to the Board for its own governance and for all medical care provided to patients (the "Medical Staff"). The Corporation shall also, so long as the Board deems it advisable, own, operate and maintain a fully licensed nursing home in the Town of Marion, Smyth County, Virginia known as Francis Marion Manor (the "Nursing Home"). This shall be considered a Department of the Hospital.

The Corporation may own, lease, operate or maintain such other facilities as the Board may from time to time deem appropriate consistent with the stated purposes of the Corporation. All such facilities, including the Hospital and the Nursing Home, shall be referred to collectively herein as "the Facilities".

Section 1.2. Mission, Vision and Values. The current mission, vision and values of the Hospital are set forth below:

Mission Statement	Smyth County Community Hospital is committed to "Bringing Loving Care to Health Care". We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health and wellness.
Vision Statement	We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.

Values	Integrity – Honesty in Everything We Do Service – With Caring and Compassion Leadership – With Creativity and Innovation Excellence – Always Pursuing a Higher Standard

Section 1.3. Offices. The principal office of the Corporation shall be in the Town of Marion, Smyth County, Virginia.

ARTICLE II.
MEMBERS

Section 2.1. Identification. The Corporation shall have two (2) members, namely Mountain States Health Alliance ("MSHA"), which shall have an 80% membership interest in the Corporation, and the Smyth County Community Foundation ("SCC Foundation"), which shall have a 20% membership interest in the Corporation (each a "Member" and collectively, the "Members"). Mountain States Health Alliance is a Tennessee public benefit corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code which serves as the parent sponsoring organization of a number of health care related entities. Smyth County Community Foundation is a charitable foundation operating exclusively for charitable, religious, scientific, literary and educational purposes and in support of the operation and mission of Smyth County Community Hospital.

Section 2.2. Rights of Members. Members shall have the right and the power to: (a) appoint and elect the Board of Directors, as provided in Article III, Section 3.5; (b) remove directors, as provided in Article III, Section 3.7; (c) approve amendments to the Bylaws, as provided in Article XII, Section 12.2; (d) approve in advance any proposed dissolution and/or liquidation of the corporation; (e) approve any sale of all or substantially all of the corporation's assets; (f) approve any merger or consolidation of the corporation with another entity; (g) amend the Articles of Incorporation of the corporation; and (h) approve borrowing from MSHA and approve borrowing from a third party creditor where either the credit or assets of MSHA will be at risk of repayment or the amount of the borrowing exceeds $500,000. The actions listed in clauses (d) through and including (g) of this Section 2.2 shall require approval by both MSHA and SCC Foundation. All other actions by the members may be taken upon approval by Members holding at least a majority membership interest in the corporation.

Section 2.3. Transfer of Membership. Membership in the Corporation is not transferable or assignable.

Section 2.4. Annual Meeting. An annual meeting of the Members shall be held preceding the annual meeting of the Board. The purpose of the annual meeting shall be to name Directors.

Section 2.5. Special Meetings. Special meetings of the Members for any purpose or purposes may be called by the President or by the Board, and shall be called by the President or Secretary at the written request of a Member. The notice of the meeting shall state the purpose or purposes for which the meeting is called and no business other than that specified in the notice shall be conducted at the meeting.

Section 2.6. Member Action. Action by the Members shall be by the Board of Directors of each Member as communicated to the Corporation by a representative of the Member authorized to provide such notice. A representative or representatives authorized by the MSHA Board of Directors and a representative or representatives authorized by the SCC Foundation may attend and take action at meetings of Members.

Section 2.7. Action Without a Meeting. Whenever the vote of the Members at a meeting is required or permitted to be taken for or in connection with any corporate action by any provisions of the statutes or of the Articles of Incorporation or these Bylaws, the meeting and vote may be dispensed with if all Members entitled to vote on the matter shall consent in writing to such action being taken, and any action so taken without a meeting shall have the same force and effect as action taken at a meeting of Members by the unanimous vote of the Members entitled to vote on such action.

ARTICLE III.
DIRECTORS

Section 3.1. General Powers. The business and affairs of the Corporation shall be conducted by a Board of Directors. The Board will be vested with the full authority of the Board of Directors of a Virginia nonstock member corporation as provided for in the Virginia Nonstock Corporation Act. All powers of the Corporation shall be exercised by or under authority of the Board of Directors, except as otherwise expressly provided by law, the Articles of Incorporation of the Corporation or these Bylaws.

Section 3.2. Board of Directors. The governing body of the Corporation shall be the Board of Directors, which shall operate in accordance with the Articles of Incorporation and Bylaws of the Corporation. The number of Directors which shall constitute the entire Board shall be fourteen (14), of which nine (9) shall be SCC Foundation Class Directors (including the president of the medical staff, ex officio, with vote), four (4) shall be MSHA Class Directors, and one shall be the president and chief executive officer of the Corporation, ex officio, without vote. The number and classes of Directors may be changed only by amendment to these Bylaws and the Articles of Incorporation. The SCC Foundation Class Directors shall hold 20% of the votes of the Board of Directors. The MSHA Class Directors shall hold 80% of the votes of the Board of Directors. Unless otherwise decided by the applicable class of Directors, the votes held by each class of Directors shall be allocated among them pro rata. In other words, each SCC Foundation Class Director will vote 2.22% of the votes and each MSHA Class Director will vote 20% of the votes.

Section 3.3. Supermajority Issues. The following actions shall require the affirmative vote of a majority of the SCC Foundation Class Directors and the affirmative vote of a majority

of the MSHA Class Directors, as described in Section 3.2, before the Corporation may take any action regarding the following matters:

(i) A decision to discontinue any existing health care service provided by the Corporation;

(ii) Recommendation for Amendment of the Articles of Incorporation and Amendment of the Bylaws of the Corporation;

(iii) Subject to the right of substitution set forth in Section 1.12 b. of the Reorganization Agreement between Smyth County Community Hospital and MSHA, dated August 29, 2006 and any amendments thereto (collectively, the "Reorganization Agreement"), grant and establishment of a Member interest in the Corporation for anyone other than MSHA and the SCC Foundation;

(iv) Changing the name of the Corporation;

(v) Approving any contribution to the Members of excess cash flows or other funds generated by the Corporation ;

(vi) Approval of any capital expenditures by the Corporation that exceed $10 million for any fiscal year;

(vii) Initiating bankruptcy, insolvency or similar proceedings on behalf of the Corporation;

(viii) Borrowing by the Corporation in excess of $10 million; and

(ix) Reallocation of funds away from the Board designated account for the Master Facility Plan, as referenced in the Reorganization Agreement, to adjust to changing needs of the Corporation.

The decision by the MSHA Class Directors may be subject to prior or further approval by the MSHA board of directors, a committee thereof, or senior officers of MSHA in accordance with MSHA's levels of approval authority policies.

Section 3.4. Qualification of Directors. The SCC Foundation Class Directors shall at all times be members of the Board of Directors of the SCC Foundation who reside in the communities served by the Hospital, who are recognized as leaders in the community and who are willing, without compensation, to devote their time, talent, and services to supervision of the affairs of the Corporation and accomplishment of its purposes. An effort shall be made in selecting Directors to achieve a balance of talents and representative interests necessary to the good management of the Corporation. Except for the President and CEO of the Corporation and any member of the Hospital medical staff, no person employed to work for or on behalf of the Corporation or the Hospital is eligible to serve as a member of the Board of Directors.

Section 3.5. Election and Terms.

(a) The MSHA Directors shall serve upon appointment by MSHA and shall hold office until the earlier of resignation or removal of any such director by MSHA. Four (4) MSHA Class Directors will be named in the Amended and Restated Articles of Incorporation of the Corporation effective as of November 1, 2006.

(b) The SCC Foundation Class Directors shall be named in the Amended and Restated Articles of Incorporation of the Corporation effective as of November 1, 2006 ("Initial SCC Foundation Class Directors"). The eight (8) Initial SCC Foundation Class Directors (exclusive of the ex officio director) shall be appointed from individuals who were serving as directors of the Hospital immediately prior to November 1, 2006, and shall serve staggered terms with two (2) directors elected for initial terms running from November 1, 2006, through June 30, 2007, three (3) directors elected for initial terms running from November 1, 2006, through June 30, 2008, and three (3) directors elected for initial terms running from November 1, 2006, through June 30, 2009. At least two (2) of the elected SCC Foundation Class Directors shall be members of the Hospital's Medical Staff. The remaining SCC Foundation Class director shall be the President of the Hospital's Medical Staff who shall serve ex-officio, with vote, for a period to run concurrently with service in such position. Upon expiration of the terms of the Initial SCC Foundation Class Directors, the SCC Foundation shall elect from the Directors of the SCC Foundation successors to serve three (3) year terms. Nothing herein shall be construed to prevent (i) the election of a Director to succeed himself or herself; (ii) the election of a Director for the remainder of an unexpired term of a Director; or (iii) amendment of these Bylaws to increase or decrease the number of Directors upon approval of each of the Members. No elected SCC Foundation Class Director may serve for more than three (3) consecutive three (3) year terms but may, upon taking a leave of one (1) year, again be eligible to be re-elected. Furthermore, if a vacancy is filled for a term of less than one (1) year, the individual filling such vacancy will be eligible to serve up to an additional three (3) consecutive three (3) year terms. If a vacancy is filled for a term of one (1) year or more, the individual filling such vacancy shall be eligible to serve up to an additional two (2) consecutive three (3) year terms.

(c) Election of the SCC Foundation Class Directors and appointment of the MSHA Class Directors shall take place at the annual meeting of the Members unless successor Directors are elected as provided in Section 3.8.

(d) The President and CEO of the Corporation shall serve ex officio, without vote, for a period to run concurrently with service in such position.

(e) At all times the SCC Foundation Class Directors shall constitute a majority of the board of the SCC Foundation, except as otherwise set forth in the Reorganization Agreement.

Section 3.6. Vacancies. If the office of any SCC Foundation Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be filled by election by the Board of Directors of the SCC Foundation. If the office of any MSHA Class Director becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Directorship is created, the vacancy or new Directorship shall be appointed by MSHA. Each Director elected or appointed to fill a vacancy shall hold office for the unexpired term of his predecessor in office.

Section 3.7. Removal. SCC Foundation Class Directors (including an ex-officio director) may be removed, with or without cause, by the vote of two-thirds of the total number of the SCC Foundation Class. MSHA Class Directors may be removed, with or without cause, by the act of MSHA communicated by its representative. Removal as a Director also shall constitute removal as an officer of the Corporation.

Section 3.8. Election and Filling of Vacancies. Directors of either class may be elected or appointed in advance of the annual meeting of the Members, and vacancies in the office of Director of either class may be filled in advance of the vacancies. The election or appointment of Directors pursuant to this Section 3.8 shall be effective as of the next annual meeting of the Members. The filling of vacancies pursuant to this Section 3.8 shall be effective as of the occurrence of a vacancy among the Directors of that class.

Section 3.9. Place and Notice of Directors Meeting. The annual meeting of the Board shall be held on the fourth Monday of each May, or such day as soon thereafter as the Board shall establish, for the purpose of transacting any and all such business as may come before the meeting. Regular meetings of the Board may be held at such time and place as the Board may determine by resolution. Special meetings of the Board may be called at any time by the Chairman, the Secretary, a majority of Directors, or by either Member.

Section 3.10. Notice of Meetings. Notice of the date, time and place of every meeting, along with the purpose of the meeting, shall be given by mail, telephone or telecopier at least forty-eight (48) hours previous thereto to each Director. Neither the business to be transacted at, nor the purpose of, any meeting of the Board need be specified in the notice or waiver of notice of the meeting.

Section 3.11. Actions Without Meeting. Any action that may be taken at a meeting of the Board may be taken without a meeting if a consent in writing, setting forth the actions so to be taken, shall be signed by all of the Directors before or after the action is to become effective. The Directors' consent shall have the same force and effect as a unanimous vote.

Section 3.12. Quorum. A majority of the number of voting members of the Board shall constitute a quorum for the transaction of business at meetings of the Board, provided, however, for the actions set forth in Section 3.3 of these Bylaws requiring approval by a majority of each

of the SCC Foundation Class Directors and MSHA Class Directors, a quorum will consist of a majority of Directors of the SCC Foundation Class and a majority of Directors of the MSHA Class. If less than a quorum of the members of the Board is present at any meeting, such meeting may be adjourned by a majority of those members present from time to time until a quorum shall be present, and any business may be transacted which might have been transacted at the meeting as originally notified. When a quorum is present at any meeting, unless the Articles of Incorporation of the Corporation or these Bylaws require the vote of a greater number of Directors, the vote of Directors present who represent at least a majority of the votes allocated among the Directors by Section 3.2 of this Article III shall be sufficient to elect and pass any measure. The vote made by the MSHA Class Directors may in some cases be subject to prior or further approval by the MSHA board of directors, a committee thereof, or senior officers of MSHA in accordance with MSHA's level of approval authority policies.

Section 3.13. Attendance. It is expected that all Directors attend every meeting of the Board and every meeting of a Board committee of which he or she is a member. Absences may be excused for such reasons as illness, unavoidable absence from the city or unavoidable conflict for personal or business reasons. An excused absence will be recorded as such in the minutes of the meeting. It shall be the responsibility of each Board member to notify the Secretary of the Board in advance if he or she cannot attend a meeting and the reason(s) therefore. Secretaries of Board Committees shall likewise be notified in advance if a member cannot attend a meeting. Absences at Board and Committee Meetings shall be reviewed quarterly by the Chairman to determine whether absences, for whatever reason(s), warrants continuation on the Board. A Director who is absent from three consecutive Board meetings, or more than twenty-five percent (25%) of the Board meetings in a calendar year, shall be removed from the Board, unless the Board determines, at its next meeting, in its discretion, that there are extenuating reasons for any such excessive absences. If it is determined that a Director shall be removed from the Board due to excessive absences, the Director shall be so notified by the Secretary of the Board.

Section 3.14. Transaction of Business at Board Meetings; Minutes. Business at meetings of the Board shall be transacted in accordance with a written agenda distributed to members of the Board at or before the opening of any meeting for the transaction of business. The Board shall record and maintain written minutes of its meetings. The minutes of Board meetings shall be kept in the administrative offices of the Hospital and shall be available for review by any member of the Board.

Section 3.15. Meetings by Telephone. Meetings of the Board may be held through the use of telephones or other communications equipment, whereby all persons, while participating in the meeting, can communicate with each other. Participation by any Board member in a meeting so held shall constitute presence in person at the meeting and the minutes of any such meeting shall be prepared in the same manner as a meeting of the Board held in person.

Section 3.16. Educational Opportunities. Education opportunities for members of the Board shall be arranged at least annually. Such educational opportunities may include, but shall not be limited to, a program relating to the duties and responsibilities of Board members and other relevant continuing programs intended to keep the Board well informed of current issues affecting hospitals and health care generally.

Section 3.17. Self-Evaluation. At least annually, the performance of the Board and the individual Directors shall be self-evaluated using a form that is approved by the Board for this purpose.

ARTICLE IV.
OFFICERS AND AGENTS

Section 4.1. General. The officers of the Corporation shall consist of a Chairman of the Board, a Vice Chairman of the Board, a President, a Secretary, and a Treasurer, all of whom, with the exception of the President, shall be Directors.

The Board of Directors shall select and appoint a President who shall serve at the pleasure of the Board as the Administrator of the Hospital and the Chief Executive Officer of the Corporation. The other officers of the Corporation (collectively referred to as the "Elected Officers"), shall be elected every year by the members of the Board who are Directors as of, and after, July 1 of each year. Such election shall occur at an organizational meeting of the newly constituted Board to be convened at the next regularly scheduled Board meeting after July 1 of each year, without the need for any separate notice. All Elected Officers shall serve one-year terms that shall run from their election until their successors are elected as set forth herein. Any person may hold any two or more offices simultaneously other than the offices of President and Secretary. The Chairman of the Board, the Vice Chairman of the Board and the Secretary may serve no more than two consecutive one year terms.

Section 4.2. Chairman of the Board. The Chairman of the Board (the "Chairman") shall preside at all meetings of the Board of Directors when present. The Chairman shall monitor the implementation of policies and procedures established by the Board. The Chairman shall perform all duties incident to the office of Chairman and such other duties as from time to time may be assigned by the Board of Directors or any committee duly authorized by the Board, and shall have such other powers and authorities as are elsewhere in these bylaws conferred upon him.

Section 4.3. Vice Chairman. The Vice Chairman shall assist the Chairman in addressing such matters as the Chairman or the Board shall direct. In the absence of the Chairman, the Vice Chairman shall perform all the duties of the Chairman at any Board meeting and shall also perform such other duties of the Chairman as requested by the Chairman or the President.

Section 4.4. President. The Board of Directors shall select and appoint competent and experienced President and CEO who shall report to and be its direct representative in the management of the health care system. The President shall serve as the Administrator of the Hospital and the Chief Executive Officer of the Corporation and shall be responsible for implementing the policies and procedures established by the Board. The President, subject to the provisions of these Bylaws, shall supervise the agents and employees of the Corporation, shall perform such other duties as may be prescribed from time to time by the Board, and shall have all other powers and duties that pertain to his or her position as Chief Executive Officer. This official shall be vested with the necessary authority and responsibility, in accordance with board policies, goals and expressed directions, to: Conduct all financial and business affairs of the

Corporation; Maintain and improve quality in cooperation with the medical staffs of its facilities; Act as spokesperson for the Corporation; and Exercise other responsibilities necessary for effective operations.

Section 4.5. Secretary. The Secretary shall certify the actions of the Board when necessary, keep the minutes of the Board, maintain the records (other than financial) of the Corporation, give notice of any meetings of the Board, and have such other powers and duties as may be prescribed by the Board from time to time. The Secretary shall provide for safe custody of the seal of the Corporation and, when authorized by the Board, affix the same to any instrument requiring it, and when so affixed, it shall be attested by his or her signature, or the signature of the Assistant Secretary, if one is elected.

Section 4.6. Treasurer. The Treasurer shall provide for the custody of all corporate funds and securities and shall see that a true and accurate accounting of the financial transactions of the Corporation is made and that reports of those transactions are presented promptly to the Finance Committee and to the Board. The Treasurer shall see to the disbursement of funds of the Corporation as may be ordered by the Board, proper vouchers being taken for such disbursements, and shall be responsible for rendering to the Chairman and Directors, at the regular meetings of the Board, or whenever they may require it, an account of all his or her transactions as Treasurer and of the financial condition of the Corporation.

Section 4.7. Assistant Officers. The Board may from time to time appoint such assistant officers as it deems appropriate. Persons eligible for appointment as assistant officers shall include without limitation employees of the Corporation. Such assistant officers shall have such powers and duties as the Board may prescribe. Assistant officers may, in the absence of the officers they assist, exercise the authority of those officers.

Section 4.8. Removal of Officers and Vacancies. Any Elected Officer may be removed with or without cause whenever the Board in its absolute discretion shall consider that his or her removal will serve the best interests of the Corporation. Election or appointment of an officer shall not of itself create contract rights. The President shall be an at-will employee of the Corporation who may be removed by the Board from his position as President and Chief Executive Officer of the Corporation and Administrator of the Hospital with or without cause. Vacancies shall be filled by the Board as soon as possible after they occur.

Section 4.9. Fidelity Bonds. Every officer, agent or employee of the Corporation who may receive, handle or disburse money for his account or who may have any of the Corporation's property in his custody or be responsible for its safety or preservation may be required, in the discretion of the members of the Board, to give bond, the costs of which shall be paid by the Corporation, in such sum and with such sureties and in such form as shall be satisfactory to the Board, for the faithful performance of the duties of such office.

ARTICLE V.
CONDUCT OF BUSINESS

Section 5.1. Execution of Contracts and Other Documents. Except as otherwise required by law, the Articles or these Bylaws, the Board may authorize any officer or officers in

the name and on behalf of the Corporation, to enter into any contract or execute any deed or other instrument, and any such authority may be general or confined to specific instances. Whenever the Board, in authorizing or directing the execution of any contract, deed or other instrument, fails to specify the officer or officers who are to execute the same, such contract, deed, or other instrument shall be executed on behalf of the Corporation by the President or the Chairman.

Section 5.2. Loans. The President or any officer of the Corporation specifically authorized by the Board may effect loans or advances at any time for the Corporation, in the ordinary course of the Corporation's business, from any bank, trust company or other institution, or from any firm, corporation, or individual, and for such loans and advances may make, execute and deliver promissory notes, bonds or other certificates or evidence of indebtedness of the Corporation, and when authorized so to do may pledge or transfer any securities or other property of the Corporation as security for any such loans or advances. Such authority conferred by the Board may be general or confined to specific instances.

Section 5.3. Checks, Drafts, Etc. All checks, drafts and other orders for payment of money out of the funds of the Corporation shall be signed on behalf of the Corporation in such manner as shall from time to time be determined by resolution of the Board.

Section 5.4. Deposits. The funds of the Corporation not otherwise employed shall be deposited from time to time to the order of the Corporation in such banks, trust companies or other depositories as the Board may from time to time select, or as may be selected by an officer or officers of the Corporation to whom such power may from time to time be delegated by the Board or any committee duly authorized by the Board.

Section 5.5. Compliance Function. The compliance functions of the Corporation shall be overseen by the MSHA Corporate Audit and Compliance Committee and the MSHA Corporate Compliance Officer. Personnel employed to provide day-to-day compliance function services for the Corporation shall report to the MSHA Corporate Compliance Officer who shall supervise and coordinate their corporate compliance activities.

ARTICLE VI.
COMMITTEES

Section 6.1. Establishment. The committees of the Board shall be standing and special. The initial standing committee shall be the Quality Committee. Further standing committees may be established by amendment of these bylaws. Membership on committees of the Board shall be appointed by the Chairman and ratified by the Board. Unless otherwise specified on these bylaws, each committee shall include representatives of the MSHA Class of Directors and the SCCH Foundation Class of Directors with voting rights for representatives of each Class in regard to committee matters proportionate to the respective MSHA and SCCH Foundation membership interest percentages in the Corporation.

Section 6.2. Quorum, Minutes, Removal. At a committee meeting, a quorum shall be one-half of the members of the committee. Each committee shall have an agenda and shall submit minutes of its meetings to the Board. Committee appointments, as proposed by the

Chairman and voted upon by the Board, shall be made at the organizational meeting following the annual meeting, or at such time as a committee is created and shall be effective until the next annual meeting. Any committee member may be removed at any time with or without cause by resolution of the Board, and any vacancy in any committee may be filled by resolution of the Board.

Section 6.3. Meetings. Meetings of any committee shall be called by the Chairman of the committee thereof and shall be held at such time and place as specified in the notice. Notice of the date, time and place of such meeting shall be given by mail, telephone, or facsimile at least forty-eight (48) hours previous thereto to each member. The business to be transacted at any special meeting must be specified in the notice. Meetings may be held without notice if all of the committee members are present or if notice is waived by those not present.

Section 6.4. Attendance. Committee members are expected to attend not less than three-fourths (3/4) of the meetings of each committee of which they are members.

Section 6.5. Quality Committee. The Board shall appoint a Quality Committee consisting of from nine (9) to thirteen (13) individuals, including a mixture of Directors, medical staff members and Hospital employees. Notwithstanding the provisions of Section 6.1, since this Committee's authority is limited to making recommendations to and carrying out decisions of the Board, each member of this Committee shall have one vote on matters within its purview. This committee's responsibilities include:

(a) Review, evaluate, and recommend, to the Board, quality assurance and performance improvement activities, programs, or plans for the Corporation.

(b) Collaborate with key management/Medical Staff leadership to develop, review, and recommend for the Board's approval, policies, and procedures related to ensuring quality of patient care, addressing key items such as:

(i) Nursing care based on nursing standards of patient care and nursing practice standards; and

(ii) Medical Staff's responsibility for developing, adopting, and periodically reviewing its bylaws and rules and regulations.

(c) Review and make recommendations to the Board for resolving any ethical issues that arise throughout the Corporation with regard to patient care or business practices.

Section 6.6. Other Committees. The Board may create such special committees as it may deem appropriate and appoint to membership any persons, whether they be members of the Board or not, and may fix and prescribe their rights, duties, power, authority, and terms of office.

ARTICLE VII.
ADMINISTRATION

Section 7.1. General. As Chief Executive Officer of the Corporation and as the Administrator of the Hospital, the President shall be the Board's direct representative in the management of the Facilities. The President shall serve at the pleasure of the Board. He or she shall have at least a Master's Degree in Hospital or Health Administration from a recognized school of Hospital or Health Administration, or a Master's Degree in Business Administration from a recognized school of Business Administration, with demonstrated competence and experience in the area of health administration. The President shall be given the necessary authority and responsibility for the administration of the Hospital and the other Facilities to the extent permitted by law in all their activities and departments subject only to such policies and procedures as may be adopted and such orders as may be issued by the Board or by any of its committees to which it has delegated power for such action. The President shall act as the duly authorized representative of the Board in all matters in which the Board has not formally designated some other person for that specific purpose. The Board will conduct at least an annual review and evaluation of the President's performance.

Section 7.2. Authority and Duties.

(a) When acting within the scope of his or her authority, the President shall directly represent the Board in all matters pertaining to the administration of the Facilities and shall be responsible to the Board alone for the proper performance of said duties which shall include:

(i) Recommending to the Board appropriate procedures and measures to further or accomplish the duly adopted policies of the Board, and establishing and implementing such procedures and measures as the Board approves.

(ii) Formulating appropriate long-range and strategic plans, consistent with the mission and purposes of the Corporation, for adoption by the Board and implementing such plans as are adopted.

(iii) Developing and submitting to the Board for its approval a plan of organization for the operation of the Facilities and recommending changes where necessary.

(iv) Maintaining appropriate books and records in accordance with sound accounting principles. Working with management, clinical, and Administrative Staff provides for internal controls protecting human, physical, financial, and information resources.

(v) Preparing an annual budget showing the expected revenues and expenditures as required by the Board, and reporting promptly to the Board any actual or anticipated departure therefrom.

(vi) Selecting, employing, controlling, and discharging all employees and developing and maintaining personnel policies and practices for the Facilities subject to review of the Board.

(vii) Maintaining all physical properties in good and safe state of repair and operating condition.

(viii) Supervising all business affairs and ensuring that all funds are collected, invested and expended to the best possible advantage.

(ix) Maintaining appropriate records of all patients in accordance with sound hospital practice.

(x) Working with the Medical Staff and with other healthcare professionals to the end that the best possible care consistent with the resources of the Corporation and its Medical Staff may be rendered to all the patients.

(xi) Submitting regularly to the Board or its authorized committees periodic reports showing (i) the financial activities of the Facilities; (ii) the utilization of the goods and services provided by the Facilities; and (iii) such other information on the affairs of the Facilities as the Board may request, as well as preparing and submitting such special reports or obtaining such information as may be required by the Board or its authorized committees.

(xii) Attending all meetings of the Board and its committees, unless otherwise instructed by the Board.

(xiii) Serving as the primary liaison and channel of communication between the Board or any of its committees and the Medical Staff and assisting the Medical Staff with its organizational and medical-administrative problems and responsibilities.

(xiv) Representing the Corporation in its relationships with other healthcare agencies or entities, in accordance with and subject to the authority granted to him by the Board. Promptly responds to reports and recommendations from regulatory and inspecting agencies.

(xv) Providing for the Facilities' compliance with applicable laws and regulations.

(xvi) Performing any other duty that may be necessary and in the best interests of the Corporation.

(b) In all cases of disputed authority or uncertainty as to the meaning of rules and regulations of the Corporation or any of its Facilities, the decision of

the President shall be operative until such time as a contrary ruling shall have been rendered by the Board or by a Board committee responsible for the supervision of such matter.

(c) In accordance with the specifically enumerated duties above, it shall be the duty of the President to promulgate and enforce all rules and regulations for the proper conduct of the Facilities made by or under the authority of the Board, and until such have been made, the President shall have authority to make and enforce all necessary rules and regulations for the proper conduct of the Facilities.

ARTICLE VIII.
MEDICAL STAFF

Section 8.1. Organization, Appointment and Hearings. The Board shall organize the physicians and dentists granted practice privileges in the Hospital into a Medical Staff under Medical Staff Bylaws approved by the Board. The Board shall consider recommendations of the Medical Staff and appoint to the Medical Staff, in numbers not exceeding the Hospital's needs, physicians and dentists who meet the qualifications for membership as set forth in the bylaws of the Medical Staff. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his or her patients, subject to such limitations as are contained in these Bylaws and in the bylaws, rules and regulations of the Medical Staff and subject, further, to any limitation attached to his or her appointment.

Section 8.2. Medical Care and Its Evaluation.

(a) The Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for seeking to ensure that appropriate professional care is rendered to the Hospital's patients.

(b) The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in the Hospital and shall report such activities and their results to the Board or to a committee of the Board.

(c) The Medical Staff shall make such recommendations to the Board or an appropriate Board committee concerning:

(i) The structure of the Medical Staff.

(ii) Appointments, reappointments, and other changes in staff status.

(iii) Granting of clinical privileges.

(iv) The mechanism used to review credentials and to delineate individual clinical privileges.

(v) Disciplinary actions and the mechanism for fair-hearing procedures.

(vi) All matters relating to professional competency.

(vii) All matters relating to the performance improvement activities of the Medical Staff.

(viii) Such specific matters as may be referred to it by the Board.

Section 8.3. Medical Staff Bylaws. There shall be bylaws, rules and regulations for the Medical Staff that set forth its organization and government within the framework of the Corporation. Such bylaws, rules and regulations shall be reviewed at least biannually by the Medical Staff. Any changes deemed necessary by the Medical Staff shall be submitted to the Board and shall be effective upon approval by the Board.

Section 8.4. Medical-Administrative Personnel. Health care providers otherwise eligible for membership on the Medical Staff and employed by the Hospital in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Hospital and their contracts and other terms of employment and need not be members of the Medical Staff. Those health care providers who are otherwise eligible for Medical Staff privileges who are employed or contracted by the Hospital, either full- or part-time, whose duties are medical-administrative in nature and include clinical responsibilities or functions with the Medical Staff involving their professional capabilities as health care providers, must be members of the Medical Staff, achieving that status by the same procedure provided for other Medical Staff members. In matters involving exclusive contracts, Medical Staff membership may be contingent on continuing employment or contract with the Hospital. Except where services are provided pursuant to an exclusive contract, termination of an employment relationship or contract with the Hospital shall not affect a health care provider's privileges or staff appointment, which shall be governed by the terms of the Medical Staff Bylaws.

Section 8.5. Qualified Medical Personnel. For the purpose of medical screening examinations required under the Emergency Medical Treatment and Labor Act and regulations promulgated thereunder, emergency room physicians shall be qualified medical personnel to perform medical screening examinations. In addition, in regard to women presenting to the Hospital in labor, obstetricians and obstetrical registered nurses shall be deemed to be qualified medical personnel for the purpose of performing medical screening examinations on women in labor. Qualified medical personnel are authorized to sign certificates that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk to the individual patient or, in the case of a woman in labor, to the woman or the unborn child, from being transferred, which certification may be signed at the direction of the on-call physician, and which certification must also contain a summary of the risk and benefits upon which it is based. All medical screening examinations must be conducted within the capabilities of the Hospital's emergency department or, in the case of a woman in labor, the Hospital's obstetrical department, in each case including ancillary services routinely available to the emergency department or obstetrical department, in order to determine if an emergency medical condition exists.

Section 8.6. Medical Malpractice Insurance. Members of the Medical Staff shall be covered by professional malpractice insurance in such amounts as may be required by the Board of Directors consistent with Code of Virginia §8.01-581.15 and shall furnish the Hospital with adequate proof of such insurance and immediate notice upon receipt of notice of cancellation.

ARTICLE IX.
HOSPITAL AUXILIARY

Section 9.1. Purpose. In order to promote interest in the Hospital and to support its activities and operation, an Auxiliary shall be authorized under these Bylaws. The purpose of the Auxiliary shall be to promote volunteer services for the Hospital and to render services to the Hospital which may be within its capabilities.

Section 9.2. Organization. This organization shall have the authority, subject to the approval of the Board, to elect officers and establish auxiliary bylaws for the conduct of its business. Auxiliary activities shall be subject to the general supervision of the President.

Section 9.3. Expenditure of Funds. All funds raised by the Auxiliary shall be utilized for the benefit of the Hospital on such projects as may be mutually agreed upon by the Auxiliary and the President.

ARTICLE X.
INDEMNIFICATION OF BOARD AND OFFICERS

Section 10.1. Indemnification of Directors. The Hospital shall indemnify its Directors and the officers, employees and agents of the Hospital in accordance with the provisions set forth in §§ 13.1-875 through 13.1-883 of the Code of Virginia, as may from time to time be amended, or in any successor statute thereto, as long as such individual meets the standards of conduct required for indemnification as set forth in Section 13.1-876. In addition, the Hospital shall pay for or reimburse reasonable expenses incurred by a Director, officer, employee or agent of the Corporation who is a party to a proceeding in advance of a final disposition of the proceeding if the prerequisites of Virginia Code Section 13.1-878 are met.

Section 10.2. Payment of Attorneys' Fees. To the extent that a Director, President or officer of the Corporation entirely prevails in the defense of any proceeding referred to in Section 10.1 of this Article or in defense of any claim, issue or matter therein, he or she shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by him or her in connection therewith.

Section 10.3. Authorization for Indemnification.

(a) Any indemnification under Section 10.1 of this Article (unless ordered by a court) shall be made by the Corporation only as authorized in the specific case, upon a determination that indemnification of the Director, President or officer is proper in the circumstances because he or she has met the standard of conduct set forth in Section 10.1 of this Article. Such determination shall be made:

(i) by the Board by a majority vote of a quorum (as defined in these Bylaws) consisting of Directors who were not parties to such proceeding; or

(ii) if such quorum is not obtainable, by majority vote of a committee duly designated by the Board (in which designation Directors who are parties may participate), consisting solely of two or more Directors not at the time parties to the proceeding.

(b) Authorization of indemnification and evaluation as to reasonableness of expenses shall be made in the same manner as the determination that indemnification is permissible.

(c) Notwithstanding the failure or refusal under the terms of this paragraph to make provision therefore, such indemnification shall be made if a court of competent jurisdiction makes a determination under applicable law that the Director, President or officer has a right to indemnification hereunder in any specific case upon the application of such person, or if a court of competent jurisdiction determines that such person has satisfied the standards for indemnification specified in Section 10.1 of this Article X.

Section 10.4. Payment of Expenses in Advance. Reasonable expenses (including attorney's fees) incurred in defending such proceeding may be paid or reimbursed by the Corporation in advance of the final disposition of such proceeding as authorized by the Board in the specific case upon receipt of a written statement from such party of his or her good faith belief that he or she has met the standard of conduct described in Section 10.1 of this Article; such party furnishes the Corporation a written undertaking, executed personally or on his behalf, to repay the advance if it is ultimately determined that he or she did not meet the standard of conduct; and a determination is made that the facts then known to those making this determination would not preclude indemnification under this Article. Determination and authorizations of payments under this Section 10.4 shall be made in the manner specified in subparagraph (i) or (ii) of Section 10.3(a) of this Article.

Section 10.5. Directors and Officers Liability Insurance. The Corporation, with the approval of the Board, may purchase and maintain insurance on behalf of any person who is or was a Director or officer of the Corporation, whether elected or appointed, against any liability asserted against him or her or the Corporation and incurred by him or her or the Corporation in any such capacity, or arising out of his or her status as such, whether or not the Corporation would have the power to indemnify him or her against such liability under the provisions of this Article.

Section 10.6. Reliance Upon Advice of Counsel. Neither the Corporation nor its Directors or officers nor any person acting on its behalf shall be liable to anyone for any determination as to the existence or absence of conduct which would provide a basis of making or refusing to make any payment under this Article or for taking or omitting to take any other action under this Article, if such action or omission is made in reliance upon the advice of counsel.

Section 10.7. Individuals Covered, Indemnification Not Exclusive. Each reference herein to Directors, Presidents or officers shall be deemed to include references to former Directors, Presidents or officers, and their respective heirs, executors, and administrators. The indemnification hereby provided shall not be exclusive of any other rights to which any person may be entitled, including any right under policies of insurance that may be purchased and maintained by the Corporation or others, with respect to claims, issues or matters in relation to which the Corporation would not have the power to indemnify such person under the provisions of this Article. The Corporation shall have the power to make any other or further indemnify permitted under the laws of the Commonwealth of Virginia.

Section 10.8. Change in Law. If at any time, any provision contained in the laws of the Commonwealth of Virginia prohibits or limits indemnification in respect of any proceeding described in Section 10.1 of this Article, except upon a determination of the extent hereof in the manner provided in such provision, indemnification shall be made only in accordance with such provision, and the provisions of this paragraph shall be superseded with respect to transactions governed by such provision.

ARTICLE XI.
CONFLICTS OF INTEREST

Section 11.1. Policy; Disclosure. All members of the Board of Directors, Board Committees, Officers and Key Management Personnel of this Corporation shall comply with the Corporation's "Conflict of Interest Policy," including the annual completion and submission of the "Acknowledgement Form" and "Disclosure Statement" that are a part of the Conflicts of Interest Policy. In addition, all members of the Board of Directors shall complete and submit annual the "Board Member's Confidentiality Agreement." Further, any possible or actual conflict of interest on the part of any Director in any matter involving the Corporation shall be disclosed to the other members of the Board of Directors at or before the meeting at which the matter is considered.

Section 11.2. Definitions. A conflict of interest transaction is a transaction with the Corporation in which a Director of the Corporation has a direct or indirect personal interest or a conflicting interest. A conflict of interest transaction is not voidable by the Corporation solely because of the Director's interest in the transaction if: (1) the material facts of the transaction and the Director's interest were disclosed or known to the Board or a committee of the Board and the Board or committee of the Board authorized, approved, or ratified the transaction; or (2) the material facts of the transaction and the Director's interest were disclosed to the members entitled to vote and they authorized, approved or ratified the transaction; or (3) the transaction was fair to the Corporation.

Section 11.3. Indirect Personal Interest. A Director has an indirect personal interest in a transaction if: (1) another entity in which he has a material financial interest or in which he is a general partner is a party to the transaction; or (2) another entity of which he is a director, officer, or trustee is a party to the transaction and the transaction is or should be considered by the Board of the Corporation. A vote or consent of an entity in which the Director has an interest described in the preceding sentence is deemed to be a vote or consent of the Director.

Section 11.4. Conflicting Interest. A Director has a conflicting interest in a transaction if he or she is a member, shareholder, trustee, owner, partner, director, officer or employee of any organization or governmental entity that either competes with the Corporation or any affiliate or is involved or is likely to become involved in any litigation or adversarial proceeding with the Corporation or any affiliate or is seeking or soliciting funds or other substantial benefits from the Corporation.

Section 11.5. Material Financial Interest. A material financial interest is any arrangement or transaction pursuant to which the Director has, directly or indirectly, through businesses, investment or family either:

(i) a present or potential ownership, investment interest or compensation arrangement in any entity with which this Corporation or any Affiliate has or may have a transaction or arrangement; or

(ii) a compensation arrangement with this Corporation or any entity or individual with which this Corporation or any Affiliate has or may have a transaction or arrangement.

Section 11.6. Voting. A conflict of interest transaction is authorized, approved, or ratified if it receives the affirmative vote of a majority of the Directors on the Board, or on the committee, who have no direct or indirect personal interest in the transaction, but a transaction may not be authorized, approved, or ratified by a single Director. If a majority of the Directors who have no direct or indirect personal interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum is present for the purpose of taking action under this section.

Section 11.7. Statement of Position. The foregoing requirements shall not be construed as preventing a Director from briefly stating his position in the matter, nor from answering pertinent questions of other Directors, since his knowledge may be of great assistance to them.

Section 11.8. Minutes to Show Compliance. The minutes of any meeting at which the Board shall consider a matter involving a conflict of interest of any Director shall reflect disclosure of such conflict, and all pertinent actions relating thereto.

ARTICLE XII.
MISCELLANEOUS

Section 12.1. Fiscal Year. The fiscal year of the Corporation shall begin on July 1st of each year.

Section 12.2. Review and Amendment of Bylaws. These Bylaws shall be reviewed at least once every two years by the Board, Administration of the Hospital and/or Hospital counsel, and shall be amended as may be necessary for conformity with changes in the law or the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations, or as otherwise may be appropriate. The Board may recommend to the Members of the

Corporation for adoption alterations, amendments, repeal or restatement of these Bylaws or adoption of new bylaws upon a vote at any regular or special meeting that meets the requirements of Article III, Section 3.3, of these Bylaws. These Bylaws may be altered, amended or repealed or new bylaws may be adopted by a vote of both members of the Corporation at any regular or special meeting or by unanimous written consent of the Members in lieu of a meeting. However, before any existing bylaws are amended, or before a new bylaw may be adopted, notice of such action must be given to each Member ten (10) days in advance of the meeting.

The foregoing was adopted by the unanimous consent of the directors of the Corporation to be effective the first (1st) day of November, 2006.

EXHIBIT G-6H

REORGANIZATION AGREEMENT

OF

JOHNSTON MEMORIAL HOSPITAL, INC.

WITH

JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC. (49.9% MEMBER)

AND

MOUNTAIN STATES HEALTH ALLIANCE (50.1% MEMBER)

OF

JOHNSTON MEMORIAL HOSPITAL

Signing Date: August 14, 2008

Closing Date: October 31, 2008

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REORGANIZATION AGREEMENT

THIS REORGANIZATION AGREEMENT (this "Agreement") is made and entered into as of the 14th day of August, 2008, by and among **JOHNSTON MEMORIAL HOSPITAL, INC.**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("JMH"), **JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.**, a Virginia nonstock corporation seeking exemption from federal income taxation under Internal Revenue Code §501(c)(3) ("Community Member"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("MSHA").

WHEREAS, JMH owns and operates a 135-bed general acute care hospital located at 351 Court Street, N.E., Abingdon, Virginia and commonly known as **JOHNSTON MEMORIAL HOSPITAL** ("**Hospital**");

WHEREAS, JMH is the sole member of **ABINGDON PHYSICIAN PARTNERS** ("APP"), a Virginia nonstock corporation which has applied for recognition as an organization exempt from federal income taxation under Internal Revenue Code §501(c)(3);

WHEREAS, JMH is also the sole member of ASC Realty Group, LLC, Abingdon Surgical Center, L.L.C., and Abingdon Surgical Centre, LLC, each of which is organized as a Virginia limited liability company (collectively, "the LLCs" and individually, "an LLC");

WHEREAS, JMH, APP, the LLCs, and any other subsidiary of JMH are sometimes collectively referred to in this Agreement as the "JMH Group";

WHEREAS, JMH holds a fifty percent (50%) membership interest in Southwest Virginia Health Network, Inc., a Virginia nonstock corporation in which physicians hold the remaining fifty percent (50%) membership interest (the "PHO"); and

WHEREAS, in reliance upon each other's representations, warranties and covenants set forth in this Agreement, JMH desires to reorganize its corporate structure to establish Community Member as a forty-nine and nine tenths percent (49.9%) member of JMH and MSHA as a fifty and one tenth percent (50.1%) member of JMH and, in connection with such reorganization, MSHA is willing to make an investment in JMH upon the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the foregoing and the agreements, covenants, representations and warranties set forth in this Agreement, the parties agree as follows:

ARTICLE I.
REORGANIZATION OF HOSPITAL

1.1 MSHA Investment in JMH. Subject to the terms and conditions of this Agreement, following the Closing of this Agreement pursuant to Article VII, MSHA will invest One Hundred Thirty-Two Million Dollars ($132,000,000.00) in JMH to be used for the following designated purposes:

a.	Construction and Equipping of a New Hospital Facility	$124,000,000
b.	Capital Projects to Initiate or Upgrade - · Expanded Cardiac Services · Interventional Radiology Laboratory · Enhanced Neonatal Intensive Care Unit Outpatient Cancer Treatment Center · Diabetes Management Program · Psychiatric and Behavioral Health Services · Neurology and Stroke Center and · Other Agreed Outreach Services	$1,000,000.00
c.	Capital Expenditures for Information Technology	7,000,000
	Total	$ 132,000,000

The entire investment amount will be wire transferred to board designated or trustee accounts of JMH at Closing, as applicable, to be used and disbursed thereafter in a manner consistent with the categories described above as approved by the post-Closing JMH board of trustees. Subject to the other terms of this Agreement, the post-Closing JMH board of trustees may also choose to reallocate funds among the board designated accounts from time to time in order to adjust to changing needs of JMH. Notwithstanding any provision herein to the contrary, in no event will the funds contributed by MSHA pursuant to this Agreement be allocated to any purpose other than the purposes described in this Section 1.1 without a supermajority vote of the board of trustees, as described in Section 1.6.d below.

1.2 Financing MSHA Contribution. To provide funds for the investment described in Section 1.1, the parties intend to utilize tax exempt bond financing of MSHA to the maximum extent possible to finance construction of the new hospital facility, the capital projects designed to initiate or upgrade the services described in Section 1.1 above and other capital projects. To that end, MSHA and JMH intend to enter into appropriate agreements, including ones with the Industrial Development Authority of Washington County, Virginia (the "IDA"), for issuance by the IDA of tax exempt bonds to generate funds borrowed by MSHA for the account of JMH to be utilized for the above identified capital projects. MSHA will be the borrower of the proceeds of the tax exempt bonds issued by the IDA and the sole party obligated to repay the borrowed funds. The proceeds of the tax exempt bonds will be an asset of JMH held by the trustee of the tax exempt bond issue for expenditure to construct the new hospital, to carry out the other capital projects identified in Section 1.1 above, and other JMH expenditures consistent with those permitted for tax exempt bond proceeds. JMH shall not be obligated to repay any portion of the borrowing by MSHA and JMH's assets and revenues will not be pledged as collateral security for repayment of the borrowing by MSHA. JMH will agree to utilize the proceeds from the bond issue solely for construction of the new hospital and other projects upon which Virginia law and the U.S. Internal Revenue Code of 1986 (the "Code") and implementing Treasury Regulations indicate tax exempt bond proceeds may be spent. JMH will further covenant to maintain its exempt status under Section 501(c)(3) of the Code until the borrowing by MSHA has been repaid. If for any reason funds held by the bond trustee for JMH are utilized to redeem outstanding bonds, then MSHA shall, as soon as practicable thereafter, replace the funds so applied with other MSHA funds. The parties agree to take such actions and sign such documents and instruments as may be necessary in order to carry out the covenants of this Section 1.2, provided the documents are reasonably acceptable to each such party.

1.3 Order of Funds Used for JMH Operating and Other Capital Needs. The funds needed by JMH for operating needs and other capital expenditures, excluding construction of the new hospital

facility and carrying out the projects described in Section 1.1 above, will be first provided from the funds held by the reorganized JMH and from its operating revenues. Should these sources of funds not be adequate to meet the operating and capital expenditure needs of JMH, the parties agree to cause JMH to explore available tax exempt and taxable financing from traditional third party lending resources. Should these resources prove unavailable at a commercially reasonable cost to JMH, to the extent that MSHA determines it has funds available to do so, it will provide the shortfall to JMH through a loan at an interest rate equal to MSHA's cost of borrowing. As a last resort, if all other funding resources have been tried and prove to be unavailable at a commercially reasonable cost to JMH, then MSHA and the Community Member would each contribute capital to JMH in proportion to their respective percentage rights as a Member (i.e., 50.1% contributed by MSHA and 49.9% contributed by the Community Member); or if the Community Member chooses not to contribute its share, then MSHA may contribute the entire amount and in such event its Membership interests will be proportionately increased. The amount of increase in MSHA's membership interests will be based upon the ratio of the total MSHA contributions to JMH to the sum of those contributions to JMH plus the Appraised Value. The Appraised Value will be (i) the value of JMH as agreed in writing by MSHA and the Community Member, or (ii) if MSHA and the Community Member fail to agree to a value within sixty (60) days after notice from the Community Member and/or MSHA requesting negotiations for determination of the value of JMH (a "Valuation Notice"), the fair market value of JMH as a going concern, as determined by an appraiser experienced in the valuation of hospitals, as agreed to in writing by the Community Member and MSHA. If the Community Member and MSHA fail to agree to an appraiser within ninety (90) days after the Valuation Notice, the Community Member shall select an appraiser, and MSHA will select an appraiser and the appraisers so selected shall select an appropriately qualified appraiser who shall determine the value of JMH as a going concern.

1.4 Assets Owned or Controlled by JMH. At the Closing, subject to additions and dispositions in the ordinary course of business, JMH will own or control all assets shown on the most recent financial statements provided by it to MSHA and to the appraiser engaged by the parties to help them determine the current fair market value of JMH. Such assets shall include the Hospital, JMH's sole member interests in APP and the LLCs, all other subsidiaries owned by JMH, and JMH's fifty percent (50%) membership interest in the PHO. Such assets are referred to in this Agreement by the collective term "JMH Assets". Notwithstanding the prior sentence, the Community Member is a separate entity that is and will not be subject to JMH control at any time unless it independently agrees to such relationship.

1.5 Strategic Plan; Excess Cash Flow from JMH Operations. Following Closing, the JMH board of trustees will work with MSHA and JMH management to develop and approve a strategic plan for the JMH Group which will establish goals for expenditure of MSHA's contributions to JMH, JMH Group earnings and JMH Group net cash flow and adopt plans for achieving those goals. The strategic plan will reflect JMH's community service commitment, the shared purposes of JMH and MSHA and JMH's inclusion in the MSHA system of regional health facilities and programs, so as to thereby foster increased levels of service, access to care and efficiency in the delivery of health services in the region. To the extent that the JMH Group exceeds the earnings and net cash flow goals established by the strategic plan, the board of trustees of JMH may choose to donate the excess cash flow to MSHA and to the Community Member according to their relative membership interests (initially, fifty and one tenths percent (50.1%) MSHA and forty-nine and nine tenths percent (49.9%) Community Member).

1.6 Amendment of JMH Governing Documents. At the Closing of the Reorganization Agreement, JMH will amend its governing documents to establish or modify the rights of corporate members of JMH (herein called "Members") and the board of trustees to accomplish the following:

a. Members. Establish two (2) Members, MSHA and the Community Member. MSHA will have fifty percent (50%) of the voting rights of the Members, and the Community Member will have fifty percent (50%) of the voting rights of the Members. Unless and until the membership interest of MSHA increases above fifty-five percent (55%), MSHA and the Community Member will each retain fifty percent (50%) of the voting rights of the Members.

b. Members Decisions. Members will have the voting rights accorded to members of nonstock corporations that have voting rights, pursuant to the Virginia Nonstock Corporation Act. In addition, Members' approval will be required for borrowing from MSHA or borrowing from a third party creditor where either the credit or assets of MSHA are at risk of repayment of the loan or the amount of the borrowing exceeds One Million Dollars ($1,000,000).

Ordinarily, decisions by the members will require approval by both MSHA and the Community Member. If in the future MSHA's Membership interest is increased above fifty-five percent (55%) so that voting rights of the Community Member fall below fifty percent (50%), then decisions will be by a vote of a majority or greater of the Membership interests, except that certain supermajority vote items will require approval by both MSHA and the Community Member. These items are: (i) Sale of all or substantially all of JMH's assets; (ii) Merger or consolidation of JMH with another entity; or (iii) Dissolution and liquidation of JMH.

c. Board of Trustees. Establish a new JMH board of trustees (the "New Board") consisting of a mutually agreed number of individuals. MSHA selected trustees will have fifty percent (50%) of the votes on the New Board and trustees elected by the Community Member will have fifty percent (50%) of the votes on the New Board.

d. Board of Trustees Decisions. Generally, decisions of the New Board will be by a simple majority vote, with some pre-determined decisions being subject to super majority vote or other specified voting authority. The list below summarizes the mutually agreed super majority vote items:

(i) A decision to discontinue any existing health care service provided by JMH;

(ii) A decision for JMH to locate any new health care service outside Washington County, Virginia;

(iii) Recommending to the Members amendment of the Articles of Incorporation of JMH;

(iv) Amendment of the Bylaws of JMH;

(v) Subject to the right of substitution set forth in Section 1.13.b. of this Reorganization Agreement, recommending to the Members the grant or establishment of Member interests in JMH for anyone other than MSHA and the Community Member;

(vi) Changing the name of JMH;

(vii) Approving any contribution to the Members of excess cash flows or other funds generated by JMH;

(viii) Initiating bankruptcy, insolvency or similar proceedings on behalf of JMH;

(ix) Borrowing by JMH in excess of $500,000;

(x) Approval of any additional capital contribution into JMH; and

(xi) Disposition of the existing hospital facility.

Supermajority vote items will require approval by a majority of the MSHA elected trustees and by a majority of the Community Member elected trustees.

With respect to any aspect of MSHA's authority under Sections 3.7 through 3.13 of the Management Agreement (defined by Section 1.7 below) that is subject to retained authority of the New Board of JMH, if the MSHA elected trustees and the Community Member elected trustees disagree, after good faith efforts are made to resolve the disagreement, including without limitation, use of an independent facilitator at the request of a majority of the trustees elected by either Member, the decision by the MSHA elected trustees shall be sufficient approval for MSHA to exercise its authority as Manager under any of these section of the Management Agreement. If any other matter presented by the Manager requires approval of the New Board, other than a matter requiring a supermajority vote, a failure to approve or disapprove by the New Board within thirty (30) days shall be deemed an approval of the matter presented.

e. Committees. The committee structure of the New Board will be determined by it with MSHA and Community Member committee voting rights proportional to their respective membership voting percentages held in JMH.

f. Subsidiaries. Modify the articles of incorporation and bylaws or articles of organization and operating agreement, as applicable, of the LLCs and any other subsidiary of JMH (other than APP) to provide for direct governance of such organizations by the board of directors of JMH.

The specific form and substance of the amended and restated articles of incorporation and bylaws to be adopted by JMH and effective upon Closing shall be in the forms attached hereto as **Exhibits A-1** and **A-2**, respectively. The specific form and substance of the modified organizing and governing documents to be adopted by APP, the LLCs and each other JMH subsidiary to be effective upon Closing shall be in forms approved by MSHA.

1.7 Management Services; JMH Personnel. The New Board will make the decisions regarding hiring and discharge of the JMH Chief Executive Officer ("CEO"), except as set forth herein. The parties shall retain the current CEO for a minimum of two (2) years following the Closing, subject to termination for cause. JMH and MSHA will enter into a Management Agreement at Closing for a term of ten (10) years, with renewal terms of ten (10) years each, subject to the terms of the Management Agreement. The Management Agreement will be in the form attached hereto as **Exhibit B**. Pursuant to the Management Agreement, MSHA will employ all JMH active non-physician employees including the JMH CEO, and then lease the employees back to JMH at cost. Pay ranges and fringe benefits programs for JMH team members will be generally consistent with those established by MSHA for Southwest Virginia hospitals that are part of MSHA with no reductions in pay ranges or overall fringe benefits programs taken as a whole from current JMH pay ranges and fringe benefits programs, although individual components of fringe benefits will vary from current offerings. MSHA shall ensure that

MSHA and/or BRMMC employs and retains following the Closing Date employees under terms necessary to avoid any obligation for notification of "mass layoff" or "plant closing" (as defined within the Workers Adjustment and Retraining and Notification Act, 29 U.S. Stat. § 2101 *et seq.* (the "Warn Act") and as shall be necessary to avoid any potential liability by JMH and APP for a violation of the Warn Act. For purposes of seniority, years of service for all JMH team members will be recognized as having that level of service within MSHA. JMH staffing levels following Closing will adjust from time to time in accordance with the needs and performance of JMH. With respect to physicians employed by JMH and/or APP, such physicians will continue to be employed by their current employer and APP will be governed by its board of trustees and managed by MSHA's wholly owned subsidiary, Blue Ridge Medical Management Corporation ("BRMMC"), pursuant to a mutually agreed Management Services Agreement that has been approved by the JMH board of trustees. BRMMC will retain the current administrator of the APP clinics for a minimum of one (1) year following the Closing, subject to termination for cause. Pursuant to the Management Services Agreement, BRMMC will employ all active APP nonphysician employees, including the administrator of the APP clinics, and lease the employees back to APP at cost. Pay ranges and fringe benefits programs for APP team members will be generally consistent with those established by BRMMC for Southwest Virginia physician clinic operations that are part of or managed by BRMMC with no reductions in pay ranges or overall fringe benefits programs taken as a whole from current APP pay ranges and fringe benefits programs, although individual components of fringe benefits will vary from current offerings. The parties acknowledge that BRMMC pay scales and fringe benefit programs for APP team members employed by BRMMC will differ from those maintained by MSHA for JMH team members employed by MSHA. At Closing, parties agree that the CEO of BRMMC will be appointed to the Board of Directors of APP. The parties acknowledge that it is currently the practice of APP and JMH for all APP physician contracts, strategic plans, budgets for capital and operating expenditures and specific capital expenditures to be reviewed by the Finance Committee of JMH and subject to the approval of the Board of Trustees of JMH, and the parties agree that, following Closing, physician contracts, strategic plans, budgets for capital and operating expenditures and specific capital expenditures will continue to be reviewed by the Finance Committee of JMH and subject to the approval of the Board of Trustees of JMH. In addition, the parties agree that, to the extent that the management agreement between APP and BRMMC provides for actions of the manager to be subject to approval of the APP Board of Directors, such actions will also be subject to approval of the JMH Board of Trustees.

1.8 System Support. Following Closing, MSHA corporate staff services will be made available to the CEO and appropriate staff of the JMH Group. MSHA staff support that will be available to the JMH Group includes managed care relations, physician recruitment and contracting, marketing, public relations, finance, human resources, credentialing, risk management, insurance programming, strategic planning, facility planning, materials management and information services, among others. These corporate staff support services will serve as an adjunct to the management within the JMH Group.

The costs of providing corporate staff services furnished to MSHA hospitals and subsidiaries will be allocated to the JMH Group consistent with MSHA policies and procedures for allocation to all MSHA subsidiaries. Currently, corporate expenses at MSHA are allocated to subsidiary entities using a two-step process set forth below:

Step 1 – Employee benefits expense for corporate staff are allocated to each corporate department based on the number of team members in each department. Corporate information systems ("IS") expense is allocated to each corporate department based on the number of IS devices (PCs, laptops, printers) in each department.

Step 2 – Expenses for each corporate department are then allocated to subsidiary entities proportionately based on a statistic appropriate for the given department. A listing of the corporate departments and the allocation statistic used for each department is attached hereto as **Exhibit C**.

MSHA modifies these allocation methodologies annually through its budgeting process which involves participation by chief financial officers of all MSHA hospital facilities and subsidiary organizations, including from and after closing the chief financial officer of JMH. Further, any changes to these methodologies will be applied to JMH in a manner consistent with application to all other MSHA subsidiary entities. Changes to the allocation methodologies shall be structured to be reasonable.

The cost allocation to the JMH Group will not be affected by MSHA's fifty and one tenth percent (50.1%) membership or by any future increase in its membership percentage. Savings from participation in MSHA's liability insurance and group purchasing programs will help to offset costs incurred by the JMH Group in utilizing other corporate support services.

MSHA and JMH agree that JMH management may access MSHA corporate staff services to address the following goals and objectives and any other mutually agreed upon as determined by the New Board following Closing of the Reorganization Agreement:

* Provide managed care contracting for the JMH Group to achieve the following:
  - Correct payment of the JMH Group according to contract terms
  - Financial modeling of all current and proposed contracts
  - Securing payor approval for assignment and/or conversion of JMH Group contracts to MSHA managed care contracts, where applicable, while working to retain JMH Group contracts that may be more financially advantageous than MSHA contracts
  - Improvement of overall reimbursement rates for the JMH Group as a whole

* Identify needed physician specialties and recruit physicians to conduct full time practice or part time specialty clinics in the community where JMH is located as determined by the community need.

* Strategic planning for JMH, including development of its role in the provision of services by MSHA hospitals throughout the MSHA service area, including Southwest Virginia and Northern Tennessee.

* Access by JMH Group executive personnel and department heads to the MSHA senior management team and department heads on the same basis as all other MSHA hospital executives and department heads, including participation in various leadership groups within MSHA.

* Improve JMH Group performance in the areas of Clinical Effectiveness, Operational Effectiveness, Stakeholder Safety and Service Excellence.

* Assist JMH with development and updating of master facility plans.

* Review JMH's existing plans and process relating to design, development and construction of the new hospital and advise JMH regarding improvements to the same and thereafter assist the JMH Group with development and updating of master campus and facility plans.

* Determine current and future IT needs of the JMH Group and integrate the JMH Group into MSHA's IT system, including participation in MSHA's work toward an integrated electronic medical records system and electronic physician order entry.

* Ongoing JMH Group preparation for accreditation surveys through assistance by MSHA's continual readiness survey team.

* Assist the JMH Group in maintaining its memberships in the Premier group purchasing organization and in the MSHA created Synergy Health Group, LLC, which was organized to maximize the Premier affiliation for Synergy members and to identify and implement cost savings and revenue enhancement opportunities for Synergy members, including the JMH Group.

* Make available to the JMH Group access at competitive rates to MSHA's regional reference laboratory for laboratory services that the JMH Group cannot perform on site.

* Identify, develop and implement community outreach programs of JMH Group and MSHA within the communities served by the JMH Group.

* Support the JMH Group's continued commitment to providing needed care in the community to persons regardless of their ability to pay.

* Participation by the JMH Group in MSHA's malpractice insurance reserve program and excess insurance program, including coverage through the malpractice insurance reserve program for JMH liability claims made from and after the Closing. The parties will jointly determine the most cost effective method for continuing coverage of preclosing claims. Coverage costs for preclosing claims will be the responsibility of the reorganized JMH and will be paid from funds of the reorganized JMH following Closing.

* Participation in the MSHA corporate compliance program and code of ethics and access to MSHA's corporate compliance services to facilitate compliance with federal, state and local laws and regulations and to address any compliance issues that arise.

* Make available to JMH Group management staff MSHA's centralized medical staff credentialing services (including access to MSHA hospitals shared data base and to Cactus data bank for medical staff reports) to achieve current and legally compliant medical staff bylaws, rules and regulations and credentialing processes.

* Make available to physicians in JMH Group community the continuing medical education and training that MSHA sponsors for physicians in the region, including those accredited through MSHA's relationship with East Tennessee State University Quillen College of Medicine.

* Provide human resource services to assist the JMH Group in recruiting clinical and nonclinical staff other than physicians.

* Assist the JMH Group in identifying and implementing cost effective options for food service, housekeeping, facility maintenance, laundry and other support services to JMH Group operations.

* Assist the JMH Group with marketing and public relations plans and materials and communications with constituencies served by the JMH Group.

* Through the above measures and others as appropriate, cooperating to improve the efficiency, quality and effectiveness of services throughout MSHA.

A listing of additional integrating services provided to on site management and the New Board through MSHA's corporate offices is attached hereto as **Exhibit D**.

1.9 JMH Participation in MSHA Board Activities. Following Closing, the New Board will have multiple opportunities to interact with the MSHA board of directors, including the bi-annual board meeting. Trustees of the New Board will be included in the annual MSHA board retreat and other various board functions throughout the year. MSHA board of directors meetings may be attended by nonmembers only by invitation. However, should an issue arise relevant to the JMH Group that the New Board wants to address with the MSHA board of directors, attendance by trustees of the New Board at the applicable MSHA board of directors meeting would be welcomed.

1.10 Name; Communications Plan. The name of JMH's new hospital facility will be Johnston Memorial Hospital. The name of JMH may be modified following Closing to a mutually agreed name which reflects the parties' intention that it function as an integrated health care system for the Service Area. Following signing of this Agreement, the parties will coordinate public communications regarding the terms and conditions of the proposed reorganization of JMH through their respective designated spokespersons. Disclosures will be subject to approval of the parties, consistent with the terms of the confidentiality agreement previously executed by the parties. Following Closing, each party may also communicate with third parties that JMH and MSHA have joined together to create an integrated health system for Washington County, with opportunity for further integration within the entire Service Area. Coordination of these communications will occur through interaction between JMH and MSHA public relations personnel.

1.11 Physician Privileges. All current MSHA facilities have open medical staffs and admit any physician meeting the credentialing criteria as it is defined by the medical staff bylaws at the individual facilities. Among the credentialing criteria at some MSHA facilities are geographic requirements regarding location of a physician's practice. Appropriately licensed JMH Group physicians are welcome to apply for any level of medical staff privileges at any MSHA facility and the medical staff offices at the various MSHA facilities will assist the JMH Group physicians in the application process. MSHA has certain exclusive contractual arrangements at existing MSHA facilities for hospital based physicians such as emergency medicine, anesthesia, radiology and pathology. Additions to the medical staff for those specialties at the existing facilities are not open. The foregoing provisions shall not be interpreted to require amendment to any credentialing criteria, medical staff bylaws or exclusive contractual arrangements of JMH.

1.12 Mission, Vision and Values; Charity Care. In order to facilitate the benefits of JMH integration with MSHA, following Closing MSHA and JMH will align the JMH Group's mission, vision and values with the MSHA mission, vision and values.

The current mission, vision and values statements of MSHA are set forth below:

Mission Statement	Mountain States Health Alliance is committed to "Bringing Loving Care to Health Care". We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health.
Vision Statement	We passionately pursue healing of the mind, body and spirit as we create a world-class healthcare system.
Values	Integrity – Honesty in Everything We Do Service – With Caring and Compassion Leadership – With Creativity and Innovation Excellence – Always Pursuing a Higher Standard

Prior to Closing, the parties will compare the charity care policies of JMH with the charity care policies of MSHA with the intent that the JMH Group will adopt and implement after the Closing the charity care policies of the party which provide the greatest benefit to the communities served by the JMH Group.

1.13 Exit Conditions, Procedure and Payments. Each party intends that MSHA's investment in JMH and its roles as a Member of JMH and provider of management services to JMH continue on a permanent basis. Nevertheless, although not currently intended, future conditions or changes in circumstances of the parties may also make it desirable for either MSHA or the Community Member to end their role as a Member of JMH. Recognizing these possibilities, the parties intend in this Section 1.13 to describe the events that may cause a change in the participation by a party in JMH Membership, the procedures that would be followed to effect the change, and the method for valuing and paying to the party whose involvement ends the value of their interest in JMH.

a. Withdrawal by a Party. MSHA may withdraw from Membership in JMH upon occurrence of any of the following events: (i) JMH files for bankruptcy or has bankruptcy proceedings filed against it which are not dismissed within ninety (90) days after filing. For this purpose, bankruptcy includes receivership, insolvency and other similar proceedings and an assignment for the benefit of creditors; (ii) a representation or warranty made by JMH in Article II or by Community Member in Section 3.2 proves to be untrue and the untruth of such representation or warranty has a material adverse effect upon JMH; or (iii) MSHA offers to withdraw from Membership and the offer of withdrawal is accepted by the Community Member. Upon the occurrence of one of the events described in (i) or (ii) above, MSHA may within sixty (60) days after such event notify JMH and Community Member that it is withdrawing from Membership based upon the occurrence of the event stated in the notice.

Community Member may withdraw from Membership in JMH upon occurrence of any of the following events: (i) MSHA files for bankruptcy or has bankruptcy proceedings filed against it which are not dismissed within ninety (90) days after filing. For this purpose, bankruptcy includes receivership, insolvency and other similar proceedings and an assignment for the benefit of creditors; (ii) a representation or warranty made by MSHA in Section 3.1 proves to be untrue and the untruth of such representation or warranty has a material adverse effect upon JMH; or (iii) Community Member offers to withdraw from Membership and the offer

of withdrawal is accepted by MSHA. Upon the occurrence of one of the events described in (i) or (ii) above, Community Member may, at its option, either (i) withdraw from Membership or (ii) require that MSHA withdraw from Membership. In either case, Community Member shall within sixty (60) days of the event notify JMH and MSHA that it is withdrawing from Membership or requiring MSHA to withdraw from Membership based upon the occurrence of the event stated in the notice.

Following notice of withdrawal or acceptance of an offer to withdraw, the parties will mutually select an independent appraiser who will appraise the value of the JMH Group as a going concern. If MSHA is the withdrawing party by its option and not by reason of the Community Member requiring MSHA to withdraw, then the parties agree that the value of MSHA's Membership interest will be its applicable percentage Membership interest at the time multiplied by the appraised value of the JMH Group as a going concern plus any amount required to be paid to MSHA pursuant to Section 1.14. If MSHA is the withdrawing party by reason of the Community Member requiring MSHA to withdraw, then the parties agree that the value of MSHA's Membership interest will be its applicable percentage Membership interest at the time multiplied by the appraised value of the JMH Group as a going concern, minus any loss or damage suffered by JMH as a result of the event triggering the required withdrawal. If the Community Member is the withdrawing party, then the parties agree that the value of its Membership interest will be its applicable percentage Membership interest at the time multiplied by the appraised value of JMH as a going concern minus any amount required to be subtracted pursuant to Section 1.14.

Within two (2) years after receipt of the appraisal of value (or such earlier date as financing becomes available), a withdrawal closing will occur at which: (i) JMH will pay to the withdrawing party the value of its Membership interest; (ii) the withdrawing party will vote its Membership interest and the trustees elected by the withdrawing party will vote to amend JMH's governing documents in the manner prescribed by the party that did not withdraw; (iii) the withdrawing party's trustees will resign from the New Board; (iv) the withdrawing party will resign as a Member of JMH; and (v) if MSHA is the withdrawing party, then the Management Agreement will terminate and the management personnel employed by MSHA to work at JMH will be terminated by MSHA and may be offered employment by JMH.

b. Substitution of a Party. Either MSHA or the Community Member (the "Initiating Member") may at any time after the first five (5) years following the Closing and after receiving a bona fide offer from an independent third party, require the other party (the "Responding Member") to vote to amend the Articles of Incorporation and Bylaws of JMH to substitute another hospital, health care system, foundation or hospital company (the "Substitute Member") for the Initiating Member with all of the rights, privileges and responsibilities of the Initiating Member as a Member of JMH. Further, the Initiating Member shall be entitled to retain any and all consideration provided to it by the Substitute Member for causing the Substitute Member to be substituted for the Initiating Member as a member of JMH. If the Responding Member does not exercise the right to match described in the next paragraph, then at the time stated in the notice of substitution, the Articles of Incorporation and Bylaws of JMH shall be amended to effect the substitution of the Substitute Member for the Initiating Member as a Member of JMH.

Notwithstanding the foregoing, upon receipt of notice of substitution from the Initiating Member, which notice shall state the identity of the proposed Substitute Member and the consideration to be provided by it to the Initiating Member for the Membership substitution, the

Responding Member may offer to match the consideration offered by the proposed Substitute Member. The Responding Member must exercise this right to match by written notice to the Initiating Member given within ninety (90) days after receiving written notice from the Initiating Member of the proposed substitution. Within ninety (90) days following exercise of the right to match by the Responding Member, a closing will be held at which the Responding Member will pay or cause to be paid to the Initiating Member the consideration stated in the original notice of substitution and the Initiating Member will resign as a Member of JMH, cause its trustees on the New Board to resign, and, if the Initiating Member is MSHA, terminate the Management Agreement and afford to JMH the opportunity to hire the management personnel employed by MSHA.

MSHA and the Community Member each intend as an Initiating Member to prefer any bidder among otherwise equal bidders to become a Substitute Member who agrees to continue JMH as a nonprofit organization. The Initiating Member will exercise its good faith discretion in determining whether competing bids are otherwise equal.

c. Sale of JMH. Following approval by the Members of a sale of substantially all of the assets of the JMH Group and upon closing of the subsequent sale transaction, any net proceeds remaining after payment of JMH Group liabilities shall be contributed to MSHA and to the Community Member in accordance with their respective percentage Membership Interests at the time of sale plus or minus any adjustment pursuant to Section 1.14 of this Agreement.

1.14 MSHA Remedy for Liability or Damage from Pre-Closing Activity. If following Closing, (i) JMH or any of its subsidiaries incurs a liability or suffers any loss or damage, (ii) such liability, loss or damage is not covered by insurance and exceeds One Hundred Thousand Dollars ($100,000), (iii) such liability, loss or damage arises from Pre-Closing operations, activity or conditions of JMH, any of its subsidiaries, or any of their properties or assets, then an amount equal to the adverse effect upon JMH (or applicable subsidiary) plus earnings thereon at a deemed rate of five percent (5%) per year, measured from the date that JMH incurs the liability or suffers the loss or damage, will be: (i) subtracted from any payment otherwise due to the Community Member upon its withdrawal as a Member of JMH or upon sale of substantially all of the assets of JMH and subsequent distribution of net proceeds to the Members; or (ii) added to any payment otherwise due to MSHA upon its withdrawal as a Member of JMH (except in cases where the Community Member has required MSHA to withdraw) or upon sale of substantially all of the assets of JMH and subsequent distribution of net proceeds to the Members.

1.15 No Shop. Except for use and disposition of property in the ordinary and usual course of operations, JMH and Community Member agree that, from the date hereof through the Closing Date or earlier termination of this Agreement, JMH and Community Member shall not, and shall not permit any of their respective employees or any investment banker, attorney, advisor or other representative of either of them to, directly or indirectly, (a) offer for sale or solicit offers to buy the Hospital, any part thereof or any other assets of the JMH Group, (b) hold discussions or negotiate with, or provide information to, any person (other than MSHA) with a view towards such an offer or solicitation or with a view towards a merger or consolidation, or (c) enter into any agreement, arrangement or understanding with any person relating to the sale, lease, other disposition, or management of the Hospital or other JMH Group assets.

1.16 Future Potential Corporate Integration. JMH and MSHA intend to examine and consider future opportunities to integrate other hospitals located in the Service Area with the reorganized JMH. Specific consideration of a corporate integration opportunity will occur when MSHA has 100% ownership or control of another hospital other than Russell County Medical Center located in the Service Area. To determine whether or not to proceed with the additional corporate integration, the parties will

consider the relative values of the reorganized JMH and of the other hospital owned or controlled by MSHA. These relative values will determine any adjustments to the membership interests of MSHA and the Community Member that would flow from MSHA's contribution of the other hospital to the reorganized JMH. Following determination by the parties of any such change in membership interests, Community Member will determine whether or not to accept the proposed contribution by MSHA of the other hospital to the reorganized JMH and the associated change in membership interests. If Community Member chooses to decline the opportunity, then MSHA will continue to operate the other hospital independently of the reorganized JMH. If Community Member chooses to accept the opportunity, then the parties will take the steps necessary to carry out contribution by MSHA to JMH of the other hospital, the related adjustment of the membership interests of MSHA and Community Member in the reorganized JMH, and any other associated or related agreements necessary or appropriate to the integration of the hospitals.

1.17 Services by JMH. To the extent provided herein, for such period as MSHA is a Member of JMH holding at least a 50.1% interest, the MSHA health care System, of which JMH is a component, will provide its hospital physician and related services from locations in Washington County, Virginia, through facilities owned and operated by JMH or its direct subsidiaries so as to permit the trustees elected by the Community Member to be included in planning for and oversight of such services. Accordingly, new health care service offerings by the MSHA health care System located within Washington County, Virginia shall be pursued through JMH unless the JMH Board, including a majority of the trustees elected by the Community Member, determines not to pursue an opportunity to provide such services, in which event such opportunity may be pursued through MSHA directly or any MSHA affiliate. The parties acknowledge that MSHA affiliate, Smyth County Community Hospital ("SCCH") maintains a physician clinic in Glade Spring, and the parties agree that the JMH first opportunity provision herein will not apply with respect to the addition of physicians and nurse practitioners to that clinic, provided any additional physicians and nurse practitioners are practicing in the same specialties as those currently practicing at the clinic, and will not apply to other growth consistent with the current nature of the operation of the clinic as a physician office. The foregoing provisions of Section 1.17 would apply with respect to any transition of the clinic to an urgent care clinic or facility, and to other changes to the clinic reflecting a material change in the services provided. In addition, to the extent provided herein and except as provided in Section 1.1, for such period as MSHA is a member of JMH holding at least a 50.1% interest, any expansion of its offering of cardiac catheterization services and radiation therapy services in the Washington, Smyth, Russell, Grayson, Tazewell and Wythe counties in southwest Virginia (the "Service Area") by MSHA health care System of which JMH is a component will be pursued through facilities owned and operated by a joint venture entity to be owned 75% by the reorganized JMH and 25% by SCCH, so as to permit the trustees elected by the Community Member to be included in the planning for and oversight of such services. Accordingly, except as provided in Section 1.1, any expansion of cardiac catheterization and radiation therapy service offerings by MSHA within the Service Area shall be pursued by the JMH/SCCH joint venture identified above unless the JMH Board, including a majority of the trustees elected by the Community Member, determines not to pursue an opportunity to provide such expanded services, in which event such expansion opportunity may be pursued by MSHA directly or by any MSHA affiliate.

1.18 Community Member Restrictive Covenants.

a. Noncompetition. Except as permitted in this Section, during the period commencing on the Closing Date and ending on the fifth (5th) anniversary following the date that Community Member no longer holds any rights as a member of JMH (the "**Noncompete Term**"), absent prior written consent of MSHA, Community Member shall not, and it shall cause its successors, assigns and controlled affiliates and subsidiaries not to, directly or indirectly

(including by making a donation or providing other financing), (i) engage in the construction or operation of any Competing Business within Washington County, Virginia and any county contiguous to Washington County, Virginia ("**Territory**"); or (ii) acquire, lease, own or be a shareholder, partner, member or equity holder of, exercise management control over, provide consulting services for, or acquire or maintain any interest in, any Competing Business that operates or conducts any business from a location within the Territory. For purposes of this Section, the term "**Competing Business**" means the business of owning, operating, managing or otherwise participating in a facility or facilities which provide general acute care, long term care, physician, outpatient surgical or diagnostic, home health, hospice, psychiatric, behavioral health development, disability or rehabilitation services; provided, however, the foregoing shall not be interpreted to prohibit the Community Member from owning, operating, managing or otherwise participating in a free-clinic or health care clinic or facility that provides care without any charge to patients.

b. Nonsolicitation of Employees. Throughout the Noncompete Term, absent prior written consent of MSHA, Community Member will not, directly or indirectly, solicit, hire, employ or retain any employee or agent of JMH Group or of MSHA , or any member of the JMH Medical Staff, and Community Member will not, directly or indirectly, cause any employee or agent of JMH Group or of MSHA, or any JMH Medical Staff member to terminate or suspend their employment, agency or medical staff relationship with JMH (or applicable JMH Group entity) or with MSHA. It shall not be a violation of this section for JMH and/or the Community Member to hire, employ or retain personnel or Medical Staff members who respond to general advertisements or job/position openings or where the individual initiates discussions with JMH or the Community Member.

c. Adequacy of Remedy. Community Member recognizes that the covenants in this Section, and the territorial, time and other limitations with respect thereto, are reasonable and properly required for the adequate protection of the interests of JMH and MSHA, and Community Member agrees that such limitations are reasonable. Community Member agrees and acknowledges that the violation of the covenants or agreements in this Section would cause irreparable injury to JMH and MSHA and that a remedy at law for any violation or threatened violation thereof would be inadequate and that, in addition to whatever other remedies may be available at law or in equity, JMH and MSHA shall be entitled to temporary and permanent injunctive or other equitable relief without the necessity of proving actual damages or posting bond. Community Member also waives any requirement of proving actual damages in connection with the obtaining of any such injunctive or other equitable relief.

d. Enforcement. It is the intention of each party hereto that the provisions of this Section shall be enforced to the fullest extent permissible under the Laws and the public policies of the Commonwealth of Virginia and of any other jurisdiction in which enforcement appropriately may be sought, but that the unenforceability (or the modification to conform with any such Laws or public policies) of any provisions hereof shall not render unenforceable or impair any of the remaining provisions of this Agreement. Accordingly, if any term or provision of this Section shall be determined to be illegal, invalid or unenforceable, either in whole or in part, this Agreement shall be deemed amended to delete or modify, as necessary, the offending provisions and to alter the balance of this Agreement in order to render the same valid and enforceable to the fullest extent permissible as aforesaid. The provisions of this Section 1.18 may be enforced by any court of competent jurisdiction and are not subject to the arbitration provisions of Section 8.3 b. of this Agreement.

e. Continued Application. This Section shall continue to apply to Community Member and its successors and assigns, even if Community Member is acquired by or merged with or into, or assigns any of its rights or obligations to, any other person or organization that owns or operates a Competing Business.

1.19 MSHA Restrictive Covenants.

a. Noncompetition. Except as permitted in this Section, following the date MSHA no longer holds any rights as a member of JMH and for five (5) years thereafter (the "**Noncompete Term**"), absent prior written consent of Community Member, MSHA shall not, and it shall cause its successors, assigns and controlled affiliates and subsidiaries not to, directly or indirectly (including by making a donation or other financing), (i) engage in the construction or operation of any Competing Business within Washington County, Virginia ("**Territory**"); or (ii) acquire, lease, own or be a shareholder, partner, member or equity holder of, exercise management control over, provide consulting services for, or acquire or maintain any interest in any Competing Business that operates or conducts any business from a location within the Territory. For purposes of this Section, the term "**Competing Business**" means the general acute care, physician clinic and other health care operations conducted by JMH within the Territory during the period of time that MSHA is a member of JMH and that remain in operation at the moment in time when MSHA no longer holds any rights as a member of JMH.

b. Nonsolicitation of Employees. During the five (5) year period commencing when MSHA no longer holds any rights as a member of JMH, MSHA will not, directly or indirectly, solicit, hire, employ or retain any employee or agent of JMH, or any member of the JMH Medical Staff, and MSHA will not, directly or indirectly, cause any employee or agent of JMH Group or any JMH Medical Staff member to terminate or suspend their employment, agency or medical staff relationship with JMH or applicable JMH Group entity. It shall not be a violation of this section for MSHA to hire, employ or retain JMH Group personnel or JMH Medical Staff members who respond to general advertisements or job/position openings or where the individual initiates discussions with MSHA.

c. Adequacy of Remedy. MSHA recognizes that the covenants in this Section, and the territorial, time and other limitations with respect thereto, are reasonable and properly required for the adequate protection of the interests of JMH, and MSHA agrees that such limitations are reasonable. MSHA agrees and acknowledges that the violation of the covenants or agreements in this Section would cause irreparable injury to JMH and that a remedy at law for any violation or threatened violation thereof would be inadequate and that, in addition to whatever other remedies may be available at law or in equity, JMH shall be entitled to temporary and permanent injunctive or other equitable relief without the necessity of proving actual damages or posting bond. MSHA also waives any requirement of proving actual damages in connection with the obtaining of any such injunctive or other equitable relief.

d. Enforcement. It is the intention of each party hereto that the provisions of this Section shall be enforced to the fullest extent permissible under the Laws and the public policies of the Commonwealth of Virginia and of any other jurisdiction in which enforcement appropriately may be sought, but that the unenforceability (or the modification to conform with any such Laws or public policies) of any provisions hereof shall not render unenforceable or impair any of the remaining provisions of this Agreement. Accordingly, if any term or provision of this Section shall be determined to be illegal, invalid or unenforceable, either in whole or in part, this Agreement shall be deemed amended to delete or modify, as necessary, the offending

provisions and to alter the balance of this Agreement in order to render the same valid and enforceable to the fullest extent permissible as aforesaid. The provisions of this Section 1.19 may be enforced by any court of competent jurisdiction and are not subject to the arbitration provisions of Section 8.3 b. of this Agreement.

e. Continued Application. This Section shall continue to apply to MSHA and its successors and assigns, even if MSHA is acquired by or merged with or into, or assigns any of its rights or obligations to, any other person or organization that owns or operates a Competing Business.

ARTICLE II.
REPRESENTATIONS AND WARRANTIES OF JMH

For purposes of this Article II, "knowledge" means the actual knowledge of (a) those members of JMH's senior management holding the positions listed on the Disclosure Schedule; and (b) the current members of the JMH board of trustees. As of the date of this Agreement and as of the Closing Date, except as set forth on JMH's Disclosure Schedule, JMH represents and warrants to Community Member and to MSHA the following:

2.1 Corporate Capacity. JMH is a nonstock corporation duly organized and validly existing in good standing under the Laws of the Commonwealth of Virginia. JMH has the requisite corporate power and authority to enter into this Agreement, perform its obligations hereunder, and conduct the business and operations of the Hospital and JMH's other businesses as now conducted and as conducted at the Closing. APP is a nonstock corporation duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia. Each LLC is a limited liability company duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia. APP and each LLC have the requisite corporate or limited liability company power and authority to conduct its business and operations as now conducted and as conducted at the Closing.

2.2 Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by JMH and all other agreements referenced herein or ancillary hereto to which JMH is a party, and the consummation of the transactions described herein and therein by JMH and its subsidiaries:

a. are within their respective powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

b. will not, with or without the giving of notice and/or the passage of time, (i) contravene the terms of the articles or certificate of incorporation, bylaws, or any amendments thereto of any JMH Group entity, (ii) violate or conflict with any Law to which any entity within the JMH Group is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect (as defined below), or (iii) violate or conflict with any judgment, order, writ or decree of any court applicable to any entity within the JMH Group;

c. to JMH's knowledge, do not require any approval of, or filing with, any governmental entity under applicable Law, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect; and

d. will not conflict in any material respect with, or result in any breach or violation under, or give rise to any right of termination, cancellation, acceleration or augmentation of any obligations or to loss of a material benefit under, or result in the creation of any material Encumbrance (other than a Permitted Encumbrance) affecting any JMH Assets, under (i) any bond, contract, agreement or other instrument to which any JMH Group entity is a party or (ii) any Laws.

For purposes of this Agreement, the term "**Material Adverse Effect**" when used with respect to a representation, warranty or covenant of JMH means an actual and material adverse effect on the JMH Assets or on the business, results of operations or financial condition of JMH and its subsidiaries, taken as a whole.

2.3 Binding Agreement. This Agreement and all agreements to which JMH will become a party hereunder are and will constitute the valid and legally binding obligations of JMH and are and will be enforceable against it in accordance with the respective terms hereof or thereof, except as enforceability may be restricted, limited or delayed by applicable bankruptcy or other Laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity.

2.4 Insider Interests. No present officer or director of JMH or any of its subsidiaries (i) owns, directly or indirectly, in whole or in part, any of the properties used in the businesses of JMH or any of its subsidiaries, (ii) has received a loan or advance from any of them which is currently outstanding, (iii) has any obligation to make any loan to any of them, or (iv) has any other business relationship with any of them other than in his or her capacity as an officer or director. No present officer or director of JMH or any of its subsidiaries owns, directly or indirectly, in excess of five percent (5%) of, or controls, or is an employee, officer, director or partner of, or participant in, or consultant to, any corporation, association, partnership, limited partnership, joint venture, or other entity which is a competitor of JMH or any of its subsidiaries.

2.5 Financial Statements. JMH's Disclosure Schedule contains the following consolidated financial statements of JMH and its subsidiaries and separate financial statements of the Hospital on an accrual basis ("Financial Statements"):

a. unaudited consolidated and separate balance sheets dated as of March 31, 2008;

b. unaudited consolidated and separate income statements for the nine-month period ended on the date of the balance sheets referred to in (a) above; and

c. audited consolidated balance sheet and income statement of JMH and its subsidiaries and unaudited separate balance sheet and income statement of the Hospital for the fiscal year of JMH ended on June 30, 2007.

The Financial Statements have been prepared in accordance with GAAP (except the unaudited statements lack footnotes and are subject to customary year-end adjustments), applied on a consistent basis throughout the periods indicated, and JMH has not materially changed any accounting policy or methodology (including those used in the determination of contractual allowances, contractual discounts or reserves for uncollected accounts receivable) throughout all periods presented. Each balance sheet included in the Financial Statements presents fairly and accurately in all material respects the financial condition of JMH or the Hospital, as applicable, as of the date indicated thereon, and each Income Statement included in the Financial Statements presents fairly and accurately in all

material respects the results of operations of JMH or the Hospital, as applicable, for the period specified therein.

Except for intercompany advances that will be capitalized, the accounts receivable of JMH and its subsidiaries reflected on the March 31, 2008 financial statements are, and those existing on the Closing Date (i) shall be, comprised of valid claims in the full amount thereof against the debtor charged therewith on their books; (ii) except as disclosed on such financial statements or otherwise disclosed to MSHA, shall all have been acquired in the ordinary course of business; (iii) shall be subject to no known defenses, set-offs or counterclaims; and (iv) shall be collectible in full, less the reserves for bad debts and third party payor adjustments reflected on the March 31, 2008 balance sheets and on the balance sheets to be delivered to MSHA between the date of this Agreement and the Closing Date.

2.6 Permits. JMH's Disclosure Schedule includes a true and complete description of all licenses, permits, certificates, registrations, qualifications, accreditations, authorizations, consents and other approvals issued or granted by a governmental entity or an accreditation organization ("Permits") that are currently held by or issued to JMH and its subsidiaries in connection with their assets and operations. Except where failure to have a particular Permit will not have a Material Adverse Effect upon JMH or any of its subsidiaries, such Permits constitute all Permits necessary for the conduct of the business and ownership, development and operation of the Hospital and other assets of JMH and its subsidiaries. JMH and its subsidiaries are in compliance in all material respects with all Permits issued to or held by them. There are no provisions in, or agreements relating to, any such Permits that preclude or limit in any material respect JMH or any of its subsidiaries from operating their respective facilities and businesses as currently operated. There is not now pending nor, to the knowledge of JMH, threatened, any action by or before any governmental entity or accreditation organization to revoke, cancel, rescind, modify or refuse to renew any of such Permits. All of such Permits are currently held by JMH and its subsidiaries in good standing and as of Closing all of such Permits will be in full force and effect, unimpaired and not subject to meritorious challenge.

2.7 Government Program Participation.

a. Program Participation. JMH and its subsidiaries are eligible to receive payment without restriction under Title XVIII of the Social Security Act ("Medicare") and Title XIX of the Social Security Act ("Medicaid") and are "providers" with valid and current provider agreements and with one or more provider numbers with Medicare, all applicable state Medicaid and successor programs ("Government Programs") through intermediaries. JMH and its subsidiaries are "providers" with valid and current provider agreements and with one or more provider numbers with TriCare and successor programs through intermediaries. A true and correct copy of each of such agreements has been previously delivered to MSHA by JMH. Except to the extent that non-compliance would not be reasonably expected to have a Material Adverse Effect, JMH and its subsidiaries are in compliance with the conditions of participation and all other applicable certification criteria for the Government Programs in all material respects, including, to the extent applicable, those necessary to claim available capital costs reimbursement from Government Programs on those assets for which the Government Programs provide capital costs reimbursement. There is not pending, nor to JMH's knowledge threatened, any proceeding or investigation under any of the Government Programs involving or relating to JMH or any of its subsidiaries, nor has any allegation been made against any of them within the past three (3) years by any state or federal agency relating to the federal Emergency Medical Treatment or Active Labor Act ("EMTALA"). JMH has previously delivered to MSHA true, correct and complete copies of the Hospital's most recent Medicare and Medicaid certification survey reports, including any statements of deficiencies and plans of correction, and any statements of deficiencies against

the Hospital in the last year that include any allegation involving EMTALA, and the Hospital's corrective action plans related thereto. JMH and its subsidiaries have taken all reasonable steps to correct all deficiencies referenced in this Section or in JMH's Disclosure Schedule.

b. Cost Reports. JMH has timely filed and caused to be timely filed all cost reports and other reports of every kind whatsoever that are required, by Law, by written or oral contracts, or otherwise, to have been filed or made with respect to the purchase of services of the Hospital by third party payors, including Government Programs and other insurance carriers, and all such cost reports and other reports have been properly filed and are complete and correct in all material respects. JMH is and has been in material compliance with filing requirements with respect to cost reports of the Hospital, and such reports do not claim, and the Hospital has not received, any payment or reimbursement in excess of the amount provided or allowed by applicable Law or any applicable agreement, except where excess reimbursement was noted on the cost report. True and correct copies of all such reports for the three (3) most recent fiscal years of the Hospital have been available to MSHA. There are no material claims, actions or appeals pending before any commission, board or agency, including any fiscal intermediary or carrier, Governmental Entity, or the Administrator of the Centers for Medicare & Medicaid Services, with respect to any Government Program cost reports or claims filed on behalf of JMH with respect to the Hospital on or before the Closing Date. JMH's Disclosure Schedule indicates which of such cost reports have been audited by the fiscal intermediary and finally settled, and contains a brief description of any and all notices of program reimbursement, proposed or pending audit adjustments, disallowances, appeals of disallowances, and any and all other unresolved claims or disputes, in connection with any audit, review or inquiry with respect to such cost reports. To the knowledge of JMH, there are no facts or circumstances that may give rise to any material disallowance under any such cost reports. Except as disclosed on JMH's Disclosure Schedule and except for those in the ordinary course of business, no validation review or program integrity review related to the Hospital, or the consummation of the transactions contemplated by this Agreement, has been conducted by any commission, board, agency or governmental entity in connection with a Government Program, and no such reviews are scheduled, pending or to the knowledge of JMH, threatened against or affecting JMH with respect to the Hospital, or the consummation of the transactions contemplated by this Agreement.

c. Debarred Individuals. Neither JMH nor any individual currently employed by JMH to perform functions for operations of JMH or any JMH subsidiary (individually, an "JMH Employee" and, collectively, "JMH Employees") has been excluded from participating in, or otherwise made ineligible to participate in, any federal health care program (as defined in 42 U.S.C. §1320a-7b(f)) or been subject to sanction pursuant to 42 U.S.C. §1320a-7a or 1320a-8 or been convicted of a crime described at 42 U.S.C. §1320a-7b. To JMH's knowledge, no party to a Contract has been excluded from Medicare or any federal health care program (as defined in 42 U.S.C. §1320a-7b(f)).

d. Arrangements With Referral Sources. Each written or unwritten contract, lease or other financial arrangement of a JMH Group entity with any physician, hospital, health care facility, nursing facility, home health agency or other person or organization in a position to make or influence referrals to or otherwise generate business for JMH or any of its subsidiaries complies with applicable state and federal laws restricting or limiting remuneration to referral sources, including without limitation the federal anti-kickback statute 42 U.S.C. §1320a-7b(b), and the federal Stark law 42 U.S.C. §1395nn.

e. Legal Compliance. JMH and its subsidiaries (i) are not parties to a Corporate Integrity Agreement with the Office of Inspector General of the United States Department of Health and Human Services, (ii) have no reporting obligations pursuant to any settlement agreement entered into with any governmental entity, (iii) have not been, to JMH's knowledge, the subject of any government payer program investigation conducted by any federal or state enforcement agency, (iv) are not and have not been a defendant in any qui tam / False Claims Act litigation, (v) have not been served with or received any search warrant, subpoena, civil investigative demand, contact letter or telephone or personal contact by or from any federal or state enforcement agency that would reasonably be expected to have a Material Adverse Effect on JMH, and (vi) have not received any current or unresolved written complaints from any employee, independent contractor, vendor, physician or other person or organization that would indicate that any of them has violated any Law applicable to their assets or operations.

2.8 Regulatory Compliance. JMH and its subsidiaries with respect to their respective assets and operations have not received any written notice with respect to noncompliance with applicable Law. JMH and its subsidiaries have timely filed all forms, applications, statements, reports, data and other information required to be filed with any governmental entity, except where a failure to file timely would not reasonably be expected to have a Material Adverse Effect.

2.9 Contracts.

a. Contracts. The contracts listed on JMH's Disclosure Schedule include all contracts with third parties associated with operation of JMH and its subsidiaries which are currently in effect and have a value of $100,000 or more per year or are with physicians or other referral sources (the "Material Contracts"). "Immaterial Contracts" have a value of less than $100,000 per year and are not with physicians or other referral sources. JMH has disclosed to MSHA true and accurate originals or copies of each Material Contract in effect on the date hereof. Between signing and Closing, MSHA will be made aware of any proposed amendments, replacements, modifications and renewals to the contracts listed on JMH's Disclosure Schedule. Further, MSHA will be consulted regarding any proposed new contracts with respect to JMH and its subsidiaries which would be a Material Contract as defined in the opening sentence of this Section 2.9. Only such amendments, replacements, modifications, renewals and new Material Contracts as are accepted by MSHA may be added to the updated JMH Disclosure Schedule delivered at Closing.

b. Performance. Except as set forth on JMH's Disclosure Schedule, (i) each Material Contract and Immaterial Contract is legally binding and enforceable in accordance with its respective terms and is in full force and effect, (ii) JMH or the applicable subsidiary of JMH has duly performed in all material respects all of its obligations under each Material Contract and Immaterial Contract to which it is a party to the extent that such obligations to perform have accrued, (iii) no material breach or default, alleged material breach or default, or event that would (with the passage of time, notice or both) constitute a material breach or default under any Material Contract or Immaterial Contract by JMH, its applicable subsidiary, or by any other party or obligor with respect thereto, has occurred, except where the breach or default would not reasonably be expected to have a Material Adverse Effect, and (iv) JMH and its subsidiaries have not received written or oral notice of any default, offset, counterclaim or defense under any Material Contract or Immaterial Contract.

2.10 Inventory, Furniture and Equipment. The inventory of JMH and its subsidiaries is in good, usable or salable condition (as applicable) in the amount set forth on the Financial Statements

except to the extent that any variance would not have a Material Adverse Effect upon JMH. All furniture and equipment used in operations of JMH and its subsidiaries is in good operating condition in all respects, except for reasonable wear and tear. No person or entity other than JMH, its applicable subsidiary, or a lessor under a lease that is a Contract listed on JMH's Disclosure Schedule (Section 2.9), owns any material furniture and equipment held or used for operations of JMH or any of its subsidiaries.

2.11 Real Property. The real property identified on JMH's Disclosure Schedule (the "Real Property") comprises all of the real property owned or leased by JMH and its subsidiaries and associated with or used in their respective operations or businesses. JMH and its subsidiaries have not created or suffered any encumbrance that causes title to the Real Property to be unmarketable or that will interfere with their continued use of the Real Property following Closing in a manner consistent with the current use by them. At the Closing, the Real Property will be owned or leased by JMH and its subsidiaries, subject only to (a) lease obligations as part of the Contracts listed on JMH's Disclosure Schedule (Section 2.9) and (b) those encumbrances approved by MSHA and listed as Permitted Encumbrances on JMH's Disclosure Schedule ("Permitted Encumbrances"). For purposes hereof, Permitted Encumbrances means (a) liens for utilities and current taxes not yet due and payable; (b) mechanics', carriers', workers', repairers', materialmen's, warehousemen's and other similar liens arising or incurred in the ordinary course of business relating to claims not yet due or payable; (c) liens for liabilities listed on the Financial Statements or items listed in Section 2.13 of the JMH Disclosure Schedule; (d) purchase money security interests arising from the purchase of assets, in the ordinary course of business, after the date of this Agreement and prior to Closing; and (e) liens that will be released on or before the Closing Date.

2.12 Insurance. JMH's Disclosure Schedule contains an accurate list of the insurance policies and programs of self-insurance covering the operation of JMH and its subsidiaries and ownership of their respective assets, indicating the types of insurance, policy numbers, terms, identity of insurers and amounts and coverages (including applicable deductibles). JMH has one or more "business interruption" insurance policies in customary form and amount covering the operations of JMH and its subsidiaries. All of such policies are now, and will continue to be until Closing, in full force and effect on an occurrence basis with no premium arrearages. All claims pending as of Closing for which insurance is available under policies maintained by JMH will continue to be covered under such policies (or in the case of self-insured claims, through maintenance of adequate reserves) following the Closing. Except as set forth on JMH's Disclosure Schedule, (a) there is no outstanding written requirement or recommendation by any insurance company that issued any such policy or by any board of fire underwriters or other similar body (including any governmental entity) exercising similar functions that requires or recommends any repairs or other work to be done with respect to the Hospital or any of the other assets of JMH and its subsidiaries, (b) JMH has given to its insurers in a timely manner all notices required to be given under its insurance policies with respect to all claims and actions covered by insurance, and no insurer has denied coverage of any such claims or actions or reserved its rights with respect to or rejected any such claims, and (c) JMH has not (i) received any notice or other written communication from any such insurance company canceling or amending any of said insurance policies, and to the knowledge of JMH no such cancellation or amendment is threatened, or (ii) failed to give any required notice or present any claim which is still outstanding under any of such policies.

2.13 Existing Indebtedness. JMH and its subsidiaries do not have any existing indebtedness to third parties of any type except (i) that which was set forth on the combined unaudited balance sheets of JMH and its subsidiaries as of March 31, 2008, (ii) that which was incurred in the ordinary course of business since such date, and (iii) that which is described on JMH's Disclosure Schedule. JMH and its subsidiaries do not have any guaranties outstanding by which any of them guarantees any indebtedness or any liability of any person or entity.

2.14 Taxes; Exempt Status. JMH and its subsidiaries have filed all required federal and other tax returns and paid any taxes due pursuant thereto or pursuant to any assessment received by any of them, except such taxes, if any, as are being contested in good faith and as to which adequate reserves have been provided. No audit of any federal, state or city income tax returns or other tax returns of JMH or a subsidiary of JMH is in progress, pending or, to JMH's knowledge, threatened.

True copies of all federal, state and local income tax, property tax, sales tax, Form 990, and other tax returns, tax examination and audit reports, and statements of deficiencies assessed against or agreed to by JMH and its subsidiaries since December 31, 2004 have been provided to MSHA. All such tax returns were based upon accurate information and were prepared in substantial conformity with the applicable tax laws. All deficiencies assessed against JMH and its subsidiaries have been paid or are being contested in good faith and are appropriately reserved against on the March 31, 2008 financial statements.

Copies of the Internal Revenue Service determination letters confirming that JMH is an organization exempt from federal income tax under §501(c)(3) of the Code and copies of all other exemption letters issued to JMH by taxing authorities have been provided or made available to MSHA. JMH has not received any notice of any investigation nor is it the subject of any pending action or proceeding which alleges that it is in violation of or questions its compliance with any of the requirements of §501(c)(3) of the Code or any other provision of the Code or state law which are conditions to the continued maintenance of its tax exempt status under federal or state law. No audit of the exempt status of JMH is in progress, pending or, to JMH's knowledge, threatened by any federal, state or local authority.

2.15 Employment and Labor Matters. Except as set forth on JMH's Disclosure Schedule, (i) there is no pending or, to JMH's knowledge, threatened employee strike, work stoppage, work slowdown or labor dispute involving the operations of JMH and its subsidiaries, (ii) no union representation question exists respecting any JMH Employees (as defined in Section 2.7(c)), no demand has been made for recognition by a labor organization by or with respect to any JMH Employees and, to JMH's knowledge, no union organizing activities by or with respect to any JMH Employees are taking place, (iii) no collective bargaining agreement exists with respect to the operations of JMH and its subsidiaries and none is currently being negotiated by any of them, (iv) there is no unfair labor practice claim against JMH or any of its subsidiaries before the National Labor Relations Board or, to JMH's knowledge, any threatened, strike, dispute, slowdown, or stoppage pending with respect to their operations, (v) JMH and its subsidiaries are in material compliance with all Laws relating to employment and employment practices, discrimination, labor relations, terms and conditions of employment, and wages and hours (including, but not limited to, the Fair Labor Standards Act, Title VII of the Civil Rights Act of 1964, the Occupational Safety and Health Act of 1970 and the Age Discrimination Act of 1967, all as amended from time to time), and (vi) there are no pending or, to JMH's knowledge, threatened, complaints or charges before any governmental entity regarding employment discrimination, safety or other employment-related charges or complaints, wage and hour claims, unemployment compensation claims, workers' compensation claims, or the like, and (vii) JMH and its subsidiaries are not engaged in any unfair labor practices involving their operations or any JMH Employees.

2.16 Relationships. To JMH's knowledge, JMH and its subsidiaries enjoy satisfactory working relationships with their employees, medical staff members, suppliers and patients under all arrangements necessary to the normal operations of their businesses.

2.17 Litigation or Proceedings. JMH's Disclosure Schedule contains an accurate list and summary description of all litigation or proceedings to which JMH and its subsidiaries are parties, to the

extent JMH and/or its subsidiaries have been served or otherwise have knowledge of such litigation or proceedings. Except to the extent set forth in JMH's Disclosure Schedule, there are no claims, actions, suits, proceedings or investigations pending, or to the knowledge of JMH, threatened against or affecting JMH or any of its subsidiaries, either at law or in equity, or before or by any federal, state, municipal or other governmental entity wherever located.

2.18 Environmental Laws. Except as set forth in JMH's Disclosure Schedule or in any environmental report listed therein (true and accurate copies of which have been made available to MSHA):

a. Environmental Laws. JMH and its subsidiaries have previously complied, and they are currently complying, in all material respects with all federal, state and local environmental statutes, laws, ordinances, orders, rules, regulations and moratoria relating to human health and the environment, including the Clean Air Act, as amended; the Federal Water Pollution Control Act, as amended; the Safe Drinking Water Act, as amended; the Resource Conservation and Recovery Act, as amended; the Hazardous Materials Transportation Act, as amended; the Occupational Safety and Health Act of 1970, as amended; the Comprehensive Environmental Response, Compensation and Liability Act, as amended by the Superfund Amendments and Reauthorization Act of 1986, as amended; and all other similar laws, ordinances, orders, rules, regulations or moratoria (collectively, "Environmental Laws"). JMH and its subsidiaries have not received any written notice alleging, nor have any knowledge of, any noncompliance with or potential liability pursuant to any of such Environmental Laws, which has not previously been remedied pursuant to applicable Environmental Laws.

b. Hazardous Substances. Except to the extent permitted under and in compliance with applicable Environmental Laws, no medical wastes or hazardous wastes, hazardous substances, hazardous materials, toxic or hazardous air or water pollutants, or any other hazardous, toxic, infectious or noxious substances and/or any waste or recycled products thereof that are the subject of Environmental Laws ("Hazardous Substances") have ever been transported, generated, treated, used, stored, spilled, leaked, released or disposed of on the Real Property (which for purposes of this Section shall include the air above and all surface and subsurface soil and water), by JMH, any of its subsidiaries (either directly or through arrangements with third parties), or to JMH's knowledge, by any prior owners, operators or lessees of the Real Property, which have not previously been remedied pursuant to applicable Environmental Laws.

c. Releases of Hazardous Substances. There is not now, nor has there been in the past, occurring at, on under or migrating onto or off of the Real Property, any release or threatened release, as those terms are defined in Environmental Laws, of any Hazardous Substances from any source, which has not previously been remedied pursuant to applicable Environmental Laws, nor has JMH any reason to believe such a release is occurring or has occurred at any time in the past which has not previously been remedied pursuant to applicable Environmental Laws. Further, there are no Hazardous Substances, including petroleum, or petroleum products or derivatives thereof or other conditions or uses of the Real Property, whether natural or man-made, which pose a present or potential threat of damage to the health of persons, to property, to natural resources or to the environment. Except as set forth on JMH's Disclosure Schedule, no underground storage tanks are or were previously situated on or under, or abandoned or removed on or from, the Real Property, which have not previously been remediated or otherwise remedied pursuant to applicable Environmental Laws.

d. Environmental Claims. JMH and its subsidiaries have no liability, responsibility or obligation, whether fixed, unliquidated, absolute, contingent or otherwise, under or pursuant to any Environmental Laws or pursuant to any common law rights relating to Hazardous Substances including any liability, responsibility or obligation to any person, entity or governmental authority for fines, violations, penalties, personal injury, damages or awards, or for investigation, expense, removal, or remedial action to effect compliance with or discharge any duty, obligation or claim under any such Environmental Laws ("Environmental Claims"), and JMH has no reason to believe that any such Environmental Claims exist or may be brought or threatened.

e. Off-Site Facilities. JMH's Disclosure Schedule contains (i) a list of all Hazardous Substances or waste treatment, storage or disposal sites used in the operation of the Hospital and not located on the Real Property ("Off-Site Facilities") during the ten (10)-year period prior to the date of this Agreement and (ii) a list of all parties engaged to transport Hazardous Substances or wastes to such Off-Site Facilities during such ten (10)-year period. Except as set forth in JMH's Disclosure Schedule, during such ten (10)-year period, JMH and its subsidiaries have not sent Hazardous Substances to an Off-Site Facility that has been designated as a site for investigation or remediation under any Environmental Law or by any governmental entity.

f. Permits. Except as set forth on JMH's Disclosure Schedule, JMH and its subsidiaries do not hold nor are they required to hold any Permit for the generation, treatment, storage, or disposal of hazardous waste in accordance with the Resource Conservation and Recovery Act (42 U.S.C. §6901 et seq.).

g. Management System. JMH maintains an environmental management system for itself and its subsidiaries in the form set forth on the JMH's Disclosure Schedule.

h. Reports. JMH has disclosed and made available to MSHA all relevant information available to JMH, including all known studies, site assessments, compliance audits and similar environmental reports, analyses, and test results, relating to past and present (i) environmental conditions on, under or about the Real Property, (ii) use or operation of the Real Property, and (iii) any activities relating to Hazardous Substances on, or any off-site disposal of a Hazardous Substance from, the Real Property ("Environmental Reports"). JMH has disclosed and made available to MSHA any and all documents in their possession or control relating to projected environmental expenditures for the Real Property, including capital and operating budgets and reports prepared by independent auditors or accountants and prepared by JMH, including reports, studies or documents relating to the costs (including anticipated capital costs and annual expenses) of compliance with reasonably anticipated Environmental Laws.

2.19 Bank Accounts. Section 2.19 of JMH's Disclosure Schedule contains a true and complete list as of March 31, 2008 of all accounts of JMH and its subsidiaries with banks, trust companies, savings and loan associations, brokerage houses, and money managers, and the names of all persons authorized to draw thereon or to have access thereto.

2.20 Trademarks, Trade Names, Etc. Section 2.20 of JMH's Disclosure Schedule sets forth all, if any, of the trademarks, trade names, service marks, patents, copyrights, registrations of JMH and its subsidiaries, or applications with respect thereto, and licenses or rights under the same presently owned, used or intended to be acquired or used by any of them, and the extent to which the same have been duly registered in such offices as are indicated thereon.

2.21 Absence of Changes. Except as set forth on JMH's Disclosure Schedule or except as is not reasonably likely to have a Material Adverse Effect, since March 31, 2008, there has not been any transaction or occurrence in which JMH or any of its subsidiaries has:

a. suffered any adverse change in the condition of their assets or in the results of operations or financial condition of any of them or suffered any occurrence or event (other than a change in law) that JMH knows or reasonably expects to result in any such adverse change (including, without limitation, damage to or destruction or loss of any assets, whether or not covered by insurance);

b. sold, transferred or otherwise disposed of any of their assets, except the use or disposal of inventory and obsolete furniture and equipment in the ordinary course of business;

c. written down or written up in any material amount the value of any inventory (including write-downs by reason of shrinkage or markdowns), except for write-downs, write-ups, and write-offs in the ordinary course of business consistent with past practice;

d. waived or released any right relating to any of their assets;

e. taken any other action that is neither in the ordinary course of business nor provided for in this Agreement; or

f. agreed, so as to affect any of their assets (including the Contracts), whether in writing or otherwise, to take any of the actions set forth in this Section and not otherwise permitted by this Agreement.

2.22 Statements True and Correct. This Agreement and the Schedules hereto (other than MSHA's Disclosure Schedule and Community Member's Disclosure Schedule) do not include any untrue statement of a material fact or, omit to state any material fact necessary to make the statements made by JMH in this Agreement not misleading.

ARTICLE III.
REPRESENTATIONS AND WARRANTIES OF MSHA AND COMMUNITY MEMBER

3.1 Representations and Warranties of MSHA. For purposes of this Article III, "knowledge" means the actual knowledge of (a) those members of MSHA's senior management holding the positions listed on the Disclosure Schedule; and (b) the current members of the MSHA board of trustees. As of the date of this Agreement and as of the Closing Date, except as set forth on MSHA's Disclosure Schedule, MSHA represents and warrants to JMH and Community Member the following:

(a) Corporate Capacity. MSHA is a nonprofit public benefit corporation duly organized and validly existing in good standing under the laws of the State of Tennessee. MSHA is qualified to do business in the Commonwealth of Virginia. MSHA has the requisite power and authority to enter into this Agreement, perform its obligations hereunder, and conduct its business as now being conducted and as conducted at the Closing.

(b) Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by MSHA and all other agreements referenced herein or ancillary hereto to which MSHA is a party, and the consummation of the transactions contemplated herein and therein by MSHA:

(i) are within MSHA's powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

(ii) will not, with or without the giving of notice and/or the passage of time, (A) contravene the terms of MSHA's articles or certificate of incorporation, bylaws, or any amendments thereto, (B) violate or conflict with any provision of Law to which MSHA is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect (as defined below), or (C) violate or conflict with any judgment, order, writ or decree of any court applicable to MSHA;

(iii) to MSHA's knowledge, do not require any approval of, or filing with, any governmental entity under applicable Law, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect; and

(iv) will neither conflict with nor result in any material breach or contravention of any indenture, agreement, lease, instrument or understanding to which MSHA is a party or by which MSHA is bound, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect.

For purposes of this Agreement, the term **"Material Adverse Effect"** when used with respect to a representation, warranty or covenant of MSHA means an actual and material adverse effect on the business, results of operations or financial condition of MSHA taken as a whole.

(c) Binding Effect. This agreement and all other agreements to which MSHA will become a party hereunder are and will constitute the valid and legally binding obligations of MSHA and are and will be enforceable against MSHA in accordance with the respective terms hereof and thereof, except as enforceability against MSHA may be restricted, limited or delayed by applicable bankruptcy or other Laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity.

(d) Financial Statements. MSHA's Disclosure Schedule contains the following consolidated financial statements of MSHA and its subsidiaries on an accrual basis ("MSHA Financial Statements"):

(i) unaudited consolidated and separate balance sheets dated as of March 31, 2008;

(ii) unaudited consolidated and separate income statements for the 9-month period ended on the date of the balance sheets referred to in (a) above; and

(iii) audited consolidated balance sheet and income statement of MSHA and its subsidiaries and unaudited separate balance sheet and income statement of MSHA for the fiscal year ended on June 30, 2007.

The MSHA Financial Statements have been prepared in accordance with GAAP (except the unaudited statements lack footnotes and are subject to customary year-end adjustments), applied on a consistent basis throughout the periods indicated, and MSHA has not materially changed any accounting policy or methodology (including those used in the determination of contractual allowances, contractual discounts or reserves for uncollected accounts receivable) throughout all periods presented. Each balance sheet included in the MSHA Financial Statements presents fairly and accurately in all material respects the financial condition of MSHA as of the date indicated thereon, and each Income Statement included in the MSHA Financial Statements presents fairly and accurately in all material respects the results of operations of MSHA, as applicable, for the period specified therein.

(e) Litigation. There is no claim, action, suit, proceeding or investigation pending or, to the knowledge of MSHA, threatened against or affecting MSHA or its subsidiaries that has or would reasonably be expected to have a Material Adverse Effect.

(f) Exempt Status. Copies of the Internal Revenue Service determination letter confirming that MSHA is an organization exempt from federal income tax under §501(c)(3) of the Code and copies of all other exemption letters issued to MSHA by taxing authorities have been provided to JMH. MSHA has not received any notice of any investigation nor is it the subject of any pending action or proceeding which alleges that it is in violation of or questions its compliance with any of the requirements of §501(c)(3) of the Code or any other provision of the Code or state law which are conditions to the continued maintenance of its tax exempt status under federal or state law. No audit of the exempt status of MSHA is in progress, pending, or to MSHA's knowledge, threatened by any federal, state or local authority.

(g) Debarred Individuals. Neither MSHA nor, to MSHA's knowledge, any individual currently employed by MSHA to perform functions for operations of MSHA or any MSHA subsidiary has been excluded from participating in, or otherwise made ineligible to participate in, any federal health care program (as defined in 42 U.S.C. §1320a-7b(f)) or been subject to sanction pursuant to 42 U.S.C. §1320a-7a or 1320a-8 or been convicted of a crime described at 42 U.S.C. §1320a-7b. To MSHA's knowledge, no party to any MSHA contract has been excluded from Medicare or any federal health care program (as defined in 42 U.S.C. §1320a-7b(f)).

(h) Arrangements With Referral Sources. To MSHA's knowledge, each written or unwritten contract, lease or other financial arrangement of MSHA and its subsidiaries with any physician, hospital, health care facility, nursing facility, home health agency or other person or organization in a position to make or influence referrals to or otherwise generate business for any MSHA-affiliated hospital complies with applicable state and federal laws restricting or limiting remuneration to referral sources, including without limitation the federal anti-kickback statute 42 U.S.C. §1320a-7b(b), and the federal Stark law 42 U.S.C. §1395nn.

(i) Legal Compliance. MSHA and its subsidiaries (i) are not parties to a Corporate Integrity Agreement with the Office of Inspector General of the United States Department of Health and Human Services, (ii) have no reporting obligations pursuant to any settlement agreement entered into with any governmental entity, (iii) have not been, to MSHA's knowledge, the subject of any government payer program investigation conducted by any federal or state enforcement agency, (iv) are not and have not been a defendant in any qui tam / False Claims Act litigation, (v) have not been served with or received any search warrant, subpoena, civil investigative demand, contact letter or telephone or personal contact by or from any federal or

state enforcement agency, and (vi) to MSHA's knowledge, have not received any current or unresolved written complaints from any employee, independent contractor, vendor, physician or other person or organization that would indicate that any of them has violated any Law applicable to their assets or operations.

(j) Regulatory Compliance. MSHA and its subsidiaries with respect to their respective assets and operations have not received any written notice with respect to noncompliance with applicable Law, except where such noncompliance would not reasonably be expected to have a Material Adverse Effect. To MSHA's knowledge, MSHA and its subsidiaries have timely filed all forms, applications, statements, reports, data and other information required to be filed with any governmental entity, except where a failure to file timely would not reasonably be expected to have a Material Adverse Effect.

(k) Statements True and Correct. This Agreement and the Schedules hereto (other than JMH's Disclosure Schedule and Community Member's Disclosure Schedule) do not include any untrue statement of a material fact or omit to state any material fact necessary to make the statements made by MSHA in this Agreement not misleading.

3.2 Representations and Warranties of Community Member. As of the date of this Agreement and as of the Closing Date, except as set forth on Community Member's Disclosure Schedule, Community Member represents and warrants to JMH and MSHA the following:

(a) Corporate Capacity. Community Member is a nonstock corporation duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia. Community Member has the requisite power and authority to enter into this Agreement, perform its obligations hereunder, and conduct its business as now being conducted and as conducted at the Closing.

(b) Corporate Powers; Consents; Absence of Conflicts With Other Agreements, Etc. The execution, delivery and performance of this Agreement by Community Member and all other agreements referenced herein or ancillary hereto to which Community Member is a party, and the consummation of the transactions contemplated herein and therein by Community Member:

(i) are within Community Member's powers and have been duly authorized by all appropriate corporate action, which action has not been modified or rescinded and remains in full force and effect;

(ii) will not, with or without the giving of notice and/or the passage of time, (A) contravene the terms of Community Member's articles or certificate of incorporation, bylaws, or any amendments thereto, (B) violate or conflict with any provision of Law to which Community Member is subject, except to the extent such violation would not reasonably be expected to have a Material Adverse Effect (as defined below), or (C) violate or conflict with any judgment, order, writ or decree of any court applicable to Community Member;

(iii) to Community Member's knowledge, do not require any approval of, or filing with, any governmental entity under applicable Law, except (A) as otherwise expressly herein provided and (B) such of the foregoing as

would not reasonably be expected to have a Material Adverse Effect; and

(iv) will neither conflict with nor result in any material breach or contravention of any indenture, agreement, lease, instrument or understanding to which Community Member is a party or by which Community Member is bound, except (A) as otherwise expressly herein provided and (B) such of the foregoing as would not reasonably be expected to have a Material Adverse Effect.

For purposes of this Agreement, the term **"Material Adverse Effect"** when used with respect to a representation, warranty or covenant of Community Member means an actual and material adverse effect on the ability of Community Member to consummate the transactions contemplated hereunder.

(c) Binding Effect. This Agreement and all other agreements to which Community Member will become a party hereunder are and will constitute the valid and legally binding obligations of Community Member and are and will be enforceable against Community Member in accordance with the respective terms hereof and thereof, except as enforceability against Community Member may be restricted, limited or delayed by applicable bankruptcy or other laws affecting creditors' rights generally and except as enforceability may be subject to general principles of equity.

(d) Litigation. There is no claim, action, suit, proceeding or investigation pending or, to the knowledge of Community Member, threatened against or affecting Community Member that has or would reasonably be expected to have a Material Adverse Effect.

(e) Exempt Status. The Community Member has applied for tax-exempt status under §501(c)(3) of the Code. Within twenty (20) business days of its receipt of a determination letter from the Internal Revenue Service confirming its tax-exempt status, Community Member will forward a copy of such letter to MSHA.

(f) Supporting Organization. Community Member has been organized solely for the purpose of supporting JMH and anticipates that it will qualify as a publicly supported charity under §509(a)(2) of the Code by virtue of its relationship with JMH. Community Member does not anticipate that consummation of the transactions and reorganization contemplated by this Agreement will adversely effect its application for tax-exempt status.

ARTICLE IV.
CONDUCT OF JMH'S OPERATIONS PRIOR TO CLOSING; PRECLOSING EFFORTS OF PARTIES

4.1 Access. Between the date of this Agreement and the Closing, JMH shall afford to the officers and authorized representatives and agents of MSHA reasonable access to and the right to inspect the plants, properties, books and records of JMH and its subsidiaries, and JMH will furnish MSHA with such additional financial and operating data and other information relating to JMH and its subsidiaries as MSHA may from time to time reasonably request. Such access may include, as reasonably requested by MSHA, consultations with JMH Employees, medical staff members, third party payors and suppliers of JMH and its subsidiaries. At MSHA's request, JMH shall cooperate with MSHA in MSHA's efforts to contact and obtain information from third parties to Contracts. MSHA's right of access and inspection

shall be made in such a manner as not to interfere unreasonably with the operation of JMH and its subsidiaries.

4.2 Operating Covenants. From the date hereof to the Closing Date, except as set forth in JMH's Disclosure Schedule, JMH and its subsidiaries will continue to conduct their business and operations in the ordinary course of the business consistent with past practice and none of them will, without the prior written consent of MSHA, do any of the following:

a. amend in any material respect or terminate any of the Material Contracts, enter into any contract or commitment which would be a Material Contract when effective, or incur or agree to incur any liability of more than one hundred thousand dollars ($100,000.00) per year;

b. sell, assign or otherwise transfer or dispose of any their assets, except in the ordinary course of business;

c. conduct any discussions or negotiations regarding collective bargaining and union activities without consultation with MSHA prior to any such discussion or negotiation and, to the extent possible, MSHA's participation in any such discussion or negotiation;

d. except for Permitted Encumbrances, create, assume or permit to exist any new Encumbrance upon any of their assets;

e. (i) except in the ordinary course of business consistent with past practices, by action or inaction, abandon, terminate, cancel, forfeit, waive or release any right of any of them, in whole or in part, (ii) cancel or permit the cancellation or lapse of insurance coverage relating to any of them or their assets, or (iii) settle any dispute or threatened dispute relating to any of them or their assets in any manner that materially and adversely affects MSHA; or

f. take any action outside the ordinary course of business except as otherwise permitted under this Agreement.

JMH may obtain consent from any one of the following MSHA officers: Jeff Whitton, Ann Fleming, Marvin Eichorn or Dennis Vonderfecht. Email confirmation of approval by any of these individuals shall be a sufficient written communication of MSHA's approval.

4.3 Notices. Between the date of this Agreement and the Closing, each party shall promptly notify the other party in writing if it becomes aware of (a) any fact or condition that causes or constitutes a breach of any of such party's representations and warranties made as of the date of this Agreement, (b) the occurrence after the date of this Agreement of any fact or condition that would or be reasonably likely to cause or constitute a breach of any such representation or warranty had that representation and warranty been made as of the time of the occurrence of, or such party's discovery of, such fact or condition, or (c) the occurrence of any breach of any covenant of such party in this Article IV or of the occurrence of any event that may make the satisfaction of the conditions in Article V or VI impossible or unlikely.

4.4 Additional Financial Information. Within thirty (30) days following the end of each calendar month prior to the Closing Date, JMH will deliver to MSHA copies of the unaudited consolidated balance sheets of JMH and its subsidiaries and separate balance sheets of the Hospital and the related unaudited consolidated statements of income of, or relating to, JMH and its subsidiaries and separate income statements of the Hospital for each month ended after the Balance Sheet Date, together

with a year-to-date compilation and the notes, if any, related thereto, which presentation shall be true, complete and correct in all material respects, shall have been prepared from and in accordance with GAAP and the books and records of JMH and its subsidiaries, applied on a consistent basis throughout the applicable periods, and which shall fairly and accurately present the financial condition and results of operations of JMH and its subsidiaries or the Hospital, as applicable, as of the date and for the period indicated.

4.5 Efforts to Close. The parties agree to mutually develop and carry out a mutually agreeable preclosing communications plan to build and maintain support for reorganizing JMH to accomplish the objectives set forth in this Agreement, consistent with the rights and responsibilities described herein. The parties agree to build this support among members of the JMH medical staff, residents of the communities served by JMH, employees of JMH, community leaders, third party payors of health care services provided by JMH, and others interested in the delivery of health care services in the communities served by JMH. JMH, MSHA and Community Member shall use their reasonable commercial efforts to satisfy all of the conditions precedent set forth in Articles V and VI of this Agreement to the extent that such party's action or inaction can control or influence the satisfaction of such conditions, so that the Closing will occur by August 31, 2008. Without limiting the foregoing, JMH shall make commercially reasonable efforts to render its title to the assets of JMH and its subsidiaries, free and clear of all Encumbrances, other than Permitted Encumbrances, and to obtain appropriate consents and approvals from all persons, organizations and governmental entities necessary for MSHA to become a fifty and one tenth percent (50.1%) member of JMH and for Community Member to become a forty-nine and nine tenth percent (49.9%) member of JMH.

4.6 New Hospital Development. Prior to Closing, MSHA, JMH and Community Member will work together to plan the services to be offered by and the design and construction of the new JMH hospital facility at the site now owned by JMH and designated for the new JMH hospital facility. At or prior to Closing, JMH, MSHA and Community Member shall mutually agree upon the initial service offerings by the new hospital facility, the construction and equipping budget for the new hospital facility, the design of the new hospital facility and selection of and terms and conditions of the construction contract with the general contractor or construction manager retained by JMH to construct the new hospital facility. In addition, the parties shall jointly develop, approve and file the JMH Certificate of Public Need application seeking approval from the Commonwealth of Virginia to construct the new hospital facility.

4.7 Final Approval. The parties acknowledge that the parties anticipate this Agreement may be executed by the parties prior to final approval of the this Agreement by the board of JMH and MSHA, respectively. Accordingly, notwithstanding any covenant, representation, warranty or provision herein to the contrary, each party acknowledges and agrees that (i) MSHA's obligations to proceed to Closing under this Agreement will be subject to approval of this Agreement at the regular board meeting of MSHA on August 1, 2008, and (ii) JMH's obligations to proceed to Closing under this Agreement will be subject to approval of this Agreement at the regular board meeting of JMH on August 20, 2008. Each party shall notify the other party of the approval or disapproval of this Agreement by such party's board within one (1) day after the board meeting specified. In the event that a party's board fails to approve this Agreement, either party may terminate this Agreement upon notice given within five (5) days after the board meeting specified and neither party shall have any further obligation hereunder except for the obligations of the parties set forth in Section 8.6.

ARTICLE V.
CONDITIONS PRECEDENT TO OBLIGATIONS OF MSHA

The obligations of MSHA hereunder are subject to the fulfillment on or before the Closing of each of the following conditions, unless waived in writing by MSHA:

5.1 Correctness of Representations and Warranties. The representations and warranties of JMH and Community Member contained in this Agreement and in the schedules, certificates and papers to be delivered to MSHA pursuant hereto and in connection herewith shall be true on the date hereof and on the Closing Date as though such representations and warranties were made on and as of the Closing Date.

5.2 Compliance with Covenants. JMH and Community Member shall have performed all obligations and complied with all covenants and conditions required by this Agreement to be performed or complied with by them at or prior to the Closing.

5.3 Opinion of JMH's Counsel. MSHA shall have received from counsel to JMH an opinion dated as of the Closing Date and addressed to MSHA, in form and substance reasonably satisfactory to MSHA, to the effect that: (i) JMH is a nonstock corporation duly organized and validly existing in good standing under the laws of the Commonwealth of Virginia; (ii) JMH has full power and authority to make, execute, deliver and perform this Agreement, and all corporate proceedings required to be taken by JMH to authorize the execution, delivery and performance of this Agreement, and to establish MSHA as a fifty and one-tenth percent (50.1%) Member of JMH as herein contemplated have all been duly and properly taken; and (iii) this Agreement constitutes the valid and binding obligation of JMH, enforceable in accordance with its terms. Such opinion shall contain usual and customary qualifications and assumptions. In rendering such opinion, such counsel may rely upon certificates of governmental officials and may place reasonable reliance upon certificates of officers of JMH.

5.4 Governmental Compliance. MSHA shall have obtained or received documentation or other evidence reasonably satisfactory to MSHA that:

a. Applicable Federal and State Requirements. The parties have complied with all pre-Closing requirements, if any, of the United States Federal Trade Commission, United States Justice Department, the Attorney General of Virginia, the Virginia Department of Health, including but not limited to expiration of the applicable waiting period with respect to any premerger notification filing under the Hart-Scott-Rodino Act, and any other applicable federal or state agency, and no federal or state agency shall have requested, orally or in writing, that JMH, Community Member or MSHA delay or postpone the Closing.

b. Permits. The JMH Group has received all Permits from all governmental entities whose approval is required to consummate the transactions contemplated herein and continue the operation of the Hospital by JMH and to continue the JMH Group's other operations from and after the Closing on the same terms as operated by the JMH Group prior to the Closing (including being eligible to receive payment as a "provider" without restriction under the Government Programs and under its valid provider agreements).

c. Action/Proceeding. No court or any other governmental entity has issued an order restraining or prohibiting the transactions herein contemplated and no governmental entity has commenced or threatened in writing to commence any action or suit before any court of competent jurisdiction or other governmental entity that seeks to restrain or prohibit the consummation of the transactions contemplated.

5.5 Title Policies and Surveys. If requested by MSHA within fifteen (15) days after the date of this Agreement and provided MSHA has diligently pursued such commitments, MSHA shall have received commitments from a title insurance company reasonably acceptable to MSHA (the "Title Company") to issue to JMH and any applicable subsidiary of JMH as of the Closing Date an ALTA 1992 form owner's policy of title insurance with extended coverage and zoning endorsements and other endorsements reasonably acceptable to MSHA for the Real Property (which shall include leasehold policies with respect to those portions of such Real Property leased by JMH or applicable subsidiary), together with improvements, buildings and fixtures thereon, in amounts equal to the reasonable value assigned to such Real Property by MSHA and in the customary form prescribed for use in the Commonwealth of Virginia but with any creditors' rights exception and any mandatory arbitration provision deleted therefrom. To the extent such information is reasonably available to JMH, JMH agrees to provide such information to the Title Company may reasonably require in order to delete the creditors' rights exception. The commitments shall provide for the issuance of such policy (or policies) to JMH and any applicable subsidiary of JMH as of Closing and shall insure fee simple title to that portion of the Real Property owned by JMH or applicable subsidiary and leasehold title to that portion of the Real Property leased by JMH or applicable subsidiary, subject only to Permitted Encumbrances (as defined in Section 2.10). MSHA shall, by the earlier of (i) fifteen (15) business days from the date MSHA receives written notice of the title insurer's declination to provide the requested insurance, or (ii) thirty (30) days after the date of this Agreement, notify JMH in writing of any material title exceptions or defects pertaining to the Real Property that would result in the inability of JMH to receive title policies sufficient to satisfy this Section; provided, however, MSHA shall pursue and obtain either a commitment or a declination within thirty (30) days after the date of this Agreement. Within fifteen (15) days after receiving MSHA's notice, JMH shall notify MSHA in writing of any such material exceptions to title or defects in title which JMH is unable to cause to be removed or insured against prior to or at Closing. With respect to such exceptions or defects, MSHA shall elect, by giving written notice to JMH within ten (10) days thereafter, whether to (a) terminate this Agreement, or (b) consummate the Closing, with a reduction in the amount invested by MSHA in JMH to reflect the diminution in value of JMH associated with the uninsured exceptions and defects. JMH agrees to deliver any information (including any affidavits or other documents) as may be reasonably required by the Title Company under the requirements section of the title insurance commitment or otherwise in connection with the issuance of the title insurance policy. JMH also agrees to provide an affidavit of title and/or such other information as the Title Company may reasonably require in order for the Title Company to insure over the "gap" (i.e., the period of time between the effective date of the Title Company's last checkdown of title to such Real Property and the Closing Date) and to use commercially reasonable efforts to cause the Title Company to delete all standard exceptions from the final title insurance policy. If JMH has as-built surveys of the Real Property, JMH will provide such surveys to MSHA; provided further if JMH does not have such surveys, MSHA shall, with the assistance of JMH, obtain at its own expense as-built surveys of the Real Property reflecting all improvements visible on the grounds and all easements and rights of way of record or on the grounds. Such surveys shall meet the requirements of an ALTA/ASCM Survey and otherwise be reasonably acceptable to MSHA. The costs of such title policy and surveys shall be borne by MSHA.

5.6 Opinion of Title. If MSHA chooses not to request a commitment from a title company as provided in Paragraph 5.5, MSHA may obtain, at its own expense, a legal opinion of title, reasonably acceptable to MSHA for the Real Property (which will include an opinion regarding those portions of the real property leased by JMH or applicable subsidiary), together with improvements, buildings and fixtures thereon. To the extent such information is reasonably available to JMH, JMH agrees to provide such information as any attorney examining title may reasonably require in regard to such opinion of title. Such opinion of title must conclude that JMH or applicable subsidiary has good fee simple title to that portion of the Real Property owned by it and leasehold title to that portion of the Real Property

leased by JMH or applicable subsidiary, subject only to Permitted Encumbrances (as defined in Section 2.11). MSHA shall have until the earlier of (i) fifteen (15) days from the date MSHA receives the opinion of title, or (ii) thirty (30) days after the date of this Agreement, to notify JMH in writing of any material title exceptions or defects pertaining to the Real Property that are not Permitted Encumbrances and are not reasonably acceptable to MSHA. No less than fifteen (15) days after receiving MSHA's notice, JMH shall notify MSHA in writing of any such material exceptions to title or defects in title which JMH is unable to cause to be removed or insured against prior to or at Closing. With respect to such defects, MSHA shall elect, by giving written notice to JMH within ten (10) days thereafter, whether to (a) terminate this Agreement, or (b) consummate the Closing, with an agreed upon reduction of the amount invested by MSHA in JMH to reflect diminution in value of JMH associated with the uninsured exceptions and defects. If the parties cannot agree upon the diminution in value, then they will agree upon an independent third party qualified by training and experience to determine the diminution in value of JMH associated with the uninsured exceptions and defects. The parties will share equally the cost of the appraiser's services. The appraiser's decision regarding the diminution in value will be final and binding upon MSHA and JMH. JMH agrees to provide an Affidavit of continuing good title or title update as MSHA may reasonably require to cover the "gap" (i.e., the period of time between the effective date of the Title Company's or the examiner's last checkdown of title to such Real Property and the Closing Date).

5.7 No Material Adverse Changes. Since March 31, 2008, the business and operation of JMH and its subsidiaries shall not be and shall not have been threatened or affected adversely, or interfered with in any way, which would have or be reasonably expected to have a Material Adverse Effect, whether or not covered by insurance, as a result of fire, explosion, earthquake, disaster, accident, labor dispute, any action of the United States or other governmental authority, riot, civil disturbance, activity of the Armed Forces or act of God or public enemy, and there shall not have occurred any adverse change in the financial condition, operating results, business prospects, employees, medical staff, third party payor programs (governmental and nongovernmental) or suppliers of JMH and its subsidiaries or other adverse change in the condition of their assets (whether or not covered by insurance).

5.8 Tail Coverage. MSHA shall have received documentation demonstrating to its reasonable satisfaction that JMH and its subsidiaries have in place commitments for post-Closing tail coverage for the insurance policies that cover their risks prior to Closing or the parties shall have established a mutually acceptable alternative to tail coverage, with the expenses for such tail coverage to be paid by JMH after Closing.

5.9 Closing Deliveries. The deliveries referred to in Section 7.2 shall have been made at Closing.

ARTICLE VI.
CONDITIONS PRECEDENT TO OBLIGATIONS OF JMH

The obligations of JMH hereunder are subject to the fulfillment on or before the Closing of each of the following conditions, unless waived in writing by JMH:

6.1 Correctness of Warranties and Representations. The representations and warranties of MSHA and Community Member contained in this Agreement and in the Schedules, certificates and papers to be delivered to JMH pursuant hereto and in connection herewith shall be true on the date hereof and on the Closing Date as though such representations and warranties were made at and as of the Closing Date.

6.2 Compliance with Covenants. MSHA and Community Member shall have performed all obligations and complied with all covenants required by this Agreement to be performed or complied with by them at or prior to the Closing.

6.3 Opinion of MSHA's Counsel. JMH shall have received from counsel to MSHA an opinion dated as of the Closing Date and addressed to JMH, in form and substance reasonably satisfactory to JMH, to the effect that: (i) MSHA is a nonprofit public benefit corporation duly organized and validly existing in good standing under the laws of the State of Tennessee; (ii) MSHA is qualified to do business in the Commonwealth of Virginia; (iii) MSHA has full power and authority to make, execute, deliver and perform this Agreement, and all corporate proceedings required to be taken by MSHA to authorize the execution and performance of this Agreement, and to make the investment in JMH as herein contemplated have all been duly and properly taken; and (iv) this Agreement constitutes the valid and binding obligation of MSHA, enforceable in accordance with its terms. Such opinion shall contain usual and customary qualifications. In rendering such opinion, such counsel may rely upon certificates of governmental officials and may place reasonable reliance upon certificates of officers of MSHA.

6.4 Governmental Compliance. JMH shall have obtained documentation or other evidence reasonably satisfactory to JMH as follows:

a. Federal and State Requirements. The parties shall have complied with all pre-Closing requirements, if any, of the United States Federal Trade Commission, United States Justice Department, the Attorney General of Virginia, the Virginia Department of Health and any other applicable federal or state agency, including but not limited to expiration of the applicable waiting period with respect to any premerger notification filing under the Hart-Scott-Rodino Act, and no federal or state agency shall have requested, orally or in writing, that JMH, Community Member or MSHA delay or postpone the Closing.

b. Action / Proceeding. No court or any other governmental entity has issued an order restraining or prohibiting the transactions herein contemplated; and no governmental entity has commenced or threatened in writing to commence any action or suit before any court of competent jurisdiction or other governmental entity that seeks to restrain or prohibit the consummation of the transactions contemplated herein.

6.5 No Material Adverse Changes. MSHA shall not have experienced any events which would reasonably be expected to have a material adverse effect upon MSHA, its operations, the conduct of its businesses, or the benefits and obligations for JMH pursuant to this Agreement.

6.6 Closing Deliveries. The closing deliveries referred to in Section 7.3 shall have been made at Closing.

ARTICLE VII.
CLOSING

7.1 Time and Place. Subject to the satisfaction or waiver by the appropriate party of all conditions precedent to Closing specified in Articles V and VI hereof, the Closing under this Agreement for the sale and purchase of the Assets shall take place at the offices of the Hospital, 351 Court, N.E., Abingdon, Virginia, at 10:00 a.m. EDT on October 31, 2008, or such other date and time or at such other place as the parties shall mutually agree ("Closing Date").

7.2 Actions of JMH at Closing. At the Closing and unless otherwise waived in writing by MSHA, JMH shall deliver to MSHA the following:

a. Amended and restated articles of incorporation of JMH in the form of **Exhibit A-1**, properly signed and acknowledged in form for filing with the Virginia State Corporation Commission, and amended and restated bylaws of JMH in the form of **Exhibit A-2**, certified by an officer of JMH as effective upon Closing;

b. Copies of resolutions duly adopted by the board of trustees of JMH authorizing and approving JMH's performance of the transactions contemplated hereby and the execution and delivery of this Agreement and the documents described herein, certified as true and of full force and effect as of Closing, by the appropriate officers of JMH;

c. Amended and restated articles of incorporation or articles of organization, as applicable, of APP, the LLCs, and each other subsidiary of JMH in the form approved by MSHA, properly signed and acknowledged in form for filing with the Virginia State Corporation Commission, and amended and restated bylaws or operating agreements, as applicable, of such entities in the form approved by MSHA, certified by an officer of each such entity as effective upon Closing;

d. Copies of resolutions duly adopted by the board of directors of APP, the governing body of each LLC, and each other subsidiary of JMH, recommending to JMH as sole shareholder or sole member approval of the amended and restated articles of incorporation or articles of organization, as applicable, and amended and restated bylaws or operating agreement, as applicable, referred to in subparagraph c. of this Section 7.2, and copies of resolutions duly adopted by the board of directors of JMH approving such amended and restated articles of incorporation and bylaws, and articles of organization and operating agreements, all such resolutions certified as true and of full force and effect as of Closing by the appropriate officers of each such entity;

e. Title insurance policies and surveys satisfying the requirements of Section 5.5 if requested, or per Section 5.6, opinion of title examination satisfactory to MSHA;

f. Certificates of incumbency for the officers of JMH executing this Agreement and any other agreements or instruments contemplated herein dated as of the Closing Date;

g. A certificate of existence and good standing of JMH issued by the Commonwealth of Virginia within thirty (30) days prior to the Closing Date;

h. A certificate of JMH certifying that all of the conditions set forth in Sections 5.1 and 5.2 hereof have been satisfied;

b. by JMH or MSHA upon written notice to the other at any time after October 31, 2008, if the Closing has not occurred by such date; provided that the right to terminate pursuant to this Subsection b. shall not be available to any party whose failure to fulfill any obligation under this Agreement has been the sole cause of, or resulted in, the failure of the Closing to occur by such date;

c. By MSHA upon written notice to JMH and Community Member if, immediately prior to the Closing Date, any of the conditions specified in Article V (including, without limitation, the conditions contained in Section 5.7) have not been met or have not been waived by MSHA;

d. By JMH upon written notice to MSHA and Community Member if, immediately prior to the Closing Date, any of the conditions specified in Article VI have not been met or have not been waived by JMH;

e. By either party upon written notice to the other if the office of the Virginia Attorney General declines to issue a "No Action Letter" in regard to the transaction contemplated by this Agreement; and

f. By either party upon written notice to the other party if any consent of bondholders, any trustee for bondholders, or the bond insurer(s) for any bond issue which requires consent for either party to Close has not been signed by the Closing Date.

Each party to this Agreement shall be entitled to seek and recover all damages and other remedies available to such party at law, in equity or under the terms of this Agreement that result from a breach of this Agreement by the other party. In addition, the obligations of the parties contained in this Section 7.4 and Article VIII (excluding Section 8.5) shall survive any such termination.

ARTICLE VIII.
MISCELLANEOUS

8.1 Consents, Approvals and Discretion. Except as herein expressly provided to the contrary, whenever this Agreement requires any consent or approval to be given by either party or either party must or may exercise discretion, the parties agree that such consent or approval shall not be unreasonably withheld or delayed and such discretion shall be reasonably exercised.

8.2 Representations and Agreements Do Not Survive Closing.

a. Except as otherwise set forth in Section 8.2.b. below, the representations and agreements of the parties set forth herein and in the certificates to be delivered at the Closing shall not survive the Closing and, following the Closing, no party shall have a cause of action or any other remedy based upon the noncompliance of any party with any provision of this Agreement or based upon the omission, untruth or misleading nature of any representation made hereunder. MSHA, JMH and Community Member shall each rely upon their own investigation in determining whether or not to close the transactions contemplated hereunder.

b. The provisions of Article I, the provisions of Section 5.8, the provisions of this Section 8.2, and the provisions of Sections 8.3 through and including Section 8.13 shall survive the Closing.

8.3 Governing Law; Arbitration.

a. Governing Law. The parties agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee, without giving effect to any choice or conflict of law provision or rule thereof. The parties acknowledge that the laws of the State of Tennessee determine rights and responsibilities of the JMH Group in the Real Property and the corporate laws and procedures which the JMH Group must comply with in amending the Articles of Incorporation and Bylaws of JMH Group entities.

b. Arbitration. Except as specifically provided for elsewhere in this Agreement, all claims and controversies arising out of or in connection with this Agreement shall be subject to binding arbitration by a single arbitrator in accordance with the commercial arbitration rules of the American Arbitration Association ("AAA"), the existing Rules of Practice and Procedures of the Judicial Arbitration and Mediation Services, Inc. ("JAMS"), the existing rules of arbitration of the American Health Lawyers Association ("AHLA") Alternative Dispute Resolution Service or other mutually agreed rules and procedures for arbitration of disputes. Any arbitration shall occur in Abingdon, Virginia, and any judgment on the award rendered in such arbitration shall be entered in any Virginia state or federal court having jurisdiction. The party filing the arbitration shall have the right to select either AAA, JAMS or AHLA. The prevailing party in any arbitration proceeding hereunder as determined by the arbitrator or in any legal proceedings or actions arising from or in connection with this Agreement shall be entitled to recover reasonable attorneys' fees and costs. Nothing herein shall prohibit a party from seeking equitable relief in a court of law to maintain the status quo while an arbitration is pending hereunder. The parties agree that the arbitrator shall not have the right to award punitive damages.

8.4 Benefit; Assignment. Subject to provisions herein to the contrary, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns; provided, however, that no party may assign this Agreement without the prior written consent of the other party, which consent may be withheld in the sole discretion of the other party. The Section 8.1 requirement of reasonableness does not apply to the granting or withholding of consent to assignment of this Agreement. Notwithstanding the foregoing, MSHA may assign its interest in this Agreement (in whole or in part) to any organization controlled, directly or indirectly, by MSHA without the consent of JMH, but in such event MSHA shall be required to remain obligated hereunder in the same manner as if such assignment had not been effected.

8.5 Accounting Date. The transactions contemplated hereby shall be effective for accounting purposes as of 12:01 a.m. on the day following the Closing Date, unless otherwise agreed in writing by JMH and MSHA. The parties will use commercially reasonable efforts to cause the Closing to be effective as of a month end, with equitable adjustments made to the Purchase Price necessary to give effect to the foregoing.

8.6 Confidentiality.

a. Agreements and Contemplated Transactions. This Agreement and the terms hereof shall be kept confidential in accordance with this Section except as may, in the reasonable judgment of either party hereto, be required by any applicable Law. If any party hereto concludes that disclosure is required, it shall provide the other party with a reasonable opportunity to discuss the nature of the requirement and to review the disclosure before it is made. The party making the disclosure shall have the right to make the disclosure in a manner satisfactory in terms and in substance to such party in its sole and absolute discretion to the extent it has been advised by its

counsel that such form and content of the disclosure is required. Each party hereto shall not otherwise disclose to any person the nature or progress of the transactions contemplated pursuant to this Agreement or the contents of any information provided to such party in anticipation of such transactions.

b. Other Proprietary Information. It is understood by the parties hereto that the information, documents and instruments delivered to MSHA by JMH or JMH's agents and the information, documents and instruments delivered to JMH by MSHA or MSHA's agents are of a confidential and proprietary nature. Each party hereto agrees that, both prior and subsequent to Closing, it will maintain the confidentiality of all such confidential information, documents or instruments delivered to it by the other party hereto or its agents in connection with the negotiation of this Agreement or in compliance with the terms, conditions and covenants hereof and only disclose such information, documents and instruments to its duly authorized officers, trustees, representatives and agents. Each party hereto further agrees that, if the transactions contemplated hereby are not consummated, it will return all such documents and instruments and all copies thereof in their possession to the other party to this Agreement. Each party hereto recognizes that any breach of this Section would result in irreparable harm to the other party to this Agreement and that, therefore, either JMH or MSHA shall be entitled to an injunction to prohibit any such breach or anticipated breach, without the necessity of posting a bond, cash or otherwise, in addition to all of their other legal and equitable remedies. Nothing in this Section, however, shall prohibit the use of such confidential information, documents or information for such governmental filings as in the mutual opinion of MSHA's counsel and JMH's counsel are (i) required by Law or (ii) otherwise appropriate.

8.7 Waiver of Breach. The waiver by either party of breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any subsequent breach of the same or other provision hereof.

8.8 Notice. Any notice, demand or communication required, permitted, or desired to be given hereunder shall be deemed effectively given when personally delivered, when received by telegraphic or other electronic means (including telecopy and telex) or overnight courier, or five (5) days after being deposited in the United States mail, with postage prepaid thereon, certified or registered mail, return receipt requested, addressed as follows:

JMH:	Johnston Memorial Hospital, Inc. Attn: J. Thomas Fowlkes, President 351 Court Street, N.E. Abingdon, Virginia 24210 Facsimile: (276) 676-2631
Community Member:	Johnston Memorial Healthcare Foundation, Inc. Attn: Chairman/President 351 Court Street, N.E. Abingdon, Virginia 24210 Facsimile: (276) 676-2631

with copy to:	James M. Daniel, Jr., Esq. Hancock Daniel Johnson & Nagle, P.C. 4701 Cox Road, Suite 400 Glen Allen, Virginia 23060
MSHA:	Mountain States Health Alliance Attn: Dennis Vonderfecht, President and CEO 400 N. State of Franklin Road Johnson City, Tennessee 37604-6074 Facsimile: (423) 431-6057
with copies to:	Mountain States Health Alliance Attn: Timothy S. Belisle, Esq. 400 N. State of Franklin Road Johnson City, Tennessee 37604 Facsimile: (423) 431-5013,

or to such other address, and to the attention of such other person or officer as any party may designate.

8.9 Severability. In the event any provision of this Agreement is held to be invalid, illegal or unenforceable for any reason and in any respect, such invalidity, illegality, or unenforceability shall in no event affect, prejudice or disturb the validity of the remainder of this Agreement, unless doing so would result in an interpretation of this Agreement that is manifestly unjust.

8.10 Interpretation. Inasmuch as this Agreement is the result of negotiations between sophisticated parties of equal bargaining power represented by counsel, no inference in favor of, or against, either party shall be drawn from the fact that any portion of this Agreement has been drafted by or on behalf of such party. The divisions of this Agreement into sections and subsections and the use of captions and headings in connection therewith are solely for convenience and shall have no legal effect in construing the provisions of this Agreement.

8.11 No Third Party Beneficiaries. The terms and provisions of this Agreement are intended solely for the benefit of MSHA and JMH and their respective permitted successors or assigns, and it is not the intention of the parties to confer, and this Agreement shall not confer, third-party beneficiary rights upon any other person.

8.12 Entire Agreement; Amendment. This Agreement supersedes all previous contracts and constitutes the entire agreement of whatsoever kind or nature existing between or among the parties representing the within subject matter and no party shall be entitled to benefits other than those specified herein; provided, however, to the extent the confidentiality protections of the Confidentiality Agreement previously entered into by the parties are broader than the confidentiality provisions in this Agreement, such broader protections will not be superseded until Closing of the reorganization of JMH occurs. As between the parties, no oral statement or prior written material not specifically incorporated herein shall be of any force and effect. The parties specifically acknowledge that, in entering into and executing this Agreement, the parties rely solely upon the representations and agreements contained in this Agreement and no others. All prior representations or agreements, whether written or verbal, not expressly incorporated herein are superseded unless and until made in writing and signed by all parties hereto. This Agreement may be executed in two or more counterparts, each and all of which shall be deemed an original and all of which together shall constitute but one and the same instrument.

8.13 Specific Performance. The parties acknowledge that the Hospital and JMH Assets are unique, that a failure by either party to complete the transactions contemplated by this Agreement will cause irreparable injury to the other party, and that actual damages for any such failure may be difficult to ascertain and may be inadequate. Accordingly, either party shall be entitled to specific performance of any of the provisions of this Agreement in addition to any other equitable remedies to which such party may otherwise be entitled for a failure by the other party to complete the transactions contemplated by this Agreement.

[SIGNATURE PAGES FOLLOW]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written

THIS AGREEMENT CONTAINS A BINDING ARBITRATION CLAUSE THAT IS ENFORCEABLE AGAINST THE PARTIES.

JOHNSTON MEMORIAL HOSPITAL, INC.

By: _____
J. Thomas Fowlkes, President

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht, President & CEO

JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.

By: _____
J. Thomas Fowlkes, President/Chairman

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

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JOHNSTON MEMORIAL HOSPITAL, INC.

By: _____
J. Thomas Fowlkes, President

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht, President & CEO

JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.

By: _____
J. Thomas Fowlkes, President/Chairman

LIST OF EXHIBITS AND SCHEDULES

Exhibit A-1 – JMH Amended and Restated Articles of Incorporation

Exhibit A-2 – JMH Amended and Restated Bylaws

Exhibit B – Management Agreement

Exhibit C – MSHA Corporate Services Overhead Allocation

Exhibit D – MSHA Corporate Services Available to JMH

Schedule One – JMH's Disclosure Schedule

Section 2.1 – Corporate Capacity

Section 2.2 – Corporate Powers, Consents, Absences of Conflicts with Other Agreements, Etc.

Section 2.3 – Binding Agreement

Section 2.4 – Insider Interests

Section 2.5 – Financial Statements

Section 2.6 – Permits and Approvals

Section 2.7 – Government Program Participation

Section 2.8 – Regulatory Compliance

Section 2.9 – Contracts

Section 2.10 – Inventory, Furniture and Equipment

Section 2.11 – Real Property

Section 2.12 – Insurance

Section 2.13 – Existing Indebtedness

Section 2.14 – Taxes; Exempt Status

Section 2.15 – Employment and Labor Matters

Section 2.16 – Relationships

Section 2.17 – Litigation or Proceedings

Section 2.18 – Environmental Laws

Section 2.19 – Bank Accounts

Section 2.20 – Trademarks, Trade Names, Etc.

Section 2.21 – Absence of Changes

Section 2.22 – Statements True and Correct

Schedule Two – MSHA's Disclosure Schedule

Section 3.1(a) – Corporate Capacity

Section 3.1(b) – Corporate Powers, Consents, Absence of Conflicts with Other Agreements, Etc.

Section 3.1(c) – Binding Effect

Section 3.1(d) – Litigation

Section 3.1(e) – Exempt Status

Schedule Three – Community Member's Disclosure Schedule

Section 3.2(a) – Corporate Capacity

Section 3.2(b) – Corporate Powers, Consents, Absence of Conflicts with Other Agreements, Etc.

Section 3.2(c) – Binding Effect

Section 3.2(d) – Litigation

Section 3.2(e) – Exempt Status

EXHIBIT A-1

AMENDED AND RESTATED JMH ARTICLES OF INCORPORATION

[See Attached]

EXHIBIT A-2

AMENDED AND RESTATED JMH BYLAWS

[See Attached]

EXHIBIT B

MANAGEMENT AGREEMENT

[See Attached]

EXHIBIT C

MSHA CORPORATE SERVICES OVERHEAD ALLOCATION

CORPORATE DEPARTMENT	OVERHEAD ALLOCATION METHOD
Other Revenue/Expense	Net Patient Revenue
Nursing Administration	Net Patient Revenue
Mtn States Regional Labs	Outpatient Lab Volume
Corp Denials	Net Patient Revenue
MCC Clinical	Net Patient Revenue
Pt Resource Mgmt	Net Patient Revenue
MCC Scheduling	Net Patient Revenue
Medical Staff Services	Net Patient Revenue
Physician Recruitment	Active Recruitments
Administration	Net Patient Revenue
Accounting	Net Patient Revenue
Decision Support	Net Patient Revenue
Reimbursement	Medicare Revenue
Business Office	Bill Claims – 5.0 FTE Min
Material & Resource Management	Total Supply Expense
Human Resources	Employees
Performance Improvement	Net Patient Revenue
Management Engineering	Net Patient Revenue
Telecommunications	Telephones
Information Systems	Devices
Corp Audit & Compliance	Net Patient Revenue
Legal	Net Patient Revenue
Teaching Hours	Employees
Organizational Development	Employees
Government Relations	Net Patient Revenue
Business Development	Net Patient Revenue
Managed Care	Net Patient Revenue
Patient Centered Care	Net Patient Revenue
Marketing & Public Relations	Net Patient Revenue
Strategic Planning	Net Patient Revenue
Accreditation	Net Patient Revenue
Quality	Net Patient Revenue
Business Health	Net Patient Revenue
Fund Development	Net Patient Revenue
THA Workforce Development Grant	Net Patient Revenue
Grants & Awards Writing & Admin	Net Patient Revenue
Contingency	Net Patient Revenue

EXHIBIT D

MSHA CORPORATE SERVICES AVAILABLE TO JOHNSTON MEMORIAL HOSPITAL, INC.

The following corporate services are available to the JMH Group as an adjunct to the services of on site management personnel:

* Organization Development
* Human Resources
* Information Systems
* Marketing
* Quality/Case Management/Risk Management
* Medical Staff Services
* Materials Management
* Construction & Biomedical Engineering
* Facilities Engineering
* Safety/Security
* Medical Records
* Infection Control
* Corporate Compliance/Auditing
* Planning
* Managed Care
* Government Relations
* Legal
* Business Development
* Physician Recruitment
* Business Office
* Management Engineering
* Environmental Services
* Insurance
* Laboratory
* Strategic Services Units (Behavioral Health, Cardiology, Oncology, Ortho/Neuro, Women's Services)

SCHEDULE ONE

JMH DISCLOSURE SCHEDULE

[See Tabs 32 and 33]

SCHEDULE TWO

MSHA DISCLOSURE SCHEDULE

[See Tab 34]

SCHEDULE THREE

COMMUNITY MEMBER DISCLOSURE SCHEDULE

[See Tab 35]

ORIGINAL COPY

AMENDMENT TO
REORGANIZATION AGREEMENT

THIS AMENDMENT TO REORGANIZATION AGREEMENT (this "Amendment") is made and entered into effective as of the 31st day of October, 2008, by and among **JOHNSTON MEMORIAL HOSPITAL, INC.**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("JMH"), **JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.**, a Virginia nonstock corporation seeking exemption from federal income taxation under Internal Revenue Code §501(c)(3) ("Community Member"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("MSHA").

WHEREAS, on August 14, 2008, the parties entered into a Reorganization Agreement (the "Agreement");

WHEREAS, Closing under the Agreement has been temporarily delayed; and

WHEREAS, in order to facilitate continuing efficient operations of JMH, the parties desire to amend the Agreement as set forth below

NOW, THEREFORE, in consideration of the foregoing and the agreements, covenants, representations and warranties set forth in this Amendment, the parties modify the Agreement as follows:

1. The parties agree that Section 4.2 of the Agreement is hereby amended by inserting the following immediately after the current last sentence in such Section:

> Notwithstanding any provision in this Agreement to the contrary, until Closing occurs, JMH and its subsidiaries may amend, replace, modify, renew and terminate Material Contracts, enter into contracts and commitments which would be a Material Contract when effective, and pursue other actions as described in Section 4.2.a above if JMH provides notice to all of the MSHA Designated Officers (as hereinafter defined), which notice may be by e-mail, and the JMH Chief Executive Officer does not receive notice (which may be by e-mail) of objection from any one of the MSHA Designated Officers within twenty-four (24) hours after JMH's notice. If JMH does not receive notice (which may be by e-mail) of objection from one or more of the MSHA Designated Officers within twenty-four (24) hours after JMH's notice, MSHA will be deemed to have consented to, accepted and approved of the action set forth in the notice for purposes of Sections 4.2 and 2.9 of this Agreement, and the JMH Disclosure Schedule may be modified at Closing to reflect such action. The MSHA Designated Officers are Jeff Whitton, Ann Fleming, Marvin Eichorn and Dennis Vonderfecht.

2. Capitalized terms in this Amendment not otherwise defined herein shall have the meanings set forth in the Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

JOHNSTON MEMORIAL HOSPITAL, INC.

By: _____
Its: CEO

MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Dennis Vonderfecht, President & CEO

JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.

By: _____
Its: President

AMENDMENT TO
REORGANIZATION AGREEMENT

THIS AMENDMENT TO REORGANIZATION AGREEMENT (this "Amendment") is made and entered into effective as of the 31st day of March, 2009, by and among **JOHNSTON MEMORIAL HOSPITAL, INC.**, a Virginia nonstock corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("JMH"), **JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.**, a Virginia nonstock corporation seeking exemption from federal income taxation under Internal Revenue Code §501(c)(3) ("Community Member"), and **MOUNTAIN STATES HEALTH ALLIANCE**, a Tennessee nonprofit public benefit corporation exempt from federal income taxation under Internal Revenue Code §501(c)(3) ("MSHA").

WHEREAS, , the parties entered into a Reorganization Agreement (the "Agreement"), dated August 14, 2008 as amended, pursuant to which JMH agreed to reorganize its corporate structure to establish Community Member as a forty nine and nine-tenths percent (49.9%) member of JMH and MSHA as a fifty and one-tenth percent (50.1%) member of JMH and, in connection with such reorganization, MSHA agreed to make an investment in JMH upon the terms and conditions set forth in the Agreement;

WHEREAS, the availability of bond financing contemplated by Section 1.2 of the Agreement has been negatively impacted by recent crises in the capital and credit markets worldwide; and

WHEREAS, in order to carry out the intent of the parties to close the reorganization of JMH while accommodating the impact of the markets on available bond financing, the parties now desire to amend the Agreement to establish a modified time period within which MSHA will make the agreed investment in JMH.

NOW, THEREFORE, in consideration of the foregoing and the agreements, covenants, representations and warranties set forth in this Amendment, the parties modify the Agreement as follows:

1. The parties agree that Section 7.1 of the Agreement is hereby deleted in its entirety and the following is substituted in lieu thereof:

> 7.1 Time and Place. Subject to the satisfaction or waiver by the appropriate party of all conditions precedent to Closing specified in Articles V and VI hereof, the Closing under this Agreement for the sale and purchase of the Assets shall take place at the offices of the Hospital, 351 Court, N.E., Abingdon, Virginia, at 10:00 a.m. EST on March 31, 2009, or such other date and time or at such other place as the parties shall mutually agree ("Closing Date"); provided, however, Closing shall be deemed effective as of 12:01 a.m. on April 1, 2009, unless otherwise agreed in writing by JMH and MSHA.

2. The parties agree that Section 7.4.b of the Agreement is hereby amended by substituting "March 31, 2009" for "October 31, 2008".

3. The parties agree that all other terms of the Agreement, the Management Agreement and the documents and schedules attached to the Agreement and relating thereto shall be deemed to have been amended to reflect a Closing effective as of April 1, 2009, subject to satisfaction of all terms and conditions precedent to the obligations of the parties to proceed to Closing as set forth in the Agreement, as amended herein.

4. Subject to satisfaction of all terms and conditions precedent to the obligations of the parties to proceed to Closing as set forth in the Agreement, as amended herein, on the Closing Date, MSHA will transfer by wire to the accounts of JMH as set forth in Section 1.1 of the Agreement, an initial payment (the "Initial Payment") in a minimum amount of not less than One Hundred Million Dollars ($100,000,000). The remaining principal amount of One Hundred Thirty-Two Million Dollars ($132,000,000) less the Initial Payment (the "Deferred Amount") will accrue interest beginning on April 1, 2009, at an annualized rate of five percent (5.0%), compounded quarterly. MSHA shall make payment of the Deferred Amount in seven (7) monthly installments, with the first installment due on June 1, 2010, and subsequent monthly installments due on the first of each month thereafter. Each monthly installment (each an "Installment Payment") shall be equal to (i) one-seventh ($1/7^{th}$) of the total Deferred Amount, determined as of Closing. In addition, the accrued interest on the Deferred Amount shall be due and payable on January 1, 2010, and semi-annually thereafter, provided, however, in the event that the Deferred Amount is paid in full prior to December 1, 2010, the final payment of accrued interest will be due upon payment of the final balance of the Deferred Amount, and provided further upon the occurrence of a Default Event, the accrued interest shall be immediately due and payable. The Initial Payment and the Deferred Amount shall be deemed unconditionally payable on the effective date of Closing. All payments by MSHA pursuant to this provision shall be made to the accounts specified in Section 1.1 of the Agreement and shall be used in accordance with the terms specified in the Agreement.

5. MSHA agrees to use its best efforts to contribute the entire investment amount of One Hundred Thirty Two Million Dollars ($132,000,000) to JMH at the earliest time (including the Closing Date) that is feasible and reasonably prudent under the ever-changing circumstances of the tax exempt financing markets. MSHA may prepay all or any portion of the Deferred Amount at any time, without penalty, and any such prepayment shall be applied to the Installment Payments in order of maturity.

6. In the event that MSHA fails, in whole or in part, to make any Installment Payment or fails to make any payment of accrued interest within sixty (60) days after the date due, MSHA shall be considered to have experienced a "Default Event".

7. Upon the occurrence of a Default Event, MSHA's membership interests shall be reduced such that MSHA will hold a percentage of the total membership interests in JMH equal to a fraction, (a) the numerator of which is the total Initial Payment made by MSHA, plus the total Installment Payments made by MSHA (excluding any and all interest payments made by MSHA), less any interest accrued on the Deferred Amount that is due and unpaid as of the

Default Event, and (b) the denominator of which is One Hundred Thirty Two Million Dollars ($132,000,000) plus the amount determined in (a) above. The remaining percentage of the total membership interests in JMH will be held by the Community Member. In such event, the provisions of the Amended and Restated JMH Articles of Incorporation and the Amended and Restated JMH Bylaws set forth respectively in paragraphs 8 and 9 below shall become effective. For purposes of the Agreement, the Amended and Restated Articles of Incorporation and the Amended and Restated Bylaws, the "Financing Threshold" will be an amount equal to (i) One Hundred Thirty Two Million Dollars ($132,000,000), less the total Initial Payment made by MSHA, plus the total Installment Payments made by MSHA (excluding any and all interest payments made by MSHA), multiplied by (ii) a fraction, the numerator of which is the Current Consumer Price Index and the denominator of which is the Original Consumer Price Index. "Consumer Price Index" means the Consumer Price Index for All Urban Consumers (Revised Series), U. S. City Average, All Items (Base Period 1982-1984 = 100) published by the Bureau of Labor Statistics of the United States Department of Labor in the Current Labor Statistics Section of the Monthly Labor Review (final publication only), or, if such index is discontinued, the nationally recognized index of changes in consumer prices that then exists and that then most closely represents the data reflected in the above cited index. "Current Consumer Price Index" means the Consumer Price Index so published for the most recent month for which such statistics are available as of the date JMH proposes to close on the relevant financing. "Original Consumer Price Index" means the Consumer Price Index so published for the month of Closing.

8. The Amended and Restated JMH Articles of Incorporation, attached as Exhibit A-1 to the Agreement, are amended by inserting the following at the end of Article IV:

> G. Notwithstanding any provision of these Articles or the Bylaws of the Corporation to the contrary, upon the occurrence of a Default Event, as defined in the Reorganization Agreement, as amended, (i) the membership interest of MSHA will be reduced as set forth in the Reorganization Agreement, (ii) the voting rights of MSHA will be reduced to equal MSHA's membership interest, (iii) the voting rights of the MSHA Class trustees will be reduced such that the MSHA Class trustees collectively have voting rights on the Board of Trustees equal to MSHA's membership interest, with the remaining voting rights collectively held by the Foundation Class trustees, (iv) Members will act by vote of the Members holding a majority of the membership interests, subject to any actions requiring a supermajority vote and actions requiring approval of both Members, and (v) borrowing by the Corporation in excess of $500,000, if approved by the Foundation Class trustees holding a majority of the Foundation Class trustee votes, shall not require the affirmative vote of MSHA Class of trustees to the extent such borrowing either (a) relates to construction, furnishing and completion of a new acute care hospital, or (b) the total principal of which does not exceed the Financing Threshold (as set forth in the Reorganization Agreement), excluding financing relating to the construction, furnishing and completion of a new acute care hospital. In the event that MSHA subsequently obtains a fifty and one-tenths percent (50.1%) membership interest in the Corporation, this Section IV G. shall no longer apply and the Articles shall be read as though this Section

IV G. was no longer included in these Articles. Notwithstanding any provision in these Articles or the Bylaws to the contrary, in the event that MSHA at any time holds a membership interest of less than thirty-three and one-third percent (33 1/3%), the actions described in Section IV. E. of these Articles shall not require the affirmative vote of MSHA Class of trustees holding a majority of the MSHA Class votes if otherwise approved by the board of trustees of the Corporation in accordance with the Bylaws.

9. The Amended and Restated JMH Bylaws, attached as Exhibit A-2 to the Agreement, are amended by inserting the following at the end of Article II:

Section 8. Notwithstanding any provision of the Articles or the Bylaws of the Corporation to the contrary, upon the occurrence of a Default Event (as defined in the Reorganization Agreement, as amended), (i) the membership interest of MSHA will be reduced as set forth in the Reorganization Agreement, (ii) the voting rights of MSHA will be reduced to equal MSHA's membership interest, (iii) the voting rights of the MSHA Class Trustees will be reduced such that the MSHA Class Trustees collectively have voting rights on the Board of Trustees equal to MSHA's membership interest, with the remaining voting rights collectively held by the Foundation Class Trustees, (iv) Members will act by vote of the Members holding a majority of the membership interests, subject to any actions requiring a supermajority vote and actions requiring approval of both Members, and (v) borrowing by the Corporation in excess of $500,000, if approved by the Foundation Class Trustees holding a majority of the Foundation Class Trustee votes, shall not require the affirmative vote of MSHA Class Trustees to the extent such borrowing either (a) relates to construction, furnishing and completion of a new acute care hospital, or (b) the total principal of which does not exceed the Financing Threshold (as set forth in the Reorganization Agreement), excluding financing relating to the construction, furnishing and completion of a new acute care hospital. In the event that MSHA subsequently obtains a fifty and one-tenths percent (50.1%) membership interest in the Corporation, the provisions of this Section 8 shall no longer apply and these Bylaws shall be read as though this Section 8 was no longer included in the Bylaws. Notwithstanding any provision in the Articles or these Bylaws to the contrary, in the event that MSHA at any time holds a membership interest of less than thirty-three and one-third percent (33 1/3%), the actions described in Section IV. E. of the Articles, and Section 7 of Article III of these Bylaws, shall not require the affirmative vote of the MSHA Class Trustees holding a majority of the MSHA Class votes if otherwise approved by affirmative vote of the board of trustees of the Corporation.

10. If a Default Event occurs, subject to the terms of any financing undertaken by JMH following such Default Event for construction, furnishing and completion of a new acute care hospital (the "New Hospital Financing") and subject to MSHA providing written notice to the Community Member of its intent at least thirty (30) days prior to making such payment, MSHA may, at any time prior to December 1, 2011, increase its membership percentage to a total of a

Fifty and One-Tenth percent (50.1%) membership interest by paying to JMH an amount equal to (i) (a) One Hundred Thirty Two Million Dollars ($132,000,000), less (b) the total Initial Payment made by MSHA, less (c) the total Installment Payments made by MSHA (excluding any and all interest payments made by MSHA), plus (ii) an amount equal to the interest that would have accrued on the unpaid portion of Deferred Amount between the Default Event and the date MSHA makes its payment pursuant to this provision, with such interest calculated based upon the Applicable Rate (as defined below), compounded monthly, plus (iii) any unpaid accrued interest that became due on the date of the Default Event, plus (iv) actual expenses incurred by JMH in connection with any New Hospital Financing, including, without limitation, origination fees, finance fees, issuer fees, and legal fees (the "New Hospital Financing Fees"), provided, however, the New Hospital Financing Fees shall not include interest payments and provided further the New Hospital Financing Fees shall exceed two percent (2%) of the principal amount of the New Hospital Financing. The "Applicable Rate" shall mean a fluctuating rate of two hundred basis points above the rate per annum that appears as the base rate on corporate loans posted by at least seventy-five percent (75%) of the thirty (30) largest banks in the United States, as posted in the Money Rates section of the *Wall Street Journal* on the first business day of each month, provided, however, the Applicable Rate shall not be less than five percent (5%) per annum.

11. The form Management Agreement to be entered into at the Closing between JMH and MSHA is the substitute form attached to this Amendment as **Exhibit A**.

12. The form of Management Agreement to be entered into at the Closing between APP and BRMMC is the substitute form attached hereto as **Exhibit B**.

13. The terms of this Amendment shall survive Closing under the Agreement. Except as modified by this Amendment, the parties hereby ratify, confirm and approve all of the terms, covenants and conditions of the Agreement. Capitalized terms in this Amendment not otherwise defined herein shall have the meanings set forth in the Agreement. The parties agree to execute such other documents, amendments, instruments and agreements as may be reasonably requested by any party to reflect the terms and transactions set forth in this Amendment.

[Signature page follows]

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

JOHNSTON MEMORIAL HOSPITAL, INC.

By:_____
Its:_____

MOUNTAIN STATES HEALTH ALLIANCE

By:_____
Dennis Vonderfecht, President & CEO

JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.

By:_____
Its:_____

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed in multiple originals by their authorized officers, all as of the date and year first above written.

JOHNSTON MEMORIAL HOSPITAL, INC.

By:_____
Its:_____

MOUNTAIN STATES HEALTH ALLIANCE

By:_____
Dennis Vonderfecht, President & CEO

JOHNSTON MEMORIAL HEALTHCARE FOUNDATION, INC.

By:_____
Its:_____

EXHIBIT G-6J

JOHNSTON MEMORIAL HOSPITAL, INC.
AMENDED AND RESTATED BYLAWS

EFFECTIVE APRIL 1, 2009

JOHNSTON MEMORIAL HOSPITAL, INC.
Abingdon, Virginia

AMENDED AND RESTATED CORPORATE BYLAWS

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AMENDED AND RESTATED CORPORATE BYLAWS

OF

JOHNSTON MEMORIAL HOSPITAL, INC.

DEFINITIONS

1. *BOARD OF TRUSTEES* or *BOARD* means the governing body of the Hospital.

2. *CHAIRMAN* means the individual elected by the Board to serve as the principal officer of the Board of Trustees.

3. *CHIEF EXECUTIVE OFFICER* means the administrator appointed by the Board to act on its behalf in the overall administrative management of the Hospital and to serve as the principal corporate officer of the Hospital.

4. *CLINICAL PRIVILEGES* or *PRIVILEGES* means the permission granted by the Board to a Practitioner to render specific diagnostic, therapeutic, medical, pediatric, dental, mental health, or surgical services.

5. *COMMONWEALTH* means the Commonwealth of Virginia, unless otherwise expressly provided.

7. *CORPORATION* means Johnston Memorial Hospital, Inc.

6. *EX OFFICIO* means status as a member of a body by virtue of an office or position held; and, unless otherwise expressly provided, such status shall confer voting rights.

7. *HOSPITAL* means Johnston Memorial Hospital, Inc., of Abingdon, Virginia.

8. *MEDICAL STAFF* or *STAFF* means all Physicians, dentists, podiatrists, psychiatrists, and other Practitioners who are given Privileges to treat patients at the Hospital.

9. *PHYSICIAN* means an individual with a M.D. or D.O. or equivalent degree who is fully licensed to practice allopathic or osteopathic medicine in the Commonwealth of Virginia.

10. *PRACTITIONER* means, unless otherwise expressly limited, any Physician, dentist, podiatrist, psychologist, midwife, other allied health professional or other such person applying for or exercising Clinical Privileges in the Hospital.

BYLAWS

OF

JOHNSTON MEMORIAL HOSPITAL, INC.

The following constitutes the Bylaws of Johnston Memorial Hospital, Inc., hereinafter referred to as the "Hospital" or the "Corporation," a nonprofit, nonstock corporation organized under the laws of the Commonwealth of Virginia.

ARTICLE I
PURPOSE

Section 1. General

The Hospital is organized for charitable, scientific and educational purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1986, as amended, or any corresponding provisions of any subsequent federal tax laws. No part of the net earnings of the Hospital shall inure to the benefit of any private individual, except that the Hospital shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes as allowable under applicable law. No substantial part of the activities of the Hospital shall be the carrying on of propaganda, or otherwise attempting to influence legislation, except as permitted by Section 501(h) of the Internal Revenue Code of 1986 or any subsequent federal tax laws. The Hospital shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these Bylaws, the Hospital shall not carry on any other activities not permitted to be carried on by an organization exempt from federal income tax under Section 501(a), described in Section 501(c) (3), contributions to

which are deductible under Section 170(c)(2) of the Internal Revenue Code 1986, or the corresponding provisions of any subsequent federal tax laws.

Section 2. Specific Purposes

Subject always to the requirements of Section 1 above, the specific purposes of the Hospital shall be:

(a) To establish, support, manage and furnish facilities, personnel and services for the provision of diagnostic, medical, surgical and Hospital care, emergency care, extended care, outpatient care, home care and other Hospital and medically related services without regard to race, creed, color, sex, religion, or national origin.

(b) To carry on such activities related to the promotion of health, which, in the opinion of the Board, may be justified by the facilities, personnel, funds or other requirements that are or can be made available.

(c) To engage in any and all activities consistent with or in furtherance of the above purposes, including but not limited to, development of strategic alliances, through joint ventures, partnerships or other mechanisms, that will enable the Hospital to make necessary or desirable health care services available to residents of the community served by the Hospital.

ARTICLE II
MEMBERS

Section 1. Identification

The Corporation shall have two (2) members, namely Mountain States Health Alliance ("MSHA"), which shall have a 50.1% membership interest in the Corporation, and Johnston Memorial Healthcare Foundation, Inc. ("Foundation"), which shall have a 49.9% membership interest in the Corporation (each a "Member" and collectively, the "Members"). Mountain States Health Alliance is a Tennessee public benefit corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code, which serves as the parent sponsoring organization of a number of health care related entities. Johnston Memorial Healthcare Foundation, Inc. is a charitable foundation operating exclusively for charitable, religious, scientific, literary and educational purposes which supports the operation and mission of the Hospital.

Section 2. Rights of Members

Each of the Members shall have voting rights. Each Member's respective voting rights shall equal fifty percent (50%) of the collective voting rights of the Members; provided that if MSHA's membership interest increases to more than fifty-five percent (55%), the voting rights of each of the Members will be changed to equal each Member's respective membership interests. Members shall act by majority vote and shall have all the rights afforded to members of nonstock corporations that have voting rights, pursuant to the Virginia Nonstock Corporation

Act. Notwithstanding the foregoing, the following actions shall require the consent of both of the Members:

(a) Sale of all or substantially all of the Corporation's assets;

(b) Merger or consolidation of the Corporation with another entity; and

(c) Dissolution and liquidation of the Corporation.

Section 3. Transfer of Membership

Membership in the Corporation is not transferable or assignable, except as set forth in a written agreement of the Members.

Section 4. Annual Meeting

An annual meeting of the Members shall be held preceding the annual meeting of the Board. The purpose of the annual meeting shall be to name Trustees.

Section 5. Special Meetings

Special meetings of the Members for any purpose or purposes may be called by the Chairman or by the Board, and shall be called by the Chief Executive Officer or Secretary at the written request of a Member. The notice of the meeting shall state the purpose or purposes for which the meeting is called and no business other than that specified in the notice shall be conducted at the meeting.

Section 6. Member Action

A representative or representatives authorized by the MSHA Board of Trustees may attend and take action on behalf of MSHA at a meeting of the Members and a representative or representatives authorized by the Foundation may attend and take action on behalf of the Foundation at meetings of Members.

Section 7. Action Without a Meeting

Whenever the vote of the Members at a meeting is required or permitted to be taken for or in connection with any corporate action by any provisions of the statutes or of the Articles of Incorporation or these Bylaws, the meeting and vote may be dispensed with if all Members entitled to vote on the matter shall consent in writing to such action being taken, and any action so taken without a meeting shall have the same force and effect as action taken at a meeting of Members by the unanimous vote of the Members entitled to vote on such action.

Section 8.

Notwithstanding any provision of the Articles or the Bylaws of the Corporation to the contrary, upon the occurrence of a Default Event (as defined in the Reorganization Agreement, as amended), (i) the membership interest of MSHA will be reduced as set forth in the Reorganization Agreement, (ii) the voting rights of MSHA will be reduced to equal MSHA's membership interest, (iii) the voting rights of the MSHA Class Trustees will be reduced such that the MSHA Class Trustees collectively have voting rights on the Board of Trustees equal to MSHA's membership interest, with the remaining voting rights collectively held by the

Foundation Class Trustees, (iv) Members will act by vote of the Members holding a majority of the membership interests, subject to any actions requiring a supermajority vote and actions requiring approval of both Members, and (v) borrowing by the Corporation in excess of $500,000, if approved by the Foundation Class Trustees holding a majority of the Foundation Class Trustee votes, shall not require the affirmative vote of MSHA Class Trustees to the extent such borrowing either (a) relates to construction, furnishing and completion of a new acute care hospital, or (b) the total principal of which does not exceed the Financing Threshold (as set forth in the Reorganization Agreement), excluding financing relating to the construction, furnishing and completion of a new acute care hospital. In the event that MSHA subsequently obtains a fifty and one-tenths percent (50.1%) membership interest in the Corporation, the provisions of this Section 8 shall no longer apply and these Bylaws shall be read as though this Section 8 was no longer included in the Bylaws. Notwithstanding any provision in the Articles or these Bylaws to the contrary, in the event that MSHA at any time holds a membership interest of less than thirty-three and one-third percent (33 1/3%), the actions described in Section IV.E of the Articles, and Section 7 of Article III of these Bylaws, shall not require the affirmative vote of the MSHA Class Trustees holding a majority of the MSHA Class votes if otherwise approved by affirmative vote of the board of trustees of the Corporation.

ARTICLE III
BOARD OF TRUSTEES

Section 1. Governing Body

(a) The Board of Trustees shall serve as the governing body of the Corporation. The Board will be vested with the full authority of the Board of Trustees of a Virginia nonstock

member corporation as provided for in the Virginia Nonstock Corporation Act. All powers of the Corporation shall be exercised by or under authority of the Board of Trustees, except as otherwise expressly provided by law, the Articles of Incorporation of the Corporation or these Bylaws. Approval by the Members shall be required to:

(i) Borrow funds from MSHA;

(ii) Borrow funds from a third party creditor where MSHA is required to be a guarantor or is required to pledge its assets as collateral; and

(iii) Borrow funds from a third party creditor where the amount of the borrowing exceeds $1,000,000.

(b) The Board shall have full power and authority to create, prescribe, amend, and approve rules and regulations, and policies for the Medical Staff and to appoint, suspend or remove any Practitioner from the Medical Staff.

(c) The Board shall also institute procedures to provide for:

(1) Orientation of newly elected Board members to Board functions and procedures;

(2) Periodic evaluation of the Hospital's strategic plan for delivery of health care services to the community;

(3) A program of continuing education to be made available to all members of the Board; and

(4) The establishment and monitoring of an effective quality management program.

Section 2. Composition of the Board

(a) The number of Trustees which shall constitute the entire Board shall be seventeen (17) and shall consist of two voting classes of Trustees and one nonvoting class of Trustees

who serve *ex officio*. Eleven (11) Trustees shall be "Foundation Class Trustees" and Four (4) shall be "MSHA Class Trustees". The Foundation Class Trustees shall be appointed by the Foundation and the MSHA Class Trustees shall be appointed by MSHA. The number of Trustees may be changed based upon the number of individuals serving on the Foundation's Board of Trustees or by an amendment to these Bylaws. The Foundation Class Trustees shall collectively hold and cast 50% of the votes of the Board of Trustees. Individual Foundation Class Trustees shall each hold and cast a proportionate share of the Foundation Class's 50%, and the proportionate share of each Foundation Class Trustee may vary at each meeting depending upon the number of Foundation Class Trustees present, and will be determined by dividing one into the total number of Foundation Class Trustees present at a meeting at which a quorum exists. The MSHA Class Trustees shall collectively hold and cast 50% of the votes of the Board of Trustees. Individual MSHA Class Trustees shall each hold and cast a proportionate share of the MSHA Class's 50%, and the proportionate share of each MSHA Class Trustee may vary at each meeting depending upon the number of MSHA Class Trustees present, and will be determined by dividing one into the total number of Foundation Class Trustees present at a meeting at which a quorum exists.

(b) The Chief Executive Officer and the President of the Medical Staff shall each serve as a non-voting, *ex-officio* member of the Board of Trustees. Exclusive of the President of the Medical Staff, no more than three (3) of the Trustees shall be members of the Medical Staff. Medical Staff members who are members of the Board and who may influence the action of the Board of Trustees in any manner involving the Hospital in which they have a duality of interest or possible conflict of interest shall disclose such duality or possible

conflict of interest to the Board before such action is taken. If such prior disclosure is not made, the action taken shall be voidable at the election of the Board after full disclosure of such duality or possible conflict of interest. If the Board determines that the President of the Medical Staff is subject to persistent and significant conflicts of interest which are detrimental to the interests of the Hospital and not adequately addressed by the Conflicts of Interest Policy adopted by the Hospital, the Board may, in its sole discretion, determine that the President-Elect of the Medical Staff shall serve, for the duration of the term of office held by the President of the Medical Staff, in accordance with the Bylaws of the Medical Staff of Johnston Memorial Hospital, as a non-voting, *ex-officio* member of the Board of Trustees.

Section 3. Appointment and Term.

(a) The MSHA Class Trustees shall serve upon appointment by MSHA and shall hold office until the earlier of resignation or removal of any such Trustee by MSHA Four (4) initial MSHA Class Trustees will be named in the Amended and Restated Articles of Incorporation of the Corporation.

(b) The initial Foundation Class Trustees shall be named in the Amended and Restated Articles of Incorporation of the Corporation ("Initial Foundation Class Trustees"). The eleven (11) Initial Foundation Class Trustees shall be the individuals who were serving as Trustees of the Corporation immediately prior to the adoption of these Bylaws. The eleven (11) Initial Foundation Class Trustees shall serve staggered terms with three (3) Trustees elected for initial terms running from April 1, 2009 through June 30, 2009, four (4) Trustees elected for initial terms running from April 1, 2009 through June 30, 2010,

and four (4) Trustees elected for initial terms running from April 1, 2009 through June 30, 2011. Upon expiration of the terms of the Initial Foundation Class Trustees, the Foundation shall elect from the Trustees of the Foundation successors to serve three (3) year terms. Nothing herein shall be construed to prevent (i) the election of a Trustee to succeed himself or herself; (ii) the election of a Trustee for the remainder of an unexpired term of a Trustee; or (iii) amendment of these Bylaws to increase or decrease the number of Trustees upon approval of each of the Members. No elected Foundation Class Trustee may serve for more than three (3) consecutive three (3) year terms but may, upon taking a leave of one (1) year, again be eligible to be re-elected. Furthermore, if a vacancy is filled for a term of less than one (1) year, the individual filling such vacancy will be eligible to serve up to an additional three (3) consecutive three (3) year terms. If a vacancy is filled for a term of one (1) year or more, the individual filling such vacancy shall be eligible to serve up to an additional two (2) consecutive three (3) year terms. At all times the Foundation Class Trustees shall be at least a majority of the Trustees of the Foundation.

Section 4. Vacancies

If the office of any Foundation Class Trustee becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Trusteeship is created, the vacancy or new Trusteeship shall be filled by election by the Board of Trustees of the Foundation. If the office of any MSHA Class Trustee becomes vacant by reason of death, resignation, retirement, disqualification, removal from office, or otherwise, or a new Trusteeship is created, the vacancy or new Trusteeship shall be appointed by MSHA. Each Trustee elected or

appointed to fill a vacancy shall hold office for the unexpired term of his predecessor in office and thereafter will be eligible to serve additional full terms.

Section 5. Removal

(a) Foundation Class Trustees may be removed, with or without cause, by act of the Foundation's Board of Trustees. MSHA Class Trustees may be removed, with or without cause, by the act of MSHA as communicated by its representatives. Removal as a Trustee also shall constitute removal as an officer of the Corporation.

(b) A Trustee may resign at any time by delivering a resignation in writing to the Board, or its Chairman or Secretary. A resignation is effective when the notice is delivered unless the notice specifies a later effective date. If a resignation is made effective at a later date, the Board of Trustees may fill the pending vacancy before the effective date if the Board of Trustees provides that the successor does not take office until the effective date.

(c) Trustees shall be expected to attend and participate in all regular Board meetings unless unavoidably prevented from doing so. Failure to attend 75% of the meetings in any 365-day period shall be grounds for removal.

(d) All Board members are required to attend, on an annual basis, at least one (1) continuing education program approved by the Board. Failure of any Board member to attend at least one (1) such continuing education program in any consecutive 365-day period shall be grounds for removal from the Board. Board members are encouraged to attend as many continuing education programs as their schedules will allow.

(e) Resignation or removal as a Trustee shall also constitute resignation or removal as an officer of the Board.

Section 6. Quorum

A majority of the MSHA Class Trustees and a majority of the Foundation Class Trustees, whether voting in person or by proxy, shall constitute a quorum for the transaction of business at meetings of the Board. If less than a quorum of the Trustees is present at any meeting, such meeting may be adjourned by a majority of those Trustees present from time to time until a quorum shall be present, and any business may be transacted which might have been transacted at the meeting as originally notified. When a quorum is present at any meeting, unless the Articles of Incorporation of the Corporation or these Bylaws require the vote of a greater number of Trustees, the vote of a majority of the votes allocated among the Trustees by Section 2 of this Article III shall be sufficient to elect and pass any measure.

Section 7. Supermajority Issues

The following actions shall require the affirmative vote of a majority of the MSHA Class Trustees and a majority of the Foundation Class Trustees (hereinafter a "Supermajority Trustee Vote"), as described in Article III, Section 2, before the Corporation may take any action regarding the following matters:

(a) A decision to discontinue any existing health care service provided by the Corporation;

(b) A decision for the Corporation to locate any new health care service outside Washington County, Virginia;

(c) Recommending to the Members amendment of the Articles of Incorporation of the Corporation;

(d) Amendment of the Bylaws of the Corporation;

(e) Subject to the right of substitution set forth in Section 1.13.b of the Reorganization Agreement between the Corporation and the Members, dated August 14, 2008, and any amendments thereto (collectively, the "Reorganization Agreement"), recommending to the Members the grant or establishment of a Member interest in the Corporation for anyone other than MSHA and the Foundation;

(f) Changing the name of the Corporation;

(g) Approving any contribution to the Members of excess cash flows or other funds generated by the Corporation;

(h) Initiating bankruptcy, insolvency or similar proceedings on behalf of the Corporation.

(i) Borrowing by the Corporation in excess of $500,000;

(j) Approval of any additional capital contribution by a Member into the Corporation;

(k) Disposition of the Corporation's existing hospital facility; and

(l) Allocation of proceeds of MSHA's initial contribution to purposes other than those described in Section 1.1 of the Reorganization Agreement.

It is provided, however, that with respect to Section 7(b) above, a majority of the MSHA Class Trustees shall not be required.

Section 8. Resolving Tie Votes with Respect to MSHA's Authority as Manager

With respect to any aspect of MSHA's authority under Sections 3.7 through 3.13 of the Management Agreement between the Corporation and MSHA, dated April 1, 2009 (the "Management Agreement") that is subject to retained authority of the Trustees, if the MSHA Class Trustees and the Foundation Class Trustees disagree, after good faith efforts are made to resolve the disagreement, including without limitation, use of an independent facilitator at the request of a majority of the trustees elected by

either Member, the decision by the MSHA Class Trustees will be sufficient approval for MSHA to exercise its authority as Manager under any of these sections of the Management Agreement.

Section 9. Compensation of Trustees and Committee Members

No Trustee or any member of a committee shall receive compensation for any services rendered in those capacities. However, nothing contained herein shall be construed to preclude any Trustee or committee member from receiving compensation from the Hospital for other services actually rendered or for expenses incurred for serving the Hospital in any other capacity.

Section 10. Loans

No Trustee or corporate officer of the Hospital shall borrow, pledge or otherwise encumber assets of the Hospital for personal reasons. Accordingly, the Board shall not approve the making of loans to any Trustee or corporate officer of the Hospital, as more specifically described in the Officer and Trustee Loan Policy, as approved by the Board.

Section 11. Conflicts of Interest

Every Covered Person, as defined by the Conflicts of Interest Policy adopted by the Board of Trustees, shall be subject to that policy. As part of said policy, every Covered Person shall complete a Conflicts of Interest Disclosure Statement, as defined by and in accordance with the requirements of the Conflicts of Interest Policy.

ARTICLE IV
MEETINGS OF THE BOARD

Section 1. Regular Meetings

Regular meetings of the Board shall be held monthly at such place and time as shall be approved by the Board. The annual meeting of the Board of the Hospital shall be held on the third Wednesday in June of each year or as soon thereafter as possible. At the annual meeting the Board shall elect officers for the ensuing year and take up such other business as it shall deem appropriate. The Chairman of the Board or, in the Chairman's absence, the Vice-Chairman, shall preside at all meetings of the Board. In the absence of both the Chairman and the Vice Chairman of the Board or in the event of their inability to act, the Treasurer shall assume the duties of the Chairman and in so doing possess all of the powers and authority of the Chairman.

Section 2. Special Meetings

Special meetings of the Board may be called at any time by the Chairman of the Board, the Chief Executive Officer, or upon receipt of the written request of any three or more Trustees. The business to be transacted at any special meeting shall be limited to those items of business set forth in the notice of the meeting.

Section 3. Notice of Board Meetings

(a) Trustees shall be given written notice of each meeting of the Board and such notice shall set forth the time and place of the meeting and notice of the matters of business to be transacted. Such notice shall be sent by the Secretary and delivered to each Trustee either

personally or by mail to the Trustee's residence or place of business as listed in the Chief Executive Officer's office not less than five (5) days prior to such meeting in the case of regular meetings and not less than 24 hours prior to such meeting in the case of special meetings. Business to be transacted at any regular meeting of the Board shall not be limited to those matters set forth in the notice of meeting.

(b) Notice of any meeting of the Board may be waived by the execution of a written waiver of such notice, either before or after the holding of such meeting by any Trustee. Such waiver shall be filed with or entered upon the records of the meeting. A Trustee's attendance at or participation in a meeting waives any required notice to that Trustee of the meeting unless the Trustee, at the beginning of the meeting, or promptly upon arrival, objects to holding the meeting or transacting specified business at the meeting and does not thereafter vote for or assent to action taken at the meeting.

Section 4. Presumption of Assent

A Trustee who is in attendance at a meeting of the Board of Trustees at which action on any matter is taken shall be presumed to have assented to the action taken unless the Trustee announces his or her dissent at the meeting and causes such dissention to be recorded in the minutes of the meeting. A Trustee may abstain from voting on any matter coming before the meeting by stating that he or she is so abstaining at the time the vote is taken and by causing his or her abstention to be recorded or stated in writing in the same manner as provided above for a dissent.

Section 5. Adjournment

A majority of the Trustees present, whether or not a quorum exists, may adjourn any meeting of the Board to another time and place. Notice of any such adjourned meeting shall be given to the Trustees who were present any time during the meeting but who are not present at the time of adjournment.

Section 6. Board and Board Committee Action Without a Meeting

Any action which may be taken at a meeting of the Board or a Board committee may be taken without a meeting if a unanimous consent of all Trustees is set forth in writing and is signed by all of the Trustees or members of the committee, as the case may be, and is filed in the minutes of the proceedings of the Board or of the committee.

Section 7. Minutes and Agenda

Minutes of each meeting of the Board and the Executive Committee shall be taken by the Secretary or a designee. The minutes and agenda shall be disseminated to each Trustee with notice of the next scheduled meeting.

ARTICLE V
OFFICERS

Section 1. Board Officers

The officers of the Board shall consist of: the Chairman of the Board; the Vice Chairman, the Board Secretary; the Board Treasurer; and such other officers as may be appointed pursuant to

these Bylaws. The officers specifically referred to above shall be elected at the Board's Annual meeting. Such Board officers shall hold office for the term of one (1) year beginning on July 1 and ending on June 30 of the following year or until their successors are elected and qualified except in the event of their earlier death, resignation or removal No person may hold any single Board office, for more than two (2) consecutive years.

Section 2. Corporate Officers

The corporate officers of the Hospital shall include the Chief Executive Officer, the Chief Financial Officer, and Chief Operating Officer and such other officers as may be appointed by the Board from time to time.

Section 3. Resignation or Removal of Officers

An officer of the Board or the Hospital may resign at any time by delivering notice to the Board. Any such notice is to be in writing and should be delivered to the Chairman or the Vice-Chairman. A resignation is effective when the notice is delivered unless the notice specifies a later effective date. If a resignation is made effective at a later date and the Board accepts the future effective date, it may fill the pending vacancy before the effective date if the successor does not take office until the effective date.

Section 4. Chairman of the Board

The Chairman of the Board shall preside at all meetings of the Board. The Chairman shall have such other duties and responsibilities as shall be delegated by these Bylaws and defined by the Board from time to time.

Section 5. Vice Chairman

In the absence of the Chairman of the Board or in the event of the Chairman' s inability or refusal to act, the Vice Chairman shall perform the duties of the Chairman and in so acting shall have all the powers and authority of the Chairman. The Vice-Chairman shall perform such other duties as from time to time shall be assigned by the Chairman or the Board.

Section 6. Secretary

The Secretary shall cause to be kept all of the records of the Board except the financial records, shall record the minutes of the meetings of the Board, send out all notices of meetings, attest to the seal of the Hospital where necessary or required, and perform such other duties as may be assigned by the Board or the Chairman of the Board. The Secretary shall also keep or cause to be kept a current register of the names and addresses of each Trustee.

Section 7. Treasurer

The Treasurer shall work with the Chief Financial Officer to ensure that a true and accurate accounting of the financial transactions of the Hospital is maintained and that such accounting is presented to and made available to the Board. In the absence of both the Chairman and the Vice Chairman of the Board or in the event of their inability to act, the Treasurer shall assume the duties of the Chairman and in so doing possess all of the powers and authority of the Chairman.

Section 8. Chief Executive Officer

(a) The Chief Executive Officer shall be appointed by the Board. The Chief Executive Officer shall have all authority and responsibility necessary to operate the Hospital in all its activities and departments, similar to the chief executive officer of a business corporation, subject only to such policies or decisions as may be issued by the Board or its Executive Committee.

(b) The Chief Executive Officer serves at the pleasure of the Board.

(c) Pursuant to the Management Agreement, MSHA, among other things, employs and provides to the Corporation the services of the Chief Executive Officer; provided that such contract must be in writing and must be executed by the Chairman on behalf of the Hospital. The terms and conditions of the Management Agreement, to the extent they do not contradict these Bylaws, shall control.

(d) The Chief Executive Officer shall act as the duly authorized representative of the Board and the Hospital in all matters in which the Board has not formally designated some other person to act.

(e) The Chief Executive Officer shall serve as a non-voting, *ex-officio* member of the Board of Trustees.

ARTICLE VI
COMMITTEES OF THE BOARD

Section 1. General

Except as otherwise provided below, the Board shall appoint the members and the chairmen of standing committees of the Board as are provided for in this Article VI. Except for the Executive Committee, standing committee members may include persons other than Board members. Appointments to standing committees are to be made prior to the first meeting of the Board held in each new year. In addition, the Board may also appoint the members and chairmen of such special committees, as the Board shall create from time to time. The Chairman of the Board shall be a member of all committees *Ex-Officio*, but without vote unless specifically named as a voting member of a particular committee. The Chief Executive Officer shall also be an *Ex-Officio* member of all committees without vote, unless otherwise specified in these Bylaws or by the Board; except that the Chief Executive Officer shall not be a member of the Executive Committee. Subject to the limitations of Virginia law and these Bylaws, only committees composed solely of Trustees may exercise the authority of the Board. The voting rights of committee members shall be weighted in accordance with the relative voting rights of each of the Members, regardless of the number of individuals serving on a particular committee. In other words, MSHA Class Trustees on a committee shall collectively hold and exercise 50% of the committee votes and Foundation Class Trustees on a committee shall collectively hold and exercise 50% of the committee votes.

Section 2. Standing Committees

The standing committees of the Board shall be those named in this Article VI and any others created by resolution of the Board from time to time, and shall have and may exercise all of the powers provided for in these Bylaws or in the resolution creating them. Standing committees shall become thoroughly informed of their objectives and duties, shall give careful consideration to matters of policy, and are expected and empowered to make recommendations to the Board. All committees shall maintain a permanent record of their findings, proceedings, and actions and make regular reports thereof to the Board. Unless otherwise specified in these Bylaws, standing committees shall meet at least quarterly.

Section 3. Special Committees

Special committees shall be created as required, by resolution of the Board. The purpose, duties, number of members and reporting requirements of the committee shall be specified in the resolution creating the committee.

Section 4. Executive Committee

(a) Composition:

The Executive Committee shall be limited to Trustees and shall consist of four (4) individuals, with the Foundation Class Trustees appointing two (2) members of the committee and the MSHA Class Trustees appointing two (2) members of the Committee. The Chief Executive Officer and the President of the Medical Staff, though not a

members of the Executive Committee, shall attend its meetings unless otherwise requested by the committee.

(b) Duties:

The Executive Committee shall:

(1) Transact required business of the Board during the period between meetings of the Board as more particularly described in the Executive Committee Charter, as adopted by the Board of Trustees, subject to limitations set forth in these Bylaws or otherwise by law.

(2) Receive recommendations from the appropriate Medical Staff committees;

(3) Recommend to the Board all appointments or reappointments to and responsibilities of, the Medical Staff, including but not limited to the delineation, status or category, modifications, suspension, limitation or revocation of Medical Staff Privileges;

(4) Make recommendations to the Board on Medical Staff bylaws, rules and regulations, and policies and any amendments thereto; and

(5) Receive and consider all reports on the professional work of both the administrative staff and Medical Staff and make such recommendations to the Board with respect thereto as the committee considers to be in the best interest of the Hospital and its patients.

(6) Perform such other duties as more specifically described in the Executive Committee Charter, as adopted by the Board of Trustees.

Section 5. Finance Committee

(a) Composition:

The Finance Committee shall consist of the Treasurer, who shall serve as its Chairman, the Chief Executive Officer, Ex-Officio without vote, and at least one other Trustee, together with such other persons as may be appointed by the Board from time to time.

(b) Duties:

In addition to its general responsibility for overseeing the financial condition of the Hospital and making recommendations to the Board thereon, the Finance Committee shall:

(1) Cause to be prepared, and shall submit to the Board for approval no later than its last meeting before the end of each fiscal year, a capital budget and an operating budget, showing the expected receipts, income and expense for the ensuing year;

(2) Cause to be prepared and submit to the Board for approval a resolution of fiscal policy for the ensuing year, which will include, but not be limited to, treatment of depreciation, debt retirement, auditing, handling of fund accounts, employee bonding requirements, purchasing authorization and Hospital rate structure;

(3) Have general responsibility for assuring that all endowment and trust funds are properly invested and shall be required to report at least semi-annually concerning such investments and shall see that income therefrom, after deduction of legitimate expenses, is paid into the proper fund of the Hospital and that both principal and income are used in accordance with the terms of the trust; and

(4) Oversee all financial audits and preserve the integrity and independence of the audit function through creation of an Audit Subcommittee which shall assist the Board in retaining external audit services and work closely with any such auditors retained to perform audits for the Hospital. To maintain the independence of the audit function, neither the Chief Executive Officer nor any other Corporate Officer shall serve on the Audit Subcommittee. The Audit Subcommittee shall:

(a) take steps to independently engage and retain the auditor by executing an engagement letter (the Corporation's Chief Executive Officer and Chief Financial Officer may be consulted regarding the engagement, but the decision to engage shall be the responsibility of the audit subcommittee);

(b) review the representations by management relative to the annual independent audit and review the role of the audit partner and non-audit services conducted by the auditor;

(c) retain or terminate independent counsel in connection with any audit; and

(d) monitor corporate compliance activities related to financial issues of the Hospital and its subsidiaries.

(5) Perform such other duties as more specifically described in the Finance Committee Charter, as adopted by the Board of Trustees.

Section 6. Quality Committee

(a) Composition:

The Quality Committee, shall consist of at least the Chief Executive Officer, Ex Officio without vote, two additional Trustees, one Medical Staff appointee and the Chairman of the Medical Staff Quality Assurance Committee. The Committee may also include additional persons, who need not be Trustees.

(b) Duties:

The Quality Committee shall:

(1) Make recommendations relating to operation of the Hospital;

(2) Oversee operational performance in risk management, quality assurance, industrial medicine and toxic and infectious wastes;

(3) Report to the Board on operational performance; and

(4) Perform such other duties as may be assigned by the Board of Trustees from time to time.

Section 7. Committee Membership Terms

Each member of a committee shall be appointed for a one year term (unless otherwise specified in these Bylaws), and shall continue in office until a successor is appointed, unless the committee of which the individual is a member shall be sooner terminated by the Board or until the member's death, resignation or removal, whichever first occurs.

Section 8. Committee Meetings

(a) Meetings of any committee may be called by the chairman of such committee, or the Chairman of the Board, by giving notice of such meeting, setting forth its time and place. The notice shall be delivered personally or by mail or telephone to the residence or place of business of the committee member as listed in the Chief Executive Officer's office at least 24 hours prior to such meeting.

(b) Unless otherwise provided in these Bylaws, a majority of the members of any committee, including at least one MSHA Class Trustee and at least one Foundation Class Trustee, shall constitute a quorum for the transaction of business. Each committee shall keep minutes of its meetings and report to the Board as necessary with recommendations.

(c) All other provisions of these Bylaws which govern meetings, action without meetings, notice and waiver of notice, and quorum and voting requirements of the Board of Trustees, apply to committees and their members as well.

Section 9. Resignation or Removal of Committee Members

A member of any committee may resign at any time by tendering a resignation in writing to the Chairman of the Board. Each Class of Trustees on the Board may, by a majority vote of that Class of Trustees, remove any of its members from a committee, with or without cause. The board, by a majority vote, may remove any non-Trustee members from a committee, with or without cause.

ARTICLE VII
MEDICAL STAFF

Section 1. General

The Board shall appoint a Medical Staff operating in accordance with these Bylaws and those bylaws of the Medical Staff approved by the Board. The Medical Staff shall operate as an integral part of the Hospital and, through its department chiefs, committees and officers, shall be responsible and accountable to the Board for the discharge of those duties and responsibilities delegated to it by the Board. The Board specifically reserves the authority to take any direct action that is appropriate with respect to any individual appointed to the Medical Staff or given Clinical Privileges or the right to practice in the Hospital who is charged with questions involving clinical incompetence or inappropriate behavior, or violations of Hospital Bylaws, rules or policies or who is otherwise considered by the Board, in its sole discretion, to pose a threat to patient safety.

Section 2. Medical Staff Bylaws, Rules and Regulations

(a) In recommending Medical Staff Bylaws, rules and regulations, the Medical Staff shall follow the procedures set forth in the Medical Staff Bylaws. Only such Medical Staff Bylaws, rules and regulations, and policies as are adopted by the Board shall be effective.

(b) The Medical Staff may at any time recommend modifications of the Medical Staff Bylaws, rules and regulations, and policies to the Board. The Board shall act promptly on proposed Medical Staff Bylaws, rules and regulations, and policy amendments submitted by the Medical Staff.

(c) The Board reserves the right to rescind any authority or procedures delegated to the Medical Staff through the Bylaws or otherwise, and to amend the Medical Staff Bylaws, rules and regulations, or policies from time to time as it deems appropriate for the good operation of the Hospital. In the event the Board believes there should be changes in the Medical Staff Bylaws, rules and regulations, or policies, it shall submit such suggested changes to the Medical Staff. The Medical Staff shall promptly consider and submit to the Board its recommendations. If submissions by the Medical Staff in response to suggestions by the Board are not transmitted to the Board within a reasonable time as determined by the Board, the Board may make such changes as are deemed necessary without the approval of the Medical Staff.

(d) In the event of a conflict between the provisions of the Medical Staff Bylaws and these Bylaws, the provisions of these Bylaws shall be controlling.

Section 3. Medical Staff Appointments and Clinical Privileges

(a) The Medical Staff of the Hospital shall evaluate the professional competence and consider the current health status of Medical Staff members and other applicants for Staff membership and Clinical Privileges, including, but not limited to, independent Practitioners or allied health professionals, and it shall be responsible for making recommendations to the Hospital concerning initial Staff appointments, reappointments, the granting, curtailment, or revocation of Privileges, and other disciplinary or corrective action. The Medical Staff also will implement and report to the Board on the activities and mechanisms for identifying and resolving problems and for identifying opportunities to improve the care of patients.

(b) Appointments, reappointments, and the granting, curtailment, or revocation of Privileges at the Hospital, and other disciplinary or corrective actions set forth in the Hospital's Medical Staff Bylaws shall be in accordance with the procedures and provisions included in those Bylaws, as those procedures and as such provisions are in effect from time to time. By this reference, the Medical Staff Bylaws and those procedures and provisions are incorporated herein.

(c) The Board of Trustees shall insure that there is assigned to the Medical Staff and other Practitioners of the Hospital the authority and responsibility for achieving and maintaining high standards of professional and ethical practices. The Board of Trustees shall require specific review and evaluation activities designed to accomplish this end, and insure that the Hospital consider and act upon the findings resulting from such activities.

(d) The Board of Trustees shall require that the Medical Staff implement and report to the Board on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems relating to patient care and for identifying opportunities to improve patient care.

Section 4. Medical Staff Departments, Committees and Officers

(a) The chiefs of all Medical Staff departments, the chairman and members of all Medical Staff committees, and the officers of the Medical Staff shall be elected or appointed in accordance with the provisions of the Medical Staff Bylaws and shall be subject to the approval of the Board prior to assuming their administrative duties in those offices. These individuals shall act on behalf of the Hospital when performing their duties under

the Bylaws and shall perform such additional duties as may be assigned from time to time by the Board or the Chief Executive Officer.

(b) All minutes, reports, recommendations, communications, and actions with respect to credentialing, peer review, quality assurance or related matters made or taken by the Board or its committees or by Medical Staff departments, committees and officers on behalf of the Hospital are deemed to be covered by the provisions of Va. Code Ann. § 8.01-581.16 and -.17. or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations related to appointment or reappointment shall be considered to be acting on behalf of the Hospital and its Board when engaged in such professional review activities and thus shall be deemed to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

Section 5. Evaluating Professional Needs

From time to time the Board shall evaluate relevant factors pertaining to Medical Staff appointees in various specialty areas so that a proper number of individuals in each specialty is determined, maintained and revised as needed, in accordance with strategic planning objectives and professional personnel requirements of the Hospital.

Section 6. Exclusive Contracts/Use Policies

(a) In accordance with the requirements of the Virginia Code Section 32.1-134.1, the Board may adopt a closed staff or exclusive use policy or enter into contracts with physicians for

providing services on an exclusive basis. Requests for Clinical Privileges that are subject to an exclusive contract, closed staff or exclusive use policy will not be processed except as consistent with applicable contracts or policy.

(b) The Board shall not enter into an exclusive contract or adopt a closed staff or exclusive use policy as to a previously open department or service without appropriate consultation with the Medical Staff.

ARTICLE VIII
AUXILIARY ORGANIZATIONS

Any auxiliary organizations that may be established by the Board shall be responsible and accountable to the Board for the discharge of those duties and responsibilities delegated to them by the Board from time to time. In establishing an auxiliary organization, the Board shall initiate or approve bylaws, delineate the purpose and function of the organization and shall initiate or approve any and all subsequent amendments thereto. Auxiliary organizations shall report to the Board in a manner established by the Board from time to time. Nothing in this Article shall require the Board to establish auxiliary organizations, and the Board shall retain the power to change, restructure, reorganize or dissolve any such organization if established. All services and functions performed by such auxiliary organizations and individual volunteers not associated with an auxiliary organization shall be subject to the overall supervision and direction of the Chief Executive Officer.

ARTICLE IX
GENERAL

Section 1. Fiscal Year

The fiscal year of the Hospital shall begin on the 1st day of July and end on the 30th day of June in each year.

Section 2. Execution of Instruments

(a) Unless otherwise specifically determined by the Board or otherwise required by law, formal contracts of the Hospital, promissory notes, deeds of trust, mortgages, other evidence of indebtedness of the Hospital, and other corporate instruments or documents, shall be executed, signed or endorsed by the Chief Executive Officer or such other officers or agents of the Hospital to whom the Board, by resolution, shall have delegated such power, and may have the corporate seal affixed thereto.

(b) Endorsements for deposit of commercial paper to the credit of the Hospital in any of its duly authorized depositories may be made, without countersignature, by the Chief Executive Officer or such other officers or agents of the Hospital to whom the Board, by resolution, shall have delegated such power, or by hand stamped impression in the name of the Hospital.

(c) All checks, drafts, or other orders for payment of money, notes or other evidences of indebtedness, issued in the name of or payable to the Hospital, shall be signed or endorsed by the Chief Executive Officer or such other person or persons and in such manner as shall be determined from time to time by resolution of the Board.

Section 3. Deposits of Funds

All funds of the Hospital shall be deposited from time to time to the credit of the Hospital with such banks, bankers, trust companies, or other depositories as the Board may select or as may be recommended by the Chief Executive Officer or any other officer or officers, agent or agents of the Hospital to whom such power may be delegated from time to time by the Board.

Section 4. Corporate Seal

The Board may provide for a corporate seal in such form and with such inscription, as it shall determine.

Section 5. Waiver of Notice

Whenever any notice is required to be given under the provisions of Virginia Nonstock Corporation Act, the Articles of Incorporation, or of these Bylaws, a waiver thereof in writing signed by the person entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice where such waiver is permitted by law. All such waivers shall be filed with the corporate records, or be made a part of the minutes of the relevant meeting.

Section 6. Construction of Terms and Headings

Words used in these Bylaws shall be read as the masculine, feminine or neuter gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

ARTICLE X
INDEMNIFICATION

(a) **Definitions.** For purposes of this section, the following definitions shall apply:

(1) "expenses" include counsel fees, expert witness fees, and costs of investigation, litigation and appeal, as well as any amounts expended in asserting a claim for indemnification;

(2) "liability" means the obligation to pay a judgment, settlement, penalty, fine, or other such obligation, including, without limitation, any excise tax assessed with respect to an employee benefit plan;

(3) "legal entity" means a corporation, partnership, joint venture, trust, employee benefit plan or other enterprise; and

(4) "proceeding" means any threatened, pending, or completed action, suit, proceeding or appeal whether civil, criminal, administrative or investigative, and whether formal or informal.

(b) **Limit on Liability.** In every instance in which the Virginia Nonstock Corporation Act, as it exists on the date hereof or may hereafter be amended, permits the limitation or elimination of liability of Trustees or officers of a corporation to the corporation, the Trustees and officers of the Hospital shall not be liable to the Hospital.

(c) **Indemnification of Trustees and Officers.** The Hospital shall indemnify any individual who is, was, or is threatened to be made a party to a proceeding (including a proceeding by or in the right of the Hospital) because such individual is or was a Trustee or officer of the Hospital or because such individual is or was serving the Hospital, or any other legal entity in any capacity at the request of the Hospital, while a Trustee or officer of the

Hospital, to the fullest extent and amount permissible under Virginia law, including, without limitation, against all liabilities and reasonable expenses incurred in the proceeding (except such liabilities and expenses for which indemnification is prohibited under law). Service as a trustee, director, or officer of a legal entity controlled by the Hospital shall be deemed service at the request of the Hospital. The determination that indemnification under this subsection (c) is permissible and the evaluation as to the reasonableness of expenses in a specific case shall be made, in the case of a Trustee, as provided by law, and in the case of an officer, as provided in subsection (d) below; provided, however, that if a majority of the Trustees of the Hospital has changed after the date of the alleged conduct giving rise to a claim for indemnification, such determination and evaluation shall, at the option of the person claiming indemnification, be made by special legal counsel agreed upon by the Board and such person. The Hospital shall make advances and reimbursements for expenses incurred by a Trustee or officer in a proceeding in advance of the final disposition thereof if the Trustee or officer furnishes the Hospital with an undertaking to repay the advance if it is ultimately determined that indemnification of such Trustee or officer is prohibited under applicable law and that applicable law requires the advances to be repaid. Such undertaking shall be an unlimited, unsecured general obligation of the Trustee or officer, and shall be accepted without reference to such Trustee's or officer's ability to make repayment. The termination of a proceeding by judgment, order, settlement, conviction, or upon a plea of *nolo contendere* or its equivalent shall not of itself create a presumption that a Trustee or officer acted in such a manner as to make such Trustee or officer ineligible for indemnification. The Hospital is authorized to contract in advance to indemnify and

make advances and reimbursements for expenses to any of its Trustees or officers to the same extent provided in this subsection (c).

(d) **Indemnification of Others.** The Hospital may, to a lesser extent or to the same extent that is required to provide indemnification and make advances and reimbursements for expenses to its Trustees and officers pursuant to subsection (c) above, provide indemnification and make advances and reimbursements for expenses to its employees and agents, the directors, trustees, officers, employees, and agents of its subsidiaries and predecessor entities, and any person serving any legal entity in any capacity at the request of the Hospital, and may contract in advance to do so. The determination that indemnification under this subsection (d) is permissible, the authorization of such indemnification, and the evaluation as to the reasonableness of expenses in a specific case shall be made by general or specific action of the Board, which action may be taken before or after a claim for indemnification is made. No person's rights under subsection (c) above shall be limited by the provisions of this subsection (d).

(e) **Miscellaneous.** The rights of each person entitled to indemnification set forth herein shall inure to the benefit of such person's heirs, executors and administrators. Special legal counsel selected to make determinations under subsection (c) above may be counsel for the Hospital. Indemnification pursuant to this section shall not be exclusive of any other right of indemnification to which any person may be entitled, including indemnification pursuant to a valid contract, indemnification by legal entities other than the Hospital, and indemnification under policies of insurance purchased and maintained by the Hospital or others. However, no person shall be entitled to indemnification by the Hospital for any amounts to the extent such amounts are indemnified by another,

including an insurer. The Hospital is authorized to purchase and maintain insurance against any liability it may have under this section or to protect any persons against any liability arising from their service to the Hospital or any other legal entity at the request of the Hospital regardless of the Hospital's power to indemnify against such liability. The provisions of this section shall not be deemed to preclude the Hospital from entering into contracts otherwise permitted by law with any individuals or legal entities, including those named above. If any provision of this section or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the invalidity shall not affect other provisions or applications of this section, and to this end the provisions of this section are severable.

(f) **Application; Amendments**. The provisions of this section shall be applicable from and after its adoption even though some or all of the underlying conduct or events relating to a proceeding may have occurred before its adoption. No amendment, modification or repeal of this section shall diminish the rights provided hereunder to any person arising from conduct or events occurring before the adoption of such amendment, modification or repeal.

(g) **Limitation**. Nothing contained herein shall be construed as providing indemnification to any person with respect to liability arising out of medical professional services and/or medical treatment that such person provides to a patient.

ARTICLE XI
DISSOLUTION

Upon the dissolution of the Corporation, provided the members of the Corporation are organizations recognized as exempt from federal income taxation under Section 501(c)(3) of the Code and are organized and operated for such exempt purposes, the Board of Trustees shall, after paying or making provisions for the payment of all the liabilities of the Corporation, distribute all of the assets of the Corporation to the members in proportion to their respective membership interests (with the Foundation initially holding a 49.9% membership interest and MSHA initially holding a 50.1% membership interest) for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code. Upon the dissolution of the Corporation, if a member of the Corporation is not an organization recognized as exempt from federal income taxation under Section 501(c)(3) of the Code or is not organized and operated for such exempt purposes, the Board of Trustees shall, after paying or making provisions for the payment of all the liabilities of the Corporation, distribute the assets of the Corporation that would otherwise be distributable to such member for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code (including distributions to other organizations recognized as exempt from federal income taxation under Section 501(c)(3) of the Code and that are organized and operated for such exempt purposes), or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARTICLE XII
AMENDMENTS

These Bylaws may be altered, amended, repealed or supplemented and new Bylaws may be adopted by a Supermajority Trustee Vote.

EXHIBIT X.10

Please quantify the unmet need for each of these services in the VA geographic service area (Mental Health, Addiction Recovery, and Substance Abuse)

The recently updated Blueprint for A Healthy Appalachia notes that substance abuse and the management of mental health issues is a major problem in Southwest Virginia. Further, feedback from the Southwest Virginia Health Authority suggests that the priorities for regional intervention have shifted in the relatively short timeframe since the development of the last Blueprint, such that at present substance abuse issues are highest priority issue facing Southwest Virginia. The deterioration of the economic fabric of the region is contributing significantly to this change, specifically major negative trends and job losses in the coal industry and a lack of new jobs in the region.

Following is an excerpt from one of the most comprehensive studies of substance abuse and mental health in Appalachia, conducted in 2008 by the Appalachian Regional Commission. Unfortunately, we have identified no such major study since this time—even though it is clear that the condition has worsened substantially since then and resource development continues to lag significantly.

> *Much remains to be learned about mental health status and substance abuse prevalence in Appalachia. Studies have found that substance use is higher in Appalachia than the rest of the nation for certain types of substances. While a body of research has explored mental health status in rural communities, few studies have explored mental health status in Appalachian communities specifically. Future research should explore geographic and demographic trends across Appalachian sub-regions and states, and within Appalachian counties. The literature also suggests that disparities in access to and utilization of treatment for substance abuse and mental health disorders in Appalachia result from a complex interplay of socioeconomic, cultural, and health system factors. Some studies indicate that there is a relationship between rural residence and disparities in treatment access in Appalachia, but further research must be done on this topic. Research should also investigate the impact of socioeconomic, cultural and health system factors on treatment access and utilization at the state and county levels in Appalachia. Studies have suggested that race and ethnicity may play a role in driving disparities within certain Appalachian sub-regions. Specifically, studies have demonstrated that non-white Appalachian residents have lower utilization of treatment services, including specialty mental health services, and higher rates of substance abuse and co-morbid substance abuse and mental health disorders. Literature has identified various mechanisms to reduce disparities related to treatment access and utilization in Appalachia – methods include education, cultural competency training for providers, surveillance systems, and changes to the health care system (e.g., more mental health staff in rural health centers, health care via telemedicine, and treatment via self help groups). Future research should explore the effectiveness of these methods in specific Appalachian communities. Overall, research to date does not provide a comprehensive understanding of substance abuse prevalence and mental health status, and disparities in access to and utilization of treatment services in Appalachia. Moving forward, research*

should investigate more granular patterns and trends related to substance abuse prevalence and mental health status in Appalachia. The identification of geographic and demographic patterns within specific sub-regions, counties, and communities will enable policy makers to design targeted policy interventions to reduce disparities and improve access to treatment services.

Conclusions *As the first effort to explore substance abuse and mental health issues and access to treatment services within Appalachia, and between Appalachia and the rest of the United States, this report augments the scant body of literature in these areas. In doing so, we hope to inform the direction of substance abuse and mental health research and policy in Appalachia, and provide information to better allocate and target resources to eliminate substance use and mental health disparities within the region. Analyses included in this report explore patterns across Appalachian sub-regions, across levels of economic development within the region, within Appalachian coal-mining areas, and between Appalachia and the rest of the United States.*

Overall Conclusions

This study provides an in-depth synthesis of the available data on substance abuse and mental health disorders, and access to treatment services, in Appalachia. There are several findings worthy of emphasis given their consistency across the Appalachian region, and across data sets. The consistency of these findings suggests possible areas of focus for targeting region-wide resources to eliminate Appalachian mental health and substance use disparities. Findings demonstrate that:

Mental health is a key area of concern in Appalachia*. Independent from substance abuse, mental health diagnoses for serious psychological distress and major depressive disorder are proportionately higher in Appalachia than in the rest of the nation. This is an important finding in that it suggests that Appalachian disparities in mental health status do not appear to arise as a result of higher levels of co-occurrence with substance abuse. Consistent with this finding, hospital discharge data show that Appalachian residents have a lower proportion of diagnoses for substance abuse only, and for co-occurring substance abuse and mental health problems, as compared to the rest of the nation.*

It is important to note, however, that findings from the case studies and from discussions with members of the Coalition on Appalachian Substance Abuse Policy (CASAP) suggest that medical care system factors related to reimbursement could encourage under-reporting of comorbidity rates within the region. While this study has not identified any evidence that suggests that underreporting happens more often in Appalachia than in other regions, future work should explore this issue. Specifically, studies should investigate whether any systematic bias exists in the way mental health and substance abuse coverage and payment is managed within the Appalachian Region.

While alcohol is the predominant substance of abuse both nationally and within Appalachia, use patterns differ. *Proportionately fewer Appalachian adults used alcohol in the past year, as compared to adults nationally. Among those who did use alcohol, proportionately fewer Appalachian adults reported binge alcohol use and heavy alcohol use in the past year as compared to adults nationally. Among adolescents, however, heavy alcohol use was a greater problem within Appalachia than outside of Appalachia. For Appalachian coal mining areas, the proportion of people entering treatment for alcohol abuse is lower than in other areas of Appalachia.*

Methamphetamine is not as large of a problem within Appalachia as is widely believed. *Findings do not support that methamphetamine use is higher in Appalachia than elsewhere in the nation. Rather, methamphetamine use and admission rates are demonstrably lower across Appalachia. While regional trends show that methamphetamine use is rising, the rate of increase is similar to that of the rest of the nation. While there are likely to be "pockets of abuse" within the region, rates are lower within the region as a whole.*

The growing proportion of admissions for primary abuse of other opiates and synthetics is a key issue in Appalachia. *Admission rates for the primary abuse of other opiates and synthetics26 are higher in Appalachia than in the rest of the nation. Further, while rates are rising both across the nation and in Appalachia, the rate of increase in Appalachia is greater. This is particularly the case in Appalachian coal mining areas.*

In many ways, access to treatment is better in Appalachia when compared to the rest of the nation. *In terms of accepted forms of payment, and availability of substance abuse family counseling and mental health assessment upon admission, we see that access to treatment is better in Appalachia when compared to the rest of the U.S. Overall, proportionately more adults in the Appalachian region with mental health problems received outpatient mental health treatment counseling services and prescription medical services in the past year, as compared to adults outside the Appalachian region. There is no significant difference between Appalachian adolescents and adults and adolescents and adults outside of the region in terms of the proportion of persons who need but do not receive treatment for an illicit drug problem.*

Outpatient rehabilitation is the most common setting for substance abuse treatment in Appalachia. Access to inpatient treatment, and short and long-term non-hospital residential treatment for substance abuse or mental health illnesses, is less common within the Appalachian region. *Findings from the national household survey indicate that outpatient rehabilitation is the most common setting for substance abuse treatment in Appalachia. Of the people over age 18 who received substance abuse treatment at a specialty facility in the past year, proportionately fewer people in Appalachia received treatment at an inpatient rehabilitation facility than people outside of Appalachia. At the same time, utilization rates of hospital inpatient services, the private doctor's office, and emergency room services are all higher in the Appalachian region than outside of the Appalachian region. One interpretation of this finding is that people who have severe substance abuse problems have not received appropriate outpatient treatment or regular inpatient services, and as a result, use more expensive emergency room services. The case study counties also reported having access to outpatient treatment, but difficulties in getting access to inpatient and long-term residential treatment facilities. In fact, no case study county had inpatient facilities for either substance abuse or mental health and most reported difficulty placing those needing long term outpatient treatment. Results from the survey of substance abuse treatment facilities indicate that significantly fewer Appalachian facilities offer short term and long-term non-hospital residential substance abuse treatment when compared to facilities outside the Appalachian region.*

Barriers to treatment for substance abuse and mental illnesses exist within the Appalachian region, including transportation issues, cultural factors, and stigma. *The case studies revealed a number of specific barriers to accessing treatment for substance abuse and mental health illnesses, including: stigma; transportation availability; limited payment options; privacy issues; choice of facilities; and cultural and family barriers. 26 These drugs include codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-*

like effects except methadone.

Better data are needed at the local level to inform policy and allocate resources to more effectively address substance abuse and mental health problems in the Appalachian region. *Findings from the case studies showed that community-level substance abuse treatment and mental health leaders do not have uniformly available county and state data from which to draw conclusions about the magnitude of substance abuse and mental health issues within their communities. Additionally, they do not generally use nationally-available data sets to make decisions about local response to substance abuse and mental health issues. While they may use state data, especially when it supports applications for grant funding for prevention programs, more often than not, anecdotal evidence is most often used as the basis for informing local decision making. These findings do not suggest a disregard for the data, but rather the lack of utility in how data are presented and a disconnect between the levels of analysis (generally state or regional) and the level of service delivery (local). Improved data collection at the national, state and local levels, including larger sample sizes, may lead to more informed community-level decision making with respect to resource allocation and program development.*

Taken together, these findings suggest that disparities do exist in the Appalachian region for specific substance use and mental health disorders. While some of these disparities exist across the Appalachian region, even more can be learned by looking at a more granular level. Specifically, findings demonstrate particular disparities related to Appalachian sub-region, county economic distress level, and within coal-mining areas. A sampling of these findings is highlighted below:

Findings Across Appalachian Sub-Regions (Northern; Central; Southern)

The central Appalachian region had the highest proportion of admissions with other opiates or synthetics as the primary reason for admission.

The highest prevalence of mood disorders occurs in the northern Appalachian sub-region.

The central sub-region of Appalachia has the greatest density of admissions for psychiatric problems – both substance-related and non-substance-related.

Non-medical use of prescription drugs among adolescents is higher in the central and southern sub-regions of Appalachia, as compared to the northern sub-region.

Findings Across Economic Status Levels (Attainment; Competitive; Transitional; At-Risk; Distressed)

There is a positive relationship between the economic development levels and private insurance for both adults and adolescents; distressed and at-risk counties have the lowest rates of private insurance, and competitive and attainment counties have the highest rates of private insurance.

Medicare and Medicaid/CHIP payments are highest in at-risk and distressed counties and lowest in competitive and attainment counties.

Competitive and attainment counties have the lowest rates of non-medical use of prescription drugs among adolescents, followed by transitional counties and distressed and at-risk counties.

Patients in the Appalachian region are more likely to be admitted through the emergency department

than patients outside of the Appalachian region. This disparity appears to be concentrated in at-risk and transitional counties, as compared to other counties.

Findings for the Appalachian Coal Mining Region

Proportionately more females than males were admitted to treatment in coal mining areas than in other areas of Appalachia.

People less than 24 years of age accounted for more admissions in coal mining areas than in other areas.

The percentage of admissions with heroin use and other opiates or synthetics use as the primary, secondary or tertiary reason for treatment is significantly higher in coal mining areas than in other parts of the Appalachian region.

Other illicit drug use and non-medical use of prescription drugs are also cited more as the primary, secondary or tertiary reasons for treatment in coal mining areas than in other areas.

Implications for Policy Interventions

Among the notable findings from this study were differences in patterns of substance use and mental health status among adolescents as compared to adults. This suggests that targeted interventions are needed for the prevention and treatment of both substance abuse and mental health concerns.

Adolescents

While Appalachian adolescents demonstrate similar substance use patterns for cocaine, marijuana, and methamphetamine, rates of non-medical use of psychotherapeutics, cigarettes, and heavy alcohol use are higher as compared to adolescents across the United States. Non-medical use of psychotherapeutics is a problem for adolescents nationwide, with rates exceeding those of adults. Rates for Appalachian adolescents are even higher. Similarly, for adolescents, rates of heavy alcohol use were higher in Appalachia than outside of Appalachia.

The picture of substance use and mental health concerns among Appalachian adolescents becomes even clearer when analyses are conducted by county economic status level, suggesting that economic status plays a key role in mental health and substance abuse issues. Findings demonstrate that adolescents in distressed and at-risk Appalachian counties – compared to adolescents in other Appalachian counties – have the highest rate of non-medical use of psychotherapeutics. Cigarette and alcohol use are also key concerns for adolescents in Appalachia. Proportionately more adolescents reported heavy alcohol use inside Appalachia than outside of Appalachia. Similarly, proportionately more adolescents used cigarettes in Appalachia than outside of Appalachia; usage was higher for lifetime use, past year use, and past-month use.

On the positive side, proportionately more treatment facilities in Appalachia offer substance abuse family counseling than in facilities outside of Appalachia. This suggests a regional understanding of the need for treatment services for adolescents and their families. While adolescents in at-risk and 219 distressed counties have the lowest rate of private health insurance, we see that across Appalachia, more adolescents have Medicaid/ CHIP coverage than adolescents in other areas of the country.

Several federally-commissioned nationwide efforts are underway to explore substance use and mental health challenges facing adolescents, and to raise awareness about mental health, and alcohol and drug abuse.27 Such efforts are needed, and should be expanded/targeted toward at-risk and distressed areas in Appalachia. Both quantitative and qualitative findings from this study suggest that preventive measures are needed to address substance abuse and mental health issues among Appalachian adolescents. While treatment is important, there is a clear need for an "upstream" approach focused on prevention. Given that our case study findings suggest that problems often arise due to issues such as boredom and lack of hope, community interventions may appropriately focus on school/after-school settings.

This is not to say that medical treatment is unimportant, however. Given the magnitude of many of the problems seen among Appalachian adolescents, treatment is clearly needed. While many Appalachian facilities do treat adolescents, there still remain cost/insurance barriers that need to be addressed. It is essential that policymakers and community leaders consider both treatment and prevention measures as they craft interventions to reduce the burden of substance use and mental health concerns among Appalachian adolescents.

Many Appalachian communities are clearly doing their part in working to prevent drug use and promote mental health. Case study communities report active school-based prevention activities, after-school youth activities, anti-drug coalition activities, mentoring programs, wellness classes, health camps, mentoring programs, sports, and recreational activities. Community representatives from the case study counties have described the utility of and growing demand for programs such as Beginning Alcohol and Addictions Basic Education Studies (BABES), Too Good For Drugs™ (K– 8), D.A.R.E. (Drug Abuse Resistance Education), LifeSkills4Kids, and others. Future work should explore the effectiveness of community-based prevention programs in Appalachia.

Adults

Whereas substance abuse issues are of primary concern among Appalachian adolescents, overall substance abuse rates among Appalachian adults are proportionately lower as compared to adults nationally. This is true across substances, including alcohol, non-medical use of psychotherapeutics, marijuana, methamphetamine, and cocaine. While substance use rates are lower, however, we see proportionately higher rates of serious psychological distress and major depressive episodes as compared to adults nationally, suggesting that mental health concerns may be of primary interest when targeting efforts towards Appalachian adults. Importantly, these mental health concerns occur independent from substance use, rather than as a result of co-occurring disorders.

A look at hospital discharge data shows specific mental health conditions that appear more prevalent within the Appalachian region, with significantly more Appalachian adults having diagnoses of: anxiety disorders; delirium, dementia, and amnesic and other cognitive disorders; developmental disorders (includes communication disorders, developmental disabilities, intellectual disabilities, learning disorders, and motor skill disorders); impulse control disorders; and personality disorders. (http://www.helpingamericasyouth.gov/conf-tsu.cfm)

In looking at treatment, an important finding is that Appalachian adults are more likely to access treatment through the emergency room, especially in distressed and at-risk counties. This suggests that Appalachian adults are more likely to seek treatment later, and may be less likely to recognize the magnitude of their mental health and substance use issues. This is consistent with findings that

Appalachian residents are more likely to report stigma, not feeling the need for treatment, and fear of commitment, as reasons for not seeking treatment. Similar findings are also reflected in the case studies, where community participants reported cultural barriers, stigma, and stoicism as reasons for Appalachian residents not seeking treatment.

Among substances of abuse, alcohol remains the predominant concern among Appalachian adults. While overall use rates, heavy use rates and binge drinking rates are all lower as compared to adults nationally, alcohol is the mostly widely used and abused substance within the region, and the primary reason for Appalachian adults seeking substance abuse treatment. Interestingly, the dynamics of substance use and abuse differ within the coal mining region of Appalachia, with treatment rates for alcohol use being lower than in other parts of the region. The percentage of admissions for heroin use and other opiates or synthetics use as the primary, secondary or tertiary reason for treatment is significantly higher in coal mining areas than in other parts of the Appalachian region, however.

As with adolescents, these findings suggest the need for targeted initiatives to address mental health and substance abuse issues among Appalachian adults. The nature of these issues differs among adolescents and adults, however, with mental health concerns rising as a primary area of concern among adults. Perhaps the most critical finding relative to Appalachian adults is the need to focus on these mental health concerns, independent from substance abuse, and to develop programs to overcome cultural barriers to treatment and issues of stigma that may result in more admissions occurring through emergency room settings.

One caveat to this recommendation is the finding that, within the coal mining region of Appalachia, abuse of heroin and other opiates and synthetics appears to be a primary substance abuse concern. Targeted prevention and treatment efforts are needed to address these concerns.

An Analysis of Mental Health and Substance Abuse Disparities & Access to Treatment Services in the Appalachian Region, 2008. Presented by: Zhiwei Zhang, Ph.D. Alycia Infante, M.P.A. Michael Meit, M.A., M.P.H. Ned English, M.S. National Opinion Research Center (NORC) at the University of Chicago & Michael Dunn, Ph.D. Kristine Harper Bowers East Tennessee State University

The following information is derived from a 2016 report, *Identifying Priorities and Solutions for Improving Health in Northeast Tennessee and Southwest Virginia,* developed as a result of regional analysis by the College of Public Health at East Tennessee State University working with a team lead by leaders from both Virginia and Tennessee. This report was commissioned by Wellmont and Mountain States as the pre-cursor to development of a Ten Year Community Health Improvement Plan. The Mental Health and Addiction sub-committee was co-chaired by leaders from both Virginia and Tennessee.

Mental Health and Addictions

Adult Mental Health Statistics

- Results from the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey indicated that approximately 21% of adults in southwest Virginia have been told they have a depressive disorder (i.e. depression, major depression, dysthymia, or minor depression.)[6]

- The average reported number of poor mental health days in both southwest Virginia and northeast Tennessee is higher than the national average (Figure 1).

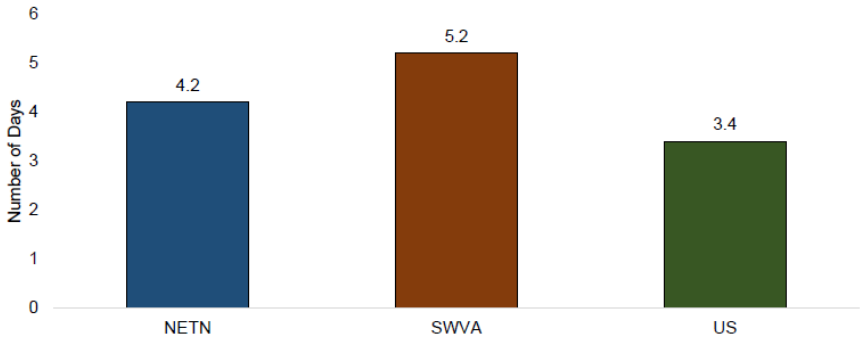

Figure 1. Average Reported Poor Mental Health Days in the Last 30 Days[7]

- In 2013-2014, the percentage of adults with a serious mental illness (SMI) was 4.7% in Tennessee, 3.8% in
Virginia, and 4.2% in the United States.[1, 2]

- Data form the 2013 BRFSS survey indicated that 17.7% of adults in southwest Virginia reported that their mental health was not good for more than 8 days out of the past month.[6]

Children and Adolescent Mental Health

- The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that three-quarters of mental illnesses appear by the age of 24, yet less than half of children with diagnosable mental health problems receive treatment.[1, 2]

- In 2013, 9.4% of Tennessee adolescents (ages 12-17) had at least one major depressive episode; 11% in Virginia, and 10.7% nationally.[1, 2]

- In southwest Virginia, 17.3% of middle schoolers and 15.3% of high schoolers have seriously thought about committing suicide, with the majority of those being female.[4]

Treatment

- Despite high rates of mental illness, in Virginia, only 48.2% of adults with any mental illness in 2009–2013 received mental Percentage of Adults with any Mental Illness who Receive Treatment or Counseling. In Tennessee, this percentage was 43.1%. [1,2]

- In 2013-2014, 7.4% of Tennessee and Virginia adolescents reported using illicit drugs within the past 30-days, compared to 9.1% nationally.[1, 2]

- Binge drinking among individuals 12-20 in Tennessee and Virginia was below the national average (14%) at 11.5% and 13.4% respectively.[1,2] Regional data are limited, but areas of northeast Tennessee and southwest Virginia where large enough samples were drawn, the percentage of binge drinking among adults aged 18 and older ranged from 3 to 11% in 2012.[7]

- The Youth Risk Behavior Surveillance System (YRBSS) reported 4% of middle school students and 16% of high school students have taken prescription drugs without a prescription in southwest Virginia.[8] This includes but is not limited to OxyContin, Percocet, Vicodin, Adderall, Ritalin, and Xanax. Furthermore, 22.6% of middle schoolers reported ever having alcohol and 31% of high schoolers had one or more drink of alcohol in the past 30 days.[4]

- In Tennessee, 5.4% of individuals aged 12 or older in 2013–2014 were dependent on or abused alcohol, and 2.3% were dependent on or abused illicit drugs.[1] Among individuals aged 12 or older in Tennessee with a dependence on or abuse of illicit drugs, an average of 9.8% received treatment between 2010 and 2014.[1]

- Approximately 2.5% of individuals in Virginia aged 12 and older between 2009 and 2013 were dependent on or abused illicit drugs.[2] Approximately 12.4% of those individuals received treatment for their illicit drug use between 2007 and 2014.[2]

- Reported substance of abuse in Tennessee for 2013-2014 was predominantly opioids other than heroin. This accounted for 30.4% of treatment admissions in 2014 (Figure 5).[9] Virginia differed qualitatively from Tennessee during the same time period with marijuana and alcohol leading as reported substances of abuse (Figure 6).[9] Virginia's profile of reported substances of abuse at treatment admission more closely resembles the national profile.

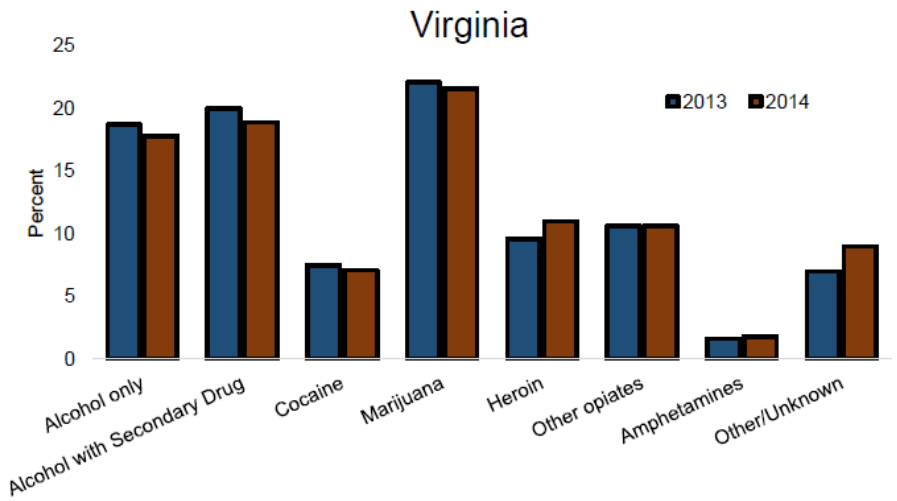

Figure 6. Percentage of Admissions aged 12 or older by primary substance of abuse: Virginia, 2013-2014[9]

- Drug-related deaths have increased 41 percent in western Virginia from 2007 to 2011. This increase in drug- related mortality continued in Virginia from 2013 to 2014 at a rate of 14.1%.[10] In 2010, fentanyl, hydrocodone, methadone and oxycodone, all prescription opioids, were found to be involved in 53.8% of drug deaths in Virginia (Figure 7).[11] It is felt that the majority of these drug-related deaths are unintentional deaths, as opposed to suicides.

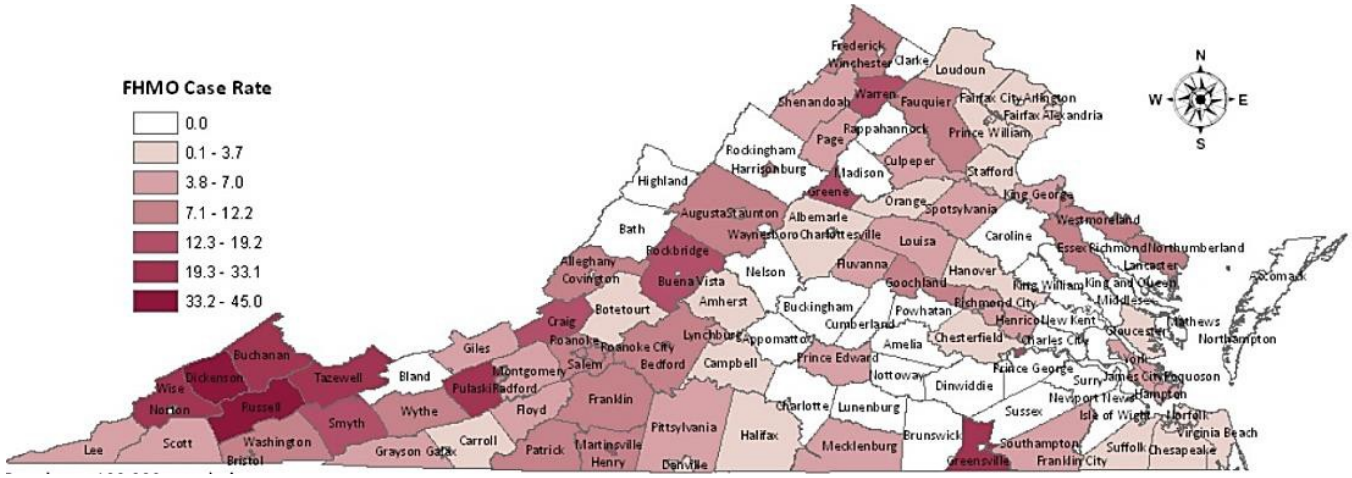

Figure 7. FHMO - Fentanyl, Hydrocodone, Methadone and Oxycodone Accidental Death Rates by County 2010[11]

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Mental Health and Addictions Steering Committee Report

Executive Summary

The Mental Health and Addictions Steering Committee was tasked with evaluating the current state of services for adults and children in the region with the goal of reducing the prevalence and consequences of substance abuse and mental health problems in the Northeast Tennessee and Southwest Virginia. The committee identified three aspects of an effective mental health and addiction prevention and treatment system of services. These are:

- Early signs of substance abuse and mental health problems identified in the population
- Effective prevention, early intervention, and a full continuum of treatment services available for all
- Integration within the community throughout the early identification, treatment and recovery processes As is described in earlier sections of this report, northeast Tennessee and southwest Virginia are experiencing high rates of substance abuse, especially the abuse of prescription medications. When asked what the health priorities in the region are, community members overwhelming identified substance abuse as one of the top issues, with access to intensive and/or specialized treatment services as a main factor. This result, along with the committee's expert assessment of the regional needs, suggests that efforts to improve and expand the delivery of prevention and certain specialized or intensive treatment services for mental health and substance use disorders is a vital component to any plan to improve health in the region.

Recognizing this, the committee worked tirelessly to identify the gaps and to conceptualize how professionals across sectors can coordinate to fill them. Many of the ideas, such as payment reform, included in this report are quite broad and require an investment of resources at the regional, state, and national level to accomplish. The committee felt it was important discuss these elements so that they remain a part of the conversation as essential to making real change in the region.

Other aspects of the report describe the great need for collaboration and innovation in order to reach and serve populations of the region who may be currently unable to receive education or treatment for their mental health or addiction concerns. The partnerships proposed herein are the bedrock upon which an effective system of services is built. Without them at-risk and vulnerable groups within communities across the region will remain unserved and thus at the mercy of their illness. Care must be coordinated and include support for all health- related social needs (e.g. housing, transportation, food insecurity, etc.) to be successful in reducing the prevalence and consequences of substance abuse and mental health problems in the Northeast Tennessee and Southwest Virginia.

The report provided herein attempts to summarize the ideas and wealth of information that was generated during the committee meetings. For a more detailed account of the meeting discussions please refer to Appendix II.

Priority Areas

The committee held 5 meetings between August 20th and November 19th, 2015. The goal of the first meeting was to review the charter, break into sub-committees (adult mental health, child and adolescent, addiction and co-occurring disorders), and start the process of identifying gaps in the region with regard to services. Subsequent meetings focused on possibilities for collaboration across sectors, integration of care and proposed opportunities for Newco to facilitate the committee's objectives. After all meetings were held a subcommittee was formed to develop an overarching set of priorities from the body of input provided by all members of the committee, which are listed below.

I. Capacity Building: Identify needs (e.g. specialties, services, beds, etc.) recruit and retain needed professionals in order to build capacity for serving population

Summary of capacity

Recruitment and retention of graduates
Innovation in Service Delivery

II. Payment Reform: Increase reimbursement for effect prevention, treatment, and recovery services.

III. Active Collaboration across Sectors in Both TN and VA: Consistency in model delivery as well as coordination of resources between Northeast Tennessee and Southwest Virginia.
   1. Care Coordination: coordination and collaboration for all services needed to address behavioral health issues - "no wrong door."
      a. Integration of Behavioral Health and Primary Care: Intensive care coordination and integration
         - Utilizes primary care setting to detect behavioral health concerns
         - Integration of services which focus on access improves utilization of services
         - Reduces stigma by acknowledging the role of behavioral health in physical wellbeing
      b. Integration of Social Welfare and Behavioral Health Services: Integration of social services with behavioral health to build on the delivery of individual health related social needs (e.g. housing, food insecurity, utility needs, interpersonal violence, transportation, etc.).
   2. Data Integration and Sharing: There needs to be availability of a Minimum Data Set (MDS)regarding availability of services and referrals
      - Interoperability
      - Information on the availability of live data to know what is available in the region.
      - Would facilitate consistency across both states in public behavioral health
      - Would improve and accelerate coordination of services and access

IV. Community Education: Educational initiatives in the community and clinical settings should be instituted to reduce stigma around mental health and substance use disorder prevention, treatment, and recovery.

Recommended Approaches

In order to establish a system of services in the region that responsive to early signs of substance abuse and mental health problems in the population, provides effective prevention, early intervention, and treatment services to all regardless of gender, race, age, or class, and successfully integrates treatment and recovery within the community throughout the process, the committee members identified four main approaches.

- Capacity Building
- Payment Reform
- Active Collaboration across Sectors in Both TN and VA
- Community Education

The committee agrees that these elements must be addressed if the region is to see a reduction in the prevalence and consequences of substance abuse and mental health problems.

Capacity Building

The committee members agreed that the region's capacity to prevent, identify and treat mental health and substance use disorders must be developed through a multi-faceted approach that includes increasing bed capacity for in-patient and residential addiction treatment services, recruitment and retention of specialists, and innovation of service delivery. These efforts in conjunction with the development of a collaborative network will effectively increase the capacity of the region's providers to serve the community.

As identified by the committee members through their discussions, the region suffers from a lack of specialized treatment services, especially for children and youth including:

- Crisis Stabilization
- Inpatient
- Psychiatry
- Autism Spectrum Disorders
- Eating Disorders

Additionally, there is a general need for more in-patient bed capacity for adults, youth and children, as the region has a great need and limited resources. A review of the inpatient bed map illustrates that there may actually be a sufficient number of adult inpatient beds, however, two potential difficulties exist with the current beds that on occasion render the number inadequate. The first issue has to do with the given inpatient facility's ability to handle high acuity or co-occurring and /or co-morbid conditions in the referred individual, which is happening much more frequently. The second complicating factor for adult inpatient psychiatric beds has to do with the fact that some units are only available for certain populations. For example some units only admit a geriatric population. Often, individuals needing inpatient services who are high acuity, or who have co- morbid or co-occurring conditions have to wait until a bed is located, sometimes out of the region, while regional beds sit empty, due to a lack of ability to handle the high acuity individual. And, although there is a need for specialized geriatric beds, again, there are times when these beds sit empty while other non-geriatric adults in need of psychiatric inpatient services, again, either have long waits in emergency rooms to access a bed, or who are transported out of region.

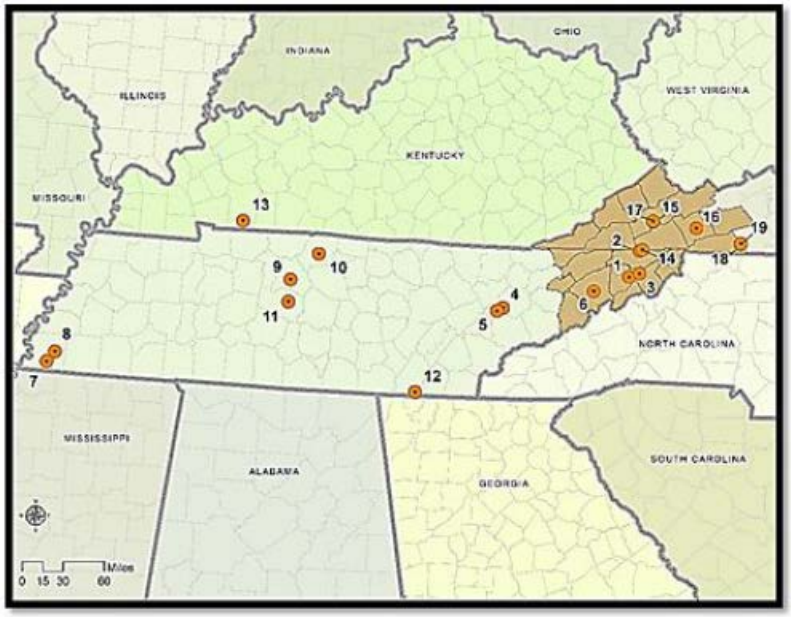
The committee was universally in agreement that an even greater need than inpatient beds for adult in the region is the need for additional and longer term residential treatment and medically monitored residential detoxification services in the region. Although the inpatient psychiatric beds for adults could be restructured to meet the need, there simply is not sufficient availability of residential treatment for substance dependence in our region.

The capacity issue for children and youth is different than for adults. Where we may have an adequate "number" of beds for adults, especially if they were restructured or if the units were able to handle a higher acuity patient, there are truly an insufficient number of beds for children and adolescents in the region. One option to adding inpatient beds for this population would be the development of an adolescent Crisis Stabilization Unit (CSU). Adult CSU's, one of which is in Johnson City, operated by Frontier Health, have been very successful in deferring individuals from inpatient to less costly CSU placement, and in some cases, helping individuals shorten their inpatient level of care by being able to step down to the CSU. The addition of a specialized CSU for children and adolescents in the region could assist in increasing the capacity for a higher level of care for youth, and may be more appropriate than adding more inpatient beds. Although most CSU models involve 3 to 5 day stay, and operate with a full medical model, there is another, less intensive model

operating currently at Highlands Community Services Board for children and adolescents that offers a day program. This model, in addition to a 24-7 higher intensity CSU would enhance the continuum of care for children and adolescents in our region.

In order for the region to increase their capacity for higher acuity adults needing inpatient care using the current bed availability, the addition of residential treatment services for substance dependence, and the addition of a children and adolescent 24-7 CSU, improved training and recruitment of specialized professionals will be necessary. Figure 1 displays the location and capacity of in-patient treatment facilities in the region. Table 1 lists the residential alcohol and drug residential treatment facilities available.

The recruitment and retention of professionals, specialists, specifically psychiatrists is a challenge making innovative service delivery methods such as telemedicine attractive as a viable option.



ID Number	Facility Name	City	Potential Adult Psych	Potential Gero Psych	Children Psych	Detox
1	Woodridge	Johnson City	70	14	12	0
2	5 East/Reflections (Bristol Reg. Hospital)	Bristol	0	16	0	0
3	New Leaf (Sycamore Shoals)	Elizabethton	0	12	0	0
4	Peninsula Hospital	Knoxville	120	0	16	0
5	Parkwest Senior Behavioral Health	Knoxville	16	0	0	0
6	Takoma Senior Care	Greeneville	9	0	0	0
7	Lakeside Behavioral Health	Memphis	0	0	55	0
8	St. Francis Hospital	Memphis	0	0	34	0
9	Vanderbilt University	Nashville	0	0	26	0
10	Skyline Medical Center	Nashville	0	0	21	0
11	Rolling Hills	Franklin	0	0	20	0
12	Parkridge Valley	Chattanooga	0	0	108	0
13	Cumberland Hall	Hopkinsville	0	0	34	0
14	Ridgeview Pavilion	Bristol	21	0	0	0
15	Clearview Center	Lebanon	20	0	0	0
16	Southwest VA Mental Health Institute	Marion	138	41	0	0
17	The Laurels	Lebanon	6	0	0	10
18	The Life Center of Galax	Galax	0	0	0	60
19	Twin County Regional Behavior Health	Galax	10	0	0	0

Figure 1. In-patient Mental Health and Addictions Facilities in the Region, with Bed Type and Capacity

Table 1. Other Residential Beds in the Region, 2016

Type	Name	Location	Treatment Population	Bed Capacity		
				Medically Monitore	Co-occurring	Total
Crisis Stabilization Unit	Frontier Health	Johnson City	Adult	-	-	15
Residential A&D	Magnolia Ridge	Johnson City	Adult	8	11	19
Residential A&D	Willow Ridge	Johnson City	Women	-	12	12
Residential A&D	Residential Alcohol and Drug Comprehensive Community Services	Kingsport	Adult	-	43	55
			Adolescent	-	12	
Crisis Stabilization Unit	Cornerstone	Wytheville	Adult	-	-	6
Crisis Stabilization Unit	New Horizons	Blacksburg	Adult	-	-	6

Telemedicine

Telemedicine is a method that allows for the exchange of medical information from one site to another via electronic communication such as two-way video, email, smart phones and other forms of telecommunications software. Telemedicine may help providers to overcome barriers associated with treatment delivery in rural areas where there typically is a dearth of specialists and mental health professionals to support the community. There are several case studies that illustrate the potential for implementing telehealth practices for psychiatry in various populations. The use of technology to directly educate providers, and rendering direct services are both promising approaches to expanding access to behavioral health services in rural communities.

Studies have shown that telemedicine is particularly effective at specifically treating patients who experience social anxiety, agoraphobia, claustrophobia, post-traumatic stress disorder, obsessive compulsive disorder and substance abuse disorders.[1] In a recent series of case studies, investigators learned that children with social anxiety or certain forms of autism may even experience better outcomes through videoconferencing compared to face to face treatment due to the nature of their mental health disorder.[2] In adult populations, research has shown that cognitive behavioral therapy received via telemedicine has been effective at reducing the severity of mental health problems as well as reducing the number of unnecessary emergency department visits and hospitalizations for mental health related issues.[3]

Telemedicine may also be particularly applicable in rural populations where patients experience a dearth of providers, particularly medical and behavioral specialists, as well other barriers to access including lack of

transportation and financial resources. In rural settings, the mental health needs of patients typically falls on primary care providers who may not have specialized mental health and substance use disorders training.[4] In addition, providers also have to battle against stigma associated with mental illness and substance use disorder. Unfortunately, this cluster of factors contribute to patients often not seeking help until their mental illness is advanced.[3]

Telehealth can help to remove some of these barriers both for patients and providers. In the Telepsychiatry Consultation Model for instance, a primary care provider refers a patient to a psychiatrist who conducts an evaluation via video conferencing. Through this model, primary care providers can be advised on course of treatment for their patient that may include medication and/or other psychotherapeutic approaches. This model has been particularly effective in rural populations where primary care providers have established relationships with their patients.[4]

It is important to note that the use of telemedicine is relatively new and has generally outpaced thorough and large-scale scientific research.[1] Other barriers that have been identified to setting up telemedicine programs relate to a lack of understanding among physicians related to the value and operational implementation of telemedicine, poor advertising of new services and lack of IT support.[4] Patients also often have concerns related to confidentiality of information when transmitted electronically, so all telemedicine programs must be in strict compliance with the Health Insurance Portability and Accountability Act (HIPAA).[1] Another substantial barrier relates to reimbursement for telemedical services. It is essential to address insurer reimbursement prior to program implementation so patients will actually be able to access necessary services.

There are several case studies that illustrate the effective implementation of telemedicine practices to enhance positive health outcomes for patients. In 2008, a coalition was formed between the University of Alabama School of Medicine and Department of Psychiatry and Behavioral Neurobiology, along with regional non-profit mental health prevention and treatment organizations, the Alabama Department of Mental Health, and the Alabama chapter of the National Alliance on Mental Illness (NAMI). The goal of this collaboration was to reduce stigma and support the health of people living with mental illness in rural Alabama. Psychiatrists were solicited from the school of medicine for the provision of telepsychiatry services to patients within the partner non-profit mental health treatment facility.

This effort focused on children as there was a lack of services provided in the area specifically for youth. The "setup cost" for this program was approximately $2,000 for equipment plus $350 per month for operation, plus psychiatrist and physician salary costs. The cost was the greatest challenge to this project since the reimbursements for physicians and psychiatrists remained the same as face-to-face consultations, and there was no additional funding for the set up fees. Steps identified by the project to improve their model more effective rigorous data collection, as well as an evaluation of specific models aimed at generating specific outcomes.[3]

School Based Services

Access to mental health services can also be increased in a significant way to children by making them available where children spend most of their day – in school. A combination of funding for prevention and early intervention along with treatment is most effective in balancing the needs of the school system and serving children who may not make it in to a treatment center.

Some school-based service delivery models which have been effectively implemented in the Northeast region of TN include:

The **School Based Liaison for At Risk Youth** program (SBL-ARY) is a grant program jointly funded through both TN State Department of Mental Health and Substance Abuse Services and the TN State Department of Education. The main purpose is to provide face to face consultation to classroom teachers to enhance the learning environment for students who are at risk or already facing the challenges of: substance abuse, learning disabilities, behavior difficulties, and serious emotional disturbance. The SBL-ARY provides liaison services between families and the school in order to increase communication and collaboration necessary to assist at risk students. This program is currently available in 3 counties in the region and could be replicated with funding to do so

Project BASIC, Better Attitudes and Skills In Children, is a school-based mental health early intervention and prevention program that seeks to equip students with life's basics – a positive self-concept, a healthy self-esteem and social skills. While Project BASIC targets elementary students, it also benefits school personnel and parents. Child Development Specialists (CDS) work within each school to help teachers, administrators and parents develop an environment that fosters a positive self-concept and to recognize students in need of early mental health intervention The goal is to enhance awareness of mental health issues and support school personnel in meeting the mental health needs of the children by conducting appropriate presentations in every K-3 classroom on self-esteem, personal safety and self-care. Presentations may include issues such as coping with divorce or with a death in the family, or building coping skills following a local disaster which are tailored to

the community. The Current Project BASIC sites are funded through federal block grant funding through TDMHSAS.

The **HEROES** project in Johnson City Schools is a school-based mental health service delivery model that was sustained from a federal *Safe Schools/Healthy Students* grant through blended funding streams. Child Development staff, case managers, and therapists are placed in all schools with the capability of providing the prevention and early intervention described in the programs above, along with the credentialed staff who can provide direct service delivery on-site within the school when needed. This program provides significant parent intervention and serves as a liaison to child psychiatry services within the traditional clinic model. This program has demonstrated that early intervention and access to care contributes to improved achievement scores. This service could be replicated in other systems with resources to do so.

In **VIRGINIA' S** system, Medicaid funds school based mental health treatment services to school age children who meet the criteria for Serious Emotional Disturbance (SED) or At Risk of SED (At Risk). **Therapeutic Day Treatment (TDT)** is a service that may be provided in either a separate specialized classroom model (i.e., "a Carve-Out" Model) or an Integrated Classroom Model which allows the child to remain in the normal educational milieu, with treatment staff present in the classroom to assist the child. The most frequent iteration of TDT is the Integrated Classroom Model which places a Qualified Mental Health Professional (QMHP) with the child throughout the school day. Providers of this service operate from a distinct treatment plan that functions in conjunction with mental health case management and other services. To receive TDT, childrenmust be screened into the program via a clinical assessment from the case management provider which determines the medical necessity for TDT, based in part on the lack of success in less intensive treatment modalities. Although this has been viewed by as a successful model, it is a service which is only available for Medicaid recipients or through private pay arrangement.

Regardless of which school based model of intervention is used, one of the elements that is critical in

rendering school based services is to be sure to include parental involvement. Children and adolescents need their caretakers to be involved with them in therapy services and although school based services can be extremely effective, adding a component of clinic based services to include the parent(s)/ caregivers, or in-home intervention can strengthen the impact of school based interventions.

Care Coordination/ Integrated Care

The committee recognizes the need for coordination and collaboration between all services available to address behavioral health issues in the region. Integrated care benefits patients and improves outcomes by providing treatment for physical and behavioral issues in tandem. This approach has a synergistic effect that can prevent the development and exacerbation of future health conditions, thus lowering healthcare cost and improving quality of life for patients. Integrated care involves an inter-professional team of providers (e.g. physicians, case managers, mental health specialists, etc.) working with a patient to help them achieve optimal health.[11]

Coordinated care approaches prevent the silo effect in which patients communicate with multiple health professionals who rarely communicate with each other, thus fragmenting care making it less effective and potentially hazardous to the patient's health. This approach also helps to reduce stigma regarding mental health disorders, by encouraging professional collaboration and communication between medical and behavioral health providers.[12]

There are several organizations that have established guidelines for best practices regarding collaborative care. It is essential for any collaborative care program to adopt a "no wrong door" policy, meaning no matter how a patient enters the healthcare system, all of their physical and mental health needs should be met within that system. Another broad goal of the collaborative care approach relates to a patient-centered care model that is shared among all providers. Rather than asking the patient to seek services outside of the healthcare system, the onus is on the practitioners to collaborate and communicate with each other to provide optimal treatment for a patient's physical and mental health needs.[13] Several promising approaches used by state Medicaid programs, health insurance plans, and providers are outlined in the five stages of the integration continuum below.

Universal Screenings	Patients should be screened for mental health and substance use disorders when they receive health care. There are several screeners available for use in primary care settings including the Patient Health Questionnaire (PHQ-9) for Depression (widely used), the Mood Disorders Questionnaire (MDQ), the Suicide Behavior Questionnaire (SBQ-R), the Generalized Anxiety Disorders Questionnaire (GAD-7), the Life Event Checklist (LEC) which screens for Trauma, and The Screening, Brief Intervention, Referral to Treatment (SBIRT) tool which is useful in identifying substance use issues. These and other screening tools can be offered in a wide variety of settings including primary care centers, trauma centers, emergency rooms and community settings.
Navigators	Navigators in a healthcare system can assist individuals seeking services for behavioral or mental health conditions with a wide range of tasks. Depending on their training, they can help the patient to make appointments as well as advocate for certain treatment plans, social services or medical procedures.

	Navigators can be nurses, mental health case managers, therapists, or trained "peer specialists" who may have experience in the behavioral health system.
Co-Location	This concept relates to offering both primary, specialty and mental health services in the same location for patients. This is particularly important for patients who may have mobility issues due to mental health status, socioeconomic status or age.
Health Homes	Health homes are a sophisticated approach to collaborative care and have been adopted by Medicaid in 19 states as well as the District of Columbia. A Behavioral Health Home is a **model of service delivery** for individuals who have a serious mental illness or emotional disturbance. It promotes a cost effective way to facilitate access to an array of behavioral health, medical care and community based social services and supports. The purpose of a behavioral health home is to help individuals with chronic conditions access treatment, foster joint decision making across behavioral and medical health care providers and instill awareness of the interaction of behavioral and physical health needs in a population with a chronic condition, to include quality and cost impact.
System-Level Integration	This model illustrates the highest level of integrated care. Physicians, mental health providers and social workers have an established network of communication and information sharing. No matter which person or organization provides the first point of contact for a patient, they immediately have access to all needed services.

This approach can sometimes utilize the expertise of a Behavioral Health Consultants (BHC) to work alongside primary care physicians. The primary care provider acts as the team leader and can screen patients for mental health issues, conduct a medical evaluation, prescribe, and monitor patients. The BHC's role is to provide prevention education to patients on a wide range of topics (e.g. self-care, hygiene, stress reduction, etc.), help the patient learn self-management skills, and help the patient set goals or overcome personal obstacles. In order to be successful, BHCs must possess knowledge of evidence-based treatments, have well developed communication skills, a working knowledge of pharmacology, and a basic understanding of medicine.

For health systems looking to adopt collaborative care models, there are initial steps they can take to make this a reality. First, behavioral health screening must be adopted into all primary care practice (e.g. PHQ-9 and the SBIRT). Second, health systems should use evidence-based and / or best practice methods for care management, supervision, support and evaluation that are shared by all practitioners throughout the healthcare system. Finally, health administrators should work to improve and refine the skills of all practitioners within the system to make sure they are able to effectively screen and treat patients for a wide variety of health issues.[12]

Integrated care models have been well researched and show promising results for affecting positive patient outcomes. A 2012 Cochrane Review found that collaborative approaches are better than routine care for improving symptoms of depression and anxiety.[11] The review also found that patients who have access to collaborative care are more likely to take their medication consistently and report higher overall satisfaction with their treatment.[11]

In addition to establishing a model of integrated care delivery, the committee recommends coordinated efforts be made to build a system of care that is capable of prevention and early intervention with treatment and recovery services integrated in the community. This requires engaging with local government, hospitals, physicians, social service providers, public schools, colleges and universities, libraries, law enforcement, community organizations, and faith-based organizations to build a network that is person-centered, responsive, and effective from prevention to recovery.[14]

Several communities across the country have built similar networks, either in response to specific health concerns or changing health laws. Structures supporting these networks vary and include centralized non-profit organizations, those led by a single bridge organization, and decentralized coalitions of providers.[14] The recommended structure for a network to serve the 21-county region of northeast Tennessee and southwest Virginia is not yet clear and would part of the initial strategic planning process. Qualitative case studies of these networks has yielded a set of recommended steps that serve to foster successful collaborations.[14]

The mission of the proposed collaborative must be clear and concise. Being that rural health is of great concern in the region, the network may choose to focus its mission of developing partnerships for the effective delivery of prevention, early intervention, treatment, and recovery services in the rural communities of southern Appalachia. The mission should be responsive to the needs of the target community and framed so as to attract and include needed agencies and providers to the organization.

Deliberate efforts should be made to establish a supportive, egalitarian environment for providers to encourage collaborative rather than competitive relationships between them. The goal of the network is to create synergies that are greater than the sum of its parts by bringing together capable and complementary agencies. Outputs from a successful collaboration include quality improvement, support for evidence-based and/or best practice programming, increased community awareness, increased prevention efforts, greater continuity of care, and community-based recovery.

The bedrock for a provider network in the region whose mission it is to decrease the prevalence of mental health and substance abuse disorders is community engagement. The stigma associated with these disorders is prohibitive to the provision of effective prevention and treatment. The community must play an active role within the network so that members can be responsive to changing needs within the community, as well as gain access to community resources needed to ensure successful recovery.

Data Integration and Sharing

One of the significant limitations to the provision of consistent, efficient, and effective mental health and substance abuse treatment services is the difficulty in ascertaining what is available and for whom. Northeast Tennessee and Southwest Virginia covers a large area and coordination of services is complicated by state-line issues and the mountainous terrain. Related jurisdictional issues preclude people from receiving services they need, even if providers are available mere miles away. In addition, the lack of a centralized resource documenting services means that each organization must develop its own network for referrals and call each place every time a need arises.

An interactive, searchable database that is updated in real time would assist agencies and individuals in knowing what services are available or what the wait time might be for the receipt of services. Such a database would need to be developed using an interoperable system that would interface across organizations or, at least, be easy enough to learn that staff across agencies would be able to monitor and update it without significant additional training.

Currently, one of the significant complications for the receipt of services is hard-and-fast service line demarcations. The fact that people living in one state are not able to access services in the other state because of insurance-company imposed limits means that instead of travelling only a few miles to receive care, some individuals may have to drive many hours the opposite direction. Similarly, boundaries between public service agencies (e.g., based on county lines) mean that neighbors may have access to widely divergent types of services. Elimination of these artificial boundaries or the development of additional resources so that all citizens in all counties of both states have equal access to the same services would be crucial to the success of any newly formed system – otherwise, knowing that services are available elsewhere but are only available to residents of that locale is more frustrating than helpful.

Community Education

Educational initiatives in the community and clinical settings should be instituted to reduce stigma around mental health and substance use disorder prevention, treatment, and recovery. As described in the previous section, the community's role in developing an effective system of care is vital and must be a priority moving forward.

Social and structural (i.e. laws and institutional procedures) stigma has a significant impact on the likelihood of individuals with mental health and substance abuse disorders accessing available services. In 2012, respondents to the Behavioral Risk Factor Surveillance System (BRFSS) were asked to indicate their level of agreement with the following statements: "Treatment can help people with mental illness lead normal lives" and "People are generally caring and sympathetic to people with mental illness".[15] In Tennessee, 22% of adults with serious psychological distress strongly disagreed with the statement that people are caring and sympathetic to people with mental illness. That number dropped to 19% in Virginia. These results prompted the CDC to develop general guidelines for engaging community stakeholders and policymakers in reducing stigma associated with mental illness. These guidelines include:[15]

- Continued monitoring of mental health status within communities
- Implement evidence-based and culturally competent programs across subgroups within the community
- Encourage local media to incorporate positive messages related to mental health
- Avoid labeling someone as their illness (e.g. rather than saying, "she's bipolar", say, "she has a bipolar disorder")
- Support people in the community with mental illness by showing compassion and increasing available resources.

The general public's view about mental illness and substance use disorders can be modified through basic educational efforts aimed at dispelling misconceptions and stereotypes. However, presentations and interaction by and with those who have been battling these disorders and are successful in their recovery efforts are an even more successful means of dispelling stigma. Programs such as "In Our Own Voice" is one such program where individuals who have a mental illness and/or substance use disorder, tell their own story of recovery, "in their own voice". These types of initiatives have been successfully used to demonstrate how recovery is possible with treatment and support. Being able to interact directly with individuals recovering from mental illness and addiction has been shown to be the most impactful way of dispelling myths and stigma.[16]

Another important way to decrease the stigma associated with mental illness and addiction is to encourage local and national law makers to make funding for prevention and treatment services a priority. Funding cuts and even stagnant funding year after year for prevention and intervention subtly promotes mental

illness and addiction services as less important than other expenditures, even though the mental health wellbeing of any region – and ours is no exception - plays an extremely important role in our overall health, education and employment success. According to the National Institute of Health, for every dollar spent on mental health, substance use disorders or co-occurring treatment, seven dollars is saved in community costs through decreased hospitalization, decreased unemployment and training costs, decreased incarceration and most importantly, decreased deaths.[17]

Measuring Success

The metrics below are expected outcomes from the work described above. There are likely to be other benefits associated with addressing the Mental Health and Addictions Steering Committee's priorities, but what is included here is what the committee feels are representative of the positive outcomes that are expected.

Metric	Data Source
Overdose incidence and deaths decline	County Health Rankings
Fewer overdose-related ED visits	Hospital Admissions Data
Fewer drug-related hospitalizations	Hospital Admissions Data
Fewer alcohol-related MVA	Tennessee Department of Safety and Homeland Security Virginia Department of Motor Vehicles
Fewer DUI Incidences	TN-MADD VA-MADD, VDMV CDC
Less HIV and HCV associated with Injection Drug Use	Tennessee Department of Health Virginia Department of Health County Health Rankings AIDSVU (CDC)
Lower foster care need	KidsCount (Department of Child Services) KidsCount (Virginia Department of Social Services)
Less child abuse and neglect	KidsCount:(Department of Children's Services) KidsCount (Virginia Department of Social Services)
Fewer prison/jails stays	Tennessee Department of Corrections Virginia Department of Corrections
Lower drug initiation rates	YRBS
Increased employment	County Health Rankings

Increased stimulation of partnerships across regions/sectors	Pending/Unknown
Increased funding cross-sector collaborations	Pending/Unknown
Reduced rates of NAS	MSHA/Wellmont inpatient hospitalization data Tennessee Department of Health Virginia Department of Health

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EXHIBIT L-6A

Exhibit X-6A – MSHA Contact Information
for Individuals Responsible for Mental Health, Addiction Recovery, and Substance Abuse

- Sycamore Shoals Hospital
  Dwayne Taylor, CEO
  1501 W Elk Ave, Elizabethton, TN 37643
  Phone: (423) 542-1300
  TaylorLD@msha.com

- Woodridge Psychiatric Hospital
  Lindy White, CEO
  403 N State of Franklin Rd, Johnson City, TN 37604
  Phone: (423) 302-1122
  WhiteLP@msha.com

- Dickenson Community Hospital-
  Mark Vanover, Administrator
  312 Hospital Dr., Clintwood, VA 24228
  Phone: (276) 926-0300
  VanoverMS@msha.com

- Russell County Medical Center
  Steve Givens, Administrator
  Carroll St, Lebanon, VA 24266
  Phone: (276) 883-8000
  GivensSK3@msha.com

EXHIBIT L-6B

WHS Contact Information for Mental Health, Addiction Recovery and Substance Abuse Programs

Sue Lindenbusch

Senior Vice President

- Maryville University - Bachelor's Degree in Nursing
- University of Missouri - Master's Degree in Nursing

1905 American Way
Kingsport, TN 37660
Work Phone: 423-230-8436

Internal Data - Discharge Database FY 16
Discharges by Zipcode
This data was used to create the service area maps in Section XII Question 1 a

	DCH						
ZIP	FY14	% TOTAL	FY15	% TOTAL	FY16	% TOTAL	% CUM
24228	5	62.5%	2	100.0%	24	21.8%	21.8%
24230		0.0%		0.0%	14	12.7%	34.5%
24354		0.0%		0.0%	9	8.2%	42.7%
24293		0.0%		0.0%	6	5.5%	48.2%
24210		0.0%		0.0%	6	5.5%	53.6%
24219		0.0%		0.0%	6	5.5%	59.1%
24244		0.0%		0.0%	5	4.5%	63.6%
24382		0.0%		0.0%	4	3.6%	67.3%
24263		0.0%		0.0%	3	2.7%	70.0%
24368		0.0%		0.0%	3	2.7%	72.7%
24256	2	25.0%		0.0%	3	2.7%	75.5%
24279		0.0%		0.0%	3	2.7%	78.2%
24273		0.0%		0.0%	2	1.8%	80.0%
24251		0.0%		0.0%	2	1.8%	81.8%
24226		0.0%		0.0%	2	1.8%	83.6%
24340		0.0%		0.0%	1	0.9%	84.5%
24656		0.0%		0.0%	1	0.9%	85.5%
24641		0.0%		0.0%	1	0.9%	86.4%
24246		0.0%		0.0%	1	0.9%	87.3%
24333		0.0%		0.0%	1	0.9%	88.2%
37656		0.0%		0.0%	1	0.9%	89.1%
37660		0.0%		0.0%	1	0.9%	90.0%
24370		0.0%		0.0%	1	0.9%	90.9%
24318		0.0%		0.0%	1	0.9%	91.8%
24224		0.0%		0.0%	1	0.9%	92.7%
24319		0.0%		0.0%	1	0.9%	93.6%
24651		0.0%		0.0%	1	0.9%	94.5%
24325		0.0%		0.0%	1	0.9%	95.5%
24266		0.0%		0.0%	1	0.9%	96.4%
24327		0.0%		0.0%	1	0.9%	97.3%
41553		0.0%		0.0%	1	0.9%	98.2%
24091		0.0%		0.0%	1	0.9%	99.1%
24281		0.0%		0.0%	1	0.9%	100.0%
24220	1	12.5%		0.0%		0.0%	
Grand Total	**8**	**100.0%**	**2**	**100.0%**	**110**	**100.0%**	

ZIP
24210
24211
24354
24319
24370
24340
24361
24266
24236
24224
24201
24202
24260
24212
37620
24609
24283
37683
24311
24225
24228
24230
24237
24641
24368
24649
24637
24639
24375
37680
24646
24378
24256
24293
24292
24614
37688
24280
24630
24651

24327
24656
24273
24382
24226
24239
24612
24622
24279
24377
24217
24631
24363
24620
24219
24220
24270
24209
37617
24244
37618
37604
24272
37621
24604
37660
24602
24318
24271
24850
37643
24055
37664
24263
37625
30143
24657
25871
37601
24701
24603
24216
27455
24245
41501
24258
24634

24282
01095
24290
28615
24316
37814
24323
70601
24333
27616
33860
41548
24148
24243
24315
21084
12042
07666
38127
24326
47011
21704
30083
24250
37064
24348
37658
24350
37873
24360
38672
22405
44312
24366
72205
24374
30039
22732
32099
24381
35244
24502
37312
24522
37641
24541
24136

24251
37766
23059
37918
24624
38462
24627
14731
24628
44039
23324
45371
08759
67037
23462
75939
23834
30032
24009
30080
24265
24014
24739
32908
24740
34613
24844
37015
24879
37219
24951
37421
24976
37640
25425
37650
25559
37659
25567
37663
98028
37692
20005
20169
27104
37876
20116

38119
27511
38167
27528
38663
27614
40977
84116
41512
91405
41553
28086
44260
28150
44905
28601
45885
28602
59922
24281
24314
28645
75604
28906
81240
29510
29710
28043
29412
24818
92124
60611
27560
37803
27587
11763
14437
76208
22101
37686
27617
37890
27889
24873
19380
07305
28081

73162
24269
85016
22656
24301
28562
23702
28570
37861
22712
08210
19701
40383
28607
42003
19940
45123
28621
47302
28634
27055
28643
75404
22802
78227
28655
27519
28675
20874
28785
24179
28801
37690
28804
37743
28805
37818
28806
23930
23002
37932
24203
24248
29440
39041
29468
40855

19943
24322
29569
06840
23009
25427
29928
45244
24460
47150
19963
22033
30058
24343
30064
19143
24277
75077
04930
75703
24574
78045
30189
27510
30379
89149
30577
91423
30720
20745
31014
23454
31312
37665
23035
02653
32707
03844
32720
37691
32759
37725
15205
21048
33147
23901
33351

37857
33401
37862
33774
24004
33810
16669
15228
38106
34202
24246
24605
24813
34949
21133
24607
39482
35294
40391
35475
24012
36109
24874
36720
24941
36904
43804
23093
24324
37029
44720
37040
45106
23114
45150
37205
17745
24613
97479
37303
47272
23188
48184
37353
60178
37354
61021

37363
70053
23227
72023
23236
72301
24017
75068
37616
75143
24018
27360
24019
19149
02421
77335
24073
78046
24084
79938
15345
24351
15728
89011
37642
90280
24121
91406
37645
91709
05047
22041
23237
98125
27030
27040
Grand Total

PSA (75%)
SSA (90%)

JMH						
FY14	% TOTAL	FY15	% TOTAL	FY16	% TOTAL	% CUM
1,359	18.5%	1,733	18.6%	1,516	17.4%	17.4%
646	8.8%	795	8.5%	823	9.5%	26.9%
498	6.8%	691	7.4%	674	7.8%	34.6%
447	6.1%	595	6.4%	585	6.7%	41.4%
493	6.7%	625	6.7%	525	6.0%	47.4%
491	6.7%	637	6.8%	524	6.0%	53.4%
441	6.0%	535	5.7%	486	5.6%	59.0%
349	4.7%	409	4.4%	384	4.4%	63.4%
324	4.4%	337	3.6%	344	4.0%	67.4%
195	2.6%	260	2.8%	295	3.4%	70.8%
197	2.7%	211	2.3%	216	2.5%	73.3%
202	2.7%	230	2.5%	212	2.4%	75.7%
183	2.5%	216	2.3%	184	2.1%	77.8%
110	1.5%	141	1.5%	101	1.2%	79.0%
66	0.9%	125	1.3%	97	1.1%	80.1%
70	1.0%	84	0.9%	94	1.1%	81.2%
90	1.2%	103	1.1%	93	1.1%	82.3%
56	0.8%	100	1.1%	85	1.0%	83.2%
45	0.6%	74	0.8%	68	0.8%	84.0%
85	1.2%	82	0.9%	68	0.8%	84.8%
33	0.4%	37	0.4%	66	0.8%	85.6%
25	0.3%	44	0.5%	65	0.7%	86.3%
48	0.7%	81	0.9%	63	0.7%	87.0%
41	0.6%	56	0.6%	50	0.6%	87.6%
27	0.4%	58	0.6%	48	0.6%	88.2%
41	0.6%	39	0.4%	44	0.5%	88.7%
47	0.6%	44	0.5%	43	0.5%	89.2%
33	0.4%	41	0.4%	40	0.5%	89.6%
37	0.5%	60	0.6%	40	0.5%	90.1%
25	0.3%	38	0.4%	35	0.4%	90.5%
8	0.1%	19	0.2%	35	0.4%	90.9%
32	0.4%	33	0.4%	34	0.4%	91.3%
12	0.2%	25	0.3%	34	0.4%	91.7%
27	0.4%	22	0.2%	34	0.4%	92.1%
39	0.5%	39	0.4%	30	0.3%	92.4%
40	0.5%	40	0.4%	29	0.3%	92.7%
26	0.4%	21	0.2%	28	0.3%	93.1%
30	0.4%	40	0.4%	27	0.3%	93.4%
20	0.3%	32	0.3%	27	0.3%	93.7%
17	0.2%	20	0.2%	26	0.3%	94.0%

			NC
ZIP	FY14	% TOTAL	FY15
24293	616	18.2%	557
24230	540	16.0%	501
24273	454	13.4%	484
24228	347	10.3%	451
24219	257	7.6%	260
24279	256	7.6%	237
24216	124	3.7%	128
24283	88	2.6%	100
24226	63	1.9%	78
24256	106	3.1%	104
24277	58	1.7%	65
24263	30	0.9%	44
24237	58	1.7%	63
24224	38	1.1%	42
24243	24	0.7%	39
24244	26	0.8%	40
24265	18	0.5%	18
24220	23	0.7%	25
24272	33	1.0%	29
24246	33	1.0%	23
41537	19	0.6%	22
24269	15	0.4%	22
24282	7	0.2%	11
24210	2	0.1%	
24281	15	0.4%	9
24212	3	0.1%	1
37660	2	0.1%	4
24656	2	0.1%	1
37642		0.0%	
24614	2	0.1%	2
37708		0.0%	
40927	2	0.1%	3
41522		0.0%	
24271	5	0.1%	2
40823	2	0.1%	3
24225		0.0%	1
24218	6	0.2%	2
24245	4	0.1%	18
37617		0.0%	
24354	1	0.0%	2

33	0.4%	24	0.3%	24	0.3%	94.3%	41858	3	0.1%	4
22	0.3%	29	0.3%	23	0.3%	94.5%	24202	2	0.1%	
8	0.1%	18	0.2%	22	0.3%	94.8%	24266	9	0.3%	4
9	0.1%	12	0.1%	19	0.2%	95.0%	24239	1	0.0%	1
13	0.2%	22	0.2%	18	0.2%	95.2%	24251	2	0.1%	4
9	0.1%	11	0.1%	17	0.2%	95.4%	41501		0.0%	4
17	0.2%	9	0.1%	17	0.2%	95.6%	41838	2	0.1%	4
6	0.1%	8	0.1%	16	0.2%	95.8%	37604		0.0%	
6	0.1%	8	0.1%	16	0.2%	96.0%	24270		0.0%	
10	0.1%	19	0.2%	16	0.2%	96.1%	97420		0.0%	
14	0.2%	7	0.1%	13	0.1%	96.3%	20678		0.0%	
3	0.0%	12	0.1%	12	0.1%	96.4%	23294		0.0%	
7	0.1%	16	0.2%	12	0.1%	96.6%	40855	3	0.1%	2
8	0.1%	8	0.1%	12	0.1%	96.7%	24319		0.0%	
8	0.1%	8	0.1%	12	0.1%	96.8%	23230		0.0%	
5	0.1%	10	0.1%	12	0.1%	97.0%	24250	2	0.1%	1
8	0.1%	6	0.1%	11	0.1%	97.1%	37861		0.0%	1
15	0.2%	18	0.2%	11	0.1%	97.2%	22150		0.0%	
13	0.2%	11	0.1%	10	0.1%	97.3%	40831		0.0%	
1	0.0%	5	0.1%	9	0.1%	97.4%	24641		0.0%	
5	0.1%	6	0.1%	8	0.1%	97.5%	24248	7	0.2%	4
3	0.0%	7	0.1%	8	0.1%	97.6%	24646		0.0%	
6	0.1%	12	0.1%	5	0.1%	97.7%	41540		0.0%	
	0.0%	2	0.0%	4	0.0%	97.7%	22960		0.0%	
	0.0%	2	0.0%	4	0.0%	97.8%	37665		0.0%	
2	0.0%	2	0.0%	4	0.0%	97.8%	41840	2	0.1%	3
9	0.1%	10	0.1%	4	0.0%	97.9%	37825		0.0%	
2	0.0%	8	0.1%	4	0.0%	97.9%	24073		0.0%	
3	0.0%	4	0.0%	3	0.0%	98.0%	40353		0.0%	
2	0.0%	1	0.0%	3	0.0%	98.0%	77379	1	0.0%	
4	0.1%		0.0%	3	0.0%	98.0%	40826	2	0.1%	6
	0.0%		0.0%	3	0.0%	98.1%	34480		0.0%	
2	0.0%	2	0.0%	3	0.0%	98.1%	40843		0.0%	1
	0.0%	1	0.0%	3	0.0%	98.1%	37601		0.0%	2
2	0.0%	2	0.0%	3	0.0%	98.2%	24201	1	0.0%	
	0.0%		0.0%	3	0.0%	98.2%	41837		0.0%	
3	0.0%	1	0.0%	3	0.0%	98.2%	41520	1	0.0%	1
	0.0%	1	0.0%	3	0.0%	98.3%	24221	7	0.2%	2
3	0.0%	1	0.0%	2	0.0%	98.3%	23513		0.0%	
1	0.0%	3	0.0%	2	0.0%	98.3%	37618		0.0%	
4	0.1%	3	0.0%	2	0.0%	98.3%	41812	1	0.0%	1
2	0.0%	3	0.0%	2	0.0%	98.4%	24238		0.0%	
	0.0%		0.0%	2	0.0%	98.4%	23072		0.0%	
2	0.0%	5	0.1%	2	0.0%	98.4%	20187		0.0%	
	0.0%		0.0%	2	0.0%	98.4%	41849	2	0.1%	2
	0.0%	3	0.0%	2	0.0%	98.4%	42101		0.0%	
6	0.1%	5	0.1%	2	0.0%	98.5%	48880		0.0%	

	0.0%		0.0%	2	0.0%	98.5%	48184		0.0%	
	0.0%		0.0%	2	0.0%	98.5%	27205		0.0%	
	0.0%	1	0.0%	2	0.0%	98.5%	77067		0.0%	
	0.0%		0.0%	2	0.0%	98.6%	29611		0.0%	
1	0.0%	15	0.2%	2	0.0%	98.6%	24018		0.0%	
	0.0%		0.0%	2	0.0%	98.6%	30542		0.0%	
2	0.0%	5	0.1%	2	0.0%	98.6%	27030		0.0%	
	0.0%		0.0%	2	0.0%	98.7%	28166	1	0.0%	
	0.0%		0.0%	2	0.0%	98.7%	41547	1	0.0%	
	0.0%		0.0%	2	0.0%	98.7%	41230	1	0.0%	
	0.0%		0.0%	1	0.0%	98.7%	24215		0.0%	1
	0.0%		0.0%	1	0.0%	98.7%	41825		0.0%	1
	0.0%		0.0%	1	0.0%	98.7%	34769		0.0%	1
1	0.0%		0.0%	1	0.0%	98.7%	30097	1	0.0%	1
3	0.0%	4	0.0%	1	0.0%	98.8%	34785	1	0.0%	
	0.0%		0.0%	1	0.0%	98.8%	22191		0.0%	1
	0.0%		0.0%	1	0.0%	98.8%	37214	1	0.0%	
	0.0%		0.0%	1	0.0%	98.8%	24853	1	0.0%	
	0.0%		0.0%	1	0.0%	98.8%	37312	1	0.0%	1
3	0.0%		0.0%	1	0.0%	98.8%	15301	1	0.0%	
	0.0%		0.0%	1	0.0%	98.8%	37363	1	0.0%	1
	0.0%		0.0%	1	0.0%	98.8%	29650	1	0.0%	
	0.0%		0.0%	1	0.0%	98.9%	23693	1	0.0%	
	0.0%		0.0%	1	0.0%	98.9%	32309		0.0%	1
	0.0%		0.0%	1	0.0%	98.9%	24217	2	0.1%	1
	0.0%	2	0.0%	1	0.0%	98.9%	41512		0.0%	1
	0.0%		0.0%	1	0.0%	98.9%	23831		0.0%	1
	0.0%	1	0.0%	1	0.0%	98.9%	41539	2	0.1%	
	0.0%		0.0%	1	0.0%	98.9%	24280	1	0.0%	
2	0.0%	2	0.0%	1	0.0%	98.9%	41562	1	0.0%	
	0.0%		0.0%	1	0.0%	98.9%	37620		0.0%	1
	0.0%		0.0%	1	0.0%	99.0%	41819		0.0%	1
	0.0%		0.0%	1	0.0%	99.0%	37621	1	0.0%	
	0.0%		0.0%	1	0.0%	99.0%	41835	2	0.1%	1
	0.0%		0.0%	1	0.0%	99.0%	24012	1	0.0%	
	0.0%	3	0.0%	1	0.0%	99.0%	28110	1	0.0%	
	0.0%		0.0%	1	0.0%	99.0%	37650		0.0%	1
	0.0%		0.0%	1	0.0%	99.0%	48066		0.0%	1
	0.0%		0.0%	1	0.0%	99.0%	37659	1	0.0%	3
	0.0%	1	0.0%	1	0.0%	99.0%	63965		0.0%	1
	0.0%		0.0%	1	0.0%	99.1%	20653	1	0.0%	
	0.0%		0.0%	1	0.0%	99.1%	78672	1	0.0%	
	0.0%		0.0%	1	0.0%	99.1%	37662	1	0.0%	
	0.0%		0.0%	1	0.0%	99.1%	24603		0.0%	1
	0.0%		0.0%	1	0.0%	99.1%	37664	1	0.0%	
	0.0%		0.0%	1	0.0%	99.1%	24260	3	0.1%	3
	0.0%		0.0%	1	0.0%	99.1%	23224	1	0.0%	

	0.0%	3	0.0%	1	0.0%	99.1%
	0.0%		0.0%	1	0.0%	99.1%
	0.0%		0.0%	1	0.0%	99.2%
	0.0%		0.0%	1	0.0%	99.2%
1	0.0%		0.0%	1	0.0%	99.2%
	0.0%		0.0%	1	0.0%	99.2%
	0.0%	3	0.0%	1	0.0%	99.2%
	0.0%		0.0%	1	0.0%	99.2%
2	0.0%		0.0%	1	0.0%	99.2%
	0.0%		0.0%	1	0.0%	99.2%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.3%
	0.0%		0.0%	1	0.0%	99.4%
	0.0%	1	0.0%	1	0.0%	99.4%
	0.0%		0.0%	1	0.0%	99.4%
	0.0%	1	0.0%	1	0.0%	99.4%
	0.0%		0.0%	1	0.0%	99.4%
1	0.0%	2	0.0%	1	0.0%	99.4%
	0.0%		0.0%	1	0.0%	99.4%
	0.0%		0.0%	1	0.0%	99.4%
	0.0%		0.0%	1	0.0%	99.4%
1	0.0%		0.0%	1	0.0%	99.5%
	0.0%		0.0%	1	0.0%	99.5%
	0.0%		0.0%	1	0.0%	99.5%
	0.0%		0.0%	1	0.0%	99.5%
	0.0%		0.0%	1	0.0%	99.5%
	0.0%	1	0.0%	1	0.0%	99.5%
	0.0%		0.0%	1	0.0%	99.5%
	0.0%		0.0%	1	0.0%	99.5%
	0.0%		0.0%	1	0.0%	99.6%
	0.0%	2	0.0%	1	0.0%	99.6%
	0.0%		0.0%	1	0.0%	99.6%
1	0.0%		0.0%	1	0.0%	99.6%
	0.0%		0.0%	1	0.0%	99.6%
	0.0%		0.0%	1	0.0%	99.6%
	0.0%	1	0.0%	1	0.0%	99.6%
	0.0%		0.0%	1	0.0%	99.6%
1	0.0%		0.0%	1	0.0%	99.6%
	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.7%

24639	1	0.0%	
24290		0.0%	5
22193	1	0.0%	
37752		0.0%	1
24209	1	0.0%	
37821		0.0%	1
41560		0.0%	1
24112		0.0%	1
41701		0.0%	1
24184		0.0%	1
41817	1	0.0%	
38650		0.0%	1
41821		0.0%	1
24258		0.0%	1
41826		0.0%	1
40601	1	0.0%	
25661		0.0%	1
40769	1	0.0%	
24236		0.0%	1
40815		0.0%	1
41855	2	0.1%	1
40820	2	0.1%	
29577	1	0.0%	
24368	1	0.0%	
22032		0.0%	1
40824	1	0.0%	
49707		0.0%	1
24378	1	0.0%	
29693		0.0%	1
40828		0.0%	2
78251	1	0.0%	
24382	2	0.1%	
23523		0.0%	2
24421		0.0%	1
24540		0.0%	1
Grand Total	**3,376**	**100.0%**	**3,490**

	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.7%
	0.0%		0.0%	1	0.0%	99.8%
	0.0%		0.0%	1	0.0%	99.8%
	0.0%		0.0%	1	0.0%	99.8%
	0.0%		0.0%	1	0.0%	99.8%
	0.0%		0.0%	1	0.0%	99.8%
	0.0%	1	0.0%	1	0.0%	99.8%
	0.0%		0.0%	1	0.0%	99.8%
	0.0%		0.0%	1	0.0%	99.8%
	0.0%		0.0%	1	0.0%	99.9%
	0.0%		0.0%	1	0.0%	99.9%
1	0.0%		0.0%	1	0.0%	99.9%
	0.0%		0.0%	1	0.0%	99.9%
	0.0%	1	0.0%	1	0.0%	99.9%
1	0.0%		0.0%	1	0.0%	99.9%
	0.0%		0.0%	1	0.0%	99.9%
	0.0%		0.0%	1	0.0%	99.9%
	0.0%		0.0%	1	0.0%	99.9%
	0.0%		0.0%	1	0.0%	100.0%
	0.0%		0.0%	1	0.0%	
	0.0%		0.0%	1	0.0%	
	0.0%		0.0%	1	0.0%	
	0.0%		0.0%	1	0.0%	
1	0.0%		0.0%		0.0%	
	0.0%	1	0.0%		0.0%	
1	0.0%		0.0%		0.0%	
	0.0%	1	0.0%		0.0%	
3	0.0%		0.0%		0.0%	
1	0.0%		0.0%		0.0%	
	0.0%	1	0.0%		0.0%	
1	0.0%		0.0%		0.0%	
1	0.0%		0.0%		0.0%	
1	0.0%		0.0%		0.0%	
1	0.0%	3	0.0%		0.0%	
	0.0%	1	0.0%		0.0%	
1	0.0%		0.0%		0.0%	
	0.0%	1	0.0%		0.0%	
	0.0%	1	0.0%		0.0%	
1	0.0%		0.0%		0.0%	
	0.0%	1	0.0%		0.0%	
1	0.0%		0.0%		0.0%	

1	0.0%		0.0%	0.0%
1	0.0%	5	0.1%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
2	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%	2	0.0%	0.0%
2	0.0%		0.0%	0.0%
2	0.0%		0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%	1	0.0%	0.0%
1	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%

1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%

	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
2	0.0%	1	0.0%	0.0%
8	0.1%	4	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
4	0.1%	1	0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	5	0.1%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	3	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
2	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
1	0.0%		0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	1	0.0%	0.0%
	0.0%	2	0.0%	0.0%
	0.0%	1	0.0%	0.0%

	0.0%	1	0.0%		0.0%
	0.0%	1	0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
3	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
	0.0%	1	0.0%		0.0%
2	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
	0.0%	1	0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
	0.0%	1	0.0%		0.0%
1	0.0%	1	0.0%		0.0%
1	0.0%		0.0%		0.0%
3	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
1	0.0%		0.0%		0.0%
7,362	**100.0%**	**9,307**	**100.0%**	**8,696**	**100.0%**

H				
% TOTAL	FY16	% TOTAL	% CUM	
16.0%	595	17.3%	17.3%	
14.4%	537	15.6%	32.9%	
13.9%	501	14.6%	47.4%	
12.9%	396	11.5%	58.9%	
7.4%	231	6.7%	65.7%	
6.8%	216	6.3%	71.9%	
3.7%	122	3.5%	75.5%	
2.9%	116	3.4%	78.8%	
2.2%	81	2.4%	81.2%	
3.0%	81	2.4%	83.6%	
1.9%	73	2.1%	85.7%	
1.3%	53	1.5%	87.2%	
1.8%	53	1.5%	88.8%	
1.2%	51	1.5%	90.2%	
1.1%	45	1.3%	91.5%	
1.1%	43	1.2%	92.8%	
0.5%	24	0.7%	93.5%	
0.7%	21	0.6%	94.1%	
0.8%	19	0.6%	94.7%	
0.7%	17	0.5%	95.1%	
0.6%	10	0.3%	95.4%	
0.6%	10	0.3%	95.7%	
0.3%	9	0.3%	96.0%	
0.0%	8	0.2%	96.2%	
0.3%	8	0.2%	96.5%	
0.0%	7	0.2%	96.7%	
0.1%	6	0.2%	96.8%	
0.0%	5	0.1%	97.0%	
0.0%	4	0.1%	97.1%	
0.1%	4	0.1%	97.2%	
0.0%	4	0.1%	97.3%	
0.1%	4	0.1%	97.4%	
0.0%	4	0.1%	97.6%	
0.1%	3	0.1%	97.6%	
0.1%	3	0.1%	97.7%	
0.0%	3	0.1%	97.8%	
0.1%	3	0.1%	97.9%	
0.5%	3	0.1%	98.0%	
0.0%	3	0.1%	98.1%	
0.1%	3	0.1%	98.2%	

	RCMC				
ZIP	FY14	% TOTAL	FY15	% TOTAL	FY16
24266	475	22.5%	493	25.2%	479
24260	268	12.7%	253	12.9%	264
24224	244	11.6%	246	12.6%	233
24225	107	5.1%	95	4.8%	109
24609	61	2.9%	39	2.0%	64
24283	83	3.9%	67	3.4%	64
24237	91	4.3%	62	3.2%	61
24280	45	2.1%	37	1.9%	49
24210	61	2.9%	46	2.3%	46
24354	36	1.7%	38	1.9%	45
24649	60	2.8%	48	2.4%	43
24230	36	1.7%	29	1.5%	32
24641	32	1.5%	15	0.8%	26
24211	18	0.9%	28	1.4%	25
24293	15	0.7%	15	0.8%	20
24614	21	1.0%	14	0.7%	19
24228	15	0.7%	22	1.1%	19
24639	24	1.1%	20	1.0%	18
24656	14	0.7%	20	1.0%	18
24370	18	0.9%	10	0.5%	14
24219	9	0.4%	15	0.8%	14
24273	13	0.6%	6	0.3%	14
24239	20	0.9%	12	0.6%	13
24637	19	0.9%	8	0.4%	12
24340	15	0.7%	8	0.4%	12
24201	14	0.7%	22	1.1%	11
24202	7	0.3%	8	0.4%	11
24382	3	0.1%	8	0.4%	11
24319	8	0.4%	17	0.9%	11
24612	10	0.5%	12	0.6%	10
24226	9	0.4%	4	0.2%	10
24630	10	0.5%	8	0.4%	10
24333		0.0%	5	0.3%	8
24236	13	0.6%	12	0.6%	8
24361	30	1.4%	11	0.6%	7
24277	7	0.3%	5	0.3%	7
24622	9	0.4%	5	0.3%	7
24244	8	0.4%	6	0.3%	7
24279	8	0.4%	4	0.2%	6
24315	1	0.0%		0.0%	6

0.1%	3	0.1%	98.3%	24263	3	0.1%	6	0.3%	6
0.0%	2	0.1%	98.3%	24311	3	0.1%	1	0.1%	6
0.1%	2	0.1%	98.4%	24216	2	0.1%	7	0.4%	5
0.0%	2	0.1%	98.4%	24272	4	0.2%	4	0.2%	5
0.1%	2	0.1%	98.5%	24212	4	0.2%	3	0.2%	5
0.1%	2	0.1%	98.5%	24256	8	0.4%	11	0.6%	5
0.1%	2	0.1%	98.6%	24651	7	0.3%	7	0.4%	4
0.0%	2	0.1%	98.7%	24646	14	0.7%	11	0.6%	4
0.0%	1	0.0%	98.7%	24368	1	0.0%	1	0.1%	4
0.0%	1	0.0%	98.7%	24248	1	0.0%	1	0.1%	4
0.0%	1	0.0%	98.8%	24290		0.0%	2	0.1%	3
0.0%	1	0.0%	98.8%	24602	2	0.1%	3	0.2%	3
0.1%	1	0.0%	98.8%	24245	3	0.1%		0.0%	3
0.0%	1	0.0%	98.8%	24243	8	0.4%	3	0.2%	3
0.0%	1	0.0%	98.9%	24220	6	0.3%	5	0.3%	3
0.0%	1	0.0%	98.9%	37660	7	0.3%		0.0%	3
0.0%	1	0.0%	98.9%	24251	10	0.5%	7	0.4%	3
0.0%	1	0.0%	99.0%	37604		0.0%	2	0.1%	3
0.0%	1	0.0%	99.0%	37620	11	0.5%	4	0.2%	3
0.0%	1	0.0%	99.0%	24073	1	0.0%	1	0.1%	2
0.1%	1	0.0%	99.0%	24701	1	0.0%		0.0%	2
0.0%	1	0.0%	99.1%	24375	3	0.1%	7	0.4%	2
0.0%	1	0.0%	99.1%	24269	4	0.2%	1	0.1%	2
0.0%	1	0.0%	99.1%	24892		0.0%	1	0.1%	2
0.0%	1	0.0%	99.2%	24631	2	0.1%	4	0.2%	2
0.1%	1	0.0%	99.2%	24153		0.0%		0.0%	2
0.0%	1	0.0%	99.2%	24634	2	0.1%	2	0.1%	2
0.0%	1	0.0%	99.2%	24217	6	0.3%	3	0.2%	2
0.0%	1	0.0%	99.3%	41815		0.0%		0.0%	2
0.0%	1	0.0%	99.3%	24872		0.0%		0.0%	2
0.2%	1	0.0%	99.3%	24603	1	0.0%	1	0.1%	2
0.0%	1	0.0%	99.4%	24416		0.0%		0.0%	2
0.0%	1	0.0%	99.4%	24605	1	0.0%	4	0.2%	2
0.1%	1	0.0%	99.4%	24265		0.0%	2	0.1%	2
0.0%	1	0.0%	99.4%	24282	3	0.1%	2	0.1%	2
0.0%	1	0.0%	99.5%	24620	2	0.1%	1	0.1%	2
0.0%	1	0.0%	99.5%	24374		0.0%	3	0.2%	2
0.1%	1	0.0%	99.5%	29206		0.0%		0.0%	1
0.0%	1	0.0%	99.6%	41835		0.0%		0.0%	1
0.0%	1	0.0%	99.6%	37688		0.0%		0.0%	1
0.0%	1	0.0%	99.6%	24019		0.0%		0.0%	1
0.0%	1	0.0%	99.7%	25260		0.0%		0.0%	1
0.0%	1	0.0%	99.7%	24326		0.0%		0.0%	1
0.0%	1	0.0%	99.7%	36345		0.0%		0.0%	1
0.1%	1	0.0%	99.7%	24327	2	0.1%	1	0.1%	1
0.0%	1	0.0%	99.8%	40391		0.0%		0.0%	1
0.0%	1	0.0%	99.8%	24330		0.0%	1	0.1%	1

0.0%	1	0.0%	99.8%	48091		0.0%		0.0%	1
0.0%	1	0.0%	99.9%	24060		0.0%		0.0%	1
0.0%	1	0.0%	99.9%	27284		0.0%		0.0%	1
0.0%	1	0.0%	99.9%	24343	1	0.0%	3	0.2%	1
0.0%	1	0.0%	99.9%	30635		0.0%		0.0%	1
0.0%	1	0.0%	100.0%	24078		0.0%		0.0%	1
0.0%	1	0.0%		37617		0.0%		0.0%	1
0.0%		0.0%		24084		0.0%		0.0%	1
0.0%		0.0%		37857		0.0%		0.0%	1
0.0%		0.0%		24121		0.0%		0.0%	1
0.0%		0.0%		24016		0.0%		0.0%	1
0.0%		0.0%		24124		0.0%	2	0.1%	1
0.0%		0.0%		43223		0.0%		0.0%	1
0.0%		0.0%		15102		0.0%		0.0%	1
0.0%		0.0%		75604		0.0%		0.0%	1
0.0%		0.0%		24136		0.0%		0.0%	1
0.0%		0.0%		25801		0.0%		0.0%	1
0.0%		0.0%		24377		0.0%		0.0%	1
0.0%		0.0%		28792		0.0%		0.0%	1
0.0%		0.0%		24138		0.0%		0.0%	1
0.0%		0.0%		30040		0.0%		0.0%	1
0.0%		0.0%		24504		0.0%		0.0%	1
0.0%		0.0%		35747		0.0%		0.0%	1
0.0%		0.0%		24150		0.0%		0.0%	1
0.0%		0.0%		37615		0.0%	1	0.1%	1
0.0%		0.0%		17340		0.0%		0.0%	1
0.0%		0.0%		37618	2	0.1%		0.0%	1
0.0%		0.0%		24618		0.0%		0.0%	1
0.0%		0.0%		37814		0.0%		0.0%	1
0.0%		0.0%		22193		0.0%		0.0%	1
0.0%		0.0%		38583		0.0%		0.0%	1
0.0%		0.0%		24271	2	0.1%	4	0.2%	1
0.0%		0.0%		41553	1	0.0%		0.0%	1
0.0%		0.0%		22701		0.0%		0.0%	1
0.0%		0.0%		41821		0.0%		0.0%	1
0.0%		0.0%		23223		0.0%		0.0%	1
0.0%		0.0%		43031		0.0%		0.0%	1
0.0%		0.0%		24218		0.0%		0.0%	1
0.1%		0.0%		45255		0.0%		0.0%	1
0.0%		0.0%		24813		0.0%		0.0%	1
0.0%		0.0%		70094		0.0%		0.0%	1
0.0%		0.0%		24313		0.0%		0.0%	1
0.0%		0.0%		24015		0.0%	1	0.1%	1
0.0%		0.0%		23608		0.0%		0.0%	1
0.0%		0.0%		23435		0.0%	1	0.1%	
0.1%		0.0%		24627	1	0.0%	3	0.2%	
0.0%		0.0%		37683	1	0.0%	1	0.1%	

0.0%		0.0%
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0.0%		0.0%
0.1%		0.0%
0.0%		0.0%
0.0%		0.0%
0.1%		0.0%
0.0%		0.0%
0.0%		0.0%
100.0%	**3,442**	**100.0%**

24657		0.0%	5	0.3%
41826		0.0%	1	0.1%
24348	1	0.0%	1	0.1%
37642		0.0%	1	0.1%
24378		0.0%	1	0.1%
37745		0.0%	1	0.1%
24815	1	0.0%		0.0%
41548		0.0%	1	0.1%
24850		0.0%	2	0.1%
23188		0.0%	1	0.1%
24350		0.0%	2	0.1%
24281	1	0.0%	1	0.1%
24884		0.0%	1	0.1%
37662	1	0.0%		0.0%
24246	2	0.1%	1	0.1%
24366		0.0%	1	0.1%
24317		0.0%	1	0.1%
24017	1	0.0%		0.0%
25508		0.0%	1	0.1%
40831		0.0%	1	0.1%
24540	1	0.0%		0.0%
24209	3	0.1%	1	0.1%
25976		0.0%	1	0.1%
24322	1	0.0%	1	0.1%
26651	3	0.1%		0.0%
23294		0.0%	1	0.1%
27040		0.0%	1	0.1%
84302	1	0.0%		0.0%
24578		0.0%	2	0.1%
24221		0.0%	1	0.1%
28634		0.0%	1	0.1%
24301		0.0%	1	0.1%
24601		0.0%	1	0.1%
37664	1	0.0%	3	0.2%
29154	1	0.0%		0.0%
37684	1	0.0%		0.0%
24141		0.0%	1	0.1%
37711	4	0.2%		0.0%
24250		0.0%	1	0.1%
24175	1	0.0%		0.0%
24604	3	0.1%	2	0.1%
37863		0.0%	1	0.1%
30817		0.0%	1	0.1%
24628	1	0.0%	1	0.1%
31645	1	0.0%		0.0%
41501	1	0.0%		0.0%
32640	1	0.0%		0.0%

22407	1	0.0%		0.0%	
33756	1	0.0%		0.0%	
24270	1	0.0%		0.0%	
24147		0.0%	1	0.1%	
24635		0.0%	1	0.1%	
24608	1	0.0%		0.0%	
15427		0.0%	1	0.1%	
37354		0.0%	1	0.1%	
24323		0.0%	1	0.1%	
37601	4	0.2%		0.0%	
70377		0.0%	1	0.1%	
24292	3	0.1%		0.0%	
75703		0.0%	1	0.1%	
24360		0.0%	6	0.3%	
98816	1	0.0%		0.0%	
24258		0.0%	1	0.1%	
24318	2	0.1%	1	0.1%	
Grand Total	**2,112**	**100.0%**	**1,960**	**100.0%**	**2,008**

% TOTAL	% CUM
23.9%	23.9%
13.1%	37.0%
11.6%	48.6%
5.4%	54.0%
3.2%	57.2%
3.2%	60.4%
3.0%	63.4%
2.4%	65.9%
2.3%	68.2%
2.2%	70.4%
2.1%	72.6%
1.6%	74.2%
1.3%	75.4%
1.2%	76.7%
1.0%	77.7%
0.9%	78.6%
0.9%	79.6%
0.9%	80.5%
0.9%	81.4%
0.7%	82.1%
0.7%	82.8%
0.7%	83.5%
0.6%	84.1%
0.6%	84.7%
0.6%	85.3%
0.5%	85.9%
0.5%	86.4%
0.5%	87.0%
0.5%	87.5%
0.5%	88.0%
0.5%	88.5%
0.5%	89.0%
0.4%	89.4%
0.4%	89.8%
0.3%	90.1%
0.3%	90.5%
0.3%	90.8%
0.3%	91.2%
0.3%	91.5%
0.3%	91.8%

	SCCH						
ZIP	FY14	% TOTAL	FY15	% TOTAL	FY16	% TOTAL	% CUM
24354	834	53.2%	908	57.0%	856	54.5%	54.5%
24319	156	9.9%	177	11.1%	168	10.7%	65.2%
24311	96	6.1%	99	6.2%	104	6.6%	71.8%
24368	109	7.0%	81	5.1%	100	6.4%	78.2%
24370	122	7.8%	110	6.9%	95	6.0%	84.2%
24375	70	4.5%	54	3.4%	74	4.7%	88.9%
24378	25	1.6%	36	2.3%	25	1.6%	90.5%
24382	21	1.3%	12	0.8%	24	1.5%	92.0%
24318	3	0.2%	7	0.4%	17	1.1%	93.1%
24340	18	1.1%	11	0.7%	11	0.7%	93.8%
24211	9	0.6%	7	0.4%	7	0.4%	94.3%
24374	1	0.1%	2	0.1%	7	0.4%	94.7%
24210	11	0.7%	13	0.8%	6	0.4%	95.1%
24361	5	0.3%	10	0.6%	6	0.4%	95.5%
24363	10	0.6%	11	0.7%	6	0.4%	95.9%
24236	13	0.8%	4	0.3%	5	0.3%	96.2%
24201		0.0%	1	0.1%	4	0.3%	96.4%
24377	1	0.1%	1	0.1%	4	0.3%	96.7%
24292	4	0.3%	2	0.1%	3	0.2%	96.9%
24202	1	0.1%		0.0%	3	0.2%	97.1%
24323	8	0.5%	5	0.3%	2	0.1%	97.2%
24651	1	0.1%		0.0%	2	0.1%	97.3%
24801		0.0%		0.0%	2	0.1%	97.5%
40031		0.0%	2	0.1%	2	0.1%	97.6%
24260		0.0%	3	0.2%	2	0.1%	97.7%
24348	1	0.1%		0.0%	2	0.1%	97.8%
24239		0.0%		0.0%	1	0.1%	97.9%
28422		0.0%		0.0%	1	0.1%	98.0%
24639		0.0%		0.0%	1	0.1%	98.0%
24314		0.0%		0.0%	1	0.1%	98.1%
36426		0.0%		0.0%	1	0.1%	98.2%
24315		0.0%	2	0.1%	1	0.1%	98.2%
24630	1	0.1%		0.0%	1	0.1%	98.3%
24316	2	0.1%	4	0.3%	1	0.1%	98.3%
24279		0.0%		0.0%	1	0.1%	98.4%
21122		0.0%		0.0%	1	0.1%	98.5%
34667		0.0%		0.0%	1	0.1%	98.5%
24322		0.0%		0.0%	1	0.1%	98.6%
38125		0.0%		0.0%	1	0.1%	98.7%
24266	2	0.1%	3	0.2%	1	0.1%	98.7%

0.3%	92.1%	24055		0.0%		0.0%	1	0.1%	98.8%
0.3%	92.4%	24328		0.0%		0.0%	1	0.1%	98.9%
0.2%	92.6%	24637		0.0%		0.0%	1	0.1%	98.9%
0.2%	92.9%	24343	1	0.1%		0.0%	1	0.1%	99.0%
0.2%	93.1%	24277		0.0%		0.0%	1	0.1%	99.0%
0.2%	93.4%	70001		0.0%		0.0%	1	0.1%	99.1%
0.2%	93.6%	28152		0.0%		0.0%	1	0.1%	99.2%
0.2%	93.8%	92054		0.0%		0.0%	1	0.1%	99.2%
0.2%	94.0%	28640		0.0%		0.0%	1	0.1%	99.3%
0.2%	94.2%	24352		0.0%		0.0%	1	0.1%	99.4%
0.1%	94.3%	35802		0.0%		0.0%	1	0.1%	99.4%
0.1%	94.5%	24360	2	0.1%	2	0.1%	1	0.1%	99.5%
0.1%	94.6%	37620		0.0%	1	0.1%	1	0.1%	99.6%
0.1%	94.8%	22734	2	0.1%		0.0%	1	0.1%	99.6%
0.1%	94.9%	24280		0.0%		0.0%	1	0.1%	99.7%
0.1%	95.1%	23093		0.0%		0.0%	1	0.1%	99.7%
0.1%	95.2%	24273		0.0%		0.0%	1	0.1%	99.8%
0.1%	95.4%	92398		0.0%		0.0%	1	0.1%	99.9%
0.1%	95.5%	24350	1	0.1%	1	0.1%	1	0.1%	99.9%
0.1%	95.6%	24148		0.0%		0.0%	1	0.1%	100.0%
0.1%	95.7%	37040		0.0%	2	0.1%		0.0%	
0.1%	95.8%	77479	1	0.1%		0.0%		0.0%	
0.1%	95.9%	02067	1	0.1%		0.0%		0.0%	
0.1%	96.0%	24326	2	0.1%		0.0%		0.0%	
0.1%	96.1%	22572	2	0.1%		0.0%		0.0%	
0.1%	96.2%	97479	1	0.1%		0.0%		0.0%	
0.1%	96.3%	37680		0.0%	1	0.1%		0.0%	
0.1%	96.4%	24502	1	0.1%		0.0%		0.0%	
0.1%	96.5%	62012		0.0%	1	0.1%		0.0%	
0.1%	96.6%	24605	1	0.1%		0.0%		0.0%	
0.1%	96.7%	34465	1	0.1%		0.0%		0.0%	
0.1%	96.8%	24609		0.0%	1	0.1%		0.0%	
0.1%	96.9%	20120	1	0.1%		0.0%		0.0%	
0.1%	97.0%	24612	1	0.1%	1	0.1%		0.0%	
0.1%	97.1%	02653	1	0.1%		0.0%		0.0%	
0.1%	97.2%	24327	1	0.1%	2	0.1%		0.0%	
0.1%	97.3%	37688	1	0.1%		0.0%		0.0%	
0.0%	97.4%	24312		0.0%	1	0.1%		0.0%	
0.0%	97.4%	40356	1	0.1%		0.0%		0.0%	
0.0%	97.5%	24330	1	0.1%		0.0%		0.0%	
0.0%	97.5%	23139		0.0%	1	0.1%		0.0%	
0.0%	97.6%	24649	1	0.1%		0.0%		0.0%	
0.0%	97.6%	24018	1	0.1%	1	0.1%		0.0%	
0.0%	97.7%	24333	1	0.1%		0.0%		0.0%	
0.0%	97.7%	24212		0.0%	1	0.1%		0.0%	
0.0%	97.8%	24739	1	0.1%		0.0%		0.0%	
0.0%	97.8%	35990	1	0.1%		0.0%		0.0%	

0.0%	97.9%	21651	2	0.1%		0.0%		0.0%
0.0%	97.9%	36477		0.0%	1	0.1%		0.0%
0.0%	98.0%	27288	1	0.1%		0.0%		0.0%
0.0%	98.0%	37615	1	0.1%		0.0%		0.0%
0.0%	98.1%	27516	1	0.1%		0.0%		0.0%
0.0%	98.1%	37660	1	0.1%		0.0%		0.0%
0.0%	98.2%	28052		0.0%	1	0.1%		0.0%
0.0%	98.2%	37683	2	0.1%		0.0%		0.0%
0.0%	98.3%	24313	1	0.1%	2	0.1%		0.0%
0.0%	98.3%	37815		0.0%	1	0.1%		0.0%
0.0%	98.4%	07006		0.0%	1	0.1%		0.0%
0.0%	98.4%	24270	1	0.1%		0.0%		0.0%
0.0%	98.5%	28607	1	0.1%		0.0%		0.0%
0.0%	98.5%	42223	1	0.1%		0.0%		0.0%
0.0%	98.6%	24256		0.0%	1	0.1%		0.0%
0.0%	98.6%	62379		0.0%	1	0.1%		0.0%
0.0%	98.7%	30265		0.0%	1	0.1%		0.0%
0.0%	98.7%	72204	1	0.1%		0.0%		0.0%
0.0%	98.8%	32210		0.0%	1	0.1%		0.0%
0.0%	98.8%	23901	1	0.1%		0.0%		0.0%
0.0%	98.9%	32680	1	0.1%		0.0%		0.0%
0.0%	98.9%	17563		0.0%	1	0.1%		0.0%
0.0%	99.0%	32751	1	0.1%		0.0%		0.0%
0.0%	99.0%	24141		0.0%	1	0.1%		0.0%
0.0%	99.1%	**Grand Total**	**1,568**	**100.0%**	**1,593**	**100.0%**	**1,571**	**100.0%**
0.0%	99.1%							
0.0%	99.2%							
0.0%	99.2%							
0.0%	99.3%							
0.0%	99.3%							
0.0%	99.4%							
0.0%	99.4%							
0.0%	99.5%							
0.0%	99.5%							
0.0%	99.6%							
0.0%	99.6%							
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0.0%	99.8%							
0.0%	99.8%							
0.0%	99.9%							
0.0%	99.9%							
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Internal Data
Patient Days by Zipcode
This data was used to create the maps in Section XII Question 1 a

				DCH				
ZIP	**FY14**	**% TOTAL**	**FY15**	**% TOTAL**	**FY16**	**% TOTAL**	**CUM % FY16**
24228	8	61.5%	4	100.0%	166	19.5%	19.5%
24293	0	0.0%	0	0.0%	84	9.8%	29.3%
24230	0	0.0%	0	0.0%	75	8.8%	38.1%
24354	0	0.0%	0	0.0%	59	6.9%	45.0%
24210	0	0.0%	0	0.0%	47	5.5%	50.5%
24244	0	0.0%	0	0.0%	46	5.4%	55.9%
24219	0	0.0%	0	0.0%	34	4.0%	59.9%
24370	0	0.0%	0	0.0%	29	3.4%	63.3%
24318	0	0.0%	0	0.0%	29	3.4%	66.7%
24382	0	0.0%	0	0.0%	26	3.0%	69.8%
24256	3	23.1%	0	0.0%	25	2.9%	72.7%
24333	0	0.0%	0	0.0%	21	2.5%	75.1%
24651	0	0.0%	0	0.0%	21	2.5%	77.6%
37656	0	0.0%	0	0.0%	20	2.3%	80.0%
24368	0	0.0%	0	0.0%	19	2.2%	82.2%
24325	0	0.0%	0	0.0%	15	1.8%	83.9%
24263	0	0.0%	0	0.0%	14	1.6%	85.6%
24319	0	0.0%	0	0.0%	13	1.5%	87.1%
24279	0	0.0%	0	0.0%	13	1.5%	88.6%
24251	0	0.0%	0	0.0%	12	1.4%	90.0%
24266	0	0.0%	0	0.0%	12	1.4%	91.4%
24091	0	0.0%	0	0.0%	10	1.2%	92.6%
37660	0	0.0%	0	0.0%	10	1.2%	93.8%
24273	0	0.0%	0	0.0%	9	1.1%	94.8%
24224	0	0.0%	0	0.0%	8	0.9%	95.8%
24281	0	0.0%	0	0.0%	8	0.9%	96.7%
41553	0	0.0%	0	0.0%	8	0.9%	97.7%
24246	0	0.0%	0	0.0%	5	0.6%	98.2%
24327	0	0.0%	0	0.0%	5	0.6%	98.8%
24226	0	0.0%	0	0.0%	4	0.5%	99.3%
24656	0	0.0%	0	0.0%	4	0.5%	99.8%
24340	0	0.0%	0	0.0%	2	0.2%	100.0%
24293	0	0.0%	0	0.0%	0	0.0%	
24220	2	15.4%	0	0.0%	0	0.0%	
41553	0	0.0%	0	0.0%	0	0.0%	
24279	0	0.0%	0	0.0%	0	0.0%	
24340	0	0.0%	0	0.0%	0	0.0%	

24319	0	0.0%	0	0.0%	0	0.0%
24327	0	0.0%	0	0.0%	0	0.0%
24651	0	0.0%	0	0.0%	0	0.0%
24368	0	0.0%	0	0.0%	0	0.0%
24382	0	0.0%	0	0.0%	0	0.0%
24210	0	0.0%	0	0.0%	0	0.0%
37656	0	0.0%	0	0.0%	0	0.0%
24219	0	0.0%	0	0.0%	0	0.0%
24273	0	0.0%	0	0.0%	0	0.0%
24220	0	0.0%	0	0.0%	0	0.0%
24281	0	0.0%	0	0.0%	0	0.0%
24224	0	0.0%	0	0.0%	0	0.0%
24318	0	0.0%	0	0.0%	0	0.0%
24226	0	0.0%	0	0.0%	0	0.0%
24325	0	0.0%	0	0.0%	0	0.0%
24228	0	0.0%	0	0.0%	0	0.0%
24333	0	0.0%	0	0.0%	0	0.0%
24230	0	0.0%	0	0.0%	0	0.0%
24354	0	0.0%	0	0.0%	0	0.0%
24244	0	0.0%	0	0.0%	0	0.0%
24370	0	0.0%	0	0.0%	0	0.0%
24246	0	0.0%	0	0.0%	0	0.0%
24641	0	0.0%	0	0.0%	0	0.0%
24251	0	0.0%	0	0.0%	0	0.0%
24656	0	0.0%	0	0.0%	0	0.0%
24256	0	0.0%	0	0.0%	0	0.0%
37660	0	0.0%	0	0.0%	0	0.0%
24263	0	0.0%	0	0.0%	0	0.0%
24266	0	0.0%	0	0.0%	0	0.0%
24091	0	0.0%	0	0.0%	0	0.0%
Grand Total	**13**	**100.0%**	**4**	**100.0%**	**853**	**100.0%**
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%

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0	0.0%	0	0.0%	0	0.0%

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0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%

EXHIBIT N-2A

				JMH			
ZIP	FY14	% TOTAL	FY15	% TOTAL	FY16	% TOTAL	CUM % FY16
24210	4711	19.0%	5818	19.0%	5660	18.3%	18.3%
24211	2263	9.1%	2867	9.3%	3001	9.7%	28.1%
24354	1748	7.1%	2370	7.7%	2579	8.4%	36.4%
24319	1520	6.1%	2106	6.9%	2082	6.7%	43.2%
24340	1601	6.5%	2177	7.1%	1766	5.7%	48.9%
24370	1677	6.8%	1978	6.4%	1744	5.7%	54.5%
24361	1401	5.7%	1815	5.9%	1724	5.6%	60.1%
24266	1221	4.9%	1358	4.4%	1511	4.9%	65.0%
24236	1019	4.1%	1049	3.4%	1117	3.6%	68.6%
24224	647	2.6%	752	2.5%	915	3.0%	71.6%
24202	657	2.7%	620	2.0%	778	2.5%	74.1%
24260	613	2.5%	730	2.4%	708	2.3%	76.4%
24201	593	2.4%	610	2.0%	688	2.2%	78.7%
24212	364	1.5%	470	1.5%	333	1.1%	79.7%
24283	280	1.1%	309	1.0%	320	1.0%	80.8%
37683	204	0.8%	291	0.9%	313	1.0%	81.8%
24609	211	0.9%	268	0.9%	299	1.0%	82.8%
24311	169	0.7%	265	0.9%	278	0.9%	83.7%
37620	230	0.9%	342	1.1%	276	0.9%	84.6%
24225	282	1.1%	280	0.9%	255	0.8%	85.4%
24237	151	0.6%	262	0.9%	237	0.8%	86.1%
24230	77	0.3%	137	0.4%	222	0.7%	86.9%
24368	91	0.4%	163	0.5%	202	0.7%	87.5%
24637	176	0.7%	114	0.4%	197	0.6%	88.2%
24641	127	0.5%	194	0.6%	188	0.6%	88.8%
24228	94	0.4%	124	0.4%	182	0.6%	89.4%
24375	139	0.6%	202	0.7%	144	0.5%	89.8%
24649	157	0.6%	142	0.5%	134	0.4%	90.3%
24639	91	0.4%	144	0.5%	133	0.4%	90.7%
37680	86	0.3%	125	0.4%	128	0.4%	91.1%
24646	18	0.1%	73	0.2%	126	0.4%	91.5%
24293	95	0.4%	64	0.2%	113	0.4%	91.9%
24378	133	0.5%	105	0.3%	112	0.4%	92.2%
24256	30	0.1%	101	0.3%	106	0.3%	92.6%
24280	96	0.4%	108	0.4%	102	0.3%	92.9%
24382	20	0.1%	46	0.1%	99	0.3%	93.2%
24614	128	0.5%	110	0.4%	96	0.3%	93.5%

37688	69	0.3%	70	0.2%	89	0.3%	93.8%
24292	133	0.5%	121	0.4%	88	0.3%	94.1%
24217	55	0.2%	26	0.1%	86	0.3%	94.4%
24630	50	0.2%	85	0.3%	84	0.3%	94.7%
24327	118	0.5%	58	0.2%	83	0.3%	94.9%
24651	42	0.2%	78	0.3%	78	0.3%	95.2%
24273	29	0.1%	76	0.2%	72	0.2%	95.4%
24620	50	0.2%	45	0.1%	65	0.2%	95.6%
24656	71	0.3%	70	0.2%	58	0.2%	95.8%
24377	32	0.1%	58	0.2%	56	0.2%	96.0%
24270	18	0.1%	16	0.1%	51	0.2%	96.2%
24279	24	0.1%	27	0.1%	49	0.2%	96.3%
24226	41	0.2%	57	0.2%	46	0.1%	96.5%
24612	46	0.2%	22	0.1%	45	0.1%	96.6%
24631	12	0.0%	29	0.1%	45	0.1%	96.8%
24239	42	0.2%	34	0.1%	44	0.1%	96.9%
37617	48	0.2%	60	0.2%	41	0.1%	97.0%
37604	18	0.1%	27	0.1%	34	0.1%	97.2%
24220	23	0.1%	25	0.1%	34	0.1%	97.3%
24622	12	0.0%	31	0.1%	32	0.1%	97.4%
24209	39	0.2%	58	0.2%	31	0.1%	97.5%
24282	0	0.0%	0	0.0%	29	0.1%	97.6%
37618	12	0.0%	19	0.1%	27	0.1%	97.7%
24363	28	0.1%	76	0.2%	26	0.1%	97.7%
37312	0	0.0%	0	0.0%	25	0.1%	97.8%
24272	22	0.1%	47	0.2%	24	0.1%	97.9%
24244	1	0.0%	25	0.1%	22	0.1%	98.0%
24872	0	0.0%	0	0.0%	20	0.1%	98.0%
37625	15	0.1%	3	0.0%	19	0.1%	98.1%
24219	21	0.1%	20	0.1%	19	0.1%	98.2%
37621	0	0.0%	4	0.0%	16	0.1%	98.2%
24318	8	0.0%	25	0.1%	16	0.1%	98.3%
70601	0	0.0%	0	0.0%	14	0.0%	98.3%
59922	0	0.0%	0	0.0%	13	0.0%	98.3%
24055	0	0.0%	0	0.0%	13	0.0%	98.4%
37660	4	0.0%	4	0.0%	12	0.0%	98.4%
37664	4	0.0%	5	0.0%	11	0.0%	98.5%
25871	0	0.0%	3	0.0%	11	0.0%	98.5%
37918	0	0.0%	0	0.0%	10	0.0%	98.5%
28645	0	0.0%	0	0.0%	10	0.0%	98.6%
24701	4	0.0%	10	0.0%	10	0.0%	98.6%
24657	12	0.0%	3	0.0%	9	0.0%	98.6%
24290	0	0.0%	5	0.0%	9	0.0%	98.7%
27455	0	0.0%	0	0.0%	9	0.0%	98.7%
27104	3	0.0%	0	0.0%	9	0.0%	98.7%
24603	14	0.1%	3	0.0%	9	0.0%	98.7%
41501	0	0.0%	0	0.0%	8	0.0%	98.8%

24602	29	0.1%	33	0.1%	8	0.0%	98.8%
24604	0	0.0%	20	0.1%	8	0.0%	98.8%
33860	0	0.0%	0	0.0%	8	0.0%	98.8%
32099	0	0.0%	0	0.0%	7	0.0%	98.9%
25559	0	0.0%	0	0.0%	7	0.0%	98.9%
28615	0	0.0%	0	0.0%	7	0.0%	98.9%
24502	0	0.0%	0	0.0%	7	0.0%	98.9%
24323	8	0.0%	19	0.1%	7	0.0%	99.0%
24333	0	0.0%	0	0.0%	7	0.0%	99.0%
35244	0	0.0%	0	0.0%	6	0.0%	99.0%
40977	0	0.0%	0	0.0%	6	0.0%	99.0%
37814	0	0.0%	0	0.0%	6	0.0%	99.0%
30143	0	0.0%	0	0.0%	6	0.0%	99.1%
24263	0	0.0%	8	0.0%	6	0.0%	99.1%
24251	0	0.0%	8	0.0%	6	0.0%	99.1%
24258	0	0.0%	9	0.0%	6	0.0%	99.1%
24250	0	0.0%	0	0.0%	6	0.0%	99.1%
75939	0	0.0%	0	0.0%	5	0.0%	99.2%
38672	0	0.0%	0	0.0%	5	0.0%	99.2%
37766	0	0.0%	0	0.0%	5	0.0%	99.2%
37659	0	0.0%	4	0.0%	5	0.0%	99.2%
25425	0	0.0%	0	0.0%	5	0.0%	99.2%
24243	2	0.0%	0	0.0%	5	0.0%	99.2%
24316	1	0.0%	49	0.2%	5	0.0%	99.3%
21084	0	0.0%	0	0.0%	5	0.0%	99.3%
24879	2	0.0%	0	0.0%	5	0.0%	99.3%
7666	0	0.0%	0	0.0%	5	0.0%	99.3%
24634	17	0.1%	20	0.1%	5	0.0%	99.3%
24366	0	0.0%	0	0.0%	5	0.0%	99.3%
24360	4	0.0%	7	0.0%	5	0.0%	99.3%
27616	0	0.0%	0	0.0%	5	0.0%	99.4%
24271	10	0.0%	20	0.1%	5	0.0%	99.4%
20169	0	0.0%	0	0.0%	5	0.0%	99.4%
37643	12	0.0%	0	0.0%	4	0.0%	99.4%
37641	0	0.0%	0	0.0%	4	0.0%	99.4%
98028	0	0.0%	0	0.0%	4	0.0%	99.4%
30032	0	0.0%	0	0.0%	4	0.0%	99.4%
28602	2	0.0%	0	0.0%	4	0.0%	99.5%
24014	0	0.0%	0	0.0%	4	0.0%	99.5%
24326	8	0.0%	0	0.0%	4	0.0%	99.5%
22405	0	0.0%	0	0.0%	4	0.0%	99.5%
24624	1	0.0%	0	0.0%	4	0.0%	99.5%
34613	0	0.0%	0	0.0%	3	0.0%	99.5%
67037	0	0.0%	0	0.0%	3	0.0%	99.5%
47011	0	0.0%	0	0.0%	3	0.0%	99.5%
37421	0	0.0%	0	0.0%	3	0.0%	99.6%
24374	0	0.0%	8	0.0%	3	0.0%	99.6%

29710	0	0.0%	0	0.0%	3	0.0%	99.6%
21704	0	0.0%	0	0.0%	3	0.0%	99.6%
24009	0	0.0%	0	0.0%	3	0.0%	99.6%
27511	0	0.0%	0	0.0%	3	0.0%	99.6%
24850	4	0.0%	2	0.0%	3	0.0%	99.6%
24740	1	0.0%	3	0.0%	3	0.0%	99.6%
30083	0	0.0%	0	0.0%	3	0.0%	99.6%
24314	4	0.0%	0	0.0%	3	0.0%	99.6%
24216	4	0.0%	10	0.0%	3	0.0%	99.7%
24976	0	0.0%	0	0.0%	3	0.0%	99.7%
8759	0	0.0%	0	0.0%	3	0.0%	99.7%
24245	2	0.0%	7	0.0%	3	0.0%	99.7%
24739	0	0.0%	2	0.0%	3	0.0%	99.7%
20116	0	0.0%	0	0.0%	3	0.0%	99.7%
38127	0	0.0%	0	0.0%	2	0.0%	99.7%
38663	0	0.0%	0	0.0%	2	0.0%	99.7%
72205	0	0.0%	0	0.0%	2	0.0%	99.7%
75604	0	0.0%	0	0.0%	2	0.0%	99.7%
37663	0	0.0%	0	0.0%	2	0.0%	99.7%
44260	0	0.0%	2	0.0%	2	0.0%	99.7%
38462	0	0.0%	0	0.0%	2	0.0%	99.7%
44905	0	0.0%	0	0.0%	2	0.0%	99.8%
84116	0	0.0%	0	0.0%	2	0.0%	99.8%
45371	0	0.0%	0	0.0%	2	0.0%	99.8%
37640	0	0.0%	6	0.0%	2	0.0%	99.8%
91405	0	0.0%	0	0.0%	2	0.0%	99.8%
37601	12	0.0%	2	0.0%	2	0.0%	99.8%
44039	0	0.0%	0	0.0%	2	0.0%	99.8%
98092	0	0.0%	0	0.0%	2	0.0%	99.8%
23059	0	0.0%	0	0.0%	2	0.0%	99.8%
1095	0	0.0%	4	0.0%	2	0.0%	99.8%
12042	0	0.0%	0	0.0%	2	0.0%	99.8%
24844	0	0.0%	0	0.0%	2	0.0%	99.8%
25567	0	0.0%	0	0.0%	2	0.0%	99.8%
23834	0	0.0%	0	0.0%	2	0.0%	99.8%
24951	0	0.0%	0	0.0%	2	0.0%	99.8%
27528	0	0.0%	0	0.0%	2	0.0%	99.8%
28906	0	0.0%	0	0.0%	2	0.0%	99.9%
24627	0	0.0%	18	0.1%	2	0.0%	99.9%
22732	0	0.0%	0	0.0%	2	0.0%	99.9%
28086	0	0.0%	0	0.0%	2	0.0%	99.9%
24541	0	0.0%	0	0.0%	2	0.0%	99.9%
28150	0	0.0%	0	0.0%	2	0.0%	99.9%
24265	0	0.0%	2	0.0%	2	0.0%	99.9%
20005	0	0.0%	2	0.0%	2	0.0%	99.9%
24348	2	0.0%	4	0.0%	2	0.0%	99.9%
37219	0	0.0%	0	0.0%	1	0.0%	99.9%

37015	0	0.0%	0	0.0%	1	0.0%	99.9%
41553	0	0.0%	0	0.0%	1	0.0%	99.9%
37692	0	0.0%	0	0.0%	1	0.0%	99.9%
37064	0	0.0%	0	0.0%	1	0.0%	99.9%
37873	0	0.0%	0	0.0%	1	0.0%	99.9%
41548	0	0.0%	0	0.0%	1	0.0%	99.9%
37876	0	0.0%	0	0.0%	1	0.0%	99.9%
44312	0	0.0%	0	0.0%	1	0.0%	99.9%
38119	0	0.0%	0	0.0%	1	0.0%	99.9%
37658	0	0.0%	0	0.0%	1	0.0%	99.9%
30080	0	0.0%	0	0.0%	1	0.0%	99.9%
24315	7	0.0%	12	0.0%	1	0.0%	99.9%
23462	0	0.0%	0	0.0%	1	0.0%	100.0%
24350	0	0.0%	1	0.0%	1	0.0%	
29510	0	0.0%	0	0.0%	1	0.0%	
24148	0	0.0%	0	0.0%	1	0.0%	
32908	0	0.0%	0	0.0%	1	0.0%	
24381	0	0.0%	1	0.0%	1	0.0%	
28601	0	0.0%	0	0.0%	1	0.0%	
24522	0	0.0%	0	0.0%	1	0.0%	
29412	0	0.0%	0	0.0%	1	0.0%	
24628	4	0.0%	0	0.0%	1	0.0%	
30039	0	0.0%	0	0.0%	1	0.0%	
23324	0	0.0%	0	0.0%	1	0.0%	
14731	0	0.0%	0	0.0%	1	0.0%	
27614	0	0.0%	0	0.0%	1	0.0%	
28043	0	0.0%	0	0.0%	1	0.0%	
24281	0	0.0%	1	0.0%	1	0.0%	
78227	0	0.0%	0	0.0%	0	0.0%	
37861	0	0.0%	0	0.0%	0	0.0%	
37616	0	0.0%	0	0.0%	0	0.0%	
24340	0	0.0%	0	0.0%	0	0.0%	
45123	0	0.0%	0	0.0%	0	0.0%	
24343	0	0.0%	0	0.0%	0	0.0%	
36720	0	0.0%	0	0.0%	0	0.0%	
24348	0	0.0%	0	0.0%	0	0.0%	
37664	0	0.0%	0	0.0%	0	0.0%	
24350	0	0.0%	0	0.0%	0	0.0%	
40383	0	0.0%	0	0.0%	0	0.0%	
24351	0	0.0%	0	0.0%	0	0.0%	
70601	0	0.0%	0	0.0%	0	0.0%	
24354	0	0.0%	0	0.0%	0	0.0%	
24333	0	0.0%	0	0.0%	0	0.0%	
24360	0	0.0%	0	0.0%	0	0.0%	
37303	0	0.0%	0	0.0%	0	0.0%	
24361	0	0.0%	0	0.0%	0	0.0%	
37642	0	0.0%	0	0.0%	0	0.0%	

24363	0	0.0%	0	0.0%	0	0.0%
37692	0	0.0%	0	0.0%	0	0.0%
24366	0	0.0%	0	0.0%	0	0.0%
38119	0	0.0%	0	0.0%	0	0.0%
24368	0	0.0%	0	0.0%	0	0.0%
42003	0	0.0%	0	0.0%	0	0.0%
24370	0	0.0%	0	0.0%	0	0.0%
47302	0	0.0%	0	0.0%	0	0.0%
24374	0	0.0%	0	0.0%	0	0.0%
75404	0	0.0%	0	0.0%	0	0.0%
24375	0	0.0%	0	0.0%	0	0.0%
91405	0	0.0%	0	0.0%	0	0.0%
24377	0	0.0%	0	0.0%	0	0.0%
35244	0	0.0%	0	0.0%	0	0.0%
24378	0	0.0%	0	0.0%	0	0.0%
37040	0	0.0%	0	0.0%	0	0.0%
24381	0	0.0%	0	0.0%	0	0.0%
37363	0	0.0%	0	0.0%	0	0.0%
24382	0	0.0%	0	0.0%	0	0.0%
37621	0	0.0%	0	0.0%	0	0.0%
24460	0	0.0%	0	0.0%	0	0.0%
37658	0	0.0%	0	0.0%	0	0.0%
24502	0	0.0%	0	0.0%	0	0.0%
37686	0	0.0%	0	0.0%	0	0.0%
24522	0	0.0%	0	0.0%	0	0.0%
37803	0	0.0%	0	0.0%	0	0.0%
24541	0	0.0%	0	0.0%	0	0.0%
37890	0	0.0%	0	0.0%	0	0.0%
24574	0	0.0%	0	0.0%	0	0.0%
38663	0	0.0%	0	0.0%	0	0.0%
24602	0	0.0%	0	0.0%	0	0.0%
41501	0	0.0%	0	0.0%	0	0.0%
24603	0	0.0%	0	0.0%	0	0.0%
44312	0	0.0%	0	0.0%	0	0.0%
24604	0	0.0%	0	0.0%	0	0.0%
45885	0	0.0%	0	0.0%	0	0.0%
24605	0	0.0%	0	0.0%	0	0.0%
60611	0	0.0%	0	0.0%	0	0.0%
24607	0	0.0%	0	0.0%	0	0.0%
73162	0	0.0%	0	0.0%	0	0.0%
24609	0	0.0%	0	0.0%	0	0.0%
76208	0	0.0%	0	0.0%	0	0.0%
24612	0	0.0%	0	0.0%	0	0.0%
85016	0	0.0%	0	0.0%	0	0.0%
24613	0	0.0%	0	0.0%	0	0.0%
92124	0	0.0%	0	0.0%	0	0.0%
24614	0	0.0%	0	0.0%	0	0.0%

34613	0	0.0%	0	0.0%	0	0.0%
24620	0	0.0%	0	0.0%	0	0.0%
35475	0	0.0%	0	0.0%	0	0.0%
24622	0	0.0%	0	0.0%	0	0.0%
37015	0	0.0%	0	0.0%	0	0.0%
24624	0	0.0%	0	0.0%	0	0.0%
37205	0	0.0%	0	0.0%	0	0.0%
24627	0	0.0%	0	0.0%	0	0.0%
37353	0	0.0%	0	0.0%	0	0.0%
24628	0	0.0%	0	0.0%	0	0.0%
37601	0	0.0%	0	0.0%	0	0.0%
24630	0	0.0%	0	0.0%	0	0.0%
37618	0	0.0%	0	0.0%	0	0.0%
24631	0	0.0%	0	0.0%	0	0.0%
37640	0	0.0%	0	0.0%	0	0.0%
24634	0	0.0%	0	0.0%	0	0.0%
37645	0	0.0%	0	0.0%	0	0.0%
24637	0	0.0%	0	0.0%	0	0.0%
37660	0	0.0%	0	0.0%	0	0.0%
24639	0	0.0%	0	0.0%	0	0.0%
37680	0	0.0%	0	0.0%	0	0.0%
24641	0	0.0%	0	0.0%	0	0.0%
37690	0	0.0%	0	0.0%	0	0.0%
24646	0	0.0%	0	0.0%	0	0.0%
37743	0	0.0%	0	0.0%	0	0.0%
24649	0	0.0%	0	0.0%	0	0.0%
37818	0	0.0%	0	0.0%	0	0.0%
24651	0	0.0%	0	0.0%	0	0.0%
37873	0	0.0%	0	0.0%	0	0.0%
24656	0	0.0%	0	0.0%	0	0.0%
37932	0	0.0%	0	0.0%	0	0.0%
24657	0	0.0%	0	0.0%	0	0.0%
38167	0	0.0%	0	0.0%	0	0.0%
24701	0	0.0%	0	0.0%	0	0.0%
39041	0	0.0%	0	0.0%	0	0.0%
24739	0	0.0%	0	0.0%	0	0.0%
40855	0	0.0%	0	0.0%	0	0.0%
24740	0	0.0%	0	0.0%	0	0.0%
41548	0	0.0%	0	0.0%	0	0.0%
24813	0	0.0%	0	0.0%	0	0.0%
44039	0	0.0%	0	0.0%	0	0.0%
24818	0	0.0%	0	0.0%	0	0.0%
44905	0	0.0%	0	0.0%	0	0.0%
24844	0	0.0%	0	0.0%	0	0.0%
45244	0	0.0%	0	0.0%	0	0.0%
24850	0	0.0%	0	0.0%	0	0.0%
47150	0	0.0%	0	0.0%	0	0.0%

24873	0	0.0%	0	0.0%	0	0.0%
59922	0	0.0%	0	0.0%	0	0.0%
24874	0	0.0%	0	0.0%	0	0.0%
67037	0	0.0%	0	0.0%	0	0.0%
24879	0	0.0%	0	0.0%	0	0.0%
72205	0	0.0%	0	0.0%	0	0.0%
24941	0	0.0%	0	0.0%	0	0.0%
75077	0	0.0%	0	0.0%	0	0.0%
24951	0	0.0%	0	0.0%	0	0.0%
75703	0	0.0%	0	0.0%	0	0.0%
24976	0	0.0%	0	0.0%	0	0.0%
78045	0	0.0%	0	0.0%	0	0.0%
25425	0	0.0%	0	0.0%	0	0.0%
81240	0	0.0%	0	0.0%	0	0.0%
25427	0	0.0%	0	0.0%	0	0.0%
89149	0	0.0%	0	0.0%	0	0.0%
25559	0	0.0%	0	0.0%	0	0.0%
91423	0	0.0%	0	0.0%	0	0.0%
25567	0	0.0%	0	0.0%	0	0.0%
98028	0	0.0%	0	0.0%	0	0.0%
25871	0	0.0%	0	0.0%	0	0.0%
34202	0	0.0%	0	0.0%	0	0.0%
27030	0	0.0%	0	0.0%	0	0.0%
34949	0	0.0%	0	0.0%	0	0.0%
27040	0	0.0%	0	0.0%	0	0.0%
35294	0	0.0%	0	0.0%	0	0.0%
27055	0	0.0%	0	0.0%	0	0.0%
36109	0	0.0%	0	0.0%	0	0.0%
27104	0	0.0%	0	0.0%	0	0.0%
36904	0	0.0%	0	0.0%	0	0.0%
27360	0	0.0%	0	0.0%	0	0.0%
37029	0	0.0%	0	0.0%	0	0.0%
27455	0	0.0%	0	0.0%	0	0.0%
37064	0	0.0%	0	0.0%	0	0.0%
27510	0	0.0%	0	0.0%	0	0.0%
37219	0	0.0%	0	0.0%	0	0.0%
27511	0	0.0%	0	0.0%	0	0.0%
37312	0	0.0%	0	0.0%	0	0.0%
27519	0	0.0%	0	0.0%	0	0.0%
37354	0	0.0%	0	0.0%	0	0.0%
27528	0	0.0%	0	0.0%	0	0.0%
37421	0	0.0%	0	0.0%	0	0.0%
27560	0	0.0%	0	0.0%	0	0.0%
37604	0	0.0%	0	0.0%	0	0.0%
27587	0	0.0%	0	0.0%	0	0.0%
37617	0	0.0%	0	0.0%	0	0.0%
27614	0	0.0%	0	0.0%	0	0.0%

37620	0	0.0%	0	0.0%	0	0.0%
27616	0	0.0%	0	0.0%	0	0.0%
37625	0	0.0%	0	0.0%	0	0.0%
27617	0	0.0%	0	0.0%	0	0.0%
37641	0	0.0%	0	0.0%	0	0.0%
27889	0	0.0%	0	0.0%	0	0.0%
37643	0	0.0%	0	0.0%	0	0.0%
28043	0	0.0%	0	0.0%	0	0.0%
37650	0	0.0%	0	0.0%	0	0.0%
28081	0	0.0%	0	0.0%	0	0.0%
37659	0	0.0%	0	0.0%	0	0.0%
28086	0	0.0%	0	0.0%	0	0.0%
37663	0	0.0%	0	0.0%	0	0.0%
28150	0	0.0%	0	0.0%	0	0.0%
37665	0	0.0%	0	0.0%	0	0.0%
28562	0	0.0%	0	0.0%	0	0.0%
37683	0	0.0%	0	0.0%	0	0.0%
28570	0	0.0%	0	0.0%	0	0.0%
37688	0	0.0%	0	0.0%	0	0.0%
28601	0	0.0%	0	0.0%	0	0.0%
37691	0	0.0%	0	0.0%	0	0.0%
28602	0	0.0%	0	0.0%	0	0.0%
37725	0	0.0%	0	0.0%	0	0.0%
28607	0	0.0%	0	0.0%	0	0.0%
37766	0	0.0%	0	0.0%	0	0.0%
28615	0	0.0%	0	0.0%	0	0.0%
37814	0	0.0%	0	0.0%	0	0.0%
28621	0	0.0%	0	0.0%	0	0.0%
37857	0	0.0%	0	0.0%	0	0.0%
28634	0	0.0%	0	0.0%	0	0.0%
37862	0	0.0%	0	0.0%	0	0.0%
28643	0	0.0%	0	0.0%	0	0.0%
37876	0	0.0%	0	0.0%	0	0.0%
28645	0	0.0%	0	0.0%	0	0.0%
37918	0	0.0%	0	0.0%	0	0.0%
28655	0	0.0%	0	0.0%	0	0.0%
38106	0	0.0%	0	0.0%	0	0.0%
28675	0	0.0%	0	0.0%	0	0.0%
38127	0	0.0%	0	0.0%	0	0.0%
28785	0	0.0%	0	0.0%	0	0.0%
38462	0	0.0%	0	0.0%	0	0.0%
28801	0	0.0%	0	0.0%	0	0.0%
38672	0	0.0%	0	0.0%	0	0.0%
28804	0	0.0%	0	0.0%	0	0.0%
39482	0	0.0%	0	0.0%	0	0.0%
28805	0	0.0%	0	0.0%	0	0.0%
40391	0	0.0%	0	0.0%	0	0.0%

28806	0	0.0%	0	0.0%	0	0.0%
40977	0	0.0%	0	0.0%	0	0.0%
28906	0	0.0%	0	0.0%	0	0.0%
41512	0	0.0%	0	0.0%	0	0.0%
29412	0	0.0%	0	0.0%	0	0.0%
41553	0	0.0%	0	0.0%	0	0.0%
29440	0	0.0%	0	0.0%	0	0.0%
43804	0	0.0%	0	0.0%	0	0.0%
29468	0	0.0%	0	0.0%	0	0.0%
44260	0	0.0%	0	0.0%	0	0.0%
29510	0	0.0%	0	0.0%	0	0.0%
44720	0	0.0%	0	0.0%	0	0.0%
29569	0	0.0%	0	0.0%	0	0.0%
45106	0	0.0%	0	0.0%	0	0.0%
29710	0	0.0%	0	0.0%	0	0.0%
45150	0	0.0%	0	0.0%	0	0.0%
29928	0	0.0%	0	0.0%	0	0.0%
45371	0	0.0%	0	0.0%	0	0.0%
30032	0	0.0%	0	0.0%	0	0.0%
47011	0	0.0%	0	0.0%	0	0.0%
30039	0	0.0%	0	0.0%	0	0.0%
47272	0	0.0%	0	0.0%	0	0.0%
30058	0	0.0%	0	0.0%	0	0.0%
48184	0	0.0%	0	0.0%	0	0.0%
30064	0	0.0%	0	0.0%	0	0.0%
60178	0	0.0%	0	0.0%	0	0.0%
30080	0	0.0%	0	0.0%	0	0.0%
61021	0	0.0%	0	0.0%	0	0.0%
30083	0	0.0%	0	0.0%	0	0.0%
70053	0	0.0%	0	0.0%	0	0.0%
30143	0	0.0%	0	0.0%	0	0.0%
72023	0	0.0%	0	0.0%	0	0.0%
30189	0	0.0%	0	0.0%	0	0.0%
72301	0	0.0%	0	0.0%	0	0.0%
30379	0	0.0%	0	0.0%	0	0.0%
75068	0	0.0%	0	0.0%	0	0.0%
30577	0	0.0%	0	0.0%	0	0.0%
75143	0	0.0%	0	0.0%	0	0.0%
30720	0	0.0%	0	0.0%	0	0.0%
75604	0	0.0%	0	0.0%	0	0.0%
31014	0	0.0%	0	0.0%	0	0.0%
75939	0	0.0%	0	0.0%	0	0.0%
31312	0	0.0%	0	0.0%	0	0.0%
77335	0	0.0%	0	0.0%	0	0.0%
32099	0	0.0%	0	0.0%	0	0.0%
78046	0	0.0%	0	0.0%	0	0.0%
32707	0	0.0%	0	0.0%	0	0.0%

79938	0	0.0%	0	0.0%	0	0.0%
32720	0	0.0%	0	0.0%	0	0.0%
84116	0	0.0%	0	0.0%	0	0.0%
32759	0	0.0%	0	0.0%	0	0.0%
89011	0	0.0%	0	0.0%	0	0.0%
32908	0	0.0%	0	0.0%	0	0.0%
90280	0	0.0%	0	0.0%	0	0.0%
33147	0	0.0%	0	0.0%	0	0.0%
91406	0	0.0%	0	0.0%	0	0.0%
33351	0	0.0%	0	0.0%	0	0.0%
91709	0	0.0%	0	0.0%	0	0.0%
33401	0	0.0%	0	0.0%	0	0.0%
97479	0	0.0%	0	0.0%	0	0.0%
33774	0	0.0%	0	0.0%	0	0.0%
98125	0	0.0%	0	0.0%	0	0.0%
33810	0	0.0%	0	0.0%	0	0.0%
33860	0	0.0%	0	0.0%	0	0.0%
23462	0	0.0%	0	0.0%	0	0.0%
19940	0	0.0%	0	0.0%	0	0.0%
37725	3	0.0%	0	0.0%	0	0.0%
37743	0	0.0%	0	0.0%	0	0.0%
22656	0	0.0%	0	0.0%	0	0.0%
37890	0	0.0%	0	0.0%	0	0.0%
24136	0	0.0%	0	0.0%	0	0.0%
36904	0	0.0%	2	0.0%	0	0.0%
24318	0	0.0%	0	0.0%	0	0.0%
37932	2	0.0%	0	0.0%	0	0.0%
21048	0	0.0%	0	0.0%	0	0.0%
38106	1	0.0%	0	0.0%	0	0.0%
23093	0	0.0%	0	0.0%	0	0.0%
37616	0	0.0%	12	0.0%	0	0.0%
24014	0	0.0%	0	0.0%	0	0.0%
37803	14	0.1%	0	0.0%	0	0.0%
24211	0	0.0%	0	0.0%	0	0.0%
38167	0	0.0%	0	0.0%	0	0.0%
24290	0	0.0%	0	0.0%	0	0.0%
37029	0	0.0%	1	0.0%	0	0.0%
19143	0	0.0%	0	0.0%	0	0.0%
37040	11	0.0%	0	0.0%	0	0.0%
20116	0	0.0%	0	0.0%	0	0.0%
36720	0	0.0%	4	0.0%	0	0.0%
22033	0	0.0%	0	0.0%	0	0.0%
39041	0	0.0%	3	0.0%	0	0.0%
23002	0	0.0%	0	0.0%	0	0.0%
39482	0	0.0%	9	0.0%	0	0.0%
23236	0	0.0%	0	0.0%	0	0.0%
40383	3	0.0%	0	0.0%	0	0.0%

23930	0	0.0%	0	0.0%	0	0.0%
40391	0	0.0%	16	0.1%	0	0.0%
24055	0	0.0%	0	0.0%	0	0.0%
40855	3	0.0%	0	0.0%	0	0.0%
24202	0	0.0%	0	0.0%	0	0.0%
37818	0	0.0%	1	0.0%	0	0.0%
24219	0	0.0%	0	0.0%	0	0.0%
37642	6	0.0%	0	0.0%	0	0.0%
24280	0	0.0%	0	0.0%	0	0.0%
41512	0	0.0%	0	0.0%	0	0.0%
24311	0	0.0%	0	0.0%	0	0.0%
37857	0	0.0%	4	0.0%	0	0.0%
24324	0	0.0%	0	0.0%	0	0.0%
37861	0	0.0%	2	0.0%	0	0.0%
19380	0	0.0%	0	0.0%	0	0.0%
42003	0	0.0%	4	0.0%	0	0.0%
19963	0	0.0%	0	0.0%	0	0.0%
43804	3	0.0%	0	0.0%	0	0.0%
20745	0	0.0%	0	0.0%	0	0.0%
37303	2	0.0%	0	0.0%	0	0.0%
21133	0	0.0%	0	0.0%	0	0.0%
37645	4	0.0%	0	0.0%	0	0.0%
22101	0	0.0%	0	0.0%	0	0.0%
37862	0	0.0%	3	0.0%	0	0.0%
22732	0	0.0%	0	0.0%	0	0.0%
44720	2	0.0%	0	0.0%	0	0.0%
23035	0	0.0%	0	0.0%	0	0.0%
37650	0	0.0%	0	0.0%	0	0.0%
23188	0	0.0%	0	0.0%	0	0.0%
45120	0	0.0%	1	0.0%	0	0.0%
23324	0	0.0%	0	0.0%	0	0.0%
45123	0	0.0%	2	0.0%	0	0.0%
23834	0	0.0%	0	0.0%	0	0.0%
45150	0	0.0%	1	0.0%	0	0.0%
24009	0	0.0%	0	0.0%	0	0.0%
45244	2	0.0%	0	0.0%	0	0.0%
24018	0	0.0%	0	0.0%	0	0.0%
24226	0	0.0%	0	0.0%	0	0.0%
24084	0	0.0%	0	0.0%	0	0.0%
24230	0	0.0%	0	0.0%	0	0.0%
24179	0	0.0%	0	0.0%	0	0.0%
24243	0	0.0%	0	0.0%	0	0.0%
24209	0	0.0%	0	0.0%	0	0.0%
24248	0	0.0%	0	0.0%	0	0.0%
24216	0	0.0%	0	0.0%	0	0.0%
24258	0	0.0%	0	0.0%	0	0.0%
24224	0	0.0%	0	0.0%	0	0.0%

24266	0	0.0%	0	0.0%	0	0.0%
24272	0	0.0%	0	0.0%	0	0.0%
24237	0	0.0%	0	0.0%	0	0.0%
45885	0	0.0%	0	0.0%	0	0.0%
24245	0	0.0%	0	0.0%	0	0.0%
34949	1	0.0%	0	0.0%	0	0.0%
24251	0	0.0%	0	0.0%	0	0.0%
47150	7	0.0%	0	0.0%	0	0.0%
24263	0	0.0%	0	0.0%	0	0.0%
47272	1	0.0%	0	0.0%	0	0.0%
24270	0	0.0%	0	0.0%	0	0.0%
47302	0	0.0%	2	0.0%	0	0.0%
24277	0	0.0%	0	0.0%	0	0.0%
48184	2	0.0%	0	0.0%	0	0.0%
24282	0	0.0%	0	0.0%	0	0.0%
52070	0	0.0%	3	0.0%	0	0.0%
24293	0	0.0%	0	0.0%	0	0.0%
37353	0	0.0%	2	0.0%	0	0.0%
24315	0	0.0%	0	0.0%	0	0.0%
60178	0	0.0%	3	0.0%	0	0.0%
24322	0	0.0%	0	0.0%	0	0.0%
60611	2	0.0%	0	0.0%	0	0.0%
24327	0	0.0%	0	0.0%	0	0.0%
61021	0	0.0%	2	0.0%	0	0.0%
19149	0	0.0%	0	0.0%	0	0.0%
37354	0	0.0%	4	0.0%	0	0.0%
19701	0	0.0%	0	0.0%	0	0.0%
70053	0	0.0%	0	0.0%	0	0.0%
19943	0	0.0%	0	0.0%	0	0.0%
37363	0	0.0%	1	0.0%	0	0.0%
20005	0	0.0%	0	0.0%	0	0.0%
72023	11	0.0%	0	0.0%	0	0.0%
20169	0	0.0%	0	0.0%	0	0.0%
37665	1	0.0%	0	0.0%	0	0.0%
20874	0	0.0%	0	0.0%	0	0.0%
72301	2	0.0%	0	0.0%	0	0.0%
21084	0	0.0%	0	0.0%	0	0.0%
73162	5	0.0%	0	0.0%	0	0.0%
21704	0	0.0%	0	0.0%	0	0.0%
73703	0	0.0%	6	0.0%	0	0.0%
22041	0	0.0%	0	0.0%	0	0.0%
75068	0	0.0%	1	0.0%	0	0.0%
22405	0	0.0%	0	0.0%	0	0.0%
75077	0	0.0%	2	0.0%	0	0.0%
22712	0	0.0%	0	0.0%	0	0.0%
75143	6	0.0%	0	0.0%	0	0.0%
22802	0	0.0%	0	0.0%	0	0.0%

75404	0	0.0%	3	0.0%	0	0.0%
23009	0	0.0%	0	0.0%	0	0.0%
35294	0	0.0%	7	0.0%	0	0.0%
23059	0	0.0%	0	0.0%	0	0.0%
75703	0	0.0%	3	0.0%	0	0.0%
23114	0	0.0%	0	0.0%	0	0.0%
35475	0	0.0%	3	0.0%	0	0.0%
23227	0	0.0%	0	0.0%	0	0.0%
76208	2	0.0%	0	0.0%	0	0.0%
23237	0	0.0%	0	0.0%	0	0.0%
77335	0	0.0%	1	0.0%	0	0.0%
23454	0	0.0%	0	0.0%	0	0.0%
78045	0	0.0%	4	0.0%	0	0.0%
23702	0	0.0%	0	0.0%	0	0.0%
78046	0	0.0%	1	0.0%	0	0.0%
23901	0	0.0%	0	0.0%	0	0.0%
78227	2	0.0%	0	0.0%	0	0.0%
24004	0	0.0%	0	0.0%	0	0.0%
79938	0	0.0%	0	0.0%	0	0.0%
24012	0	0.0%	0	0.0%	0	0.0%
81240	0	0.0%	0	0.0%	0	0.0%
24017	0	0.0%	0	0.0%	0	0.0%
37686	7	0.0%	5	0.0%	0	0.0%
24019	0	0.0%	0	0.0%	0	0.0%
85016	0	0.0%	3	0.0%	0	0.0%
24073	0	0.0%	0	0.0%	0	0.0%
89011	0	0.0%	2	0.0%	0	0.0%
24121	0	0.0%	0	0.0%	0	0.0%
89149	0	0.0%	2	0.0%	0	0.0%
24148	0	0.0%	0	0.0%	0	0.0%
90280	0	0.0%	2	0.0%	0	0.0%
24201	0	0.0%	0	0.0%	0	0.0%
36109	0	0.0%	2	0.0%	0	0.0%
24203	0	0.0%	0	0.0%	0	0.0%
91406	0	0.0%	1	0.0%	0	0.0%
24210	0	0.0%	0	0.0%	0	0.0%
91423	0	0.0%	0	0.0%	0	0.0%
24212	0	0.0%	0	0.0%	0	0.0%
91709	3	0.0%	0	0.0%	0	0.0%
24217	0	0.0%	0	0.0%	0	0.0%
92124	0	0.0%	7	0.0%	0	0.0%
24220	0	0.0%	0	0.0%	0	0.0%
97479	13	0.1%	0	0.0%	0	0.0%
24225	0	0.0%	0	0.0%	0	0.0%
37690	0	0.0%	5	0.0%	0	0.0%
24228	0	0.0%	0	0.0%	0	0.0%
34209	0	0.0%	3	0.0%	0	0.0%

24236	0	0.0%	0	0.0%	0	0.0%
98125	11	0.0%	0	0.0%	0	0.0%
24239	0	0.0%	0	0.0%	0	0.0%
01095	0	0.0%	0	0.0%	0	0.0%
24244	0	0.0%	0	0.0%	0	0.0%
02421	0	0.0%	0	0.0%	0	0.0%
24246	0	0.0%	0	0.0%	0	0.0%
02653	0	0.0%	0	0.0%	0	0.0%
24250	0	0.0%	0	0.0%	0	0.0%
03844	0	0.0%	0	0.0%	0	0.0%
24256	0	0.0%	0	0.0%	0	0.0%
04930	0	0.0%	0	0.0%	0	0.0%
24260	0	0.0%	0	0.0%	0	0.0%
05047	0	0.0%	0	0.0%	0	0.0%
24265	0	0.0%	0	0.0%	0	0.0%
06840	0	0.0%	0	0.0%	0	0.0%
24269	0	0.0%	0	0.0%	0	0.0%
07305	0	0.0%	0	0.0%	0	0.0%
24271	0	0.0%	0	0.0%	0	0.0%
07666	0	0.0%	0	0.0%	0	0.0%
24273	0	0.0%	0	0.0%	0	0.0%
08210	0	0.0%	0	0.0%	0	0.0%
24279	0	0.0%	0	0.0%	0	0.0%
08759	0	0.0%	0	0.0%	0	0.0%
24281	0	0.0%	0	0.0%	0	0.0%
11763	0	0.0%	0	0.0%	0	0.0%
24283	0	0.0%	0	0.0%	0	0.0%
12042	0	0.0%	0	0.0%	0	0.0%
24292	0	0.0%	0	0.0%	0	0.0%
14437	0	0.0%	0	0.0%	0	0.0%
24301	0	0.0%	0	0.0%	0	0.0%
14731	0	0.0%	0	0.0%	0	0.0%
24314	0	0.0%	0	0.0%	0	0.0%
15205	0	0.0%	0	0.0%	0	0.0%
24316	0	0.0%	0	0.0%	0	0.0%
15228	0	0.0%	0	0.0%	0	0.0%
24319	0	0.0%	0	0.0%	0	0.0%
15345	0	0.0%	0	0.0%	0	0.0%
24323	0	0.0%	0	0.0%	0	0.0%
15728	0	0.0%	0	0.0%	0	0.0%
24326	0	0.0%	0	0.0%	0	0.0%
16669	0	0.0%	0	0.0%	0	0.0%
37691	0	0.0%	8	0.0%	0	0.0%
17745	0	0.0%	0	0.0%	0	0.0%
24073	5	0.0%	0	0.0%	0	0.0%
29928	2	0.0%	0	0.0%	0	0.0%
28643	5	0.0%	0	0.0%	0	0.0%

24460	0	0.0%	2	0.0%	0	0.0%
32720	0	0.0%	4	0.0%	0	0.0%
19143	0	0.0%	2	0.0%	0	0.0%
28562	0	0.0%	1	0.0%	0	0.0%
24018	0	0.0%	2	0.0%	0	0.0%
28806	1	0.0%	0	0.0%	0	0.0%
19149	2	0.0%	0	0.0%	0	0.0%
30189	0	0.0%	1	0.0%	0	0.0%
24574	0	0.0%	6	0.0%	0	0.0%
27523	0	0.0%	4	0.0%	0	0.0%
19380	1	0.0%	0	0.0%	0	0.0%
24084	9	0.0%	0	0.0%	0	0.0%
19701	7	0.0%	0	0.0%	0	0.0%
28607	0	0.0%	2	0.0%	0	0.0%
19940	2	0.0%	0	0.0%	0	0.0%
28785	2	0.0%	0	0.0%	0	0.0%
24605	25	0.1%	18	0.1%	0	0.0%
29468	0	0.0%	0	0.0%	0	0.0%
24607	11	0.0%	4	0.0%	0	0.0%
30064	1	0.0%	0	0.0%	0	0.0%
19943	5	0.0%	0	0.0%	0	0.0%
31014	0	0.0%	4	0.0%	0	0.0%
19963	0	0.0%	2	0.0%	0	0.0%
33351	2	0.0%	0	0.0%	0	0.0%
24613	4	0.0%	0	0.0%	0	0.0%
27560	0	0.0%	3	0.0%	0	0.0%
5047	0	0.0%	2	0.0%	0	0.0%
27617	0	0.0%	2	0.0%	0	0.0%
6840	5	0.0%	0	0.0%	0	0.0%
24301	0	0.0%	9	0.0%	0	0.0%
20121	0	0.0%	6	0.0%	0	0.0%
24136	0	0.0%	0	0.0%	0	0.0%
7305	0	0.0%	3	0.0%	0	0.0%
28621	0	0.0%	2	0.0%	0	0.0%
20745	0	0.0%	2	0.0%	0	0.0%
28655	0	0.0%	3	0.0%	0	0.0%
24351	1	0.0%	0	0.0%	0	0.0%
28804	0	0.0%	2	0.0%	0	0.0%
20874	8	0.0%	0	0.0%	0	0.0%
24179	0	0.0%	5	0.0%	0	0.0%
21048	0	0.0%	1	0.0%	0	0.0%
29569	3	0.0%	0	0.0%	0	0.0%
2653	27	0.1%	0	0.0%	0	0.0%
15728	0	0.0%	1	0.0%	0	0.0%
21133	0	0.0%	3	0.0%	0	0.0%
16669	0	0.0%	1	0.0%	0	0.0%
8210	0	0.0%	2	0.0%	0	0.0%

30577	3	0.0%	0	0.0%	0	0.0%
24246	9	0.0%	6	0.0%	0	0.0%
24012	0	0.0%	1	0.0%	0	0.0%
24248	2	0.0%	2	0.0%	0	0.0%
24019	1	0.0%	0	0.0%	0	0.0%
22033	0	0.0%	1	0.0%	0	0.0%
33774	0	0.0%	2	0.0%	0	0.0%
22041	2	0.0%	5	0.0%	0	0.0%
15228	3	0.0%	0	0.0%	0	0.0%
22101	2	0.0%	0	0.0%	0	0.0%
27587	0	0.0%	0	0.0%	0	0.0%
3844	0	0.0%	1	0.0%	0	0.0%
23454	6	0.0%	0	0.0%	0	0.0%
22656	2	0.0%	0	0.0%	0	0.0%
27889	0	0.0%	2	0.0%	0	0.0%
22712	0	0.0%	2	0.0%	0	0.0%
28081	2	0.0%	0	0.0%	0	0.0%
11763	0	0.0%	1	0.0%	0	0.0%
24121	0	0.0%	3	0.0%	0	0.0%
24813	0	0.0%	4	0.0%	0	0.0%
28570	0	0.0%	1	0.0%	0	0.0%
24818	4	0.0%	0	0.0%	0	0.0%
14437	9	0.0%	0	0.0%	0	0.0%
22802	0	0.0%	0	0.0%	0	0.0%
24343	0	0.0%	8	0.0%	0	0.0%
24269	2	0.0%	20	0.1%	0	0.0%
28634	0	0.0%	2	0.0%	0	0.0%
23009	0	0.0%	6	0.0%	0	0.0%
23901	4	0.0%	0	0.0%	0	0.0%
24873	0	0.0%	3	0.0%	0	0.0%
28675	5	0.0%	16	0.1%	0	0.0%
24874	0	0.0%	1	0.0%	0	0.0%
28801	0	0.0%	1	0.0%	0	0.0%
23035	2	0.0%	0	0.0%	0	0.0%
28805	0	0.0%	1	0.0%	0	0.0%
24941	0	0.0%	9	0.0%	0	0.0%
23930	1	0.0%	2	0.0%	0	0.0%
4930	0	0.0%	2	0.0%	0	0.0%
29440	4	0.0%	0	0.0%	0	0.0%
23093	0	0.0%	2	0.0%	0	0.0%
15345	0	0.0%	2	0.0%	0	0.0%
24277	0	0.0%	1	0.0%	0	0.0%
24004	0	0.0%	1	0.0%	0	0.0%
25427	5	0.0%	0	0.0%	0	0.0%
24322	0	0.0%	2	0.0%	0	0.0%
23114	1	0.0%	0	0.0%	0	0.0%
30058	5	0.0%	0	0.0%	0	0.0%

23188	0	0.0%	1	0.0%	0	0.0%
24203	5	0.0%	2	0.0%	0	0.0%
33810	0	0.0%	2	0.0%	0	0.0%
24324	1	0.0%	0	0.0%	0	0.0%
15205	0	0.0%	3	0.0%	0	0.0%
30379	0	0.0%	2	0.0%	0	0.0%
24017	2	0.0%	0	0.0%	0	0.0%
30720	0	0.0%	4	0.0%	0	0.0%
27055	1	0.0%	0	0.0%	0	0.0%
31312	0	0.0%	4	0.0%	0	0.0%
23227	0	0.0%	1	0.0%	0	0.0%
32707	10	0.0%	0	0.0%	0	0.0%
27360	5	0.0%	0	0.0%	0	0.0%
32759	0	0.0%	1	0.0%	0	0.0%
23236	0	0.0%	4	0.0%	0	0.0%
33147	0	0.0%	2	0.0%	0	0.0%
27510	2	0.0%	0	0.0%	0	0.0%
33401	4	0.0%	0	0.0%	0	0.0%
23237	7	0.0%	0	0.0%	0	0.0%
17745	0	0.0%	1	0.0%	0	0.0%
27519	0	0.0%	1	0.0%	0	0.0%
34202	0	0.0%	3	0.0%	0	0.0%
27030	1	0.0%	0	0.0%	0	0.0%
27040	2	0.0%	0	0.0%	0	0.0%
Grand Total	**24750**	**100.0%**	**30691**	**100.0%**	**30859**	**100.0%**

EXHIBIT N-2A

PSA (75%)
SSA (90%)

			NCH				
ZIP	FY14	% TOTAL	FY15	% TOTAL	FY16	% TOTAL	CUM % FY16
24293	2333	18.7%	2112	16.3%	2398	19.1%	19.1%
24230	1871	15.0%	1761	13.6%	1877	14.9%	34.0%
24273	1751	14.1%	1902	14.7%	1701	13.5%	47.6%
24228	1333	10.7%	1681	13.0%	1489	11.9%	59.4%
24219	915	7.3%	1002	7.7%	846	6.7%	66.2%
24279	927	7.4%	897	6.9%	724	5.8%	72.0%
24216	444	3.6%	456	3.5%	414	3.3%	75.2%
24283	309	2.5%	381	2.9%	390	3.1%	78.4%
24226	265	2.1%	234	1.8%	297	2.4%	80.7%
24256	415	3.3%	355	2.7%	288	2.3%	83.0%
24277	212	1.7%	250	1.9%	263	2.1%	85.1%
24224	136	1.1%	155	1.2%	235	1.9%	87.0%
24237	197	1.6%	279	2.2%	202	1.6%	88.6%
24243	79	0.6%	105	0.8%	187	1.5%	90.1%
24263	134	1.1%	134	1.0%	159	1.3%	91.3%
24244	109	0.9%	161	1.2%	152	1.2%	92.6%
24265	60	0.5%	53	0.4%	106	0.8%	93.4%
24272	121	1.0%	87	0.7%	72	0.6%	94.0%
24220	65	0.5%	82	0.6%	63	0.5%	94.5%
24246	138	1.1%	99	0.8%	52	0.4%	94.9%
24210	5	0.0%	0	0.0%	41	0.3%	95.2%
24225	0	0.0%	4	0.0%	33	0.3%	95.5%
24212	9	0.1%	4	0.0%	33	0.3%	95.7%
24282	19	0.2%	39	0.3%	31	0.2%	96.0%
37660	16	0.1%	14	0.1%	26	0.2%	96.2%
41522	0	0.0%	0	0.0%	26	0.2%	96.4%
24239	8	0.1%	3	0.0%	26	0.2%	96.6%
37708	0	0.0%	0	0.0%	25	0.2%	96.8%
24269	46	0.4%	82	0.6%	24	0.2%	97.0%
41537	66	0.5%	70	0.5%	22	0.2%	97.2%
24656	6	0.0%	3	0.0%	21	0.2%	97.3%
24218	18	0.1%	4	0.0%	21	0.2%	97.5%
24270	0	0.0%	0	0.0%	20	0.2%	97.7%
41837	0	0.0%	0	0.0%	19	0.2%	97.8%
24281	57	0.5%	42	0.3%	19	0.2%	98.0%
37642	0	0.0%	0	0.0%	17	0.1%	98.1%
24251	4	0.0%	33	0.3%	17	0.1%	98.2%

37617	0	0.0%	0	0.0%	15	0.1%	98.4%
41501	0	0.0%	17	0.1%	14	0.1%	98.5%
24266	57	0.5%	20	0.2%	13	0.1%	98.6%
40927	7	0.1%	9	0.1%	10	0.1%	98.7%
24614	4	0.0%	5	0.0%	10	0.1%	98.7%
40823	2	0.0%	9	0.1%	8	0.1%	98.8%
24354	6	0.0%	5	0.0%	8	0.1%	98.9%
24271	16	0.1%	7	0.1%	7	0.1%	98.9%
37343	0	0.0%	0	0.0%	7	0.1%	99.0%
41812	4	0.0%	3	0.0%	6	0.0%	99.0%
24245	13	0.1%	105	0.8%	6	0.0%	99.1%
41838	3	0.0%	19	0.1%	5	0.0%	99.1%
24250	5	0.0%	3	0.0%	5	0.0%	99.1%
30542	0	0.0%	0	0.0%	4	0.0%	99.2%
41858	16	0.1%	9	0.1%	4	0.0%	99.2%
24319	0	0.0%	0	0.0%	4	0.0%	99.2%
24248	26	0.2%	7	0.1%	4	0.0%	99.3%
34480	0	0.0%	0	0.0%	4	0.0%	99.3%
27030	0	0.0%	0	0.0%	4	0.0%	99.3%
37601	0	0.0%	13	0.1%	4	0.0%	99.4%
24646	0	0.0%	0	0.0%	3	0.0%	99.4%
29611	0	0.0%	0	0.0%	3	0.0%	99.4%
23230	0	0.0%	0	0.0%	3	0.0%	99.4%
40828	0	0.0%	6	0.0%	3	0.0%	99.5%
37825	0	0.0%	0	0.0%	3	0.0%	99.5%
20678	0	0.0%	0	0.0%	3	0.0%	99.5%
37604	0	0.0%	0	0.0%	3	0.0%	99.5%
23513	0	0.0%	0	0.0%	3	0.0%	99.6%
24221	14	0.1%	3	0.0%	3	0.0%	99.6%
97420	0	0.0%	0	0.0%	3	0.0%	99.6%
22960	0	0.0%	0	0.0%	2	0.0%	99.6%
77379	14	0.1%	0	0.0%	2	0.0%	99.6%
41849	7	0.1%	3	0.0%	2	0.0%	99.7%
24238	0	0.0%	0	0.0%	2	0.0%	99.7%
40855	9	0.1%	7	0.1%	2	0.0%	99.7%
24641	0	0.0%	0	0.0%	2	0.0%	99.7%
41540	0	0.0%	0	0.0%	2	0.0%	99.7%
24018	0	0.0%	0	0.0%	2	0.0%	99.7%
48184	0	0.0%	0	0.0%	2	0.0%	99.8%
27205	0	0.0%	0	0.0%	2	0.0%	99.8%
40826	13	0.1%	24	0.2%	2	0.0%	99.8%
24202	5	0.0%	0	0.0%	2	0.0%	99.8%
41520	4	0.0%	3	0.0%	2	0.0%	99.8%
37618	0	0.0%	0	0.0%	2	0.0%	99.8%
23072	0	0.0%	0	0.0%	2	0.0%	99.8%
21222	0	0.0%	0	0.0%	2	0.0%	99.9%
41840	7	0.1%	4	0.0%	2	0.0%	99.9%

37665	0	0.0%	0	0.0%	2	0.0%	99.9%
42101	0	0.0%	0	0.0%	2	0.0%	99.9%
37861	0	0.0%	3	0.0%	2	0.0%	99.9%
40353	0	0.0%	0	0.0%	2	0.0%	99.9%
22150	0	0.0%	0	0.0%	2	0.0%	100.0%
77067	0	0.0%	0	0.0%	1	0.0%	
48880	0	0.0%	0	0.0%	1	0.0%	
24201	2	0.0%	0	0.0%	1	0.0%	
23294	0	0.0%	0	0.0%	1	0.0%	
20187	0	0.0%	0	0.0%	1	0.0%	
24258	0	0.0%	0	0.0%	0	0.0%	
37752	0	0.0%	0	0.0%	0	0.0%	
25661	0	0.0%	0	0.0%	0	0.0%	
32309	0	0.0%	2	0.0%	0	0.0%	
41819	0	0.0%	0	0.0%	0	0.0%	
24184	0	0.0%	1	0.0%	0	0.0%	
24290	0	0.0%	0	0.0%	0	0.0%	
34769	0	0.0%	3	0.0%	0	0.0%	
37312	0	0.0%	0	0.0%	0	0.0%	
34785	3	0.0%	0	0.0%	0	0.0%	
40855	0	0.0%	0	0.0%	0	0.0%	
37214	1	0.0%	0	0.0%	0	0.0%	
63965	0	0.0%	0	0.0%	0	0.0%	
37312	5	0.0%	2	0.0%	0	0.0%	
24272	0	0.0%	0	0.0%	0	0.0%	
24368	2	0.0%	0	0.0%	0	0.0%	
24540	0	0.0%	0	0.0%	0	0.0%	
37363	4	0.0%	0	0.0%	0	0.0%	
29693	0	0.0%	0	0.0%	0	0.0%	
24378	4	0.0%	0	0.0%	0	0.0%	
37642	0	0.0%	0	0.0%	0	0.0%	
24209	4	0.0%	0	0.0%	0	0.0%	
40815	0	0.0%	0	0.0%	0	0.0%	
24258	0	0.0%	2	0.0%	0	0.0%	
41539	0	0.0%	0	0.0%	0	0.0%	
24382	6	0.0%	0	0.0%	0	0.0%	
41849	0	0.0%	0	0.0%	0	0.0%	
37620	0	0.0%	1	0.0%	0	0.0%	
24248	0	0.0%	0	0.0%	0	0.0%	
37621	4	0.0%	0	0.0%	0	0.0%	
24266	0	0.0%	0	0.0%	0	0.0%	
24260	9	0.1%	24	0.2%	0	0.0%	
24280	0	0.0%	0	0.0%	0	0.0%	
37650	0	0.0%	1	0.0%	0	0.0%	
24368	0	0.0%	0	0.0%	0	0.0%	
37659	2	0.0%	6	0.0%	0	0.0%	
24641	0	0.0%	0	0.0%	0	0.0%	

24421	0	0.0%	4	0.0%	0	0.0%
28166	0	0.0%	0	0.0%	0	0.0%
37662	3	0.0%	0	0.0%	0	0.0%
34480	0	0.0%	0	0.0%	0	0.0%
37664	3	0.0%	0	0.0%	0	0.0%
37617	0	0.0%	0	0.0%	0	0.0%
24540	0	0.0%	1	0.0%	0	0.0%
37662	0	0.0%	0	0.0%	0	0.0%
22032	0	0.0%	4	0.0%	0	0.0%
38650	0	0.0%	0	0.0%	0	0.0%
37752	0	0.0%	1	0.0%	0	0.0%
40826	0	0.0%	0	0.0%	0	0.0%
37821	0	0.0%	4	0.0%	0	0.0%
41512	0	0.0%	0	0.0%	0	0.0%
24215	0	0.0%	2	0.0%	0	0.0%
41562	0	0.0%	0	0.0%	0	0.0%
24603	0	0.0%	4	0.0%	0	0.0%
41835	0	0.0%	0	0.0%	0	0.0%
38650	0	0.0%	6	0.0%	0	0.0%
48066	0	0.0%	0	0.0%	0	0.0%
24290	0	0.0%	30	0.2%	0	0.0%
78672	0	0.0%	0	0.0%	0	0.0%
40601	3	0.0%	0	0.0%	0	0.0%
24251	0	0.0%	0	0.0%	0	0.0%
40769	1	0.0%	0	0.0%	0	0.0%
24263	0	0.0%	0	0.0%	0	0.0%
40815	0	0.0%	2	0.0%	0	0.0%
24270	0	0.0%	0	0.0%	0	0.0%
40820	3	0.0%	0	0.0%	0	0.0%
24277	0	0.0%	0	0.0%	0	0.0%
24639	2	0.0%	0	0.0%	0	0.0%
24282	0	0.0%	0	0.0%	0	0.0%
40824	2	0.0%	0	0.0%	0	0.0%
24319	0	0.0%	0	0.0%	0	0.0%
23523	0	0.0%	4	0.0%	0	0.0%
24382	0	0.0%	0	0.0%	0	0.0%
24217	2	0.0%	0	0.0%	0	0.0%
24614	0	0.0%	0	0.0%	0	0.0%
40843	0	0.0%	2	0.0%	0	0.0%
24656	0	0.0%	0	0.0%	0	0.0%
23831	0	0.0%	1	0.0%	0	0.0%
27205	0	0.0%	0	0.0%	0	0.0%
22191	0	0.0%	3	0.0%	0	0.0%
29611	0	0.0%	0	0.0%	0	0.0%
41230	3	0.0%	0	0.0%	0	0.0%
30542	0	0.0%	0	0.0%	0	0.0%
22193	8	0.1%	0	0.0%	0	0.0%

34785	0	0.0%	0	0.0%	0	0.0%
41512	0	0.0%	2	0.0%	0	0.0%
37601	0	0.0%	0	0.0%	0	0.0%
24012	1	0.0%	0	0.0%	0	0.0%
37620	0	0.0%	0	0.0%	0	0.0%
24853	4	0.0%	0	0.0%	0	0.0%
37659	0	0.0%	0	0.0%	0	0.0%
25661	0	0.0%	1	0.0%	0	0.0%
37665	0	0.0%	0	0.0%	0	0.0%
41539	3	0.0%	0	0.0%	0	0.0%
37825	0	0.0%	0	0.0%	0	0.0%
24236	0	0.0%	2	0.0%	0	0.0%
40601	0	0.0%	0	0.0%	0	0.0%
41547	2	0.0%	0	0.0%	0	0.0%
40823	0	0.0%	0	0.0%	0	0.0%
41560	0	0.0%	0	0.0%	0	0.0%
40831	0	0.0%	0	0.0%	0	0.0%
41562	1	0.0%	0	0.0%	0	0.0%
41230	0	0.0%	0	0.0%	0	0.0%
41701	0	0.0%	0	0.0%	0	0.0%
41522	0	0.0%	0	0.0%	0	0.0%
23224	3	0.0%	0	0.0%	0	0.0%
41547	0	0.0%	0	0.0%	0	0.0%
41817	2	0.0%	0	0.0%	0	0.0%
41812	0	0.0%	0	0.0%	0	0.0%
41819	0	0.0%	11	0.1%	0	0.0%
41825	0	0.0%	0	0.0%	0	0.0%
41821	0	0.0%	1	0.0%	0	0.0%
41838	0	0.0%	0	0.0%	0	0.0%
41825	0	0.0%	1	0.0%	0	0.0%
41858	0	0.0%	0	0.0%	0	0.0%
41826	0	0.0%	4	0.0%	0	0.0%
48880	0	0.0%	0	0.0%	0	0.0%
41835	4	0.0%	7	0.1%	0	0.0%
77379	0	0.0%	0	0.0%	0	0.0%
24280	1	0.0%	0	0.0%	0	0.0%
24246	0	0.0%	0	0.0%	0	0.0%
20653	1	0.0%	0	0.0%	0	0.0%
24250	0	0.0%	0	0.0%	0	0.0%
23693	3	0.0%	0	0.0%	0	0.0%
24256	0	0.0%	0	0.0%	0	0.0%
28110	7	0.1%	0	0.0%	0	0.0%
24260	0	0.0%	0	0.0%	0	0.0%
41855	2	0.0%	2	0.0%	0	0.0%
24265	0	0.0%	0	0.0%	0	0.0%
28166	2	0.0%	0	0.0%	0	0.0%
24269	0	0.0%	0	0.0%	0	0.0%

29577	21	0.2%	0	0.0%	0	0.0%
24271	0	0.0%	0	0.0%	0	0.0%
48066	0	0.0%	8	0.1%	0	0.0%
24273	0	0.0%	0	0.0%	0	0.0%
24073	0	0.0%	0	0.0%	0	0.0%
24279	0	0.0%	0	0.0%	0	0.0%
29650	5	0.0%	0	0.0%	0	0.0%
24281	0	0.0%	0	0.0%	0	0.0%
49707	0	0.0%	4	0.0%	0	0.0%
24283	0	0.0%	0	0.0%	0	0.0%
63965	0	0.0%	6	0.0%	0	0.0%
24293	0	0.0%	0	0.0%	0	0.0%
29693	0	0.0%	1	0.0%	0	0.0%
24354	0	0.0%	0	0.0%	0	0.0%
30097	4	0.0%	5	0.0%	0	0.0%
24378	0	0.0%	0	0.0%	0	0.0%
78251	2	0.0%	0	0.0%	0	0.0%
24421	0	0.0%	0	0.0%	0	0.0%
78672	5	0.0%	0	0.0%	0	0.0%
24603	0	0.0%	0	0.0%	0	0.0%
15301	2	0.0%	0	0.0%	0	0.0%
24639	0	0.0%	0	0.0%	0	0.0%
15301	0	0.0%	0	0.0%	0	0.0%
24646	0	0.0%	0	0.0%	0	0.0%
20187	0	0.0%	0	0.0%	0	0.0%
24853	0	0.0%	0	0.0%	0	0.0%
20653	0	0.0%	0	0.0%	0	0.0%
27030	0	0.0%	0	0.0%	0	0.0%
20678	0	0.0%	0	0.0%	0	0.0%
28110	0	0.0%	0	0.0%	0	0.0%
22032	0	0.0%	0	0.0%	0	0.0%
29577	0	0.0%	0	0.0%	0	0.0%
22150	0	0.0%	0	0.0%	0	0.0%
29650	0	0.0%	0	0.0%	0	0.0%
22191	0	0.0%	0	0.0%	0	0.0%
30097	0	0.0%	0	0.0%	0	0.0%
22193	0	0.0%	0	0.0%	0	0.0%
32309	0	0.0%	0	0.0%	0	0.0%
22960	0	0.0%	0	0.0%	0	0.0%
34769	0	0.0%	0	0.0%	0	0.0%
23072	0	0.0%	0	0.0%	0	0.0%
37214	0	0.0%	0	0.0%	0	0.0%
23224	0	0.0%	0	0.0%	0	0.0%
37363	0	0.0%	0	0.0%	0	0.0%
23230	0	0.0%	0	0.0%	0	0.0%
37604	0	0.0%	0	0.0%	0	0.0%
23294	0	0.0%	0	0.0%	0	0.0%

37618	0	0.0%	0	0.0%	0	0.0%
23513	0	0.0%	0	0.0%	0	0.0%
37621	0	0.0%	0	0.0%	0	0.0%
23523	0	0.0%	0	0.0%	0	0.0%
37650	0	0.0%	0	0.0%	0	0.0%
23693	0	0.0%	0	0.0%	0	0.0%
37660	0	0.0%	0	0.0%	0	0.0%
23831	0	0.0%	0	0.0%	0	0.0%
37664	0	0.0%	0	0.0%	0	0.0%
24012	0	0.0%	0	0.0%	0	0.0%
37708	0	0.0%	0	0.0%	0	0.0%
24018	0	0.0%	0	0.0%	0	0.0%
37821	0	0.0%	0	0.0%	0	0.0%
24073	0	0.0%	0	0.0%	0	0.0%
37861	0	0.0%	0	0.0%	0	0.0%
24112	0	0.0%	0	0.0%	0	0.0%
40353	0	0.0%	0	0.0%	0	0.0%
24184	0	0.0%	0	0.0%	0	0.0%
40769	0	0.0%	0	0.0%	0	0.0%
24201	0	0.0%	0	0.0%	0	0.0%
40820	0	0.0%	0	0.0%	0	0.0%
24202	0	0.0%	0	0.0%	0	0.0%
40824	0	0.0%	0	0.0%	0	0.0%
24209	0	0.0%	0	0.0%	0	0.0%
40828	0	0.0%	0	0.0%	0	0.0%
24210	0	0.0%	0	0.0%	0	0.0%
40843	0	0.0%	0	0.0%	0	0.0%
24212	0	0.0%	0	0.0%	0	0.0%
40927	0	0.0%	0	0.0%	0	0.0%
24215	0	0.0%	0	0.0%	0	0.0%
41501	0	0.0%	0	0.0%	0	0.0%
24216	0	0.0%	0	0.0%	0	0.0%
41520	0	0.0%	0	0.0%	0	0.0%
24217	0	0.0%	0	0.0%	0	0.0%
41537	0	0.0%	0	0.0%	0	0.0%
24218	0	0.0%	0	0.0%	0	0.0%
41540	0	0.0%	0	0.0%	0	0.0%
24219	0	0.0%	0	0.0%	0	0.0%
41560	0	0.0%	0	0.0%	0	0.0%
97420	0	0.0%	0	0.0%	0	0.0%
41701	0	0.0%	0	0.0%	0	0.0%
24221	0	0.0%	0	0.0%	0	0.0%
41817	0	0.0%	0	0.0%	0	0.0%
24224	0	0.0%	0	0.0%	0	0.0%
41821	0	0.0%	0	0.0%	0	0.0%
24225	0	0.0%	0	0.0%	0	0.0%
41826	0	0.0%	0	0.0%	0	0.0%

24226	0	0.0%	0	0.0%	0	0.0%
41837	0	0.0%	0	0.0%	0	0.0%
24228	0	0.0%	0	0.0%	0	0.0%
41840	0	0.0%	0	0.0%	0	0.0%
24230	0	0.0%	0	0.0%	0	0.0%
41855	0	0.0%	0	0.0%	0	0.0%
24236	0	0.0%	0	0.0%	0	0.0%
42101	0	0.0%	0	0.0%	0	0.0%
24237	0	0.0%	0	0.0%	0	0.0%
48184	0	0.0%	0	0.0%	0	0.0%
24238	0	0.0%	0	0.0%	0	0.0%
49707	0	0.0%	0	0.0%	0	0.0%
24239	0	0.0%	0	0.0%	0	0.0%
77067	0	0.0%	0	0.0%	0	0.0%
24243	0	0.0%	0	0.0%	0	0.0%
78251	0	0.0%	0	0.0%	0	0.0%
24244	0	0.0%	0	0.0%	0	0.0%
24112	0	0.0%	10	0.1%	0	0.0%
24245	0	0.0%	0	0.0%	0	0.0%
24220	0	0.0%	0	0.0%	0	0.0%
Grand Total	**12451**	**100.0%**	**12943**	**100.0%**	**12557**	**100.0%**
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%

EXHIBIT N-2A

			RCMC				
ZIP	FY14	% TOTAL	FY15	% TOTAL	FY16	% TOTAL	CUM % FY16
24266	1861	18.9%	1750	19.5%	1645	17.9%	17.9%
24224	1035	10.5%	979	10.9%	898	9.8%	27.7%
24260	1030	10.5%	915	10.2%	810	8.8%	36.5%
24210	413	4.2%	286	3.2%	341	3.7%	40.3%
24225	415	4.2%	373	4.2%	317	3.5%	43.7%
24609	291	3.0%	132	1.5%	294	3.2%	46.9%
24354	262	2.7%	219	2.4%	292	3.2%	50.1%
24237	371	3.8%	238	2.7%	258	2.8%	52.9%
24283	315	3.2%	231	2.6%	250	2.7%	55.6%
24230	193	2.0%	205	2.3%	189	2.1%	57.7%
24211	99	1.0%	216	2.4%	163	1.8%	59.5%
24641	263	2.7%	106	1.2%	158	1.7%	61.2%
24649	268	2.7%	163	1.8%	157	1.7%	62.9%
24280	152	1.5%	124	1.4%	148	1.6%	64.5%
24228	79	0.8%	136	1.5%	147	1.6%	66.1%
24614	146	1.5%	104	1.2%	138	1.5%	67.6%
24293	113	1.1%	82	0.9%	137	1.5%	69.1%
24370	132	1.3%	51	0.6%	124	1.4%	70.5%
24201	123	1.3%	199	2.2%	106	1.2%	71.6%
24202	27	0.3%	38	0.4%	102	1.1%	72.7%
24630	59	0.6%	52	0.6%	101	1.1%	73.8%
24656	71	0.7%	98	1.1%	88	1.0%	74.8%
24219	39	0.4%	99	1.1%	88	1.0%	75.8%
24382	20	0.2%	49	0.5%	84	0.9%	76.7%
24333	0	0.0%	27	0.3%	84	0.9%	77.6%
24340	59	0.6%	42	0.5%	83	0.9%	78.5%
24263	13	0.1%	40	0.4%	81	0.9%	79.4%
24273	53	0.5%	49	0.5%	78	0.9%	80.2%
24622	50	0.5%	17	0.2%	77	0.8%	81.1%
24639	119	1.2%	91	1.0%	76	0.8%	81.9%
24319	47	0.5%	109	1.2%	75	0.8%	82.7%
24244	32	0.3%	17	0.2%	71	0.8%	83.5%
24236	66	0.7%	78	0.9%	64	0.7%	84.2%
24226	57	0.6%	31	0.3%	62	0.7%	84.9%
24612	47	0.5%	67	0.7%	54	0.6%	85.4%
24277	24	0.2%	41	0.5%	49	0.5%	86.0%
24279	54	0.5%	19	0.2%	45	0.5%	86.5%

24361	171	1.7%	110	1.2%	44	0.5%	87.0%
24637	93	0.9%	33	0.4%	42	0.5%	87.4%
24651	43	0.4%	45	0.5%	41	0.4%	87.9%
24239	77	0.8%	63	0.7%	39	0.4%	88.3%
24216	19	0.2%	49	0.5%	38	0.4%	88.7%
24311	13	0.1%	29	0.3%	36	0.4%	89.1%
24272	11	0.1%	13	0.1%	34	0.4%	89.5%
24243	32	0.3%	25	0.3%	33	0.4%	89.8%
24290	0	0.0%	27	0.3%	32	0.3%	90.2%
24245	18	0.2%	0	0.0%	30	0.3%	90.5%
24248	3	0.0%	10	0.1%	28	0.3%	90.8%
24256	42	0.4%	103	1.2%	25	0.3%	91.1%
24212	51	0.5%	33	0.4%	25	0.3%	91.3%
24620	13	0.1%	6	0.1%	24	0.3%	91.6%
24368	6	0.1%	2	0.0%	24	0.3%	91.9%
24315	3	0.0%	0	0.0%	24	0.3%	92.1%
24282	12	0.1%	12	0.1%	22	0.2%	92.4%
24015	0	0.0%	8	0.1%	21	0.2%	92.6%
24374	0	0.0%	23	0.3%	21	0.2%	92.8%
24416	0	0.0%	0	0.0%	21	0.2%	93.1%
24153	0	0.0%	0	0.0%	20	0.2%	93.3%
24269	17	0.2%	2	0.0%	19	0.2%	93.5%
24343	7	0.1%	22	0.2%	19	0.2%	93.7%
37620	98	1.0%	40	0.4%	18	0.2%	93.9%
24602	9	0.1%	10	0.1%	18	0.2%	94.1%
24251	149	1.5%	69	0.8%	17	0.2%	94.3%
24872	0	0.0%	0	0.0%	16	0.2%	94.4%
24701	2	0.0%	0	0.0%	15	0.2%	94.6%
30040	0	0.0%	0	0.0%	15	0.2%	94.8%
41835	0	0.0%	0	0.0%	15	0.2%	94.9%
24375	12	0.1%	32	0.4%	14	0.2%	95.1%
41815	0	0.0%	0	0.0%	14	0.2%	95.2%
24016	0	0.0%	0	0.0%	14	0.2%	95.4%
24265	0	0.0%	8	0.1%	14	0.2%	95.5%
24504	0	0.0%	0	0.0%	13	0.1%	95.7%
37660	98	1.0%	0	0.0%	13	0.1%	95.8%
30635	0	0.0%	0	0.0%	13	0.1%	96.0%
24603	7	0.1%	7	0.1%	12	0.1%	96.1%
70094	0	0.0%	0	0.0%	12	0.1%	96.2%
24634	7	0.1%	13	0.1%	12	0.1%	96.4%
24646	51	0.5%	38	0.4%	11	0.1%	96.5%
22701	0	0.0%	0	0.0%	11	0.1%	96.6%
37604	0	0.0%	34	0.4%	11	0.1%	96.7%
45255	0	0.0%	0	0.0%	11	0.1%	96.8%
37617	0	0.0%	0	0.0%	10	0.1%	96.9%
24060	0	0.0%	0	0.0%	10	0.1%	97.1%
29206	0	0.0%	0	0.0%	10	0.1%	97.2%

17340	0	0.0%	0	0.0%	10	0.1%	97.3%
40391	0	0.0%	0	0.0%	10	0.1%	97.4%
24618	0	0.0%	0	0.0%	10	0.1%	97.5%
24220	22	0.2%	20	0.2%	9	0.1%	97.6%
24084	0	0.0%	0	0.0%	9	0.1%	97.7%
37618	12	0.1%	0	0.0%	9	0.1%	97.8%
24121	0	0.0%	0	0.0%	9	0.1%	97.9%
24136	0	0.0%	0	0.0%	8	0.1%	98.0%
41821	0	0.0%	0	0.0%	8	0.1%	98.1%
41553	3	0.0%	0	0.0%	8	0.1%	98.1%
37688	0	0.0%	0	0.0%	8	0.1%	98.2%
24271	13	0.1%	23	0.3%	8	0.1%	98.3%
24124	0	0.0%	10	0.1%	7	0.1%	98.4%
25260	0	0.0%	0	0.0%	7	0.1%	98.5%
24892	0	0.0%	3	0.0%	7	0.1%	98.6%
24019	0	0.0%	0	0.0%	7	0.1%	98.6%
24813	0	0.0%	0	0.0%	7	0.1%	98.7%
24073	2	0.0%	6	0.1%	7	0.1%	98.8%
23223	0	0.0%	0	0.0%	6	0.1%	98.8%
24326	0	0.0%	0	0.0%	6	0.1%	98.9%
24138	0	0.0%	0	0.0%	6	0.1%	99.0%
27284	0	0.0%	0	0.0%	6	0.1%	99.0%
25801	0	0.0%	0	0.0%	6	0.1%	99.1%
23608	0	0.0%	0	0.0%	6	0.1%	99.2%
22193	0	0.0%	0	0.0%	6	0.1%	99.2%
24217	19	0.2%	6	0.1%	5	0.1%	99.3%
24313	0	0.0%	0	0.0%	5	0.1%	99.3%
24327	7	0.1%	4	0.0%	5	0.1%	99.4%
24330	0	0.0%	7	0.1%	5	0.1%	99.5%
38583	0	0.0%	0	0.0%	4	0.0%	99.5%
48091	0	0.0%	0	0.0%	4	0.0%	99.5%
24605	9	0.1%	9	0.1%	4	0.0%	99.6%
15102	0	0.0%	0	0.0%	4	0.0%	99.6%
37857	0	0.0%	0	0.0%	4	0.0%	99.7%
43223	0	0.0%	0	0.0%	3	0.0%	99.7%
37814	0	0.0%	0	0.0%	3	0.0%	99.7%
37615	0	0.0%	3	0.0%	3	0.0%	99.8%
36345	0	0.0%	0	0.0%	3	0.0%	99.8%
24078	0	0.0%	0	0.0%	3	0.0%	99.8%
24150	0	0.0%	0	0.0%	3	0.0%	99.9%
24218	0	0.0%	0	0.0%	2	0.0%	99.9%
28792	0	0.0%	0	0.0%	2	0.0%	99.9%
43031	0	0.0%	0	0.0%	2	0.0%	99.9%
24631	4	0.0%	32	0.4%	2	0.0%	100.0%
24377	0	0.0%	0	0.0%	2	0.0%	
35747	0	0.0%	0	0.0%	1	0.0%	
75604	0	0.0%	0	0.0%	1	0.0%	

43223	0	0.0%	0	0.0%	0	0.0%
24637	0	0.0%	0	0.0%	0	0.0%
24360	0	0.0%	0	0.0%	0	0.0%
23435	0	0.0%	5	0.1%	0	0.0%
35747	0	0.0%	0	0.0%	0	0.0%
24258	0	0.0%	5	0.1%	0	0.0%
24313	0	0.0%	0	0.0%	0	0.0%
24815	15	0.2%	0	0.0%	0	0.0%
24603	0	0.0%	0	0.0%	0	0.0%
24850	0	0.0%	18	0.2%	0	0.0%
25508	0	0.0%	0	0.0%	0	0.0%
24292	16	0.2%	0	0.0%	0	0.0%
37711	0	0.0%	0	0.0%	0	0.0%
24884	0	0.0%	5	0.1%	0	0.0%
24281	0	0.0%	0	0.0%	0	0.0%
15427	0	0.0%	3	0.0%	0	0.0%
24327	0	0.0%	0	0.0%	0	0.0%
24301	0	0.0%	8	0.1%	0	0.0%
24378	0	0.0%	0	0.0%	0	0.0%
25508	0	0.0%	3	0.0%	0	0.0%
24620	0	0.0%	0	0.0%	0	0.0%
24141	0	0.0%	5	0.1%	0	0.0%
24701	0	0.0%	0	0.0%	0	0.0%
25976	0	0.0%	13	0.1%	0	0.0%
29154	0	0.0%	0	0.0%	0	0.0%
26651	19	0.2%	0	0.0%	0	0.0%
37620	0	0.0%	0	0.0%	0	0.0%
27040	0	0.0%	5	0.1%	0	0.0%
41501	0	0.0%	0	0.0%	0	0.0%
24147	0	0.0%	14	0.2%	0	0.0%
24273	0	0.0%	0	0.0%	0	0.0%
28634	0	0.0%	3	0.0%	0	0.0%
24292	0	0.0%	0	0.0%	0	0.0%
24540	2	0.0%	0	0.0%	0	0.0%
24319	0	0.0%	0	0.0%	0	0.0%
29154	2	0.0%	0	0.0%	0	0.0%
24343	0	0.0%	0	0.0%	0	0.0%
24578	0	0.0%	2	0.0%	0	0.0%
24370	0	0.0%	0	0.0%	0	0.0%
24601	0	0.0%	14	0.2%	0	0.0%
24540	0	0.0%	0	0.0%	0	0.0%
23188	0	0.0%	7	0.1%	0	0.0%
24609	0	0.0%	0	0.0%	0	0.0%
30817	0	0.0%	5	0.1%	0	0.0%
24630	0	0.0%	0	0.0%	0	0.0%
31645	1	0.0%	0	0.0%	0	0.0%
24649	0	0.0%	0	0.0%	0	0.0%

32640	2	0.0%	0	0.0%	0	0.0%
24872	0	0.0%	0	0.0%	0	0.0%
33756	4	0.0%	0	0.0%	0	0.0%
27040	0	0.0%	0	0.0%	0	0.0%
24317	0	0.0%	6	0.1%	0	0.0%
30817	0	0.0%	0	0.0%	0	0.0%
24604	15	0.2%	22	0.2%	0	0.0%
37604	0	0.0%	0	0.0%	0	0.0%
37354	0	0.0%	2	0.0%	0	0.0%
37664	0	0.0%	0	0.0%	0	0.0%
37601	39	0.4%	0	0.0%	0	0.0%
37863	0	0.0%	0	0.0%	0	0.0%
24318	7	0.1%	7	0.1%	0	0.0%
41821	0	0.0%	0	0.0%	0	0.0%
24608	4	0.0%	0	0.0%	0	0.0%
24271	0	0.0%	0	0.0%	0	0.0%
22407	8	0.1%	0	0.0%	0	0.0%
24279	0	0.0%	0	0.0%	0	0.0%
24322	13	0.1%	72	0.8%	0	0.0%
24283	0	0.0%	0	0.0%	0	0.0%
24323	0	0.0%	3	0.0%	0	0.0%
24301	0	0.0%	0	0.0%	0	0.0%
37642	0	0.0%	6	0.1%	0	0.0%
24317	0	0.0%	0	0.0%	0	0.0%
24270	2	0.0%	5	0.1%	0	0.0%
24323	0	0.0%	0	0.0%	0	0.0%
37662	4	0.0%	0	0.0%	0	0.0%
24333	0	0.0%	0	0.0%	0	0.0%
37664	6	0.1%	9	0.1%	0	0.0%
24350	0	0.0%	0	0.0%	0	0.0%
37683	15	0.2%	6	0.1%	0	0.0%
24366	0	0.0%	0	0.0%	0	0.0%
37684	12	0.1%	0	0.0%	0	0.0%
24375	0	0.0%	0	0.0%	0	0.0%
24175	5	0.1%	0	0.0%	0	0.0%
24416	0	0.0%	0	0.0%	0	0.0%
37711	22	0.2%	0	0.0%	0	0.0%
24601	0	0.0%	0	0.0%	0	0.0%
37745	0	0.0%	1	0.0%	0	0.0%
24605	0	0.0%	0	0.0%	0	0.0%
24017	4	0.0%	0	0.0%	0	0.0%
24614	0	0.0%	0	0.0%	0	0.0%
24627	0	0.0%	36	0.4%	0	0.0%
24627	0	0.0%	0	0.0%	0	0.0%
37863	0	0.0%	1	0.0%	0	0.0%
24634	0	0.0%	0	0.0%	0	0.0%
24628	7	0.1%	15	0.2%	0	0.0%

24641	0	0.0%	0	0.0%	0	0.0%
24221	0	0.0%	11	0.1%	0	0.0%
24656	0	0.0%	0	0.0%	0	0.0%
40831	0	0.0%	0	0.0%	0	0.0%
24815	0	0.0%	0	0.0%	0	0.0%
41501	5	0.1%	0	0.0%	0	0.0%
24892	0	0.0%	0	0.0%	0	0.0%
41548	0	0.0%	0	0.0%	0	0.0%
25976	0	0.0%	0	0.0%	0	0.0%
24246	17	0.2%	7	0.1%	0	0.0%
28634	0	0.0%	0	0.0%	0	0.0%
23294	0	0.0%	7	0.1%	0	0.0%
30040	0	0.0%	0	0.0%	0	0.0%
24635	0	0.0%	10	0.1%	0	0.0%
32640	0	0.0%	0	0.0%	0	0.0%
41826	0	0.0%	10	0.1%	0	0.0%
37354	0	0.0%	0	0.0%	0	0.0%
24348	3	0.0%	5	0.1%	0	0.0%
37617	0	0.0%	0	0.0%	0	0.0%
24350	0	0.0%	16	0.2%	0	0.0%
37660	0	0.0%	0	0.0%	0	0.0%
24250	0	0.0%	12	0.1%	0	0.0%
37684	0	0.0%	0	0.0%	0	0.0%
24360	0	0.0%	59	0.7%	0	0.0%
37814	0	0.0%	0	0.0%	0	0.0%
24281	6	0.1%	16	0.2%	0	0.0%
40391	0	0.0%	0	0.0%	0	0.0%
24366	0	0.0%	12	0.1%	0	0.0%
41553	0	0.0%	0	0.0%	0	0.0%
70377	0	0.0%	3	0.0%	0	0.0%
41835	0	0.0%	0	0.0%	0	0.0%
48091	0	0.0%	0	0.0%	0	0.0%
24657	0	0.0%	11	0.1%	0	0.0%
70094	0	0.0%	0	0.0%	0	0.0%
24272	0	0.0%	0	0.0%	0	0.0%
75604	0	0.0%	0	0.0%	0	0.0%
24277	0	0.0%	0	0.0%	0	0.0%
84302	0	0.0%	0	0.0%	0	0.0%
24280	0	0.0%	0	0.0%	0	0.0%
24209	12	0.1%	6	0.1%	0	0.0%
24282	0	0.0%	0	0.0%	0	0.0%
15427	0	0.0%	0	0.0%	0	0.0%
24290	0	0.0%	0	0.0%	0	0.0%
17340	0	0.0%	0	0.0%	0	0.0%
24293	0	0.0%	0	0.0%	0	0.0%
22193	0	0.0%	0	0.0%	0	0.0%
24311	0	0.0%	0	0.0%	0	0.0%

22407	0	0.0%	0	0.0%	0	0.0%
24315	0	0.0%	0	0.0%	0	0.0%
22701	0	0.0%	0	0.0%	0	0.0%
24318	0	0.0%	0	0.0%	0	0.0%
23188	0	0.0%	0	0.0%	0	0.0%
24322	0	0.0%	0	0.0%	0	0.0%
23223	0	0.0%	0	0.0%	0	0.0%
24326	0	0.0%	0	0.0%	0	0.0%
23294	0	0.0%	0	0.0%	0	0.0%
24330	0	0.0%	0	0.0%	0	0.0%
23435	0	0.0%	0	0.0%	0	0.0%
24340	0	0.0%	0	0.0%	0	0.0%
23608	0	0.0%	0	0.0%	0	0.0%
24348	0	0.0%	0	0.0%	0	0.0%
24015	0	0.0%	0	0.0%	0	0.0%
24354	0	0.0%	0	0.0%	0	0.0%
24016	0	0.0%	0	0.0%	0	0.0%
24361	0	0.0%	0	0.0%	0	0.0%
24017	0	0.0%	0	0.0%	0	0.0%
24368	0	0.0%	0	0.0%	0	0.0%
24019	0	0.0%	0	0.0%	0	0.0%
24374	0	0.0%	0	0.0%	0	0.0%
24060	0	0.0%	0	0.0%	0	0.0%
24377	0	0.0%	0	0.0%	0	0.0%
24073	0	0.0%	0	0.0%	0	0.0%
24382	0	0.0%	0	0.0%	0	0.0%
24078	0	0.0%	0	0.0%	0	0.0%
24504	0	0.0%	0	0.0%	0	0.0%
24084	0	0.0%	0	0.0%	0	0.0%
24578	0	0.0%	0	0.0%	0	0.0%
24121	0	0.0%	0	0.0%	0	0.0%
24602	0	0.0%	0	0.0%	0	0.0%
24124	0	0.0%	0	0.0%	0	0.0%
24604	0	0.0%	0	0.0%	0	0.0%
24136	0	0.0%	0	0.0%	0	0.0%
24608	0	0.0%	0	0.0%	0	0.0%
24138	0	0.0%	0	0.0%	0	0.0%
24612	0	0.0%	0	0.0%	0	0.0%
24141	0	0.0%	0	0.0%	0	0.0%
24618	0	0.0%	0	0.0%	0	0.0%
24147	0	0.0%	0	0.0%	0	0.0%
24622	0	0.0%	0	0.0%	0	0.0%
24150	0	0.0%	0	0.0%	0	0.0%
24628	0	0.0%	0	0.0%	0	0.0%
24153	0	0.0%	0	0.0%	0	0.0%
24631	0	0.0%	0	0.0%	0	0.0%
24175	0	0.0%	0	0.0%	0	0.0%

24635	0	0.0%	0	0.0%	0	0.0%
24201	0	0.0%	0	0.0%	0	0.0%
24639	0	0.0%	0	0.0%	0	0.0%
24202	0	0.0%	0	0.0%	0	0.0%
24646	0	0.0%	0	0.0%	0	0.0%
24209	0	0.0%	0	0.0%	0	0.0%
24651	0	0.0%	0	0.0%	0	0.0%
24210	0	0.0%	0	0.0%	0	0.0%
24657	0	0.0%	0	0.0%	0	0.0%
24211	0	0.0%	0	0.0%	0	0.0%
24813	0	0.0%	0	0.0%	0	0.0%
24212	0	0.0%	0	0.0%	0	0.0%
24850	0	0.0%	0	0.0%	0	0.0%
24216	0	0.0%	0	0.0%	0	0.0%
24884	0	0.0%	0	0.0%	0	0.0%
24217	0	0.0%	0	0.0%	0	0.0%
25260	0	0.0%	0	0.0%	0	0.0%
24218	0	0.0%	0	0.0%	0	0.0%
25801	0	0.0%	0	0.0%	0	0.0%
24219	0	0.0%	0	0.0%	0	0.0%
26651	0	0.0%	0	0.0%	0	0.0%
24220	0	0.0%	0	0.0%	0	0.0%
27284	0	0.0%	0	0.0%	0	0.0%
24221	0	0.0%	0	0.0%	0	0.0%
28792	0	0.0%	0	0.0%	0	0.0%
24224	0	0.0%	0	0.0%	0	0.0%
29206	0	0.0%	0	0.0%	0	0.0%
24225	0	0.0%	0	0.0%	0	0.0%
30635	0	0.0%	0	0.0%	0	0.0%
24226	0	0.0%	0	0.0%	0	0.0%
31645	0	0.0%	0	0.0%	0	0.0%
24228	0	0.0%	0	0.0%	0	0.0%
33756	0	0.0%	0	0.0%	0	0.0%
24230	0	0.0%	0	0.0%	0	0.0%
36345	0	0.0%	0	0.0%	0	0.0%
24236	0	0.0%	0	0.0%	0	0.0%
37601	0	0.0%	0	0.0%	0	0.0%
24237	0	0.0%	0	0.0%	0	0.0%
37615	0	0.0%	0	0.0%	0	0.0%
24239	0	0.0%	0	0.0%	0	0.0%
37618	0	0.0%	0	0.0%	0	0.0%
24243	0	0.0%	0	0.0%	0	0.0%
37642	0	0.0%	0	0.0%	0	0.0%
24244	0	0.0%	0	0.0%	0	0.0%
37662	0	0.0%	0	0.0%	0	0.0%
24245	0	0.0%	0	0.0%	0	0.0%
37683	0	0.0%	0	0.0%	0	0.0%

24246	0	0.0%	0	0.0%	0	0.0%
37688	0	0.0%	0	0.0%	0	0.0%
24248	0	0.0%	0	0.0%	0	0.0%
37745	0	0.0%	0	0.0%	0	0.0%
24250	0	0.0%	0	0.0%	0	0.0%
37857	0	0.0%	0	0.0%	0	0.0%
24251	0	0.0%	0	0.0%	0	0.0%
38583	0	0.0%	0	0.0%	0	0.0%
24256	0	0.0%	0	0.0%	0	0.0%
40831	0	0.0%	0	0.0%	0	0.0%
24258	0	0.0%	0	0.0%	0	0.0%
41548	0	0.0%	0	0.0%	0	0.0%
24260	0	0.0%	0	0.0%	0	0.0%
41815	0	0.0%	0	0.0%	0	0.0%
24263	0	0.0%	0	0.0%	0	0.0%
41826	0	0.0%	0	0.0%	0	0.0%
24265	0	0.0%	0	0.0%	0	0.0%
43031	0	0.0%	0	0.0%	0	0.0%
24266	0	0.0%	0	0.0%	0	0.0%
45255	0	0.0%	0	0.0%	0	0.0%
24269	0	0.0%	0	0.0%	0	0.0%
24270	0	0.0%	0	0.0%	0	0.0%
70377	0	0.0%	0	0.0%	0	0.0%
75703	0	0.0%	3	0.0%	0	0.0%
75703	0	0.0%	0	0.0%	0	0.0%
84302	1	0.0%	0	0.0%	0	0.0%
98816	0	0.0%	0	0.0%	0	0.0%
98816	11	0.1%	0	0.0%	0	0.0%
15102	0	0.0%	0	0.0%	0	0.0%
Grand Total	**9832**	**100.0%**	**8956**	**100.0%**	**9175**	**100.0%**
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%
	0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%

EXHIBIT N-2A

			SCCH				
ZIP	FY14	% TOTAL	FY15	% TOTAL	FY16	% TOTAL	CUM % FY16
24354	3374	48.1%	3564	54.6%	3344	52.5%	52.5%
24319	644	9.2%	675	10.3%	644	10.1%	62.6%
24370	678	9.7%	520	8.0%	437	6.9%	69.5%
24311	453	6.5%	337	5.2%	382	6.0%	75.5%
24368	489	7.0%	341	5.2%	352	5.5%	81.0%
24375	284	4.0%	190	2.9%	256	4.0%	85.0%
24378	87	1.2%	113	1.7%	153	2.4%	87.5%
24382	119	1.7%	43	0.7%	110	1.7%	89.2%
24340	118	1.7%	80	1.2%	83	1.3%	90.5%
24318	7	0.1%	40	0.6%	75	1.2%	91.7%
24210	131	1.9%	84	1.3%	63	1.0%	92.6%
24374	5	0.1%	9	0.1%	57	0.9%	93.5%
24361	46	0.7%	71	1.1%	53	0.8%	94.4%
24236	134	1.9%	17	0.3%	48	0.8%	95.1%
24201	0	0.0%	3	0.0%	34	0.5%	95.7%
24211	67	1.0%	27	0.4%	25	0.4%	96.1%
24260	0	0.0%	75	1.1%	24	0.4%	96.4%
24801	0	0.0%	0	0.0%	23	0.4%	96.8%
24202	17	0.2%	0	0.0%	19	0.3%	97.1%
24637	0	0.0%	0	0.0%	17	0.3%	97.4%
24315	0	0.0%	9	0.1%	15	0.2%	97.6%
24239	0	0.0%	0	0.0%	14	0.2%	97.8%
24280	0	0.0%	0	0.0%	10	0.2%	98.0%
24363	35	0.5%	46	0.7%	10	0.2%	98.1%
24377	8	0.1%	3	0.0%	9	0.1%	98.3%
24348	0	0.0%	0	0.0%	9	0.1%	98.4%
24292	26	0.4%	18	0.3%	8	0.1%	98.5%
40031	0	0.0%	25	0.4%	6	0.1%	98.6%
28152	0	0.0%	0	0.0%	5	0.1%	98.7%
23093	0	0.0%	0	0.0%	5	0.1%	98.8%
24316	17	0.2%	16	0.2%	5	0.1%	98.9%
35802	0	0.0%	0	0.0%	5	0.1%	98.9%
36426	0	0.0%	0	0.0%	5	0.1%	99.0%
24651	14	0.2%	0	0.0%	5	0.1%	99.1%
24343	2	0.0%	0	0.0%	5	0.1%	99.2%
92398	0	0.0%	0	0.0%	5	0.1%	99.3%
24352	0	0.0%	0	0.0%	4	0.1%	99.3%

21122	0	0.0%	0	0.0%	4	0.1%	99.4%
28422	0	0.0%	0	0.0%	3	0.0%	99.4%
24630	15	0.2%	0	0.0%	3	0.0%	99.5%
34667	0	0.0%	0	0.0%	3	0.0%	99.5%
22734	14	0.2%	0	0.0%	3	0.0%	99.6%
24314	0	0.0%	0	0.0%	3	0.0%	99.6%
24279	0	0.0%	0	0.0%	2	0.0%	99.7%
24148	0	0.0%	0	0.0%	2	0.0%	99.7%
24323	46	0.7%	6	0.1%	2	0.0%	99.7%
24328	0	0.0%	0	0.0%	2	0.0%	99.7%
24639	0	0.0%	0	0.0%	2	0.0%	99.8%
24360	26	0.4%	19	0.3%	2	0.0%	99.8%
24322	0	0.0%	0	0.0%	2	0.0%	99.8%
24055	0	0.0%	0	0.0%	2	0.0%	99.9%
37620	0	0.0%	6	0.1%	2	0.0%	99.9%
24273	0	0.0%	0	0.0%	2	0.0%	99.9%
24350	3	0.0%	3	0.0%	1	0.0%	100.0%
24266	20	0.3%	10	0.2%	1	0.0%	
28640	0	0.0%	0	0.0%	1	0.0%	
70001	0	0.0%	0	0.0%	1	0.0%	
34465	0	0.0%	0	0.0%	0	0.0%	
24319	0	0.0%	0	0.0%	0	0.0%	
24256	0	0.0%	0	0.0%	0	0.0%	
22572	8	0.1%	0	0.0%	0	0.0%	
24363	0	0.0%	0	0.0%	0	0.0%	
24256	0	0.0%	3	0.0%	0	0.0%	
40356	0	0.0%	0	0.0%	0	0.0%	
24141	0	0.0%	1	0.0%	0	0.0%	
24292	0	0.0%	0	0.0%	0	0.0%	
24153	0	0.0%	4	0.1%	0	0.0%	
24340	0	0.0%	0	0.0%	0	0.0%	
24270	0	0.0%	0	0.0%	0	0.0%	
28152	0	0.0%	0	0.0%	0	0.0%	
7006	0	0.0%	3	0.0%	0	0.0%	
37620	0	0.0%	0	0.0%	0	0.0%	
24502	1	0.0%	0	0.0%	0	0.0%	
92398	0	0.0%	0	0.0%	0	0.0%	
24605	1	0.0%	0	0.0%	0	0.0%	
24273	0	0.0%	0	0.0%	0	0.0%	
24609	0	0.0%	24	0.4%	0	0.0%	
24314	0	0.0%	0	0.0%	0	0.0%	
24612	12	0.2%	14	0.2%	0	0.0%	
24327	0	0.0%	0	0.0%	0	0.0%	
17563	0	0.0%	5	0.1%	0	0.0%	
24352	0	0.0%	0	0.0%	0	0.0%	
24277	0	0.0%	0	0.0%	0	0.0%	
24375	0	0.0%	0	0.0%	0	0.0%	

24327	3	0.0%	5	0.1%	0	0.0%
30265	0	0.0%	0	0.0%	0	0.0%
24649	7	0.1%	0	0.0%	0	0.0%
36426	0	0.0%	0	0.0%	0	0.0%
24018	5	0.1%	4	0.1%	0	0.0%
37688	0	0.0%	0	0.0%	0	0.0%
24739	4	0.1%	0	0.0%	0	0.0%
70001	0	0.0%	0	0.0%	0	0.0%
2653	1	0.0%	0	0.0%	0	0.0%
24236	0	0.0%	0	0.0%	0	0.0%
27288	1	0.0%	0	0.0%	0	0.0%
24266	0	0.0%	0	0.0%	0	0.0%
27516	1	0.0%	0	0.0%	0	0.0%
24279	0	0.0%	0	0.0%	0	0.0%
28052	0	0.0%	6	0.1%	0	0.0%
24312	0	0.0%	0	0.0%	0	0.0%
23139	0	0.0%	42	0.6%	0	0.0%
24316	0	0.0%	0	0.0%	0	0.0%
20120	6	0.1%	0	0.0%	0	0.0%
24323	0	0.0%	0	0.0%	0	0.0%
28601	0	0.0%	5	0.1%	0	0.0%
24330	0	0.0%	0	0.0%	0	0.0%
28607	3	0.0%	0	0.0%	0	0.0%
24348	0	0.0%	0	0.0%	0	0.0%
24330	1	0.0%	0	0.0%	0	0.0%
24360	0	0.0%	0	0.0%	0	0.0%
30265	0	0.0%	2	0.0%	0	0.0%
24370	0	0.0%	0	0.0%	0	0.0%
32210	0	0.0%	0	0.0%	0	0.0%
27516	0	0.0%	0	0.0%	0	0.0%
32680	0	0.0%	0	0.0%	0	0.0%
28607	0	0.0%	0	0.0%	0	0.0%
32751	2	0.0%	0	0.0%	0	0.0%
32680	0	0.0%	0	0.0%	0	0.0%
34465	2	0.0%	0	0.0%	0	0.0%
35802	0	0.0%	0	0.0%	0	0.0%
24333	11	0.2%	0	0.0%	0	0.0%
37040	0	0.0%	0	0.0%	0	0.0%
23901	2	0.0%	0	0.0%	0	0.0%
37680	0	0.0%	0	0.0%	0	0.0%
35990	4	0.1%	0	0.0%	0	0.0%
38125	0	0.0%	0	0.0%	0	0.0%
24312	0	0.0%	3	0.0%	0	0.0%
62012	0	0.0%	0	0.0%	0	0.0%
36477	0	0.0%	5	0.1%	0	0.0%
77479	0	0.0%	0	0.0%	0	0.0%
37040	0	0.0%	6	0.1%	0	0.0%

24212	0	0.0%	0	0.0%	0	0.0%
37615	3	0.0%	0	0.0%	0	0.0%
24239	0	0.0%	0	0.0%	0	0.0%
24212	0	0.0%	18	0.3%	0	0.0%
24260	0	0.0%	0	0.0%	0	0.0%
37660	0	0.0%	0	0.0%	0	0.0%
24270	0	0.0%	0	0.0%	0	0.0%
37680	0	0.0%	4	0.1%	0	0.0%
24277	0	0.0%	0	0.0%	0	0.0%
37683	10	0.1%	0	0.0%	0	0.0%
24280	0	0.0%	0	0.0%	0	0.0%
37688	4	0.1%	0	0.0%	0	0.0%
24311	0	0.0%	0	0.0%	0	0.0%
37815	0	0.0%	8	0.1%	0	0.0%
24313	0	0.0%	0	0.0%	0	0.0%
38125	0	0.0%	0	0.0%	0	0.0%
24315	0	0.0%	0	0.0%	0	0.0%
24313	1	0.0%	9	0.1%	0	0.0%
24318	0	0.0%	0	0.0%	0	0.0%
40356	2	0.0%	0	0.0%	0	0.0%
24322	0	0.0%	0	0.0%	0	0.0%
42223	1	0.0%	0	0.0%	0	0.0%
24326	0	0.0%	0	0.0%	0	0.0%
62012	0	0.0%	5	0.1%	0	0.0%
24328	0	0.0%	0	0.0%	0	0.0%
62379	0	0.0%	7	0.1%	0	0.0%
24333	0	0.0%	0	0.0%	0	0.0%
24377	0	0.0%	0	0.0%	0	0.0%
24343	0	0.0%	0	0.0%	0	0.0%
24378	0	0.0%	0	0.0%	0	0.0%
24350	0	0.0%	0	0.0%	0	0.0%
24502	0	0.0%	0	0.0%	0	0.0%
24354	0	0.0%	0	0.0%	0	0.0%
24609	0	0.0%	0	0.0%	0	0.0%
24361	0	0.0%	0	0.0%	0	0.0%
24630	0	0.0%	0	0.0%	0	0.0%
24368	0	0.0%	0	0.0%	0	0.0%
24639	0	0.0%	0	0.0%	0	0.0%
24374	0	0.0%	0	0.0%	0	0.0%
24651	0	0.0%	0	0.0%	0	0.0%
21651	19	0.3%	0	0.0%	0	0.0%
24801	0	0.0%	0	0.0%	0	0.0%
24382	0	0.0%	0	0.0%	0	0.0%
72204	6	0.1%	0	0.0%	0	0.0%
24605	0	0.0%	0	0.0%	0	0.0%
77479	3	0.0%	0	0.0%	0	0.0%
24612	0	0.0%	0	0.0%	0	0.0%

92054	0	0.0%	0	0.0%	0	0.0%
24637	0	0.0%	0	0.0%	0	0.0%
2067	2	0.0%	0	0.0%	0	0.0%
24649	0	0.0%	0	0.0%	0	0.0%
97479	7	0.1%	0	0.0%	0	0.0%
24739	0	0.0%	0	0.0%	0	0.0%
02067	0	0.0%	0	0.0%	0	0.0%
27288	0	0.0%	0	0.0%	0	0.0%
02653	0	0.0%	0	0.0%	0	0.0%
28052	0	0.0%	0	0.0%	0	0.0%
07006	0	0.0%	0	0.0%	0	0.0%
28422	0	0.0%	0	0.0%	0	0.0%
17563	0	0.0%	0	0.0%	0	0.0%
28640	0	0.0%	0	0.0%	0	0.0%
20120	0	0.0%	0	0.0%	0	0.0%
32210	0	0.0%	0	0.0%	0	0.0%
21122	0	0.0%	0	0.0%	0	0.0%
32751	0	0.0%	0	0.0%	0	0.0%
21651	0	0.0%	0	0.0%	0	0.0%
34667	0	0.0%	0	0.0%	0	0.0%
22572	0	0.0%	0	0.0%	0	0.0%
35990	0	0.0%	0	0.0%	0	0.0%
22734	0	0.0%	0	0.0%	0	0.0%
36477	0	0.0%	0	0.0%	0	0.0%
23093	0	0.0%	0	0.0%	0	0.0%
37615	0	0.0%	0	0.0%	0	0.0%
23139	0	0.0%	0	0.0%	0	0.0%
37660	0	0.0%	0	0.0%	0	0.0%
23901	0	0.0%	0	0.0%	0	0.0%
37683	0	0.0%	0	0.0%	0	0.0%
24018	0	0.0%	0	0.0%	0	0.0%
37815	0	0.0%	0	0.0%	0	0.0%
24055	0	0.0%	0	0.0%	0	0.0%
40031	0	0.0%	0	0.0%	0	0.0%
24141	0	0.0%	0	0.0%	0	0.0%
42223	0	0.0%	0	0.0%	0	0.0%
24148	0	0.0%	0	0.0%	0	0.0%
62379	0	0.0%	0	0.0%	0	0.0%
97479	0	0.0%	0	0.0%	0	0.0%
72204	0	0.0%	0	0.0%	0	0.0%
24202	0	0.0%	0	0.0%	0	0.0%
92054	0	0.0%	0	0.0%	0	0.0%
24210	0	0.0%	0	0.0%	0	0.0%
24326	5	0.1%	0	0.0%	0	0.0%
24211	0	0.0%	0	0.0%	0	0.0%
24201	0	0.0%	0	0.0%	0	0.0%
Grand Total	**7017**	**100.0%**	**6533**	**100.0%**	**6367**	**100.0%**

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%

0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%

EXHIBIT N-2B

Zip Code	Accumulative %
24219	18.9%
24230	30.2%
24293	41.3%
24277	50.2%
24263	56.9%
24216	63.0%
24273	68.8%
24279	74.5%
24228	78.4%
24244	81.6%
24243	84.6%
24281	86.4%
24265	88.0%
24283	89.6%
24282	90.8%
24246	
24226	
24248	
24237	
24221	
24224	
24256	
24245	
24272	
24218	
24220	
40823	
37660	
41537	
24250	
24251	
24656	
24271	
37664	
40807	
40828	
40831	
40854	
40855	
40927	
41835	
41858	
18042	
22213	
22408	
22903	

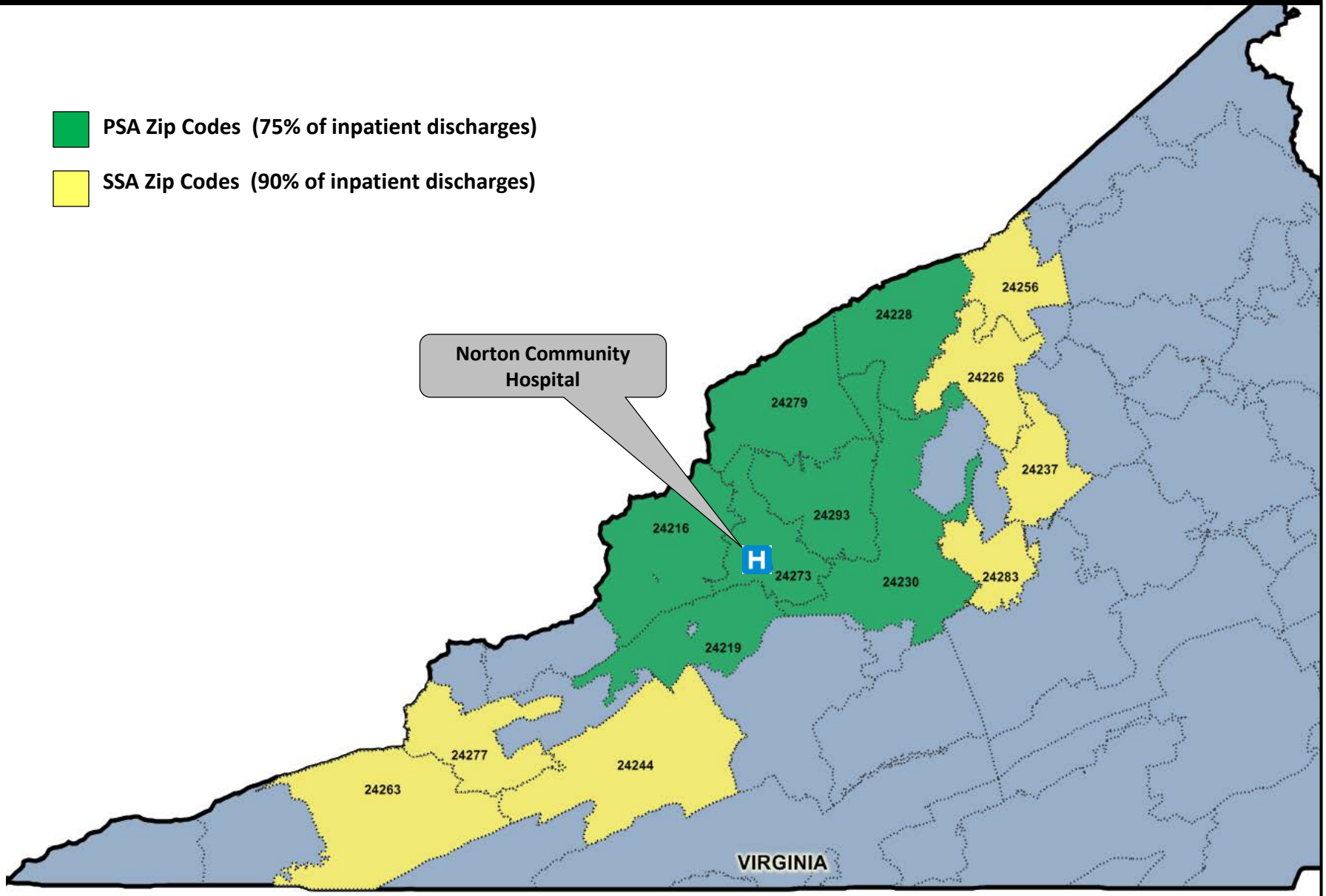
24210
24211
24260
24280
24290
24370
24382
24614
24651
35490
37312
37615
37642
37681
37686
37857
38555
40826
40843
41520
41812
41815
41821
45103
63935

Zip Code	Accumulative %
24219	17.0%
24293	32.3%
24230	46.0%
24273	54.2%
24277	60.8%
24279	67.2%
24216	72.4%
24263	76.8%
24228	80.4%
24283	83.1%
24243	85.3%
24244	87.2%
24265	88.8%
24226	90.4%
24246	
24237	
24281	
24282	
24272	
24248	
24221	
24245	
24224	
24256	
41858	
24290	
24218	
40823	
24220	
37660	
24251	
24271	
22213	
24260	
37664	
40807	
41537	
41835	
24656	
35490	
37312	
37686	
40854	
24250	
40831	
40927	

41815
63935
24211
24651
37615
37642
37681
40843
40855
41520
45103
22408
22903
24382
38555
41812
41821
18042
24210
24280
24370
24614
37857
40826
40828

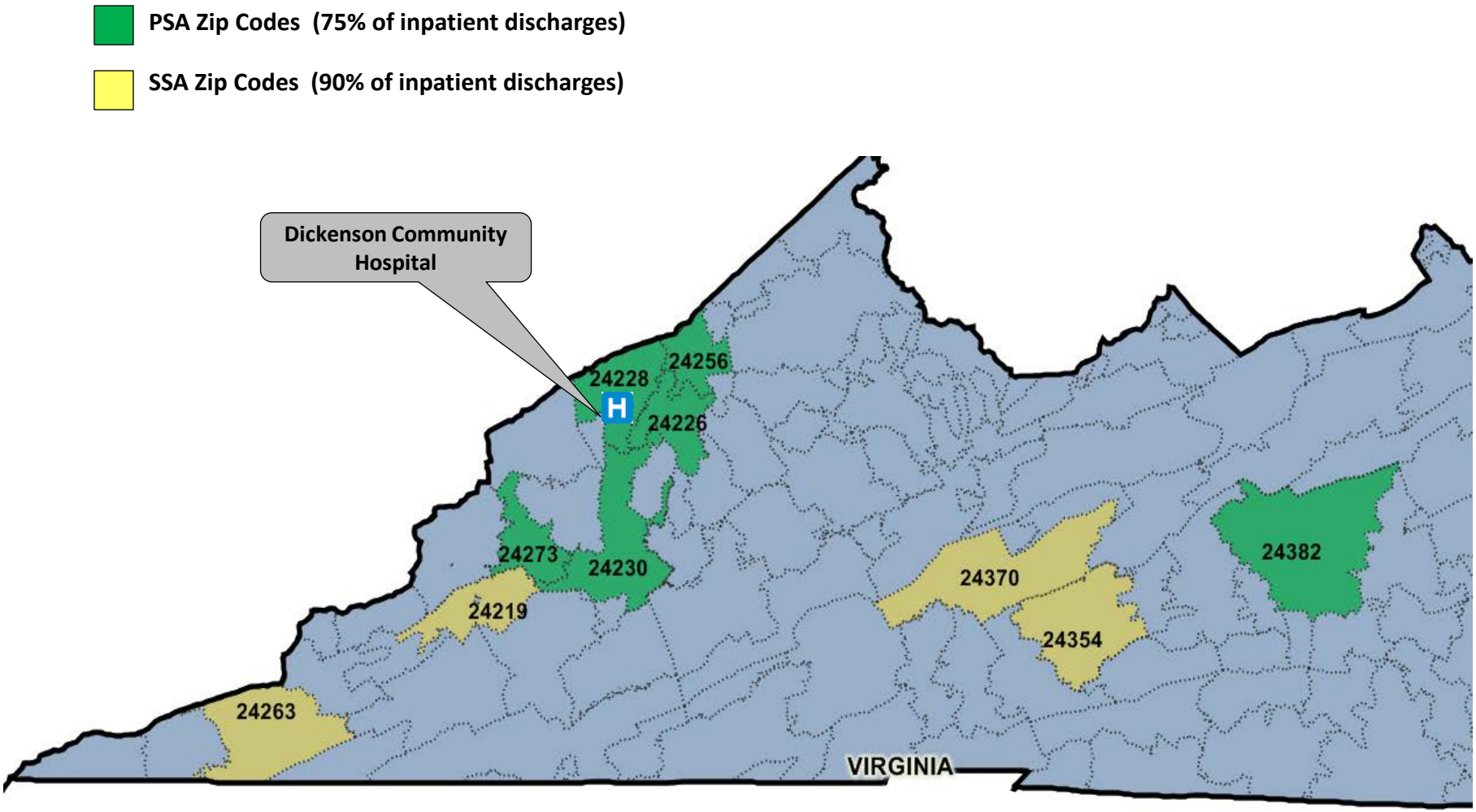
EXHIBIT N-2C

Norton Community Hospital Primary/Secondary Service Area Zip Codes



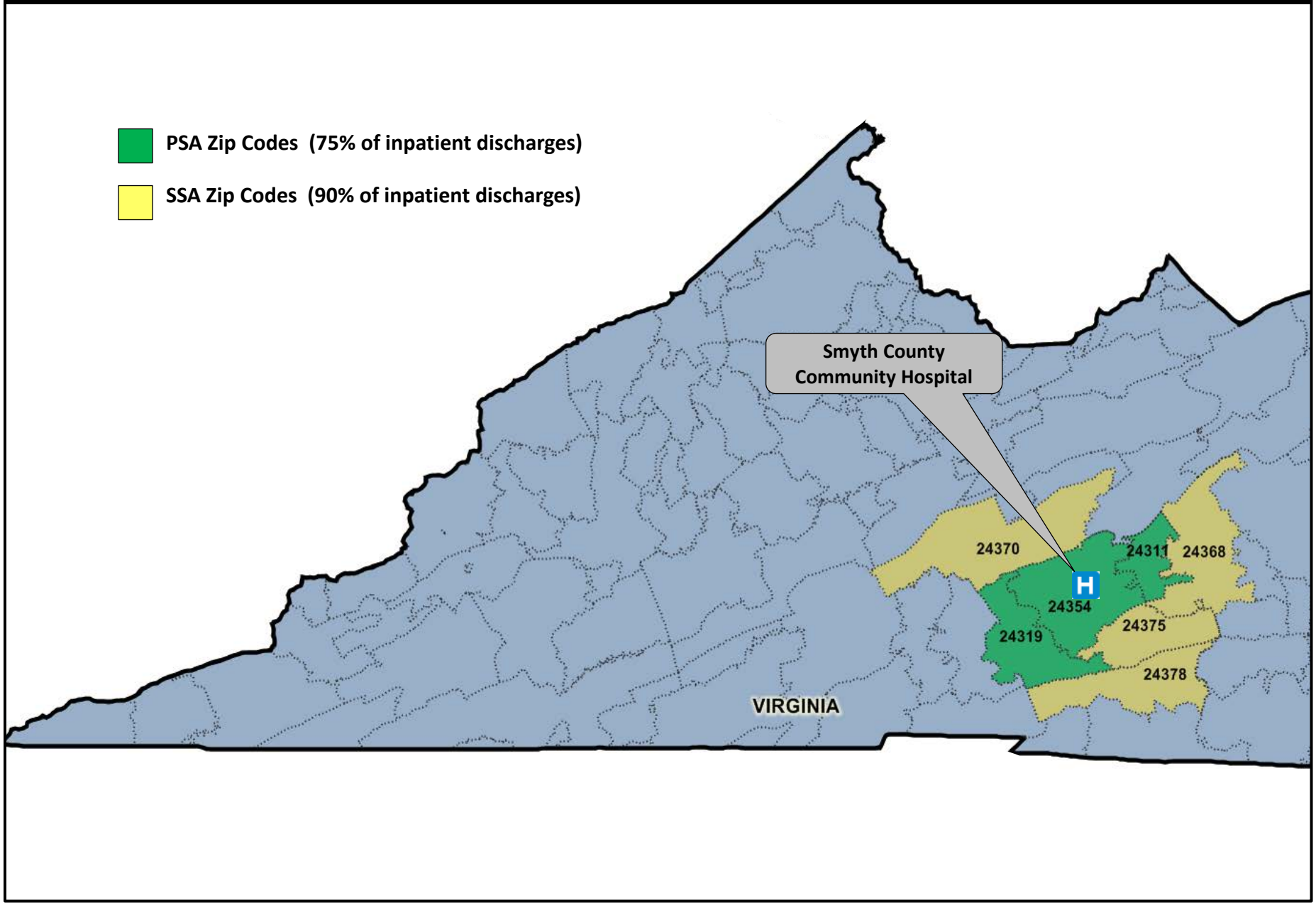
Source: MSHA Internal Discharge Data FY16

Dickenson Community Hospital Primary/Secondary Service Area Zip Codes



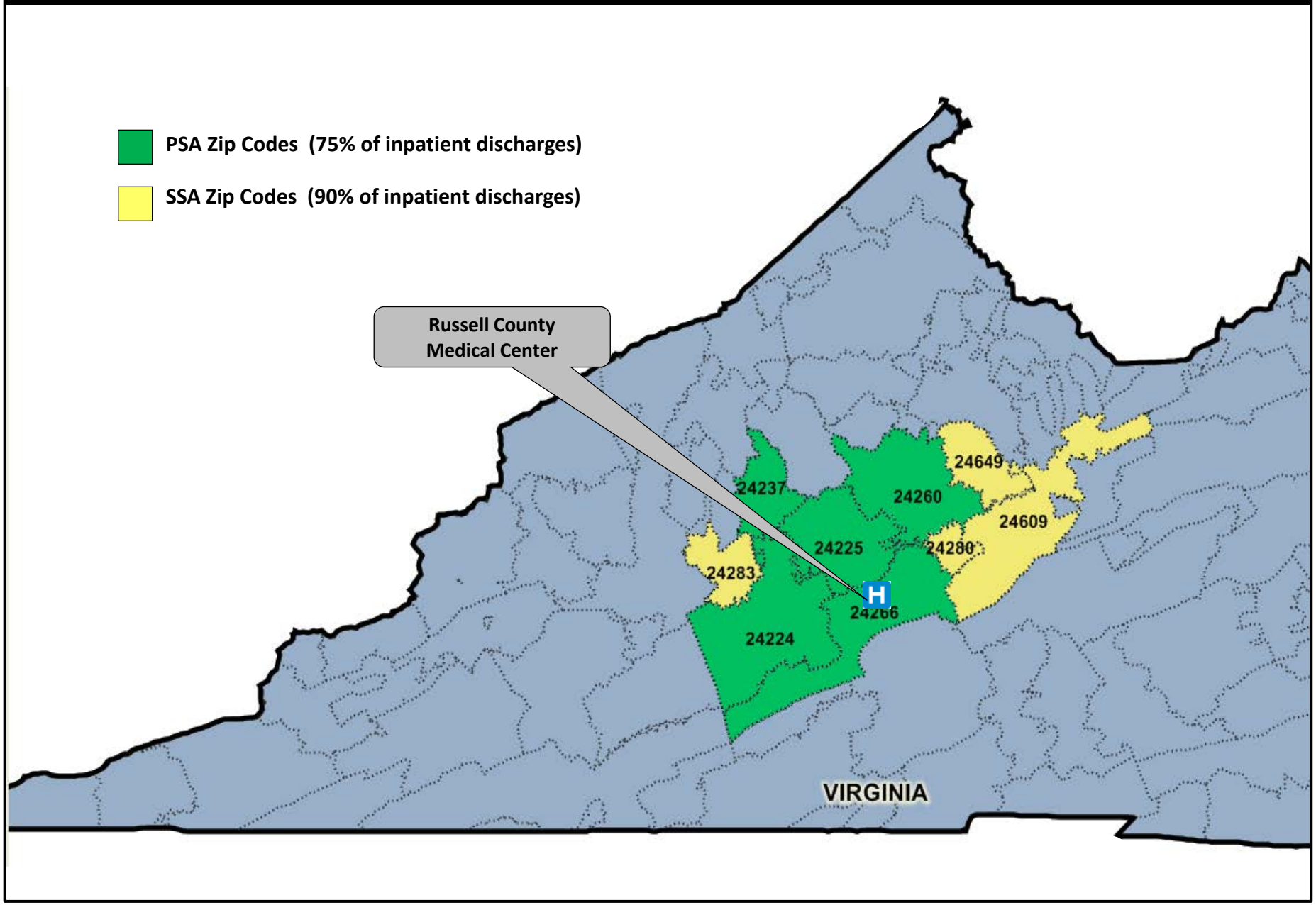
Source: MSHA Internal Discharge Data FY16

Smyth County Community Hospital Primary/Secondary Service Area Zip Codes



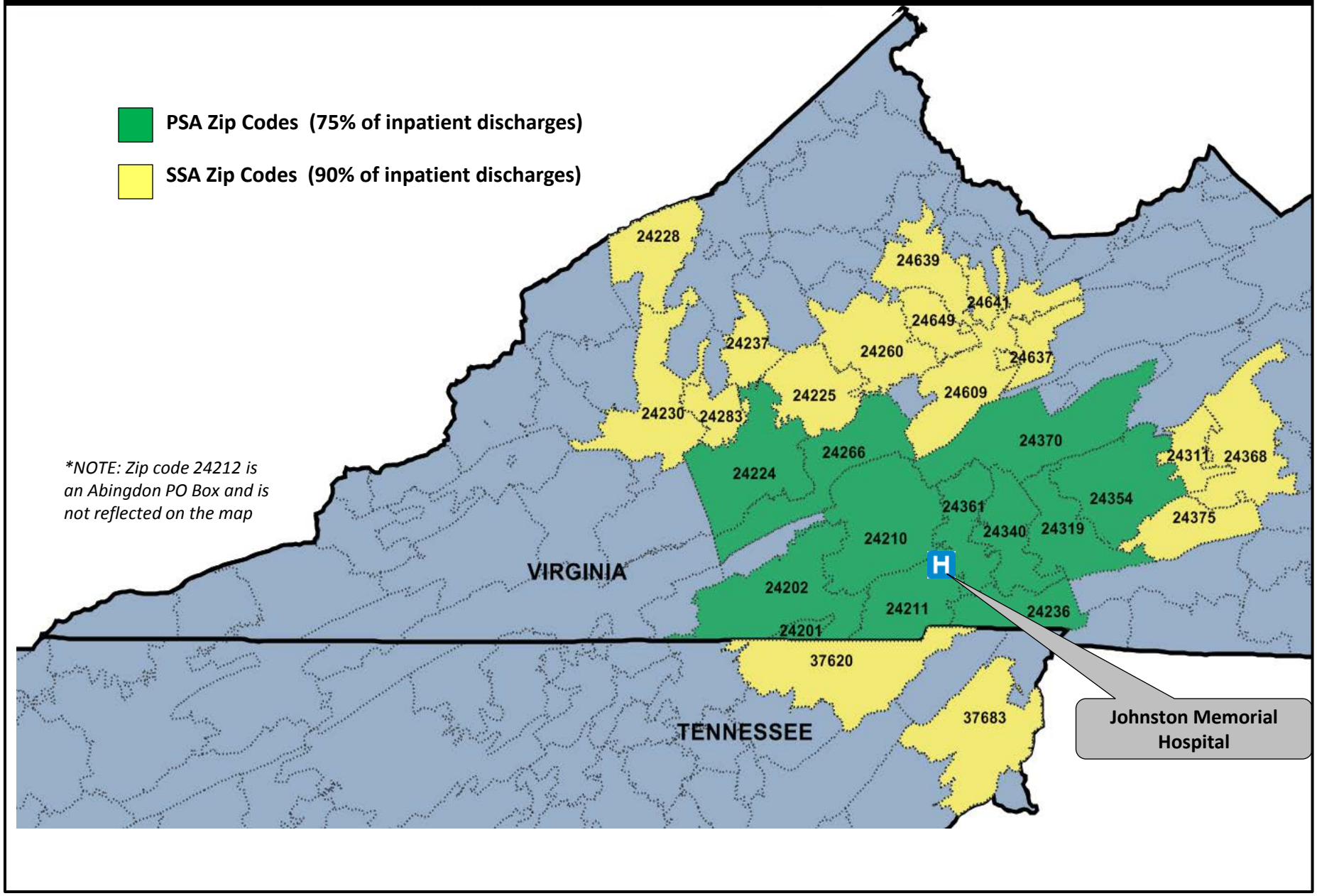
Source: MSHA Internal Discharge Data FY16

Russell County Medical Center Primary/Secondary Service Area Zip Codes



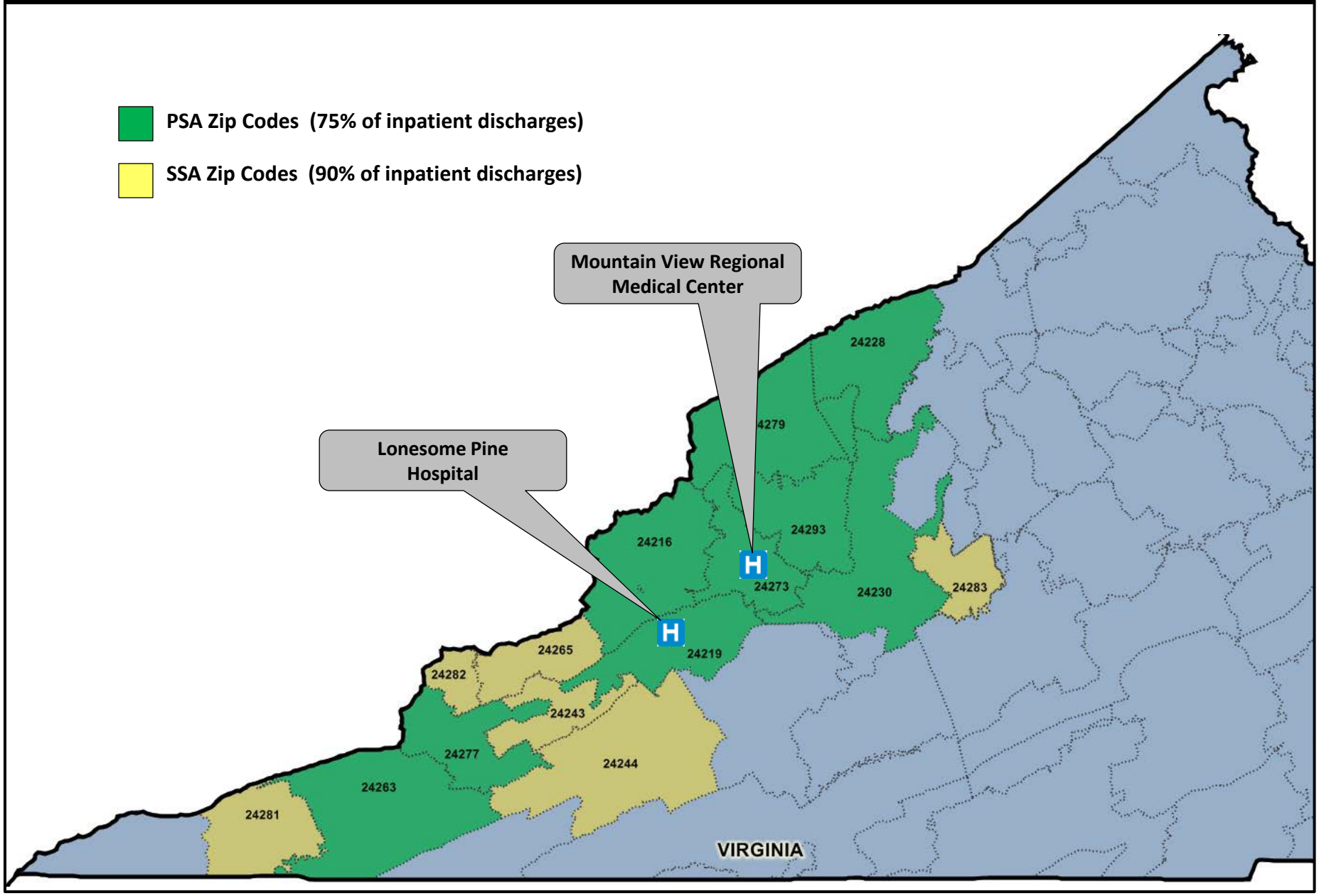
Source: MSHA Internal Discharge Data FY16

Johnston Memorial Hospital Primary/Secondary Service Area Zip Codes



Source: MSHA Internal Discharge Data FY16

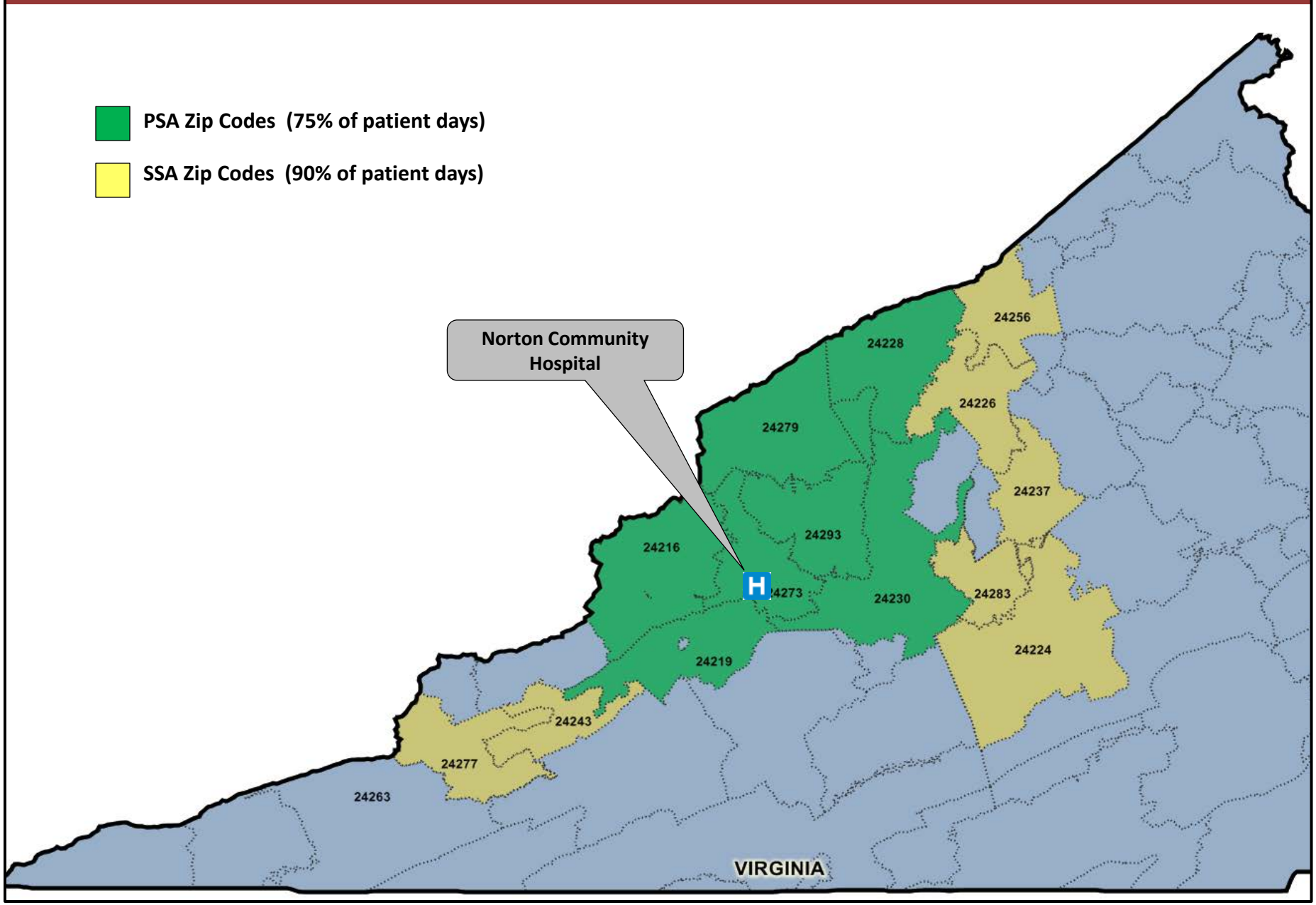
Lonesome Pine/Mountain View Primary/Secondary Service Area Zip Codes



Source: MSHA Internal Discharge Data FY16

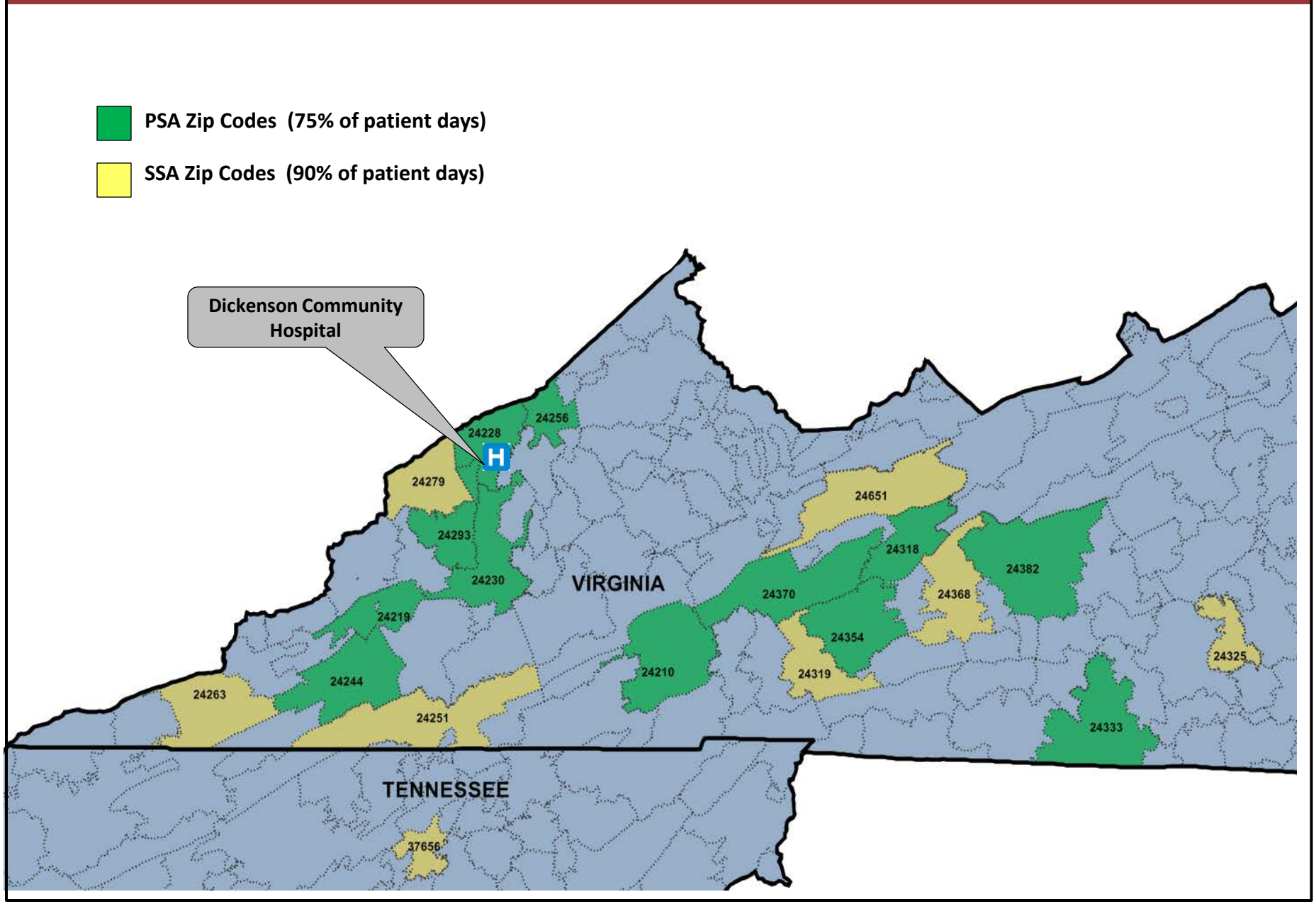
EXHIBIT N-2D

Norton Community Hospital Primary/Secondary Service Area Zip Codes – Patient Days



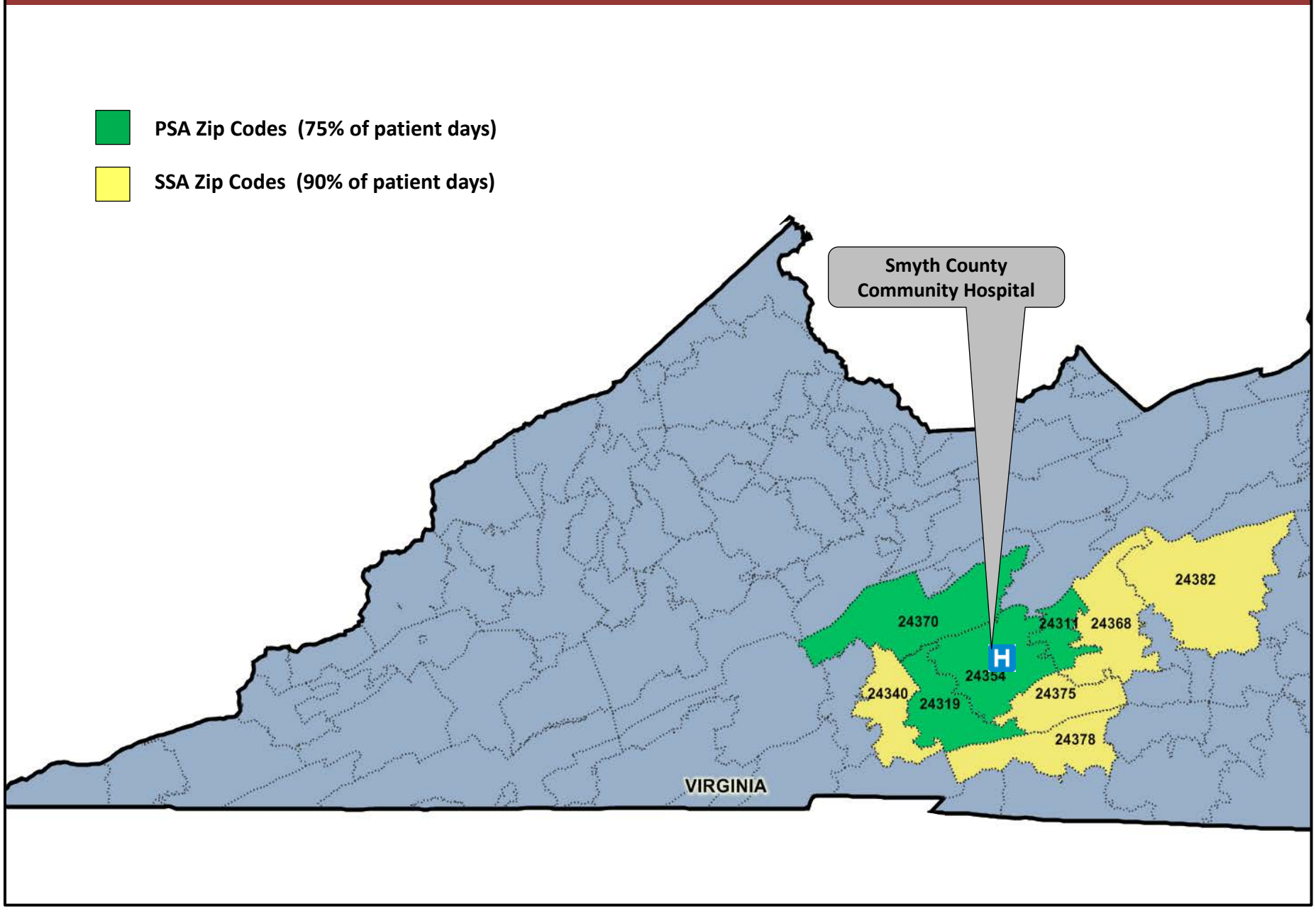
Source: MSHA Internal Discharge Data FY16

Dickenson Community Hospital Primary/Secondary Service Area Zip Codes – Patient Days



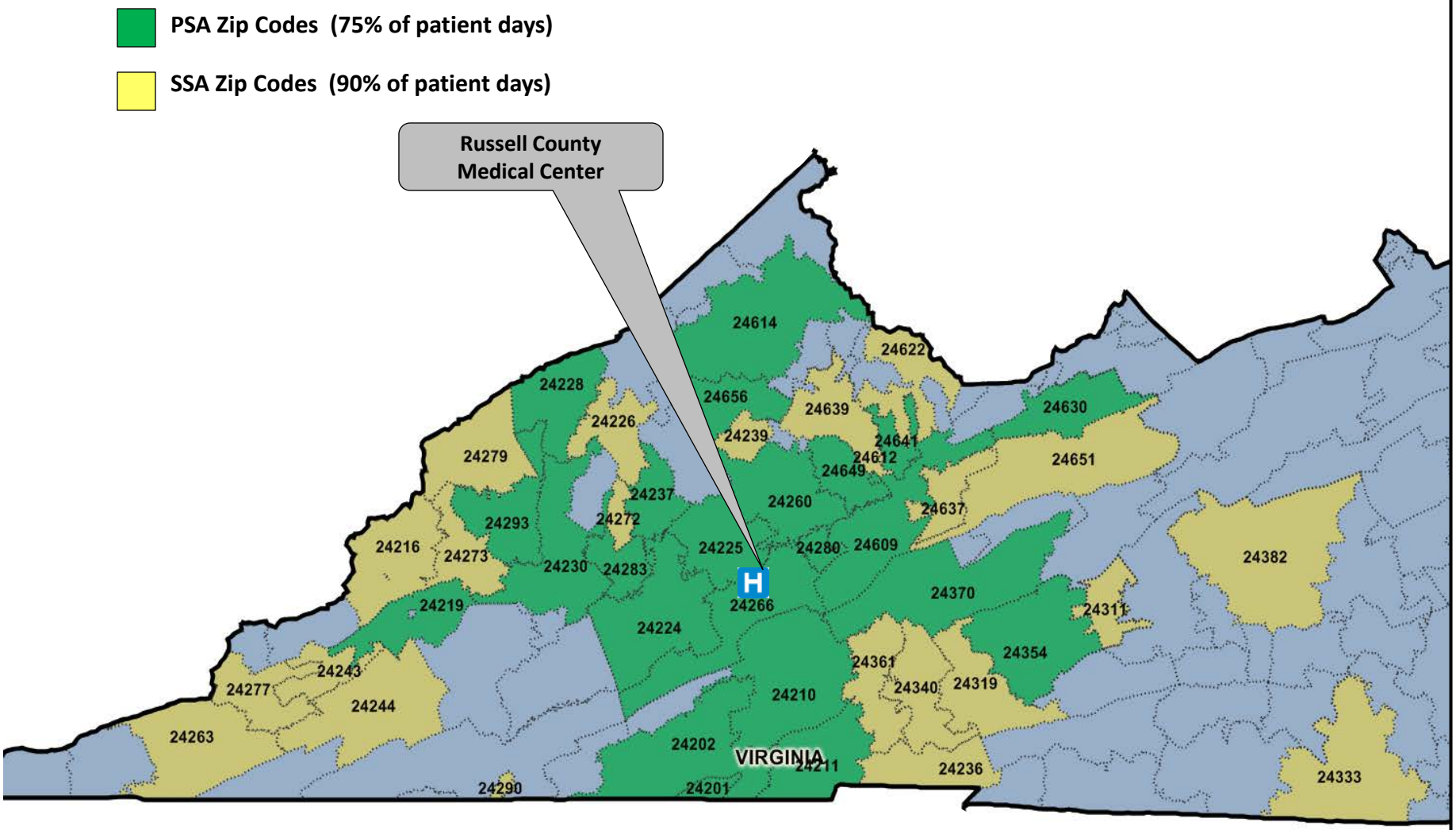
Source: MSHA Internal Discharge Data FY16

Smyth County Community Hospital Primary/Secondary Service Area Zip Codes – Patient Days



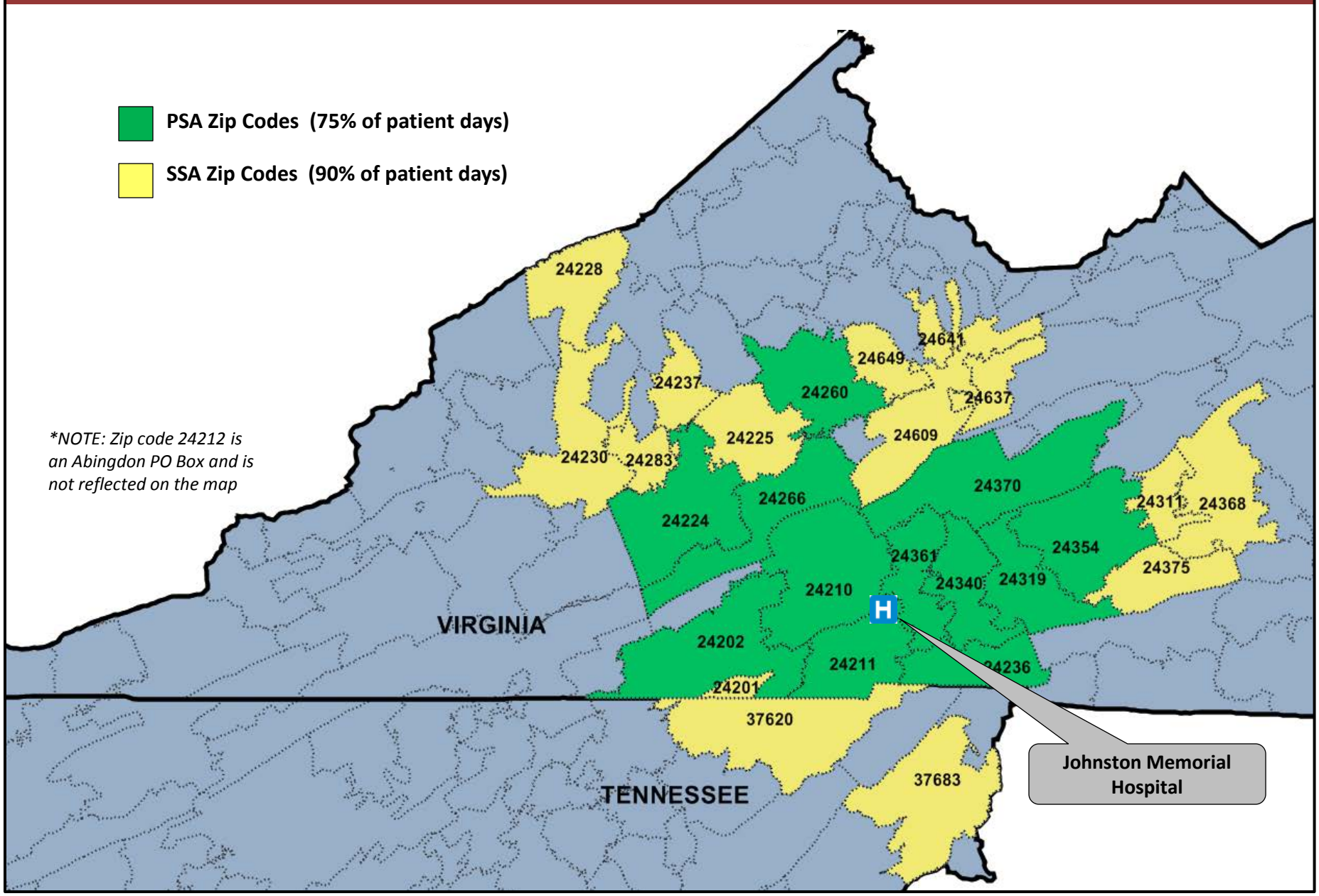
Source: MSHA Internal Discharge Data FY16

Russell County Medical Center Primary/Secondary Service Area Zip Codes – Patient Days



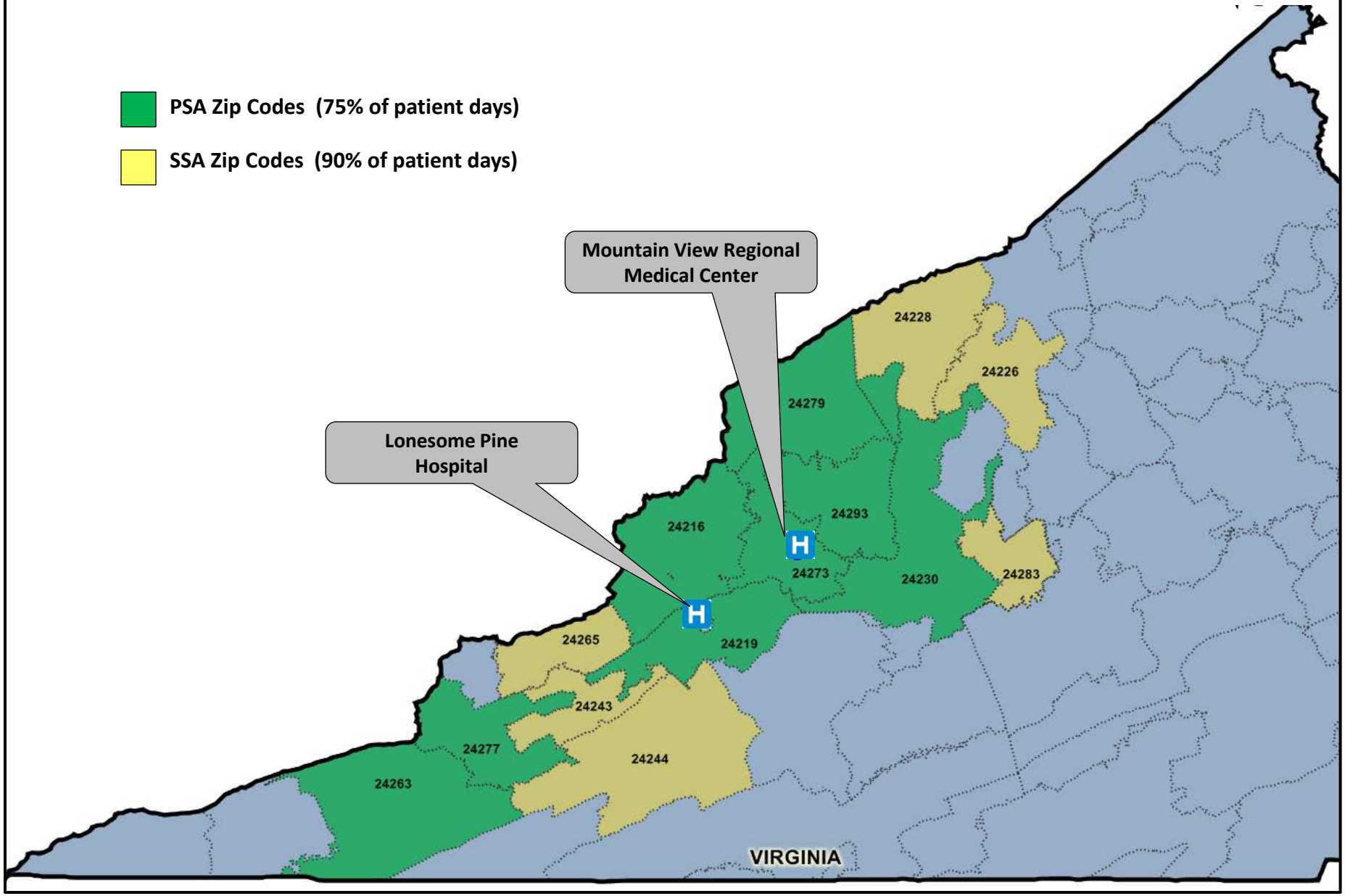
Source: MSHA Internal Discharge Data FY16

Johnston Memorial Hospital Primary/Secondary Service Area Zip Codes – Patient Days



Source: MSHA Internal Discharge Data FY16

Lonesome Pine/Mountain View Primary/Secondary Service Area Zip Codes – Patient Days



Source: Wellmont Discharge Data FY16

14. MARKET AND COMPETITIVE DYNAMICS

REQUEST: A description of the market and the competitive dynamics for health care services in the parties' respective service areas, including at a minimum:

REQUEST: The identity of any nonparty hospital located in the PSA and SSA and any nonparty hospital outside of the PSA and SSA that also serves patients in the parties' PSA and SSA;

RESPONSE: As discussed in Section 5, the Geographic Service Area consists of the following twenty-one counties: Buchanan, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe (including the Independent Cities of Bristol and Norton), in Virginia; and Carter, Cocke, Greene, Hamblen, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington in Tennessee. For this response, we will be concentrating only on the Virginia counties within the GSA.

There are nine general acute care hospitals in the Geographic Service Area that are not operated by Wellmont or Mountain States: Clinch Valley Medical Center, Wythe County Community Hospital, Carilion Tazewell Community Hospital, Buchanan General Hospital in Virginia and Lakeway Regional Hospital, Morristown-Hamblen Healthcare System, Newport Medical Center, Takoma Regional Medical Center, Laughlin Memorial Hospital in Tennessee. Some residents of the Geographic Service Area leave the region to receive specialized care. The three service lines with the largest proportion of outmigration volume from the Virginia Geographic Service Area are Myeloproliferative Disorders, Mental Diseases and Disorders, and Multiple Significant Trauma. When patients leave the Geographic Service Area for medical care, they most frequently go to the Holston Valley Medical Center, Bristol Regional Medical Center, Johnson City Medical Center, Indian Path Medical Center, and Carilion Medical Center.

REQUEST: Estimates of the share of hospital services furnished by each of the parties and any nonparty hospitals;

RESPONSE: The Parties estimate their current share in the Geographic Service Area's Virginia counties for general acute care inpatient services based on Calendar Year 2014 ("CY2014") discharge data[24] as follows:

[24] Shares for general acute care inpatient services were calculated using CY2014 discharge data for all hospitals in the Virginia portion of the Geographic Service Area. Shares were calculated defining general acute care services excluding normal newborns (DRG 795) and including (excluding) MDC 19 (Mental Diseases) and MDC 20 (Alcohol/Drug Use or Induced Mental Disorders). Tables detailing discharges by hospitals serving the Virginia Geographic Service Area, and hospitals located within the Virginia Geographic Service Area,are in Exhibit 5.2.

Table 14.1 – Share of Virginia GSA CY2014 Discharges, Current Systems[25]

System	Total	Share of Total Discharges
Mountain States	19,330	40.4%
Wellmont	16,191	33.9%
Other	12,290	25.7%

Table 14.1 identifies the percentage of total discharges in the Geographic Service Area's Virginia counties (exclusive of DRG 795) that are accounted for by Mountain States, Wellmont, or other health care systems. Share analyses demonstrate that three hospitals (Bristol Regional Medical Center, Holston Valley Medical Center, and Johnson City Medical Center) make up sixty percent (60%) of the combined system's discharges.[26]

If the Letter Authorizing Cooperative Agreement is granted and volumes coming from Virginia remain consistent with CY2014 trends, then the Parties estimate the projected shares for general acute care inpatient services would be as follows in **Table 14.2**:

Table 14.2 – Share of Virginia GSA CY 2014 Discharges, New Health System

System	Total	Share of Total Discharges
New Health System	35,521	74.3%
Independent Competitors	12,290	25.7%

Due to the large independent physician community in the Geographic Service Area, the Parties do not expect a material change in the shares for physician services. Approximately seventy percent (70%) of all practitioners in the Geographic Service Area are independent; in Virginia GSA alone, that figure is 68%. Even in overlap specialties, there are substantial competitive alternatives as reflected in the number of independent physicians in the specialty. **Table 14.3**[27] provides share estimates for independent physicians, and Wellmont and Mountain

[25] Shares for **Table 14.1** were calculated based on general acute care services excluding normal newborns (DRG 795).
[26] These three hospitals account for 44.4% of discharges by Virginia hospitals in the Geographic Service Area.
[27] **Tables 14.3 and 14.4** are based on data and information provided by the Parties regarding physicians with admitting privileges at their hospitals and employed or affiliated physicians and the specialty of the physicians.

States physicians in the specialties in which there is an overlap. **Table 14.4** reports shares for specialties in which there is not an overlap – that is, where Mountain States and Wellmont do not each employ physicians.

Table 14.3 – Shares of Physicians in Overlapping Specialties, by System (VA GSA)

Specialty	Overlay Flag	Total	Independent	Wellmont	Mountain States	Mountain States Affiliate
Grand Total (Overlap/Non-Overlap)	X	797	68%	13%	13%	7%
PEDIATRICS & NEONATOLOGY	X	30	83%	10%	0%	7%
OTHER SPECIALTIES	X	58	78%	5%	14%	3%
OBSTETRICS & GYNECOLOGY	X	30	73%	7%	7%	13%
PRIMARY CARE	X	285	69%	21%	4%	6%
PSYCHIATRY, PSYCHOLOGY & SOCIAL SERVICES	X	24	67%	8%	21%	4%
GENERAL SURGERY	X	22	64%	5%	9%	23%
CARDIOVASCULAR	X	24	63%	21%	13%	4%
ONCOLOGY & HEMATOLOGY	X	29	48%	31%	7%	14%
HOSPITALIST	X	71	42%	14%	31%	13%
PULMONOLOGY	X	12	33%	33%	17%	17%
URGENT CARE	X	27	19%	4%	70%	7%

Table 14.4 – Shares of Physicians in Non-Overlapping Specialties, by System (VA GSA)

Specialty	Overlay Flag	Total	Independent	Wellmont	Mountain States	Mountain States Affiliate
Grand Total (Overlap/Non-Overlap)		797	68%	13%	13%	7%
RADIOLOGY		15	100%	0%	0%	0%
RHEUMATOLOGY		1	100%	0%	0%	0%
PATHOLOGY & LABORATORY MEDICINE		2	100%	0%	0%	0%
EMERGENCY MEDICINE		97	96%	0%	2%	2%
ENT		8	88%	13%	0%	0%
UROLOGY		8	63%	0%	38%	0%
ORTHOPEDICS		40	57%	0%	38%	5%
GASTROENTEROLOGY		7	57%	0%	43%	0%
NEPHROLOGY		2	50%	0%	50%	0%
NEUROSCIENCES		4	25%	0%	75%	0%
ENDOCRINOLOGY, DIABETES & METABOLISM		1	0%	0%	100%	0%

A large number of independent providers of outpatient services compete in the Geographic Service Area's Virginia counties. For many outpatient services, independent providers account for at least a fifty percent (50%) share. **Table 14.5**[28] presents counts and share numbers for categories of outpatient services based on the affiliation of the providers.

Table 14.5 – Shares of Outpatient Facilities by System (VA GSA)[29]

Service Type	WHS & MSHS Combined %	Mountain States	Wellmont	All Other*	Total
Pharmacy	2.2%	2	0	87	**89**
Home Health	19.0%	4	0	17	**21**
Fitness Center	0.0%	0	0	20	**20**
X-RAY	52.9%	6	3	8	**17**
CT	64.3%	5	4	5	**14**
Nursing Home	16.7%	1	1	10	**12**
Surgery - Hospital Based	54.5%	4	2	5	**11**
MRI	54.5%	4	2	5	**11**
Physical Therapy	10.0%	1	0	9	**10**
Rehabilitation	55.6%	2	3	4	**9**
Surgery - Endoscopy	75.0%	4	2	2	**8**
Urgent Care	71.4%	2	3	2	**7**
Chemotherapy	80.0%	2	2	1	**5**
Rehabilitation & Physical Therapy	40.0%	0	2	3	**5**
Dialysis Services	0.0%	0	0	5	**5**
Wellness Center	0.0%	0	0	5	**5**
Weight Loss Center	0.0%	0	0	2	**2**
Cancer Center	100.0%	1	1	0	**2**
Radiation Therapy	100.0%	1	1	0	**2**
Surgery - ASC	100.0%	1	0	0	**1**

Note: Wellmont and Mountain States provide cancer support services at their cancer centers.

a. **REQUEST**: Identification of whether any services or products of the proposed cooperative agreement are currently being offered or capable of being offered by any nonparty hospitals in the PSA and SSA and a description of how the nonparty proposed cooperative agreement will not exclude such nonparty hospitals from continued competitive and independent operation in the PSA and SSA;

[28] **Table 14.5** depicts the counts and shares for categories of outpatient services and is based on a listing provided by the Parties of outpatient facilities by type including names, locations, and affiliations.
[29] When including only Virginia facilities, the following service types no longer had any facilities and were omitted from the table: Community Center, Cancer Support Services, and Women's Cancer Services.

RESPONSE: As described in more detail below, the Parties' provision of general inpatient services, physician services, and outpatient services are also currently offered or capable of being offered by other providers in the service area.

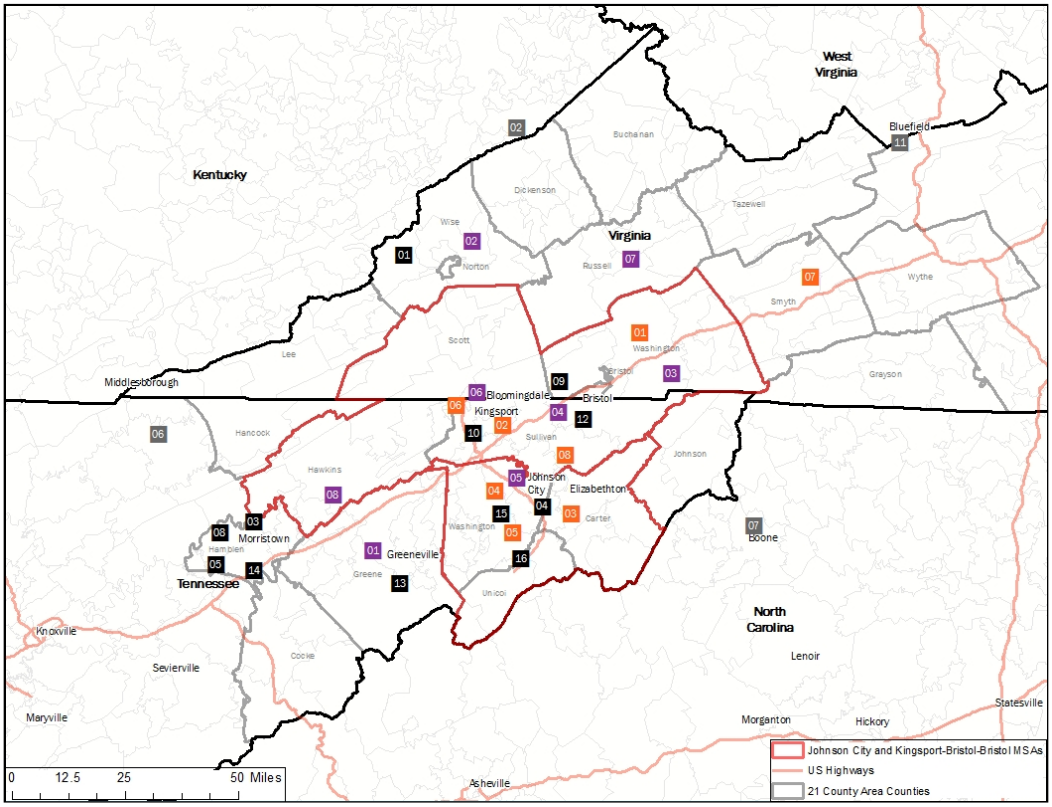
Inpatient Services. The general inpatient services currently offered by Wellmont and Mountain States are offered by, or capable of being offered by, other hospitals located in the Geographic Service Area, with the exception of certain high-level tertiary care services such as trauma and neonatal intensive care.

Nine general acute care hospitals in the Geographic Service Area are not operated by Wellmont or Mountain States: Clinch Valley Medical Center, Wythe County Community Hospital, Carilion Tazewell Community Hospital, Lakeway Regional Hospital, Buchanan General Hospital, Morristown-Hamblen Healthcare System, Newport Medical Center, Takoma Regional Medical Center, and Laughlin Memorial Hospital. Of which Clinch Valley Medical Center, Wythe County Community Hospital, Carilion Tazewell Community Hospital, and Buchanan General Hospital are in Virginia.

Outpatient Facilities. The Geographic Service Area also contains a number of competing, independent outpatient facilities, along with independent nursing homes, assisted living facilities and skilled nursing facilities. **Exhibit 14.1 (Section A)** provides the numbers and shares of outpatient facilities serving the VA Geographic Service Area as organized in broad categories. Wellmont and Mountain States together account for less than fifty percent (50%) of the outpatient facilities in nine of the twenty categories provided, including Physical Therapy (10.0%) and Nursing Homes (16.7%). Outpatient services, including urgent care, imaging, and ambulatory surgery centers, have many independent alternatives, which are identified in **Exhibit 14.1** and whose locations are shown on maps in **Figures 14.1-14.3**.

Urgent Care Facilities. Of the seven urgent care centers in the Virginia portion of the Geographic Service Area, Mountain States and Wellmont collectively operate five of them; twenty-nine percent (29%) of the urgent care centers are competitor facilities. **Exhibit 14.1 (Section B)** contains a list of all urgent care facilities serving the Geographic Service Area's Virginia counties.

Figure 14.1 – Map of Locations of Urgent Care Facilities[30]



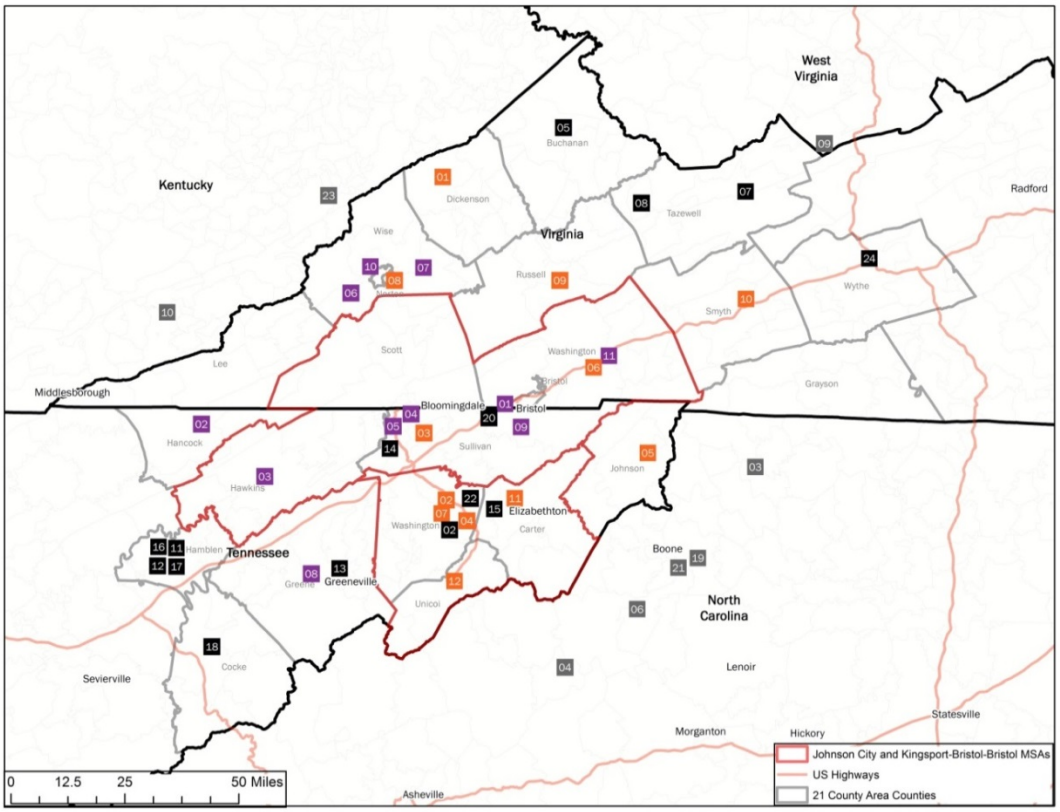
CT/MRI Facilities. The Geographic Service Area contains imaging facilities, including providers of CT, MRI, and X-Ray services. Wellmont and Mountain States each offers at least one type of these imaging services, but nearly thirty-six percent (36%) of all imaging facilities in the Virginia portion of the Geographic Service Area are operated by competitors. Wellmont and Mountain States together account for about half of the CT and MRI capabilities in the area, and a much smaller percentage of X-Ray capabilities. A breakdown is provided in **Table 14.6**, and locations are depicted on the map in **Figure 14.2**. **Exhibit 14.1 (Section C)** lists all CT/MRI capabilities in the Geographic Service Area's Virginia counties.

[30] An enlarged version of the map and legend is included in **Exhibit 14.1 (Section B).**

Table 14.6 – Medical Imaging Facilities/Capabilities and System Affiliation in Virginia GSA

System Affiliation	Total Facilities[31]	% of Total	CT Capabilities	MRI Capabilities	X-Ray Capabilities
Total	25		14	11	17
Wellmont	6	24.0	4	2	3
Mountain States	6	24.0	5	4	6
All Other	13	52.0	5	5	8

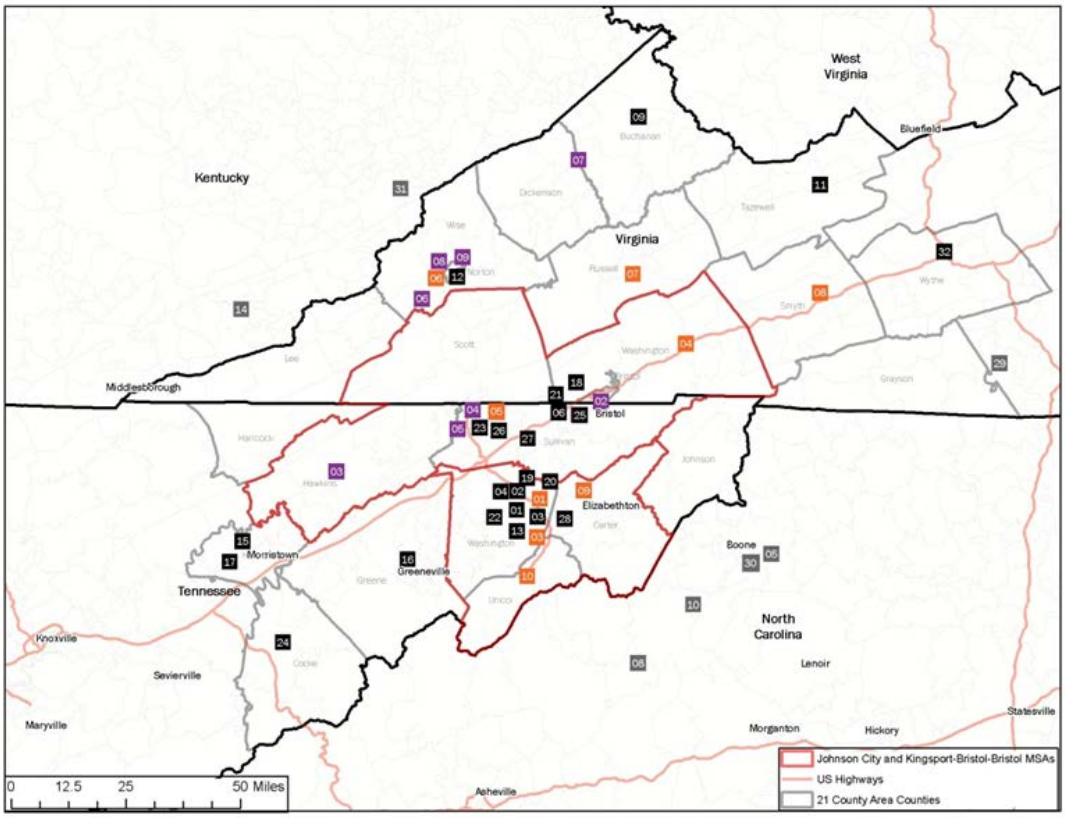
Figure 14.2 – Map of Locations of CT/MRI Facilities[32]



Ambulatory Surgical Centers. Wellmont and Mountain States each have ambulatory surgical centers ("ASCs")[33] in the Virginia portion of the Geographic Service Area, but forty-five percent (45%) are competing facilities. The locations of all area ASCs are shown in **Figure 14.3** below. **Exhibit 14.1 (Section D)** lists all ASCs serving the Geographic Service Area's Virginia counties.

[31] Facilities may have CT, MRI and/or X-ray capabilities co-located at a single location that are counted separately.
[32] An enlarged version of the map and legend is included in **Exhibit 14.1 (Section C).**
[33] "ASCs" include ambulatory surgical center facilities, hospital-based outpatient surgical facilities, and surgery-endoscopy facilities.

Figure 14.3 – Map of Locations of Ambulatory Surgical Centers[34]



Physician Services**.** A large number of independent physicians in the Geographic Service Area offer the physician services currently offered by Wellmont and Mountain States through their respective employed (or affiliated) physicians.

Exhibit 14.1 (Section E) provides data on the number of physicians employed by Wellmont and employed by or affiliated with Mountain States in each of several specialties (e.g., family practice). It also reports data on the number of independent physicians in each of these specialties; the total counts of physicians are based on all physicians with privileges at either or both of Mountain States and Wellmont.

The majority of physicians in the Virginia portion of the Geographic Service Area with privileges at Wellmont or Mountain States are independent. Approximately sixty-eight percent (68%) of all practitioners in the Geographic Service Area's Virginia counties are independent. Wellmont employs thirteen percent (13%); Mountain States employs thirteen percent (13%); and seven percent (7%) of physicians are affiliated with Mountain States through staffing arrangements for certain hospital-based services. Independent competitive alternatives exist in all twelve physician specialties in which the Parties overlap. The combined share of independent physicians exceeds sixty percent (60%) in all specialties except Oncology & Hematology; Hospitalist; Pulmonology; Urgent Care; Orthopedics; Gastroenterology; Nephrology; Neurosciences;

[34]An enlarged version of the map and legend is included in **Exhibit 14.1 (Section D).**

and Endocrinology, Diabetes, & Metabolism. The share of independent practitioners is at least fifty percent (50%) in most specialties. Nearly sixty-nine percent (69%) of Primary Care Physicians are independent.

Each physician specialty where there is an "overlap" between Wellmont and Mountain States includes competition from independent physicians. No overlap between the Parties exists in a large number of specialties and all of them have numerous competitive alternatives. There are relatively few specialties where the combined number of Mountain States and Wellmont employed physicians exceeds thirty-five percent (35%) of the total number of area physicians in that specialty. As is common across the country, certain specialties tend to have higher shares of employed physicians due to the nature of that medical practice. This includes hospitalists, cardiologists and hematologists/oncologists, although these specialties have a number of independent alternatives.

Continued Competition. Market power will not be gained as a result of the Cooperative Agreement. The New Health System will be actively supervised by Virginia and Tennessee officials. This supervision will ensure that the New Health System will act in furtherance of the public policies that underlie Virginia's Cooperative Agreement statutory and regulatory provisions and Tennessee's Certificate of Public Advantage. Moreover, as noted above, the New Health System will face competition from several independent general acute care hospitals, outpatient facilities, post-acute care facilities and physicians in the Geographic Service Area. These competitors will not be a party to the Cooperative Agreement, and the Parties anticipate that the independent providers will continue to operate independently and competitively if the Letter Authorizing Cooperative Agreement is granted. Most outpatient medical services are delivered outside the hospital setting by independent physicians and other independent providers such as home health, lab, imaging, occupational medicine, hospice, long-term care services, skilled nursing, physical therapy, occupational therapy, pharmacy, counseling, and surgery centers. Wellmont and Mountain States are required to ensure patient choice when selecting these services and will continue these policies as a merged organization.

In order to ensure continued competitive and independent operation of the services and products of entities not a party to the Cooperative Agreement, the Parties are willing to enter into the following commitments.

COMMITMENTS

- The New Health System will negotiate in good faith with Principal Payers* to include the New Health System in health plans offered in the Geographic Service Area on commercially reasonable terms and rates (subject to the limitations herein). New Health System would agree to resolve through mediation any disputes in health plan contracting.

- The New Health System will not agree to be the exclusive network provider to any commercial, Medicare Advantage or managed Medicaid insurer.

- The New Health System will not engage in "most favored nation" pricing with any health plans.

* For purposes of this Application, "Principal Payers" are defined as those commercial payers who provide more than two

As noted, a large number of independent physicians in the community will not be a party to the Cooperative Agreement. Both Wellmont and Mountain States continue to value a robust and successful independent physician community. The New Health System intends to collaborate where possible with the independent physician community in procompetitive arrangements to build an array of service offerings that will be accessible throughout the region. To remove barriers to patient choice and promote open physician practice, the New Health System is prepared to make the following commitments.

COMMITMENTS

- The New Health System will maintain three full-service tertiary referral hospitals in Johnson City, Kingsport, and Bristol to ensure higher-level services are available in close proximity to where the population lives.

- The New Health System will maintain open medical staff at all facilities, subject to the rules and conditions of the organized medical staff of each facility. Exceptions may be made for certain hospital-based physicians, as determined by the New Health System's Board of Directors.

- The New Health System will commit to not engage in exclusive contracting for physician services, except for hospital-based physicians, as determined by the New Health System's Board of Directors.

- The New Health System will not require independent physicians to practice exclusively at the New Health System's hospitals and other facilities.

- The New Health System will not take steps to prohibit independent physicians from participating in health plans and health networks of their choice.

b. **REQUEST**: A listing of the physicians employed by or under contract with each of the parties' hospitals in the PSA and SSA, including their specialties and office locations;

RESPONSE: The listing of the physicians employed by or under contract with Mountain States, including their specialty and office location(s), is attached as **Exhibit 14.2**. The listing of the physicians employed by or under contract with Wellmont, including their specialty and office location(s), is attached as **Exhibit 14.3**.

c. **REQUEST**: The identity of any potential entrants in the parties' PSA and SSA and the basis for any belief that such entry is likely within the two calendar years immediately following the date of the Letter authorizing cooperative agreement is issued by the department; and

RESPONSE: Other than the efforts described below, the Parties have no knowledge of any potential entrants in the Parties' Geographic Service Area.

- SBH-Kingsport, LLC applied for a Certificate of Need with the Tennessee Department of Health to operate an in-patient behavioral health center in Kingsport, Tennessee. The Tennessee Department of Health initially denied the application on June 25, 2014, but, on appeal, an administrative law judge recently ruled in favor of SBH-Kingsport, LLC's CON application.
- Lee County Hospital Authority owns the building where the former Lee Regional Medical Center was once located. The Parties are aware that the Lee County Hospital Authority has plans to open an acute care hospital as an independent facility at that location.

d. **REQUEST**: A list of each party's top 10 commercial insurance payers by revenue within the PSA and SSA.

RESPONSE: The listing of the commercial insurance payers by revenue is considered to be competitively sensitive information under federal antitrust laws. As such, each Party submits a list in alphabetical order of its top 10 commercial insurance payers within the Geographic Service Area. Mountain States' list is attached as **Exhibit 14.4**, and Wellmont's list is attached as **Exhibit 14.5**.

Exhibit 5.2

B. Inpatient (Excluding MDCs 19 and 20)

Hospital Name	Hospital Affiliation	Total	Shares of total Discharges	Shares of Wellmont and mountain States Discharges
Total		**47,811**	**100.0%**	
Total VA GSA Hospitals		**25,158**	**52.6%**	
Total All Other Hospitals		**22,653**	**47.4%**	
Share Outside VA GSA		**47.4%**		
WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL	Wellmont	4	0.0%	0.0%
WELLMONT HANCOCK COUNTY HOSPITAL	Wellmont	13	0.0%	0.0%
MOUNTAIN VIEW REGIONAL MEDICAL CENTER	Wellmont	1,167	2.4%	3.3%
WELLMONT LONESOME PINE HOSPITAL	Wellmont	1,708	3.6%	4.8%
WELLMONT HOLSTON VALLEY MEDICAL CENTER	Wellmont	4,937	10.3%	13.9%
WELLMONT BRISTOL REGIONAL MEDICAL CENTER	Wellmont	8,362	17.5%	23.5%
DICKENSON COMMUNITY HOSPITAL	Mountain States	5	0.0%	0.0%
QUILLEN REHABILITATION HOSPITAL	Mountain States	14	0.0%	0.0%
SYCAMORE SHOALS HOSPITAL	Mountain States	33	0.1%	0.1%
FRANKLIN WOODS COMMUNITY HOSPITAL	Mountain States	80	0.2%	0.2%
WOODRIDGE PSYCHIATRIC HOSPITAL	Mountain States	346	0.7%	1.0%
INDIAN PATH MEDICAL CENTER	Mountain States	1,569	3.3%	4.4%
SMYTH COUNTY COMMUNITY HOSPITAL	Mountain States	1,774	3.7%	5.0%
RUSSELL COUNTY MEDICAL CENTER	Mountain States	1,932	4.0%	5.4%
JOHNSON CITY MEDICAL CENTER	Mountain States	2,533	5.3%	7.1%
NORTON COMMUNITY HOSPITAL	Mountain States	3,122	6.5%	8.8%
JOHNSTON MEMORIAL HOSPITAL	Mountain States	7,922	16.6%	22.3%
CLINCH VALLEY MEDICAL CENTER	Other	4,127	8.6%	
WYTHE COUNTY COMMUNITY HOSPITAL	Other	1,807	3.8%	
BUCHANAN GENERAL HOSPITAL	Other	1,048	2.2%	
CARILION TAZEWELL COMMUNITY HOSPITAL	Other	546	1.1%	
CARILION MEDICAL CENTER	Other	1,220	2.6%	
CARILION NEW RIVER VALLEY MEDICAL CENTER	Other	793	1.7%	
UNIVERSITY OF VIRGINIA MEDICAL CENTER	Other	781	1.6%	
TWIN COUNTY REGIONAL HOSPITAL	Other	654	1.4%	
LEWISGALE MEDICAL CENTER	Other	240	0.5%	
MORRISTOWN-HAMBLEN HEALTHCARE SYSTEM	Other	8	0.0%	
TAKOMA REGIONAL HOSPITAL	Other	6	0.0%	
LAUGHLIN MEMORIAL HOSPITAL, INC.	Other	1	0.0%	
ALL OTHER	Other	1,059	2.2%	

Exhibit 14.1

Outpatient analyses of the Geographic Service Area were conducted using counts of facilities for a variety of types of outpatient providers serving the area; these include out-of-area facilities. Facility-level data included the name, address, affiliation and type of service (e.g., ASC). A summary table for all categories of outpatient services is provided below and shows that for many services there is little or no overlap and that for the majority of services, independent providers account for a large share of total providers. In the few services in which there is higher share, there is no overlap. More detailed analyses were also conducted for three outpatient categories: urgent care, imaging facilities, and ambulatory surgery centers; and the tables below show that competing facilities account for 50% or greater share for each of these services. Maps show that these alternatives are located near those affiliated with Mountain States and Wellmont.

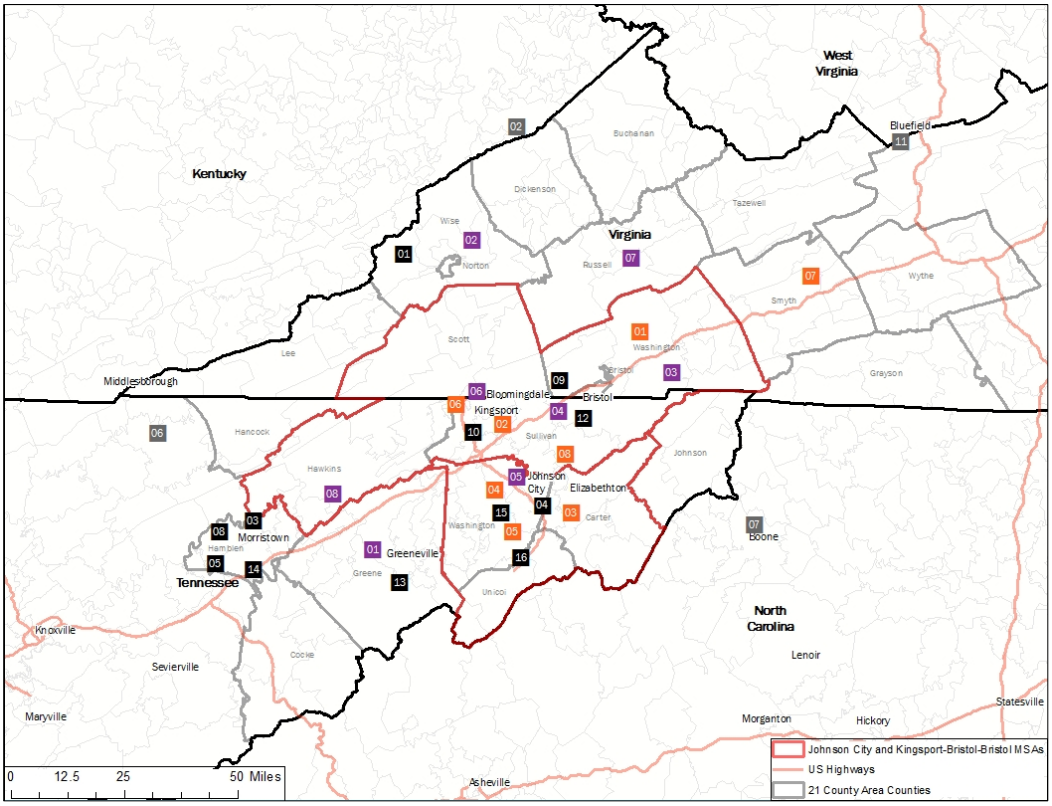
For the following exhibits, the tables show results limited to the Virginia counties of the Geographic Service Area. That includes Buchanan, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe (including the Independent Cities of Bristol and Norton).

A. All Outpatient Facilities

Service Type	WHS & MSHS Combined %	Mountain States	Wellmont	All Other*	Total
Pharmacy	2.2%	2	0	87	**89**
Home Health	19.0%	4	0	17	**21**
Fitness Center	0.0%	0	0	20	**20**
X-RAY	52.9%	6	3	8	**17**
CT	64.3%	5	4	5	**14**
Nursing Home	16.7%	1	1	10	**12**
Surgery - Hospital Based	54.5%	4	2	5	**11**
MRI	54.5%	4	2	5	**11**
Physical Therapy	10.0%	1	0	9	**10**
Rehabilitation	55.6%	2	3	4	**9**
Surgery - Endoscopy	75.0%	4	2	2	**8**
Urgent Care	71.4%	2	3	2	**7**
Chemotherapy	80.0%	2	2	1	**5**
Rehabilitation & Physical Therapy	40.0%	0	2	3	**5**
Dialysis Services	0.0%	0	0	5	**5**
Wellness Center	0.0%	0	0	5	**5**
Weight Loss Center	0.0%	0	0	2	**2**
Cancer Center	100.0%	1	1	0	**2**
Radiation Therapy	100.0%	1	1	0	**2**
Surgery - ASC	100.0%	1	0	0	**1**

*All Other may include competing facilities located outside of the Geographic Service Area yet serving patients from the Geographic Service Area.

B. Urgent Care



Urgent Care Outpatient Facilities

Wellmont

01	Greeneville Urgent Care
02	Wellmont Extended Hours Clinic - Norton
03	Wellmont Urgent Care - Abingdon
04	Wellmont Urgent Care - Bristol
05	Wellmont Urgent Care - Johnson City
06	Wellmont Urgent Care - Kingsport
07	Wellmont Urgent Care - Lebanon
08	Wellmont Urgent Care - Rogersville

MSHA

01	First Assist Urgent Care - Abingdon
02	First Assist Urgent Care - Colonial Heights
03	First Assist Urgent Care - Elizabethton
04	First Assist Urgent Care - Johnson City
05	First Assist Urgent Care - Jonesborough
06	First Assist Urgent Care - Kingsport
07	First Assist Urgent Care - Marion
08	First Assist Urgent Care - Piney Flats

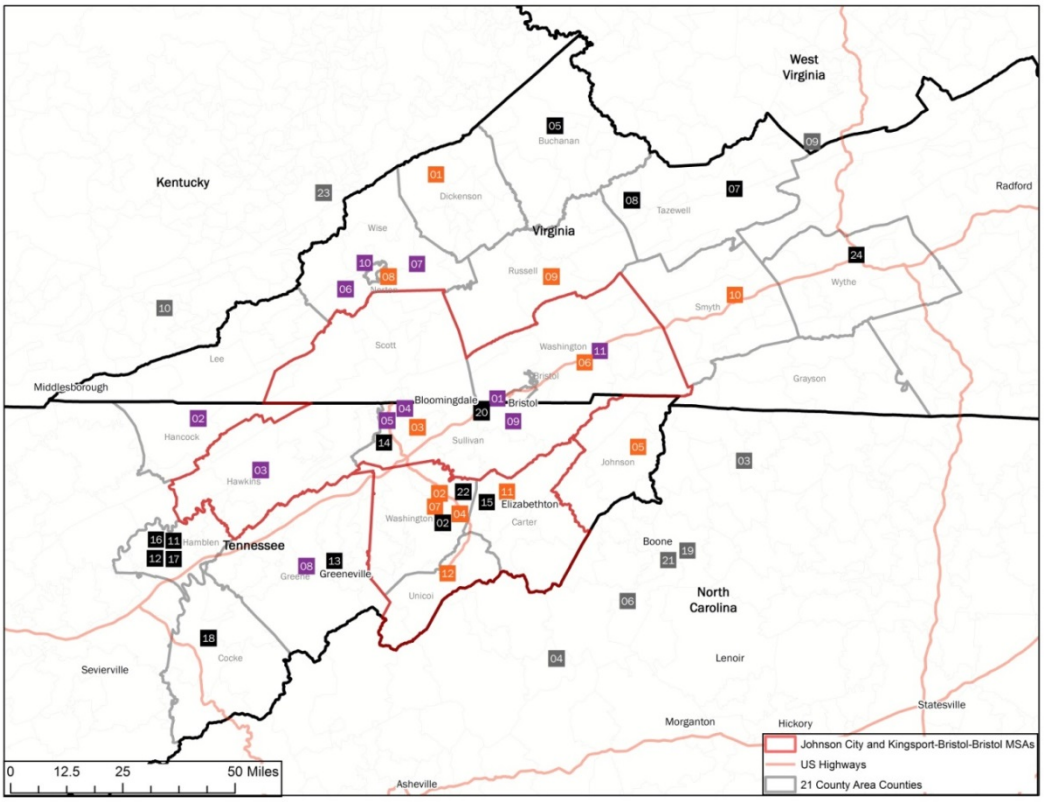
All Other Facilities

01	Appalachian After Hours Care
02	AppUrgent Care
03	College Park Medical Clinic
04	Doctors Care
05	Express Health Clinic-Morristown
06	Express Health Clinic-Newport
07	FastMed Urgent Care
08	HealthStar Urgent Care Clinic
09	Holston Medical Group Urgent Care-Bristol
10	Holston Medical Group Urgent Care-Kingsport
11	MedExpress Urgent Care-Bluefield
12	MedExpress Urgent Care-Bristol
13	Patmos EmergiClinic
14	Prompt Family Care
15	State of Franklin Healthcare Associates Walk-in Clinic
16	Urgent Care of Erwin

Urgent Care Facility Locations and Counts, by System

Affiliation	Facility Name	County	State
Total	**Total**	**7**	**100.0%**
Wellmont	Wellmont Extended Hours Clinic - Norton	Wise	VA
Wellmont	Wellmont Urgent Care - Abingdon	Washington	VA
Wellmont	Wellmont Urgent Care - Lebanon	Russell	VA
Wellmont	**Total**	**3**	**43%**
Mountain States	First Assist Urgent Care - Abingdon	Washington	VA
Mountain States	First Assist Urgent Care - Marion	Smyth	VA
Mountain States	**Total**	**2**	**29%**
All Other	Appalachian After Hours Care	Wise	VA
All Other	MedExpress Urgent Care-Bluefield	Tazewell	VA
All Other	**Total**	**2**	**29%**

C. CT/MRI



CT/MRI Capabilities

Wellmont		All Other Facilities	
01	Bristol Regional Medical Center	01	Appalachian Orthopaedic Associates, PC**
02	Hancock County Hospital	02	Appalachian Orthopaedic Associates
03	Hawkins County Memorial Hospital	03	Ashe Memorial Hospital
04	Holston Valley Imaging Center, LLC	04	Blue Ridge Regional Hospital
05	Holston Valley Medical Center	05	Buchanan General Hospital
06	Lonesome Pine Hospital	06	Cannon Memorial Hospital
07	Southwest Virginia Cancer Center	07	Carilion Tazewell Community Hospital
08	Takoma Regional Hospital *(Independent)**	08	Clinch Valley Medical Center
09	Volunteer Parkway Imaging Center	09	Community Radiology Of Virginia, Inc.
10	Wellmont Mountain View Regional Medical Center	10	Harlan ARH Hospital
11	Wellmont Urgent Care Abingdon	11	Healthstar Physicians, PC
MSHA		12	Lakeway Regional Hospital
01	Dickenson Community Hospital	13	Laughlin Memorial Hospital, Inc.
02	Franklin Woods Community Hospital	14	Meadowview Outpatient Diagnostic Center
03	Indian Path Medical Center	15	Medical Care, PLLC (Elizabethton)
04	Johnson City Medical Center	16	Medical Care, PLLC (Johnson City)
05	Johnson County Community Hospital	17	Morristown-Hamblen Hospital
06	Johnston Memorial Hospital	18	Newport Medical Center
07	Mountain States Imaging at Med Tech Parkway	19	Ortho-Carolina - Boone
08	Norton Community Hospital	20	Sapling Grove Outpatient Diagnostic Center
09	Russell County Medical Center	21	Watauga Medical Center
10	Smyth County Community Hospital	22	Watauga Orthopaedics, PLC
11	Sycamore Shoals Hospital	23	Whitesburg ARH Hospital
12	Unicoi County Memorial Hospital, Inc.	24	Wythe County Community Hospital

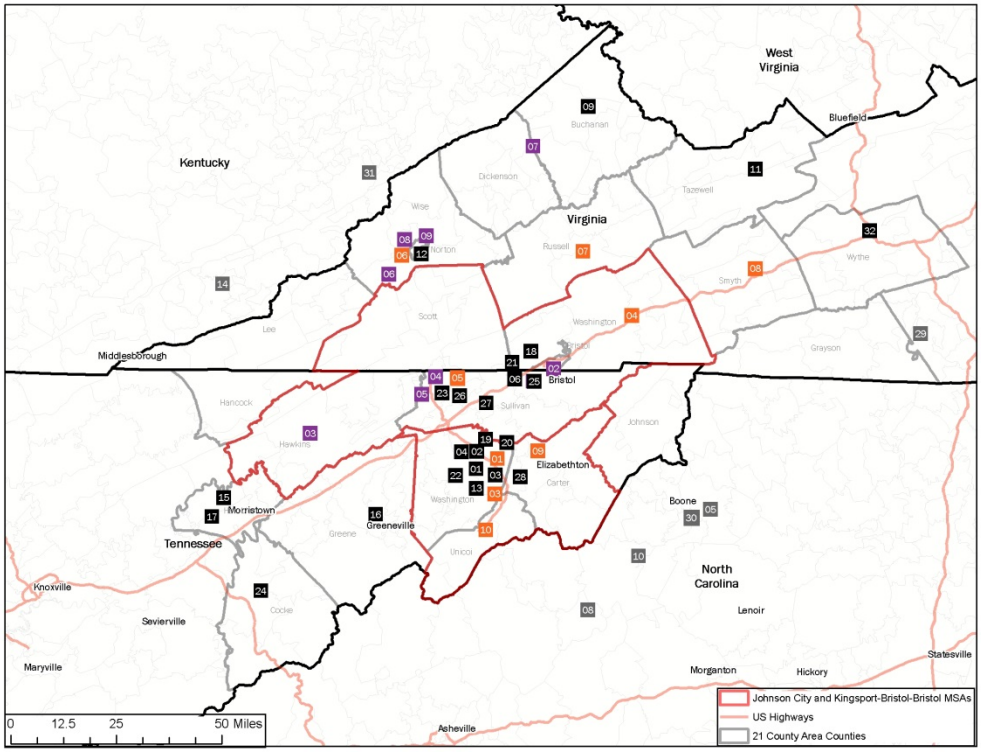
* Wellmont sold Takoma Regional Hospital ("Takoma") to Adventist Health System in 2014. Wellmont has publicly announced its plan to repurchase Takoma. However, as of the date of this filing, the transaction has not yet closed and may not close. The Parties anticipate that, if Takoma is acquired by Wellmont before the COPA is granted, that Takoma would be included in the COPA.

** Appalachian Orthopaedic Associates, PC is co-located with Bristol Regional Medical Center and is therefore not visible on the map

Imaging Capabilities Locations and Counts, by System

System Affiliation	Facility Name	County	State	CT Facilities
Total	Total	14	100%	14
Wellmont	Lonesome Pine Hospital	Wise	VA	X
Wellmont	Southwest Virginia Cancer Center	Wise	VA	X
Wellmont	Wellmont Mountain View Regional Medical Center	Wise	VA	X
Wellmont	Wellmont Urgent Care Abingdon	Washington	VA	X
Wellmont	Total	4	28.6%	4
Mountain States	Dickenson Community Hospital	Dickenson	VA	X
Mountain States	Johnston Memorial Hospital	Washington	VA	X
Mountain States	Norton Community Hospital	Wise	VA	X
Mountain States	Russell County Medical Center	Russell	VA	X
Mountain States	Smyth County Community Hospital	Smyth	VA	X
Mountain States	Total	5	35.7%	5
All Other	Buchanan General Hospital	Buchanan	VA	X
All Other	Carilion Tazewell Community Hospital	Tazewell	VA	X
All Other	Clinch Valley Medical Center	Tazewell	VA	X
All Other	Community Radiology Of Virginia, Inc.	Tazewell	VA	X
All Other	Wythe County Community Hospital	Wythe	VA	X
All Other	Total	5	35.7%	5

D. Ambulatory Surgical Centers[1]



Ambulatory Surgical Centers Outpatient Facilities

Wellmont

01	Bristol Regional Medical Center
02	Bristol Surgery Center
03	Hawkins County Memorial Hospital
04	Holston Valley Medical Center
05	Holston Valley Surgery Center, LLC
06	Lonesome Pine Hospital
07	Sapling Grove ASC
08	Takoma Regional Hospital *(Independent)**
09	Wellmont Mountain View Regional Medical

MSHA

01	Franklin Woods Community Hospital
02	Indian Path Medical Center
03	Johnson City Medical Center
04	Johnston Memorial Hospital
05	Kingsport Ambulatory Surgery Center**
06	Norton Community Hospital
07	Russell County Medical Center
08	Smyth County Community Hospital
09	Sycamore Shoals Hospital
10	Unicoi County Community Hospital

All Other Facilities

01	East Tennessee Ambulatory Surgery Center, LLC***
02	Johnson City Eye Surgery Center***
03	Mountain Empire Surgery Center, LP***
04	TriCities Laser Center***
05	Appalachian Gastroenterology
06	Appalachian Orthopaedic Associates, PC
07	Ashe Memorial Hospital
08	Blue Ridge Regional Hospital
09	Buchanan General Hospital
10	Cannon Memorial Hospital
11	Carilion Tazewell Community Hospital
12	Clinch Valley Medical Center
13	Endoscopy Center of Northeast Tennessee, PC
14	Harlan ARH Hospital
15	Lakeway Regional Hospital
16	Laughlin Memorial Hospital
17	Morristown-Hamblen Healthcare System
18	Mountain Empire Cataract and Eye Surgery Center
19	PMA Surgery Center, LLC
20	Reeves Eye Surgery Center
21	Renaissance Surgery Center
22	State of Frankin OB/GYN Specialists
23	Sullivan Digestive Center
24	Tennova Healthcare - Newport Medical Center
25	The Endoscopy Center of Bristol
26	The Regional Eye Surgery Center
27	Tri Cities Gastroenterology
28	Tri-Cities Outpatient Surgery, LLC
29	Twin County Regional Hospital
30	Watauga Medical Center
31	Whitesburg ARH Hospital
32	Wythe County Community Hospital

* Wellmont sold Takoma Regional Hospital ("Takoma") to Adventist Health System in 2014. Wellmont has publicly announced its plan to repurchase Takoma. However, as of the date of this filing, the transaction has not yet closed and may not close. The Parties anticipate that, if Takoma is acquired by Wellmont before the COPA is granted, that Takoma would be included in the COPA.

** Managed Joint Venture

*** Non-Managed Joint Venture

[1] ASCs include ambulatory surgical center facilities, hospital-based outpatient surgical facilities, and surgery-endoscopy facilities; these facilities are included in map and table.

Ambulatory Surgical Center Locations and Counts, by System
(continues on following page)

System Affiliation	Facility Name	County	State	Surgery - ASC	Surgery - Endoscopy	Surgery - Hospital-based
Total	**Total**	**11**	**100%**	**1**	**8**	**11**
Wellmont	Lonesome Pine Hospital	Wise	VA		X	X
Wellmont	Wellmont Mountain View Regional Medical	Wise	VA		X	X
Wellmont	**Total**	**2**	**18.2%**	**0**	**2**	**2**
Mountain States	Johnston Memorial Hospital	Washington	VA	X	X	X
Mountain States	Norton Community Hospital	Wise	VA		X	X
Mountain States	Russell County Medical Center	Russell	VA		X	X
Mountain States	Smyth County Community Hospital	Smyth	VA		X	X
Mountain States	**Total**	**4**	**36.4%**	**1**	**4**	**4**
Non-Managed Joint Venture	**Total**	**0**	**0.0%**	**0**	**0**	**0**
All Other	Buchanan General Hospital	Buchanan	VA		X	X
All Other	Carilion Tazewell Community Hospital	Tazewell	VA			X
All Other	Clinch Valley Medical Center	Tazewell	VA		X	X
All Other	Twin County Regional Hospital	Grayson	VA			X
All Other	Wythe County Community Hospital	Wythe	VA			X
All Other	**Total**	**5**	**45.5%**	**0**	**2**	**5**

Replacement Application Exhibit 14.1 (Section E). Physician Status by Specialty/Employment[2]

Specialty	Overlay Flag	Total	Independent	Wellmont	Mountain States	Mountain States Affiliate
Grand Total (Overlap/Non-Overlap)	**X**	**797**	**67.6%**	**12.5%**	**13.0%**	**6.8%**
PEDIATRICS & NEONATOLOGY	X	30	83.3%	10.0%	0.0%	6.7%
OTHER SPECIALTIES	X	58	77.6%	5.2%	13.8%	3.4%
OBSTETRICS & GYNECOLOGY	X	30	73.3%	6.7%	6.7%	13.3%
PRIMARY CARE	X	285	69.1%	20.7%	3.9%	6.3%
PSYCHIATRY, PSYCHOLOGY & SOCIAL SERVICES	X	24	66.7%	8.3%	20.8%	4.2%
GENERAL SURGERY	X	22	63.6%	4.5%	9.1%	22.7%
CARDIOVASCULAR	X	24	62.5%	20.8%	12.5%	4.2%
ONCOLOGY & HEMATOLOGY	X	29	48.3%	31.0%	6.9%	13.8%
HOSPITALIST	X	71	42.3%	14.1%	31.0%	12.7%
PULMONOLOGY	X	12	33.3%	33.3%	16.7%	16.7%
URGENT CARE	X	27	18.5%	3.7%	70.4%	7.4%
RADIOLOGY		15	100.0%	0.0%	0.0%	0.0%
RHEUMATOLOGY		1	100.0%	0.0%	0.0%	0.0%
PATHOLOGY & LABORATORY MEDICINE		2	100.0%	0.0%	0.0%	0.0%
EMERGENCY MEDICINE		97	95.9%	0.0%	2.1%	2.1%
ENT		8	87.5%	12.5%	0.0%	0.0%
UROLOGY		8	62.5%	0.0%	37.5%	0.0%
ORTHOPEDICS		40	57.5%	0.0%	37.5%	5.0%
GASTROENTEROLOGY		7	57.1%	0.0%	42.9%	0.0%
NEPHROLOGY		2	50.0%	0.0%	50.0%	0.0%
NEUROSCIENCES		4	25.0%	0.0%	75.0%	0.0%
ENDOCRINOLOGY, DIABETES & METABOLISM		1	0.0%	0.0%	100.0%	0.0%

[2] Data were developed by specialty to identify physicians employed by Wellmont, employed by Mountain States (or affiliated with Mountain States) and independent physicians. Data on independent physicians were developed using names and specialties for physicians with admitting privileges at Wellmont and/or Mountain States hospitals. The Overlap Flag identifies specialties in which both systems employed physicians. The Specialty categories included in this table may differ slightly from those included in the original Application Exhibit 14.1 (Section E). The information available to the Parties on employed, affiliated and independent physicians in the area utilizes different categories of specialties (e.g. Family Medicine may be a specialty category in one list and Primary Care may be a specialty category in another list). The individual categories were aggregated to ensure specialties from various data sources could be combined to provide shares. Physician data include physicians and licensed mid-level healthcare professionals such as Physician Assistants and Nurse Practitioners.

EXHIBIT O-5A

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Expanded Health Care Services	Behavioral Health Services	$ 1,000,000	$ 4,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000	**$ 85,000,000**
	Children's Services	1,000,000	2,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	**27,000,000**
	Rural Health Services	1,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	**28,000,000**
Health Research & Graduate Medical Education	Academics & Research	3,000,000	5,000,000	7,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	**85,000,000**
Community Health Improvement	Strong Starts for Children; Helping Adults Live Well; Supporting a Drug Free Community; Decreasing High Utilization by the Uninsured	1,000,000	2,000,000	5,000,000	7,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	**75,000,000**

$ 300,000,000

EXHIBIT 0-5B

New Health System Template Community Health Improvement Plan

Ensure Strong Starts for Children 1/2	Short-term Outcomes	Intermediate Outcomes	Long-term Expected Health Impact				
			Heart	Cancer	Diabetes	Behavioral Health	Infant Mortality
Reduce Childhood Obesity		Reduction in percent children classified as "overweight"	X	X	X		
• Increase rates of breastfeeding ▪ Program Example: *Baby Friendly Hospital Initiative*	Increased rate of breastfeeding at 6 months		X	X	X		X
• Increase physical activity ▪ Program Example: *Morning Mile; Project SPARK*	Increased rate of children achieving the recommend level of weekly physical activity		X	X	X		
• Increase healthy eating ▪ Program Example: *#LiveSugarFreed campaign*	Decreased amount of weekly sugary beverage consumption in children		X	X	X		
Decrease Tobacco Use in Youth		Decreased rates of "current" use of tobacco	X	X	X	X	X
• Expand anti-smoking campaigns ▪ Program Example: *#UNSMOKABLE*	Reduced rate of past year smoking initiation or "ever" smoked		X	X	X	X	X
Decrease Opioid Abuse in Youth		Decreased reported past month non-medical use of pain relievers				X	X
• Decrease diversion ▪ Program Example: *Drug return kiosks*	Milligrams of prescription painkillers removed from circulation					X	X
• Expand anti-opioid campaigns ▪ Program Example: *Above the Influence*	Reduced rate of "ever" tried					X	X
Increase 3rd Graders reading at Grade Level		Increased percentage of 3rd graders scoring "pass/proficient" on VA DOE SOL tests	X	X	X	X	X
• Increase read aloud opportunities ▪ Program Example: *Bear Buddies; Nurse Family Partnership*	Increased percentage of "at-risk" K-2 students paired with a Bear Buddy reading mentor		X	X	X	X	X

Ensure Strong Starts for Children 2/2	Short-term Outcomes	Intermediate Outcomes	Long-term Expected Health Impact				
			Heart	Cancer	Diabetes	Behavioral Health	Infant Mortality
Decrease Pre-term Births		Decreased pre-term birth rate				X	X
• Increase effectiveness of pre-natal care ▪ Program Example: *Nurse Family Partnership; Centering Pregnancy; 17-P utilization*	Increased percentage high-risk women participating in program					X	X
• Decrease tobacco use among pregnant women ▪ Program Example: *ACOG 5 As Behavioral Intervention; Baby and Me*	Increased percentage of pregnant female participants completing nicotine abstinence programs					X	X
• Decrease NAS births ▪ Program Example: *Residential treatment for opioid addicted pregnant women*	Decreased percentage of births with NAS					X	X
• Increase birth spacing ▪ Program Example: *Post-partum LARC insertion*	Increased average/median months between pregnancy in high-risk women					X	X

Help Adult Live Well in the Community	Short-term Outcomes	Intermediate Outcomes	Long-term Expected Health Impact				
			Heart	Cancer	Diabetes	Behavioral Health	Infant Mortality
Decrease Adult Obesity		Decreased adult obesity rate	X		X		
• Increase Physical Activity ▪ Program Example: *YMCA Diabetes Prevention Program*	Decreased percentage of adults reporting no physical activity within past month		X	X	X		
• Increase Healthy Eating ▪ Program Example: *YMCA Diabetes Prevention Program*	Improvement in the Healthy Eating Index measure of dietary quality		X	X	X		
Decrease Adult Tobacco Use		Decreased rates of "current" tobacco use	X	X	X	X	X
• Increase cessation treatment ▪ Program Example: *Screening and Physician Counseling*	Improved score on tobacco-related HEDIS measures in the New Health System.		X	X	X	X	X
• Expand successful mass-reach health communication interventions ▪ Program Example: *CDC's Tips From Former Smokers*	Increased population awareness in anti-smoking awareness and attitudes over survey baseline		X	X	X	X	X
Increased Early Detection of Chronic Disease		Decreased early mortality from heart disease, diabetes, suicide, cancer, infant mortality	X	X	X	X	X
• Increase population screening ▪ Program Example: *Screening and Physician Counseling; SBIRT; Mobile Health Unit Deployment*	Improved score on screening-related HEDIS measures in the New Health System.		X	X	X	X	X

Promoting a Drug Free Community	Short-term Outcomes	Intermediate Outcomes	Long-term Expected Health Impact				
			Heart	Cancer	Diabetes	Behavioral Health	Infant Mortality
Decrease Opioids In Circulation		Decreased reported past month non-medical use of pain relievers				X	X
• Decrease prescriptions written ▪ Program Example: *Choosing Wisely, Virginia PMP*	Decreased morphine equivalents prescribed					X	X
Expand Environmental Prevention Strategies		Decreased reported past month non-medical use of pain relievers				X	X
• Increase participation and support of multi-sector community collaborations ▪ Program Example: OneCare	Increased participation in pursuit of select OneCare goals					X	X
Expand supportive services		Decreased reported past month non-medical use of pain relievers				X	X
• Increase supportive housing ▪ Program Example*: Oxford House*	Expanded number of units available in drug-free supportive housing.					X	X

Decrease Avoidable ED Use for High-Need High-Utilization Uninsured Individuals	**Short-term Outcomes**	**Intermediate Outcomes**	**Long-term Expected Health Impact**				
			Heart	**Cancer**	**Diabetes**	**Behavioral Health**	**Infant Mortality**
Increase use of ED alternatives		Reduction in avoidable ED and Inpatient Admissions in High-Need High-Use population	X	X	X	X	
• Increase use of primary, BH and specialty-care services ▪ Program: *Project Access, Free-clinics*	Increased utilization of primary care and specialty services by High-Need High-Risk population		X	X	X	X	
• Increase use of home-based health services ▪ Program Example: *Community Paramedics, Community Health Workers*	Increased utilization of home-based health services by High-Need High-Risk population		X	X	X	X	
Expand supportive services		Reduction in avoidable ED and Inpatient Admissions in High-Need High-Use population	X	X	X	X	
• Increase use of case management ▪ Programs example: *SC Medicaid Healthy Outcomes Program*	Increased percentage of High-Need High Utilizing population in active case management		X	X	X	X	
• Decrease transportation barriers ▪ Programs example: *Transportation vouchers*	Decrease “no-show” rate in High-Need High Utilization population		X	X	X	X	

Improve Access to Behavioral Health	Short-term Outcomes	Intermediate Outcomes	Long-term Expected Health Impact				
			Heart	Cancer	Diabetes	Behavioral Health	Infant Mortality
Increased Screening for Depression and Substance Abuse		Increased use of behavioral health treatment services				X	X
• Increased screening at sites of care ▪ Program Example: *SBIRT*	Increase in the rates of SBIRT administration					X	X
Reduce Unnecessary Psychiatric Admissions		Decreased psychiatric ER and inpatient admissions.				X	X
• Expand community based outpatient treatment ▪ Program Example: *Assertive Community Treatment*	Increased percentage of individuals with SMI/SUD participating in community-based treatment					X	X
• Expand crisis management services ▪ Program Example: *Mobile Crisis Teams*	Increased percentage of crisis calls responded to by crisis management teams versus law enforcement					X	X
Increase number of individuals with SUD in recovery		Increased percentage of individuals participating in active recovery				X	X
• Expand continuum of treatment options ▪ Program Example: *Medically Monitored Detox, Residential Treatment, Outpatient Treatment*	Increased capacity in full continuum of treatment services for individuals living with SUD					X	X

EXHIBIT O-5C

d. Common Clinical IT and Health Information Exchange	Year 1				Year 2				Year 3				Year 4				Year 5				Year 6				Year 7				Year 8				Year 9				Year 10			
Tenn. Comp. R. & Regs. 1200-38-01-02(2)(a)10	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ii $150 Million Investment																																								
1. Common Clinical IT Platform - $148m * This initiative provides the platform for both the common clinical IT solution and connectivity for health information exchange, population health management and quality measurement reporting. This creates the connected community of hospitals and care givers, providing patients full access to their personal health record.		X	X	X	X	X	X	X	X	X	X	X	X																											
a. Health information exchange - Wellmont's health information exchange plan includes, regional, domestic, and international capabilities. Currently Wellmont is exchanging on all three.														X																										
b. Quality reporting capabilities														X																										
c. Population Health Management														X																										
d. Connectivity for non system providers (current state)														X																										
2. EHR solution for non-system providers $2m*					X																																			
*Cost for the Common Clinical IT Platform will include, but not limited to, the following:																																								
-Hardware: new and upgrades																																								
-Software: new and upgrades																																								
-3rd party interfaces																																								
-Licensing fees																																								
-Post implementation annual maintenance fees																																								
-Vendor implementation fees																																								
-Consulting fees																																								
-Labor																																								
-Training/training related materials																																								
-Go-live support																																								

The Joint Commission

Johnston Memorial Hospital
351 Court Street NE
Abingdon, VA 24210

Organization Identification Number: 13492

Program(s)	**Surveyor(s) and Survey Date(s)**
Hospital Accreditation	Muayad Al-Hussaini, MD - (04/27 - 05/01/2009)
Home Care Accreditation	Robert D.Beckmann, CHFM, CHSP - (04/27 - 04/27/2009)
	Suzan Lambert, RN - (04/27 - 04/28/2009) (04/29 - 04/30/2009) (04/30 - 05/01/2009)

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Representative.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.01.01	EP8
	EC.02.05.07	EP6
	EC.02.05.09	EP1
	MM.05.01.07	EP1
	NPSG.02.02.01	EP3
	NPSG.03.04.01	EP3
	NPSG.09.02.01	EP2
	UP.01.03.01	EP1,EP6
Program:	Home Care Accreditation Program	
Standards:	PC.01.02.01	EP23
	PC.02.01.01	EP1
	RI.01.05.01	EP5

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.05	EP1,EP2,EP15
	EC.02.06.01	EP1
	HR.01.02.05	EP1
	LS.02.01.20	EP29
	MM.03.01.01	EP8
	MS.08.01.03	EP1
	RC.02.03.07	EP4
Program:	Home Care Accreditation Program	
Standards:	HR.01.02.05	EP1
	HR.01.04.01	EP3,EP4
	PC.01.03.01	EP5

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.01.01 ESC 45 days

Standard Text: The hospital manages safety and security risks.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

8. The hospital controls access to and from areas it identifies as security sensitive.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 8
Observed in Individual patient tracer activity at Johnston Memorial Urgent Care Center site.
Actions were not taken to minimize or eliminate all safety and security risks in the ambulatory site containing the Diabetes Disease Center and the Urgent Care Center. Although the back door to the clinic from a parking area had a keypad lock system, the system was not engaged during the day. This door led through an anteroom to another unlocked door into the clinic area. In the anteroom, bags of trash as well as one large and two smaller red biomedical waste containers were noted. These contained used sharps. Anyone could open the door and access these materials without the knowledge of staff in the clinic area. There was no bell or alarm attached to this back door. This was a safety risk.

Observed in Individual patient tracer activity at Johnston Memorial Urgent Care Center site.
The unlocked and unalarmed door also represented a security risk to the other areas of the clinic. With uncontrolled access through this unmonitored area, staff and patients could be at risk for untoward incidents.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05 ESC 60 days

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. At least quarterly, the hospital tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Scoring Category : C
Score : Insufficient Compliance

2. Every 6 months, the hospital tests valve tamper switches and water-flow devices. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Scoring Category : C
Score : Partial Compliance

15. At least monthly, the hospital inspects portable fire extinguishers. The completion dates of the inspections are documented.
Note 1: There are many ways to document the inspections, such as using bar coding equipment, using check marks on a tag, or using an inventory.
Note 2: Inspections involve a visual check for the presence and correct type of extinguisher, broken parts, full charge, and ease of access.
Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10 Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).

Scoring Category : C
Score : Partial Compliance

Observation(s)

EP 1
Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that the fire pump running and fire pump power loss supervisory signals were tested in the last quarter of 2008.

Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that the fire pump running and fire pump power loss supervisory signals were tested in the first quarter of 2008.

Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that the fire pump running and fire pump power loss supervisory signals were tested in the first quarter of 2009.

EP 2
Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that the tamper switch supervisory signals were tested semi-annually in 2008. They were tested 12/16/08. There is no documentation that they were tested 6 months prior to 12/16/08.

Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that the water flow supervisory signals were tested semi-annually in 2008. They were tested 12/16/08. There is no documentation that they were tested 6 months prior to 12/16/08.

EP 15
Observed in facilities document review at Johnston Memorial Hospital site.
The fire extinguishers in the patient care areas are tested monthly, however the completion date and the initials of the inspector are not being recorded as required by NFPA.

Observed in facilities document review at Johnston Memorial Hospital site.
The fire extinguishers in the non-patient care areas are tested monthly, however the completion date and the initials of the inspector are not being recorded as required by NFPA.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.07 ESC 45 days

Standard Text: The hospital inspects, tests, and maintains emergency power systems.
Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. Twelve times a year, at intervals of not less than 20 days and not more than 40 days, the hospital tests all automatic transfer switches. The completion date of the tests is documented.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 6
Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that ATS 1 was tested monthly in 2008.

Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that ATS 2 was tested monthly in 2008.

Observed in facilities document review at Johnston Memorial Hospital site.
There is no written documentation that ATS 3 was tested monthly in 2008.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.09 ESC 45 days

Standard Text: The hospital inspects, tests, and maintains medical gas and vacuum systems. Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in facilities document review at Johnston Memorial Hospital site.
The annual testing report completed in 2008 by an outside contractor listed numerous deficiencies. The annual testing report completed in 2009 by the same outside contractor listed the same deficiencies. Deficiencies should be addressed in a more timely manner. Some of the issues identified were signals that were not being monitored by the 2 master alarm panels, such as, Medical Air CO high, dewpoint high, an high temp. The O2 bulk system is not being monitored reserve liquid low level. All of the deficiencies listed were NFPA required and should be addressed.

Observed in the building tour at Johnston Memorial Hospital site.
The CO monitor at the Medical Air pump was found to be unplugged and not functioning. CO is required to be monitored anytime outside air is being used for medical air.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.06.01 ESC 60 days

Standard Text: The hospital establishes and maintains a safe, functional environment.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

Scoring Category : C
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in Individual patient tracer activity at Bristol East Diagnostic Center site.
In the patient/staff bathroom, the alcohol gel dispenser was located immediately above the light switch less than six inches away.

Observed in the emergency department at Johnston Memorial Hospital site.
In the emergency department waiting room, the bathrooms used by patients and visitors are without emergency call devise.

Observed in medical gas storage room at Johnston Memorial Hospital site.
The gas cylinders storage room was found to be unclean with no evidence it has ever being cleaned. Staff take the cylinders from this room directly to point of care units in the hospital including patients rooms in ICU and the operating suite. Furthermore, the door which opens to the loading dock has an under gap more than an inch which may allows varmint and insect to nest inside. The organization addressed this issue during the survey.

Observed in the building tour at Johnston Memorial Hospital site.
The nitrous oxide cylinders that are attached to the manifold are not secured to prevent them from tipping over. The cylinders in the medical gas cylinder storage are were also very loosely secured and would not have prevented them from tipping.

Observed in the building tour at Johnston Memorial Hospital site.
There were 3 alcohol hand sanitizing dispensers that were located directly over the light switch or less than 6" from the light switch in the 3 following areas:
OB delivery room#1
MRI waiting room
Administration rest room

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.02.05

ESC 60 days

Standard Text: The hospital verifies staff qualifications.

Primary Priority Focus Area: Staffing

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)
Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in Competence Assessment Process at Johnston Memorial Hospital site.
The hospital did not do primary source verification in a timely manner for one staff member who was required by law or regulation to be currently licensed to practice her profession. One registered nurse was hired on 03/03/2008 but her license was not verified until 04/25/2008.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

29. Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. The signs are placed 5 feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.5.4)

Scoring Category : C
Score : Insufficient Compliance

Observation(s)

EP 29
Observed in the building tour at Johnston Memorial Hospital site.
There is not signage at each landing of stairwell #1 that meets the requirements of the standard.

Observed in the building tour at Johnston Memorial Hospital site.
There is not signage at each landing of stairwell #2 that meets the requirements of the standard.

Observed in the building tour at Johnston Memorial Hospital site.
There is not signage at each landing of stairwell #4 that meets the requirements of the standard.

Observed in the building tour at Johnston Memorial Hospital site.
There is not signage at each landing of stairwell #5 that meets the requirements of the standard.

The Joint Commission
Findings

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.08.01.03

ESC 60 days

Standard Text: Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

Primary Priority Focus Area: Organizational Structure

Element(s) of Performance:

1. The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in medical staff credentialing at Johnston Memorial Hospital site.
Th organized medical staff had not developed a defined process for evaluation of each practitioner's professional practice.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.03.01.01

ESC 60 days

Standard Text: The hospital safely stores medications.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

8. The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.

Scoring Category : C
Score : Partial Compliance

Observation(s)

EP 8
Observed in Individual patient tracer activity at Johnston Memorial Cancer Center site.
Two medications were not removed from the sample medication storage area when expired. Samples of one medication were expired for one month but were stored with samples of the same medication that were current. The pharmacist was unaware that the clinic was storing or providing sample medications.

Observed in Individual patient tracer activity at Johnston Memorial Cancer Center site.
Samples of a second medication had expired two months prior to the survey date but were still stored in the sample medication area. The pharmacist was unaware that the clinic stored or dispensed sample medications. During this survey, the sample medication cabinet was cleaned and all expired medications removed.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.07 ESC 45 days

Standard Text: The hospital safely prepares medications.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

1. A pharmacist, or pharmacy staff under the supervision of a pharmacist, compounds or admixes all compounded sterile preparations except in urgent situations in which a delay could harm the patient or when the product's stability is short.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in Individual patient tracer activity at Johnston Memorial Cancer Center site.
During a tour of the supply room the staff reported that the registered nurses routinely performed admixing of sterile preparations. All chemotherapeutic drugs were mixed in the pharmacy. However, pre-medications delivered intravenously were mixed by the registered nurses in the outpatient area. The nurses did draw up medications into a syringe to be administered by intravenous push but they also mixed medications into bags of fluid to be administered through the pump over a longer period of time.
During the survey it was reported by pharmacy leadership that the nurses would no longer be performing admixing. This task would be performed by the chemotherapy satellite office.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.02.02.01 ESC 45 days

Standard Text: There is a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the hospital.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

3. The hospital implements the 'do not use' list of abbreviations, acronyms, symbols, and dose designations and applies it to all orders and all medication-related documentation that is handwritten or entered as free text into a computer.

Scoring Category : C
Score : Insufficient Compliance

Observation(s)

EP 3
Observed in Individual patient tracer activity at Johnston Memorial Hospital site.
The 'do not use' list of abbreviations was not implemented in three records. In one patient record the physician wrote a medication order for "Xopenex .63 mg" which omitted the leading zero for the dosage.

Observed in Individual patient tracer activity at Johnston Memorial Hospital site.
In a second record, the physician wrote a medication discharge order for "Culturelle qd". The same physician used the same dangerous abbreviation on the medication reconciliation order at discharge.

Observed in Individual patient tracer activity at Johnston Memorial Hospital site.
A third record contained a medication discharge order for 'Lumigan qd.'

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.03.04.01 ESC 45 days

Standard Text: Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

3. Medication or solution labels include the medication name, strength, amount (if not apparent from the container), expiration date when not used within 24 hours, and expiration time when expiration occurs in less than 24 hours.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 3
Observed in anesthesia cart in ambulatory surgery at Johnston Memorial Hospital site.
In the anesthesia medication cart in the Ambulatory Surgery, two 5 cc syringes were noted filled with medication; both were labeled with the medication name but lack date when filled and the expiration date.

Observed in the operating suite at Johnston Memorial Hospital site.
A 5 cc syringe filled with medication was noted in the anesthesia cart in the hospital operating suite. The syringe was labeled with medication name but not dated.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.09.02.01 ESC 45 days

Standard Text: The hospital implements a fall reduction program that includes an evaluation of the effectiveness of the program.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

2. The fall reduction program includes an evaluation appropriate to the patient population, settings, and services provided.

Scoring Category : C
Score : Insufficient Compliance

Observation(s)

EP 2
Observed in Individual patient tracer activity at Johnston Memorial Hospital site.
The fall reduction program implemented by the hospital did not include an evaluation appropriate to all patient populations. In review of the records of patients and in interview of nursing staff, it was identified that there was no evaluation tool specific to the falls risk of pediatric patients. The same tool used for adult patients was used. Staff related that they had identified this vulnerability and had formed a Falls Risk Reduction Team. There had been no new interventions implemented as of the time of the survey.

Observed in patient care plan in ICU at Johnston Memorial Hospital site.
The hospital criteria for identifying the patient at risk for falling is limited in scope and did not identify a patient who was admitted with trauma to the chest and who had narcotic for relieve of pain. This patient was cared for appropriately by the nursing staff as a fall risk.

Observed in patient care plan in orthopedic unit at Johnston Memorial Hospital site.
In the joint care unit, the hospital criteria did not identify the post joint replacement patient to be at risk for falling; however, the patient was cared for by the nursing staff to be at risk for falling. During this interview the patient room, record were marked as required by the hospital policy.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: UP.01.03.01 ESC 45 days

Standard Text: A time-out is performed immediately prior to starting procedures.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

1. The time-out is conducted prior to starting the procedure and, ideally, prior to the introduction of the anesthesia process (including general/regional anesthesia, local anesthesia, and spinal anesthesia), unless contraindicated.

Scoring Category : A
Score : Insufficient Compliance

6. The completed components of the Universal Protocol and time-out are clearly documented.

Scoring Category : C
Score : Partial Compliance

Observation(s)

EP 1
Observed in surgical patient tracer at Johnston Memorial Hospital site.
The record of a patient who had an invasive procedure, does not document that there was a pause to perform the final verification before the start of the procedure. The record document that the time out was performed at the same time of the start of the procedure.

Observed in endoscopy at Johnston Memorial Hospital site.
In a record of a patient who is scheduled to have endoscopy under sedation, the process of care during the procedure was documented prior to the patient entering the room. This included the time out process.

EP 6
Observed in same day surgical center at Johnston Memorial Hospital site.
The medical record of a patient who had a surgical procedure in the Ambulatory Surgery, the final verification "' time out " was documented 10 minutes after the end of the procedure.

Observed in closed endoscopy records at Johnston Memorial Hospital site.
Tracer activities revealed organization wide inconsistent documentation of implementation of the universal protocol. This was evidenced in the reviewed open and closed records. During the survey it was noted that there are three different methods of documenting the time out; one was a pre-printed tool, in another department it is embedded in the circulator report, and in another department there is a space to document implementation. In one out of three documentation the sequence of care processes does not support that the time out was performed as intended to ensure compliance.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.02.03.07

ESC 60 days

Standard Text: Qualified staff receive and record verbal orders.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

4. Verbal orders are authenticated within the time frame specified by law and regulation.

Scoring Category : C
Score : Insufficient Compliance

Observation(s)

EP 4
Observed in Individual patient tracer activity at Johnston Memorial Hospital site.
In one patient record a verbal order to initiate a standing order protocol was not signed within the 72 hours required by the hospital's medical staff rules and regulations.

Observed in patient tracer record in ICU at Johnston Memorial Hospital site.
A verbal order was entered on 4/20/09 and signed by the author on 4/26/09. The state and the hospital policies require the orders to be signed within 72 hours.

Observed in patient tracer record in ICU at Johnston Memorial Hospital site.
In the same record another verbal order entered on 4/20/09, was signed on 4/26/09. Furthermore, two other authenticated verbal orders were not dated and timed.

Chapter: Human Resources

Program: Home Care Accreditation

Standard: HR.01.02.05

ESC 60 days

Standard Text: The organization verifies staff qualifications.

Primary Priority Focus Area: Staffing

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the organization both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)
Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the glossary.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in Competence Assessment Process at Johnston Memorial Hospital Home Care site.
Primary source verification of a nurse's license was not performed in an appropriate time frame. The registered nurse was hired 02/18/2008 but her license was not verified until 07/18/2008.

Chapter: Human Resources

Program: Home Care Accreditation

Standard: HR.01.04.01

ESC 60 days

Standard Text: The organization provides orientation to staff.

Primary Priority Focus Area: Orientation & Training

Element(s) of Performance:

3. The organization orients staff on the following: Relevant policies and procedures. Completion of this orientation is documented.

Scoring Category : C
Score : Partial Compliance

4. The organization orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also IC.01.05.01, EP 6 and RI.01.01.01, EP 8)

Scoring Category : C
Score : Partial Compliance

Observation(s)

EP 3
Observed in Competence Assessment Process at Johnston Memorial Hospital Home Care site.
The home care program did not document department specific orientation including job duties and relevant policies and procedures. Staff did attend a generalized hospital system orientation that was documented. A therapist hired in 2008 did not have a documented department specific orientation related to relevant policies and procedures..

Observed in Competence Assessment Process at Johnston Memorial Hospital Home Care site.
A nurse hired in 2008 did not have a documented department specific orientation related to specific job duties and policies and procedures. During interview the home care manager stated that the orientations to relevant policies and procedures had been completed and documented; however, the documentation could not be found. She recreated the documents based on her knowledge of the events.

EP 4
Observed in Competence Assessment Process at Johnston Memorial Hospital Home Care site.
The home care program did not document department specific orientation including job duties and relevant policies and procedures. Staff did attend a generalized hospital system orientation that was documented. A therapist hired in 2008 did not have a documented department orientation related to specific job duties.

Observed in Competence Assessment Process at Johnston Memorial Hospital Home Care site.
A nurse hired in 2008 did not have a documented department specific orientation related to specific job duties and policies and procedures. During interview the home care manager stated that the orientations to specific job duties had been completed and documented; however, the documentation could not be found. She recreated the documents based on her knowledge of the events.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.02.01 ESC 45 days

Standard Text: The organization assesses and reassesses its patients.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

23. During patient assessments and reassessments, the organization gathers the data and information it requires.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 23
Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
In two instances, staff did not collect the data required by policy during the initial patient assessment. It was defined that staff would assess patients for nutritional risk during the admission assessment. For both patients the area for nutritional risk was not assessed.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.03.01 ESC 60 days

Standard Text: The organization plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 5
Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
For three patients the plan of care did not reflect interventions to address all assessed needs. One patient was at moderate nutritional risk based on the nurse's initial assessment. The written plan of care did not address these nutritional needs except to "assess nutrition." There were no goals or interventions to address the reasons for the risk determination.

Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
On initial assessment a second patient did not have his nutrition risk assessed. When the risk assessment was completed on a subsequent visit, the patient was identified to be at moderate nutritional risk. However the written plan of care was not changed and there were not interventions or goals to address this need.

Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
A third patient was assessed as being at moderate nutritional risk. The written plan of care did not include any interventions or goals addressing the risk factors identified.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.01 ESC 45 days

Standard Text: The organization provides care, treatment, or services for each patient.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. The organization provides the patient with care, treatment, or services according to his or her individualized plan of care.

Scoring Category : C
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
Home health aide staff did not provide three patients with care according to the individualized plan of care developed by the registered nurse (RN). For one patient, the plan of care required the aide, on each visit, to perform mouth care, change linens and clean the patient's nails. None of these activities were performed in six of six visits.

Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
The plan of care developed for a second patient required that, on each visit, the aide perform mouth care, shampoo the patient's hair and clean the patient's nails. Mouth care was not performed during six of six visits. The shampoo was not provided in two of six visits and the nails were not cleaned in five of six visits.

Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
A home health aide plan of care for a third patient required that the linens be changed at least weekly. This was not done in the five weeks services had been provided. Also, the aide was to clean the patient's nails on each visit but this was not performed during eight of eight visits. The aide was also to empty the patient's catheter bag each visit but this did not occur in three of eight visits.

Chapter: Rights and Responsibilities of the Individual

Program: Home Care Accreditation

Standard: RI.01.05.01 ESC 45 days

Standard Text: The organization addresses patient decisions about care, treatment, or services received at the end of life.

Primary Priority Focus Area: Rights & Ethics

Element(s) of Performance:

5. The organization implements its advance directive policies.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 5
Observed in Individual patient tracer activity at Johnston Memorial Hospital Home Care site.
Staff did not implement the program's advance directive policies for two patients. Both patients identified during their initial visits that they had living wills and durable powers of attorney. Policy A-2a.VI.C stated that "If advance directives have been developed, JMHC staff will obtain a copy of the document or document the contents of the advance directives. A copy will be kept on the medical record." Neither patient record contained a copy of the advance directives nor did either contain documentation of the contents of the advance directives.

AMERICAN OSTEOPATHIC ASSOCIATION

BUREAU OF HEALTHCARE FACILITIES ACCREDITATION
HEALTHCARE FACILITIES ACCREDITATION PROGRAM

142 E. Ontario Street, Chicago, IL 60611-2864 ph 312 202 8258 | 800- 621 -1773 X 8258

December 22, 2009

Craig James
Chief Executive Officer
Norton Community Hospital, Inc.
100 15th Street NW
Norton, VA 24273

Dear Mr James :

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation Executive Committee, at its meeting on December 17, 2009, reviewed the recertification survey report and found all Medicare conditions have been met. Your facility has been granted **Full Accreditation with Interim Report**, with resurvey within 3 years and AOA/HFAP **recommends continued deemed status.**

Norton Community Hospital, Inc.
100 15th Street NW
Norton, VA 24273

Program: Acute Care Hospital
CCN # 490001
HFAP ID: 136843
Survey Dates: 06/15/2009 – 06/17/2009
Effective Date of Accreditation: 08/10/2009 - 08/10/2012

Condition Level Deficiencies: ☒ None
(Use crosswalk and CFR citiations, if applicable):

In reviewing your report, the Executive Committee made the observations that are contained on the enclosed sheets and requires that in Interim Report by your facility, indicating continued progress made toward correction of cited deficiencies, be received in the AOA Division of Healthcare Facilities Accreditation prior to January 15, 2010.

Sincerely,

George A. Reuther

George A. Reuther
Secretary

GAR/pmh

C: Laura Weber, Health Insurance Specialist, CMS
Region III, CMS

American Osteopathic Association
Bureau of Healthcare Facilities Accreditation
Bureau Action Sheets
ASSESSMENT OF HEALTHCARE FACILITIES RESPONSE TO DEFICIENCIES IDENTIFIED DURING SITE SURVEY

1, #2 – Responses regarding compliance complete or acceptable but additional follow-up by facility required as stated---No interim progress report required.
#3– Responses regarding compliance incomplete or incorrect or not provided---Interim progress report required #4 Full condition/A-weighted deficiency. 30 day full response required.

HOSPITAL ID: 136843 Type of Facility: Hospital EXECUTIVE COMMITTEE : December, 2009

STANDARDS	1 COMPLETE RESPONSE NO IPR	2 Plan acceptable and being implemented. Facility must still monitor to achieve and maintain full compliance NO IPR to Bureau	3 INCOMPLETE OR INCORRECT RESPONSE SUBMITTED (** denotes repeat deficiency) IPR REQUIRED	4 FULL CONDITION AND/OR A-WEIGHTED STANDARD OUT OF COMPLIANCE IPR REQUIRED within 30 days
02.00.02 Credentialing Procedures & Scope of Practice			B 02.00.02 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of compliance with the annual evaluation of competence. (e.g., file audit results)	
04.00.05 Competency			B 04.00.05 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of compliance with certification verification for specialized competencies. (e.g., file audit results for ACLS, BLS, etc.)	
07.01.24 Employee Health – Influenza Vaccine			C 07.01.24 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of compliance with documentation of vaccination declinations. (e.g., performance review from recent flu vaccination season)	
07.02.04 Preparing, Assembling, Wrapping, Storage & Distribution of Sterile Equipment & Supplies		C 07.02.04		
07.02.09 Load Control Numbers		C 07.02.09		
07.03.06 Maintenance of Housekeeping & Laundry Equipment	C 07.03.06			
07.04.03 Clean Linen Storage	C 07.04.03			

American Osteopathic Association
Bureau of Healthcare Facilities Accreditation
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10.01.07 History & Physical Requirements		B 10.01.07 §482.24(c)(2)&(2)(i)		
10.01.11 Consultations Requirement			C 10.01.11 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of compliance with the documentation of the reason for consultation (e.g., chart audit results)	
10.01.12 Indications for Consultation			C 10.01.12 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of compliance with documentation of the extent of consultation being requested. (e.g., chart audit results)	
11.02.02 Building Safety			B 11.02.02 §482.41(a) Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of plan for compliance after contract with current vendor has expired (December 2009). The plan provided to that point was very clear, comprehensive and concise.	
11.07.05 Weapons of Mass Destruction				A 11.07.05 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of staff / med staff education on the new WMD plan. (e.g., sign-in sheets)

American Osteopathic Association
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11.07.06 Disaster Response Plan	B 11.07.06			
11.08.04 Electrical Equipment Maintenance			B 11.08.04 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of plan for compliance after contract with current vendor has expired (December 2009).	
11.08.06 Medical Equipment & System Maintenance			B 11.08.06 Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of plan for compliance after contract with current vendor has expired (December 2009).	
15.04.03 Plan of Care Assessment & Reassessment		B 15.04.03		
16.02.06 Reassessment of Plans of Care		C 16.02.06		
19.00.16 Retention		B 19.00.16 §482.26(d)(2)		
21.00.09 History & Physical		B 21.00.09 §482.51(b)(1)		
21.00.12 Clean Environment	C 21.00.12			
23.00.14 Medical Record Requirements	B 23.00.14 §482.51(d)-(d)(1)			
25.02.03 Drug Orders			B 25.02.03 §482.24(c)(1) §482.23(c)(2)&(c)(2)(i-iii) Interim Progress Report Required by January 15, 2010 Please provide the Bureau with evidence of a decrease in use of verbal orders and an increase in compliance	

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ASSESSMENT OF HEALTHCARE FACILITIES RESPONSE TO DEFICIENCIES IDENTIFIED DURING SITE SURVEY

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			with the signing, dating and timing of orders. (e.g. results of chart audits. As an aside: Although the policy change allowing 48 hours to authenticate verbal orders is still within the realm of meeting the standard, it was disappointing to see that this had been changed from 24 hours.)	
26.01.09 Treatment Plan	Deficiency Removed			
26.02.09 Treatment Plan	Deficiency Removed			
26.03.09 Treatment Plan	Deficiency Removed			
31.00.15 Storage	C 31.00.15			

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HOSPITAL ID: 136843 **Type of Facility: Hospital** **EXECUTIVE COMMITTEE : December, 2009**

☒ **Accreditation – 3 years**
(CHECK ALL THAT APPLY)
☒ Plan Acceptable—Facility must continue monitoring to achieve completion of the plan. NO IPR REQUIRED for those standards.

AND/OR

☒ Interim Report Required **Due Date:** January 15, 2010

☐ **Interim Accreditation (12 month maximum)**

☐ **Interim Report Required. Due date:**

☐ **Denial of Accreditation**

☐ **Provisional Accreditation**
(Facility has demonstrated satisfactory compliance with a subset of standards during a preliminary on-site evaluation. Provisional Accreditation remains in effect until one of the other official HFAP categories is assigned based on a complete survey against all applicable standards approximately six-months later.

(CHECK ALL THAT APPLY)
☐ Plan Acceptable—Facility must continue monitoring to achieve completion of the plan. NO IPR REQUIRED for those standards.

AND/OR

☐ Interim Report Required. **Due Date**

Review of INTERIM PROGRESS REPORTS:
(CHECK ALL THAT APPLY)

☐ Interim Report Accepted---No Further Action Required

☐ Interim Report Accepted---Additional Interim Report Required.
Due Date:

☐ Interim Report NOT Accepted—Additional IPR required
Due date:

Lawrence U. Haspel Date: 12/17/09
Lawrence U. Haspel, D.O.
Chairman, BHFA

CORRECTIVE ACTION RECEIVED:08/10/09

Office Use Only:

☐ Facility to receive a certificate for **three year** Full Accreditation

COMMONWEALTH of VIRGINIA

Karen Remley, MD, MBA, FAAP
State Health Commissioner

Department of Health
P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

April 8, 2010

Administrator
Norton Community Hospital Home Health
716 Spring Avenue
Wise, Virginia 24293

Dear Administrator:

RE: Norton Community Hospital Home Health - Wise, VA
Recertification Survey
Provider Number 497068

Dear Administrator:

An unannounced, Medicare/Medicaid recertification survey ending March 26, 2010 was conducted at your agency by staff from the Virginia Department of Health's Office of Licensure and Certification (the State Survey Agency) to determine if your agency was in compliance with Federal Home Health Agency participation requirements for the Medicare and/or Medicaid programs.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Survey Results
This survey determined your facility in substantial compliance with the participation requirements, in that no deficiencies were cited with the Health requirements. **The facility must maintain compliance with the Health requirements in order to continue provider certification.**

If you have any questions concerning this letter, please contact me at (804) 367-2100.

Sincerely,

Frederick W. Kyle

Frederick W. Kyle, Supervisor
Division of Acute Care Services

Enclosure

Noted
K Kerney RN

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/08/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	497068		03/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSP HOME HEA	716 SPRING AVENUE WISE, VA 24293

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000	INITIAL COMMENTS An unannounced Medicare / Medicaid HOME HEALTH AGENCY recertification survey was conducted at the above captioned agency 03/23-26, 2010. The agency had six hundred and four (604) unduplicated, skilled admissions in the last year and a current active census of one hundred and sixty-two (162) patients. In conjunction with the survey five (5) home visits were conducted, fifteen (15) clinical records, fifteen (15) personnel files, the agency's complaint logs, select policies, and an admission packet were reviewed. Interviews were conducted with: The Administrator/ Director of Home Health (RN), The Clinical Supervisor (RN), (2) Registered Nurses/ (RNs), (1) Home Health Aide/ (HHA), (1) Physical Therapist/ (PT), (1) Licensed Physical Therapy Assistant/ (LPTA), and (1) Occupational Therapist/ (OT). The survey was Standard in scope. No deficiencies were identified.	G 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

The Joint Commission

Smyth County Community Hospital
565 Radio Hill Road
Marion, VA 24354

Organization Identification Number: 3795

Program(s)	**Surveyor(s) and Survey Date(s)**
Hospital Accreditation	Jerald D.Adams - (04/12 - 04/12/2010)
Home Care Accreditation	Paul J.Fierke, MD - (04/12 - 04/15/2010)
	Suzan Lambert, RN - (04/12 - 04/13/2010)
	(04/14 - 04/15/2010)

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	LS.01.02.01	EP13
	MM.05.01.01	EP8
Program:	Home Care Accreditation Program	
Standards:	MM.04.01.01	EP13

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	IC.01.04.01	EP4
	PC.01.03.01	EP5
	PC.03.05.05	EP2
Program:	Home Care Accreditation Program	
Standards:	IC.02.01.01	EP1

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(e)(6)	A-0169	HAP - PC.03.05.05/EP2	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP5	Standard

The Joint Commission
Findings

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.01.04.01

ESC 60 days

Standard Text: Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections.
Note: See NPSG.07.01.01 for hand hygiene guidelines.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

4. The hospital's written infection prevention and control goals include the following: Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 4
Observed in Sub sterile room- surgical unit at Smyth County Community Hospital site.
During the course of the surgical tracer dealing specifically with the sterilization of the endoscopes the Steris equipment was inspected and the controls for the sterilizing solution checked. The container of the test strips was open but not dated as to the date of opening nor when they would out date. A second substerile area was checked. This too contained a Steris machine The control strips were opened but not dated as to opening date and expiration date. The organization presented information from the FDA as to a date in August of 2011 when the transition to an alternative to the Steris System 1 needed to be completed.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.01.02.01

ESC 45 days

Standard Text: The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.

Primary Priority Focus Area: Communication

Element(s) of Performance:

13. The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 13
Observed in Document Review at Smyth County Community Hospital site.
During the document review it was found that an ILSM was written for fire and smoke dampers that did not operate. The ILSM required staff education of the deficiencies. However, the education provided for staff was not documented.

The Joint Commission
Findings

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.01

ESC 45 days

Standard Text: A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

8. All medication orders are reviewed for the following: Therapeutic duplication.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 8
Observed in Women's Services at Smyth County Community Hospital site.

The pre-printed medication orders in the PACU used to manage pain and nausea were not written appropriately or reviewed for therapeutic duplication. The order sheet had several medications to be used for pain control and several other medications to be used to control nausea. The medications to be used were to have a check box marked by the physician and then to be signed by the physician. Instead, the boxes were all left blank when the physician signed the order set. There was no evidence that these orders had been reviewed for therapeutic duplication by the pharmacist or clarified before being implemented by the nursing staff. It was confirmed with the pharmacy manager that these orders were not reviewed by a pharmacist before implemented for surgical patients.

Observed in PACU at Smyth County Community Hospital site.
The post anesthesia order set for use in the PACU contains several IV pain medications and several oral pain medications. The form allows for a box to be checked to indicate which order is to be active but the usual use of the form is for the anesthesiologist simply to sign the bottom of the form indicating that all orders are active. This places the nursing staff in a position of prescribing rather than assessing and administering the medications. Pharmacy does not review this order sheet since it is considered to be under the direct control of the LIP in the PACU.

Observed in PACU at Smyth County Community Hospital site.
The post anesthesia order sheet used in the PACU contains several therapeutic duplications which are not clarified either by pharmacy or by the way the order sheet is filled out by the anesthesiologist. This places nursing in a role outside of their scope of practice.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

ESC 60 days

Standard Text: The hospital plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient.
This Standard is NOT MET as evidenced by:
Observed in Pediatric Care Unit at Smyth County Community Hospital site.

The hospital did not ensure that the nursing staff developed, and kept current, a nursing care plan for one patient. The 12 month old child was admitted for fever and gastroenteritis. There was nothing in the written plan of care that addressed the fever or the gastroenteritis. The issues identified addressed patient safety and security. This was reviewed with the Chief Nursing Officer, the unit manager and the assigned nurse. It was agreed that the plan of care did not address items of the patient's care.

Observed in Intensive Care Unit at Smyth County Community Hospital site.
The record of the patient admitted from the ED with an intentional overdose was reviewed during the tracer activity. The plan of care referred to the the overdose issue but the did not address the issue that it was intentional. There was not a specific psychological assessment as part of the plan of care in spite of the fact that the patient's history included several previous attempts to harm herself including a self inflicted gun shot. There was no documentation of the involvement or potential involvement of the county mental health worker. When questioned there appeared to be a reluctance of the staff to address the issue that this was an intentional suicide attempt. This could present problems in the future in underestimating the seriousness of this episode and therefore not appropriately addressing the needs of the patient.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.05.05

ESC 60 days

Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use standing orders or PRN (also known as 'as needed') orders for restraint or seclusion.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.13(e)(6) - (A-0169) - (6) Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).
This Standard is NOT MET as evidenced by:
Observed in Intensive Care Unit at Smyth County Community Hospital site.
The patient traced from the Emergency Department to the Intensive Care Unit due to an intentional overdose had a restrain as needed order on the chart which had been activated by the nurse on the unit. When seen the patient was obtunded and was being prepared for transfer to a tertiary care hospital.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.02.01.01 ESC 60 days

Standard Text: The organization implements the infection prevention and control activities it has planned.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

1. The organization implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. 4
Note: Surveillance activities address processes and/or outcomes.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 1
Observed in Individual patient tracer activity at Smyth County Community Hospital HomeCare site.

Staff did not implement the required infection prevention activities to meet the CDC hand hygiene guidelines in two home visits. In the first visit, the nurse used alcohol hand gel to clean her hands during a procedure. Twice she did not rub her hands together until the gel was completely dried, and therefore, decreased the efficacy of the gel.

Observed in Individual patient tracer activity at Smyth County Community Hospital HomeCare site.

A nurse was observed performing wound care in a second visit. She changed her gloves at appropriate points in the process. However, she did not wash her hands or use alcohol get after removing gloves and before donning a new set of gloves.

Chapter: Medication Management

Program: Home Care Accreditation

Standard: MM.04.01.01 ESC 45 days

Standard Text: Medication orders or prescriptions are clear and accurate.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

13. The organization implements its written processes for medication orders or prescriptions.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 13
Observed in Individual patient tracer activity at Smyth County Community Hospital HomeCare site.

For two patients the policy to not "resume medications" was not implemented. One patient had an acute care hospitalization. At the time of his resumption of care, the nurse reconciled the medication list. However, only changes for medications were sent to the physician with the orders. There was not a complete list of medications signed as an order by the physician.

Observed in Individual patient tracer activity at Smyth County Community Hospital HomeCare site.

The same process occurred for a second patient. This patient was admitted to a speciality care unit for wound care. When he returned to home care, the physician's orders did not include a list of medications. Discontinued medications were listed along with another change but the other medications were not included.

DEFICIENCY ASSESSMENT REPORT
for
Dickenson Community Hospital
Clintwood, VA

Facility ID: 178461

Survey Dates: **January 4-6, 2011**

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Critical Access Hospitals - 2008 manual. **The surveyor's comments are in bold.**

STANDARD	WEIGHT	SCORE	SURVEYOR COMMENTS
01.00.13 Evaluation of Services Provided. All organized services including services furnished by a contractor shall be evaluated. The CAH has agreements or arrangements (as appropriate) with one or more providers or suppliers participating under Medicare to furnish other services to its patients, 485.635(c) including-- 1. Inpatient CAH care; 485.635(c)(1); 485.635(c)(1)(i) 2. Services of doctors of medicine or osteopathy; 485.635(c)(1)(ii) 3. Additional or specialized diagnostic and clinical laboratory services that are not available at the CAH; 485.635(c)(1)(iii) 4. Food and other services to meet inpatient's nutritional needs to the extent these services are not provided directly by the CAH; 485.635(c)(1)(iv) 5. If the agreements or arrangements are not in writing, the CAH is able to present evidence that patients referred by the CAH are being accepted and treated; 485.635(c)(2) 6. The CAH maintains a list of all services furnished under arrangements or agreements. The list describes the nature and scope of the services provided. 485.635(c)(3).	**B**	**3**	**The scope of services provided by the food service contracts for inpatient meals is not defined. The food service contractor does not participate in the hospital's QAPI activities.**

The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services. 482.12(e) The governing body must ensure that the services performed under a contract are provided in a safe and effective manner. 482.12(e)(1) The hospital must maintain a list of all contracted services, including the scope and nature of the services provided. 482.12(e)(2)			
03.14.04 <u>Policy and Procedure – Potentially Infectious Blood and Blood Products.</u> The Transfusion Review Committee must develop policies and procedures regarding transfusions of potentially HIV infectious blood and blood products. Specifically, there is a current policy addressing: Potentially HIV infectious blood and blood products are prior collections from a donor who tested negative at the time of donation but tests repeatedly reactive for the antibody to the human immunodeficiency virus on a later donation, and the FDA-licensed, more specific test or other follow up testing recommended or required by FDA is positive and the timing of seroconversion cannot be precisely estimated. 482.27(c); 482.27(c)(1)	**B**	**2**	**The procedure is in compliance but the formal policy is not complete.**
03.14.07 <u>Exposure Resulting in HIV Conversion.</u> In any event of HIV conversion the hospital will notify the appropriate public health officials.	**B**	**4**	**No policy in place.**
03.14.08 <u>Patient Notification.</u> If the hospital has administered potentially HIV infectious blood or blood products (either directly through its own blood bank or under and agreement…) or released such blood or blood products to another entity or appropriate individual, the hospital must take the following actions: i. Promptly make at least three attempts to	**B**	**3**	**There is no policy in place.**

notify the patient's attending physician or the physician who ordered the blood or blood product that potentially HIV infectious blood or blood products were transfused to the patient. ii. Ask the physician to immediately notify the patient, or other individual as permitted (a legal representative or relative) of the need for HIV testing and counseling. iii. If the physician is unavailable, declines to make the notification, or later informs the hospital that he or she was unable to notify the patient, promptly make at least three attempts to notify the patient, or other individual as permitted …(a legal representative or relative) of the need for HIV testing and counseling. iv. Document in the patient's medical record the notification or attempts to give the required notification 482.27(c)(4)(i-iv) <u>Timeframe for notification.</u> The notification effort begins when the blood bank notifies the hospital that it received potentially HIV infectious blood and blood products and continues for 8 weeks unless: a) the patient is located and notified; or b) the hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 8 weeks. 482.27(c)(5)(i)(ii)			
03.14.09 <u>Content of Notification.</u> The hospital's notification must include: a) A basic explanation of the need for HIV testing and counseling. b) Enough oral or written information so that the transfused patient can make an informed decision about whether to obtain HIV testing and counseling. c) A list of programs or places where the patient can obtain HIV testing and counseling, including any requirements or restrictions the program may impose. 482.27(c)(6)(i)(ii)(iii)	**B**	**4**	**There is no policy in place.**
12.00.05 <u>Quality Committee / Function.</u> There is a multidisciplinary hospital wide quality assessment and performance improvement committee/function. The committee/function is responsible for the development and implementation of a program for measuring, assessing, and improving outcomes.	**C**	**2**	**Physicians are not always present at the meetings.**

Participants in the committee/function are representatives of leadership, the Medical Staff, and other hospital staff as necessary to fulfill its responsibilities.			
12.00.09 Program Accountability. The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations. 482.21(a)(2) Nosocomial infections and medication therapy are evaluated. 485.641(b)(2) The scope of data collection must measure, analyze and track the processes of care, hospital services and operations. At a minimum, the following processes will be monitored: 1. Medication therapy 2. Infection control 3. Surgical/invasive and manipulative procedures 4. Blood product usage 5. Data management 6. Discharge planning 7. Utilization management 8. Complaints 9. Restraint/seclusion use 10. Mortality review	**B**	**3**	**Restraint and seclusion is not being analyzed or reported.**
15.01.01 Patient's Rights. The hospital supports and protects the basic human, civil, constitutional and statutory rights of each patient. Policies and procedures relating to patient's rights are reviewed at least annually, approved by the governing body, and provide for: A. Education of staff regarding their role in upholding these rights; B. The posting of patient's rights in conspicuous areas in the hospital; C. Mechanisms to inform each patient of his or her rights in a language the patient readily understands - at a minimum this is via written text; D. Mechanisms to resolve potential, or act-	**B**	**4**	**The Patient Rights were not approved by the Board in 2010.**

ual, issues arising in supporting patient's rights.			
15.01.02 Notice of Patient Rights. A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. 482.13(a); 482.13(a)(1) Patient's rights provide for: A. Impartial access to treatment, regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap; B. Exercise of his / her rights while receiving care or treatment in the hospital without coercion, discrimination or retaliation; C. Having a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so, without coercion, discrimination or retaliation. The hospital must notify all patients, both inpatients and outpatients of their rights. The hospital must establish and implement policies and procedures that effectively ensure that patients and/or their representatives have the information necessary to exercise their rights. In providing this information, the hospital must be sensitive to the communication needs of its patients. As part of its provider agreement (with CMS), the hospital agrees to comply with Civil Rights laws that assure that it will provide interpretation for certain individuals who speak languages other than English, use alternative communication techniques or aides for those who are deaf or blind, or take other steps as needed to effectively communicate with the patient. This also applies to the provision of patient rights information.	**B**	**4**	**Not all elements were included in the Patient Rights.** **Note: this was corrected during the survey.**
15.01.08 Exercise of Patient Rights. Patient's Rights include, at a minimum: A. The right to participate in the development and implementation of his or her plan of care; 482.13(b)(1) B. The patient or his or her representative has the right to make informed decisions regarding his or her care, be informed of his	**B**	**3**	**Patient Rights posted did not include G, O, and Q. Patients were not given copies of rights since June.** **Note: this was corrected during the survey.**

or her health status, be involved in care planning and treatment; and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary to inappropriate; 482.13(b)(2) C. The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with 489.100 of this part, 489.102 of this part, and 489.104 of this part; 482.13(b)(3) D. The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital; 482.13(b)(4) E. The right to personal privacy; 482.13(c)(1) F. The right to receive care in a safe setting; 482.13(c)(2) G. The right to be free from all forms of abuse or harassment; 482.13(c)(3) H. The right to the confidentiality of his or her clinical records; 482.13(d)(1) I. The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits. 482.13(d)(2) J. The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff; 482.13(e)(1) K. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his / her access to services; L. The right to know the professional status of any person providing his / her care / services; M. The right to know the reasons for any proposed change in the Professional Staff responsible for his / her care; N. The right to know the reasons for his / her transfer either within or outside the hospital; O. The relationship(s) of the hospital to other			

persons or organizations participating in the provision of his / her care; P. The right to access to the cost, itemized when possible, of services rendered within a reasonable period of time; Q. The right to be informed of the source of the hospital's reimbursement for his / her services, and of any limitations which may be placed upon his / her care; R. Informed of the right to have pain treated as effectively as possible. Additionally: The patient's family has the right of informed consent of donation of organs and tissues.			
15.05.12 <u>Restraint Data.</u> The hospital shall review restraint utilization in their quality assessment and improvement program at least annually. The data collected will be aggregated and utilized to reduce the incidence of restraint use and incidents related to restraint use. A restraint log will be maintained to document trends and patterns in restraint use. The log will include: A. Shift B. Date and time of the order C. Staff who initiated the process D. The length of each episode E. Date and time each episode was initiated F. Day of the week each episode was initiated G. Type of restraint/seclusion used H. Whether injuries were sustained by the individual or staff I. Age of individual J. Gender of individual	**B**	**4**	**Restraint data in the ED is not currently being tracked, trended or reported.**
16.03.06 <u>Standards Review.</u> Standards are reviewed periodically to assure congruence with practice and benchmarked norms.	**C**	**4**	**Most standards were reviewed every 3 years, not annually.**
19.00.11 <u>Qualified Personnel.</u> Only personnel designated as qualified by the medical staff may use the radiological equipment and administer procedures. 482.26(c)(2)	**B**	**3**	**Policies were not approved by the Medical Staff.**

24.00.12 Emergency Preparedness Plan. The Emergency Preparedness Plan of the facility addresses methods for ensuring the nutritional needs of patients and personnel during an internal or external emergency or disaster.	**C**	**4**	**There is no plan in place that addresses what to do in the event the contract SNF providing meals for the hospital inpatients has a disruption in service.**
25.01.22 Sample Drugs. The use of "sample" drugs, if permitted, is controlled by the pharmacy director and is in conformance with federal and state laws.	**C**	**3**	**Policy and practice are not congruent. Some sample drugs are not logged, log numbers didn't match numbers on the samples**
25.02.03 Drug Orders. With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment for contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders by hospital policy and in accordance with State law, and who is responsible for the care of the patient as specified under 482.12(c). 482.23(c)(2) II. If verbal orders are used, they are to be used infrequently. 482.23 (c)(2)(i) III. When verbal orders are used, they must be accepted only by persons who are authorized to do so by hospital policy and procedures consistent with Federal and State law. 482.23(c)(2)(ii) IV. All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner. 482.24 (c)(1)(i) V. For the 5 year period following January 26, 2007, all orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under 482.12(c) and authorized to write orders by hospital policy in accordance with State law. 482.24 (c)(1)(ii)	**B**	**3**	**One of four records reviewed had verbal orders that were not verified.**

VI. All verbal orders must be authenticated based upon Federal and State law. If there is no State law that designates a specific timeframe for the authentication of verbal orders, verbal orders must be authenticated within 48 hours. 482.24 (c)(1)(iii) VI. Read back the verbal order immediately to the ordering practitioner after transcription to verify the accuracy of what was heard. VII. Verbal orders are not permitted for chemotherapy orders. The organization defines in policy any additional "high-risk" orders that are not approved to be given verbally, as appropriate. VIII. Hospital policies and procedures must address: a. Limitations or prohibitions on use of verbal orders b. A mechanism to ensure validity/authenticity of the prescriber c. The elements required for inclusion in a complete verbal order d. Situations in which verbal orders may be used e. The list of individuals who may send and receive verbal orders f. Guidelines for clear and effective communication of verbal orders. All services must be given in accordance with orders of practitioners authorized by the medical staff to order the services and the order must be incorporated in the patient's record.			
31.00.12 Sample Drugs. The use of "sample" drugs, if permitted, is controlled by the pharmacy director and is in conformance with federal and state laws.	**C**	**3**	**Three of three sample drugs noted had not been logged in; varying strengths were not noted; in violation of policy. Door to sample room was unlocked.**

The Joint Commission

Russell County Medical Center
58 Carroll Street
Lebanon, VA 24266

Organization Identification Number: 6346

Program(s)	**Survey Date(s)**
Hospital Accreditation Home Care Accreditation	06/14/2011-06/17/2011

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	IC.02.02.01	EP2
	LS.02.01.10	EP1
	PC.01.02.01	EP23
	PC.03.01.07	EP8
Program:	Home Care Accreditation Program	
Standards:	PC.02.01.03	EP4

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	LS.02.01.20	EP27
	MM.01.01.03	EP2
	MS.01.01.01	EP3,EP16,EP23,EP34
	MS.08.01.03	EP3
	PC.01.03.01	EP5

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.12 Condition of Participation: Governing Body

The hospital must have an effective governing body legally responsible for the conduct of the hospital as an institution. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

CoP Standard	Tag	Corresponds to	Deficiency
§482.12(a)(4)	A-0048	HAP - MS.01.01.01/EP3	Standard

CoP: §482.22 **Tag:** A-0338 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.22 Condition of Participation: Medical staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.22(a)(1)	A-0340	HAP - MS.08.01.03/EP3	Standard
§482.22(c)(5)(i)	A-0358	HAP - MS.01.01.01/EP16	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP5	Standard
§482.23(c)	A-0404	HAP - MM.01.01.03/EP2	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.10/EP1, LS.02.01.20/EP27	Standard

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CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2	Standard

CoP: §482.52 **Tag:** A-1000 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.52(b)(3)	A-1005	HAP - PC.03.01.07/EP8	Standard

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01 ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Intermediate-level disinfection is used for items such as specula. Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/ncidod/dhqp/sterile.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
During the assessment of cleaning, disinfection, and sterilization associated with the reprocessing of fiberoptic endoscopes it was noted that the biopsy forceps was placed, as a matter of policy and procedure, in the Steris1 with the endoscope for high level disinfection. Infection prevention and control activities recommended by the CDC in Recommendations for Disinfection and Sterilization in Healthcare Facilities, part of the Guideline for Disinfection and Sterilization 2008, page 86, 7i, are to sterilize the biopsy forceps, after cleaning.

Observed in Tracer Activities at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for the Hospital deemed service.
While observing cleaning and high level disinfection of vaginal ultrasound probes, it was noted that a new test strip bottle had been opened that day. Manufacturer's IFU for Cidex OPA suggested testing the test strips for effectiveness against a full strength and half strength dilution of Cidex OPA prior to their first use. That step had not been carried out. Policy and procedure were not consistent with manufacturer's instructions for use.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.10 ESC 45 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. Buildings meet requirements for height and construction type in accordance with NFPA 101-2000: 18/19.1.6.2.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
At beginning of the document review session I requested all of the LSC equivalency. I was given one that the submittal process was incomplete. The FSES
was requested by the org and a conditional equivalency was granted by Mr Wilson TJC for part of the submitted request. The letter to Mr Scott Smith CEO 5/8/2007 outlined the process that was required to be completed before it was to be effective. There is a file that has all the communications between the TJC and the org about this issue. I informed the org that all of the communication and the FSES should be sent to the TJC as clarification for this issue before this can be corrected.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

27. Means of egress are adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, stairway landings, exit doors, and exit discharges. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.8)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 27
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Observed in the main pharmacy that there was no means of egress light to direct you from the area in an emergency.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Observed that the small corridor that leads from the pharmacy to the main exit corridor had no exit light.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.01.01.01 ESC 60 days

Standard Text: Medical staff bylaws address self-governance and accountability to the governing body.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

3. Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the 'Leadership' (LD) chapter for requirements regarding the governing body's authority and conflict management processes.)
Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.

Scoring Category : A
Score : Insufficient Compliance

16. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oralmaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. (For more information on performing the medical history and physical examination, refer to MS.03.01.01, EPs 6-11.)
Note 1: The definition of 'physician' is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
Note 2: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 and 5.

Scoring Category : A
Score : Insufficient Compliance

23. The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.

Scoring Category : A
Score : Insufficient Compliance

34. The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The fair hearing and appeal process (refer to Standard MS.10.01.01), which at a minimum shall include:
- The process for scheduling hearings and appeals
- The process for conducting hearings and appeals

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
§482.12(a)(4) - (A-0048) - [The governing body must:]

(4) Approve medical staff bylaws and other medical staff rules and regulations;
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
All requirements set forth in Elements of Performance 12 through 36 had not yet been approved by the Medical Staff to send to the governing body, for approval. The requirements for documenting histories and physicals, EP 15; the medical executive committee's ability to act on behalf of the medical staff between meetings of the organized medical staff, EP 23; the fair hearing and appeal process, EP 34.

EP 16
§482.22(c)(5)(i) - (A-0358) - (i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The organized medical staff had not yet approved this EP for inclusion in the bylaws.

EP 23
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The ability of the medical executive committee to act on behalf of the organized medical staff between meetings, within the scope of its responsibilities as defined by the organized medical staff, had not yet been approved.

EP 34
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
Reference to the fair hearing and appeal process had not yet been returned to the bylaws.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.08.01.03 ESC 60 days

Standard Text: Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

3. The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
§482.22(a)(1) - (A-0340) - (1) The medical staff must periodically conduct appraisals of its members.
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of multiple practitioner credentialing and quality files revealed that aggregated information about ongoing professional practice had not been presented for review by the department chairpersons, to be factored into the decision to continue, limit, or revoke existing privileges on the six month interval expected by the organization. This procedure had been finalized within the past four months.

Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of the files of a CRNA and a PA revealed that aggregate quality data/information, resulting from ongoing professional practice evaluation was not available.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.01.01.03 ESC 60 days

Standard Text: The hospital safely manages high-alert and hazardous medications.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

2. The hospital has a process for managing high-alert and hazardous medications. (See also EC.02.02.01, EP 8; MM.03.01.01, EP 9)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.23(c) - (A-0404) - §482.23(c) Standard: Preparation and Administration of Drugs

Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Discussion with staff and pharmacy leadership revealed that there were lists of high alert and hazardous medications; however there was not process developed and implemented for clinical staff to properly manage the disposal of hazardous medication.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.01 ESC 45 days

Standard Text: The hospital assesses and reassesses its patients.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

23. During patient assessments and reassessments, the hospital gathers the data and information it requires.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 23
Observed in Clearview at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
During an individual patient tracer, it was observed that the initial nursing assessment had questions that were not answered or answered completely.

Observed in Clearview at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
During another individual patient tracer, it was observed that the initial nursing assessment had questions that were not answered or answered completely.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

ESC 60 days

Standard Text: The hospital plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient.
This Standard is NOT MET as evidenced by:
Observed in Clearview at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
During an individual patient tracer, it was observed that the multidisciplinary care plan was not consistently related to specific problems/needs of the patient. The goals were not consistently written to address the patient's problems/needs, nor did the plan include time frames for meeting the goals.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.07

ESC 45 days

Standard Text: The hospital provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

8. For hospitals that use Joint Commission accreditation for deemed status purposes: The postanesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8
§482.52(b)(3) - (A-1005) - [The policies must ensure that the following are provided for each patient:]

(3) A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for anesthesia recovery must be completed in accordance with State law and with hospital policies and procedures that have been approved by the medical staff and that reflect current standards of anesthesia care.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for the Hospital deemed service.
The postoperative anesthesia evaluation had not been documented in accordance with regulation and thus did not reflect current standards of anesthesia care, which describe, at minimum, respiratory function - including respiratory rate, airway patency,and oxygen saturation; cardiovascular function, including pulse rate and blood pressure; mental status; temperature; pain; nausea and vomiting and postoperative hydration. A revised form had been in preparation, but not yet cleared for implementation.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.03 ESC 45 days

Standard Text: The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

4. The organization reviews orders and prescriptions for appropriateness and accuracy before providing care, treatment, or services.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 4
Observed in Record Review at Russell County Medical Center Home Health/Hospice (Carroll and Tate Streets, Lebanon, VA) site.
During review of a closed home health clinical record, it was observed that the organization failed to clarify two physician orders on the 485/POC on this patient who was known to them. The first order was ".....SN to administer Vitamin B12.....". The start of care OASIS assessment clearly stated that the patient's daughter was competent (and had been giving) to give the injection. There was no documentation in the clinical record that the nurse performed this task.

Observed in Record Review at Russell County Medical Center Home Health/Hospice (Carroll and Tate Streets, Lebanon, VA) site.
As a second example, an order for Kayexalate tabs and labs to be drawn during the episode of care had been included on the current admission's 485/POC, but these orders were actually from a previous admission. Neither of these discrepancies had been identified and corrected during the episode of care.

COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

Karen Remley, M.D., M.B.A., F.A.A.P.
State Health Commissioner

TYY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

April 30, 2012

Administrator
Dickenson Community Hospital
312 Hospital Drive
Clintwood, Virginia 24228

RE: Dickenson Community Hospital - Clintwood, VA
Hospital Licensure Survey

Dear Administrator:

An unannounced, biennial hospital licensure survey of the above facility was conducted on April 24, 2012 and April 25, 2012.

Enclosed is the provider copy of the Licensure Inspection Report. It indicates that no deficiencies were cited at the time of the survey.

Thank you for your cooperation during the inspection.

Sincerely,

Frederick W. Kyle

Frederick Kyle, Director
Division of Acute Care Services

Enclosure

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	491303		04/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENSON COMMUNITY HOSPITAL	312 HOSPITAL DRIVE CLINTWOOD, VA 24228

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	12 VAC 5-410-0000 Initial Comments An unannounced focused licensure inspection was conducted at the above named facility by two (2) Medical Facilities Inspectors from the Virginia Department of Health- Office of Licensure and Certification from 04/24/12 to 04/25/12. No deficiencies were identified. Dickenson Community Hospital is in compliance with the Rules and Regulations for the Licensure of Hospitals in Virginia-12 VAC 5-410 as amended November 1, 2011.	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

The Joint Commission

Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211

Organization Identification Number: 13492

Program(s)	**Survey Date(s)**
Hospital Accreditation Home Care Accreditation	04/30/2012-05/02/2012

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	IC.02.02.01	EP2
	MM.04.01.01	EP13
	MM.05.01.01	EP8
	PC.01.02.07	EP3
	PC.03.01.07	EP7

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.09	EP3
	LD.04.01.07	EP2
	LS.02.01.30	EP23
	LS.02.01.34	EP4
	LS.02.01.35	EP9
	MS.01.01.01	EP5
	RC.01.01.01	EP19
	RC.01.02.01	EP3
	UP.01.03.01	EP2
Program:	Home Care Accreditation Program	
Standards:	IC.01.05.01	EP7
	RI.01.05.01	EP2

CoP: §482.22 **Tag:** A-0338 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.22 Condition of Participation: Medical staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.22(c)	A-0353	HAP - MS.01.01.01/EP5	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.02.01/EP3, RC.01.01.01/EP19	Standard

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CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.30/EP23, LS.02.01.34/EP4, LS.02.01.35/EP9	Standard

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CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP - IC.02.02.01/EP2

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP: §482.52 **Tag:** A-1000 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.52(b)(3)	A-1005	HAP - PC.03.01.07/EP7	Standard

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.09 ESC 60 days

Standard Text: The hospital inspects, tests, and maintains medical gas and vacuum systems. Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

3. The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. 4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
The area shutoff valve for piped medical gas located across from OR 1 was blocked by a patient bed. (corrected during survey)

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01 ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Communication

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4) 3
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51 - (A-0940) - §482.51 Condition of Participation: Condition of Participation: Surgical Services
This Condition is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site for the Hospital deemed service.
During a tour of the central sterile area staff stated that when they sterilize an instrument in a small peel pack within a larger peel pack they may fold the inner pack. The smaller inner peel pack should not be folded according AAMI standard.

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.01.07 ESC 60 days

Standard Text: The hospital has policies and procedures that guide and support patient care, treatment, and services.

Primary Priority Focus Area: Communication

Element(s) of Performance:

2. The hospital manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2) 4

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 2
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During a review of the sample medication storage area in the Diabetic Care Center it was described that nurses may accept sample medications. The hospital policy states that a physician must accept sample medication.

Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During a review of the sample medication storage area in the Diabetic Care Center it was described that a Registered Dietician may accept sample medications. The hospital policy states that a physician must accept sample medication.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30 ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

23. Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or equivalent, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. Doors do not have nonrated protective plates more than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.5, 18/19.3.7.6, and 8.3.4.1)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 23
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The vertical gap between smoke barrier doors 3103 was greater than 1/8 inch. (corrected during survey).

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The vertical gap between smoke barrier doors 3115a was greater than 1/8 inch. (corrected during survey).

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.34

ESC 60 days

Standard Text: The hospital provides and maintains fire alarm systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

4. The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 18/19.3.4.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 4
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The Physician on-call rooms 1 & 2 located on the 2nd floor were not equipped with smoke detectors.

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The Physician on-call rooms 3 & 4 located on the 2nd floor were not equipped with smoke detectors.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35 ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

9. Class K–type portable fire extinguishers are located within 30 feet of grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.6 and NFPA 10-1998: 2-3.2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 9
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The wasn't a class K-type extinguisher mounted within 30 ft of the #3 kitchen ansul extinguishing system located across from the wood grill behind the serving line.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.01.01.01 ESC 60 days

Standard Text: Medical staff bylaws address self-governance and accountability to the governing body.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

5. The medical staff complies with the medical staff bylaws, rules and regulations, and policies. 4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5
§482.22(c) - (A-0353) - §482.22(c) Standard: Medical Staff Bylaws

The medical staff must adopt and enforce bylaws to carry out its responsibilities.
The bylaws must:
This Standard is NOT MET as evidenced by:
Observed in Document Review at Johnston Memorial Bristol East Imaging Center (3170 Linden Dr, Suite 6, Bristol, VA) site for the Hospital deemed service.
During a review of credentials files, it was noted that a physician with no activity since his initial appointment was granted active status at the time of the two year reappointment which was not in compliance with the medical staff by-laws.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.04.01.01 ESC 45 days

Standard Text: Medication orders are clear and accurate.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

13. The hospital implements its policies for medication orders.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 13
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During an individual tracer in the PACU, Anesthesia Standing Orders for Adults were noted to have medication orders that were not clear or accurate as required by hospital policy PS-600-066. Specifically there was not a frequency specified on pain medications. There were also three prechecked orders for O2 that were not clear.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During the review of a record of a patient in the pain clinic, there was an order for "Versed 5 cc IV X 1 as needed for anxiety." This order did not have a dosage parameter as required by hospital policy. It was learned through staff interview that this written order was intended to have the medication available in the OR and to not be administered without an additional order for a specific dosage.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.01 ESC 45 days

Standard Text: A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

8. All medication orders are reviewed for the following: Therapeutic duplication.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 8
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During an individual patient tracer it was noted that Lortab 7.5mg P.O. every three hours as needed for pain and Tylenol 500mg tabs 2 p.o. every 4-6 hours as needed for pain had been ordered. These orders did not address parameters for which medication to be given based on the amount and intensity of pain the patient was experiencing.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During an individual patient tracer it was noted in a second patient record that Lortab 7.5mg P.O. every three hours as needed for pain and Tylenol 500mg tabs 2 p.o. every 4-6 hours as needed for pain had been ordered. These orders did not address parameters for which medication to be given based on the amount and intensity of pain the patient was experiencing.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: UP.01.03.01

ESC 60 days

Standard Text: A time-out is performed before the procedure.

Primary Priority Focus Area: Communication

Element(s) of Performance:

2. The time-out has the following characteristics:
- It is standardized, as defined by the hospital.
- It is initiated by a designated member of the team.
- It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.

4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During a time out in the Interventional Radiology Suite, it was noted that the scrub tech had her back to the other participants and was busy with preparation activities.

Observed in Individual Tracer at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site. During an observation of a time out two staff present were observed continuing tasks preparing patient for the surgery. It was further noted that staff members present could not be heard verbalizing their agreement with with the correct identity, site and procedure.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07

ESC 45 days

Standard Text: The hospital assesses and manages the patient's pain.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

3

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 3
Observed in the Post Partum Unit at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During an individual patient tracer it was noted that the patient had not been reassessed after receiving pain medication for a pain level of 8 on a 10 point scale. Hospital policy requires the patient's pain level be reassessed within one hour after receiving pain medication.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site. During a tracer in 2100 unit, there was no documentation of a reassessment of pain after 23:20 dose of pain medication on 04/29/2012.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.07 ESC 45 days

Standard Text: The hospital provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

7. For hospitals that use Joint Commission accreditation for deemed status purposes: A postanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7
§482.52(b)(3) - (A-1005) - [The policies must ensure that the following are provided for each patient:]

(3) A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for anesthesia recovery must be completed in accordance with State law and with hospital policies and procedures that have been approved by the medical staff and that reflect current standards of anesthesia care.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During an individual patient tracer it was noted that the patient had not received a post anesthesia evaluation after receiving an epidural anesthesia for a C-Section procedure.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During an individual patient tracer it was noted that a second patient had not received a post anesthesia evaluation after receiving an epidural anesthesia for a C-Section procedure.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During an individual patient tracer it was noted that a third patient had not received a post anesthesia evaluation after receiving an epidural anesthesia for a C-Section procedure.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During an individual patient tracer it was noted that a fourth patient had not received a post anesthesia evaluation after receiving an epidural anesthesia for a C-Section procedure.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.01.01 ESC 60 days

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed. 4

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During an individual patient tracer it was noted that several entries in the medical record had not been timed as per hospital policy.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed in an individual tracer on the 2100 unit, a physician did not time the medical record entry as requited by hospital policy and regulation.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
A second physician did not time his entry in the medical record as required by hospital policy and regulation.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
A physician signed his History and Physical, but did not time his entry as required by regulation and hospital policy.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.02.01

ESC 60 days

Standard Text: Entries in the medical record are authenticated.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

3. The author of each medical record entry is identified in the medical record.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 3
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During an individual patient tracer it was noted that a pre-anesthesia assessment for a patient that had undergone epidural anesthesia did not have the name of the author of the assessment nor did it have a date and time the pre-anesthesia assessment had been performed.

Observed in Record Review at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During review of a closed record it was noted that physician progress notes on 4/25/2012 and 4/23/2012 had not been authenticated by the person responsible for entering the written progress report.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.01.05.01 ESC 60 days

Standard Text: The organization plans for preventing and controlling infections.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

7. The organization has a method for communicating responsibilities about preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. (See also IC.02.01.01, EP 7)
Note: Information may be in different forms of media, such as posters or pamphlets.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site. During review of admission packet information and patient education booklet, the home care surveyor noted that the booklet included hand hygiene principles but did not cover respiratory hygiene practices.

Chapter: Rights and Responsibilities of the Individual

Program: Home Care Accreditation

Standard: RI.01.05.01 ESC 60 days

Standard Text: The organization addresses patient decisions about care, treatment, or services received at the end of life.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. The policies on advance directives address, at a minimum, which patients the organization will ask about advance directives; limitations the organization has in respecting the patient's advance directives; staff knowledge of the patient's advance directives and any updates made to the advance directives; and how the organization will honor the patient's advance directives.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site. During review of the patient record for HV #1, the home care surveyor noted that on the "Patient information sheet" the patient's DNR status was indicated as 'unknown'.

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site. During review of the patient record for HV #2, the home care surveyor noted that on the "Patient information sheet" the patient's DNR status was indicated as 'unknown'.

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site. During review of the patient record for HV #3, the home care surveyor noted that on the "Patient information sheet" the patient's DNR status was indicated as 'unknown'.

DEFICIENCY ASSESSMENT REPORT
For
Norton Community Hospital
Norton, VA

Facility ID: **136843**
CCN: **490001**
Survey Dates: **July 18-20, 2012**

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Acute Care Hospitals - 2009 manual. **The surveyor's comments are in bold.**

STANDARD	SCORE	SURVEYOR COMMENTS
02.00.06 Quality Assessment-Performance Improvement. Services provided by Allied Health Practitioner staff are included in the Staff and facility Quality Assessment Performance Improvement program sufficient to determine the quality and appropriateness of the services provided and the competencies of the AHPs for re-credentialing / re-privileging activities.	2	**This standard was not met as evidenced by one of one (1/1) newly credentialed allied health practitioners failed to have a Facility specific mandatory orientation. The practitioner was a CRNA.** **In addition, two of two (2/2) credentialed allied health practitioners failed to have a facility specific mandatory re-orientation. The practitioners were both PAs, i.e. KWS and KNP.**
03.01.15 Required Application-Reapplication Information for Review. Information covering each of the following areas must be reviewed for each applicant/re-applicant during the review and approval process. A. Licensure History: current license(s), licensure sanction(s), state(s) of current practice or intended practice, and all previous licenses held; The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws. 482.11(c) When telemedicine is used and the practitioner and patient are located in different states, the practitioner providing the patient care service must be licensed and/or meet the other applicable standards that are required by State or local laws in both the state where the practitioner is located and the state where the patient is located. Telemedicine providers in the same state as the patient must be licensed in the same state as the patient, as would any other practitioner.	4	**This Standard was not met as evidenced by five of eight (5/8) newly credentialed practitioners failed to have procedure logs with outcomes included in their credential files. This was noted during a credential file audit and verified by credential Manager.** **The practitioners were:** **DAM, SPD, TML, KWS, KNP**

STANDARD	SCORE	SURVEYOR COMMENTS
B. Medical Education and Post-Graduate Training: C. Malpractice Insurance and History: 5-year history; D. Specialty Board Status: (if applicable); E. Sanctions or Disciplinary Actions: actions taken by healthcare facilities, specialty boards, federal or state agencies, malpractice carriers; F. Criminal History: felony convictions/criminal history (7-10 years); G. Healthcare Employment History: healthcare related employment / appointment history (work history); H. Professional References: current competence and peer recommendations / references, ability to perform privileges requested (health status). For physicians seeking reapplication, peer references include: peers familiar with their practice of medicine, reviews under the hospital's peer review activities, reviews by the hospital's Credentials Committee, Department Chair, or Medical Executive Committee; I. Clinical Activity: procedure logs with outcomes to support privilege requests for procedures not attested to in postgraduate references; and J. Information Verified for Comparison: comparison of applicant - provided information and verified information.		
10.00.08 Security of Medical Information. The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records must be released only to authorized individuals and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas. 482.24(b)(3)	4	**This standard was not met as evidenced by the following findings:** **During a review of Medical Records policies, it was noted that the following policies were out- dated since April 2005:** **B. Access to records** **C. Medical Record purpose release** **D. Outside Medical Records Release** **This finding was confirmed during an interview with the HIM manager (AV).**
10.01.15 Informed Consent. The medical record must contain properly executed informed consent forms for procedures and treatments	4	**This standard was not met as evidenced by eight of fifteen (8/15) procedural medical records reviewed failed to have the**

STANDARD	SCORE	SURVEYOR COMMENTS
specified by the medical staff, or by Federal or State law if applicable, to require written patient consent. 482.24(c)(2)(v) A properly executed Informed Consent Form for the operative procedure must be in the patient's chart prior to the procedure, except in emergencies. 482.51 (b)(2) A complete consent form must contain at least the following: G. Name of patient H. Name of hospital I. Name of procedure or other type of medical treatment for which consent is being given; J. Name of the responsible practitioner performing the procedure or administering the medical treatment;, K. Statement that the procedure or treatment, including the anticipated benefits, material risks, and alternative therapies, was explained to the patient or the patient's legal representative; (Material risks could include risks with a high degree of likelihood but a low degree of severity, as well as those with a very low degree of likelihood but high degree of severity). Hospitals are free to delegate to the responsible practitioner, who used the available clinical evidence as informed by the practitioner's professional judgment, the determination of which material risks, benefits and alternatives will be discussed with the patient.) L. Alternative procedures and treatments M. Signature of patient or the patient's legal representative. N. Date and time of the informed consent form is signed by the patient or patient's legal representative; O. Statement that procedure was explained to patient or guardian P. Signature and professional designation of person witnessing the consent. Q. Name/signature of person who explained the procedure to the patient or guardian; and R. Additional content of the informed consent form, as required by applicable State law. Informed consents will be written in simple sentences (4th grade comprehension level) and in the primary language of the patient. Interpreter services will be provided as need is identified. After the informed consent discussion has occurred, the patient or legal representative will be asked to recount what		**procedure name of the informed consent written in 4th grade level.** **Medical Record numbers are as followed** • **45307** • **50165** • **83422** • **111495** • **71728** • **150788** • **152499** • **116005** **The findings of this audit were confirmed with the Quality Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
he or she has been told.		
10.01.07 History and Physical Requirements. A. A medical history and physical examination completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. B. An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. 482.24 (c)(2)(i)(A); 482.24(c)(2)(i)(B) (Revised February 28, 2008; effective immediately)	4	**This standard was not met as evidenced by five of twenty- six (5/26) medical records reviewed failed to have an updated history and physical notation documented in the medical record prior to surgery.** **The chart numbers are:** • **111495** • **194606** • **150788** • **87715** • **196082** **The results of this audit were confirmed with the Quality Manager.**
11.06.01 Written Fire Control Plans. The hospital must have written fire control plans that contain provisions for: • prompt reporting of fires; • extinguishing fires; • protection for patients, personnel and guests; • evacuation; and • Cooperation with fire- fighting authorities. 482.41(b)(7)	2	**This standard was not met as evidenced by a review of the fire plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and not specific to Norton Community Hospital.**
11.07.01 Disaster Plans. Written disaster plans are developed, maintained, and available to the staff for crisis preparation. All disaster plans written by a health care hospital should be reviewed and coordinated with local authorities so as to prevent confusion. Such authorities include, but are not limited to, civil authorities (such as fire department, police department, public health department, or emergency medical service councils), and civil defense or military authorities. The hospital shall provide an education program for staff and physicians for emergency response preparedness. The hospital should also participate in community emergency preparedness plans.	3	**This standard was not met as evidenced by a review of the plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and are not specific to Norton Community Hospital.**

STANDARD	SCORE	SURVEYOR COMMENTS
11.07.07 Education of Staff. The hospital shall provide an education program for staff and physicians for weapons of mass destruction response preparedness.	3	**This standard was not met as evidenced by a review of Medical Staff quarterly meeting minutes and Safety Committee Minutes for the previous twelve (12) months with the Safety Officer resulted in no evidence of Medical Staff training in the Weapons of Mass Destruction Response Plan.**
15.06.18 Discharge Summary A concise discharge summary must be completed on each patient within 7 days of patient discharge.		**This standard was not met as evidenced by two of ten (2/10) inpatient discharge summaries were not completed within seven (7) days of discharge.** **The medical record numbers were:** **#15788 - completed twenty one (21) days after discharge** **#164615 completed seventeen (17) days after discharge.** **This audit was confirmed by Quality Manager MP.**
15.07.15 Actions taken to improve glycemic control. 1. Unless a recent hemoglobin A1C (HbA1c) is known, among hospitalized hyperglycemic patients an HbA1c should be obtained upon admission. 2. Both a nutritionist/dietitian and a diabetes nurse educator (nurse, when diabetic nurse educator is not available) are needed to assess compliance with medication, diet, and other aspects of care. 3. At the time of discharge, the diabetes provider must communicate with outpatient care providers about the patient's regimen and glycemic control, and also, based on information gathered during the admission, to convey any evidence that might support the need for a change of long-term strategy.	4	**This standard was not met as evidenced by two of five (2/5) reviewed inpatient medical records of diabetic patients did not have documented A1c tests performed upon admission. There was no documentation on the medical record that the test had been performed prior to admission.** **The MR#'s were 190253 & 064796. Both patients were on the Med-Surgery 2 unit.** **This finding was confirmed by CNO JV.**
20.00.10 Emergency Room Log. Permanent logs shall be maintained of persons seeking emergency care. These may be manual or electronic; periodically, electronic records are "backed up" to ensure the integrity of the information in the event of computer	3	**This standard was not met as evidenced by the following findings:** **Upon review of the log book, item (E) brief description of services provided; and (G)**

STANDARD	SCORE	SURVEYOR COMMENTS
failure. The register provides data regarding: A. Date, time and mode of arrival; B. Age, sex and name of patient; C. Nature of complaint; D. Name of physician responsible for care; E. Brief description of services provided; F. Disposition (treated / released, admitted to facility, transferred to another acute facility, or death in ER); G. Condition on discharge; and H. Time of discharge.		**condition on discharge were noted to be absent.** **This finding was confirmed by the ED Manager, LC. There was a plan in place by the end of the survey to correct this finding.**
21.00.09 History and Physical. There must be a complete history and physical workup in the chart of every patient prior to surgery, except in emergencies. If this has been dictated, but not yet recorded in the patient's chart, there must be a statement to that effect and an admission note in the chart by the physician who admitted the patient. 482.51(b)(1)	4	**This standard was not met as evidenced by the following findings:** **Upon completion of the medical record audit of endoscopic charts, it was noted that one of one (1/1) charts failed to have an updated H and P prior to an endoscopic procedure.** **The medical record number is 87715, and findings were confirmed by the Quality Manager (MP).**
21.00.24 Outpatient Follow-up. Outpatient surgical / invasive procedure patients, are contacted when possible, by the facility within the first seventy-two hours post procedure to determine their status.	4	**This standard was not met as evidenced by the following findings;** **Two of two (2/2) applicable endoscopic charts reviewed, failed to have documented evidence of post procedure contact with the patient within 72 hours to determine their status.** **Charts deficient were 87715 and 11059966 which was confirmed by Quality Manager, MP during the closed medical record audit.**
25.01.03 Security of Medications. Consistent with state and federal requirements, in the pharmacy and throughout the facility: 1. All drugs and biological must be kept in a secure area, and locked when appropriate. 482.25(b)(2)(i) 2. Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area. 482.25(b)(2)(ii)	4	**This standard was not met as evidenced by the following finding:** **Observation in the Endoscopy Suite revealed an anesthesia cart, containing medications, which was unlocked. The suite was unoccupied and in an unsecured area when the unlocked cart was observed. This observation was verified with Surgery Manager SA and CRNA, SW.**

STANDARD	SCORE	SURVEYOR COMMENTS
3. Only authorized personnel may have access to locked areas. 482.25(b)(2)(iii)		
25.03.05 Annual Report on Medication Use. The facility documents improvement, as a result of medication use review as reported, in an annual summary.	4	**This standard was not met as evidenced by an annual report on medication use had not been prepared in the last three (3) years. This was identified during interview with GH, Pharmacy Director.**
30.00.09 History and Physical. Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies: (i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration. (ii) An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration. 482.51 (b) (1) (i), (ii) (Revised February 27, 2007; effective immediately)	4	**This standard was not met as evidenced by five of fifteen (5/15) procedural medical record charts reviewed failed to have and updated history and physical notation, as required, before surgery.** **The chart numbers are:** • **111495** • **194606** • **150788** • **87715** • **196082** **The result of this audit was confirmed with the Quality Manager, MP.**
30.01.06 Pre-anesthesia Evaluation. A pre-anesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services. 482.52(b)(1) Policies on anesthesia procedures must include the delineation of pre-anesthesia responsibilities by anesthesia services. The pre-anesthesia evaluation documentation must include**: 1. A patient interview to assess medical history, anesthetic history and medication history, and allergy history, including anesthesia risk. 2. An appropriate physical exam that includes, at a minimum, airway assessment, a pulmonary exam to include auscultation of the lungs, and a cardiovascular exam. 3. Review of objective diagnostic data (e.g. laboratory, ECG, x-ray) 4. Assignment of ASA physical status 5. The anesthesia plan and discussion of the risks and benefits of the plan with the patient or the patient's legal representative	4	**This standard was not met as evidenced by the following finding:** **In seven of fifteen (7/15) procedural medical record charts reviewed, documentation of an appropriate physical exam, airway assessment, a pulmonary exam including an auscultation of the lungs and a cardiovascular exam was not documented in the Pre-anesthesia examination.** **The chart numbers were:** • **62503** • **111495** • **194606** • **71728** • **150788** • **152499** • **116005** **This finding was confirmed with:**

STANDARD	SCORE	SURVEYOR COMMENTS
**(American Society of Anesthesiologists (ASA) criteria "Documentation of Anesthesia Care", October 15, 2003 and the American Association of Nurse Anesthetists (AANA) standards are used as reference) If the pre-anesthesia evaluation is performed by a non-physician, physician supervision shall be required. • SUPERVISION EXEMPTION: CRNAs will be exempted from supervision if the governor of the state in which the hospital resides has issued such an exemption. (See 30.01.03 regarding this exemption.) Physician supervision of non- physician providers of anesthesia services may be demonstrated through collaborative statements or agreements, documentation in the pre-operative record, or as defined in medical staff bylaws, rules and regulations. A state exemption for CRNAs may apply. (See 30.01.03 and/or 482.52(a)(1-5)(c)(1-2) regarding the exemption).		• **Quality Manager, MP** • **Director of Surgical services, DK** • **Manager of Surgery, SA,**
30.01.12 Security of Medication. All anesthesia carts must be locked when not in use. Unused drugs shall be disposed of after each case.	**4**	**This standard was not met as evidenced by a direct observation with surgery manager (SA) and CRNA (SW), that a medication stocked anesthesia drug cart in the unoccupied Endo suite was found unlocked.**

The Joint Commission

Russell County Medical Center
58 Carroll Street
Lebanon, VA 24266

Organization Identification Number: 6346

Program(s)	**Survey Date(s)**
Laboratory Accreditation	07/26/2012-07/27/2012

Executive Summary

Laboratory Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- On-site Evidence of Standards Compliance – A follow-up on-site Evidence of Standards Compliance (OSESC) survey will occur to validate your ESC submission.
- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Laboratory Accreditation Program	
Standards:	LD.04.05.01	EP2
	QSA.02.12.01	EP4,EP6
	QSA.05.09.01	EP3
	QSA.05.16.01	EP1
	WT.01.01.01	EP7
	WT.03.01.01	EP2,EP3,EP5

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization's extranet site:

Program:	Laboratory Accreditation Program	
Standards:	DC.02.03.01	EP12
	DC.02.04.01	EP1
	HR.01.06.01	EP18
	LD.04.05.07	EP3
	LD.04.05.09	EP2
	NPSG.02.03.01	EP1
	QSA.01.01.01	EP5
	QSA.01.02.01	EP2
	QSA.01.03.01	EP6,EP7
	QSA.02.03.01	EP3
	QSA.02.07.01	EP6
	QSA.02.08.01	EP1,EP2,EP3
	QSA.05.10.01	EP2
	QSA.05.19.05	EP2
	QSA.11.02.01	EP8

Chapter: Document and Process Control

Program: Laboratory Accreditation

Standard: DC.02.03.01 ESC 60 days

Standard Text: The laboratory report is complete and is in the patient's clinical record.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

12. The laboratory report includes the following information: The date and time the test results were generated as a final report. The date and time cannot be changed on copies of the report that are made at a later date. (See also DC.02.03.03, EP 1) 4

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 12
Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The medical record contained a laboratory cumulative report that did not include the date and time of reporting.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The medical record of a second tracer patient did not contain the date and time of reporting on the laboratory cumulative report.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The medical record of a third tracer patient did not contain the date and time of reporting on the laboratory cumulative report.

When the laboratory changed to "Soft" information system at the end of 2011, the cumulative report did not contain the date and time of reporting.

Chapter: Document and Process Control

Program: Laboratory Accreditation

Standard: DC.02.04.01 ESC 60 days

Standard Text: The laboratory retains records as required by law and regulation.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

1. The laboratory retains quality control records, including test system performance specifications and quality system assessments, for at least two years, or longer if required by law and regulation. 4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory did not retain quality control records for the date the tracer patient had a T4, T3 uptake, and TSH. A review of quality control records indicated that the laboratory had not retained quality control records for September and October 2010.

Chapter: Human Resources

Program: Laboratory Accreditation

Standard: HR.01.06.01

ESC 60 days

Standard Text: Staff are competent to perform their responsibilities.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

18. The staff member's competency assessment includes the following:
- Direct observations of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing, and testing
- Monitoring, recording, and reporting of test results
- Review of intermediate test results or worksheets, quality control, proficiency testing, and preventive maintenance performance
- Direct observation of performance of instrument maintenance function checks and calibration
- Test performance as defined by laboratory policy (for example, testing previously analyzed specimens, internal blind testing samples, external proficiency, or testing samples)
- Problem-solving skills as appropriate to the job
(See also WT.03.01.01, EP 6)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 18
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
Competency for the laboratory's technical consultant was not documented using all six methods. A variety of computer quizzes was used during this past year to document her competency. In 2011 document review and observation had been documented but no additional methods.

Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
Competency for an MLT was not documented using all six methods of competency. A computer generated quiz had been used as the only method to verify competency.

Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
Competency for the three respiratory therapists that had performed testing on the tracer patients was not documented using all six methods. Observation was the only method documented.

Chapter: Leadership

Program: Laboratory Accreditation

Standard: LD.04.05.01

ESC 45 days

Standard Text: Laboratory leadership is effective.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

2. The technical consultant and/or technical supervisor is responsible for the technical and scientific oversight of the laboratory.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory technical consultant and/or technical supervisor did not provide adequate technical and scientific oversight of the laboratory. When the means shifted for all three levels of T4, this shift went undetected by the laboratory's quality control process and review process by the technical consultant. Quality control review by the technical consultant was not robust enough to allow identification of shifts and trends and the need for recalibration. This was noted during proficiency testing review when the laboratory had strong negative/or strong positive biases on the proficiency test results (see QSA.01.01.01). Staff was allowed to rerun quality controls repeatedly without taking necessary corrective action like recalibration until this had become a common practice.

Oversight of the laboratory's quality control was not sufficient to detect that instead of using manufacturer's assayed ranges for Troponin, the laboratory had mistakenly widened the assayed ranges. For Troponin level I, the assayed range was .375 - .727 but the laboratory's range was .05 - 1.05 and for level III the assayed range was 5.68 - 11.00 with a laboratory range of 3.35 - 13.35. These ranges were equivalent to the mean +/- 20 standard deviations using the laboratory's own statistically calculated ranges.

Chapter: Leadership

Program: Laboratory Accreditation

Standard: LD.04.05.07

ESC 60 days

Standard Text: The laboratory director, technical consultant, and/or technical supervisor are responsible for maintaining laboratory performance.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

3. The laboratory director, technical consultant, and/or technical supervisor ascertain that test methodologies and equipment fulfill the following criteria:
- They meet the needs of the patient population.
- They are verified to determine accuracy, precision, and other pertinent performance characteristics.
- They are adequate in scope.
- They are capable of providing the quality of results required by the clinical staff.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory director and technical consultant, and/or technical supervisor did not ascertain that T4 results were not providing the quality of results required by clinical staff. The laboratory demonstrated repetitive problems with this assay over the past year. The means had shifted outside the peer group, Biorad had flagged the results on the interlaboratory comparison report and corrective action was not taken or documented. The level I control had a manufacturer's mean of 6.27 and the laboratory's mean had shifted to 7.28. Level II had a manufacturer's mean of 9.95 and the laboratory's mean had shifted to 11.01. Level III had a manufacturer's mean of 16.1 and the laboratory's mean had shifted to 17.69. The laboratory continued to report patient test results despite the shift in all three levels of control.

Chapter: Leadership

Program: Laboratory Accreditation

Standard: LD.04.05.09 ESC 60 days

Standard Text: The laboratory director is responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of services.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. The laboratory director signs and dates new laboratory procedures or changes in laboratory procedures before they are implemented. (See also DC.02.01.01, EP 1)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory director had not signed and dated the Quality Control Procedure for the laboratory.

Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory director had not approved the policy "Basic Quality Control".

Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory director had not approved the policy "Quality Monitors". The administrative laboratory director had approved all quality control policies and there was no approval by the laboratory director.

Chapter: National Patient Safety Goals

Program: Laboratory Accreditation

Standard: NPSG.02.03.01 ESC 60 days

Standard Text: Report critical results of tests and diagnostic procedures on a timely basis.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

1. Collaborate with organization leaders to develop written procedures for managing the critical results of tests and diagnostic procedures that address the following:
- The definition of critical results of tests and diagnostic procedures
- By whom and to whom critical results of tests and diagnostic procedures are reported
- The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
Although the laboratory had a critical result policy, it did not include the acceptable length of time between the availability and reporting of critical results.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.01.01.01

ESC 60 days

Standard Text: The laboratory participates in Centers for Medicare & Medicaid Services (CMS)–approved proficiency testing programs for all regulated analytes.
Note: This participation in the proficiency testing program includes the specialty of Microbiology, and subspecialties of Bacteriology, Mycobacteriology, Mycology, Parasitology, and Virology; the specialty of Diagnostic Immunology, and subspecialties of Syphilis Serology and general Immunology; the specialty of Chemistry, and subspecialties of routine Chemistry, Endocrinology, and Toxicology; the specialty of Hematology (including routine Hematology and Coagulation); the subspecialty of Cytology (limited to gynecologic examinations); and the specialty of Immunohematology (ABO group and Rho(D) typing, unexpected antibody detection, compatibility testing, and antibody identification).

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

5. For each specialty, subspecialty, analyte, or test, the laboratory's proficiency testing results meet satisfactory performance criteria in accordance with law and regulation.
Note 1: Satisfactory performance criteria in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), Subpart H, include the following:
- Participating in a proficiency testing event. Failure to participate in a proficiency testing event results in a score of 0 for the testing event.
- Attaining a score of at least 80% for all specialties, subspecialties, or tests, except ABO group and Rho(D) typing and compatibility testing
- Attaining a score of 100% for ABO group and Rho(D) typing or compatibility testing
- Returning proficiency testing results to the proficiency testing provider within the time frame specified by that provider. Failure to return proficiency testing results to the proficiency testing provider within the time frame specified by that provider results in a score of 0 for the testing event.
- Submitting all results on the proficiency testing form. Omission of results could lead to a failure of attaining the score necessary for satisfactory performance.
Note 2: Most proficiency testing events with fewer than 10 participants automatically result in a score of 100% for the event. These challenges are not sufficient for demonstrating that the laboratory has met satisfactory performance criteria. If this occurs, laboratories must supplement with either interlaboratory comparisons as specified under QSA.01.05.01 or non–Centers for Medicare & Medicaid Services (CMS)–approved proficiency testing provided by the instrument manufacturer.
(For proficiency testing events in which the laboratory achieves satisfactory performance but has unacceptable proficiency testing results, see also QSA.01.02.01, EP 2)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 5
Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory's proficiency testing was not satisfactory when it scored 60% for Thyroxine and 0% for Vitamin B12 on the third event of 2010.

Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory's proficiency testing was not satisfactory when it scored 0% for Total Protein on the second event of 2011.

Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory's proficiency testing was not satisfactory when it scored 20% for Free Thyroxine on the third event of 2011.

Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory's proficiency testing was not satisfactory when it scored 60% for Cell ID on the third event of 2011.

Chapter: Quality System Assessment for Nonwaived Testing
Program: Laboratory Accreditation
Standard: QSA.01.02.01

ESC 60 days

Standard Text: The laboratory maintains records of its participation in a proficiency testing program.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

2. For individual unacceptable proficiency testing results, the laboratory conducts an investigation of all potential causes, provides evidence of review, and performs corrective action sufficient to address and correct the issues identified in the investigation. These actions are documented. (See also QSA.01.01.01, EP 5)
Note 1: This requirement also applies when the proficiency testing program does not obtain consensus for scoring purposes, or the laboratory receives a score of 0 for nonparticipation or late return of results.
Note 2: This requirement also applies when the laboratory's cumulative score for the event meets the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) requirements for satisfactory performance.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
There was no documentation of corrective action or investigation for an unacceptable MCV (Coulter LH500 secondary mode) on the second event of 2012.

Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
When the laboratory had one out of three unacceptable Vitamin B12 result on the first event of 2012, it repeated the testing, recovered an acceptable result and concluded its investigation. The laboratory did not investigate its inability to recover an acceptable results when the sample was an unknown.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.01.03.01 ESC 60 days

Standard Text: The laboratory has a process for handling and testing proficiency testing samples.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

6. The laboratory's staff tests the proficiency testing samples the same number of times that they test patient samples.

Scoring Category : A
Score : Insufficient Compliance

7. The laboratory staff who performed the proficiency testing and the laboratory director or technical supervisor sign attestations documenting that proficiency testing samples were tested in the same manner as patient specimens.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
According to the laboratory's technical supervisor, samples had been run in primary and secondary mode on the Coulter AcT analyzer although the sample route was the same on the hematology surveys of 2012. A second tech reviewed the results prior to result submission. Patient results are not tested in both modes and a second tech does not review patient results prior to reporting.

EP 7
Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The analyst that performed the Ligand survey for the third event of 2011 did not sign the attestation.

Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory director or technical supervisor had not signed attestations for the 2012 proficiency tests.

Observed in Proficiency Testing at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory director or technical supervisor did not sign attestations for the Aqueous Blood gas and Blood Oximetry surveys for 2010, 2011, and 2012.

Chapter: Quality System Assessment for Nonwaived Testing
Program: Laboratory Accreditation
Standard: QSA.02.03.01
Standard Text: The laboratory performs calibration verification.
Primary Priority Focus Area: Analytic Procedures

ESC 60 days

Element(s) of Performance:

3. Calibration verification is performed every six months.
Note: Semiannual calibration verification is not required when the laboratory performs calibration at least once every six months using three or more levels of calibration materials that include a low, mid, and high value.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
Calibration verification was not performed every six months for T3 uptake which is calibrated using only one calibrator.

Observed in Hematology at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
Calibration verification of the hematology analyzers was not performed every six months. Calibration verification was documented for the Coulter AcT analyzer in September 2010 and March 2012. Calibration verification of the LH 500 was documented July 2010 and May 2012.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.02.07.01

ESC 60 days

Standard Text: The laboratory has its own quality control ranges with valid statistical measurements for each procedure.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

6. A manufacturer's control range may be used if the laboratory director determines, in writing, that the manufacturer's range is narrow enough to provide results with meaningful clinical applications.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory used assayed ranges for analytes tested on the Access analyzer and the medical director had not determined that these ranges were narrow enough to provide results with meaningful clinical applications.The laboratory had a sufficient amount of data and had calculated mean and standard deviation for each analyte but had not incorporated their statistical data into the quality control ranges for this analyzer.

Observed in Hematology at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory used manufacturer's control ranges on the Coulter LH500 and AcT analyzers and the medical director had not determined in writing that these ranges were narrow enough to provide results with meaningful clinical application. A review of the laboratory's statistically calculated parameters indicated very poor precision with standard deviations that were in excess of the manufacturer's ranges.

Observed in Blood Gas at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The blood gas laboratory used manufacturer's ranges for the Omni AVL blood gas analyzer and the laboratory director had approved the use of manufacturer's ranges.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.02.08.01 ESC 60 days

Standard Text: The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

1. The laboratory has written policies and procedures to perform correlations between analytes when the same analytes are tested using different methodologies or instruments or at different locations. (See also QSA.01.03.01, EP 3)
Note 1: This element of performance is not applicable when both of the following criteria are met:
- Testing is performed under a separate Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate.
- The tests are used for a separate patient population (for example, blood gas analysis for patients throughout the hospital versus scalp pH analysis for neonates).
Note 2: Correlations are not required for test methods classified as waived procedures.

Scoring Category : A
Score : Insufficient Compliance

2. The laboratory performs correlations at least once every six months. The correlations are documented.

Scoring Category : A
Score : Insufficient Compliance

3. The laboratory defines the tolerance limits for agreement when performing comparisons of multiple instruments or different methods of the same test or assay.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory did not have written policies and procedures for correlations between analytes when the same analytes are tested using different methodologies or instruments or at different locations.

EP 2
Observed in Chemistry at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory did not have documentation of correlations between the Beckman Coulter CX9 and DXC analyzers every six months. The most recent correlations was dated March 2011.

EP 3
Observed in Laboratory at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory had not defined tolerance limits for agreement when performing comparisons of multiple instruments or different methods of the same test or assay.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.02.12.01 ESC 45 days

Standard Text: The laboratory investigates and takes corrective action for deficiencies identified through quality control surveillance.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

4. The laboratory performs corrective action when the following situations occur:
- Quality control results do not meet the laboratory's criteria for acceptability.
- An instrument does not meet function check or performance testing requirements.
- Incidents of incorrect test results are reported.
- Patient test results are reported outside of the laboratory's reportable range of test results.
- Criteria for proper storage of reagents and specimens are not met.
- Other incidents of unsatisfactory specimen collection, testing, or reporting are identified.

The corrective action is documented. (See also QSA.02.04.01, EP 8)

Scoring Category : A
Score : Insufficient Compliance

6. For each quality control result outside acceptable limits, the laboratory takes corrective action before patient testing is resumed. (See also QSA.02.04.01, EP 8)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 4
Observed in Chemistry at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory did not perform corrective action when quality control results did not meet the laboratory's criteria for acceptability.A review of quality control results indicated many instances when controls were rerun and rerun until a control result ultimately was within control limits. Rather than take corrective action like recalibration, staff reran controls repeatedly. For example in April 2012, glucose level I was outside limits 9 times and level II was out 14 times before it was recalibrated. During May 2012 glucose level I was outside control limits once and level II was out 8 times before it was recalibrated. Patient results were reported every day even though the test required recalibration.

Observed in Urinalysis at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The day the tracer patient had a urinalysis, quality control for level 2 was unacceptable for specific gravity. No corrective actio was taken or documented. A review of the quality control for this same month indicated this had occurred on April 9, 2012 in addition to the date of the tracer patient.

EP 6
Observed in urinalysis at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory did not take corrective action before patient testing was resumed when the urinalysis controls were unacceptable for specific gravity on April 9 and April 12, 2012.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.05.09.01 ESC 45 days

Standard Text: The laboratory has policies and procedures for serologic and computer (if performed) compatibility testing of donor blood with recipient blood.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

3. Before administration of blood to a patient, the following occurs (unless the physician responsible for the recipient determines that the blood administration is needed for an emergency): Tests on recipient blood, including ABO group, Rh type, screening for unexpected antibodies, antibody identification, and a compatibility test major crossmatch between donor red cells and recipient serum.
Note: When the screen and transfusion history for detection of unexpected antibodies is negative, the antiglobulin phase of testing is optional. Testing to detect ABO incompatability (serologic or computer crossmatch) is required.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 3
Observed in Blood Bank at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory used Ortho's IgG gel card for crossmatching and did not include an immediate spin to detect ABO incompatibilites. Ortho had notified each laboratory that their IgG card did not have FDA approval to detect IgM antibodies and instructed laboratories to include an immediate spin crossmatch. A few of the techs had worked in other laboratories and were aware of this requirement but it had not been incorporated into the crossmatch procedure in this laboratory.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.05.10.01 ESC 60 days

Standard Text: The laboratory has policies and procedures for identifying donor blood and recipient blood.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. Policies and procedures for identifying donor blood and recipient blood include the following:
- The blood recipient’s full name
- An additional patient identifier (for example, a clinical record number, health care account number)
- An identification system for tracking patients whose identities are unknown (because they are unresponsive, noncommunicative, or incoherent) until the patients’ identification has been confirmed
- A protocol for labeling of donor blood and recipient blood, including securely affixing the label to the units after crossmatching and retention of the label on the units until the transfusion is completed

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Blood Bank at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
When six units of blood were issued to a tracer patient under emergent conditions, the units were not labeled with the recipient's name and second identifier

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.05.16.01 ESC 45 days

Standard Text: The laboratory safeguards the quality and integrity of platelet products it provides to its patients.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

1. The laboratory gently agitates and maintains platelet components at temperatures between 20°C and 24°C. 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Blood Bank at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The laboratory did not maintain temperature ranges (20-24 degrees Celsius) for platelet storage. During June 17, 2011 and August 26, 2011, the temperature of the room was too cold (18-19 degrees Celsius) and the laboratory allowed these platelets to be released and administered to patients. A review of temperature records indicated this had occurred on other occasions during the past.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.05.19.05 ESC 60 days

Standard Text: The transfusion service director interprets each suspected transfusion-related adverse event.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. The interpretation of the transfusion reaction workup provided by the transfusion service director is documented in the patient's clinical record. 4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
The final interpretation of the suspected transfusion reaction for the tracer patient was not included in the medical record.

Chapter: Quality System Assessment for Nonwaived Testing

Program: Laboratory Accreditation

Standard: QSA.11.02.01 ESC 60 days

Standard Text: The laboratory's coagulation testing provides accurate results.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

8. For each new lot number of thromboplastin reagent, the laboratory establishes the normal patient prothrombin time mean. 4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8
Observed in Coagulation at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for CLIA #(s) 49D0232283.
There was no documentation of the calculation of the normal patient prothrombin mean used in the INR calculation for the current lot number of Innovin. Observed but corrected on site.

Chapter: Waived Testing

Program: Laboratory Accreditation

Standard: WT.01.01.01 ESC 45 days

Standard Text: Policies and procedures for waived tests are established, current, approved, and readily available.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

7. The criteria for confirmatory testing are followed as specified in the waived testing written procedures. 3

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 7
Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
The laboratory did not follow criteria for confirmatory testing of the negative Rapid Strep test results. Each provider was allowed to determine if confirmatory testing would be performed although it was recommended by the manufacturer.

Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
The laboratory did not follow the criteria for confirmatory testing when this second tracer patient had a negative Rapid Strep test that was not confirmed by culture.

Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
The laboratory did not follow the criteria for confirmatory testing when this third tracer patient had a negative Rapid Strep test that was not confirmed by culture.

The Joint Commission
Findings

Chapter: Waived Testing

Program: Laboratory Accreditation

Standard: WT.03.01.01

ESC 45 days

Standard Text: Staff and licensed independent practitioners performing waived tests are competent.

Primary Priority Focus Area: Analytic Procedures

Element(s) of Performance:

2. Staff and licensed independent practitioners who perform waived testing have received orientation in accordance with the organization's specific services. The orientation for waived testing is documented.

Scoring Category : C
Score : Insufficient Compliance

3. Staff and licensed independent practitioners who perform waived testing have been trained for each test that they are authorized to perform. The training for each waived test is documented.

Scoring Category : C
Score : Insufficient Compliance

5. Competency for waived testing is assessed using at least two of the following methods per person per test:
- Performance of a test on a blind specimen
- Periodic observation of routine work by the supervisor or qualified designee
- Monitoring of each user's quality control performance
- Use of a written test specific to the test assessed

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
There was no documentation of orientation to waived testing for an individual who had performed patient testing.

Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
There was no documentation of orientation to waived testing for a second individual who had performed patient testing.

Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
There was no documentation of orientation to waived testing for a third individual who had performed patient testing.
There was no documentation of orientation to waived testing for any individuals that performed waived testing.

EP 3
Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
There was no documentation of training to waived testing for an individual who had performed patient testing.

Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
There was no documentation of training to waived testing for a second individual who had performed patient testing.

Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
There was no documentation of training to waived testing for a third individual who had performed patient testing.
There was no documentation of training to waived testing for any individuals who had performed patient testing.

EP 5
Observed in Laboratory at Riverside Community Medical Clinic (Riverside Drive, Saint Paul, VA) site for CLIA #(s) 49D0916568.
Competency for waived testing had not been assessed using at least two methods per person per test.

HFAP
Healthcare Facilities Accreditation Program

142 East Ontario Street, Chicago, Illinois 60611-2864 • 800-621-1773 x 8258 • 312-202-8258 • www.hfap.org

Mark T. Leonard
Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228
CCN: 491303

October 22, 2013

Dear Mr. Leonard

Enclosed are the areas of noncompliance noted in the Critical Access Hospital survey conducted at your facility on October 7-9, 2013.

Healthcare facilities are required to respond to **each** HFAP standard cited as "Not-Compliant" from the accreditation survey within 10 calendar days of the date on this letter. A full Plan of Correction, utilizing the attached **Plan of Correction Template**, must be received no later than **November 1, 2013**. Plan(s) of Correction must include detailed implementation and monitoring plans to demonstrate that the Plan(s) of Correction is/are actually planned for completion.

Please see attached **Instructions for Submitting Plans of Correction** for more detail.

HFAP requires your completed Plan(s) of Correction to be sent via email to reports@hfap.org no later than the above due date. Please do not submit your report to any other email address. Failure to submit to the correct email address may cause a delay in receipt and recognition of your submission. In the subject line, please put your **Facility Name, Facility ID# and Plan(s) of Correction.**

If you have questions regarding the above information, please contact your Account Manager, Christopher Cox at ccox@hfap.org.

Sincerely,

Beverly Robins

Beverly Robins, RN, BSN, MBA
Director of Accreditation Services, HFAP

Healthcare Facilities Accreditation Program
American Osteopathic Association (AOA)
142 E. Ontario Street
Chicago, IL 60611-2864

DEFICIENCY ASSESSMENT REPORT

FACILITY NAME & ADDRESS:		HFAP ID #: 178461
Dickenson Community Hospital 312 Hospital Dr Clintwood, VA 24228		CCN #: 491303
		FACILITY TYPE: Critical Access Hospital
CEO: Mark T. Leonard - leonardmt@msha.com		SURVEY TYPE: Reaccreditation
ACC: Juanita Rutherford, RHIT - rutherfordjc@msha.com		SURVEY DATE(S): October 7-9, 2013
TEAM CAPTAIN: McDonnell	ADMIN SURVEYOR: Nogle	NURSE SURVEYOR: Kala

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Critical Access Hospitals - **2008 manual**. The surveyor's comments are in bold.

STANDARD	SCORE	SURVEYOR COMMENTS
02.00.01 Allied Health Practitioner Categories. The governing body in consultation with the medical staff will determine which allied health practitioner (AHP) disciplines will function under each of the following categories. (These categories may vary because of state law.) All practitioners that provide medical care or conduct surgical procedures either directly or under supervision, whether employed by the hospital, a physician or other entity, or a contracted provider must be individually credentialed based on their own individual qualifications. The categories applicable to the facility will be defined in the medical staff bylaws. 1. Individuals privileged through the medical staff (permitted by the state and the organization) to practice without supervision, e.g. dentists, some nurse midwives, clinical psychologists, some nurse practitioners, podiatrists, some CRNAs, chiropractors. 2. Individuals authorized to provide medical care under supervision (direct or indirect) as: a. Employees (if an employee is allowed to function as a licensed independent practitioner	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**

(LIP) by the state and the organization, they must be privileged through the medical staff process e.g., DO/MD, DDS, PHD, DMD, some CNMs, some CRNAs, etc.) b. Contracted individuals c. Individuals employed by a physician or having an agreement with a physician (i.e., surgical assistants, LPNs, Physician Assistants, technologist / technicians, and etc.)		
02.00.02 <u>Credentialing Procedures and Scope of Practice.</u> Allied health practitioners are appointed and reappointed utilizing privilege lists or a defined scope of practice. Privileges and scopes of practice, which may be narrative or checklist, are definitive and descriptive of the activities to be provided. Any privileges which require physician supervision are identified. Determine and define if the privilege requires direct or indirect supervision.	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**
02.00.06 <u>Quality Assessment – Performance Improvement.</u> Services provided by Allied Health Practitioner staff are included in the Staff and facility Quality Assessment Performance Improvement program sufficient to determine the quality and appropriateness of the services provided and the competencies of the AHPs for re-credentialing / re-privileging activities.	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Medical Staff Coordinator, quality data was inconsistently collected for Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners had no documented evidence of participation in the QAPI. Further, this medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**
07.01.02 <u>Infection Prevention</u>. The ICO or officers must develop a system for identifying, investigating, reporting and preventing spread of infections among patients and personnel. 482.42(a)(1) 485.635(a)(3), 485.635(a)(3)(vi)	4	**This standard is not met as evidenced by:** **Based on the outpatient tour with the CNO, the following outdated supplies were found in the DMA physician office.** • **4-0 Ethilon, one box expired 1/12** • **4-0 Vicryl, one box expired 7/13** • **4-0 Prolene, one box expired 1/12** • **Iodoform packing, one bottle expired 7/13.**
12.00.03 <u>Program Scope.</u> The CAH carries out or arranges for a periodic	4	**This standard is not met as evidenced by:**

evaluation of its total program. The evaluation is done at least once a year and includes review of-- 1. The utilization of CAH services, including at least the number of patients served and the volume of services; 2. A representative sample of both active and closed clinical records; and 3. The CAH's health care policies. 485.641(a)(1)(i)(ii)(iii) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes that are needed. 485.641(a)(2) The program requires that all patient care services and other services affecting patient health and safety, are evaluated; 486.641(b)(1) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH. 485.641(b)(3) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors. 482.21(a)(1) The program must be ongoing and must demonstrate measurable improvement in health outcomes.		**Based on the review of the annual evaluation of the total program with the quality manager, the facility lacked evidence of the following required utilization process:** • **Evaluation of the quality and appropriateness of the diagnosis and treatment furnished by allied health professionals for inpatients and outpatient medical records (clinic records).**
15.06.16 <u>Discharge Systems</u> Facilities must have a discharge system in place to ensure the continuity of care of the patient post-discharge. Discharge instructions must be prepared for each	**4**	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, it was identified that discharge instructions were not transmitted to the receiving practitioner. This was evident in seven of seven (7/7) closed charts reviewed.**

patient, and communicated to the clinical caregiver accepting responsibility for post-discharge care at the time of hospital discharge. Organizations must ensure that there is confirmation of receipt of the discharge information by the independent licensed practitioner who will assume the responsibility for care after discharge. (NQF, #15, 2009)		
15.06.17 <u>Discharge Instructions & Checklist</u> The hospital must provide written discharge instructions (separate from the traditional discharge summary, and written in lay terminology) with the inclusion of the following elements: 1. Reason for hospitalization & condition at the time of discharge; 2. Education of patients & families about their diagnosis throughout the hospital stay (see Patient Education Regarding the Plan 15.06.12); 3. Medications (see Medication Reconciliation 25.02.07 & Medication and Biologicals – Drug Orders, Verbal Orders 15.00.03) 4. Types of complications which may occur & actions to take should these happen post discharge; 5. List of follow-up appointments for tests & clinical visits, with dates, times & locations; 6. Organized services to be initiated following discharge; 7. Advising the patient and family of any tests completed in the hospital with results pending at time of discharge and identifying the clinician responsible for the results; 8. List of relevant contact information (e.g., primary care providers, specialists, the pharmacy,	4	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, the following were identified:** **1. Discharge instructions were not consistently completed according to standard, as follows:** **• Three of six (3/6) closed medical records had incomplete discharge instructions documented.** **• One of six (1/6) charts had no discharge instructions documented.** **2. The facility did not provide telephone follow-up to any discharged patients.**

and home health agencies, etc.) 9. Any special instructions (e.g., activity level, diet, restrictions, etc.) 10. Assessing the patients' understanding of the discharge plan in their own words; 11. Providing telephone follow-up two to three days after discharge for those patients assessed to be at risk for adverse event post discharge.		
20.00.05 <u>Required Policies and Procedures.</u> The Emergency Services policies address, at a minimum: A. The mechanism for initial evaluation and triage of patients. (See 489.20 and 489.24 for EMTALA Standards) B. The mechanisms for providing sufficient diagnostic and stabilization services for persons whose care will be managed by transfer to another acute care facility; C. The determination of the level of service to be provided is under the direction of a physician member of the Medical Staff; D. The assessment of each patient by a Registered Nurse; E. The provision of services appropriate to the assessed needs of the patient, which results in a disposition plan; F. The mechanisms for evaluating the quality and appropriateness of emergency services provided; G. Provision of care for disasters; and H. The mechanism for management of medical emergencies in non-Emergency Department (ED) settings on the hospital main campus, unless present in a non-Emergency Services hospital policy.	**4**	**This standard is not met as evidenced by:** **Based on document review and interview with Director of Nursing, the following were noted:** • **Two of five (2/5) open Emergency Department charts lacked documentation of a Disposition Plan.** • **Five of five (5/5) open Emergency Department charts lacked documentation of Medication Reconciliation.**

25.01.16 Home Medications. The Professional Medical Staff, via Policy and / or Rules and Regulations, establishes standards regarding the use of medications brought into the facility by patients.	4	**This standard is not met as evidenced by:** **Based on policy review, this facility does not allow patients to bring medications from home and self-administer.** **Based on review of closed medical records, it was determined that the facility was not compliant with its own policy regarding administration of home medications. In one (1) closed record reviewed, the physician ordered that the patient could administer her own Cymbalta prescription. The medication was left at the bedside and was self-administered by the patient, which was inconsistent with hospital policy.**
25.01.22 Sample Drugs. The use of "sample" drugs, if permitted, is controlled by the pharmacy director and is in conformance with federal and state laws.	4	**This standard is not met as evidenced by:** **Based on the tour of the outpatient clinic, the sample drug dispensing process was reviewed. It was found that sample drugs were not labeled with patient name, lot number, prescriber's name, and dose when dispensed. This finding was based on discussion with the facility staff regarding the process for dispensing sample drugs.**
25.02.07 Medication Reconciliation. The organization has a formal and systematic approach to the reconciliation of medications across the continuum of care. A process is in place to reconcile current medications at each key transitional point of healthcare, specifically: 1. Upon admission, prepare a complete list of pre-admission medications the patient takes at home. 2. The patient or family member validates the list, when possible. 3. Admission orders are compared against the pre-admission medication list; any variances are reconciled. 4. The complete list of current medications is readily available to prescribers as a reference when writing medication orders. 5. The complete list of medications is provided to	4	**This standard is not met as evidenced by:** **Based on review of open and closed medical records with the CNO, it was identified that medication reconciliation was not done or was incomplete in twelve of twelve (12/12) records reviewed, as follows:** • **Five of twelve (5/12) were Emergency Department records** • **Seven of twelve (7/12) records were inpatient admissions.**

the next unit, service, or care setting when the patient is transferred and discharged. 6. The complete list of medications is given to the patient upon discharge. (Approved December 10, 2006; effective June 1, 2007)		

COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

Cynthia C. Romero, MD, F.A.A.F.P.
State Health Commissioner

TYY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

February 25, 2013

Administrator
Norton Community Hospital Home Health
716 Spring Avenue
Wise, Virginia 24293

RE: Norton Community Hospital Home Health - Wise, VA
Recertification Survey
Provider Number 49-7068

Dear Administrator:

An unannounced, Recertification survey ending February 22, 2013 was conducted at your agency by staff from the Virginia Department of Health's Office of Licensure and Certification (the State Survey Agency) to determine if your agency was in compliance with Federal Home Health Agency participation requirements for the Medicare and/or Medicaid programs.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Survey Results

This survey determined your facility in substantial compliance with the participation requirements, in that no deficiencies were cited with the Health requirements. **The facility must maintain compliance with the Health requirements in order to continue provider certification.**

If you have any questions concerning this letter, please contact me at (804) 367-2104.

Sincerely,

Frederick W. Kyle

Frederick W. Kyle, Director
Division of Acute Care Services

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	497068		02/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL HOME HEALTH	716 SPRING AVENUE WISE, VA 24293

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000	INITIAL COMMENTS An unannounced Medicare/Medicaid HOME HEALTH AGENCY recertification survey was conducted by one (1) medical facilities inspector with the Virginia Department of Health, at the above captioned agency from 2/19/13 through 2/22/13. The agency had 494 unduplicated skilled admissions in the last year. In conjunction with the survey: - six (6) home visits were conducted, and - twelve (12) clinical records, an Admission packet, and the agency's complaint logs were reviewed. Interviews were conducted with: The Agency Administrator, Three (3) Registered Nurses, One (1) Home Health Aide, One (1) Physical Therapist, One (1) Licensed Physical Therapy Assistant, and One (1) Certified Occupational Therapy Assistant. The survey was Standard in scope. No deficiencies were identified. Norton Community Hospital Home Health is in compliance with 42 CFR 484: the Medicare Conditions of Participation for Home Health Agencies.	G 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

The Joint Commission

Smyth County Community Hospital
245 Medical Park Drive
Marion, VA 24354

Organization Identification Number: 3795

Program(s)	**Survey Date(s)**
Hospital Accreditation Home Care Accreditation	04/03/2013-04/04/2013

Executive Summary

Hospital Accreditation :	As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report. You will have follow-up in the area(s) indicated below: • Evidence of Standards Compliance (ESC)
Home Care Accreditation :	As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP6
	PC.01.03.01	EP1
	PC.02.01.03	EP7
	PC.02.02.03	EP11

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.01.01	EP5
	EC.02.03.05	EP13
	HR.01.02.05	EP1
	LS.02.01.30	EP2
	RC.01.01.01	EP19

CoP: §482.11 **Tag:** A-0020 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.11 Condition of Participation: Compliance with Federal, State and Local Laws

CoP Standard	Tag	Corresponds to	Deficiency
§482.11(c)	A-0023	HAP - HR.01.02.05/EP1	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP1	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.01.01/EP5	Standard
§482.41(b)(1)(i)	A-0710	HAP - EC.02.03.05/EP13, LS.02.01.30/EP2	Standard

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CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP6

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.01.01 ESC 60 days

Standard Text: The hospital manages safety and security risks.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. The hospital maintains all grounds and equipment. 4

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 5
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
Outside at the loading dock - The operator key for trash compactor # 1 had been left in the key switch. This could allow anyone to operate the trash compactor.

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
Outside at the loading dock - The operator key for trash compactor # 2 had been left in the key switch. This could allow anyone to operate the trash compactor.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05 ESC 60 days

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

13. Every 6 months, the hospital inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented.
Note 1: Discharge of the fire-extinguishing systems is not required.
Note 2: For additional guidance on performing inspections, see NFPA 96, 1998 edition.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 13
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
The hospital has a kitchen hood extinguishment system in the Rehab. Unit kitchen. The hospital has not inspected the extinguishment system in the last 12 months

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Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.05.01 ESC 45 days
Standard Text: The hospital manages risks associated with its utility systems.
Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Standard is NOT MET as evidenced by:
Observed in Document Review at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
The hospital had testing of the air flow in the Central Sterile area conducted on 2/18/13. The report stated that the air flow was found to be negative, flowing into the clean area from the corridor. (The air flow should be positive, flowing from the clean area into the corridor.) As of the date of this survey 4/3/13 the hospital has not corrected this problem and has not issued a work order or purchase order for repairs.

Chapter: Human Resources
Program: Hospital Accreditation
Standard: HR.01.02.05
Standard Text: The hospital verifies staff qualifications.
Primary Priority Focus Area: Credentialed Practitioners

ESC 60 days

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)
Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.11(c) - (A-0023) - (c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.
This Standard is NOT MET as evidenced by:
Observed in HR File Review at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the HR file review it was noted that a RN had a license that expired on 1/31/2012 and the Primary Source Verification was not done until 2/1/2012.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30 ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

2. All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:
Boiler/fuel-fired heater rooms
- Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New boiler/fuel-fired heater rooms have sprinkler systems and have 1 -hour fire-rated walls and 3/4-hour fire-rated doors.
Central/bulk laundries larger than 100 square feet
- Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)
- Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
- New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
Laboratories (See NFPA 45-1996 to determine if a laboratory is a 'severe hazard' area)
- Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)
- New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)
Maintenance repair shops
- Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.
- New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)
- Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Paint shops that are not severe hazard areas

- Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Soiled linen rooms

- Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Storage rooms

- Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Trash collection rooms

- Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 2
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In the kitchen - the door to the non-food storage room was not self closing and latching when tested.

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In the kitchen - the door to the dry goods storage room was not self closing and latching when tested.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

ESC 45 days

Standard Text: The hospital plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)

3

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 1
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
The nursing care plan did not address hypotension for which there was a very important order for normal saline bolus of 500 cc to be given every three hours as needed. The order appears to never have been followed and the plan of care never addressed the underlying problem of hypotension.

Observed in Tracer Activities at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
A patient in the ICU was assessed as a fall risk and interventions were taken. This problem was not addressed on the plan of care which would need updating on transfer to a different level of care.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03 ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s). 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site. On transfer from the Emergency Department to the PCU, the admitting physician ordered a patient to receive 500 cc of normal saline intravenously to be given over thirty minutes for a mean arterial pressure below 60 every three hours as needed . There is no documented evidence of mean arterial pressures being done, thus no bolus given in the PCU. On transfer to the regular floor, the order was continued by the physician. While the order could not reasonably have been followed on a regular floor, no one contacted the physician to have it discontinued, nor did anyone attempt to follow what was still an active order. It was discovered that mean arterial pressures could not be documented on the electronic medical record in the PCU.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.02.03 ESC 45 days

Standard Text: The hospital makes food and nutrition products available to its patients.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

11. The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security. 3

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 11
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
It was noted in the Short Stay Unit's refrigerator that 2 nutritional supplies had an expiration date of March 2013. It was removed at the time of discovery.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
Observed in the Short Stay Unit's refrigerator 2 nutritional supplies dated February 2013. It was removed at the time of discovery.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.01.01

ESC 60 days

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
On a physician's order sheet from 4/2/13 the RN signature had no date or time.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
Two different progress notes were dated but not timed by the physician.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413

Northeast Division of Survey & Certification

October 8, 2014

Mr. Mark Leonard, Administrator
Dickenson Community Hospital
312 Hospital Drive
Clintwood, VA 24228

Dear Mr. Leonard:

Re: CMS Certification Number: 491303

Section 1865 of the Social Security Act and implementing regulations permit a hospital accredited by the American Osteopathic Association/Healthcare Facilities Accreditation Program, (AOA/HFAP), or the applicable Accrediting Organization to be deemed to meet the Medicare Conditions of Participation. 42 U.S.C. § 1395bb; 42 C.F.R. §§ 488.5, 488.6. Section 1864 of the above Act and the implementing regulation authorize the Secretary of Health & Human Services to conduct, on a selective sampling basis or in response to substantial allegations of non-compliance, surveys of accredited hospitals participating in Medicare as a means of validating the accreditation survey process. 42 U.S.C. § 1395aa; 42 CFR §488.7(a). If, in the course of such a survey, a hospital is found not to meet one or more of the Medicare Conditions of Participation, the hospital will no longer be deemed to meet any Medicare Conditions of Participation. 42 U.S.C. § 1395bb (c); 42 C.F.R. § 488.7(d). Also, we are required to place the hospital under Medicare State agency survey jurisdiction until it is in compliance with all Medicare Conditions of Participation. Id.

As you are aware, the State of Virginia Office of Licensure and Certification conducted a complaint investigation survey of your hospital on August 20, 2014. The State agency's findings are explained in the enclosed Form CMS-2567 (Statement of Deficiencies). CMS concurs with these findings and, as a result, has determined that Dickenson Community Hospital is not in compliance with the following Medicare Conditions of Participation:

42 CFR §485.638 - CLINICAL RECORDS

These deficiencies have been determined to be of such character as to substantially limit the hospital's capacity to furnish adequate care and/or as to adversely affect the health and safety of patients.

In accordance with the federal regulation at 42 C.F.R. § 488.7(d), we have determined that Dickenson Community Hospital is no longer deemed to meet the Medicare Conditions of Participation and will be subject to the federal requirements applied to unaccredited hospitals. Consequently, we have further determined that Dickenson Community Hospital is now under the jurisdiction of State of Virginia Office of Licensure and Certification.

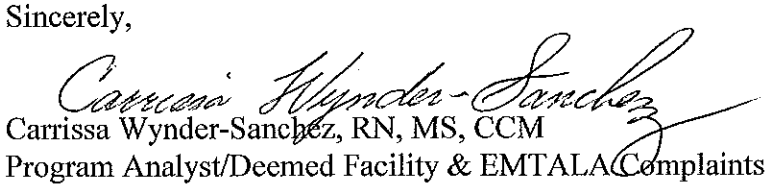
We will complete the administrative steps to terminate your Medicare agreement by November 24, 2014 if compliance has not been achieved and verified prior to that date. To forestall termination of your facility's Medicare provider agreement, the identified deficiencies must be corrected, the hospital must be in compliance with the Conditions of Participation, and this must be accomplished no later than November 24, 2014.

Please prepare a plan of correction (POC) for the cited deficiencies, and send it to the State of Virginia Office of Licensure and Certification at 9960 Maryland Drive, Suite 401, Perimeter Center, Richmond, VA 23233 within 10 days of your receipt of this letter. Your POC can be considered an allegation of compliance. If we do not receive a timely and acceptable POC, CMS will proceed directly with termination of your facility's Medicare provider agreement on November 24, 2014 by issuing a notice of termination and advising you of your appeal rights. Should you take the necessary steps to correct the deficiencies cited and make a credible allegation of compliance, a revisit survey will be conducted to verify that corrective action has been effectively implemented and that Dickenson Community Hospital has achieved compliance with the Medicare Conditions of Participation identified above. If continued non-compliance with the Conditions of Participation is found, we will give you notice of termination and advise you of your appeal rights. We will also arrange at that time to publish a notice in the local paper to advise the public of the termination.

If, as a result of the revisit survey, CMS determines that Dickenson Community Hospital has achieved compliance with the Medicare Conditions of Participation identified above, your Medicare agreement would not be terminated, the termination action would be rescinded, and Dickenson Community Hospital's status as a provider deemed to meet the Medicare Conditions of Participation would be restored. However, if, as a result of the revisit survey, CMS determines that Dickenson Community Hospital has not achieved compliance with the Medicare Conditions of Participation identified above, CMS would follow the timeframes and procedures outlined in the enclosed manual provisions at § 5110.3(a), Chapter 5, "Complaint Procedures" of the State Operations Manual.

Please note that, if you do not take corrective action as here indicated, and your agreement to participate in the Medicare program is terminated, Dickenson Community Hospital will not be readmitted to the program unless you can demonstrate to CMS that the reason for termination has been removed and there is a reasonable assurance that it will not recur. If you have any questions about this action, please contact me at 215-861-4514 or by email at carrissa.sanchez@cms.hhs.gov.

Sincerely,



Carrissa Wynder-Sanchez, RN, MS, CCM
Program Analyst/Deemed Facility & EMTALA Complaints
Certification and Enforcement Branch

Enclosure – CMS-2567
§ 5110.3(a), Chapter 5, "Complaint Procedures" of the State Operations Manual

cc: State of Virginia Office of Licensure and Certification
American Osteopathic Association/Healthcare Facilities Accreditation Program, (AOA/HFAP)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	491303		C 08/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENSON COMMUNITY HOSPITAL	312 HOSPITAL DRIVE CLINTWOOD, VA 24228

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated/complaint survey was conducted 08/18/14 through 08/20/14 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health. In addition to the complaint, the survey included the review of 42 CFR 485.608 (Compliance with Federal, State and Local Laws and Regulations), 42 CFR 485.616 (Agreements), 42 CFR 485.618 (Emergency Services), 42 CFR 485.623 (Physical Plant and Environment), 42 CFR 485.627 (Organizational Structure), 42 CFR 485.635 (Organizational Structure), and 42 CFR 485.635 (Provision of Services), and 42 CFR 485.638 (Clinical Records). The facility was not compliance with the applicable parts of 42 CFR Part 485 Subpart F: Conditions of Participation for Critical Access Hospitals (Rev. 01-31-14). CONDITION and standard level citations were identified in 42 CFR 485.638 - Clinical Records. Complaint #VA00029335 was investigated and found to be substantiated. Deficient practice is cited within this report.	C 000		
C 300	485.638 CLINICAL RECORDS Clinical Records This CONDITION is not met as evidenced by: Based on the systematic nature of the standard level deficient practices related to the implementation of policies and procedures and	C 300		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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C 300	Continued From page 1 auditing practices regarding Clinical Record Requirements as cited in: 485.638 (a) (3) ---- 0303 485.638 (a) (4) (i) -- 0304 485-638 (a) (4) (iii)--0306 485.638 (a) (4) (iv)--0307 Deficient practice was found in 22 of 27 clinical records reviewed. A review of the Medical Staff Bylaws revealed the following: 5E. Performance Improvement: (1) (q) " Accurate, timely, and legible completion of medical records. "	C 300		
C 303	485.638(a)(3) RECORDS SYSTEMS A designated member of the professional staff is responsible for maintaining the records and for ensuring that they are completely and accurately documented, readily accessible, and systematically organized. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure complete and accurate clinical records were maintained for 22 of 27 patient records reviewed. The findings include: During the survey, the team reviewed 27 patient records. Of the 27 records, 22 had missing or incomplete documentation. Patient #'s 1, 2, 3, 4, 6, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, and 27. In an interview with Staff # 7 on 8/19/14, the	C 303		

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C 303	Continued From page 2 survey team discussed the patient records and incomplete documentation. Staff #7 stated he/she would "talk" to the doctors and "remind" them they needed to complete their records. Staff #7 also stated ""We are developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..." On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the clinical record findings with the facility Administrative staff. The survey team reviewed the 'Emergency Medical Treatment and Patient Transfer' Policy and Procedure (P&P), related to discharge and transfer documentation. The policy had a creation date of 7/1/99 with the most recent review and effective date of 11/1/13. The policy and preocedure included a component related to chart reviews for emergency department patients who were transferred. 1. Each hospital shall periodically review its transfers to identify opportunities for improvements. The review shall include, but not be limited to, a determination of whether the following requirements for transfer are being satisfied: a. Documentation reflects patient's condition on transfer (refer to Transfer Authorization Form for stable/unstable). b. The physician has signed a certification stating that based on the assessed needs of the patient at the time of transfer, the medial benefits reasonably outweigh the increased risks to the patient... c. The receiving facility has available space and qualified personnel and has agreed to accept the	C 303		

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C 303	Continued From page 3 patient (refer to Transfer Authorization Form). d. Documentation reflects all medical records related to the emergency condition are sent to the receiving facility (refer to Transfer Authorization Form). e. The transfer is affected through qualified personnel and transportation equipment (refer to Transfer Authorization Form). f. Results of the reviews shall be reported to the Medical Staff and to the Administration.	C 303		
C 304	485.638(a)(4)(i) RECORDS SYSTEMS For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient; This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure the disposition at discharge was documented for 9 of 27 patients of the survey sample (Patient #'s 2, 6, 15, 16, 18, 19, 21, 22 and 27), and for 4 (four) of 27, (Patient #'s 4, 9, 10 and 16) the facility staff failed to ensure the transfer record was completed. The facility also failed to ensure the "Patient Rights and Responsibilities" document (containing how and where to file a grievance or complaint and a listing of the Patients Rights) and "Policy on	C 304		

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C 304	Continued From page 4 Advance Directives" was signed by the patient acknowledging receipt of this information. Upon discharge, the physician documentation of disposition, was not documented or was unclear in the clinical record for Patient #'s 2, 6, 15 16, 18, 19, 21, 22 and 27. The transfer record was not completed for Patient #4, 9, 10 and 16. "Patient Rights and Responsibilities" and "Policy on Medical Advance Directives" document was not signed for Patient #'s 6, 13, 17, and 25. The findings included: (A) Review of the clinical records for Patient #'s 2, 6, 16, 18, 21, and 27 revealed no disposition documentation on the emergency room record by the physician. On the second page (Page 2) of the emergency room document was an area designated for the physician to document "Disposition: Disposition Decision Time" and "Discharge" with choices for the physician to circle as to the disposition of the patient (ex: home, work, Nursing Home, Deceased, AMA). For the Patient charts listed above, there was no documentation by the physician of the patient's disposition at discharge. Review of the clinical records for Patient 4, 9, and 16 revealed the patients were transferred to another facility for a higher level of care or speciality service. Patient #4 had a "Transfer Authorization Form" which, on page 2, failed to document" "VI: Patient Consent to Transfer- (check one) I hereby Consent to Transfer...I hereby refuse to be transferred...I hereby request transfer..." None were checked. Also the document was signed in the area for "responsible person" however there was no indication who the "Responsible Person" was in relation to Patient #4. At the bottom of the form, there was no documentation as to what additional records were	C 304		

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C 304	Continued From page 5 sent with the patient (VII: Accompanying Documentation) and the date and time of transfer were not documented. For Patient # 16 the "Transfer Authorization Form" did not document "IV. Mode/Support/Treatment During Transport". For Patient #16, the "Transfer Authorization Form" did not document: "III. Risks and Benefits of Transfer", or "VIII. Accompanying Documentation". Further review of the clinical records revealed "Patient Rights and Responsibilities" and "Policy on Medical Advance Directives" document was not signed for Patient #'s 6, 13, 17, and 25. The document contained a signature area on the second page which had a computer printed date and time but no patient signature. (B) Review of the clinical record for Patient #10 revealed that on page 1 of 1 of the Medical screening Exam under the heading "DISPOSITION:" there was no documentation as to where Patient #10 was discharged. However, further reviewed revealed Patient # 10 had documentation that the patient was transferred to another facility. Patient # 10's record lacked a transfer record. The clinical record for Patient 15 revealed that on page 2 of the physician's physical assessment, under the heading "DISPOSITION: Disposition Decision Time" there was no documentation of the time, where the patient was discharged, whether the patient was transferred, what condition the patient was in at the time of discharge, or with whom the discharge was discussed with at the time of discharge. Review of the clinical record for Patient # 19 revealed that on the second page of the physician's assessment emergency room record under the heading "DISPOSITION: Disposition	C 304		

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C 304	Continued From page 6 Decision Time" there was documentation by the physician that Patient # 19 was discharged home and also that a transfer form was completed. Subsequent documentation in Patient # 19's record was a physician order sheet dated 7/24/2014 with an order to "transfer to "another facility" DQ drug O.D./Tylenol O.D. "name of accepting MD" notify resident on call on arrival". The record also included a transfer form dated 7/24/2014 which named the receiving facility and name and title of hospital personnel accepting transfer of Patient # 22. The clinical record for Patient # 22 had documentation on the physical examination by the physician that Patient # 22 was to be "discharged to behavioral health" for acceptance in another facility. There was documentation by the emergency room nurse in the Clinical Notes Report that "Behavioral Health "staff" has been here and advised the patient was going voluntarily to "a facility" to be admitted there. He/she "is being discharged to his/her family". Patient # 22's record lacked a transfer order, and based on documentation in the record, it was unclear as to where the patient was discharged. On 8/19/14 at 12:50 p.m., the surveyors discussed the findings with Staff # 7. Staff #7 stated that when the audits are done of the medical records the physicians are reminded to sign and complete their charts. "We are developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..." On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the findings with the facility Administrative staff. The survey team reviewed the 'Emergency Medical Treatment and Patient Transfer' Policy	C 304		

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C 304	Continued From page 7 and Procedure (P&P), related to discharge and transfer documentation. The policy had a creation date of 7/1/99 with the most recent review and effective date of 11/1/13. The procedure included the following, in part, "The physician must also complete, or confirm the information contained in, the physician-required sections of the Transfer Authorization Form". Prior to transfer, the RN (registered nurse), Case Manager, or Social Worker must confirm positive acceptance by the receiving facility, including bed availability and qualified staff awaiting patient ' s arrival. The date and time of confirmation must be documented in the Transfer Form. In order to verify and document appropriate transfer the following forms must be completed and the following records must be kept (unless noted to be inapplicable to the patient, as described in the P&P: Transfer Authorization Form; Pertinent Medical Information; Physician Order; Emergency Commitment Form; Certificate of Medical Necessity for Ambulance Transportation.	C 304		
C 306	485.638(a)(4)(iii) RECORDS SYSTEMS [For each patient receiving health care services, the CAH maintains a record that includes, as applicable-] all orders of doctors of medicine or osteopathy or other practitioners, reports of treatments and medications, nursing notes and documentation of complications, and other pertinent information necessary to monitor the patient's progress, such as temperature graphics and progress notes describing the patient's response to treatments; [and]	C 306		

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C 306	Continued From page 8 This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure all treatment orders were documented in the clinical records for 7 (seven) of 27 patient records in the survey sample (Patient #'s 2, 6, 8, 17, 20, 22 and 23). Patient #'s 2, 6, 8, 17, 20, 22 and 23 were evaluated by Behavioral Health in the Emergency Department. There was no order from the physician on the clinical record for the Behavioral Health Evaluation. The findings included: (A) Patient #'s 2, 6, 17, 20, and 23 clinical records were reviewed and revealed each of the patients were seen in the emergency department by personnel from Behavioral Health for a mental health screening. The surveyors were unable to locate in the clinical record an order from the physician for the mental health consult/evaluation. According to Staff # 9 on 8/19/14 at 2:00 p.m., any physician's orders were located on the electronic print out in the patient's record. The surveyors were unable to locate any consult/evaluation orders on the electronic print out for the Behavioral Health. (B) Patient #'s 8 and 22 were evaluated by Behavioral Health in the emergency Department. There was no order from the physician on the clinical record for the Behavioral Health Evaluation.	C 306		

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C 306	Continued From page 9	C 306		
	On 8/19/14 at 12:50 p.m., the surveyors discussed the findings with Staff # 7. Staff #7 stated that when medical record audits are done, the physicians are reminded to sign and complete their charts. "We are developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..."			
	On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the findings with the facility Administrative staff.			
C 307	485.638(a)(4)(iv) RECORDS SYSTEMS	C 307		
	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-]			
	dated signatures of the doctor of medicine or osteopathy or other health care professional.			
	This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure clinical records contained complete documentation of dates and times of orders and disposition of the patient for 15 of 27 charts reviewed. Patient #'s 1, 3, 4, 8, 9,10, 11, 13, 16, 17, 18, 19, 21, 22 and 27.			
	Patient # 3, 4, 8, 10, 11, 13, 16, 18, 19, 22 and 27 did not have the time of disposition decision documented by the physician on the clinical record.			

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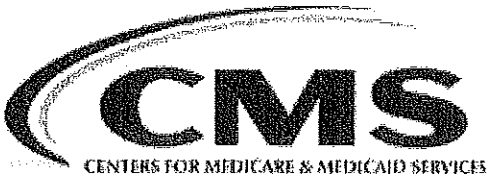
C 307	Continued From page 11 Time" there was no documentation of the time of the disposition decision. Review of the clinical records for Patients # 1, 10, revealed no documentation of the time of disposition on page 1 of 1 on the Medical Screening Exam under the heading "DISPOSITION: Disposition Decision Time". For Patient # 8, on the second page of the physician's physical assessment emergency room record, at the bottom left of the document was an area for the physician's signature and a box containing "Disposition time and Disposition Date". There was no documentation of the date of disposition for Patient # 8. Review of the clinical record for Patient #10 revealed that on page 1 of 1 of the Medical screening Exam under the heading "DISPOSITION:" there was no documentation as to the time that Patient #10 was discharged. Review of the clinical record for Patient # 19 revealed that on the second page of the physician's assessment emergency room record under the heading "DISPOSITION: Disposition Decision Time" there was documentation by the physician that Patient # 19 was discharged home and also that a transfer form was completed. Documentation in Patient # 19's record was that he/she was transferred from the emergency room to another hospital. On 8/19/14 at 12:50 p.m., the surveyors discussed the findings with Staff # 7. Staff #7 stated that when the audits are done of the medical records, the physicians are reminded to sign and complete their charts. "We are	C 307		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	491303		C 08/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENSON COMMUNITY HOSPITAL	312 HOSPITAL DRIVE CLINTWOOD, VA 24228

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 307	Continued From page 12 developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..." On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the findings with the facility Administrative staff.	C 307		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Division of Survey & Certification

May 20, 2014

Mr. Mark Leonard, Administrator
Norton Community Hospital
100 15th St Nw
Norton, VA 24273

CMS Certification Number: 490001

Dear Mr. Leonard:

I am pleased to inform you that as a result of the complaint validation survey conducted by the state survey agency State of Virginia Office of Licensure and Certification surveyors on May 6, 2014 through May 8, 2014, Norton Community Hospital was found in compliance with the Medicare conditions of participation and will continue to be "deemed" to meet applicable Medicare conditions based upon accreditation by the Joint Commission.

We are enclosing a copy of the statement of the deficiencies cited as a result of that survey. The deficiency list (CMS form 2567) is a document available to the public upon request. As your facility was found to be in substantial compliance with the Medicare Conditions of Participation for Hospitals, you are not required to submit a plan of correction for those deficiencies to our office for review. However, you may wish to file a plan of correction for those deficiencies with this office, with a copy to the State of Virginia Office of Licensure and Certification at 9960 Maryland Drive, Suite 401, Perimeter Center, Richmond, VA 23233, so that your corrective action plan is a part of the public record. If the statement of deficiencies is requested by a member of the public, your plan of correction would then be included as part of the CMS-2567.

If you have questions regarding this notice, please feel free to contact me at (215)861-4514. Thank you for your cooperation throughout the survey process. We look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

Carrissa Wynder-Sanchez, RN, MS, CCM
Program Analyst
Certification and Enforcement Branch

cc: American Osteopathic Association/Healthcare Facilities Accreditation Program, (AOA/HFAP)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	490001		C 05/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL	100 15TH ST NW NORTON, VA 24273

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Complaint survey was conducted May 6, 2014 through May 8, 2014 by three Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health. In addition to the complaint, the investigation surveyed: 42 CFR 482.11 (Compliance with Laws), 42 CFR 482.13 (Patient's Rights), 42 CFR 482.21 (Quality Assurance), 42 CFR 482.23 (Nursing Services) and, 42 CFR 482.42 (Infection Control). The Regulations and Interpretive Guidelines for Hospitals (Rev. 105, 03-21-14) were used to determine compliance. Complaint #VA00028350 was investigated and substantiated with deficiencies cited that were unrelated to the complaint.	A 000		
A 166	482.13(e)(4)(i) PATIENT RIGHTS: RESTRAINT OR SECLUSION The use of restraint or seclusion must be-- (i) in accordance with a written modification to the patient's plan of care. This STANDARD is not met as evidenced by: Based on interviews and record reviews, it was determined that the facility staff failed to modify the plans of care when restraints were added for 2 of 3 sampled patients who required restraint use while patients at the facility (Patient #7 and Patient #8). The findings include:	A 166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	490001		C 05/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL	100 15TH ST NW NORTON, VA 24273

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 166	Continued From page 1 The facility staff failed to modify Patient #7's and Patient #8's plans of care to address the addition of restraint use. Patient #7's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #7's clinical record revealed a physician order for restraints dated 4/28/14 at 4:20 a.m. Nursing documentation indicated that the restraints were applied on 4/28/14 at 4:20 a.m. and discontinued on 4/28/14 at 4:41 p.m. The facility's QSM #1 and the surveyor were unable to find modifications to Patient #7's plan of care addressing the use of restraints. Patient #8's clinical record was reviewed electronically with a facility quality staff member on 5/8/14. Review of Patient #8's clinical record revealed a physician order for restraints dated 1/31/14 at 12:20 p.m. Nursing documentation indicated that the restraints were applied on 1/31/14 at 12:30 p.m. The QSM #1 and the surveyor were unable to find modifications to Patient #8's plan of care addressing the use of restraints. During a survey team meeting, on 5/8/14 at 3:00 p.m., with the facility's Chief Executive Officer, Chief Nursing Officer, Corporate Director, and QSM #1, the failure of the facility staff to modify the plans of care to address the use of restraints for Patient #7 and Patient #8 was discussed for a final time; no additional information related to this issue was provided to the survey team.	A 166		
A 174	482.13(e)(9) PATIENT RIGHTS: RESTRAINT OR SECLUSION	A 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	490001		C 05/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL	100 15TH ST NW NORTON, VA 24273

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A 174	Continued From page 2 Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. This STANDARD is not met as evidenced by: Based on interviews and record reviews, it was determined that the facility staff failed to document when restraints were discontinued for 1 of 2 sampled patients who had restraints discontinued while a patient at the facility (Patient #8). The findings include: The facility staff failed to document the discontinuation of restraints for Patient #8. Patient #8's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #8's clinical record revealed a physician order for restraints dated 1/31/14 at 12:20 p.m. Nursing documentation indicated that the restraints were applied on 1/31/14 at 12:30 p.m. The last documentation found related to restraint use for Patient #8 was dated 2/1/14 at 6:00 p.m., this documentation indicated that two-point restraints continued to be in use. The QSM #1 and the surveyor were unable to find documentation to indicate when the restraints were discontinued for Patient #8. Review of a facility policy entitled, 'Restraint and/or Seclusion: Care of the Patient/Application and Use of - Virginia Hospitals (No Behavioral Health Service)' revealed the following information under the heading 'Monitoring and Assessment of Continued Need for Restraint or	A 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 174	Continued From page 3 Seclusion (Non Violent/Violent)': "Document duration of restraint or seclusion use and behavior upon release of restraint or seclusion in the patient's medical record." During a survey team meeting, on 5/8/14 at 3:00 p.m., with the facility's Chief Executive Officer, Chief Nursing Officer, Corporate Director, and QSM #1, the failure of the facility staff to document when and if restrains were discontinued for Patient #8 was discussed for a final time; no additional information related to this issue was provided to the survey team.	A 174		
A 175	482.13(e)(10) PATIENT RIGHTS: RESTRAINT OR SECLUSION The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy. This STANDARD is not met as evidenced by: Based on interviews and record reviews, it was determined that the facility staff failed to following the facility's policy and procedure related to the monitoring of 3 of 3 sampled patients who had required restraint use while patients at the facility (Patient #7, Patient #8, and Patient #9). The findings include: The facility staff failed to monitor Patient #7, Patient #8, and Patient #9 according to the facility's policy and procedure guiding the care of a patient in restraints.	A 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 175	Continued From page 4 Review of a facility policy entitled, 'Restraint and/or Seclusion: Care of the Patient/Application and Use of - Virginia Hospitals (No Behavioral Health Service)' revealed the following information under the heading 'Monitoring and Assessment of Continued Need for Restraint or Seclusion (Non Violent/Violent)': - "At intervals no greater than fifteen (15) minutes, team members who perform safety checks must document visual observations of behavior regarding continued need for seclusion or restraint, observations of respiration, untoward effects of violent restraints and signs of distress." - "At intervals no greater than one (1) hour, all restrained patient [sic] must be allowed the opportunity to toilet and offered fluids." Patient #7's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #7's clinical record revealed a physician order for restraints dated 4/28/14 at 4:20 a.m. Nursing documentation indicated that the restraints were applied on 4/28/14 at 4:20 a.m. and discontinued on 4/28/14 at 4:41 p.m. The QSM #1 and the surveyor were unable to find documented evidence of the fifteen minute safety checks as required by the facility's policy and procedure and were unable to find documented evidence of the hourly offering of fluids and the opportunity to toilet. Patient #7's clinical record did reveal restraint monitoring documentation approximately every two hours. Patient #8's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #8's clinical record revealed a physician order for restraints dated 1/31/14 at 12:20 p.m. Nursing	A 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 175	Continued From page 5 documentation indicated that the restraints were applied on 1/31/14 at 12:30 p.m. The QSM #1 and the surveyor were unable to find documented evidence of the fifteen minute safety checks as required by the facility's policy and procedure and were unable to find documented evidence of the hourly offering for the opportunity to toilet. (Patient #8 would not have been offered fluids hourly due to being restricted from oral intake related to a medical condition.) Patient #9's clinical record was reviewed electronically with QSM #1 on 5/8/14. Review of Patient #9's clinical record revealed the following order dated 11/8/13 at 1:35 p.m.: "Soft restraints for medical therapy while intubated." Patient #9's nursing documentation dated 11/8/13 at 1:45 p.m. stated: 'Restraints applied per (Doctor's name omitted) orders..." The QSM #1 and the surveyor was unable to find documented evidence of the fifteen minute safety checks as required by the facility's policy and procedure. (The patient's condition (i.e., intubated and unresponsive) would have limited the ability for the facility's staff to offer fluids and offer an opportunity to toilet.) (Intubated means the patient had a tube placed into his or her trachea (airway) to assist with breathing.) During a survey team meeting, on 5/8/14 at 3:00 p.m., with the facility's Chief Executive Officer, Chief Nursing Officer, Corporate Director, and QSM #1, the failure of the facility staff to monitor Patient #7, Patient #8, and Patient #9 due to restraint use was discussed for a final time; no additional information related to this issue was provided to the survey team.	A 175		

The Joint Commission

Russell County Medical Center
58 Carroll Street
Lebanon, VA 24266

Organization Identification Number: 6346

Program(s)	**Survey Date(s)**
Hospital Accreditation	06/16/2014-06/17/2014

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), you have met the criteria for Accreditation with Follow-up Survey.

You will have follow-up in the area(s) indicated below:

- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.
- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP6,EP8
	IC.02.02.01	EP2,EP4
	PC.01.03.01	EP1
	PC.02.01.03	EP1
	PC.03.01.03	EP1

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.02.01	EP5
	EC.02.03.05	EP12,EP25
	EC.02.06.01	EP1,EP13
	LD.01.03.01	EP2
	LS.02.01.10	EP3,EP5
	LS.02.01.20	EP32
	LS.02.01.30	EP18
	MS.06.01.03	EP6
	PC.03.05.15	EP1

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(e)(16)(i)	A-0184	HAP - PC.03.05.15/EP1	Standard
§482.13(e)(16)(v)	A-0188	HAP - PC.03.05.15/EP1	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP1	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Condition

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.06.01/EP1	Standard
§482.41(b)(1)(i)	A-0710	HAP - EC.02.03.05/EP12, EP25, LS.02.01.10/EP3, EP5, LS.02.01.20/EP32, LS.02.01.30/EP18	Standard
§482.41(a)	A-0701	HAP - EC.02.06.01/EP13	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Condition

Corresponds to: HAP - EC.02.05.01/EP6

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2, EP4	Standard

CoP: §482.52 **Tag:** A-1000 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.52(c)(2)	A-1001	HAP - MS.06.01.03/EP6	Standard

CoP: §482.56 **Tag:** A-1123 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.56 Condition of Participation: Rehabilitation Services

If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.

CoP Standard	Tag	Corresponds to	Deficiency
§482.56(b)	A-1132	HAP - PC.02.01.03/EP1	Standard

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Condition

Corresponds to: HAP - LD.01.03.01/EP2

Text: §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body. The governing body (or the persons legally responsible for the conduct of the hospital and carrying out the functions specified in this part that pertain to the governing body) must include a member, or members, of the hospital's medical staff.

The Joint Commission
Findings

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.02.01

Standard Text: The hospital manages risks related to hazardous materials and waste.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Scoring Category : C

Score : Insufficient Compliance

Observation(s):

EP 5
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The emergency eye wash station located in the Laboratory was not checked on a weekly basis as defined by the hospital policy. The staff in the lab tested the eye wash station on 04-18-2014 with the next inspection not being conducted until 05-02-2014.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The janitors closet on the 3rd floor has a corrosive chemical (mild acid cleaner) being used by the housekeeping staff. The only eye wash station located on the 3rd floor in the staff lounge behind a locked door. The housekeeping staff needs access to an eye wash station that does not require the use of a key or code.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The janitors closet by ICU has a corrosive chemical (foaming acid restroom cleaner) being used by the housekeeping staff. The nearest eye wash station is located behind a locked door. The housekeeping staff needs access to an eye wash station that does not require the use of a key or code.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The eye wash station located in the Kitchen is plumbed directly to the domestic cold water. The organization has not conducted a risk assessment to determine if there are any negative treatment aspects of just using cold water (not tepid).

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05

Standard Text: The hospital maintains fire safety equipment and fire safety building features.
Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

The Joint Commission
Findings

Element(s) of Performance:

25. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following:
- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25, 1998 edition (Section 2-1.3) and NFPA 72, 1999 edition (Section 7-5.2).

Scoring
Category : C
Score : Insufficient Compliance

12. Every 5 years, the hospital conducts water-flow tests for standpipe systems. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 12
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
There has not been a documented standpipe flow test conducted at this facility in the past 5 years. The document that was submitted (2012) for the 5 year standpipe flow test consisted of an internal pipe corrosion inspection only.

EP 25
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The annual fire pump inspection conducted on November 6, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on January 28, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on April 9, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on July 15, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on October 3, 2013 did not identify the NFPA code that was being referenced for the activity.

The Joint Commission
Findings

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The weekly fire pump churn tests conducted in 2013 did not identify the NFPA code that was being referenced for the activity.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01 ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Room #1 when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Room #2 when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Central Sterile Storage when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Central Supply Processing when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

EP 8
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The electrical panel EMSC in the fire pump room did not have a breaker legend.

Chapter:	Environment of Care
Program:	Hospital Accreditation
Standard:	EC.02.06.01 ESC 60 days
Standard Text:	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
Primary Priority Focus Area:	Physical Environment

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

Scoring
Category : C
Score : Insufficient Compliance

13. The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the Emergency Department Ambulance storage room there were empty oxygen e-cylinders #1 of 3 stored in the same rack with 2 full cylinders.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the Emergency Department Ambulance storage room there were empty oxygen e-cylinders #2 of 3 stored in the same rack with 2 full cylinders.

EP 13
§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
This Standard is NOT MET as evidenced by:
Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The hospital does not have a policy establishing the setpoints for temperature and humidity in the surgery rooms, sterile storage and central processing. The organization can deviate from published criteria from ASHRAE, AORN etc. by a collaborative effort from Infection Control, Facilities and the medical staff.

Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Temperature and humidity is not being monitored in the Central Processing department.

Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Temperature and humidity is not being monitored in the Surgery Sterile storage room.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.02.01

ESC 45 days

The Joint Commission
Findings

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be , designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor noted that organization had tested activity of its Restart HLD daily instead of prior to each use in their scope processor as per manufacturers instructions for use.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The organization had not documented the lot numbers of controls or biologicals it had used to challenge its steam or Sterrad Sterilization cycles in SPD.

EP 4
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor observed an unoccupied Endoscopy Suite in the OR which contained a anesthesia work station with an unlocked drawer which contained multiple needles and syringes. In discussion with staff, it was identified that housekeeping staff would have access to this area and might access these sterile supplies.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In an unoccupied operating room with no additional cases scheduled for the next forty eight hours, the surveyor noted an unpackaged laryngoscope blade attached to its handle stored under a towel on top of the anesthesia cart. This type of storage of semi critical devices is only appropriate for short term storage as for example when preparing the OR room for a soon to be starting case but not for long term storage.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor noted that there was two LMAs in the anesthesia supply cart in the Endoscopy Suite which had expired in April 2014.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
During a tour of the Surgery department it was observed in the scope storage cabinet, a rectal tube in a sterile plastic sleeve lying in the bottom of the cabinet that had an accumulation of a foreign substance on the sleeve.

Chapter:	Leadership
Program:	Hospital Accreditation
Standard:	LD.01.03.01 ESC 60 days
Standard Text:	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
Primary Priority Focus Area:	Communication

Element(s) of Performance:

2. The governing body provides for organization management and planning.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.12 - (A-0043) - §482.12 Condition of Participation: Condition of Participation: Governing Body
This Condition is NOT MET as evidenced by:
Observed in Auto Score for CLD at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The governing body/leadership did not ensure that the following Conditions of Participation were met as determined through observations, documentation, and staff interviews:§482.41 - (A-0700), §482.42 - (A-0747), §482.12 - (A-0043)

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.10 ESC 60 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

3. Walls that are fire rated for 2 hours (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above and extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)

Scoring
Category : A
Score : Insufficient Compliance

5. Doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 3
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The occupancy separation above the ceiling on the 3rd floor between the vestibule, the space between the top of the sheetrock and the metal deck (approximately 6' in length) is not sealed with a fire rated material.

EP 5
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the Director of Respiratory Therapy's office on the 2nd floor are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the mobile xray machine alcove on the 1st floor are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the Giftshop are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

32. The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 18/19.2.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 32
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 2nd floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 3rd floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 4th floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 18
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the ceiling in room 415 on the 4th floor, the following penetration was observed: 6" x 4" penetration with cables was not sealed to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by the Laboratory Supervisors office, the following penetration was observed: 1" x 6" penetration above the air duct was not sealed to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by the Laboratory Supervisors office, the following penetration was observed: 4" x 6' penetration, the sheetrock was not sealed to the metal deck above to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by Administration on the 2nd floor, the following penetration was observed: Multiple cable bundle was not sealed to prevent the spread of smoke.

Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.06.01.03

ESC 60 days

Standard Text: The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

6. The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information:
- The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration
- The applicant's relevant training
- The applicant's current competence
(See also PC.03.01.01, EP 1)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.52(c)(2) - (A-1001) - (2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.]
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In review of the Credential File of a CRNA, it was noted that the status of the CRNA's License had not been verified with the primary source prior to the practitioners initial appointment on March 10,2014. The hospital did query the primary source on survey and identified that the practioner license had not lapsed at the time of the initial appointment.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

Standard Text: The hospital plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

The Joint Commission
Findings

EP 1
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The medical record of a patient traced on the psychiatric unit did not contain the patient's medical needs, many of which could impact the patient's behavioral care. The master treatment plan and the updates only addressed the patients mental illness and behavioral issues.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of an open medical record of a patient tracer conducted on the psychiatric unit it was noted that the patient had a seizure disorder, developmental delay and other medical issues in conjunction with her behavioral issues. These were not addressed in the master treatment plan or the treatment team updates.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of the open medical record of a patient with Schizophrenia - Paranoid Type it was noted that the patient's medical issues and co-morbid conditions were not addressed in the Master Treatment Plan. Many of these issues could have significant effect on the care of the patient's mental illness.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03 ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *
Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.56(b) - (A-1132) - §482.56(b) Standard: Delivery of Services

Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the review of one of two closed medical records where the patient had been transferred to another acute care hospital it was noted that there was no order for the transfer.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03 ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The presedation evaluation in a patient who had received moderate sedation (Etiomidate, Versed and Fentanyl) in the ED for a shoulder dislocation on 6/17/14 did not include documentation of an ASA assignment nor a Mallinpatti Airway classification as required by the hospitals Moderate Sedation Policy PC-600-195.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.05.15 ESC 60 days

Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:
- Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior
- A description of the patient's behavior and the intervention used
- Any alternatives or other less restrictive interventions attempted
- The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
- The patient's response to the intervention(s) used, including the rationale for continued use of the intervention
- Individual patient assessments and reassessments
- The intervals for monitoring
- Revisions to the plan of care
- The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
- Injuries to the patient
- Death associated with the use of restraint or seclusion
- The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion
- Orders for restraint or seclusion
- Notification of the use of restraint or seclusion to the attending physician
- Consultations

Note: The definition of 'physician' is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 1
§482.13(e)(16)(i) - (A-0184) - (i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The closed medical record of a patient who had been secluded did not contain documentation of the 1 hour face-to-face. There was no indication that the treatment plan had been updated to address the restraint episode(s).

§482.13(e)(16)(v) - (A-0188) - [When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]

(v) The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In a second closed medical record of a patient who had been secluded it was noted that the treatment plan update did not address the intervention and any updates to the plan of care.

Healthcare Facilities Accreditation Program
American Osteopathic Association (AOA)
142 E. Ontario Street
Chicago, IL 60611-2864

DEFICIENCY ASSESSMENT REPORT

FACILITY NAME & ADDRESS:		HFAP ID #: 178461	
Dickenson Community Hospital 312 Hospital Dr Clintwood, VA 24228		CCN #: 491303	
		FACILITY TYPE: Critical Access Hospital	
CEO: Mark T. Leonard - leonardmt@msha.com **ACC:** Cristian Martin - martincc@msha.com		SURVEY TYPE: EXTENSION SURVEY	
		SURVEY DATE(S): September 10 & September 15, 2015	
TEAM CAPTAIN:	**ADMIN SURVEYOR:**	**NURSE SURVEYOR:** M. Kala	**LIFE SAFETY SURVEYOR:** L. Hudson

Standard Numbers and Language refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Critical Access Hospitals - **2014 Manual**. The surveyor's comments are in bold.

STANDARD	SCORE	Surveyor comments
13.02.17 Treatment Plan. *Each inpatient must have an individual comprehensive treatment plan that shall be based on an inventory of the inpatient's strengths and disabilities.* *The written plan must include a substantiated diagnosis; short-term, and long term goals; the specific treatment modalities utilized; and responsibilities of each member of the treatment team; and adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.* §412.27(c)(3)(i)	2	**This standard is not met as evidenced by:** **The medical record review for this Distinct Part Psychiatric Unit included two (2) closed records and one (1) open record.** **During the medical record review, it was identified that three of three (3/3) plans of care failed to document:** **1) Short and long term goals,** **2) The specific treatment modalities to be utilized and** **3) The responsibilities of each member of the treatment team.** **This finding was verified by the CNO for psychiatric services.**
14.01.04 Exit Signs. Exits shall be marked by an approved sign readily visible from any direction of exit access. Access to exits shall be marked by approved signs in all cases where the way to reach the exit is not readily apparent to the	2	**This standard is not met as evidenced by:** **The following findings were identified during the record review for this Distinct Part Psychiatric Unit.** **During the document review session the organization did not provide doumentation that the exit signs had been inspected monthly for the past**

occupants. Exit signs shall be visually inspected monthly for operation of the illumination sources. This inspection is documented.		**twelve (12) months.** **This observation was confirmed by the operational director of facility manangement.**
14.03.02 Water-Based Fire Protection system – Control Valves, Piping and Hangers. Control valves used in water-based fire protection systems must be electronically supervised with tamper switches and connected to the building fire alarm system, in accordance with section 9.7 of the 2000 edition of the Life Safety Code. Tamper switches must be tested at intervals according to standard #14.02.01. Sprinkler piping and hangers shall be free of all material, wire, cable or conduit, and shall not be used to support any other item or system.	**2**	**This standard is not met as evidenced by:** **During the building tour for this Distinct Part Psychiatric Unit, electrical cables were observed to be supported by and draped over sprinkler piping above the ceiling near the east wing stairwell, second floor.** **This observation was confirmed by the operational director of facility management. (This was corrected during survey.)** **Although this was corrected onsite during survey, the facility must submit a Plan of Correction.**

Official Accreditation Report

Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211

Organization Identification Number: 13492

Unannounced Full Event: 5/13/2015 - 5/15/2015

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)	Survey Date(s)
Hospital Accreditation Home Care Accreditation	05/13/2015-05/15/2015

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.05	EP19
	EC.02.05.01	EP15
	IC.02.02.01	EP2
	MM.04.01.01	EP6,EP13
	MM.05.01.01	EP8
	PC.01.02.07	EP1
	PC.02.01.03	EP7
	PC.02.01.11	EP2
Program:	Home Care Accreditation Program	
Standards:	PC.02.01.03	EP1,EP7
	PC.02.01.05	EP8

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	LS.02.01.20	EP31
	PC.01.02.03	EP5
	RI.01.01.01	EP8
Program:	Home Care Accreditation Program	
Standards:	IC.03.01.01	EP1,EP3,EP4,EP6,EP7
	PC.01.03.01	EP5

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(c)(3)	A-0406	HAP - MM.04.01.01/EP13	Standard
§482.23(c)(3)(i)	A-0407	HAP - MM.04.01.01/EP6	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(4)(i)(B)	A-0461	HAP - PC.01.02.03/EP5	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP31	Standard
§482.41(c)(2)	A-0724	HAP - EC.02.03.05/EP19	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP15

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP - IC.02.02.01/EP2

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

Requirements for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05 ESC 45 days

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Element(s) of Performance:

19. Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 4-4.1).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 19
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed during document review that there was no document that showed that the smoke detection shutdown devices for air-handling equipment was done.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01 ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Element(s) of Performance:

15. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13)
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 15
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site for the Hospital deemed service.
During tracer activities in the Ambulatory Surgery Center, the sterile processing area and the Sterile Storage area for the processed instruments was negative pressure relative to the adjacent hallway leading to the OR. This was corrected on-site the same day by their third-party contractor, Comfort Systems USA, after 4 hours of adjustment of air balance

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Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01 ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51 - (A-0940) - §482.51 Condition of Participation: Condition of Participation: Surgical Services
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During a tour of ultrasound suite in the hospital Radiology suite, there were some Cidex OPA test strips for the high level disinfection of vaginal ultrasound probes. They had a manufacturer's expiration date of June 2015. The tech did not know that the manufacturer had issued a letter a few months ago that these strips were only good until April 2015. She immediately removed them to replace with non-expired strips

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Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

31. Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 31
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed on the second floor in the Rehab. department that there in no means of egress fixtures to identify the exit doors from the area. There should be one (1) fixture to identify the rear exit door and one (1) fixture to identify the exit from the front exit door.

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed in the dietary department that there need to be one (1) means of egress fixtures to identify the exit door from the dishwashing area. There should be two (2) fixtures to identify the path to the exit door from the freezers and storeroom area.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.04.01.01

ESC 45 days

Standard Text: Medication orders are clear and accurate.

Element(s) of Performance:

6. The hospital minimizes the use of verbal and telephone medication orders.

Scoring Category : A
Score : Insufficient Compliance

13. The hospital implements its policies for medication orders.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 6
§482.23(c)(3)(i) - (A-0407) - (i) If verbal orders are used, they are to be used infrequently.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site for the Hospital deemed service.
During a patient tracer at the Ambulatory Surgery Center, it was noted that the pre-printed post anesthesia order sheet was signed by the anesthetist without checking off any of the PRN order choices for nausea or pain. The nurse and anesthesiologist interviewed both indicated that there would be a verbal order given if the patient needed nausea or pain medication. This would mean that nearly every post-procedure pain and nausea order at this facility would be a verbal order

EP 13
§482.23(c)(3) - (A-0406) - (3) With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders in accordance with State law and hospital policy, and who is responsible for the care of the patient as specified under §482.12(c).
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activities in the PACU, a pediatric post-anesthesia patient was noted to have an order for morphine 0.025mg/kg, prn pain level 7 – 10, maximum 10 mg IV. The nurse indicated she would dilute the adult morphine vial 10:1, to administer the calculated dose, based on the family's stated weight of the child to be 14 kg, since the pharmacy did not provide the PACU with the diluted solution of morphine or appropriate calculation of the dose to decrease the margin of error when administering such a small amount of morphine. The organization Policy PS-600-066, on Medication Management, dated 9/4/14, section VII, B. 8.a.i. stated: "… The Pharmacy Information System automatically calculates mg/kg dose for all orders entered and is utilized in the evaluation of appropriate dose."

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During a patient tracer in the Diabetes Clinic, adjacent to the hospital, it was noted that samples of diabetes medications were being given to patients, without documentation in the EMR of the provider's order or the person dispensing the medication, despite hospital policy on Medication Samples PS-100-048, reviewed 1/24/14, VII, C. 3.c: "The patient's medical record shall include documentation of order for medication, dispensing of medication (including the person dispensing) …"

Chapter:	Medication Management
Program:	Hospital Accreditation
Standard:	MM.05.01.01 ESC 45 days
Standard Text:	A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

Element(s) of Performance:

8. All medication orders are reviewed for the following: Therapeutic duplication.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 8

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care, it was noted that a physician ordered Phenergan and Zofran for nausea and vomiting. There were no further instructions for the nurse as to which medication to give first or how much to give before using the other medication.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During a patient tracer, it was noted that 2 doctors wrote 2 different pain medication orders. One was for "acetaminophen … prn mild pain" and the other was for "oxycodone … prn pain". Although the pharmacist reviewed the order, the therapeutic duplication was not removed.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

ESC 60 days

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance:

5. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 5
§482.24(c)(4)(i)(B) - (A-0461) - (4) [All records must document the following, as appropriate:

(i) Evidence of --]

(B) An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During tracer activity and review of the record of care, it was noted that the patient had a history and physical examination performed in the outpatient setting on 5/11/15 and dictated at 1047 and transcribed at 1104. There was no documentation to support that the H&P had been updated after admission on 5/11/15 at 1206 and prior to the patient's surgery on 5/11/15 at 1932.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
A patient had a hip replacement the previous day, with a copy of the outpatient dictated history and physical within 30 days, but there was no update immediately prior to surgery.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07 ESC 45 days

Standard Text: The hospital assesses and manages the patient's pain.

Element(s) of Performance:

1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8) 3

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
There was no "arrival" pain assessment documented when the patient came in for his rehabilitation therapy session #20.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.

There was no "arrival" pain assessment documented when the patient came in for his rehabilitation therapy session #21.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.

There was no "arrival" pain assessment documented when the patient came in for his yet another rehabilitation therapy session (#24). During the sessions 20 and 28, the initial pain assessments were missing regularly.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03

ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element(s) of Performance:

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care, it was noted that the patient had an order for titrating sedation to a RASS score of 0. Staff indicated that the RASS score is obtained every 4 hours. On 5/13/15 the RASS was obtained at 0000,0400,0800,1900, 2300 and 5/14 at 0300. There was no RASS score documented for 1200 or 1600 on 5/13/15. In addition, every RASS score documented was either a -1 or -2 score. There was no documentation to support that the medication had been titrated to the ordered RASS of 0 or that the physician had been notified regarding adjustment to the RASS score.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.11 ESC 45 days

Standard Text: Resuscitation services are available throughout the hospital.

Element(s) of Performance:

2. Resuscitation equipment is available for use based on the needs of the population served. Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2) 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity in the Family Birth Center and review of the emergency equipment, staff indicated that the adult crash cart equipment is checked daily to ensure integrity of the cart and that equipment is ready for use. The time displayed/printed on the Defibrillator was incorrect. The defibrillator was checked at 1122 but the time indicated that it was 1222.

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.01.01 ESC 60 days

Standard Text: The hospital respects, protects, and promotes patient rights.

Element(s) of Performance:

8. The hospital respects the patient's right to pain management. (See also HR.01.04.01, EP 4; PC.01.02.07, EP 1; MS.03.01.03, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and observation of a time-out prior to a circumcision procedure, it was noted that the patient had not received any pain management prophylaxis for circumcision. Staff indicated that not all of the physician's provide pain management for this procedure.

Observed in Record Review at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care of a second patient who had a circumcision procedure, it was noted that the patient had not received any pain management prophylaxis for circumcision. Staff indicated that not all of the physician's provide pain management for this procedure.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.03.01.01

ESC 60 days

Standard Text: The organization evaluates the effectiveness of its infection prevention and control activities.

Element(s) of Performance:

1. The organization evaluates the effectiveness of its planned infection prevention and control activities annually and whenever risks change.

Scoring Category : A
Score : Insufficient Compliance

3. The evaluation includes a review of the following: The infection prevention and control goals. (See also NPSG.07.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

4. The evaluation includes a review of the following: Implementation of the infection prevention and control activities.

Scoring Category : A
Score : Insufficient Compliance

6. Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the patient safety program.

Scoring Category : A
Score : Insufficient Compliance

7. The organization uses the findings of its evaluation to revise its planned approach for preventing and controlling infections.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
With the exception of a revised risk assessment for FY2015 there was no evidence the organization had evaluated the effectiveness of its planned infection prevention and control activities for FY2014.

EP 3

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence of an evaluation which included a review of the FY2014 infection prevention and control goals.

EP 4

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence of an evaluation which included a review of the implementation of the FY2014 infection prevention and control activities.

EP 6

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence findings from the FY2014 evaluation were communicated to the individuals that managed the patient safety program.

EP 7

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence the organization used the findings of its FY2014 evaluation to revise its planned approach for preventing and controlling infections.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.03.01

ESC 60 days

Standard Text: The organization plans the patient's care.

Element(s) of Performance:

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.

4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#2 there were no timeframes identified for the achievement of the patient's goals.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During RR#3 there were no time frames identified for the achievement of the patient's goals. This was verified by the home health Director.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.03

ESC 45 days

Standard Text: The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

Element(s) of Performance:

1. Prior to providing care, the organization obtains or renews orders (verbal or written) from a licensed independent practitioner in accordance with professional standards of practice and law and regulation.

Scoring Category : A
Score : Insufficient Compliance

7. The organization provides care, treatment, or services using the most recent patient order(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During HV#2 the nurse recommended the patient begin taking a probiotic. There was no physician's order for a probiotic.

EP 7

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#1 the physician's order for physical therapy included "PRN oxygen saturation monitoring". There was no direction for the PRN or when the O2 saturation reading should be reported to the physician. The PTA was observed monitoring the oxygen level. The patient was not short of breath.

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#3 the physician's order for occupational therapy included "PRN oxygen saturation monitoring". There was no direction for the PRN or when the O2 saturation reading should be reported to the physician. The COTA was observed monitoring the oxygen level. The patient was not short of breath.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During RR#3 the plan of care, signed by the physician, included oxygen saturation monitoring every skilled nursing visit. The patient was seen by nursing staff 1-2 times per week. There were no documented pulse oximetry readings.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.05

ESC 45 days

Standard Text: The organization provides interdisciplinary, collaborative care, treatment, or services.

Element(s) of Performance:

8. The organization informs the physician when there is an unanticipated change in the patient's condition or the patient is discharged or transferred.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 8

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In 4 of six records reviewed for patients with falls the physician had not been notified of the fall. Per interview with the home health Director the organization's policy required physician notification of patient falls.
For example, in RR#6 the therapist noted the patient had fallen and crawled to the kitchen to call for help. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#8 the patient was noted to have fallen over his oxygen tubing. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#9 the social worker noted the patient had fallen the previous night and laid in the hall until help arrived. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#10 the LPN noted the patient had fallen however, the physician was not notified.

Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Program:	Hospital Accreditation Program	
Standards:	EC.02.04.03	EP1,EP3
	IC.02.01.01	EP1
	IC.02.02.01	EP4
	MM.05.01.07	EP2
	PC.01.02.03	EP7
	PC.01.03.01	EP1
	RI.01.03.01	EP13
	WT.01.01.01	EP6
Program:	Home Care Accreditation Program	
Standards:	NPSG.03.06.01	EP3
	NPSG.15.02.01	EP2,EP3
	PC.01.02.07	EP3
	PC.02.03.01	EP4
	RC.02.01.01	EP2

Opportunities for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.04.03

Standard Text: The hospital inspects, tests, and maintains medical equipment.

Element(s) of Performance:

1. For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

3. The hospital inspects, tests, and maintains non–high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 4)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. The freezer used to store Elasto-gel packs in the Rehabilitation Center had no documentation of safety/operational/functional checks performed before its initial use.
EP3
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. The freezer used to store Elasto-gel packs in the Rehabilitation Center had no documentation of preventative maintenance.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.01.01

Standard Text: The hospital implements its infection prevention and control plan.

Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. Staff had been using soap and water to clean the splint pan (Sammons/Preston) but there were deposits clearly visible at the bottom of the pan. The manufacturer recommended the use of a product that would remove calcium and mineral build up (e.g. Lime-A-Way) but this had not been implemented.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
The ultrasound transvaginal probes were stored uncovered after undergoing high level disinfection. This could lead to contamination before the next use

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Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.07

Standard Text: The hospital safely prepares medications.

Element(s) of Performance:

2. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity in the Family Birth Center and review of the medication area, it was observed that a pill splitter had visible residue and could be used for multiple patient's medications thereby increasing the risk for cross contamination of medications.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance:

7. The hospital completes a nutritional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EPs 2 and 3; RC.02.01.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP7
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the nutritional and functional screens had not been completed within 24 hours. The screens were left blank on the assessment.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

Standard Text: The hospital plans the patient’s care.

Element(s) of Performance:

1. The hospital plans the patient’s care, treatment, and services based on needs identified by the patient’s assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2 and PC.01.02.13, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the patient was in contact II isolation precautions. There was no documentation in the record to support that contact II isolation precautions had been added to the care plan.

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.03.01

Standard Text: The hospital honors the patient's right to give or withhold informed consent.

Element(s) of Performance:

13. Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery. (See also RC.02.01.01, EP 4)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP13
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the patient had a lumbar puncture procedure in the emergency department. Upon review of the informed consent form, it was noted that the patient's daughter had signed as the authorized individual on the "Informed Refusal" section of the form. Further discussion with the staff indicated that the patient's daughter had given consent to the procedure but had inadvertently signed in the wrong section. The witnessing staff nurse also signed in the refusal (wrong) section.

Chapter: Waived Testing

Program: Hospital Accreditation

Standard: WT.01.01.01

Standard Text: Policies and procedures for waived tests are established, current, approved, and readily available.

Element(s) of Performance:

6. Written policies, procedures, and manufacturers' instructions for waived testing are followed. (See also WT.04.01.01, EPs 3-5)
Note: Manufacturers' recommendations and suggestions are surveyed as requirements.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP6
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During a patient tracer in the Diabetes Clinic adjacent to the hospital, the glucometer machine had control solutions that had expired 5/6/15, the week before the survey

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Chapter: National Patient Safety Goals

Program: Home Care Accreditation

Standard: NPSG.03.06.01

Standard Text: Maintain and communicate accurate patient medication information.

Element(s) of Performance:

3. Compare the medication information the patient is currently taking with the medications ordered for the patient in order to identify and resolve discrepancies.
Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison. (See also HR.01.06.01, EP 1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP3
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#3, on the resumption of care, the hospital discharge medication list stated the patient was to be taking Abilify 30mg and Levothyroxine. The medication profile included Abilify 15mg and Levothyroxine was not on the profile. The nurse documented the medications had been reconciled without issue.

Chapter: National Patient Safety Goals

Program: Home Care Accreditation

Standard: NPSG.15.02.01

Standard Text: Identify risks associated with home oxygen therapy such as home fires.

Element(s) of Performance:

2. Reevaluate potential fire risks at intervals established by the organization. Evidence of unsafe practices leading to potential risk is used to establish these intervals. Document the reevaluation of potential fire risks.

Scoring Category : C
Score : Satisfactory Compliance

3. Inform and educate the patient, family, and/or caregiver about the following:
- The findings of the safety risk assessment
- The causes of fire
- Fire risks for neighboring residences and buildings
- Precautions that can prevent fire-related injuries
- Recommendations to address the specific identified risk(s)

Document the provision of information and education. (For more information on coordination among different providers of care, refer to PC.02.02.01, EPs 1 and 10, and PC.02.03.01, EP 5.)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#8, for a patient with home oxygen, the patient was noted to have started smoking again after being seen by the organization for several visits. There was no update to the home safety risk assessment identifying this as an unsafe practice.
EP3
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#8, for a patient with home oxygen, the patient was noted to have started smoking again after being seen by the organization for several visits. There was no documented education of the patient, family and/or caregiver regarding the risks of smoking and home oxygen.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.02.07

Standard Text: The organization assesses and manages the patient's pain.

Element(s) of Performance:

3. The organization reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP3
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During HV#2 the patient complained of daily headaches, which at times required total quiet and darkness. The patient also complained of foot pain post-fall. There was no pain assessment completed. Per interview with the supervisor a comprehensive pain assessment was required.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.03.01

Standard Text: The organization provides patient education and training based on each patient's needs and abilities.

Element(s) of Performance:

4. The organization provides education and training to the patient based on his or her assessed needs. For hospices that elect to use The Joint Commission deemed status option: The hospice also provides education and training to the primary caregiver as appropriate to the responsibilities assigned to him or her in the plan of care.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Regulatory Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#2 for a patient with a new glucometer on 4/18/15 the education on the use of the machine was not conducted until 5/5/15.

Chapter: Record of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: RC.02.01.01

Standard Text: The patient record contains information that reflects the patient's care, treatment, or services.

Element(s) of Performance:

2. The patient record contains the following clinical information:
- Any medications administered, including dose
- Any activity restrictions
- Any changes in the patient's condition
- Any summaries of the patient's care, treatment, or services furnished to the patient’s physician or licensed independent practitioner(s)
- The patient's medical history
- Any allergies or sensitivities
- Any adverse drug reactions
- The patient's functional status
- Any diet information or any dietary restrictions
- Diagnostic and therapeutic tests, procedures, and treatments, and their results
- Any specific notes on care, treatment, or services
- The patient's response to care, treatment, or services
- Any assessments relevant to care, treatment, or services
- Physician orders
- Any information required by organization policy, in accordance with law and regulation
- A list of medications, including dose, frequency, and route of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services
- The plan of care
- For DMEPOS suppliers serving Medicare beneficiaries: The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician. (See also PC.01.02.01, EP 1; PC.01.03.01, EPs 1 and 23)

Note 1: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Note 2: For organizations that provide personal care and support services: The patient record contains the documentation on the list noted above that applies to the care, treatment, or services provided by the personal care and support staff.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During HV#2 the patient reported taking 10 – 12 Ibuprofen per day. Ibuprofen was not on the medication profile. The profile included Topiramate and Hydrochlorothiazide which the patient stated she was not taking. In addition, the profile included Propranolol HCL BID. The patient reported taking the Propranolol HCL one daily with the second dose prn.

Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0

DEFICIENCY ASSESSMENT REPORT

for

Norton Community Hospital, Inc

Norton, VA
Facility ID: 136843
CCN: 490001
Survey Dates: 5/18/15 - 5/20/15
Surveyor(s): Gary L. Moorman, DO; Mr. Mark C. Barabas FACHE; Anne K. Barton, BSN, MEd; James Murphy; Mr. Harold Blits

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for the Accreditation Requirements for Acute Care Hospitals 2014 v3 manual.

STANDARD	SCORE	SURVEYOR COMMENTS
01.00.16 Telemedicine Agreements with Distant Sites *The governing body must ensure that when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the written agreement specifies that the distant-site telemedicine entity is a contractor of services to the hospital and as such, in accordance with §482.12(e) [see 01.00.28] of the Code of Federal Regulations, furnishes the contracted services in a manner that permits the hospital to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in §482.12(a)(1) through §482.12 (a)(7) [see 01.00.08 – 01.00.15] of the Code of Federal Regulations with regard to the distant-site telemedicine entity's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with §482.22(a)(4) [see 01.00.11] of the Code of Federal Regulations, grant privileges to physicians and practitioners employed by the distant-site telemedicine entity based on such hospital's medical staff recommendations; such staff recommendations may rely on information provided by the distant-site telemedicine entity.* §482.12(a)(9)	2	**This standard is not met as evidenced by:** **It was noted during the review of contracts that the written agreement with the Tele-Neurology group dated 7/1/11 did not contain or require that a current list of physicians who provide services to the hospital's patients.** **This was confirmed by the CEO.**
01.00.29 Contractor Quality Monitoring *The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.* §482.12(e)(1)	2	**This standard is not met as evidenced by:** **During document review it was noted that the Tele-Nuerology contract did not contain performance measures for the services provided. Consequently, no Tele-Nuerology performance measures were reported to the Board.** **This was confirmed by the Director of QA.**
03.01.12 Uniform Application of Membership Criteria Criteria for membership and/or privileging shall be uniformly applied to all applicants for initial appointment and reappointment.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the bylaws "section 6.D.7 (a)" contains a requirement for Medical Executive Committee (MEC) members to attend 50% of MEC meetings.**

STANDARD	SCORE	SURVEYOR COMMENTS
		In review of the MEC attendance tracking grid it indicated that one (1) member had been absent for the previous (15) consecutive months, but continued to be a member of the committee. **This was verified by Medical Staff Services personnel.**
04.00.05 Competency The facility develops policies and procedures identifying those patient care and/or diagnostic procedures, which requires staff to have evidence of specific competence. Some of these may result in external or internal mechanisms for certification. Maintenance of such competence is considered in the design of these policies and procedures.	2	**This standard is not met as evidenced by:** **During HR file review it was noted that two of twenty-one (2/21) applicable HR files did not contain documentation of technique specific competencies for the following positions:** **1. Radiology/CT Tech** **2. Sleep Lab Tech** **This was confirmed by the VP of HR.**
07.01.13 Committee/Function Structure The chairperson of the infection control function is a physician (MD/DO) member of the active Medical Staff. Other members of the professional staff are active in the infection control function. The hospital shall determine the meeting frequency and attendance requirements for the Infection Control Committee. The committee must meet, at a minimum, quarterly. One person may represent more than one area, but the areas represented must be reflected in the minutes.	2	**This standard is not met as evidenced by:** **Seven of seven (7/7) Infection Control meetings included only internal medicine chair and four of seven (4/7) meetings included internal medicine resident in attendance at meetings. There was no written statement of Surgery or Anesthesia representation at the meetings.**
07.02.10 Recall Process There is a process for the recall and disposal / or reprocessing of outdated or contaminated patient care supplies / equipment.	2	**This standard is not met as evidenced by:** **-Recall policy failed to include the notification of physician.** **-OB unaware of recall policy at time of OB survey of sterilizer location.** **This was confirmed with OB Director and CNO while in OB and Peri-operative Manager for CSR policy review.**
09.01.05 Emergency Personal Protective Equipment The Emergency Operations Plan provides how the hospital stores and maintains Personal Protective Equipment, and distributes them during the event of an emergency.	2	**This standard is not met as evidenced by:** **During the review of the Emergency Operations Plan it was observed that the written plan does not identify where PPE is stored in the hospital and how it is distributed when needed.** **This observation was confirmed by the Safety Officer.**
10.01.21 Patient Assessments - Content & Authentication All assessments have the following characteristics: A. Relevant patient / family wellness - illness history (physical and	2	**This standard is not met as evidenced by:** **The following issues were noted during chart review:**

STANDARD	SCORE	SURVEYOR COMMENTS
behavioral); B. Relevant patient / family social - developmental history; C. Relevant historical review of systems; D. Relevant physical findings; E. An identification of problems, needs, admitting diagnoses; F. An initial plan of care to address key elements from the problem list; and G. Cognitive level and acceptance of patient teaching. H. Medication history and current medications including intended purpose and a list of pharmacies used. I. A list of medications to which they are allergic or have had idiosyncratic or other untoward reactions. J. A list of all physicians and practitioners the patient is seeing and phone numbers.		**1. Six of twenty-three (6/23) charts reviewed contained inconsistent or incomplete documentation.** **2. Two of six (2/6) charts had inconsistent documentation of physical findings for example:** **A. One patient with bilateral amputated limbs contained an H&P that stated "normal bilateral lower extremities"** **B. One (1) chart contained conflicting documentation regarding lung sounds between caregivers when patient had a known unilateral pneumothorax** **C. Four of six (4/6) charts had blanks and missing words in dictated reports that made the reports incomplete or incomprehensible** **These findings were verified by HIM personnel during the review process.**
11.00.01 Condition of Participation: Physical Environment *The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment, and for special hospital services appropriate to the needs of the community.* §482.41	2	**Condition of Participation** **This Condition is not met as evidenced by:** **Based on observations, documentation review, and interviews with hospital staff, it is determined that the hospital failed to ensure that the physical environment was constructed, arranged, and maintained to ensure the safety of the patients. The hospital failed to provide an OSHA compliant fixed ladder to the roof; the hospital failed to maintain access to electrical equipment; the hospital failed to assess a Life Safety Code deficiency for Alternative Life Safety Measures; a corridor door was observed to be non-latching; doors were observed to be locked in the path of egress which did not comply with the Life Safety Code; boundaries of suites were not maintained; corridors were not maintained free and clear to their required width; a smoke detector failed its test and there was no evidence it was repaired and retested; there was no certificate of qualifications for the service technician testing the fire alarm system; a sprinkler head was installed improperly; sprinkler heads were not properly maintained; the fire department connection was obstructed; a fire damper was not installed properly; fire dampers testing was not documented properly; fire doors were observed to be not labeled or had unsealed penetrations; and the Life Safety drawings were lacking critical information. The severity and accumulative effect of these systematic deficiencies results in this Condition of Participation being not-compliant in regards to fire-safety requirements of the NFPA 101 Life Safety Code. Further, the following standard-level deficiencies were observed:** **11.07.05 Occupational Safety and Health Act** **13.00.01 Life Safety Code Compliance** **13.00.03 Alternative Life Safety Measures - Implementation** **13.01.01 Corridor Door Latching** **13.01.02 Door Locks** **13.01.04 Suites** **13.01.08 Path of Egress Obstruction** **13.02.02 Fire Alarm System - Testing**

STANDARD	SCORE	SURVEYOR COMMENTS
		13.02.04 Fire Alarm System - Technician Qualification **13.03.01 Water Based Fire Suppression System - Installation** **13.03.02 Water Based Fire Protection System - Testing & Inspection** **13.03.08 Water Based Fire Department Connection - Inspection** **13.04.01 Fire Rated Barriers** **13.04.03 Fire and Smoke Damper Testing** **13.04.07 Fire Rated Door Assemblies** **13.06.04 Life Safety Drawings**
11.04.01 Written Fire Control Plans *The hospital must have written fire control plans that contain provisions for:* • *Prompt reporting of fires* • *Extinguishing fires* • *Protection for patients, personnel and guests* • *Evacuation* • *Cooperation with fire-fighting authorities* §482.41(b)(7)	2	**This standard is not met as evidenced by:** **During document review it was noted that the written fire control plan does not contain a section for cooperation with fire-fighting authorities.** **This was confirmed by the Safety Officer**.
11.07.04 Americans with Disabilities Act The hospital has taken actions to com-ply with Federal laws dealing with the Americans with Disabilities Act. Facilities shall demonstrate through the development and implementation of policies and procedures that they have addressed the issues and spirit of the act in new construction and renovation projects.	2	**This standard is not met as evidenced by:** **During document review it was noted that the hospital did not have written organizational policies and procedures that demonstrate their compliance with ADA requirements.** **This was confirmed by the Safety Director.**
11.07.05 Occupational Safety & Health Act (OSHA) The hospital has taken actions to comply with the Occupational Safety and Health Act (OSHA). Facilities shall demonstrate through the development and implementation of policies and procedures that they have addressed the issues and spirit of this act.	2	**This standard is not met as evidenced by:** **At Central Supply, a fixed ladder to the roof lacked a protective cage and an extension 42 inches above the top of the landing as required by OSHA 1910.27(d)(1)(iii).** **This observation was confirmed by the Facility Manager.**
12.00.09 Program Accountability *The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.* §482.21(a)(2)	2	**This standard is not met as evidenced by:** **Based on quality document review, it was noted that there was a lack of quality reporting to Quality Committee and the Board for Tele-Neurology contracted services. Only one of ten (1/10) contract services had been reviewed for reporting.** **Although the facility program scope is very inclusive, it was also noted that the Sleep Study service had not been reported quality measures due to no manager oversight.**
13.00.01 Life Safety Code Compliance *The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code® of the National Fire Protection Association.* §482.41(b)(1)(i)	2	**This standard is not met as evidenced by:** **During the building tour, access to electrical panels were observed to be obstructed by equipment in the following locations:**

STANDARD	SCORE	SURVEYOR COMMENTS
Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to hospitals (roller latches). §482.41(b)(1)(ii) *The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.* §482.41(b)(3)		**1) Adjacent to the Radiology Reception Area.** **2) Adjacent to the entry to the Lab.** **This observation was confirmed by the Director of Facilities.**
13.00.03 Alternative Life Safety Measures - Implementation When a Life Safety Code deficiency cannot be corrected the same day it is discovered, the hospital conducts an assessment and implements appropriate measures to compensate for impairments to the Life Safety Code, based on their ALSM policy. The assessment is documented.	2	**This standard is not met as evidenced by:** **During the document review of the fire alarm system for the test report dated 2/27/15, a duct detector was noted as having failed. The hospital was not able to show that the condition had been corrected at the time of the survey. No ALSM was created as a result.** **This observation was confirmed by the Facility Manager.**
13.00.05 Facility Demographic Report (FDR) The hospital designates an individual to assess the facility's compliance with the NFPA 101 Life Safety Code (2000 edition), and complete and maintain the Facilities Demographic Report (FDR) and manage all deficiencies. Qualifications and the designation of the responsible individual are documented. Each facility in the organization identified as a healthcare occupancy or an ambulatory healthcare occupancy has an individual FDR report completed. These FDR reports are available for review by the surveyor.	2	**This standard is not met as evidenced by:** **During the document review the Facility Demographic Report was observed to be inaccurate in the following areas:** **1) The FDR indicated a single occupancy for the primary building. The life safety drawings indicated that the administrative area is a separated Business Occupancy.** **2) The FDR indicated that the one story primary building is a single construction type, Type II (000). The new addition is indicated to be Type II (111) on the construction drawings.** **This observation was confirmed by the Facility Manager.**
13.01.01 Corridor Door Latching Corridor doors shall be provided with a means suitable for keeping the door closed. Roller latches are not permitted on corridor doors that are required to latch.	2	**This standard is not met as evidenced by:** **During the building tour in the Emergency Department a sliding glass door was observed to lack a positive latching mechanism. The area is not indicated to be a suite of rooms.** **This observation was confirmed by the Facility Manager.**
13.01.02 Door Locks Doors in the required means of egress must be operable with not more than one releasing operation. Doors within the required means of egress must not be equipped with a latch or lock that requires the use of a tool or key from the egress side, with the exception where the clinical needs of the patients require specialized security measures for their safety. Doors in the required means of egress are permitted to be equipped with	2	**This standard is not met as evidenced by:** **During the building tour the Birthing Center was observed to have a "HUGS" security system that locked the entrance door to the department along with exit discharge doors to the exterior. The doors did not meet the requirements for delayed-egress or access-controlled doors'** **This observation was confirmed by the Facility Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
delayed egress locks provided only one such delayed egress lock is located in the path of egress to the public way, and the entire facility is protected with automatic sprinklers, or fully detected with smoke detectors. Doors in the required means of egress are permitted to be equipped with access-control locks.		
13.01.04 Suites Suites containing patient sleeping rooms are limited to 5,000 square feet and non-sleeping room suites are limited to 10,000 square feet.	2	**This standard is not met as evidenced by:** **During the building tour the following was observed in regards to suites:** **1) The Radiology Reception area is indicated on the life safety plans to be part of the Radiology suite. The area is not separated from the egress corridor.** **2) The pair of entrance doors to the Radiology suite did not positively latch.** **These observations were confirmed by the Facility Manager.**
13.01.08 Path of Egress Obstructions The path of egress must be free and clear of all obstructions or impediments all the way to the public way.	2	**This standard is not met as evidenced by:** **During the building tour the following areas were observed to have obstructions in the path of egress:** **1) In Cardio-Pulmonology, furniture, soiled linen hampers, and workstations on wheels were observed in the egress corridor.** **2) In Emergency, furniture, equipment, and supplies were observed in the egress corridor.** **These observations were confirmed by the Facility Manager.**
13.02.02 Fire Alarm System - Testing Fire alarm systems, and all their components, shall be tested according to NFPA 72 National Fire Alarm Code (1999 edition), Table 7-2.2 Test Methods, and Table 7-3.2 Testing Frequencies. All testing results are documented.	2	**This standard is not met as evidenced by:** **During the document review, the annual fire alarm testing report dated 2/27/15 indicated that duct detector M2-200 failed. The hospital was not able to show that the detector had been repaired or replaced.** **This observation was confirmed by the Facility Manager.**
13.02.04 Fire Alarm System - Technician Qualifications Fire alarm inspection, testing and maintenance personnel shall be qualified and experienced in the testing of fire alarm systems. Documentation identifying the qualification of the individual(s) performing testing, inspecting and maintenance activities on the fire alarm system must be available for review.	2	**This standard is not met as evidenced by:** **During the document review the technician qualification did not indicate that the testing technician was properly certified for the system.** **This observation was confirmed by the Facility Manager.**
13.03.01 Water-based Fire Protection System - Installation A water-based fire protection system must be installed in accordance with	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
section 18.3.5 of the Life Safety Code (2000 edition) in all new construction, remodeled and renovated areas. A water-based fire protection system must be installed in accordance with section 19.3.5 of the Life Safety Code (2000 edition) where required in existing construction, or renovated areas.		**During the building tour at the Electrical Room in Emergency, the sprinkler head was observed to be mounted more than 12 inches below the deck. The room did not have a lay-in ceiling.** **This observation was confirmed by the Facility Manager.**
13.03.02 Water-based Fire Protection System - Testing & Inspection If provided water-based fire protection systems and all their components must be tested, inspected and maintained in accordance with NFPA 25 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 1998 edition. All results of testing, inspection and maintenance activities are documented.	2	**This standard is not met as evidenced by:** **During the building tour the following was observed in regards to the water-based fire protection system:** **1) The sprinkler head in Med/Surg 2 Soiled Utility Room had an accumulation of dust and grime.** **2) In Radiology File Storage, the top of the movable shelving system was less than 18 inches below the deflector shield of the sprinkler heads.** **These observations were confirmed by the Facility Manager.**
13.03.08 Water-based Fire Department Connections - Inspection If so equipped, Fire Department Connections must be inspected quarterly. The results of all inspection activities are documented.	2	**This standard is not met as evidenced by:** **During the building tour an exterior fire department connection was observed to be obscured and obstructed by landscaping.** **This observation was confirmed by the Facility Manager.**
13.04.01 Fire Rated Barriers The hospital shall assure that fire rated barriers are properly rated, appropriate for their purpose, be free from unsealed penetrations, and have the appropriate fire-rated opening protectives.	2	**This standard is not met as evidenced by:** **During the building tour at Med/Surg 1 Storage Room a transfer grill with an improperly installed fire damper was observed above the ceiling. Fire caulk was applied around the perimeter of the damper.** **This observation was confirmed by the Facility Manager.**
13.04.03 Fire & Smoke Damper - Testing Fire and smoke dampers must be fully tested and operated one (1) year after installation and once every six (6) years thereafter in all healthcare facilities classified as hospitals. In healthcare facilities not classified as hospitals, fire and smoke dampers must be fully tested and operated one (1) year after installation, and once every four (4) years thereafter. The results of all inspection activities are documented.	2	**This standard is not met as evidenced by:** **During the document review the hospital's most recent fire and smoke damper testing report did not list or locate the individual dampers in the hospital.** **This observation was confirmed by the Facility Manager.**
13.04.07 Fire Rated Door Assemblies Fire door assemblies must meet the provisions of NFPA 80 *Standard for Fire*	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
Doors and Fire Windows, 1999 edition.		**During the building tour the following was observed:** **1) The corridor wall at Pharmacy is indicated on the life safety plans to be a one hour fire rated wall. The door to Pharmacy was not rated.** **2) The door to the Electrical Vault room at the Kitchen is a one hour fire rated door. An original edge guard was removed from one of the leafs leaving a number of holes in the edge of the door voiding the rating of the door.** **This observation was confirmed by the Facility Manager.**
13.06.04 Life Safety Drawings Basic drawings of the facility indicating the following features are required: • Rated walls and barriers, including their fire rating • Exit, exit enclosure, horizontal exit, and exit discharge • Suite-of-rooms, their boundaries and total area • Hazardous rooms • Smoke compartment barriers, the total area of each smoke compartment, and the farthest travel distance to the closest smoke compartment barrier door • The farthest travel distance to the closest exit • Areas of the facility that are and are not protected with sprinklers	2	**This standard is not met as evidenced by:** **During the document review it was observed that the life safety plans were not updated to include the latest addition to the building.** **This observation was confirmed by the Facility Manager.**
15.01.07 Grievance Process Response Time Frames *At a minimum:* • *The grievance process must specify time frames for review of the grievance and the provision of a response.* §482.13(a)(2)(ii)	2	**This standard is not met as evidenced by:** **It was noted that two of five (2/5) files did not contain grievance letter responses within the required seven (7) days.** **This was confirmed with Director of Quality.**
15.01.08 Patient Notification of the Grievance Process *At a minimum:* • *In its resolution of the grievance, the hospital must provide the patient with a written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.* §482.13(a)(2)(iii)	2	**This standard is not met as evidenced by:** **It was noted that three of four (3/4) letters sent failed to include investigation and the steps taken on behalf of the patient to investigate the grievance.** **This was confirmed with Director of Quality.**
15.01.09 Exercise of Patient Rights *The Patient's Rights document includes, at a minimum, that the patient has:*	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
A. *The right to participate in the development and implementation of his or her plan of care;* §482.13(b)(1) B. *Or his or her representative (as allowed under state law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;* §482.13(b)(2) C. *The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part, §489.102 of this part, and §489.104 of this part;* §482.13(b)(3) D. *The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital;* §482.13(b)(4) E. *The right to personal privacy;* §482.13(c)(1) F. *The right to receive care in a safe setting;* §482.13(c)(2) G. *The right to be free from all forms of abuse or harassment;* §482.13(c)(3) H. *The right to the confidentiality of his or her clinical records;* §482.13(d)(1) I. *The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.* §482.13(d)(2) J. *The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff;* §482.13(e)(1) K. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services; L. The right to know the professional status of any person providing his/her care / services; M. The right to know the reasons for any proposed change in the Professional Staff responsible for his/her care;		**It was noted that the hospital's Patient Rights policy, handout and postings failed to include the following requirements:** **1. Item "N: The right to know the reason for transfer within or outside the hospital.** **2. Item "Q: The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.**

STANDARD	SCORE	SURVEYOR COMMENTS
N. The right to know the reasons for his/her transfer either within or outside the hospital; O. The relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care; P. The right of access to the cost, itemized when possible, of services rendered within a reasonable period of time; Q. The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care; R. Informed of the right to have pain treated as effectively as possible. S. A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. A hospital must meet the following requirements: ◦ *Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.* §482.13(h)(1) ◦ *Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.* §482.13(h)(2) ◦ *Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.* §482.13(h)(3) ◦ *Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.* §482.13(h)(4) ◦ The patient's family has the right of informed consent for donation of organs and tissues.		
15.03.26 Discharge Instructions The hospital must provide the patient or representative with discharge instructions written in lay terminology at time of discharge. The discharge instructions must include the following elements: 1. Reason for hospitalization and condition at the time of discharge. 2. Medications to be taken after discharge including, resuming pre-admission medications, how and when to take medications, and how	2	**This standard is not met as evidenced by:** **Based on review of Discharge Instructions, the following was noted:** **Item #6: Two of two (2/2) medical records lacked documentation of tests completed with results pending at time of discharge and name of the clinician responsible for the results.**

STANDARD	SCORE	SURVEYOR COMMENTS
to obtain medications. 3. Complications which may occur and actions to take should these happen post-discharge. 4. A list of follow-up appointments for tests and clinic visits, with dates, times and locations. 5. Organized services to be initiated following discharge. 6. Tests completed in the hospital with results pending at time of discharge and name of the clinician responsible for the results. 7. List of relevant contact information (e.g., primary care providers, specialists, the pharmacy, and home health agencies, etc.). (NQF, #15, 2009)		
16.02.02 Patients at Risk Patients at-risk for developing the following complications are identified on admission or during the hospital stay: 1. Pressure ulcers 2. Deep vein thrombosis (DVT/venous thromboembolism (VTE) 3. Aspiration 4. Malnutrition 5. Fall Risk/Prevention	2	**This standard is not met as evidenced by:** **Based on medical record documentation review it was noted that in two of three (2/3) records noted "difficulty swallowing" defined as "within defined limits" (WDL) of assessment / reassessment.** **1. One (1) record lacked documentation of aspiration assessment or reassessment on a patient with history of stroke, on a thickened dysphagia diet. Documentation noted indicated "WDL."** **2. A second record documentation noted "speech evaluation, diet progressed from NPO to mechanical soft;" however, the nursing documentation noted "WDL" for assessment.**
19.00.02 Safety of Services *Radiological services, particularly ionizing radiology, must be free from hazards for patients and personnel.* §482.26(b)	2	**This standard is not met as evidenced by:** **During the Radiology department tour the following hazards were observed:** **1. Four (4) ceiling vents in the CT gantry, two vents in the CT control room** **2. X-ray room # 3 observed ceiling tiles to be stained and discolored, the impression was that the stains may have been caused by a leak in the roof.** **3. Five (5) ceiling tiles in X-ray room # 3 were observed to be stained** **4. The ceiling plate for the CT injector was observed to have a large build-up of rust, however there was no pitting noted.** **This was confirmed by the CEO and Department Director.**
19.00.09 Approval of Policies & Procedures All radiation safety policies and procedures are approved by the radiation safety committee.	2	**This standard is not met as evidenced by:** **During review of the Radiation Safety Committee minutes it was noted that the radiation safety policies had not been reviewed and approved by the Radiation Safety Committee since 3/28/2012. Consequently, the facility failed to meet the requirement for the review and approved these policies every three (3) years.**
20.00.11 Change in Treatment Plan Log A separate log shall be maintained as part of the quality management program for the emergency service. The log provides information about	2	**This standard is not met as evidenced by:** **Based on document review of the ED Change in Treatment log only two (2) of the required**

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patients whose initial treatment plan later required modification based upon significant variation in the final interpretation of radiographic, cardiographic or laboratory findings.		**recall situations were being tracked. There was no evidence of documentation of any EKG discrepancy or quality review process noted or evidence it was being tracked.** **This was verified by the CMO.**
22.01.01 Potentially Infectious Blood & Blood Components 1. *Potentially human immunodeficiency virus (HIV) infectious blood and blood components. Potentially HIV infectious blood and blood components are prior collections from a donor –* i. *Who tested negative at the time of donation but tests reactive for evidence of HIV infection on a later donation;* ii. *Who tests positive on the supplemental (additional, more specific) test or other follow-up testing required by FDA; and* iii. *For whom the timing of seroconversion cannot be precisely estimated.* 2. *Potentially hepatitis C virus (HCV) infectious blood and blood components. Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47.* 3. *Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital --* i. *Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection;* ii. *Within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA;* iii. *Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available, as set forth at 21 CFR 610.48(b)(3).* 4. *Quarantine of blood and blood components pending completion of testing. If the blood collecting establishment (either internal or under an agreement) notifies the hospital of the reactive HIV or HCV screening test results, the hospital must determine the disposition of the blood or blood component and quarantine all blood and blood components from previous donations in inventory.* i. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is negative, absent other*	2	**This standard is not met as evidenced by:** **During document review it was noted that hospital's policy and the contract with their regional blood bank failed to comply with the standard for the following sections:** **1. Potentially Human Immunodeficiency Virus (HIV) infectious blood and blood components.** **2. Potentially Hepatitis C virus (HEPC) infectious blood and blood components.** **3. Services furnished by an outside blood collecting establishment.** **4. Quarantine of blood and blood components pending completion of testing.** **5. Record keeping by the hospital.** **6. Patient notification.** **7. Time frame for notification.** **8. Content of notification.** **9. Policies and procedures.** **10. Notification to legal representative or relative.** **11. Applicability.** **This was confirmed by the CEO and Lab Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
informative test results, the hospital may release the blood and blood components from quarantine. ii. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is positive, the hospital must –* A. *Dispose of the blood and blood components; and* B. *Notify the transfusion recipients as set forth in paragraph (b)(6) of 42 Code of Federal Regulations.* iii. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is indeterminate, the hospital must destroy or label prior collections of blood or blood components held in quarantine as set forth at 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2).* 5. *Recordkeeping by the hospital. The hospital must maintain --* i. *Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval; and* ii. *A fully funded plan to transfer these records to another hospital or other entity if such hospital ceases operation for any reason.* 6. *Patient notification. If the hospital has administered potentially HIV or HCV infectious blood or blood components (either directly through its own blood collecting establishment or under an agreement) or released such blood or blood components to another entity or appropriate individual, the hospital must take the following actions:* i. *Make reasonable attempts to notify the patient, or to notify the attending physician, or the physician who ordered the blood or blood component and ask the physician to notify the patient, or other individual as permitted under paragraph (b)(10) of 42 Code of Federal Regulations, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling.* ii. *If the physician is unavailable or declines to make the notification, make reasonable attempts to give this notification to the patient, legal guardian or relative.* iii. *Document in the patient's medical record the notification or attempts to give the required notification.* 7. *Time frame for notification.* i. *For donors tested on or after February 20, 2008. For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 21 CFR 610.47 the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification over a period of 12 weeks unless--*		

STANDARD	SCORE	SURVEYOR COMMENTS
A. *The patient is located and notified; or* B. *The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.* ii. *For donors tested before February 20, 2008. For notifications from donors tested before February 20, 2008 as set forth at 21 CFR 610.48(b) and (c), the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification and must complete the actions within 1 year of the date on which the hospital received notification from the outside blood collecting establishment.* 8. *Content of notification. The notification must include the following information:* i. *A basic explanation of the need for HIV or HCV testing and counseling.* ii. *Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling.* iii. *A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose.* 9. *Policies and procedures. The hospital must establish policies and procedures for notification and documentation that conform to Federal, State, and local laws, including requirements for the confidentiality of medical records and other patient information.* 10. *Notification to legal representative or relative. If the patient has been adjudged incompetent by a State court, the physician or hospital must notify a legal representative designated in accordance with State law. If the patient is competent, but State law permits a legal representative or relative to receive the information on the patient's behalf, the physician or hospital must notify the patient or his or her legal representative or relative. For possible HIV infectious transfusion recipients that are deceased, the physician or hospital must inform the deceased patient's legal representative or relative. If the patient is a minor, the parents or legal guardian must be notified.* 11. *Applicability. HCV notification requirements resulting from donors tested before February 20, 2008, as set forth at 21 CFR 610.48 will expire on August 24, 2015.* §482.27(b)		
22.01.02 Exposure Resulting in HIV Conversion In any event of HIV conversion, the hospital will notify the appropriate public	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
health officials.		**Based on document review it was noted that the hospital lacked a written policy for notifying public health officials in the event of an HIV conversion.** **This was confirmed by the CEO and Lab Manager.**
22.01.03 General Blood Safety Issues *For look-back activities only related to new blood safety issues that are identified after August 24, 2007, hospitals must comply with FDA regulations as they pertain to blood safety issues in the following areas:* 1. *Appropriate testing and quarantining of infectious blood and blood components.* 2. *Notification and counseling of recipients that may have received infectious blood and blood components.* §482.27(c)(1) §482.27(c)(2)	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the hospital lacked an established and written policy that addressed their compliance with appropriate testing, quarantining, notifying and counseling as required in this standard related to look-back activities.** **This was confirmed by the CEO and Lab Manager.**
23.00.14 Approval of Policies & Procedures All radiation safety policies and procedures are approved radiation safety and the Radiation Safety Committee (Team).	2	**This standard is not met as evidenced by:** **Based on review of the Radiation Safety Committee minutes it was noted that the Radiation Safety policies had not been reviewed or approved since March 28, 2012, which exceed the standard requirement to review and approve policies every three (3) years.** **This was confirmed by the CEO and Department Manager.**
24.01.04 Preparation & Storage of Formula & Breastmilk Processes are in place that ensures infant formula and breastmilk are properly stored and prepared in accordance with nationally accepted guidelines. Policies are in place to ensure infant safety, including: 1. Guidelines for ordering infant formulas 2. Guidelines that govern acceptable ingredients that may be added to infant formulas 3. Guidelines for aseptic infant formula preparation techniques 4. Storage, preparation, and temperature control of breastmilk and infant formula products 5. Patient safety with heating breast milk and infant formula 6. Personnel responsible and qualified to prepare infant formula 7. Cleaning / autoclaving of equipment used in formula preparation 8. Indications, use, and sanitation of enteral feeding pump equipment.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the current Breastfeeding policy did not require that Breast Milk be stored between 35 - 40 degrees Fahrenheit.** **This was confirmed by the CEO and Nurse Manager.**
24.01.05 Vending Machines Policies are in place relative to vending machine operations.	2	**This standard is not met as evidenced by:** **Based on document review the Vending Policy had not been reviewed or approved by the**

STANDARD	SCORE	SURVEYOR COMMENTS
The following topics are addressed: 1. Stocking and rotation of supplies 2. Perishable product controls		**Infection Control committee in the last three (3) years.** **This was confirmed by the Food Service Director.**
24.01.06 Ice Machines Ice used for oral consumption is distributed in a manner that ensures an acceptable level of safety. Policies are in place relative to ice distribution, specifically: 1. Use and sanitation of hand-held ice scoops 2. Emergency procedures to be implemented in the event of an ice dispenser malfunction or water failure.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Ice Machine policy had not been reviewed or approved by the Infection Control committee in the last three (3) years.** **This was confirmed by the Food Service Manager.**
24.01.08 Physical Environment Processes are in place for the following: 1. Food and non-food items are stored separately 2. All food containers are covered 3. Food containers are labeled with the contents and the date prepared 4. Foods are within their expiration dates 5. Loose scoops are not stored in the bulk food containers 6. Supplies are off the floor. 7. Refrigerator / freezer door seals and water pipes are in good working order. Humidity is controlled to prevent / reduce mold growth 8. Soap, paper towels, and a sink for hand washing are readily available for staff working in the food preparation area 9. Food transport vehicles are clean and in good working order 10. Ceiling tiles are intact and stain-free.	2	**This standard is not met as evidenced by:** **The following issues were noted during the kitchen tour:** **1. There were obvious rusted sprinkler heads in the janitor's closet and washing machine room.** **2. There was significant static dust and ice build-up on the fan guards in the walk-in freezer.** **3. There was significant static dust build-up on the fan guards in the walk-in cooler.** **4. Ceiling tiles, ceiling grids and vents observed with significant dust and rust build-up on the surfaces above the food production area of the kitchen.** **This was confirmed by the CEO and Food Service Manager.**
25.01.03 Security of Medications *Consistent with state and federal requirements, in the pharmacy and throughout the facility:* 1. *All drugs and biologicals must be kept in a secure area, and locked when appropriate.* §482.25(b)(2)(i)	2	**This standard is not met as evidenced by:** **The pediatric crash cart in the PACU medication drawer was found unlocked.**
25.01.19 Standardization of Labeling The methods for labeling, packaging and storing medication have been standardized throughout the facility to reduce adverse events resulting from improper labeling, packaging and or storage of medications.	2	**This standard is not met as evidenced by:** **During tour of the Pharmacy and Med/Surg unit, the following practices were observed to be inconsistent with facility policies:**

STANDARD	SCORE	SURVEYOR COMMENTS
		1. It was the facility's standard for medication labels to include both the patient name and medical record number. This practice was inconsistently implemented, as follows: **a. On the Med/Surg unit, three of five (3/5) medications found in patient medication bins were not labeled with these two (2) patient identifiers, as required by facility policy. Observed were:** **b. Two (2) medication bags had the patient's name and room number; however, both bags were missing the patient's medical record number.** **c. One (1) oral spray medication had only the patient's room number; this medication was missing both the patient name and medical record number.** **d. The IT department printing process was 'down;' hand-written medication labels were not consistent with facility policy.** **2. The labeling of "Look Alike/Sound Alike" drugs was inconsistent. Observed were:** • **For "Look Alike/Sound Alike" drugs, medication labels contained TALL MAN lettering. This practice was also used in the Medication Administration Record. However, the TALL MAN lettering was not used for the "Look Alike/Sound Alike" medications stored in the bins in the Pharmacy.** **These patient safety concerns were confirmed with Director of Pharmacy.**
26.01.04 Staff Qualifications *Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 42 Code of Federal Regulations.* §482.56(a)(2)	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Medical Staff had not defined, in writing, the required qualifications and competencies for the therapy staff consistent with state law.** **This was confirmed by the CEO and the Rehab Manager.**
29.00.14 Required Policies & Procedures Policies and procedures are developed by the SCU medical and nursing staffs relating to, at least: 1. The circumstances leading to required consultations for SCU patients 2. Determining the acuity of patient care to adjust from core nursing staffing 3. Management of specific patient care emergencies via protocol until the physician can be notified 4. Circumstances (examples of) requiring immediate notification of the physician 5. Management of patients during a facility disaster (equipment or utility failure, plus natural disaster{s}) 6. Infection control measures unique to the physical layout of the units, the equipment used, and potential patients served 7. Mechanisms relating to unit specific quality control and quality improvement monitors 8. Traffic control in the unit, including visiting hours for patient support persons	2	**This standard is not met as evidenced by:** **The following requirements were missing from policies:** • **Item 1: The circumstances leading to required consultations for SCU - policy written and approved while on site.** • **Item 3: Management of specific patient care emergencies via protocol until the physician can be notified / draft protocols on Chest pain of possible cardiac origin and respiratory depression were finalized and approved while on-site.** • **Item 6: Infection control measures unique to the physical layout of the units, the equipment used, and potential patients served / policy--written while on-site, due to go to IP & C for approval.** • **Item 10: Elements of assessment and reassessment and frequencies / missing the reassessment for ICU.** **This was confirmed with Director ICU and CNO.**

STANDARD	SCORE	SURVEYOR COMMENTS
9. Maintenance of par levels of supplies and drugs for anticipated needs 10. Elements of assessment and reassessment and frequencies 11. Collaborative practice principles including conflict resolution (medicine/nursing and other support providers)		
30.02.07 Supply & Equipment Availability Supplies and equipment are sufficient in quantity so that movement in and out of the area is minimized during peak care times. Processed and clean supplies are protected from surface/airborne contamination. Provisions are made for the care of patients with respiratory or wound contamination and those requiring isolation.	2	**This standard is not met as evidenced by:** **Based on the OR tour the following clean supplies were found stored in janitor closet #668 within a few feet of a dump drain basin and with two (2) dirty mops:** • **Three (3) rolls of paper towels** • **Eight (8) rolls of toilet paper** • **Six (6) hand sanitizer bottles** **This was verified by the OR Manager.**
31.00.00 Condition of Participation: Outpatient Services *If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.* §482.54	2	**This Condition is cited at the Standard-level** **This standard is not met as evidenced by:** **During document review it was noted that the Sleep Lab did not have performance measures that were integrated into the hospital-wide QAPI.** **Consequently, during the last 12 months the Sleep Lab had not reported QA measures to the Board.** **This was confirmed by the CEO and Director of the Sleep Lab**.
31.00.04 Patient Satisfaction Patient satisfaction questionnaires / comment cards shall be available for patients.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Sleep Lab lacked a measurement tool for patient satisfaction, patient satisfaction was not performed.** **This was confirmed by the CEO and Sleep Lab Director.**
31.00.05 Activity Logs The facility shall have appointment / encounter / recall and phone logs in use that are up to date.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Sleep Lab lacked a policy or process for documenting phone encounters with patients.** **This was confirmed by the CEO and Director of the Sleep Lab.**
32.01.22 Exercise of Rights 1. *The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.* 2. *The resident has the right to be free of interference, coercion,*	2	**This standard is not met as evidenced by:** **The facility lacked a policy that defined the patient rights to a dignified existence, self-determination, and coverage for rights by an appointed person.**

STANDARD	SCORE	SURVEYOR COMMENTS
discrimination, and reprisal from the facility in exercising his or her rights. 3. *In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.* 4. *In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.* §483.10(a)(1) §483.10(a)(2) §483.10(a)(3) §483.10(a)(4)		**A new policy was written and reviewed while on-site. Although a new policy was written at time of survey a Plan of Correction is required.** **This was confirmed by the Swing Bed Manager.**
32.05.04 Provision of Dental Services NOTE: §483.55(b) Nursing Facilities does not usually apply to Medicare reimbursed swing-bed residents because Medicare swing-bed residents receive skilled nursing care comparable to services provided in a SNF not a NF. If a swing-bed resident is a NF level patient, apply standard §483.55(b) as appropriate. *Nursing facilities. The facility* 1. *Must provide or obtain from an outside resource, in accordance with 483.75(h) of this part, the following dental services to meet the needs of each resident:* i. *Routine dental services (to the extent covered under the state plan)* ii. *Emergency dental services* §483.55(b)(1)	2	**This standard is not met as evidenced by:** **The facility's current policy disused coverage of emergency dental services by an advisory dentist; however, there is no contract or any privileges noted for an advisory dentist.** **The policy was revised consistent with standards for routine and emergency dental services.** **Although the policy was revised to meet the standard requirements, the facility is required to submit a Plan of Correction.** **This was confirmed with the Swing Bed Manager.**

Healthcare Facilities Accreditation Program
American Osteopathic Association (AOA)
142 E. Ontario Street
Chicago, IL 60611-2864

DEFICIENCY ASSESSMENT REPORT

FACILITY NAME & ADDRESS:		HFAP ID #: 178461	
Dickenson Community Hospital 312 Hospital Dr. Clintwood, VA 24228		CCN #: 491303	
		FACILITY TYPE: Critical Access Hospital	
CEO: Mark T. Leonard - leonardmt@msha.com **ACC:** Cristian Martin - martincc@msha.com		SURVEY TYPE: Reaccreditation Survey	
		SURVEY DATE(S): August 15-16, 2016	
TEAM CAPTAIN: McDonnell	**ADMIN SURVEYOR:** Mirabito	**NURSE SURVEYOR:** Cook	**LIFE SAFETY SURVEYOR:** Hudson

Standard Numbers and Language refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Critical Access Hospitals - **2015 Manual**. The surveyor's comments are in bold.

STANDARD	SCORE	SURVEYOR COMMENTS
02.01.02 Records. There is a record for each patient presented for emergency services. Specific issues to be addressed include: A. Onset and duration of entry complaint B. Time and method of arrival C. Triage status upon arrival D. Treatment attempted prior to arrival E. Assessment(s), problem list(s), plan(s) F. Testing results, and treatment rendered G. Patient responses to treatment H. Disposition of the case I. Further care needs, with plan for same Time and condition on discharge.	**2**	**This standard is not met as evidenced by:** **Based on document review and interview with the Director of the Emergency Department it was confirmed that one of eight (1/8) closed Emergency department charts did not contain documented evidence of a triage level assigned on arrival at triage assessment.** **The ER patient acuity and treatment of the patient was appropriate; however, no triage level assignments had been documented.** **It was also confirmed that one of eight (1/8) closed Emergency department charts did not contain documented evidence of pain reassessment after medication administration.**
05.01.07 Bylaws – Organization of the Medical Staff. The bylaws must describe the organization of the medical staff.	**2**	**This standard is not met as evidenced by:** **Based on document review and interview with the Medical Staff Coordinator and the Chief Medical Officer, it was confirmed that the Bylaws described the organization of the medical staff. However, two (2) departments of the Medical Staff, Medicine and**

		Emergency Medicine were not documented in the Bylaws. **The Medical Staff Bylaws, while specific on the accountability of the Medical Staff to the governing body and the responsibility for regularly scheduled review and evaluation of the clinical work of the members of the Medical Staff, did not specifically outline the department structure of the Medical Staff.**
14.01.04 <u>Suites.</u> Suites containing patient sleeping rooms are limited to 5,000 square feet and non-sleeping room suites are limited to 10,000 square feet.	**2**	**This standard is not met as evidenced by:** **During the building tour the double doors located at the main hospital entrance to the Emergency Department suite were observed to not positively latch.** **This observation was confirmed by the Manager of Safety and Emergency Management, the Director of Facilities and the Risk Manager.**
14.02.01 <u>Fire Alarm System- Installation & Maintenance.</u> A fire alarm system required for life safety shall be installed and maintained in accordance with sections 18/19.3.4 of the Life Safety Code (2000 edition), and in accordance with NFPA 72, 1999 edition.	**2**	**This standard is not met as evidenced by:** **During the building tour a smoke detector was observed to be mounted within 36 inches of a supply or return air diffuser at the first floor elevator lobby.** **This observation was confirmed by the Manager of Safety and Emergency Management, the Director of Facilities and the Risk Manager.**
14.02.02 <u>Fire Alarm System- Testing.</u> Fire alarm systems, and all their components, shall be tested according to NFPA 72 National Fire Alarm Code (1999 edition), Table 7-2.2 Test Methods, and Table 7-3.2 Testing Frequencies. All testing results are documented.	**2**	**This standard is not met as evidenced by:** **During the document review session the organization did not present evidence that the following tests had been performed on the fire alarm system:** **1) The discharge tests for the fire alarm system control panel batteries had not been performed for the past twelve (12) months.** **2) The load voltage tests for the fire alarm system control panel batteries had not been performed for the past twelve (12) months.** **3) The smoke damper interface relays/ modules had not been tested for the past twelve (12)**

		months. **This observation was confirmed by the Manager of Safety and Emergency Management, the Director of Facilities and the Risk Manager.**

COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

TYY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

January 23, 2016

Administrator
Norton Community Hospital Home Health
716 Spring Avenue
Wise, Virginia 24293

RE: Norton Community Hospital Home Health - Wise, VA
Recertification Survey
Provider Number 49-7068

Dear Administrator:

An unannounced, Recertification survey ending January 6, 2016 was conducted at your agency by staff from the Virginia Department of Health's Office of Licensure and Certification (the State Survey Agency) to determine if your agency was in compliance with Federal Home Health Agency participation requirements for the Medicare and/or Medicaid programs.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Survey Results

This survey determined your facility in substantial compliance with the participation requirements, in that no deficiencies were cited with the Health requirements. **The facility must maintain compliance with the Health requirements in order to continue provider certification.**

If you have any questions concerning this letter, please contact me at (804) 367-4877.

Sincerely,

Anne Sparkman Tuck

Anne Sparkman Tuck, Supervisor
Division of Acute Care Services

Enclosure

PRINTED: 01/23/2016
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	497068		01/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL HOME HEALTH	716 SPRING AVENUE WISE, VA 24293

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Home Health Recertification survey was conducted 01/04/2016 to 01/06/2016 by two (2) Medical Facilities Inspectors with the Office of Licensure and Certification, Virginia Department of Health. The agency identified six hundred sixty-six (666) unduplicated admissions in the last twelve (12) months and does not operate any branch offices. In conjunction with the survey, six (6) home visits and multiple staff interviews were conducted. Twelve (12) clinical records, four (4) personnel files, an admission packet, complaint log, CLIA (Clinical Laboratory Improvement Amendments) waiver, organizational chart, and aide inservice hours were reviewed. The survey was standard in scope. The facility was found to be in compliance with the Federal requirements of 42 CFR 484, the Medicare/Medicaid Conditions for Certification of Home Health Agencies (Revised 05/20/14). No deficiencies were cited.	G 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

NORTON COMMUNITY HOSPITAL HOME HEALTH
716 SPRING AVENUE
WISE, VA 24293

CLIA ID NUMBER

49D2006876

EFFECTIVE DATE

05/03/2016

LABORATORY DIRECTOR

JODY BENTLEY D.O.

EXPIRATION DATE

05/02/2018

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

381 Corts1_040516

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Official Accreditation Report

Smyth County Community Hospital
245 Medical Park Drive
Marion, VA 24354

Organization Identification Number: 3795

Unannounced Full Event: 3/21/2016 - 3/23/2016

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)	Survey Date(s)
Hospital Accreditation Home Care Accreditation	03/21/2016-03/23/2016

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP15
	IC.02.02.01	EP2,EP4
	NPSG.01.01.01	EP2
	PC.01.02.07	EP3
	PC.02.01.03	EP1
	PC.02.01.11	EP2
	PC.03.01.03	EP1
Program:	Home Care Accreditation Program	
Standards:	IC.02.01.01	EP2

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	IC.01.05.01	EP1
	LD.04.01.05	EP4
	LS.02.01.35	EP4
	MM.05.01.09	EP2
	MS.01.01.01	EP5

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.35/EP4	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP15

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2, EP4	Standard

CoP: §482.22 **Tag:** A-0338 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.22 Condition of Participation: Medical staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.22(c)	A-0353	HAP - MS.01.01.01/EP5	Standard

Requirements for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01

ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Element(s) of Performance:

15. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13)
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 15
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In 1 of 16 critical pressure relationships, checked during survey,the sterile prep and pack room was in a slightly negative air pressure relationship to the adjacent corridor, as observed via a hospital-provided velometer indicating that air was flowing into the room from 1 to 50 feet per minute. The hospital did follow-up air balancing the same day, and the sterile prep and pack room was subsequently observed to be in the correct positive air pressure relationship at an average of 75 feet per minute on the velometer, prior to the end of the day.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.01.05.01

ESC 60 days

Standard Text: The hospital has an infection prevention and control plan.

Element(s) of Performance:

1. When developing infection prevention and control activities, the hospital uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
During the tracing of the sterile processing department, it was found that testing of the mechanical washer function was not performed.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the tour of radiology and demonstration of high level disinfection of ultrasound probes, it was found that the bottle containing Revital-Ox test strips was appropriately labeled with the date opened (3/16) and the expiration date (5/16). However, the bottle and the strips had expired on 3/16/2016.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the demonstration of high level disinfection of ultrasound probes, it was noted a GUS was used. While the initial rinse was in the GUS, the probe was next rinse in a hand wash general use sink, too small to avoid splash contamination.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During review of high level disinfection of endoscopes, it was found that disinfection reagent testing results were not recorded.

EP 4
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the tour of the OR and surgical suite, it was noted that the difficult intubation scope was stored coiled lying flat. Endoscopes with lumens need to be stored vertically following high level disinfection to allow fluids to drain and not pool.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In 2 of 4 colonoscopes in the endoscope storage cabinet following high level disinfection, it was noted the scopes were touching each other and their tips were touching a towel at the bottom of the cabinet.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the tour of the radiology department and demonstration of the high level disinfection process for the intra-cavitary probes, it was noted that the transvaginal probe was stored in a plastic container. The probe was in contact with its cable that had not undergone high level disinfection.

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.01.05

ESC 60 days

Standard Text: The hospital effectively manages its programs, services, sites, or departments.

Element(s) of Performance:

4. Staff are held accountable for their responsibilities.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 4

Observed in Record Review at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site. The records for acceptance and dispensing of sample medications in the ambulatory clinic were examined. The records did not show the quantity on-hand for any of the numerous medications in inventory. The log of drugs received was independent of the log of drugs dispensed. The dispense log was not by drug, hence there was no perpetual inventory capability. The hospital policy; "Use of Medication Samples - Pharmacy Services", PS-100-048, revised 1/24/2014, required documentation so that the remaining balance of drug on hand was to be reconciled every time medication was dispensed.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 4
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In 4 of 10 above ceiling checks, there were observations within this element of performance.The sprinkler piping was sharing the support structure with conduits in two separate locations above the ceiling by Communications Room 3-1. Above the ceiling by the fire wall at the 3100 nurse's station, there were ten metal-clad flexible electrical cables being supported by a sprinkler pipe. Above the ceiling by Short Stay Room #2, the support structure was being shared with conduits.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.01.01.01

ESC 60 days

Standard Text: Medical staff bylaws address self-governance and accountability to the governing body.

Element(s) of Performance:

5. The medical staff complies with the medical staff bylaws, rules and regulations, and policies.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5
§482.22(c) - (A-0353) - §482.22(c) Standard: Medical Staff Bylaws

The medical staff must adopt and enforce bylaws to carry out its responsibilities.
The bylaws must:
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital - Swing Bed deemed service.
In 2 of 2 patient records reviewed, the history and physical in the medical record did conform to the required elements as defined in Addendum A of the Medical Staff bylaws. The first record did not have a physical exam. There was a statement under that section, "I have reviewed and agree with vital signs listed in the ER". In the second record, there was no History and Physical. The discharge summary from the preceding hospital stay for a patient admitted to Swing Bed care was entered into the record with an ink stamp that stated the document was reviewed and accepted as the H&P. However, the discharge summary did not conform to H&P requirements for: past medical history, review of systems, family history, current medications and allergies, social history, and a current physical exam. There was no provision in the bylaws for a discharge summary to double as a History & Physical.
NOTE: The hospital provided a "policy' related to Swing Bed program, Titled "Physician Services". In the Procedure, B. 2. it stated that "The development of a medical plan of care to include a history and physical completed on admission to the unit or by 48 hours after admission which will be reviewed and revised appropriately, or accepting the acute care history and physical with the discharge summary as the swing bed unit history and physical by signing and dating it on admission or by 48 hours after admission." This policy did not have which policy manual it was located in, the policy number, the effective date, or review and approval information affixed. The medical staff bylaws, rule & regulations did not have a provision for alternate history & physical's (in Swing Bed patients) that supported the policy shown to the surveyor. Surveyor concluded the policy did not supersede the adopted Bylaws.

Observed in Record Review at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site.
In 27 of 200 Medical Records Audited, in the ambulatory care clinic, it was noted that the there were incomplete medical records outside of the 30 day requirement.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.09

ESC 60 days

Standard Text: Medications are labeled.

Element(s) of Performance:

2. Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.
Note: This element of performance is also applicable to sample medications.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Tracer Activities at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site. During tracer activities and interviews of clinic staff and a clinic physician, it was learned that there was no consistent (required) way of labeling sample medications at the time there were dispensed to patients for home use. The physician stated he wrote on the manufacturers packaging with a sharpie pen. There was no other labeling process that forced compliance with state requirements for labeling dispensed medications, or in compliance with hospital policy PS-100-048 "Use of Medication Samples". The policy required under section 3. Dispensing and administration of medication samples: a. Medication samples must be labeled per legal requirements for outpatient prescriptions.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.01.01.01 ESC 45 days

Standard Text: Use at least two patient identifiers when providing care, treatment, and services.

Element(s) of Performance:

2. Label containers used for blood and other specimens in the presence of the patient. (See also NPSG.01.03.01, EP 1) 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Tracer Activities at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site. In 1 of 2 Urine Specimens, located on the counter of the clinic laboratory, it was noted that one specimen container had no patient identifiers on it.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07

ESC 45 days

Standard Text: The hospital assesses and manages the patient's pain.

Element(s) of Performance:

3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 3

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
In 8 of 8 PRN medication doses for patient pain, it was noted that there was no documented pain reassessment within the expected time frame following PRN medication for assessed pain.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03

ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *
Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:
- Responsible for the care of the patient
- Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements
- Acting within his or her scope of practice under state law
- Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services
Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Record Review at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site.
In 2 of 3 patient records reviewed, there was no documented medication order, discussion of prescribing a new medication, or addition to the list of current medications for patients who had a medication dispensed from the Sample Medication inventory. Patients were randomly selected from the list of dispensed sample medications. In two records the computer form for order/dispensing the sample mediation was not completed by the provider of record.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.11

ESC 45 days

Standard Text: Resuscitation services are available throughout the hospital.

Element(s) of Performance:

2. Resuscitation equipment is available for use based on the needs of the population served. Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
During the tour of the OR, it was noted that the OR crash cart and defibrillator had not been checked on Saturday March 5th despite a surgical procedure that day.

Observed in Tracer Activities at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
In 2 of 2 Supply Carts, located in the medication/supply room on the Progressive Care Unit/ICU, it was noted that there were ECG electrodes loosely stored in a drawer. These items had been removed from the manufacturer packaging. In the second cart there was a partially used package of electrodes. There were no discard dates affixed to any of the opened electrodes. The manufacturers instructions for use required them to be discarded 30 days after opening.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03

ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Element(s) of Performance:

1. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
In 2 of 2 pre-sedation evaluations, the MD did a thorough history and physical and gave the ASA level but did not document an airway assessment. Hospital policy PC-600-195; pg.3, VII D. f calls for ASA level and airway assessment for moderate sedation with procedures.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.02.01.01

ESC 45 days

Standard Text: The organization implements the infection prevention and control activities it has planned.

Element(s) of Performance:

2. The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4)
Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients.
Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).

3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Individual Tracer at Smyth Regional HomeCare (1152 Snider Street, Marion, VA) site.
The home care surveyor noted that during the process of obtaining blood specimens for ordered labs and a dressing change to the Hickman catheter the RN failed to comply with the organizations Infection Control policy and CDC guidelines when she failed to cleanse her hands or use hand sanitizer between glove changes. The surveyor observed the RN change gloves after removing the soiled Hickman catheter dressing and put on new gloves to open supplies and a second time when she removed her gloves from preparing supplies, the RN then put on sterile gloves for the Hickman catheter dressing change and the surveyor noted that there was no hand hygiene between either glove change.

Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Program:	Hospital Accreditation Program	
Standards:	EC.02.02.01	EP5
	IC.02.01.01	EP1
	LS.02.01.20	EP13
	LS.02.01.30	EP11
	LS.02.01.35	EP6
	PC.01.02.01	EP23
	PC.01.03.01	EP23
Program:	Home Care Accreditation Program	
Standards:	NPSG.01.01.01	EP1
	RC.02.01.01	EP2

Opportunities for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.02.01

Standard Text: The hospital manages risks related to hazardous materials and waste.

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP5
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. At the time of survey, it was confirmed by the hospital team that the hand-held spray located in the hazmat decontamination room in the Emergency Department was not being flowed on a preventive basis between actual uses.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.01.01

Standard Text: The hospital implements its infection prevention and control plan.

Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. The linen cart in the surgical sterile storage area, was observed to be a wire mesh cart without a plastic sheet on the bottom shelf.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

13. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP13
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. At the time of survey, there was a portable blood pressure apparatus and a workstation-on-wheels stored in the egress corridor on 2 Short Stay.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Element(s) of Performance:

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.
Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door.
(For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP11
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. During the tour of the OR, the strike on the door jam for the Environmental Services' closet door was taped so the door didn't latch.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

6. There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.
Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP6
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. At the time of survey, one of the five sprinklers in the Pharmacy was located fifteen inches directly above the top shelf of a storage unit.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.01

Standard Text: The hospital assesses and reassesses its patients.

Element(s) of Performance:

23. During patient assessments and reassessments, the hospital gathers the data and information it requires. (See also PC.01.01.01, EP 24)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP23
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. In 1of 3 patient records reviewed, on the Progressive Care Unit, the daily nursing assessment for the patient with acute respiratory was checked at "WNL". The RN stated that the patient had just come off of Bi-PAP that morning and was receiving nasal cannula oxygen and had diminished breath sounds. The documented assessment of WNL had criteria for room air, and normal breath sounds. The patient did not meet the normal criteria, hence the documented assessment did not support the plan of care. (Note: the RN amended the assessment).

Chapter:	Provision of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	PC.01.03.01
Standard Text:	The hospital plans the patient's care.

Element(s) of Performance:

23. The hospital revises plans and goals for care, treatment, and services based on the patient's needs. (See also RC.02.01.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP23
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. In 1of 2 patient records reviewed, for Swing Bed services, it was noted the electronic plan of care had "active" patient problems from a prior hospital stay in the current care plan. There were 6 problems with start dates prior to the date of Swing Bed admission and for which there was no supporting (current) assessments consistent with those problem (such as sepsis).

Chapter:	National Patient Safety Goals
Program:	Home Care Accreditation
Standard:	NPSG.01.01.01
Standard Text:	Use at least two patient identifiers when providing care, treatment, or services. Note: In the home care setting, patient identification is less prone to error than in other settings. At the first encounter, the requirement for two identifiers is appropriate; thereafter, and in any situation of continuing one-on-one care in which the clinician 'knows' the patient, one of the identifiers can be facial recognition. In the home, the correct address is also confirmed. The patient's confirmed address is an acceptable identifier when used in conjunction with another individual-specific identifier.

Element(s) of Performance:

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at Smyth Regional HomeCare (1152 Snider Street,Marion,VA) site.
The surveyor noted that for HH Visit 1 the RN obtained blood specimens as ordered from the Hickman catheter and then proceeded to label the specimen tubes however failed to use at least two patient identifiers when collecting the blood samples for clinical testing.

Chapter: Record of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: RC.02.01.01

Standard Text: The patient record contains information that reflects the patient's care, treatment, or services.

Element(s) of Performance:

2. The patient record contains the following clinical information:
- Any medications administered, including dose
- Any activity restrictions
- Any changes in the patient's condition
- Any summaries of the patient's care, treatment, or services furnished to the patient’s physician or licensed independent practitioner(s)
- The patient's medical history
- Any allergies or sensitivities
- Any adverse drug reactions
- The patient's functional status
- Any diet information or any dietary restrictions
- Diagnostic and therapeutic tests, procedures, and treatments, and their results
- Any specific notes on care, treatment, or services
- The patient's response to care, treatment, or services
- Any assessments relevant to care, treatment, or services
- Physician orders
- Any information required by organization policy, in accordance with law and regulation
- A list of medications, including dose, frequency, and route of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services
- The plan of care
- For DMEPOS suppliers serving Medicare beneficiaries: The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician. (See also PC.01.02.01, EP 1; PC.01.03.01, EPs 1 and 23)

Note 1: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Note 2: For organizations that provide personal care and support services: The patient record contains the documentation on the list noted above that applies to the care, treatment, or services provided by the personal care and support staff.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Individual Tracer at Smyth Regional HomeCare (1152 Snider Street,Marion,VA) site. The home care surveyor noted for HV 3 the RN did not comply with the organization's policy HH 600 -022 section C Drug Profile which states that the drug profile/medicine profile information lists each medication the patient is receiving, the date ordered, the dosage and frequency. The Home Health Certification Plan of Care locator number 10 Medications included Novolog Sliding Scale Vial 1 Unit As Directed Sub-Q and the order did not include the specificity for the sliding scale. The sliding scale was written on a piece of paper in the patient's bedroom and in the home folder and included 0 -150=0 units, 150-200=5 units, 200-295=10 units, 300-399=20 units, greater than 400=25 units. There was no evidence of the sliding scale on the agency drug profile/medication profile.

Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413

Northeast Division of Survey & Certification

December 4, 2014

Mr. Mark Leonard, Administrator
Dickenson Community Hospital
312 Hospital Drive
Clintwood, VA 24228

Dear Mr. Leonard:

Re: CMS Certification Number: 49-1303

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Based on the results of the State of Virginia survey that ended on November 19, 2014, we find that Dickenson Community Hospital is now in compliance with all of the Medicare conditions of participation.

Dickenson Community Hospital can again be recognized as meeting Medicare requirements by virtue of its accreditation by the American Osteopathic Association's Bureau of Healthcare Facilities Accreditation (BHFA). The hospital's "deemed status" has been restored as of the date of this letter.

We appreciate your efforts and the steps taken to correct the Medicare deficiencies cited by the State of Virginia. We thank you for your cooperation, and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

Robin T. Naarden

Robin Thomas-Naarden
Principal State Representative
Certification and Enforcement Branch

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413

Northeast Division of Survey & Certification

October 8, 2014

Mr. Mark Leonard, Administrator
Dickenson Community Hospital
312 Hospital Drive
Clintwood, VA 24228

Dear Mr. Leonard:

Re: CMS Certification Number: 491303

Section 1865 of the Social Security Act and implementing regulations permit a hospital accredited by the American Osteopathic Association/Healthcare Facilities Accreditation Program, (AOA/HFAP), or the applicable Accrediting Organization to be deemed to meet the Medicare Conditions of Participation. 42 U.S.C. § 1395bb; 42 C.F.R. §§ 488.5, 488.6. Section 1864 of the above Act and the implementing regulation authorize the Secretary of Health & Human Services to conduct, on a selective sampling basis or in response to substantial allegations of non-compliance, surveys of accredited hospitals participating in Medicare as a means of validating the accreditation survey process. 42 U.S.C. § 1395aa; 42 CFR §488.7(a). If, in the course of such a survey, a hospital is found not to meet one or more of the Medicare Conditions of Participation, the hospital will no longer be deemed to meet any Medicare Conditions of Participation. 42 U.S.C. § 1395bb (c); 42 C.F.R. § 488.7(d). Also, we are required to place the hospital under Medicare State agency survey jurisdiction until it is in compliance with all Medicare Conditions of Participation. Id.

As you are aware, the State of Virginia Office of Licensure and Certification conducted a complaint investigation survey of your hospital on August 20, 2014. The State agency's findings are explained in the enclosed Form CMS-2567 (Statement of Deficiencies). CMS concurs with these findings and, as a result, has determined that Dickenson Community Hospital is not in compliance with the following Medicare Conditions of Participation:

42 CFR §485.638 - CLINICAL RECORDS

These deficiencies have been determined to be of such character as to substantially limit the hospital's capacity to furnish adequate care and/or as to adversely affect the health and safety of patients.

In accordance with the federal regulation at 42 C.F.R. § 488.7(d), we have determined that Dickenson Community Hospital is no longer deemed to meet the Medicare Conditions of Participation and will be subject to the federal requirements applied to unaccredited hospitals. Consequently, we have further determined that Dickenson Community Hospital is now under the jurisdiction of State of Virginia Office of Licensure and Certification.

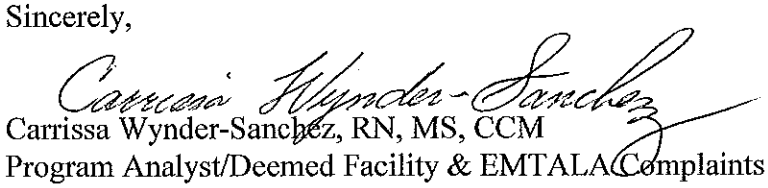
We will complete the administrative steps to terminate your Medicare agreement by November 24, 2014 if compliance has not been achieved and verified prior to that date. To forestall termination of your facility's Medicare provider agreement, the identified deficiencies must be corrected, the hospital must be in compliance with the Conditions of Participation, and this must be accomplished no later than November 24, 2014.

Please prepare a plan of correction (POC) for the cited deficiencies, and send it to the State of Virginia Office of Licensure and Certification at 9960 Maryland Drive, Suite 401, Perimeter Center, Richmond, VA 23233 within 10 days of your receipt of this letter. Your POC can be considered an allegation of compliance. If we do not receive a timely and acceptable POC, CMS will proceed directly with termination of your facility's Medicare provider agreement on November 24, 2014 by issuing a notice of termination and advising you of your appeal rights. Should you take the necessary steps to correct the deficiencies cited and make a credible allegation of compliance, a revisit survey will be conducted to verify that corrective action has been effectively implemented and that Dickenson Community Hospital has achieved compliance with the Medicare Conditions of Participation identified above. If continued non-compliance with the Conditions of Participation is found, we will give you notice of termination and advise you of your appeal rights. We will also arrange at that time to publish a notice in the local paper to advise the public of the termination.

If, as a result of the revisit survey, CMS determines that Dickenson Community Hospital has achieved compliance with the Medicare Conditions of Participation identified above, your Medicare agreement would not be terminated, the termination action would be rescinded, and Dickenson Community Hospital's status as a provider deemed to meet the Medicare Conditions of Participation would be restored. However, if, as a result of the revisit survey, CMS determines that Dickenson Community Hospital has not achieved compliance with the Medicare Conditions of Participation identified above, CMS would follow the timeframes and procedures outlined in the enclosed manual provisions at § 5110.3(a), Chapter 5, "Complaint Procedures" of the State Operations Manual.

Please note that, if you do not take corrective action as here indicated, and your agreement to participate in the Medicare program is terminated, Dickenson Community Hospital will not be readmitted to the program unless you can demonstrate to CMS that the reason for termination has been removed and there is a reasonable assurance that it will not recur. If you have any questions about this action, please contact me at 215-861-4514 or by email at carrissa.sanchez@cms.hhs.gov.

Sincerely,



Carrissa Wynder-Sanchez, RN, MS, CCM
Program Analyst/Deemed Facility & EMTALA Complaints
Certification and Enforcement Branch

Enclosure – CMS-2567
§ 5110.3(a), Chapter 5, "Complaint Procedures" of the State Operations Manual

cc: State of Virginia Office of Licensure and Certification
American Osteopathic Association/Healthcare Facilities Accreditation Program, (AOA/HFAP)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	491303		C 08/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENSON COMMUNITY HOSPITAL	312 HOSPITAL DRIVE CLINTWOOD, VA 24228

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated/complaint survey was conducted 08/18/14 through 08/20/14 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health. In addition to the complaint, the survey included the review of 42 CFR 485.608 (Compliance with Federal, State and Local Laws and Regulations), 42 CFR 485.616 (Agreements), 42 CFR 485.618 (Emergency Services), 42 CFR 485.623 (Physical Plant and Environment), 42 CFR 485.627 (Organizational Structure), 42 CFR 485.635 (Organizational Structure), and 42 CFR 485.635 (Provision of Services), and 42 CFR 485.638 (Clinical Records). The facility was not compliance with the applicable parts of 42 CFR Part 485 Subpart F: Conditions of Participation for Critical Access Hospitals (Rev. 01-31-14). CONDITION and standard level citations were identified in 42 CFR 485.638 - Clinical Records. Complaint #VA00029335 was investigated and found to be substantiated. Deficient practice is cited within this report.	C 000		
C 300	485.638 CLINICAL RECORDS Clinical Records This CONDITION is not met as evidenced by: Based on the systematic nature of the standard level deficient practices related to the implementation of policies and procedures and	C 300		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	491303		C 08/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENSON COMMUNITY HOSPITAL	312 HOSPITAL DRIVE CLINTWOOD, VA 24228

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 300	Continued From page 1 auditing practices regarding Clinical Record Requirements as cited in: 485.638 (a) (3) ---- 0303 485.638 (a) (4) (i) -- 0304 485-638 (a) (4) (iii)--0306 485.638 (a) (4) (iv)--0307 Deficient practice was found in 22 of 27 clinical records reviewed. A review of the Medical Staff Bylaws revealed the following: 5E. Performance Improvement: (1) (q) " Accurate, timely, and legible completion of medical records. "	C 300		
C 303	485.638(a)(3) RECORDS SYSTEMS A designated member of the professional staff is responsible for maintaining the records and for ensuring that they are completely and accurately documented, readily accessible, and systematically organized. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure complete and accurate clinical records were maintained for 22 of 27 patient records reviewed. The findings include: During the survey, the team reviewed 27 patient records. Of the 27 records, 22 had missing or incomplete documentation. Patient #'s 1, 2, 3, 4, 6, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, and 27. In an interview with Staff # 7 on 8/19/14, the	C 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	491303		C 08/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENSON COMMUNITY HOSPITAL	312 HOSPITAL DRIVE CLINTWOOD, VA 24228

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 303	Continued From page 2 survey team discussed the patient records and incomplete documentation. Staff #7 stated he/she would "talk" to the doctors and "remind" them they needed to complete their records. Staff #7 also stated ""We are developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..." On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the clinical record findings with the facility Administrative staff. The survey team reviewed the 'Emergency Medical Treatment and Patient Transfer' Policy and Procedure (P&P), related to discharge and transfer documentation. The policy had a creation date of 7/1/99 with the most recent review and effective date of 11/1/13. The policy and preocedure included a component related to chart reviews for emergency department patients who were transferred. 1. Each hospital shall periodically review its transfers to identify opportunities for improvements. The review shall include, but not be limited to, a determination of whether the following requirements for transfer are being satisfied: a. Documentation reflects patient's condition on transfer (refer to Transfer Authorization Form for stable/unstable). b. The physician has signed a certification stating that based on the assessed needs of the patient at the time of transfer, the medial benefits reasonably outweigh the increased risks to the patient... c. The receiving facility has available space and qualified personnel and has agreed to accept the	C 303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	491303		C 08/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENSON COMMUNITY HOSPITAL	312 HOSPITAL DRIVE CLINTWOOD, VA 24228

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C 303	Continued From page 3 patient (refer to Transfer Authorization Form). d. Documentation reflects all medical records related to the emergency condition are sent to the receiving facility (refer to Transfer Authorization Form). e. The transfer is affected through qualified personnel and transportation equipment (refer to Transfer Authorization Form). f. Results of the reviews shall be reported to the Medical Staff and to the Administration.	C 303		
C 304	485.638(a)(4)(i) RECORDS SYSTEMS For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient; This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure the disposition at discharge was documented for 9 of 27 patients of the survey sample (Patient #'s 2, 6, 15, 16, 18, 19, 21, 22 and 27), and for 4 (four) of 27, (Patient #'s 4, 9, 10 and 16) the facility staff failed to ensure the transfer record was completed. The facility also failed to ensure the "Patient Rights and Responsibilities" document (containing how and where to file a grievance or complaint and a listing of the Patients Rights) and "Policy on	C 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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C 304	Continued From page 4 Advance Directives" was signed by the patient acknowledging receipt of this information. Upon discharge, the physician documentation of disposition, was not documented or was unclear in the clinical record for Patient #'s 2, 6, 15 16, 18, 19, 21, 22 and 27. The transfer record was not completed for Patient #4, 9, 10 and 16. "Patient Rights and Responsibilities" and "Policy on Medical Advance Directives" document was not signed for Patient #'s 6, 13, 17, and 25. The findings included: (A) Review of the clinical records for Patient #'s 2, 6, 16, 18, 21, and 27 revealed no disposition documentation on the emergency room record by the physician. On the second page (Page 2) of the emergency room document was an area designated for the physician to document "Disposition: Disposition Decision Time" and "Discharge" with choices for the physician to circle as to the disposition of the patient (ex: home, work, Nursing Home, Deceased, AMA). For the Patient charts listed above, there was no documentation by the physician of the patient's disposition at discharge. Review of the clinical records for Patient 4, 9, and 16 revealed the patients were transferred to another facility for a higher level of care or speciality service. Patient #4 had a "Transfer Authorization Form" which, on page 2, failed to document" "VI: Patient Consent to Transfer- (check one) I hereby Consent to Transfer...I hereby refuse to be transferred...I hereby request transfer..." None were checked. Also the document was signed in the area for "responsible person" however there was no indication who the "Responsible Person" was in relation to Patient #4. At the bottom of the form, there was no documentation as to what additional records were	C 304		

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C 304	Continued From page 5 sent with the patient (VII: Accompanying Documentation) and the date and time of transfer were not documented. For Patient # 16 the "Transfer Authorization Form" did not document "IV. Mode/Support/Treatment During Transport". For Patient #16, the "Transfer Authorization Form" did not document: "III. Risks and Benefits of Transfer", or "VIII. Accompanying Documentation". Further review of the clinical records revealed "Patient Rights and Responsibilities" and "Policy on Medical Advance Directives" document was not signed for Patient #'s 6, 13, 17, and 25. The document contained a signature area on the second page which had a computer printed date and time but no patient signature. (B) Review of the clinical record for Patient #10 revealed that on page 1 of 1 of the Medical screening Exam under the heading "DISPOSITION:" there was no documentation as to where Patient #10 was discharged. However, further reviewed revealed Patient # 10 had documentation that the patient was transferred to another facility. Patient # 10's record lacked a transfer record. The clinical record for Patient 15 revealed that on page 2 of the physician's physical assessment, under the heading "DISPOSITION: Disposition Decision Time" there was no documentation of the time, where the patient was discharged, whether the patient was transferred, what condition the patient was in at the time of discharge, or with whom the discharge was discussed with at the time of discharge. Review of the clinical record for Patient # 19 revealed that on the second page of the physician's assessment emergency room record under the heading "DISPOSITION: Disposition	C 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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C 304	Continued From page 6 Decision Time" there was documentation by the physician that Patient # 19 was discharged home and also that a transfer form was completed. Subsequent documentation in Patient # 19's record was a physician order sheet dated 7/24/2014 with an order to "transfer to "another facility" DQ drug O.D./Tylenol O.D. "name of accepting MD" notify resident on call on arrival". The record also included a transfer form dated 7/24/2014 which named the receiving facility and name and title of hospital personnel accepting transfer of Patient # 22. The clinical record for Patient # 22 had documentation on the physical examination by the physician that Patient # 22 was to be "discharged to behavioral health" for acceptance in another facility. There was documentation by the emergency room nurse in the Clinical Notes Report that "Behavioral Health "staff" has been here and advised the patient was going voluntarily to "a facility" to be admitted there. He/she "is being discharged to his/her family". Patient # 22's record lacked a transfer order, and based on documentation in the record, it was unclear as to where the patient was discharged. On 8/19/14 at 12:50 p.m., the surveyors discussed the findings with Staff # 7. Staff #7 stated that when the audits are done of the medical records the physicians are reminded to sign and complete their charts. "We are developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..." On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the findings with the facility Administrative staff. The survey team reviewed the 'Emergency Medical Treatment and Patient Transfer' Policy	C 304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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C 304	Continued From page 7 and Procedure (P&P), related to discharge and transfer documentation. The policy had a creation date of 7/1/99 with the most recent review and effective date of 11/1/13. The procedure included the following, in part, "The physician must also complete, or confirm the information contained in, the physician-required sections of the Transfer Authorization Form". Prior to transfer, the RN (registered nurse), Case Manager, or Social Worker must confirm positive acceptance by the receiving facility, including bed availability and qualified staff awaiting patient ' s arrival. The date and time of confirmation must be documented in the Transfer Form. In order to verify and document appropriate transfer the following forms must be completed and the following records must be kept (unless noted to be inapplicable to the patient, as described in the P&P: Transfer Authorization Form; Pertinent Medical Information; Physician Order; Emergency Commitment Form; Certificate of Medical Necessity for Ambulance Transportation.	C 304		
C 306	485.638(a)(4)(iii) RECORDS SYSTEMS [For each patient receiving health care services, the CAH maintains a record that includes, as applicable-] all orders of doctors of medicine or osteopathy or other practitioners, reports of treatments and medications, nursing notes and documentation of complications, and other pertinent information necessary to monitor the patient's progress, such as temperature graphics and progress notes describing the patient's response to treatments; [and]	C 306		

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C 306	Continued From page 8 This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure all treatment orders were documented in the clinical records for 7 (seven) of 27 patient records in the survey sample (Patient #'s 2, 6, 8, 17, 20, 22 and 23). Patient #'s 2, 6, 8, 17, 20, 22 and 23 were evaluated by Behavioral Health in the Emergency Department. There was no order from the physician on the clinical record for the Behavioral Health Evaluation. The findings included: (A) Patient #'s 2, 6, 17, 20, and 23 clinical records were reviewed and revealed each of the patients were seen in the emergency department by personnel from Behavioral Health for a mental health screening. The surveyors were unable to locate in the clinical record an order from the physician for the mental health consult/evaluation. According to Staff # 9 on 8/19/14 at 2:00 p.m., any physician's orders were located on the electronic print out in the patient's record. The surveyors were unable to locate any consult/evaluation orders on the electronic print out for the Behavioral Health. (B) Patient #'s 8 and 22 were evaluated by Behavioral Health in the emergency Department. There was no order from the physician on the clinical record for the Behavioral Health Evaluation.	C 306		

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C 306	Continued From page 9	C 306		
	On 8/19/14 at 12:50 p.m., the surveyors discussed the findings with Staff # 7. Staff #7 stated that when medical record audits are done, the physicians are reminded to sign and complete their charts. "We are developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..."			
	On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the findings with the facility Administrative staff.			
C 307	485.638(a)(4)(iv) RECORDS SYSTEMS	C 307		
	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-]			
	dated signatures of the doctor of medicine or osteopathy or other health care professional.			
	This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to ensure clinical records contained complete documentation of dates and times of orders and disposition of the patient for 15 of 27 charts reviewed. Patient #'s 1, 3, 4, 8, 9,10, 11, 13, 16, 17, 18, 19, 21, 22 and 27.			
	Patient # 3, 4, 8, 10, 11, 13, 16, 18, 19, 22 and 27 did not have the time of disposition decision documented by the physician on the clinical record.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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C 307	Continued From page 11 Time" there was no documentation of the time of the disposition decision. Review of the clinical records for Patients # 1, 10, revealed no documentation of the time of disposition on page 1 of 1 on the Medical Screening Exam under the heading "DISPOSITION: Disposition Decision Time". For Patient # 8, on the second page of the physician's physical assessment emergency room record, at the bottom left of the document was an area for the physician's signature and a box containing "Disposition time and Disposition Date". There was no documentation of the date of disposition for Patient # 8. Review of the clinical record for Patient #10 revealed that on page 1 of 1 of the Medical screening Exam under the heading "DISPOSITION:" there was no documentation as to the time that Patient #10 was discharged. Review of the clinical record for Patient # 19 revealed that on the second page of the physician's assessment emergency room record under the heading "DISPOSITION: Disposition Decision Time" there was documentation by the physician that Patient # 19 was discharged home and also that a transfer form was completed. Documentation in Patient # 19's record was that he/she was transferred from the emergency room to another hospital. On 8/19/14 at 12:50 p.m., the surveyors discussed the findings with Staff # 7. Staff #7 stated that when the audits are done of the medical records, the physicians are reminded to sign and complete their charts. "We are	C 307		

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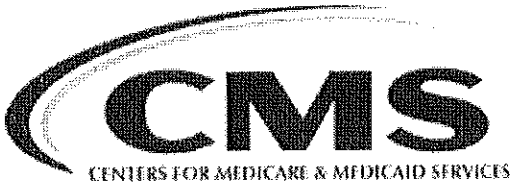
C 307	Continued From page 12 developing a better auditing tool that meets the standards and is not repetitive, also that will include the electronic record and issues with that..." On 8/19/14 at 3:40 p.m., and again on 8/20/14 at 12:15 p.m., the survey team discussed the findings with the facility Administrative staff.	C 307		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Division of Survey & Certification

October 8, 2014

Mr. Mark Leonard, Administrator
Dickenson Community Hospital
312 Hospital Drive
Clintwood, VA 24228

Dear Mr. Leonard:

CMS Certification Number: 491303

IMPORTANT NOTICE - PLEASE READ CAREFULLY

The August 8, 2014 survey of your hospital by the State of Virginia Office of Licensure and Certification found non-compliance with 42 CFR §489.20 and 42 CFR§489.24. We accepted the material submitted with your plan of correction as an allegation of compliance. The termination date was October 4, 2014. In order to assure that the corrective actions had been implemented in a manner that supports the regulatory requirements, the State of Virginia Office of Licensure and Certification conducted a resurvey of your facility on October 4, 2014. The survey revealed no new deficiencies and that your facility has implemented the plan of correction satisfactorily. The facility is now in substantial compliance and the termination is rescinded.

As advised, subsequent to the approval of the Plan of Correction, successful verification and cancellation of the termination action, the violation will be referred to the Pennsylvania Quality Improvement Organization (QIO) for a 60-day review. The purpose of this review is to assist the Office of Inspector General in determining whether to assess civil money penalties prescribed by Section 1867 of the Act. You will be afforded an opportunity to contribute additional information at the 60 day meeting with the QIO.

We appreciate your efforts to cooperate with our agencies during this process. Please feel free to communicate with the State of Virginia Office of Licensure and Certification or our office if you have any questions on your responsibilities under the anti-dumping regulation and statute. If you have questions regarding this notice, please feel free to contact me at (215)861-4514 or by email at carrissa.sanchez@cms.hhs.gov.

Sincerely,

Carrissa Wynder-Sanchez

Carrissa Wynder-Sanchez, RN, MS, CCM
Region III EMTALA Coordinator
Certification and Enforcement Branch

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/08/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	491303		R-C 10/03/2014

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{C 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the abbreviated (complaint) survey conducted 8/5/14 through 8/8/14 was conducted on 10/01/14 by two (2) Medical Facilities Inspectors for the Office of Licensure and Certification, Virginia Department of Health. The facility was found to be in compliance with the EMTALA (Emergency Medical Treatment and Active Labor Act - Rev. 7-16-10) requirements at 42 CFR §489 regarding Responsibilities of Medicare Participating Hospitals in Emergency Cases.	{C 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/30/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

HFAP
Healthcare Facilities Accreditation Program

142 East Ontario Street, Chicago, Illinois 60611-2864 • 800-621-1773 x 8258 • 312-202-8258 • www.hfap.org

Mark T. Leonard
Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228
CCN: 491303

October 22, 2013

Dear Mr. Leonard

Enclosed are the areas of noncompliance noted in the Critical Access Hospital survey conducted at your facility on October 7-9, 2013.

Healthcare facilities are required to respond to **each** HFAP standard cited as "Not-Compliant" from the accreditation survey within 10 calendar days of the date on this letter. A full Plan of Correction, utilizing the attached **Plan of Correction Template**, must be received no later than **November 1, 2013**. Plan(s) of Correction must include detailed implementation and monitoring plans to demonstrate that the Plan(s) of Correction is/are actually planned for completion.

Please see attached **Instructions for Submitting Plans of Correction** for more detail.

HFAP requires your completed Plan(s) of Correction to be sent via email to reports@hfap.org no later than the above due date. Please do not submit your report to any other email address. Failure to submit to the correct email address may cause a delay in receipt and recognition of your submission. In the subject line, please put your **Facility Name, Facility ID# and Plan(s) of Correction.**

If you have questions regarding the above information, please contact your Account Manager, Christopher Cox at ccox@hfap.org.

Sincerely,

Beverly Robins

Beverly Robins, RN, BSN, MBA
Director of Accreditation Services, HFAP

Healthcare Facilities Accreditation Program
American Osteopathic Association (AOA)
142 E. Ontario Street
Chicago, IL 60611-2864

DEFICIENCY ASSESSMENT REPORT

FACILITY NAME & ADDRESS:		HFAP ID #: 178461
Dickenson Community Hospital 312 Hospital Dr Clintwood, VA 24228		CCN #: 491303
		FACILITY TYPE: Critical Access Hospital
CEO: Mark T. Leonard - leonardmt@msha.com		SURVEY TYPE: Reaccreditation
ACC: Juanita Rutherford, RHIT - rutherfordjc@msha.com		SURVEY DATE(S): October 7-9, 2013
TEAM CAPTAIN: McDonnell	ADMIN SURVEYOR: Nogle	NURSE SURVEYOR: Kala

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Critical Access Hospitals - **2008 manual**. The surveyor's comments are in bold.

STANDARD	SCORE	SURVEYOR COMMENTS
02.00.01 Allied Health Practitioner Categories. The governing body in consultation with the medical staff will determine which allied health practitioner (AHP) disciplines will function under each of the following categories. (These categories may vary because of state law.) All practitioners that provide medical care or conduct surgical procedures either directly or under supervision, whether employed by the hospital, a physician or other entity, or a contracted provider must be individually credentialed based on their own individual qualifications. The categories applicable to the facility will be defined in the medical staff bylaws. 1. Individuals privileged through the medical staff (permitted by the state and the organization) to practice without supervision, e.g. dentists, some nurse midwives, clinical psychologists, some nurse practitioners, podiatrists, some CRNAs, chiropractors. 2. Individuals authorized to provide medical care under supervision (direct or indirect) as: a. Employees (if an employee is allowed to function as a licensed independent practitioner	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**

(LIP) by the state and the organization, they must be privileged through the medical staff process e.g., DO/MD, DDS, PHD, DMD, some CNMs, some CRNAs, etc.) b. Contracted individuals c. Individuals employed by a physician or having an agreement with a physician (i.e., surgical assistants, LPNs, Physician Assistants, technologist / technicians, and etc.)		
02.00.02 <u>Credentialing Procedures and Scope of Practice.</u> Allied health practitioners are appointed and reappointed utilizing privilege lists or a defined scope of practice. Privileges and scopes of practice, which may be narrative or checklist, are definitive and descriptive of the activities to be provided. Any privileges which require physician supervision are identified. Determine and define if the privilege requires direct or indirect supervision.	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**
02.00.06 <u>Quality Assessment – Performance Improvement.</u> Services provided by Allied Health Practitioner staff are included in the Staff and facility Quality Assessment Performance Improvement program sufficient to determine the quality and appropriateness of the services provided and the competencies of the AHPs for re-credentialing / re-privileging activities.	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Medical Staff Coordinator, quality data was inconsistently collected for Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners had no documented evidence of participation in the QAPI. Further, this medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**
07.01.02 <u>Infection Prevention</u>. The ICO or officers must develop a system for identifying, investigating, reporting and preventing spread of infections among patients and personnel. 482.42(a)(1) 485.635(a)(3), 485.635(a)(3)(vi)	4	**This standard is not met as evidenced by:** **Based on the outpatient tour with the CNO, the following outdated supplies were found in the DMA physician office.** • **4-0 Ethilon, one box expired 1/12** • **4-0 Vicryl, one box expired 7/13** • **4-0 Prolene, one box expired 1/12** • **Iodoform packing, one bottle expired 7/13.**
12.00.03 <u>Program Scope.</u> The CAH carries out or arranges for a periodic	4	**This standard is not met as evidenced by:**

evaluation of its total program. The evaluation is done at least once a year and includes review of-- 1. The utilization of CAH services, including at least the number of patients served and the volume of services; 2. A representative sample of both active and closed clinical records; and 3. The CAH's health care policies. 485.641(a)(1)(i)(ii)(iii) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes that are needed. 485.641(a)(2) The program requires that all patient care services and other services affecting patient health and safety, are evaluated; 486.641(b)(1) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH. 485.641(b)(3) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors. 482.21(a)(1) The program must be ongoing and must demonstrate measurable improvement in health outcomes.		**Based on the review of the annual evaluation of the total program with the quality manager, the facility lacked evidence of the following required utilization process:** • **Evaluation of the quality and appropriateness of the diagnosis and treatment furnished by allied health professionals for inpatients and outpatient medical records (clinic records).**
15.06.16 <u>Discharge Systems</u> Facilities must have a discharge system in place to ensure the continuity of care of the patient post-discharge. Discharge instructions must be prepared for each	**4**	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, it was identified that discharge instructions were not transmitted to the receiving practitioner. This was evident in seven of seven (7/7) closed charts reviewed.**

patient, and communicated to the clinical caregiver accepting responsibility for post-discharge care at the time of hospital discharge. Organizations must ensure that there is confirmation of receipt of the discharge information by the independent licensed practitioner who will assume the responsibility for care after discharge. (NQF, #15, 2009)		
15.06.17 <u>Discharge Instructions & Checklist</u> The hospital must provide written discharge instructions (separate from the traditional discharge summary, and written in lay terminology) with the inclusion of the following elements: 1. Reason for hospitalization & condition at the time of discharge; 2. Education of patients & families about their diagnosis throughout the hospital stay (see Patient Education Regarding the Plan 15.06.12); 3. Medications (see Medication Reconciliation 25.02.07 & Medication and Biologicals – Drug Orders, Verbal Orders 15.00.03) 4. Types of complications which may occur & actions to take should these happen post discharge; 5. List of follow-up appointments for tests & clinical visits, with dates, times & locations; 6. Organized services to be initiated following discharge; 7. Advising the patient and family of any tests completed in the hospital with results pending at time of discharge and identifying the clinician responsible for the results; 8. List of relevant contact information (e.g., primary care providers, specialists, the pharmacy,	4	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, the following were identified:** **1. Discharge instructions were not consistently completed according to standard, as follows:** **• Three of six (3/6) closed medical records had incomplete discharge instructions documented.** **• One of six (1/6) charts had no discharge instructions documented.** **2. The facility did not provide telephone follow-up to any discharged patients.**

and home health agencies, etc.) 9. Any special instructions (e.g., activity level, diet, restrictions, etc.) 10. Assessing the patients' understanding of the discharge plan in their own words; 11. Providing telephone follow-up two to three days after discharge for those patients assessed to be at risk for adverse event post discharge.		
20.00.05 <u>Required Policies and Procedures.</u> The Emergency Services policies address, at a minimum: A. The mechanism for initial evaluation and triage of patients. (See 489.20 and 489.24 for EMTALA Standards) B. The mechanisms for providing sufficient diagnostic and stabilization services for persons whose care will be managed by transfer to another acute care facility; C. The determination of the level of service to be provided is under the direction of a physician member of the Medical Staff; D. The assessment of each patient by a Registered Nurse; E. The provision of services appropriate to the assessed needs of the patient, which results in a disposition plan; F. The mechanisms for evaluating the quality and appropriateness of emergency services provided; G. Provision of care for disasters; and H. The mechanism for management of medical emergencies in non-Emergency Department (ED) settings on the hospital main campus, unless present in a non-Emergency Services hospital policy.	**4**	**This standard is not met as evidenced by:** **Based on document review and interview with Director of Nursing, the following were noted:** • **Two of five (2/5) open Emergency Department charts lacked documentation of a Disposition Plan.** • **Five of five (5/5) open Emergency Department charts lacked documentation of Medication Reconciliation.**

25.01.16 Home Medications. The Professional Medical Staff, via Policy and / or Rules and Regulations, establishes standards regarding the use of medications brought into the facility by patients.	4	**This standard is not met as evidenced by:** **Based on policy review, this facility does not allow patients to bring medications from home and self-administer.** **Based on review of closed medical records, it was determined that the facility was not compliant with its own policy regarding administration of home medications. In one (1) closed record reviewed, the physician ordered that the patient could administer her own Cymbalta prescription. The medication was left at the bedside and was self-administered by the patient, which was inconsistent with hospital policy.**
25.01.22 Sample Drugs. The use of "sample" drugs, if permitted, is controlled by the pharmacy director and is in conformance with federal and state laws.	4	**This standard is not met as evidenced by:** **Based on the tour of the outpatient clinic, the sample drug dispensing process was reviewed. It was found that sample drugs were not labeled with patient name, lot number, prescriber's name, and dose when dispensed. This finding was based on discussion with the facility staff regarding the process for dispensing sample drugs.**
25.02.07 Medication Reconciliation. The organization has a formal and systematic approach to the reconciliation of medications across the continuum of care. A process is in place to reconcile current medications at each key transitional point of healthcare, specifically: 1. Upon admission, prepare a complete list of pre-admission medications the patient takes at home. 2. The patient or family member validates the list, when possible. 3. Admission orders are compared against the pre-admission medication list; any variances are reconciled. 4. The complete list of current medications is readily available to prescribers as a reference when writing medication orders. 5. The complete list of medications is provided to	4	**This standard is not met as evidenced by:** **Based on review of open and closed medical records with the CNO, it was identified that medication reconciliation was not done or was incomplete in twelve of twelve (12/12) records reviewed, as follows:** • **Five of twelve (5/12) were Emergency Department records** • **Seven of twelve (7/12) records were inpatient admissions.**

the next unit, service, or care setting when the patient is transferred and discharged. 6. The complete list of medications is given to the patient upon discharge. (Approved December 10, 2006; effective June 1, 2007)		

The Joint Commission

May 22, 2015

Sean McMurray, MHA, FACHE
CEO
Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211

Joint Commission ID #: 13492
Program: Hospital Accreditation
Accreditation Activity: Unannounced Full Event
Accreditation Activity Completed: 05/15/2015

Dear Mr. McMurray:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

With that goal in mind, your organization received Requirement(s) for Improvement during its recent survey. These requirements have been summarized in the Accreditation Report provided by the survey team that visited your organization.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

Official Accreditation Report

Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211

Organization Identification Number: 13492

Unannounced Full Event: 5/13/2015 - 5/15/2015

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)	Survey Date(s)
Hospital Accreditation Home Care Accreditation	05/13/2015-05/15/2015

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.05	EP19
	EC.02.05.01	EP15
	IC.02.02.01	EP2
	MM.04.01.01	EP6,EP13
	MM.05.01.01	EP8
	PC.01.02.07	EP1
	PC.02.01.03	EP7
	PC.02.01.11	EP2
Program:	Home Care Accreditation Program	
Standards:	PC.02.01.03	EP1,EP7
	PC.02.01.05	EP8

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	LS.02.01.20	EP31
	PC.01.02.03	EP5
	RI.01.01.01	EP8
Program:	Home Care Accreditation Program	
Standards:	IC.03.01.01	EP1,EP3,EP4,EP6,EP7
	PC.01.03.01	EP5

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(c)(3)	A-0406	HAP - MM.04.01.01/EP13	Standard
§482.23(c)(3)(i)	A-0407	HAP - MM.04.01.01/EP6	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(4)(i)(B)	A-0461	HAP - PC.01.02.03/EP5	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP31	Standard
§482.41(c)(2)	A-0724	HAP - EC.02.03.05/EP19	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP15

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP - IC.02.02.01/EP2

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

Requirements for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05 ESC 45 days

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Element(s) of Performance:

19. Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 4-4.1).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 19
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed during document review that there was no document that showed that the smoke detection shutdown devices for air-handling equipment was done.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01 ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Element(s) of Performance:

15. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13)
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 15
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site for the Hospital deemed service.
During tracer activities in the Ambulatory Surgery Center, the sterile processing area and the Sterile Storage area for the processed instruments was negative pressure relative to the adjacent hallway leading to the OR. This was corrected on-site the same day by their third-party contractor, Comfort Systems USA, after 4 hours of adjustment of air balance

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Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01 ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51 - (A-0940) - §482.51 Condition of Participation: Condition of Participation: Surgical Services
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During a tour of ultrasound suite in the hospital Radiology suite, there were some Cidex OPA test strips for the high level disinfection of vaginal ultrasound probes. They had a manufacturer's expiration date of June 2015. The tech did not know that the manufacturer had issued a letter a few months ago that these strips were only good until April 2015. She immediately removed them to replace with non-expired strips

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Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

31. Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 31
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed on the second floor in the Rehab. department that there in no means of egress fixtures to identify the exit doors from the area. There should be one (1) fixture to identify the rear exit door and one (1) fixture to identify the exit from the front exit door.

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed in the dietary department that there need to be one (1) means of egress fixtures to identify the exit door from the dishwashing area. There should be two (2) fixtures to identify the path to the exit door from the freezers and storeroom area.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.04.01.01

ESC 45 days

Standard Text: Medication orders are clear and accurate.

Element(s) of Performance:

6. The hospital minimizes the use of verbal and telephone medication orders.

Scoring Category : A
Score : Insufficient Compliance

13. The hospital implements its policies for medication orders.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 6
§482.23(c)(3)(i) - (A-0407) - (i) If verbal orders are used, they are to be used infrequently.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site for the Hospital deemed service.
During a patient tracer at the Ambulatory Surgery Center, it was noted that the pre-printed post anesthesia order sheet was signed by the anesthetist without checking off any of the PRN order choices for nausea or pain. The nurse and anesthesiologist interviewed both indicated that there would be a verbal order given if the patient needed nausea or pain medication. This would mean that nearly every post-procedure pain and nausea order at this facility would be a verbal order

EP 13
§482.23(c)(3) - (A-0406) - (3) With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders in accordance with State law and hospital policy, and who is responsible for the care of the patient as specified under §482.12(c).
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activities in the PACU, a pediatric post-anesthesia patient was noted to have an order for morphine 0.025mg/kg, prn pain level 7 – 10, maximum 10 mg IV. The nurse indicated she would dilute the adult morphine vial 10:1, to administer the calculated dose, based on the family's stated weight of the child to be 14 kg, since the pharmacy did not provide the PACU with the diluted solution of morphine or appropriate calculation of the dose to decrease the margin of error when administering such a small amount of morphine. The organization Policy PS-600-066, on Medication Management, dated 9/4/14, section VII, B. 8.a.i. stated: "… The Pharmacy Information System automatically calculates mg/kg dose for all orders entered and is utilized in the evaluation of appropriate dose."

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During a patient tracer in the Diabetes Clinic, adjacent to the hospital, it was noted that samples of diabetes medications were being given to patients, without documentation in the EMR of the provider's order or the person dispensing the medication, despite hospital policy on Medication Samples PS-100-048, reviewed 1/24/14, VII, C. 3.c: "The patient's medical record shall include documentation of order for medication, dispensing of medication (including the person dispensing) …"

Chapter:	Medication Management
Program:	Hospital Accreditation
Standard:	MM.05.01.01 ESC 45 days
Standard Text:	A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

Element(s) of Performance:

8. All medication orders are reviewed for the following: Therapeutic duplication.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 8

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care, it was noted that a physician ordered Phenergan and Zofran for nausea and vomiting. There were no further instructions for the nurse as to which medication to give first or how much to give before using the other medication.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During a patient tracer, it was noted that 2 doctors wrote 2 different pain medication orders. One was for "acetaminophen … prn mild pain" and the other was for "oxycodone … prn pain". Although the pharmacist reviewed the order, the therapeutic duplication was not removed.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

ESC 60 days

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance:

5. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 5
§482.24(c)(4)(i)(B) - (A-0461) - (4) [All records must document the following, as appropriate:

(i) Evidence of --]

(B) An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During tracer activity and review of the record of care, it was noted that the patient had a history and physical examination performed in the outpatient setting on 5/11/15 and dictated at 1047 and transcribed at 1104. There was no documentation to support that the H&P had been updated after admission on 5/11/15 at 1206 and prior to the patient's surgery on 5/11/15 at 1932.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
A patient had a hip replacement the previous day, with a copy of the outpatient dictated history and physical within 30 days, but there was no update immediately prior to surgery.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07 ESC 45 days

Standard Text: The hospital assesses and manages the patient's pain.

Element(s) of Performance:

1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8) 3

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
There was no "arrival" pain assessment documented when the patient came in for his rehabilitation therapy session #20.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.

There was no "arrival" pain assessment documented when the patient came in for his rehabilitation therapy session #21.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.

There was no "arrival" pain assessment documented when the patient came in for his yet another rehabilitation therapy session (#24). During the sessions 20 and 28, the initial pain assessments were missing regularly.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03

ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element(s) of Performance:

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care, it was noted that the patient had an order for titrating sedation to a RASS score of 0. Staff indicated that the RASS score is obtained every 4 hours. On 5/13/15 the RASS was obtained at 0000,0400,0800,1900, 2300 and 5/14 at 0300. There was no RASS score documented for 1200 or 1600 on 5/13/15. In addition, every RASS score documented was either a -1 or -2 score. There was no documentation to support that the medication had been titrated to the ordered RASS of 0 or that the physician had been notified regarding adjustment to the RASS score.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.11 ESC 45 days

Standard Text: Resuscitation services are available throughout the hospital.

Element(s) of Performance:

2. Resuscitation equipment is available for use based on the needs of the population served. Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2) 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity in the Family Birth Center and review of the emergency equipment, staff indicated that the adult crash cart equipment is checked daily to ensure integrity of the cart and that equipment is ready for use. The time displayed/printed on the Defibrillator was incorrect. The defibrillator was checked at 1122 but the time indicated that it was 1222.

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.01.01 ESC 60 days

Standard Text: The hospital respects, protects, and promotes patient rights.

Element(s) of Performance:

8. The hospital respects the patient's right to pain management. (See also HR.01.04.01, EP 4; PC.01.02.07, EP 1; MS.03.01.03, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and observation of a time-out prior to a circumcision procedure, it was noted that the patient had not received any pain management prophylaxis for circumcision. Staff indicated that not all of the physician's provide pain management for this procedure.

Observed in Record Review at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care of a second patient who had a circumcision procedure, it was noted that the patient had not received any pain management prophylaxis for circumcision. Staff indicated that not all of the physician's provide pain management for this procedure.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.03.01.01

ESC 60 days

Standard Text: The organization evaluates the effectiveness of its infection prevention and control activities.

Element(s) of Performance:

1. The organization evaluates the effectiveness of its planned infection prevention and control activities annually and whenever risks change.

Scoring Category : A
Score : Insufficient Compliance

3. The evaluation includes a review of the following: The infection prevention and control goals. (See also NPSG.07.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

4. The evaluation includes a review of the following: Implementation of the infection prevention and control activities.

Scoring Category : A
Score : Insufficient Compliance

6. Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the patient safety program.

Scoring Category : A
Score : Insufficient Compliance

7. The organization uses the findings of its evaluation to revise its planned approach for preventing and controlling infections.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
With the exception of a revised risk assessment for FY2015 there was no evidence the organization had evaluated the effectiveness of its planned infection prevention and control activities for FY2014.

EP 3

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence of an evaluation which included a review of the FY2014 infection prevention and control goals.

EP 4

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence of an evaluation which included a review of the implementation of the FY2014 infection prevention and control activities.

EP 6

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence findings from the FY2014 evaluation were communicated to the individuals that managed the patient safety program.

EP 7

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence the organization used the findings of its FY2014 evaluation to revise its planned approach for preventing and controlling infections.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.03.01

ESC 60 days

Standard Text: The organization plans the patient's care.

Element(s) of Performance:

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.

4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#2 there were no timeframes identified for the achievement of the patient's goals.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During RR#3 there were no time frames identified for the achievement of the patient's goals. This was verified by the home health Director.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.03

ESC 45 days

Standard Text: The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

Element(s) of Performance:

1. Prior to providing care, the organization obtains or renews orders (verbal or written) from a licensed independent practitioner in accordance with professional standards of practice and law and regulation.

Scoring Category : A
Score : Insufficient Compliance

7. The organization provides care, treatment, or services using the most recent patient order(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During HV#2 the nurse recommended the patient begin taking a probiotic. There was no physician's order for a probiotic.

EP 7

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#1 the physician's order for physical therapy included "PRN oxygen saturation monitoring". There was no direction for the PRN or when the O2 saturation reading should be reported to the physician. The PTA was observed monitoring the oxygen level. The patient was not short of breath.

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#3 the physician's order for occupational therapy included "PRN oxygen saturation monitoring". There was no direction for the PRN or when the O2 saturation reading should be reported to the physician. The COTA was observed monitoring the oxygen level. The patient was not short of breath.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During RR#3 the plan of care, signed by the physician, included oxygen saturation monitoring every skilled nursing visit. The patient was seen by nursing staff 1-2 times per week. There were no documented pulse oximetry readings.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.05

ESC 45 days

Standard Text: The organization provides interdisciplinary, collaborative care, treatment, or services.

Element(s) of Performance:

8. The organization informs the physician when there is an unanticipated change in the patient's condition or the patient is discharged or transferred.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 8

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In 4 of six records reviewed for patients with falls the physician had not been notified of the fall. Per interview with the home health Director the organization's policy required physician notification of patient falls.
For example, in RR#6 the therapist noted the patient had fallen and crawled to the kitchen to call for help. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#8 the patient was noted to have fallen over his oxygen tubing. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#9 the social worker noted the patient had fallen the previous night and laid in the hall until help arrived. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#10 the LPN noted the patient had fallen however, the physician was not notified.

Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Program:	Hospital Accreditation Program	
Standards:	EC.02.04.03	EP1,EP3
	IC.02.01.01	EP1
	IC.02.02.01	EP4
	MM.05.01.07	EP2
	PC.01.02.03	EP7
	PC.01.03.01	EP1
	RI.01.03.01	EP13
	WT.01.01.01	EP6
Program:	Home Care Accreditation Program	
Standards:	NPSG.03.06.01	EP3
	NPSG.15.02.01	EP2,EP3
	PC.01.02.07	EP3
	PC.02.03.01	EP4
	RC.02.01.01	EP2

Opportunities for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.04.03

Standard Text: The hospital inspects, tests, and maintains medical equipment.

Element(s) of Performance:

1. For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

3. The hospital inspects, tests, and maintains non–high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 4)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. The freezer used to store Elasto-gel packs in the Rehabilitation Center had no documentation of safety/operational/functional checks performed before its initial use.
EP3
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. The freezer used to store Elasto-gel packs in the Rehabilitation Center had no documentation of preventative maintenance.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.01.01

Standard Text: The hospital implements its infection prevention and control plan.

Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. Staff had been using soap and water to clean the splint pan (Sammons/Preston) but there were deposits clearly visible at the bottom of the pan. The manufacturer recommended the use of a product that would remove calcium and mineral build up (e.g. Lime-A-Way) but this had not been implemented.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
The ultrasound transvaginal probes were stored uncovered after undergoing high level disinfection. This could lead to contamination before the next use

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Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.07

Standard Text: The hospital safely prepares medications.

Element(s) of Performance:

2. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity in the Family Birth Center and review of the medication area, it was observed that a pill splitter had visible residue and could be used for multiple patient's medications thereby increasing the risk for cross contamination of medications.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance:

7. The hospital completes a nutritional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EPs 2 and 3; RC.02.01.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP7
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the nutritional and functional screens had not been completed within 24 hours. The screens were left blank on the assessment.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

Standard Text: The hospital plans the patient’s care.

Element(s) of Performance:

1. The hospital plans the patient’s care, treatment, and services based on needs identified by the patient’s assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2 and PC.01.02.13, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the patient was in contact II isolation precautions. There was no documentation in the record to support that contact II isolation precautions had been added to the care plan.

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.03.01

Standard Text: The hospital honors the patient's right to give or withhold informed consent.

Element(s) of Performance:

13. Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery. (See also RC.02.01.01, EP 4)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP13
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the patient had a lumbar puncture procedure in the emergency department. Upon review of the informed consent form, it was noted that the patient's daughter had signed as the authorized individual on the "Informed Refusal" section of the form. Further discussion with the staff indicated that the patient's daughter had given consent to the procedure but had inadvertently signed in the wrong section. The witnessing staff nurse also signed in the refusal (wrong) section.

Chapter: Waived Testing

Program: Hospital Accreditation

Standard: WT.01.01.01

Standard Text: Policies and procedures for waived tests are established, current, approved, and readily available.

Element(s) of Performance:

6. Written policies, procedures, and manufacturers' instructions for waived testing are followed. (See also WT.04.01.01, EPs 3-5)
Note: Manufacturers' recommendations and suggestions are surveyed as requirements.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP6
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During a patient tracer in the Diabetes Clinic adjacent to the hospital, the glucometer machine had control solutions that had expired 5/6/15, the week before the survey

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Chapter: National Patient Safety Goals

Program: Home Care Accreditation

Standard: NPSG.03.06.01

Standard Text: Maintain and communicate accurate patient medication information.

Element(s) of Performance:

3. Compare the medication information the patient is currently taking with the medications ordered for the patient in order to identify and resolve discrepancies.
Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison. (See also HR.01.06.01, EP 1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP3
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#3, on the resumption of care, the hospital discharge medication list stated the patient was to be taking Abilify 30mg and Levothyroxine. The medication profile included Abilify 15mg and Levothyroxine was not on the profile. The nurse documented the medications had been reconciled without issue.

Chapter: National Patient Safety Goals

Program: Home Care Accreditation

Standard: NPSG.15.02.01

Standard Text: Identify risks associated with home oxygen therapy such as home fires.

Element(s) of Performance:

2. Reevaluate potential fire risks at intervals established by the organization. Evidence of unsafe practices leading to potential risk is used to establish these intervals. Document the reevaluation of potential fire risks.

Scoring Category : C
Score : Satisfactory Compliance

3. Inform and educate the patient, family, and/or caregiver about the following:
- The findings of the safety risk assessment
- The causes of fire
- Fire risks for neighboring residences and buildings
- Precautions that can prevent fire-related injuries
- Recommendations to address the specific identified risk(s)

Document the provision of information and education. (For more information on coordination among different providers of care, refer to PC.02.02.01, EPs 1 and 10, and PC.02.03.01, EP 5.)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#8, for a patient with home oxygen, the patient was noted to have started smoking again after being seen by the organization for several visits. There was no update to the home safety risk assessment identifying this as an unsafe practice.
EP3
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#8, for a patient with home oxygen, the patient was noted to have started smoking again after being seen by the organization for several visits. There was no documented education of the patient, family and/or caregiver regarding the risks of smoking and home oxygen.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.02.07

Standard Text: The organization assesses and manages the patient's pain.

Element(s) of Performance:

3. The organization reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP3
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During HV#2 the patient complained of daily headaches, which at times required total quiet and darkness. The patient also complained of foot pain post-fall. There was no pain assessment completed. Per interview with the supervisor a comprehensive pain assessment was required.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.03.01

Standard Text: The organization provides patient education and training based on each patient's needs and abilities.

Element(s) of Performance:

4. The organization provides education and training to the patient based on his or her assessed needs. For hospices that elect to use The Joint Commission deemed status option: The hospice also provides education and training to the primary caregiver as appropriate to the responsibilities assigned to him or her in the plan of care.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Regulatory Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#2 for a patient with a new glucometer on 4/18/15 the education on the use of the machine was not conducted until 5/5/15.

Chapter: Record of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: RC.02.01.01

Standard Text: The patient record contains information that reflects the patient's care, treatment, or services.

Element(s) of Performance:

2. The patient record contains the following clinical information:
- Any medications administered, including dose
- Any activity restrictions
- Any changes in the patient's condition
- Any summaries of the patient's care, treatment, or services furnished to the patient’s physician or licensed independent practitioner(s)
- The patient's medical history
- Any allergies or sensitivities
- Any adverse drug reactions
- The patient's functional status
- Any diet information or any dietary restrictions
- Diagnostic and therapeutic tests, procedures, and treatments, and their results
- Any specific notes on care, treatment, or services
- The patient's response to care, treatment, or services
- Any assessments relevant to care, treatment, or services
- Physician orders
- Any information required by organization policy, in accordance with law and regulation
- A list of medications, including dose, frequency, and route of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services
- The plan of care
- For DMEPOS suppliers serving Medicare beneficiaries: The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician. (See also PC.01.02.01, EP 1; PC.01.03.01, EPs 1 and 23)

Note 1: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Note 2: For organizations that provide personal care and support services: The patient record contains the documentation on the list noted above that applies to the care, treatment, or services provided by the personal care and support staff.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During HV#2 the patient reported taking 10 – 12 Ibuprofen per day. Ibuprofen was not on the medication profile. The profile included Topiramate and Hydrochlorothiazide which the patient stated she was not taking. In addition, the profile included Propranolol HCL BID. The patient reported taking the Propranolol HCL one daily with the second dose prn.

Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0

The Joint Commission

Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211

Organization Identification Number: 13492

Unannounced Full Event: 5/13/2015 - 5/15/2015

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)
Hospital Accreditation
Home Care Accreditation

Survey Date(s)
05/13/2015-05/15/2015

As a result of the survey conducted on the above date(s), the following survey findings have been identified. Your official report will be posted to your organization's confidential extranet site. It will contain specific follow-up instructions regarding your survey findings.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

DIRECT Impact Standards:

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.05	EP19
	EC.02.05.01	EP15
	IC.02.02.01	EP2
	MM.04.01.01	EP6,EP13
	MM.05.01.01	EP8
	PC.01.02.07	EP1
	PC.02.01.03	EP7
	PC.02.01.11	EP2
Program:	Home Care Accreditation Program	
Standards:	PC.02.01.03	EP1,EP7
	PC.02.01.05	EP8

INDIRECT Impact Standards:

Program:	Hospital Accreditation Program	
Standards:	LS.02.01.20	EP31
	PC.01.02.03	EP5
	RI.01.01.01	EP8
Program:	Home Care Accreditation Program	
Standards:	IC.03.01.01	EP1,EP3,EP4,EP6,EP7
	PC.01.03.01	EP5

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(c)(3)	A-0406	HAP - MM.04.01.01/EP13	Standard
§482.23(c)(3)(i)	A-0407	HAP - MM.04.01.01/EP6	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(4)(i)(B)	A-0461	HAP - PC.01.02.03/EP5	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP31	Standard
§482.41(c)(2)	A-0724	HAP - EC.02.03.05/EP19	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP15

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

The Joint Commission
Summary of CMS Findings

Corresponds to: HAP - IC.02.02.01/EP2

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

Requirements for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Element(s) of Performance:

19. Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 4-4.1).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 19
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed during document review that there was no document that showed that the smoke detection shutdown devices for air-handling equipment was done.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01

Standard Text: The hospital manages risks associated with its utility systems.

Element(s) of Performance:

15. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13)
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 15
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site for the Hospital deemed service.
During tracer activities in the Ambulatory Surgery Center, the sterile processing area and the Sterile Storage area for the processed instruments was negative pressure relative to the adjacent hallway leading to the OR. This was corrected on-site the same day by their third-party contractor, Comfort Systems USA, after 4 hours of adjustment of air balance

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Chapter:	Infection Prevention and Control
Program:	Hospital Accreditation
Standard:	IC.02.02.01
Standard Text:	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51 - (A-0940) - §482.51 Condition of Participation: Condition of Participation: Surgical Services
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During a tour of ultrasound suite in the hospital Radiology suite, there were some Cidex OPA test strips for the high level disinfection of vaginal ultrasound probes. They had a manufacturer's expiration date of June 2015. The tech did not know that the manufacturer had issued a letter a few months ago that these strips were only good until April 2015. She immediately removed them to replace with non-expired strips

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Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

31. Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 31
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed on the second floor in the Rehab. department that there in no means of egress fixtures to identify the exit doors from the area. There should be one (1) fixture to identify the rear exit door and one (1) fixture to identify the exit from the front exit door.

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed in the dietary department that there need to be one (1) means of egress fixtures to identify the exit door from the dishwashing area. There should be two (2) fixtures to identify the path to the exit door from the freezers and storeroom area.

Chapter:	Medication Management
Program:	Hospital Accreditation
Standard:	MM.04.01.01
Standard Text:	Medication orders are clear and accurate.

Element(s) of Performance:

6. The hospital minimizes the use of verbal and telephone medication orders.

Scoring Category : A
Score : Insufficient Compliance

13. The hospital implements its policies for medication orders.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 6
§482.23(c)(3)(i) - (A-0407) - (i) If verbal orders are used, they are to be used infrequently.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Surgery Center (613 Campus Drive, Abingdon, VA) site for the Hospital deemed service.
During a patient tracer at the Ambulatory Surgery Center, it was noted that the pre-printed post anesthesia order sheet was signed by the anesthetist without checking off any of the PRN order choices for nausea or pain. The nurse and anesthesiologist interviewed both indicated that there would be a verbal order given if the patient needed nausea or pain medication. This would mean that nearly every post-procedure pain and nausea order at this facility would be a verbal order

EP 13
§482.23(c)(3) - (A-0406) - (3) With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders in accordance with State law and hospital policy, and who is responsible for the care of the patient as specified under §482.12(c).
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activities in the PACU, a pediatric post-anesthesia patient was noted to have an order for morphine 0.025mg/kg, prn pain level 7 – 10, maximum 10 mg IV. The nurse indicated she would dilute the adult morphine vial 10:1, to administer the calculated dose, based on the family's stated weight of the child to be 14 kg, since the pharmacy did not provide the PACU with the diluted solution of morphine or appropriate calculation of the dose to decrease the margin of error when administering such a small amount of morphine. The organization Policy PS-600-066, on Medication Management, dated 9/4/14, section VII, B. 8.a.i. stated: "... The Pharmacy Information System automatically calculates mg/kg dose for all orders entered and is utilized in the evaluation of appropriate dose."

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During a patient tracer in the Diabetes Clinic, adjacent to the hospital, it was noted that samples of diabetes medications were being given to patients, without documentation in the EMR of the provider's order or the person dispensing the medication, despite hospital policy on Medication Samples PS-100-048, reviewed 1/24/14, VII, C. 3.c: "The patient's medical record shall include documentation of order for medication, dispensing of medication (including the person dispensing) ..."

Chapter:	Medication Management
Program:	Hospital Accreditation
Standard:	MM.05.01.01
Standard Text:	A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

Element(s) of Performance:

8. All medication orders are reviewed for the following: Therapeutic duplication.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 8
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care, it was noted that a physician ordered Phenergan and Zofran for nausea and vomiting. There were no further instructions for the nurse as to which medication to give first or how much to give before using the other medication.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During a patient tracer, it was noted that 2 doctors wrote 2 different pain medication orders. One was for "acetaminophen ... prn mild pain" and the other was for "oxycodone ... prn pain". Although the pharmacist reviewed the order, the therapeutic duplication was not removed.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance:

5. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 5
§482.24(c)(4)(i)(B) - (A-0461) - (4) [All records must document the following, as appropriate:

(i) Evidence of --]

(B) An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
During tracer activity and review of the record of care, it was noted that the patient had a history and physical examination performed in the outpatient setting on 5/11/15 and dictated at 1047 and transcribed at 1104. There was no documentation to support that the H&P had been updated after admission on 5/11/15 at 1206 and prior to the patient's surgery on 5/11/15 at 1932.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
A patient had a hip replacement the previous day, with a copy of the outpatient dictated history and physical within 30 days, but there was no update immediately prior to surgery.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07

Standard Text: The hospital assesses and manages the patient's pain.

Element(s) of Performance:

1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
There was no "arrival" pain assessment documented when the patient came in for his rehabilitation therapy session #20.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.

There was no "arrival" pain assessment documented when the patient came in for his rehabilitation therapy session #21.

Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.

There was no "arrival" pain assessment documented when the patient came in for his yet another rehabilitation therapy session (#24). During the sessions 20 and 28, the initial pain assessments were missing regularly.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element(s) of Performance:

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care, it was noted that the patient had an order for titrating sedation to a RASS score of 0. Staff indicated that the RASS score is obtained every 4 hours. On 5/13/15 the RASS was obtained at 0000,0400,0800,1900, 2300 and 5/14 at 0300. There was no RASS score documented for 1200 or 1600 on 5/13/15. In addition, every RASS score documented was either a -1 or -2 score. There was no documentation to support that the medication had been titrated to the ordered RASS of 0 or that the physician had been notified regarding adjustment to the RASS score.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.11

Standard Text: Resuscitation services are available throughout the hospital.

Element(s) of Performance:

2. Resuscitation equipment is available for use based on the needs of the population served.
Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity in the Family Birth Center and review of the emergency equipment, staff indicated that the adult crash cart equipment is checked daily to ensure integrity of the cart and that equipment is ready for use. The time displayed/printed on the Defibrillator was incorrect. The defibrillator was checked at 1122 but the time indicated that it was 1222.

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.01.01

Standard Text: The hospital respects, protects, and promotes patient rights.

Element(s) of Performance:

8. The hospital respects the patient's right to pain management. (See also HR.01.04.01, EP 4; PC.01.02.07, EP 1; MS.03.01.03, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and observation of a time-out prior to a circumcision procedure, it was noted that the patient had not received any pain management prophylaxis for circumcision. Staff indicated that not all of the physician's provide pain management for this procedure.

Observed in Record Review at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site.
During tracer activity and review of the record of care of a second patient who had a circumcision procedure, it was noted that the patient had not received any pain management prophylaxis for circumcision. Staff indicated that not all of the physician's provide pain management for this procedure.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.03.01.01

Standard Text: The organization evaluates the effectiveness of its infection prevention and control activities.

Element(s) of Performance:

1. The organization evaluates the effectiveness of its planned infection prevention and control activities annually and whenever risks change.

Scoring Category : A
Score : Insufficient Compliance

3. The evaluation includes a review of the following: The infection prevention and control goals. (See also NPSG.07.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

4. The evaluation includes a review of the following: Implementation of the infection prevention and control activities.

Scoring Category : A
Score : Insufficient Compliance

6. Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the patient safety program.

Scoring Category : A
Score : Insufficient Compliance

7. The organization uses the findings of its evaluation to revise its planned approach for preventing and controlling infections.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
With the exception of a revised risk assessment for FY2015 there was no evidence the organization had evaluated the effectiveness of its planned infection prevention and control activities for FY2014.

EP 3

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence of an evaluation which included a review of the FY2014 infection prevention and control goals.

EP 4

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence of an evaluation which included a review of the implementation of the FY2014 infection prevention and control activities.

EP 6

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence findings from the FY2014 evaluation were communicated to the individuals that managed the patient safety program.

EP 7

Observed in Infection Control System Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
There was no evidence the organization used the findings of its FY2014 evaluation to revise its planned approach for preventing and controlling infections.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.03.01

Standard Text: The organization plans the patient's care.

Element(s) of Performance:

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#2 there were no timeframes identified for the achievement of the patient's goals.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During RR#3 there were no time frames identified for the achievement of the patient's goals. This was verified by the home health Director.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.03

Standard Text: The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

Element(s) of Performance:

1. Prior to providing care, the organization obtains or renews orders (verbal or written) from a licensed independent practitioner in accordance with professional standards of practice and law and regulation.

Scoring Category : A
Score : Insufficient Compliance

7. The organization provides care, treatment, or services using the most recent patient order(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During HV#2 the nurse recommended the patient begin taking a probiotic. There was no physician's order for a probiotic.

EP 7
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#1 the physician's order for physical therapy included "PRN oxygen saturation monitoring". There was no direction for the PRN or when the O2 saturation reading should be reported to the physician. The PTA was observed monitoring the oxygen level. The patient was not short of breath.

Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During record review for HV#3 the physician's order for occupational therapy included "PRN oxygen saturation monitoring". There was no direction for the PRN or when the O2 saturation reading should be reported to the physician. The COTA was observed monitoring the oxygen level. The patient was not short of breath.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
During RR#3 the plan of care, signed by the physician, included oxygen saturation monitoring every skilled nursing visit. The patient was seen by nursing staff 1-2 times per week. There were no documented pulse oximetry readings.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.05

Standard Text: The organization provides interdisciplinary, collaborative care, treatment, or services.

Element(s) of Performance:

8. The organization informs the physician when there is an unanticipated change in the patient's condition or the patient is discharged or transferred.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 8

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In 4 of six records reviewed for patients with falls the physician had not been notified of the fall. Per interview with the home health Director the organization's policy required physician notification of patient falls.
For example, in RR#6 the therapist noted the patient had fallen and crawled to the kitchen to call for help. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#8 the patient was noted to have fallen over his oxygen tubing. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#9 the social worker noted the patient had fallen the previous night and laid in the hall until help arrived. The physician was not notified.

Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street, Abingdon, VA) site.
In RR#10 the LPN noted the patient had fallen however, the physician was not notified.

Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Program:	Hospital Accreditation Program	
Standards:	EC.02.04.03	EP1,EP3
	IC.02.01.01	EP1
	IC.02.02.01	EP4
	MM.05.01.07	EP2
	PC.01.02.03	EP7
	PC.01.03.01	EP1
	RI.01.03.01	EP13
	WT.01.01.01	EP6
Program:	Home Care Accreditation Program	
Standards:	NPSG.03.06.01	EP3
	NPSG.15.02.01	EP2,EP3
	PC.01.02.07	EP3
	PC.02.03.01	EP4
	RC.02.01.01	EP2

Opportunities for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.04.03

Standard Text: The hospital inspects, tests, and maintains medical equipment.

Element(s) of Performance:

1. For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. (See also EC.02.04.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

3. The hospital inspects, tests, and maintains non–high-risk equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2 and 4)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. The freezer used to store Elasto-gel packs in the Rehabilitation Center had no documentation of safety/operational/functional checks performed before its initial use.
EP3
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. The freezer used to store Elasto-gel packs in the Rehabilitation Center had no documentation of preventative maintenance.

Chapter: Infection Prevention and Control

The Joint Commission
Findings

Program: Hospital Accreditation

Standard: IC.02.01.01

Standard Text: The hospital implements its infection prevention and control plan.

Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Tracer Visit at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site. Staff had been using soap and water to clean the splint pan (Sammons/Preston) but there were deposits clearly visible at the bottom of the pan. The manufacturer recommended the use of a product that would remove calcium and mineral build up (e.g. Lime-A-Way) but this had not been implemented.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
The ultrasound transvaginal probes were stored uncovered after undergoing high level disinfection. This could lead to contamination before the next use

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Chapter: Medication Management

Program: Hospital Accreditation

The Joint Commission
Findings

Standard: MM.05.01.07

Standard Text: The hospital safely prepares medications.

Element(s) of Performance:

2. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Tracer Activities at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity in the Family Birth Center and review of the medication area, it was observed that a pill splitter had visible residue and could be used for multiple patient's medications thereby increasing the risk for cross contamination of medications.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance:

7. The hospital completes a nutritional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EPs 2 and 3; RC.02.01.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP7
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the nutritional and functional screens had not been completed within 24 hours. The screens were left blank on the assessment.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

The Joint Commission
Findings

Standard: PC.01.03.01

Standard Text: The hospital plans the patient's care.

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2 and PC.01.02.13, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the patient was in contact II isolation precautions. There was no documentation in the record to support that contact II isolation precautions had been added to the care plan.

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.03.01

Standard Text: The hospital honors the patient's right to give or withhold informed consent.

Element(s) of Performance:

13. Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery. (See also RC.02.01.01, EP 4)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP13
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During tracer activity and review of the record of care, it was noted that the patient had a lumbar puncture procedure in the emergency department. Upon review of the informed consent form, it was noted that the patient's daughter had signed as the authorized individual on the "Informed Refusal" section of the form. Further discussion with the staff indicated that the patient's daughter had given consent to the procedure but had inadvertently signed in the wrong section. The witnessing staff nurse also signed in the refusal (wrong) section.

The Joint Commission
Findings

Chapter: Waived Testing

Program: Hospital Accreditation

Standard: WT.01.01.01

Standard Text: Policies and procedures for waived tests are established, current, approved, and readily available.

Element(s) of Performance:

6. Written policies, procedures, and manufacturers' instructions for waived testing are followed. (See also WT.04.01.01, EPs 3-5)
Note: Manufacturers' recommendations and suggestions are surveyed as requirements.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP6
Observed in Individual Tracer at Johnston Memorial Hospital (16000 Johnston Memorial Drive,Abingdon,VA) site.
During a patient tracer in the Diabetes Clinic adjacent to the hospital, the glucometer machine had control solutions that had expired 5/6/15, the week before the survey

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Chapter: National Patient Safety Goals

Program: Home Care Accreditation

Standard: NPSG.03.06.01

Standard Text: Maintain and communicate accurate patient medication information.

Element(s) of Performance:

3. Compare the medication information the patient is currently taking with the medications ordered for the patient in order to identify and resolve discrepancies.
Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison. (See also HR.01.06.01, EP 1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

The Joint Commission
Findings

EP3
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#3, on the resumption of care, the hospital discharge medication list stated the patient was to be taking Abilify 30mg and Levothyroxine. The medication profile included Abilify 15mg and Levothyroxine was not on the profile. The nurse documented the medications had been reconciled without issue.

Chapter:	National Patient Safety Goals
Program:	Home Care Accreditation
Standard:	NPSG.15.02.01
Standard Text:	Identify risks associated with home oxygen therapy such as home fires.

Element(s) of Performance:

2. Reevaluate potential fire risks at intervals established by the organization. Evidence of unsafe practices leading to potential risk is used to establish these intervals. Document the reevaluation of potential fire risks.

Scoring Category : C
Score : Satisfactory Compliance

3. Inform and educate the patient, family, and/or caregiver about the following:
- The findings of the safety risk assessment
- The causes of fire
- Fire risks for neighboring residences and buildings
- Precautions that can prevent fire-related injuries
- Recommendations to address the specific identified risk(s)

Document the provision of information and education. (For more information on coordination among different providers of care, refer to PC.02.02.01, EPs 1 and 10, and PC.02.03.01, EP 5.)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#8, for a patient with home oxygen, the patient was noted to have started smoking again after being seen by the organization for several visits. There was no update to the home safety risk assessment identifying this as an unsafe practice.
EP3
Observed in Record Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#8, for a patient with home oxygen, the patient was noted to have started smoking again after being seen by the organization for several visits. There was no documented education of the patient, family and/or caregiver regarding the risks of smoking and home oxygen.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.01.02.07

Standard Text: The organization assesses and manages the patient's pain.

Element(s) of Performance:

3. The organization reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP3
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During HV#2 the patient complained of daily headaches, which at times required total quiet and darkness. The patient also complained of foot pain post-fall. There was no pain assessment completed. Per interview with the supervisor a comprehensive pain assessment was required.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.03.01

Standard Text: The organization provides patient education and training based on each patient's needs and abilities.

Element(s) of Performance:

4. The organization provides education and training to the patient based on his or her assessed needs. For hospices that elect to use The Joint Commission deemed status option: The hospice also provides education and training to the primary caregiver as appropriate to the responsibilities assigned to him or her in the plan of care.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4
Observed in Regulatory Review at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During RR#2 for a patient with a new glucometer on 4/18/15 the education on the use of the machine was not conducted until 5/5/15.

Chapter:	Record of Care, Treatment, and Services
Program:	Home Care Accreditation
Standard:	RC.02.01.01
Standard Text:	The patient record contains information that reflects the patient's care, treatment, or services.

Element(s) of Performance:

2. The patient record contains the following clinical information:
- Any medications administered, including dose
- Any activity restrictions
- Any changes in the patient's condition
- Any summaries of the patient's care, treatment, or services furnished to the patient's physician or licensed independent practitioner(s)
- The patient's medical history
- Any allergies or sensitivities
- Any adverse drug reactions
- The patient's functional status
- Any diet information or any dietary restrictions
- Diagnostic and therapeutic tests, procedures, and treatments, and their results
- Any specific notes on care, treatment, or services
- The patient's response to care, treatment, or services
- Any assessments relevant to care, treatment, or services
- Physician orders
- Any information required by organization policy, in accordance with law and regulation
- A list of medications, including dose, frequency, and route of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services
- The plan of care
- For DMEPOS suppliers serving Medicare beneficiaries: The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician. (See also PC.01.02.01, EP 1; PC.01.03.01, EPs 1 and 23)

Note 1: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Note 2: For organizations that provide personal care and support services: The patient record contains the documentation on the list noted above that applies to the care, treatment, or services provided by the personal care and support staff.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Individual Tracer at Johnston Memorial Hospital Home Care (312 Cummings Street,Abingdon,VA) site.
During HV#2 the patient reported taking 10 – 12 Ibuprofen per day. Ibuprofen was not on the medication profile. The profile included Topiramate and Hydrochlorothiazide which the patient stated she was not taking. In addition, the profile included Propranolol HCL BID. The patient reported taking the Propranolol HCL one daily with the second dose prn.

Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0

A full description of your organization's locked PFIs can be found within the Statement of Conditions on your organization's Joint Commission Connect Extranet and will be included in the final report which will be posted to your organization's extranet site.

DEFICIENCY ASSESSMENT REPORT
For
Norton Community Hospital
Norton, VA

Facility ID: **136843**
CCN: **490001**
Survey Dates: **July 18-20, 2012**

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Acute Care Hospitals - 2009 manual. **The surveyor's comments are in bold.**

STANDARD	SCORE	SURVEYOR COMMENTS
02.00.06 Quality Assessment-Performance Improvement. Services provided by Allied Health Practitioner staff are included in the Staff and facility Quality Assessment Performance Improvement program sufficient to determine the quality and appropriateness of the services provided and the competencies of the AHPs for re-credentialing / re-privileging activities.	**2**	**This standard was not met as evidenced by one of one (1/1) newly credentialed allied health practitioners failed to have a Facility specific mandatory orientation. The practitioner was a CRNA.** **In addition, two of two (2/2) credentialed allied health practitioners failed to have a facility specific mandatory re-orientation. The practitioners were both PAs, i.e. KWS and KNP.**
03.01.15 Required Application-Reapplication Information for Review. Information covering each of the following areas must be reviewed for each applicant/re-applicant during the review and approval process. A. Licensure History: current license(s), licensure sanction(s), state(s) of current practice or intended practice, and all previous licenses held; The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws. 482.11(c) When telemedicine is used and the practitioner and patient are located in different states, the practitioner providing the patient care service must be licensed and/or meet the other applicable standards that are required by State or local laws in both the state where the practitioner is located and the state where the patient is located. Telemedicine providers in the same state as the patient must be licensed in the same state as the patient, as would any other practitioner.	**4**	**This Standard was not met as evidenced by five of eight (5/8) newly credentialed practitioners failed to have procedure logs with outcomes included in their credential files. This was noted during a credential file audit and verified by credential Manager.** **The practitioners were:** **DAM, SPD, TML, KWS, KNP**

STANDARD	SCORE	SURVEYOR COMMENTS
B. Medical Education and Post-Graduate Training: C. Malpractice Insurance and History: 5-year history; D. Specialty Board Status: (if applicable); E. Sanctions or Disciplinary Actions: actions taken by healthcare facilities, specialty boards, federal or state agencies, malpractice carriers; F. Criminal History: felony convictions/criminal history (7-10 years); G. Healthcare Employment History: healthcare related employment / appointment history (work history); H. Professional References: current competence and peer recommendations / references, ability to perform privileges requested (health status). For physicians seeking reapplication, peer references include: peers familiar with their practice of medicine, reviews under the hospital's peer review activities, reviews by the hospital's Credentials Committee, Department Chair, or Medical Executive Committee; I. Clinical Activity: procedure logs with outcomes to support privilege requests for procedures not attested to in postgraduate references; and J. Information Verified for Comparison: comparison of applicant - provided information and verified information.		
10.00.08 <u>Security of Medical Information.</u> The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records must be released only to authorized individuals and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas. 482.24(b)(3)	**4**	**This standard was not met as evidenced by the following findings:** **During a review of Medical Records policies, it was noted that the following policies were out- dated since April 2005:** **B. Access to records** **C. Medical Record purpose release** **D. Outside Medical Records Release** **This finding was confirmed during an interview with the HIM manager (AV).**
10.01.15 <u>Informed Consent.</u> The medical record must contain properly executed informed consent forms for procedures and treatments	**4**	**This standard was not met as evidenced by eight of fifteen (8/15) procedural medical records reviewed failed to have the**

STANDARD	SCORE	SURVEYOR COMMENTS
specified by the medical staff, or by Federal or State law if applicable, to require written patient consent. 482.24(c)(2)(v) A properly executed Informed Consent Form for the operative procedure must be in the patient's chart prior to the procedure, except in emergencies. 482.51 (b)(2) A complete consent form must contain at least the following: G. Name of patient H. Name of hospital I. Name of procedure or other type of medical treatment for which consent is being given; J. Name of the responsible practitioner performing the procedure or administering the medical treatment;, K. Statement that the procedure or treatment, including the anticipated benefits, material risks, and alternative therapies, was explained to the patient or the patient's legal representative; (Material risks could include risks with a high degree of likelihood but a low degree of severity, as well as those with a very low degree of likelihood but high degree of severity). Hospitals are free to delegate to the responsible practitioner, who used the available clinical evidence as informed by the practitioner's professional judgment, the determination of which material risks, benefits and alternatives will be discussed with the patient.) L. Alternative procedures and treatments M. Signature of patient or the patient's legal representative. N. Date and time of the informed consent form is signed by the patient or patient's legal representative; O. Statement that procedure was explained to patient or guardian P. Signature and professional designation of person witnessing the consent. Q. Name/signature of person who explained the procedure to the patient or guardian; and R. Additional content of the informed consent form, as required by applicable State law. Informed consents will be written in simple sentences (4th grade comprehension level) and in the primary language of the patient. Interpreter services will be provided as need is identified. After the informed consent discussion has occurred, the patient or legal representative will be asked to recount what		**procedure name of the informed consent written in 4th grade level.** **Medical Record numbers are as followed** • **45307** • **50165** • **83422** • **111495** • **71728** • **150788** • **152499** • **116005** **The findings of this audit were confirmed with the Quality Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
he or she has been told.		
10.01.07 History and Physical Requirements. A. A medical history and physical examination completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. B. An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. 482.24 (c)(2)(i)(A); 482.24(c)(2)(i)(B) (Revised February 28, 2008; effective immediately)	**4**	**This standard was not met as evidenced by five of twenty- six (5/26) medical records reviewed failed to have an updated history and physical notation documented in the medical record prior to surgery.** **The chart numbers are:** • **111495** • **194606** • **150788** • **87715** • **196082** **The results of this audit were confirmed with the Quality Manager.**
11.06.01 Written Fire Control Plans. The hospital must have written fire control plans that contain provisions for: • prompt reporting of fires; • extinguishing fires; • protection for patients, personnel and guests; • evacuation; and • Cooperation with fire- fighting authorities. 482.41(b)(7)	**2**	**This standard was not met as evidenced by a review of the fire plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and not specific to Norton Community Hospital.**
11.07.01 Disaster Plans. Written disaster plans are developed, maintained, and available to the staff for crisis preparation. All disaster plans written by a health care hospital should be reviewed and coordinated with local authorities so as to prevent confusion. Such authorities include, but are not limited to, civil authorities (such as fire department, police department, public health department, or emergency medical service councils), and civil defense or military authorities. The hospital shall provide an education program for staff and physicians for emergency response preparedness. The hospital should also participate in community emergency preparedness plans.	**3**	**This standard was not met as evidenced by a review of the plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and are not specific to Norton Community Hospital.**

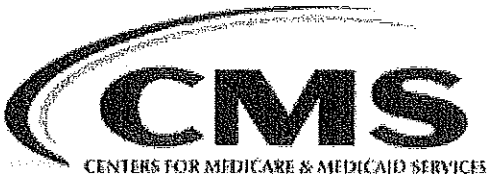
STANDARD	SCORE	SURVEYOR COMMENTS
11.07.07 Education of Staff. The hospital shall provide an education program for staff and physicians for weapons of mass destruction response preparedness.	**3**	**This standard was not met as evidenced by a review of Medical Staff quarterly meeting minutes and Safety Committee Minutes for the previous twelve (12) months with the Safety Officer resulted in no evidence of Medical Staff training in the Weapons of Mass Destruction Response Plan.**
15.06.18 Discharge Summary A concise discharge summary must be completed on each patient within 7 days of patient discharge.		**This standard was not met as evidenced by two of ten (2/10) inpatient discharge summaries were not completed within seven (7) days of discharge.** **The medical record numbers were:** **#15788 - completed twenty one (21) days after discharge** **#164615 completed seventeen (17) days after discharge.** **This audit was confirmed by Quality Manager MP.**
15.07.15 Actions taken to improve glycemic control. 1. Unless a recent hemoglobin A1C (HbA1c) is known, among hospitalized hyperglycemic patients an HbA1c should be obtained upon admission. 2. Both a nutritionist/dietitian and a diabetes nurse educator (nurse, when diabetic nurse educator is not available) are needed to assess compliance with medication, diet, and other aspects of care. 3. At the time of discharge, the diabetes provider must communicate with outpatient care providers about the patient's regimen and glycemic control, and also, based on information gathered during the admission, to convey any evidence that might support the need for a change of long-term strategy.	**4**	**This standard was not met as evidenced by two of five (2/5) reviewed inpatient medical records of diabetic patients did not have documented A1c tests performed upon admission. There was no documentation on the medical record that the test had been performed prior to admission.** **The MR#'s were 190253 & 064796. Both patients were on the Med-Surgery 2 unit.** **This finding was confirmed by CNO JV.**
20.00.10 Emergency Room Log. Permanent logs shall be maintained of persons seeking emergency care. These may be manual or electronic; periodically, electronic records are "backed up" to ensure the integrity of the information in the event of computer	**3**	**This standard was not met as evidenced by the following findings:** **Upon review of the log book, item (E) brief description of services provided; and (G)**

STANDARD	SCORE	SURVEYOR COMMENTS
failure. The register provides data regarding: A. Date, time and mode of arrival; B. Age, sex and name of patient; C. Nature of complaint; D. Name of physician responsible for care; E. Brief description of services provided; F. Disposition (treated / released, admitted to facility, transferred to another acute facility, or death in ER); G. Condition on discharge; and H. Time of discharge.		**condition on discharge were noted to be absent.** **This finding was confirmed by the ED Manager, LC. There was a plan in place by the end of the survey to correct this finding.**
21.00.09 History and Physical. There must be a complete history and physical workup in the chart of every patient prior to surgery, except in emergencies. If this has been dictated, but not yet recorded in the patient's chart, there must be a statement to that effect and an admission note in the chart by the physician who admitted the patient. 482.51(b)(1)	**4**	**This standard was not met as evidenced by the following findings:** **Upon completion of the medical record audit of endoscopic charts, it was noted that one of one (1/1) charts failed to have an updated H and P prior to an endoscopic procedure.** **The medical record number is 87715, and findings were confirmed by the Quality Manager (MP).**
21.00.24 Outpatient Follow-up. Outpatient surgical / invasive procedure patients, are contacted when possible, by the facility within the first seventy-two hours post procedure to determine their status.	**4**	**This standard was not met as evidenced by the following findings;** **Two of two (2/2) applicable endoscopic charts reviewed, failed to have documented evidence of post procedure contact with the patient within 72 hours to determine their status.** **Charts deficient were 87715 and 11059966 which was confirmed by Quality Manager, MP during the closed medical record audit.**
25.01.03 Security of Medications. Consistent with state and federal requirements, in the pharmacy and throughout the facility: 1. All drugs and biological must be kept in a secure area, and locked when appropriate. 482.25(b)(2)(i) 2. Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area. 482.25(b)(2)(ii)	**4**	**This standard was not met as evidenced by the following finding:** **Observation in the Endoscopy Suite revealed an anesthesia cart, containing medications, which was unlocked. The suite was unoccupied and in an unsecured area when the unlocked cart was observed. This observation was verified with Surgery Manager SA and CRNA, SW.**

STANDARD	SCORE	SURVEYOR COMMENTS
3. Only authorized personnel may have access to locked areas. 482.25(b)(2)(iii)		
25.03.05 Annual Report on Medication Use. The facility documents improvement, as a result of medication use review as reported, in an annual summary.	**4**	**This standard was not met as evidenced by an annual report on medication use had not been prepared in the last three (3) years. This was identified during interview with GH, Pharmacy Director.**
30.00.09 History and Physical. Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies: (i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration. (ii) An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration. 482.51 (b) (1) (i), (ii) (Revised February 27, 2007; effective immediately)	**4**	**This standard was not met as evidenced by five of fifteen (5/15) procedural medical record charts reviewed failed to have and updated history and physical notation, as required, before surgery.** **The chart numbers are:** • **111495** • **194606** • **150788** • **87715** • **196082** **The result of this audit was confirmed with the Quality Manager, MP.**
30.01.06 Pre-anesthesia Evaluation. A pre-anesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services. 482.52(b)(1) Policies on anesthesia procedures must include the delineation of pre-anesthesia responsibilities by anesthesia services. The pre-anesthesia evaluation documentation must include**: 1. A patient interview to assess medical history, anesthetic history and medication history, and allergy history, including anesthesia risk. 2. An appropriate physical exam that includes, at a minimum, airway assessment, a pulmonary exam to include auscultation of the lungs, and a cardiovascular exam. 3. Review of objective diagnostic data (e.g. laboratory, ECG, x-ray) 4. Assignment of ASA physical status 5. The anesthesia plan and discussion of the risks and benefits of the plan with the patient or the patient's legal representative	**4**	**This standard was not met as evidenced by the following finding:** **In seven of fifteen (7/15) procedural medical record charts reviewed, documentation of an appropriate physical exam, airway assessment, a pulmonary exam including an auscultation of the lungs and a cardiovascular exam was not documented in the Pre-anesthesia examination.** **The chart numbers were:** • **62503** • **111495** • **194606** • **71728** • **150788** • **152499** • **116005** **This finding was confirmed with:**

STANDARD	SCORE	SURVEYOR COMMENTS
**(American Society of Anesthesiologists (ASA) criteria "Documentation of Anesthesia Care", October 15, 2003 and the American Association of Nurse Anesthetists (AANA) standards are used as reference) If the pre-anesthesia evaluation is performed by a non-physician, physician supervision shall be required. • SUPERVISION EXEMPTION: CRNAs will be exempted from supervision if the governor of the state in which the hospital resides has issued such an exemption. (See 30.01.03 regarding this exemption.) Physician supervision of non- physician providers of anesthesia services may be demonstrated through collaborative statements or agreements, documentation in the pre-operative record, or as defined in medical staff bylaws, rules and regulations. A state exemption for CRNAs may apply. (See 30.01.03 and/or 482.52(a)(1-5)(c)(1-2) regarding the exemption).		• **Quality Manager, MP** • **Director of Surgical services, DK** • **Manager of Surgery, SA,**
30.01.12 <u>Security of Medication.</u> All anesthesia carts must be locked when not in use. Unused drugs shall be disposed of after each case.	**4**	**This standard was not met as evidenced by a direct observation with surgery manager (SA) and CRNA (SW), that a medication stocked anesthesia drug cart in the unoccupied Endo suite was found unlocked.**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Division of Survey & Certification

May 20, 2014

Mr. Mark Leonard, Administrator
Norton Community Hospital
100 15th St Nw
Norton, VA 24273

CMS Certification Number: 490001

Dear Mr. Leonard:

I am pleased to inform you that as a result of the complaint validation survey conducted by the state survey agency State of Virginia Office of Licensure and Certification surveyors on May 6, 2014 through May 8, 2014, Norton Community Hospital was found in compliance with the Medicare conditions of participation and will continue to be "deemed" to meet applicable Medicare conditions based upon accreditation by the Joint Commission.

We are enclosing a copy of the statement of the deficiencies cited as a result of that survey. The deficiency list (CMS form 2567) is a document available to the public upon request. As your facility was found to be in substantial compliance with the Medicare Conditions of Participation for Hospitals, you are not required to submit a plan of correction for those deficiencies to our office for review. However, you may wish to file a plan of correction for those deficiencies with this office, with a copy to the State of Virginia Office of Licensure and Certification at 9960 Maryland Drive, Suite 401, Perimeter Center, Richmond, VA 23233, so that your corrective action plan is a part of the public record. If the statement of deficiencies is requested by a member of the public, your plan of correction would then be included as part of the CMS-2567.

If you have questions regarding this notice, please feel free to contact me at (215)861-4514. Thank you for your cooperation throughout the survey process. We look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

Carrissa Wynder-Sanchez, RN, MS, CCM
Program Analyst
Certification and Enforcement Branch

cc: American Osteopathic Association/Healthcare Facilities Accreditation Program, (AOA/HFAP)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	490001		C 05/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL	100 15TH ST NW NORTON, VA 24273

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Complaint survey was conducted May 6, 2014 through May 8, 2014 by three Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health. In addition to the complaint, the investigation surveyed: 42 CFR 482.11 (Compliance with Laws), 42 CFR 482.13 (Patient's Rights), 42 CFR 482.21 (Quality Assurance), 42 CFR 482.23 (Nursing Services) and, 42 CFR 482.42 (Infection Control). The Regulations and Interpretive Guidelines for Hospitals (Rev. 105, 03-21-14) were used to determine compliance. Complaint #VA00028350 was investigated and substantiated with deficiencies cited that were unrelated to the complaint.	A 000		
A 166	482.13(e)(4)(i) PATIENT RIGHTS: RESTRAINT OR SECLUSION The use of restraint or seclusion must be-- (i) in accordance with a written modification to the patient's plan of care. This STANDARD is not met as evidenced by: Based on interviews and record reviews, it was determined that the facility staff failed to modify the plans of care when restraints were added for 2 of 3 sampled patients who required restraint use while patients at the facility (Patient #7 and Patient #8). The findings include:	A 166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	490001		C 05/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL	100 15TH ST NW NORTON, VA 24273

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 166	Continued From page 1 The facility staff failed to modify Patient #7's and Patient #8's plans of care to address the addition of restraint use. Patient #7's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #7's clinical record revealed a physician order for restraints dated 4/28/14 at 4:20 a.m. Nursing documentation indicated that the restraints were applied on 4/28/14 at 4:20 a.m. and discontinued on 4/28/14 at 4:41 p.m. The facility's QSM #1 and the surveyor were unable to find modifications to Patient #7's plan of care addressing the use of restraints. Patient #8's clinical record was reviewed electronically with a facility quality staff member on 5/8/14. Review of Patient #8's clinical record revealed a physician order for restraints dated 1/31/14 at 12:20 p.m. Nursing documentation indicated that the restraints were applied on 1/31/14 at 12:30 p.m. The QSM #1 and the surveyor were unable to find modifications to Patient #8's plan of care addressing the use of restraints. During a survey team meeting, on 5/8/14 at 3:00 p.m., with the facility's Chief Executive Officer, Chief Nursing Officer, Corporate Director, and QSM #1, the failure of the facility staff to modify the plans of care to address the use of restraints for Patient #7 and Patient #8 was discussed for a final time; no additional information related to this issue was provided to the survey team.	A 166		
A 174	482.13(e)(9) PATIENT RIGHTS: RESTRAINT OR SECLUSION	A 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	490001		C 05/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTON COMMUNITY HOSPITAL	100 15TH ST NW NORTON, VA 24273

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A 174	Continued From page 2 Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. This STANDARD is not met as evidenced by: Based on interviews and record reviews, it was determined that the facility staff failed to document when restraints were discontinued for 1 of 2 sampled patients who had restraints discontinued while a patient at the facility (Patient #8). The findings include: The facility staff failed to document the discontinuation of restraints for Patient #8. Patient #8's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #8's clinical record revealed a physician order for restraints dated 1/31/14 at 12:20 p.m. Nursing documentation indicated that the restraints were applied on 1/31/14 at 12:30 p.m. The last documentation found related to restraint use for Patient #8 was dated 2/1/14 at 6:00 p.m., this documentation indicated that two-point restraints continued to be in use. The QSM #1 and the surveyor were unable to find documentation to indicate when the restraints were discontinued for Patient #8. Review of a facility policy entitled, 'Restraint and/or Seclusion: Care of the Patient/Application and Use of - Virginia Hospitals (No Behavioral Health Service)' revealed the following information under the heading 'Monitoring and Assessment of Continued Need for Restraint or	A 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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A 174	Continued From page 3 Seclusion (Non Violent/Violent)': "Document duration of restraint or seclusion use and behavior upon release of restraint or seclusion in the patient's medical record." During a survey team meeting, on 5/8/14 at 3:00 p.m., with the facility's Chief Executive Officer, Chief Nursing Officer, Corporate Director, and QSM #1, the failure of the facility staff to document when and if restrains were discontinued for Patient #8 was discussed for a final time; no additional information related to this issue was provided to the survey team.	A 174		
A 175	482.13(e)(10) PATIENT RIGHTS: RESTRAINT OR SECLUSION The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy. This STANDARD is not met as evidenced by: Based on interviews and record reviews, it was determined that the facility staff failed to following the facility's policy and procedure related to the monitoring of 3 of 3 sampled patients who had required restraint use while patients at the facility (Patient #7, Patient #8, and Patient #9). The findings include: The facility staff failed to monitor Patient #7, Patient #8, and Patient #9 according to the facility's policy and procedure guiding the care of a patient in restraints.	A 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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A 175	Continued From page 4 Review of a facility policy entitled, 'Restraint and/or Seclusion: Care of the Patient/Application and Use of - Virginia Hospitals (No Behavioral Health Service)' revealed the following information under the heading 'Monitoring and Assessment of Continued Need for Restraint or Seclusion (Non Violent/Violent)': - "At intervals no greater than fifteen (15) minutes, team members who perform safety checks must document visual observations of behavior regarding continued need for seclusion or restraint, observations of respiration, untoward effects of violent restraints and signs of distress." - "At intervals no greater than one (1) hour, all restrained patient [sic] must be allowed the opportunity to toilet and offered fluids." Patient #7's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #7's clinical record revealed a physician order for restraints dated 4/28/14 at 4:20 a.m. Nursing documentation indicated that the restraints were applied on 4/28/14 at 4:20 a.m. and discontinued on 4/28/14 at 4:41 p.m. The QSM #1 and the surveyor were unable to find documented evidence of the fifteen minute safety checks as required by the facility's policy and procedure and were unable to find documented evidence of the hourly offering of fluids and the opportunity to toilet. Patient #7's clinical record did reveal restraint monitoring documentation approximately every two hours. Patient #8's clinical record was reviewed electronically with a facility quality staff member (QSM #1) on 5/8/14. Review of Patient #8's clinical record revealed a physician order for restraints dated 1/31/14 at 12:20 p.m. Nursing	A 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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A 175	Continued From page 5 documentation indicated that the restraints were applied on 1/31/14 at 12:30 p.m. The QSM #1 and the surveyor were unable to find documented evidence of the fifteen minute safety checks as required by the facility's policy and procedure and were unable to find documented evidence of the hourly offering for the opportunity to toilet. (Patient #8 would not have been offered fluids hourly due to being restricted from oral intake related to a medical condition.) Patient #9's clinical record was reviewed electronically with QSM #1 on 5/8/14. Review of Patient #9's clinical record revealed the following order dated 11/8/13 at 1:35 p.m.: "Soft restraints for medical therapy while intubated." Patient #9's nursing documentation dated 11/8/13 at 1:45 p.m. stated: 'Restraints applied per (Doctor's name omitted) orders..." The QSM #1 and the surveyor was unable to find documented evidence of the fifteen minute safety checks as required by the facility's policy and procedure. (The patient's condition (i.e., intubated and unresponsive) would have limited the ability for the facility's staff to offer fluids and offer an opportunity to toilet.) (Intubated means the patient had a tube placed into his or her trachea (airway) to assist with breathing.) During a survey team meeting, on 5/8/14 at 3:00 p.m., with the facility's Chief Executive Officer, Chief Nursing Officer, Corporate Director, and QSM #1, the failure of the facility staff to monitor Patient #7, Patient #8, and Patient #9 due to restraint use was discussed for a final time; no additional information related to this issue was provided to the survey team.	A 175		

DEFICIENCY ASSESSMENT REPORT

for

Norton Community Hospital, Inc

Norton, VA
Facility ID: 136843
CCN: 490001
Survey Dates: 5/18/15 - 5/20/15
Surveyor(s): Gary L. Moorman, DO; Mr. Mark C. Barabas FACHE; Anne K. Barton, BSN, MEd; James Murphy; Mr. Harold Blits

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for the Accreditation Requirements for Acute Care Hospitals 2014 v3 manual.

STANDARD	SCORE	SURVEYOR COMMENTS
01.00.16 Telemedicine Agreements with Distant Sites *The governing body must ensure that when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the written agreement specifies that the distant-site telemedicine entity is a contractor of services to the hospital and as such, in accordance with §482.12(e) [see 01.00.28] of the Code of Federal Regulations, furnishes the contracted services in a manner that permits the hospital to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in §482.12(a)(1) through §482.12 (a)(7) [see 01.00.08 – 01.00.15] of the Code of Federal Regulations with regard to the distant-site telemedicine entity's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with §482.22(a)(4) [see 01.00.11] of the Code of Federal Regulations, grant privileges to physicians and practitioners employed by the distant-site telemedicine entity based on such hospital's medical staff recommendations; such staff recommendations may rely on information provided by the distant-site telemedicine entity.* §482.12(a)(9)	2	**This standard is not met as evidenced by:** **It was noted during the review of contracts that the written agreement with the Tele-Neurology group dated 7/1/11 did not contain or require that a current list of physicians who provide services to the hospital's patients.** **This was confirmed by the CEO.**
01.00.29 Contractor Quality Monitoring *The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.* §482.12(e)(1)	2	**This standard is not met as evidenced by:** **During document review it was noted that the Tele-Nuerology contract did not contain performance measures for the services provided. Consequently, no Tele-Nuerology performance measures were reported to the Board.** **This was confirmed by the Director of QA.**
03.01.12 Uniform Application of Membership Criteria Criteria for membership and/or privileging shall be uniformly applied to all applicants for initial appointment and reappointment.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the bylaws "section 6.D.7 (a)" contains a requirement for Medical Executive Committee (MEC) members to attend 50% of MEC meetings.**

STANDARD	SCORE	SURVEYOR COMMENTS
		In review of the MEC attendance tracking grid it indicated that one (1) member had been absent for the previous (15) consecutive months, but continued to be a member of the committee. **This was verified by Medical Staff Services personnel.**
04.00.05 Competency The facility develops policies and procedures identifying those patient care and/or diagnostic procedures, which requires staff to have evidence of specific competence. Some of these may result in external or internal mechanisms for certification. Maintenance of such competence is considered in the design of these policies and procedures.	2	**This standard is not met as evidenced by:** **During HR file review it was noted that two of twenty-one (2/21) applicable HR files did not contain documentation of technique specific competencies for the following positions:** **1. Radiology/CT Tech** **2. Sleep Lab Tech** **This was confirmed by the VP of HR.**
07.01.13 Committee/Function Structure The chairperson of the infection control function is a physician (MD/DO) member of the active Medical Staff. Other members of the professional staff are active in the infection control function. The hospital shall determine the meeting frequency and attendance requirements for the Infection Control Committee. The committee must meet, at a minimum, quarterly. One person may represent more than one area, but the areas represented must be reflected in the minutes.	2	**This standard is not met as evidenced by:** **Seven of seven (7/7) Infection Control meetings included only internal medicine chair and four of seven (4/7) meetings included internal medicine resident in attendance at meetings. There was no written statement of Surgery or Anesthesia representation at the meetings.**
07.02.10 Recall Process There is a process for the recall and disposal / or reprocessing of outdated or contaminated patient care supplies / equipment.	2	**This standard is not met as evidenced by:** **-Recall policy failed to include the notification of physician.** **-OB unaware of recall policy at time of OB survey of sterilizer location.** **This was confirmed with OB Director and CNO while in OB and Peri-operative Manager for CSR policy review.**
09.01.05 Emergency Personal Protective Equipment The Emergency Operations Plan provides how the hospital stores and maintains Personal Protective Equipment, and distributes them during the event of an emergency.	2	**This standard is not met as evidenced by:** **During the review of the Emergency Operations Plan it was observed that the written plan does not identify where PPE is stored in the hospital and how it is distributed when needed.** **This observation was confirmed by the Safety Officer.**
10.01.21 Patient Assessments - Content & Authentication All assessments have the following characteristics: A. Relevant patient / family wellness - illness history (physical and	2	**This standard is not met as evidenced by:** **The following issues were noted during chart review:**

STANDARD	SCORE	SURVEYOR COMMENTS
behavioral); B. Relevant patient / family social - developmental history; C. Relevant historical review of systems; D. Relevant physical findings; E. An identification of problems, needs, admitting diagnoses; F. An initial plan of care to address key elements from the problem list; and G. Cognitive level and acceptance of patient teaching. H. Medication history and current medications including intended purpose and a list of pharmacies used. I. A list of medications to which they are allergic or have had idiosyncratic or other untoward reactions. J. A list of all physicians and practitioners the patient is seeing and phone numbers.		**1. Six of twenty-three (6/23) charts reviewed contained inconsistent or incomplete documentation.** **2. Two of six (2/6) charts had inconsistent documentation of physical findings for example:** **A. One patient with bilateral amputated limbs contained an H&P that stated "normal bilateral lower extremities"** **B. One (1) chart contained conflicting documentation regarding lung sounds between caregivers when patient had a known unilateral pneumothorax** **C. Four of six (4/6) charts had blanks and missing words in dictated reports that made the reports incomplete or incomprehensible** **These findings were verified by HIM personnel during the review process.**
11.00.01 Condition of Participation: Physical Environment *The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment, and for special hospital services appropriate to the needs of the community.* §482.41	2	**Condition of Participation** **This Condition is not met as evidenced by:** **Based on observations, documentation review, and interviews with hospital staff, it is determined that the hospital failed to ensure that the physical environment was constructed, arranged, and maintained to ensure the safety of the patients. The hospital failed to provide an OSHA compliant fixed ladder to the roof; the hospital failed to maintain access to electrical equipment; the hospital failed to assess a Life Safety Code deficiency for Alternative Life Safety Measures; a corridor door was observed to be non-latching; doors were observed to be locked in the path of egress which did not comply with the Life Safety Code; boundaries of suites were not maintained; corridors were not maintained free and clear to their required width; a smoke detector failed its test and there was no evidence it was repaired and retested; there was no certificate of qualifications for the service technician testing the fire alarm system; a sprinkler head was installed improperly; sprinkler heads were not properly maintained; the fire department connection was obstructed; a fire damper was not installed properly; fire dampers testing was not documented properly; fire doors were observed to be not labeled or had unsealed penetrations; and the Life Safety drawings were lacking critical information. The severity and accumulative effect of these systematic deficiencies results in this Condition of Participation being not-compliant in regards to fire-safety requirements of the NFPA 101 Life Safety Code. Further, the following standard-level deficiencies were observed:** **11.07.05 Occupational Safety and Health Act** **13.00.01 Life Safety Code Compliance** **13.00.03 Alternative Life Safety Measures - Implementation** **13.01.01 Corridor Door Latching** **13.01.02 Door Locks** **13.01.04 Suites** **13.01.08 Path of Egress Obstruction** **13.02.02 Fire Alarm System - Testing**

STANDARD	SCORE	SURVEYOR COMMENTS
		13.02.04 Fire Alarm System - Technician Qualification **13.03.01 Water Based Fire Suppression System - Installation** **13.03.02 Water Based Fire Protection System - Testing & Inspection** **13.03.08 Water Based Fire Department Connection - Inspection** **13.04.01 Fire Rated Barriers** **13.04.03 Fire and Smoke Damper Testing** **13.04.07 Fire Rated Door Assemblies** **13.06.04 Life Safety Drawings**
11.04.01 Written Fire Control Plans *The hospital must have written fire control plans that contain provisions for:* • *Prompt reporting of fires* • *Extinguishing fires* • *Protection for patients, personnel and guests* • *Evacuation* • *Cooperation with fire-fighting authorities* §482.41(b)(7)	2	**This standard is not met as evidenced by:** **During document review it was noted that the written fire control plan does not contain a section for cooperation with fire-fighting authorities.** **This was confirmed by the Safety Officer**.
11.07.04 Americans with Disabilities Act The hospital has taken actions to com-ply with Federal laws dealing with the Americans with Disabilities Act. Facilities shall demonstrate through the development and implementation of policies and procedures that they have addressed the issues and spirit of the act in new construction and renovation projects.	2	**This standard is not met as evidenced by:** **During document review it was noted that the hospital did not have written organizational policies and procedures that demonstrate their compliance with ADA requirements.** **This was confirmed by the Safety Director.**
11.07.05 Occupational Safety & Health Act (OSHA) The hospital has taken actions to comply with the Occupational Safety and Health Act (OSHA). Facilities shall demonstrate through the development and implementation of policies and procedures that they have addressed the issues and spirit of this act.	2	**This standard is not met as evidenced by:** **At Central Supply, a fixed ladder to the roof lacked a protective cage and an extension 42 inches above the top of the landing as required by OSHA 1910.27(d)(1)(iii).** **This observation was confirmed by the Facility Manager.**
12.00.09 Program Accountability *The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.* §482.21(a)(2)	2	**This standard is not met as evidenced by:** **Based on quality document review, it was noted that there was a lack of quality reporting to Quality Committee and the Board for Tele-Neurology contracted services. Only one of ten (1/10) contract services had been reviewed for reporting.** **Although the facility program scope is very inclusive, it was also noted that the Sleep Study service had not been reported quality measures due to no manager oversight.**
13.00.01 Life Safety Code Compliance *The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code® of the National Fire Protection Association.* §482.41(b)(1)(i)	2	**This standard is not met as evidenced by:** **During the building tour, access to electrical panels were observed to be obstructed by equipment in the following locations:**

STANDARD	SCORE	SURVEYOR COMMENTS
Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to hospitals (roller latches). §482.41(b)(1)(ii) *The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.* §482.41(b)(3)		**1) Adjacent to the Radiology Reception Area.** **2) Adjacent to the entry to the Lab.** **This observation was confirmed by the Director of Facilities.**
13.00.03 Alternative Life Safety Measures - Implementation When a Life Safety Code deficiency cannot be corrected the same day it is discovered, the hospital conducts an assessment and implements appropriate measures to compensate for impairments to the Life Safety Code, based on their ALSM policy. The assessment is documented.	2	**This standard is not met as evidenced by:** **During the document review of the fire alarm system for the test report dated 2/27/15, a duct detector was noted as having failed. The hospital was not able to show that the condition had been corrected at the time of the survey. No ALSM was created as a result.** **This observation was confirmed by the Facility Manager.**
13.00.05 Facility Demographic Report (FDR) The hospital designates an individual to assess the facility's compliance with the NFPA 101 Life Safety Code (2000 edition), and complete and maintain the Facilities Demographic Report (FDR) and manage all deficiencies. Qualifications and the designation of the responsible individual are documented. Each facility in the organization identified as a healthcare occupancy or an ambulatory healthcare occupancy has an individual FDR report completed. These FDR reports are available for review by the surveyor.	2	**This standard is not met as evidenced by:** **During the document review the Facility Demographic Report was observed to be inaccurate in the following areas:** **1) The FDR indicated a single occupancy for the primary building. The life safety drawings indicated that the administrative area is a separated Business Occupancy.** **2) The FDR indicated that the one story primary building is a single construction type, Type II (000). The new addition is indicated to be Type II (111) on the construction drawings.** **This observation was confirmed by the Facility Manager.**
13.01.01 Corridor Door Latching Corridor doors shall be provided with a means suitable for keeping the door closed. Roller latches are not permitted on corridor doors that are required to latch.	2	**This standard is not met as evidenced by:** **During the building tour in the Emergency Department a sliding glass door was observed to lack a positive latching mechanism. The area is not indicated to be a suite of rooms.** **This observation was confirmed by the Facility Manager.**
13.01.02 Door Locks Doors in the required means of egress must be operable with not more than one releasing operation. Doors within the required means of egress must not be equipped with a latch or lock that requires the use of a tool or key from the egress side, with the exception where the clinical needs of the patients require specialized security measures for their safety. Doors in the required means of egress are permitted to be equipped with	2	**This standard is not met as evidenced by:** **During the building tour the Birthing Center was observed to have a "HUGS" security system that locked the entrance door to the department along with exit discharge doors to the exterior. The doors did not meet the requirements for delayed-egress or access-controlled doors'** **This observation was confirmed by the Facility Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
delayed egress locks provided only one such delayed egress lock is located in the path of egress to the public way, and the entire facility is protected with automatic sprinklers, or fully detected with smoke detectors. Doors in the required means of egress are permitted to be equipped with access-control locks.		
13.01.04 Suites Suites containing patient sleeping rooms are limited to 5,000 square feet and non-sleeping room suites are limited to 10,000 square feet.	2	**This standard is not met as evidenced by:** **During the building tour the following was observed in regards to suites:** **1) The Radiology Reception area is indicated on the life safety plans to be part of the Radiology suite. The area is not separated from the egress corridor.** **2) The pair of entrance doors to the Radiology suite did not positively latch.** **These observations were confirmed by the Facility Manager.**
13.01.08 Path of Egress Obstructions The path of egress must be free and clear of all obstructions or impediments all the way to the public way.	2	**This standard is not met as evidenced by:** **During the building tour the following areas were observed to have obstructions in the path of egress:** **1) In Cardio-Pulmonology, furniture, soiled linen hampers, and workstations on wheels were observed in the egress corridor.** **2) In Emergency, furniture, equipment, and supplies were observed in the egress corridor.** **These observations were confirmed by the Facility Manager.**
13.02.02 Fire Alarm System - Testing Fire alarm systems, and all their components, shall be tested according to NFPA 72 National Fire Alarm Code (1999 edition), Table 7-2.2 Test Methods, and Table 7-3.2 Testing Frequencies. All testing results are documented.	2	**This standard is not met as evidenced by:** **During the document review, the annual fire alarm testing report dated 2/27/15 indicated that duct detector M2-200 failed. The hospital was not able to show that the detector had been repaired or replaced.** **This observation was confirmed by the Facility Manager.**
13.02.04 Fire Alarm System - Technician Qualifications Fire alarm inspection, testing and maintenance personnel shall be qualified and experienced in the testing of fire alarm systems. Documentation identifying the qualification of the individual(s) performing testing, inspecting and maintenance activities on the fire alarm system must be available for review.	2	**This standard is not met as evidenced by:** **During the document review the technician qualification did not indicate that the testing technician was properly certified for the system.** **This observation was confirmed by the Facility Manager.**
13.03.01 Water-based Fire Protection System - Installation A water-based fire protection system must be installed in accordance with	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
section 18.3.5 of the Life Safety Code (2000 edition) in all new construction, remodeled and renovated areas. A water-based fire protection system must be installed in accordance with section 19.3.5 of the Life Safety Code (2000 edition) where required in existing construction, or renovated areas.		**During the building tour at the Electrical Room in Emergency, the sprinkler head was observed to be mounted more than 12 inches below the deck. The room did not have a lay-in ceiling.** **This observation was confirmed by the Facility Manager.**
13.03.02 Water-based Fire Protection System - Testing & Inspection If provided water-based fire protection systems and all their components must be tested, inspected and maintained in accordance with NFPA 25 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 1998 edition. All results of testing, inspection and maintenance activities are documented.	2	**This standard is not met as evidenced by:** **During the building tour the following was observed in regards to the water-based fire protection system:** **1) The sprinkler head in Med/Surg 2 Soiled Utility Room had an accumulation of dust and grime.** **2) In Radiology File Storage, the top of the movable shelving system was less than 18 inches below the deflector shield of the sprinkler heads.** **These observations were confirmed by the Facility Manager.**
13.03.08 Water-based Fire Department Connections - Inspection If so equipped, Fire Department Connections must be inspected quarterly. The results of all inspection activities are documented.	2	**This standard is not met as evidenced by:** **During the building tour an exterior fire department connection was observed to be obscured and obstructed by landscaping.** **This observation was confirmed by the Facility Manager.**
13.04.01 Fire Rated Barriers The hospital shall assure that fire rated barriers are properly rated, appropriate for their purpose, be free from unsealed penetrations, and have the appropriate fire-rated opening protectives.	2	**This standard is not met as evidenced by:** **During the building tour at Med/Surg 1 Storage Room a transfer grill with an improperly installed fire damper was observed above the ceiling. Fire caulk was applied around the perimeter of the damper.** **This observation was confirmed by the Facility Manager.**
13.04.03 Fire & Smoke Damper - Testing Fire and smoke dampers must be fully tested and operated one (1) year after installation and once every six (6) years thereafter in all healthcare facilities classified as hospitals. In healthcare facilities not classified as hospitals, fire and smoke dampers must be fully tested and operated one (1) year after installation, and once every four (4) years thereafter. The results of all inspection activities are documented.	2	**This standard is not met as evidenced by:** **During the document review the hospital's most recent fire and smoke damper testing report did not list or locate the individual dampers in the hospital.** **This observation was confirmed by the Facility Manager.**
13.04.07 Fire Rated Door Assemblies Fire door assemblies must meet the provisions of NFPA 80 *Standard for Fire*	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
Doors and Fire Windows, 1999 edition.		**During the building tour the following was observed:** **1) The corridor wall at Pharmacy is indicated on the life safety plans to be a one hour fire rated wall. The door to Pharmacy was not rated.** **2) The door to the Electrical Vault room at the Kitchen is a one hour fire rated door. An original edge guard was removed from one of the leafs leaving a number of holes in the edge of the door voiding the rating of the door.** **This observation was confirmed by the Facility Manager.**
13.06.04 Life Safety Drawings Basic drawings of the facility indicating the following features are required: • Rated walls and barriers, including their fire rating • Exit, exit enclosure, horizontal exit, and exit discharge • Suite-of-rooms, their boundaries and total area • Hazardous rooms • Smoke compartment barriers, the total area of each smoke compartment, and the farthest travel distance to the closest smoke compartment barrier door • The farthest travel distance to the closest exit • Areas of the facility that are and are not protected with sprinklers	2	**This standard is not met as evidenced by:** **During the document review it was observed that the life safety plans were not updated to include the latest addition to the building.** **This observation was confirmed by the Facility Manager.**
15.01.07 Grievance Process Response Time Frames *At a minimum:* • *The grievance process must specify time frames for review of the grievance and the provision of a response.* §482.13(a)(2)(ii)	2	**This standard is not met as evidenced by:** **It was noted that two of five (2/5) files did not contain grievance letter responses within the required seven (7) days.** **This was confirmed with Director of Quality.**
15.01.08 Patient Notification of the Grievance Process *At a minimum:* • *In its resolution of the grievance, the hospital must provide the patient with a written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.* §482.13(a)(2)(iii)	2	**This standard is not met as evidenced by:** **It was noted that three of four (3/4) letters sent failed to include investigation and the steps taken on behalf of the patient to investigate the grievance.** **This was confirmed with Director of Quality.**
15.01.09 Exercise of Patient Rights *The Patient's Rights document includes, at a minimum, that the patient has:*	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
A. *The right to participate in the development and implementation of his or her plan of care;* §482.13(b)(1) B. *Or his or her representative (as allowed under state law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;* §482.13(b)(2) C. *The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part, §489.102 of this part, and §489.104 of this part;* §482.13(b)(3) D. *The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital;* §482.13(b)(4) E. *The right to personal privacy;* §482.13(c)(1) F. *The right to receive care in a safe setting;* §482.13(c)(2) G. *The right to be free from all forms of abuse or harassment;* §482.13(c)(3) H. *The right to the confidentiality of his or her clinical records;* §482.13(d)(1) I. *The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.* §482.13(d)(2) J. *The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff;* §482.13(e)(1) K. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services; L. The right to know the professional status of any person providing his/her care / services; M. The right to know the reasons for any proposed change in the Professional Staff responsible for his/her care;		**It was noted that the hospital's Patient Rights policy, handout and postings failed to include the following requirements:** **1. Item "N: The right to know the reason for transfer within or outside the hospital.** **2. Item "Q: The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.**

STANDARD	SCORE	SURVEYOR COMMENTS
N. The right to know the reasons for his/her transfer either within or outside the hospital; O. The relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care; P. The right of access to the cost, itemized when possible, of services rendered within a reasonable period of time; Q. The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care; R. Informed of the right to have pain treated as effectively as possible. S. A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. A hospital must meet the following requirements: ◦ *Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.* §482.13(h)(1) ◦ *Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.* §482.13(h)(2) ◦ *Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.* §482.13(h)(3) ◦ *Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.* §482.13(h)(4) ◦ The patient's family has the right of informed consent for donation of organs and tissues.		
15.03.26 Discharge Instructions The hospital must provide the patient or representative with discharge instructions written in lay terminology at time of discharge. The discharge instructions must include the following elements: 1. Reason for hospitalization and condition at the time of discharge. 2. Medications to be taken after discharge including, resuming pre-admission medications, how and when to take medications, and how	2	**This standard is not met as evidenced by:** **Based on review of Discharge Instructions, the following was noted:** **Item #6: Two of two (2/2) medical records lacked documentation of tests completed with results pending at time of discharge and name of the clinician responsible for the results.**

STANDARD	SCORE	SURVEYOR COMMENTS
to obtain medications. 3. Complications which may occur and actions to take should these happen post-discharge. 4. A list of follow-up appointments for tests and clinic visits, with dates, times and locations. 5. Organized services to be initiated following discharge. 6. Tests completed in the hospital with results pending at time of discharge and name of the clinician responsible for the results. 7. List of relevant contact information (e.g., primary care providers, specialists, the pharmacy, and home health agencies, etc.). (NQF, #15, 2009)		
16.02.02 Patients at Risk Patients at-risk for developing the following complications are identified on admission or during the hospital stay: 1. Pressure ulcers 2. Deep vein thrombosis (DVT/venous thromboembolism (VTE) 3. Aspiration 4. Malnutrition 5. Fall Risk/Prevention	2	**This standard is not met as evidenced by:** **Based on medical record documentation review it was noted that in two of three (2/3) records noted "difficulty swallowing" defined as "within defined limits" (WDL) of assessment / reassessment.** **1. One (1) record lacked documentation of aspiration assessment or reassessment on a patient with history of stroke, on a thickened dysphagia diet. Documentation noted indicated "WDL."** **2. A second record documentation noted "speech evaluation, diet progressed from NPO to mechanical soft;" however, the nursing documentation noted "WDL" for assessment.**
19.00.02 Safety of Services *Radiological services, particularly ionizing radiology, must be free from hazards for patients and personnel.* §482.26(b)	2	**This standard is not met as evidenced by:** **During the Radiology department tour the following hazards were observed:** **1. Four (4) ceiling vents in the CT gantry, two vents in the CT control room** **2. X-ray room # 3 observed ceiling tiles to be stained and discolored, the impression was that the stains may have been caused by a leak in the roof.** **3. Five (5) ceiling tiles in X-ray room # 3 were observed to be stained** **4. The ceiling plate for the CT injector was observed to have a large build-up of rust, however there was no pitting noted.** **This was confirmed by the CEO and Department Director.**
19.00.09 Approval of Policies & Procedures All radiation safety policies and procedures are approved by the radiation safety committee.	2	**This standard is not met as evidenced by:** **During review of the Radiation Safety Committee minutes it was noted that the radiation safety policies had not been reviewed and approved by the Radiation Safety Committee since 3/28/2012. Consequently, the facility failed to meet the requirement for the review and approved these policies every three (3) years.**
20.00.11 Change in Treatment Plan Log A separate log shall be maintained as part of the quality management program for the emergency service. The log provides information about	2	**This standard is not met as evidenced by:** **Based on document review of the ED Change in Treatment log only two (2) of the required**

STANDARD	SCORE	SURVEYOR COMMENTS
patients whose initial treatment plan later required modification based upon significant variation in the final interpretation of radiographic, cardiographic or laboratory findings.		**recall situations were being tracked. There was no evidence of documentation of any EKG discrepancy or quality review process noted or evidence it was being tracked.** **This was verified by the CMO.**
22.01.01 Potentially Infectious Blood & Blood Components 1. *Potentially human immunodeficiency virus (HIV) infectious blood and blood components. Potentially HIV infectious blood and blood components are prior collections from a donor –* i. *Who tested negative at the time of donation but tests reactive for evidence of HIV infection on a later donation;* ii. *Who tests positive on the supplemental (additional, more specific) test or other follow-up testing required by FDA; and* iii. *For whom the timing of seroconversion cannot be precisely estimated.* 2. *Potentially hepatitis C virus (HCV) infectious blood and blood components. Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47.* 3. *Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital --* i. *Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection;* ii. *Within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA;* iii. *Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available, as set forth at 21 CFR 610.48(b)(3).* 4. *Quarantine of blood and blood components pending completion of testing. If the blood collecting establishment (either internal or under an agreement) notifies the hospital of the reactive HIV or HCV screening test results, the hospital must determine the disposition of the blood or blood component and quarantine all blood and blood components from previous donations in inventory.* i. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is negative, absent other*	2	**This standard is not met as evidenced by:** **During document review it was noted that hospital's policy and the contract with their regional blood bank failed to comply with the standard for the following sections:** **1. Potentially Human Immunodeficiency Virus (HIV) infectious blood and blood components.** **2. Potentially Hepatitis C virus (HEPC) infectious blood and blood components.** **3. Services furnished by an outside blood collecting establishment.** **4. Quarantine of blood and blood components pending completion of testing.** **5. Record keeping by the hospital.** **6. Patient notification.** **7. Time frame for notification.** **8. Content of notification.** **9. Policies and procedures.** **10. Notification to legal representative or relative.** **11. Applicability.** **This was confirmed by the CEO and Lab Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
informative test results, the hospital may release the blood and blood components from quarantine. ii. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is positive, the hospital must –* A. *Dispose of the blood and blood components; and* B. *Notify the transfusion recipients as set forth in paragraph (b)(6) of 42 Code of Federal Regulations.* iii. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is indeterminate, the hospital must destroy or label prior collections of blood or blood components held in quarantine as set forth at 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2).* 5. *Recordkeeping by the hospital. The hospital must maintain --* i. *Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval; and* ii. *A fully funded plan to transfer these records to another hospital or other entity if such hospital ceases operation for any reason.* 6. *Patient notification. If the hospital has administered potentially HIV or HCV infectious blood or blood components (either directly through its own blood collecting establishment or under an agreement) or released such blood or blood components to another entity or appropriate individual, the hospital must take the following actions:* i. *Make reasonable attempts to notify the patient, or to notify the attending physician, or the physician who ordered the blood or blood component and ask the physician to notify the patient, or other individual as permitted under paragraph (b)(10) of 42 Code of Federal Regulations, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling.* ii. *If the physician is unavailable or declines to make the notification, make reasonable attempts to give this notification to the patient, legal guardian or relative.* iii. *Document in the patient's medical record the notification or attempts to give the required notification.* 7. *Time frame for notification.* i. *For donors tested on or after February 20, 2008. For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 21 CFR 610.47 the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification over a period of 12 weeks unless--*		

STANDARD	SCORE	SURVEYOR COMMENTS
A. *The patient is located and notified; or* B. *The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.* ii. *For donors tested before February 20, 2008. For notifications from donors tested before February 20, 2008 as set forth at 21 CFR 610.48(b) and (c), the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification and must complete the actions within 1 year of the date on which the hospital received notification from the outside blood collecting establishment.* 8. *Content of notification. The notification must include the following information:* i. *A basic explanation of the need for HIV or HCV testing and counseling.* ii. *Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling.* iii. *A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose.* 9. *Policies and procedures. The hospital must establish policies and procedures for notification and documentation that conform to Federal, State, and local laws, including requirements for the confidentiality of medical records and other patient information.* 10. *Notification to legal representative or relative. If the patient has been adjudged incompetent by a State court, the physician or hospital must notify a legal representative designated in accordance with State law. If the patient is competent, but State law permits a legal representative or relative to receive the information on the patient's behalf, the physician or hospital must notify the patient or his or her legal representative or relative. For possible HIV infectious transfusion recipients that are deceased, the physician or hospital must inform the deceased patient's legal representative or relative. If the patient is a minor, the parents or legal guardian must be notified.* 11. *Applicability. HCV notification requirements resulting from donors tested before February 20, 2008, as set forth at 21 CFR 610.48 will expire on August 24, 2015.* §482.27(b)		
22.01.02 Exposure Resulting in HIV Conversion In any event of HIV conversion, the hospital will notify the appropriate public	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
health officials.		**Based on document review it was noted that the hospital lacked a written policy for notifying public health officials in the event of an HIV conversion.** **This was confirmed by the CEO and Lab Manager.**
22.01.03 General Blood Safety Issues *For look-back activities only related to new blood safety issues that are identified after August 24, 2007, hospitals must comply with FDA regulations as they pertain to blood safety issues in the following areas:* 1. *Appropriate testing and quarantining of infectious blood and blood components.* 2. *Notification and counseling of recipients that may have received infectious blood and blood components.* §482.27(c)(1) §482.27(c)(2)	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the hospital lacked an established and written policy that addressed their compliance with appropriate testing, quarantining, notifying and counseling as required in this standard related to look-back activities.** **This was confirmed by the CEO and Lab Manager.**
23.00.14 Approval of Policies & Procedures All radiation safety policies and procedures are approved radiation safety and the Radiation Safety Committee (Team).	2	**This standard is not met as evidenced by:** **Based on review of the Radiation Safety Committee minutes it was noted that the Radiation Safety policies had not been reviewed or approved since March 28, 2012, which exceed the standard requirement to review and approve policies every three (3) years.** **This was confirmed by the CEO and Department Manager.**
24.01.04 Preparation & Storage of Formula & Breastmilk Processes are in place that ensures infant formula and breastmilk are properly stored and prepared in accordance with nationally accepted guidelines. Policies are in place to ensure infant safety, including: 1. Guidelines for ordering infant formulas 2. Guidelines that govern acceptable ingredients that may be added to infant formulas 3. Guidelines for aseptic infant formula preparation techniques 4. Storage, preparation, and temperature control of breastmilk and infant formula products 5. Patient safety with heating breast milk and infant formula 6. Personnel responsible and qualified to prepare infant formula 7. Cleaning / autoclaving of equipment used in formula preparation 8. Indications, use, and sanitation of enteral feeding pump equipment.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the current Breastfeeding policy did not require that Breast Milk be stored between 35 - 40 degrees Fahrenheit.** **This was confirmed by the CEO and Nurse Manager.**
24.01.05 Vending Machines Policies are in place relative to vending machine operations.	2	**This standard is not met as evidenced by:** **Based on document review the Vending Policy had not been reviewed or approved by the**

STANDARD	SCORE	SURVEYOR COMMENTS
The following topics are addressed: 1. Stocking and rotation of supplies 2. Perishable product controls		**Infection Control committee in the last three (3) years.** **This was confirmed by the Food Service Director.**
24.01.06 Ice Machines Ice used for oral consumption is distributed in a manner that ensures an acceptable level of safety. Policies are in place relative to ice distribution, specifically: 1. Use and sanitation of hand-held ice scoops 2. Emergency procedures to be implemented in the event of an ice dispenser malfunction or water failure.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Ice Machine policy had not been reviewed or approved by the Infection Control committee in the last three (3) years.** **This was confirmed by the Food Service Manager.**
24.01.08 Physical Environment Processes are in place for the following: 1. Food and non-food items are stored separately 2. All food containers are covered 3. Food containers are labeled with the contents and the date prepared 4. Foods are within their expiration dates 5. Loose scoops are not stored in the bulk food containers 6. Supplies are off the floor. 7. Refrigerator / freezer door seals and water pipes are in good working order. Humidity is controlled to prevent / reduce mold growth 8. Soap, paper towels, and a sink for hand washing are readily available for staff working in the food preparation area 9. Food transport vehicles are clean and in good working order 10. Ceiling tiles are intact and stain-free.	2	**This standard is not met as evidenced by:** **The following issues were noted during the kitchen tour:** **1. There were obvious rusted sprinkler heads in the janitor's closet and washing machine room.** **2. There was significant static dust and ice build-up on the fan guards in the walk-in freezer.** **3. There was significant static dust build-up on the fan guards in the walk-in cooler.** **4. Ceiling tiles, ceiling grids and vents observed with significant dust and rust build-up on the surfaces above the food production area of the kitchen.** **This was confirmed by the CEO and Food Service Manager.**
25.01.03 Security of Medications *Consistent with state and federal requirements, in the pharmacy and throughout the facility:* 1. *All drugs and biologicals must be kept in a secure area, and locked when appropriate.* §482.25(b)(2)(i)	2	**This standard is not met as evidenced by:** **The pediatric crash cart in the PACU medication drawer was found unlocked.**
25.01.19 Standardization of Labeling The methods for labeling, packaging and storing medication have been standardized throughout the facility to reduce adverse events resulting from improper labeling, packaging and or storage of medications.	2	**This standard is not met as evidenced by:** **During tour of the Pharmacy and Med/Surg unit, the following practices were observed to be inconsistent with facility policies:**

STANDARD	SCORE	SURVEYOR COMMENTS
		1. It was the facility's standard for medication labels to include both the patient name and medical record number. This practice was inconsistently implemented, as follows: **a. On the Med/Surg unit, three of five (3/5) medications found in patient medication bins were not labeled with these two (2) patient identifiers, as required by facility policy. Observed were:** **b. Two (2) medication bags had the patient's name and room number; however, both bags were missing the patient's medical record number.** **c. One (1) oral spray medication had only the patient's room number; this medication was missing both the patient name and medical record number.** **d. The IT department printing process was 'down;' hand-written medication labels were not consistent with facility policy.** **2. The labeling of "Look Alike/Sound Alike" drugs was inconsistent. Observed were:** • **For "Look Alike/Sound Alike" drugs, medication labels contained TALL MAN lettering. This practice was also used in the Medication Administration Record. However, the TALL MAN lettering was not used for the "Look Alike/Sound Alike" medications stored in the bins in the Pharmacy.** **These patient safety concerns were confirmed with Director of Pharmacy.**
26.01.04 Staff Qualifications *Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 42 Code of Federal Regulations.* §482.56(a)(2)	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Medical Staff had not defined, in writing, the required qualifications and competencies for the therapy staff consistent with state law.** **This was confirmed by the CEO and the Rehab Manager.**
29.00.14 Required Policies & Procedures Policies and procedures are developed by the SCU medical and nursing staffs relating to, at least: 1. The circumstances leading to required consultations for SCU patients 2. Determining the acuity of patient care to adjust from core nursing staffing 3. Management of specific patient care emergencies via protocol until the physician can be notified 4. Circumstances (examples of) requiring immediate notification of the physician 5. Management of patients during a facility disaster (equipment or utility failure, plus natural disaster{s}) 6. Infection control measures unique to the physical layout of the units, the equipment used, and potential patients served 7. Mechanisms relating to unit specific quality control and quality improvement monitors 8. Traffic control in the unit, including visiting hours for patient support persons	2	**This standard is not met as evidenced by:** **The following requirements were missing from policies:** • **Item 1: The circumstances leading to required consultations for SCU - policy written and approved while on site.** • **Item 3: Management of specific patient care emergencies via protocol until the physician can be notified / draft protocols on Chest pain of possible cardiac origin and respiratory depression were finalized and approved while on-site.** • **Item 6: Infection control measures unique to the physical layout of the units, the equipment used, and potential patients served / policy--written while on-site, due to go to IP & C for approval.** • **Item 10: Elements of assessment and reassessment and frequencies / missing the reassessment for ICU.** **This was confirmed with Director ICU and CNO.**

STANDARD	SCORE	SURVEYOR COMMENTS
9. Maintenance of par levels of supplies and drugs for anticipated needs 10. Elements of assessment and reassessment and frequencies 11. Collaborative practice principles including conflict resolution (medicine/nursing and other support providers)		
30.02.07 Supply & Equipment Availability Supplies and equipment are sufficient in quantity so that movement in and out of the area is minimized during peak care times. Processed and clean supplies are protected from surface/airborne contamination. Provisions are made for the care of patients with respiratory or wound contamination and those requiring isolation.	2	**This standard is not met as evidenced by:** **Based on the OR tour the following clean supplies were found stored in janitor closet #668 within a few feet of a dump drain basin and with two (2) dirty mops:** • **Three (3) rolls of paper towels** • **Eight (8) rolls of toilet paper** • **Six (6) hand sanitizer bottles** **This was verified by the OR Manager.**
31.00.00 Condition of Participation: Outpatient Services *If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.* §482.54	2	**This Condition is cited at the Standard-level** **This standard is not met as evidenced by:** **During document review it was noted that the Sleep Lab did not have performance measures that were integrated into the hospital-wide QAPI.** **Consequently, during the last 12 months the Sleep Lab had not reported QA measures to the Board.** **This was confirmed by the CEO and Director of the Sleep Lab**.
31.00.04 Patient Satisfaction Patient satisfaction questionnaires / comment cards shall be available for patients.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Sleep Lab lacked a measurement tool for patient satisfaction, patient satisfaction was not performed.** **This was confirmed by the CEO and Sleep Lab Director.**
31.00.05 Activity Logs The facility shall have appointment / encounter / recall and phone logs in use that are up to date.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Sleep Lab lacked a policy or process for documenting phone encounters with patients.** **This was confirmed by the CEO and Director of the Sleep Lab.**
32.01.22 Exercise of Rights 1. *The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.* 2. *The resident has the right to be free of interference, coercion,*	2	**This standard is not met as evidenced by:** **The facility lacked a policy that defined the patient rights to a dignified existence, self-determination, and coverage for rights by an appointed person.**

STANDARD	SCORE	SURVEYOR COMMENTS
discrimination, and reprisal from the facility in exercising his or her rights. 3. *In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.* 4. *In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.* §483.10(a)(1) §483.10(a)(2) §483.10(a)(3) §483.10(a)(4)		**A new policy was written and reviewed while on-site. Although a new policy was written at time of survey a Plan of Correction is required.** **This was confirmed by the Swing Bed Manager.**
32.05.04 Provision of Dental Services NOTE: §483.55(b) Nursing Facilities does not usually apply to Medicare reimbursed swing-bed residents because Medicare swing-bed residents receive skilled nursing care comparable to services provided in a SNF not a NF. If a swing-bed resident is a NF level patient, apply standard §483.55(b) as appropriate. *Nursing facilities. The facility* 1. *Must provide or obtain from an outside resource, in accordance with 483.75(h) of this part, the following dental services to meet the needs of each resident:* i. *Routine dental services (to the extent covered under the state plan)* ii. *Emergency dental services* §483.55(b)(1)	2	**This standard is not met as evidenced by:** **The facility's current policy disused coverage of emergency dental services by an advisory dentist; however, there is no contract or any privileges noted for an advisory dentist.** **The policy was revised consistent with standards for routine and emergency dental services.** **Although the policy was revised to meet the standard requirements, the facility is required to submit a Plan of Correction.** **This was confirmed with the Swing Bed Manager.**

The Joint Commission

Russell County Medical Center
58 Carroll Street
Lebanon, VA 24266

Organization Identification Number: 6346

Program(s)	**Survey Date(s)**
Hospital Accreditation	06/16/2014-06/17/2014

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), you have met the criteria for Accreditation with Follow-up Survey.

You will have follow-up in the area(s) indicated below:

- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.
- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP6,EP8
	IC.02.02.01	EP2,EP4
	PC.01.03.01	EP1
	PC.02.01.03	EP1
	PC.03.01.03	EP1

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.02.01	EP5
	EC.02.03.05	EP12,EP25
	EC.02.06.01	EP1,EP13
	LD.01.03.01	EP2
	LS.02.01.10	EP3,EP5
	LS.02.01.20	EP32
	LS.02.01.30	EP18
	MS.06.01.03	EP6
	PC.03.05.15	EP1

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(e)(16)(i)	A-0184	HAP - PC.03.05.15/EP1	Standard
§482.13(e)(16)(v)	A-0188	HAP - PC.03.05.15/EP1	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP1	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Condition

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.06.01/EP1	Standard
§482.41(b)(1)(i)	A-0710	HAP - EC.02.03.05/EP12, EP25, LS.02.01.10/EP3, EP5, LS.02.01.20/EP32, LS.02.01.30/EP18	Standard
§482.41(a)	A-0701	HAP - EC.02.06.01/EP13	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Condition

Corresponds to: HAP - EC.02.05.01/EP6

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2, EP4	Standard

CoP: §482.52 **Tag:** A-1000 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.52(c)(2)	A-1001	HAP - MS.06.01.03/EP6	Standard

CoP: §482.56 **Tag:** A-1123 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.56 Condition of Participation: Rehabilitation Services

If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.

CoP Standard	Tag	Corresponds to	Deficiency
§482.56(b)	A-1132	HAP - PC.02.01.03/EP1	Standard

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Condition

Corresponds to: HAP - LD.01.03.01/EP2

Text: §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body. The governing body (or the persons legally responsible for the conduct of the hospital and carrying out the functions specified in this part that pertain to the governing body) must include a member, or members, of the hospital's medical staff.

The Joint Commission
Findings

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.02.01

Standard Text: The hospital manages risks related to hazardous materials and waste.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Scoring Category : C

Score : Insufficient Compliance

Observation(s):

EP 5
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The emergency eye wash station located in the Laboratory was not checked on a weekly basis as defined by the hospital policy. The staff in the lab tested the eye wash station on 04-18-2014 with the next inspection not being conducted until 05-02-2014.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The janitors closet on the 3rd floor has a corrosive chemical (mild acid cleaner) being used by the housekeeping staff. The only eye wash station located on the 3rd floor in the staff lounge behind a locked door. The housekeeping staff needs access to an eye wash station that does not require the use of a key or code.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The janitors closet by ICU has a corrosive chemical (foaming acid restroom cleaner) being used by the housekeeping staff. The nearest eye wash station is located behind a locked door. The housekeeping staff needs access to an eye wash station that does not require the use of a key or code.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The eye wash station located in the Kitchen is plumbed directly to the domestic cold water. The organization has not conducted a risk assessment to determine if there are any negative treatment aspects of just using cold water (not tepid).

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05

Standard Text: The hospital maintains fire safety equipment and fire safety building features.
Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

The Joint Commission
Findings

Element(s) of Performance:

25. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following:
- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25, 1998 edition (Section 2-1.3) and NFPA 72, 1999 edition (Section 7-5.2).

Scoring
Category : C
Score : Insufficient Compliance

12. Every 5 years, the hospital conducts water-flow tests for standpipe systems. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 12
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
There has not been a documented standpipe flow test conducted at this facility in the past 5 years. The document that was submitted (2012) for the 5 year standpipe flow test consisted of an internal pipe corrosion inspection only.

EP 25
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The annual fire pump inspection conducted on November 6, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on January 28, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on April 9, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on July 15, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on October 3, 2013 did not identify the NFPA code that was being referenced for the activity.

The Joint Commission
Findings

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The weekly fire pump churn tests conducted in 2013 did not identify the NFPA code that was being referenced for the activity.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01 ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Room #1 when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Room #2 when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Central Sterile Storage when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Central Supply Processing when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

EP 8
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The electrical panel EMSC in the fire pump room did not have a breaker legend.

Chapter:	Environment of Care
Program:	Hospital Accreditation
Standard:	EC.02.06.01 ESC 60 days
Standard Text:	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
Primary Priority Focus Area:	Physical Environment

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

Scoring
Category : C
Score : Insufficient Compliance

13. The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the Emergency Department Ambulance storage room there were empty oxygen e-cylinders #1 of 3 stored in the same rack with 2 full cylinders.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the Emergency Department Ambulance storage room there were empty oxygen e-cylinders #2 of 3 stored in the same rack with 2 full cylinders.

EP 13
§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
This Standard is NOT MET as evidenced by:
Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The hospital does not have a policy establishing the setpoints for temperature and humidity in the surgery rooms, sterile storage and central processing. The organization can deviate from published criteria from ASHRAE, AORN etc. by a collaborative effort from Infection Control, Facilities and the medical staff.

Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Temperature and humidity is not being monitored in the Central Processing department.

Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Temperature and humidity is not being monitored in the Surgery Sterile storage room.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.02.01

ESC 45 days

The Joint Commission
Findings

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be , designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor noted that organization had tested activity of its Restart HLD daily instead of prior to each use in their scope processor as per manufacturers instructions for use.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The organization had not documented the lot numbers of controls or biologicals it had used to challenge its steam or Sterrad Sterilization cycles in SPD.

EP 4
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor observed an unoccupied Endoscopy Suite in the OR which contained a anesthesia work station with an unlocked drawer which contained multiple needles and syringes. In discussion with staff, it was identified that housekeeping staff would have access to this area and might access these sterile supplies.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In an unoccupied operating room with no additional cases scheduled for the next forty eight hours, the surveyor noted an unpackaged laryngoscope blade attached to its handle stored under a towel on top of the anesthesia cart. This type of storage of semi critical devices is only appropriate for short term storage as for example when preparing the OR room for a soon to be starting case but not for long term storage.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor noted that there was two LMAs in the anesthesia supply cart in the Endoscopy Suite which had expired in April 2014.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
During a tour of the Surgery department it was observed in the scope storage cabinet, a rectal tube in a sterile plastic sleeve lying in the bottom of the cabinet that had an accumulation of a foreign substance on the sleeve.

Chapter:	Leadership
Program:	Hospital Accreditation
Standard:	LD.01.03.01 ESC 60 days
Standard Text:	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
Primary Priority Focus Area:	Communication

Element(s) of Performance:

2. The governing body provides for organization management and planning.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.12 - (A-0043) - §482.12 Condition of Participation: Condition of Participation: Governing Body
This Condition is NOT MET as evidenced by:
Observed in Auto Score for CLD at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The governing body/leadership did not ensure that the following Conditions of Participation were met as determined through observations, documentation, and staff interviews:§482.41 - (A-0700), §482.42 - (A-0747), §482.12 - (A-0043)

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.10 ESC 60 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

3. Walls that are fire rated for 2 hours (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above and extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)

Scoring
Category : A
Score : Insufficient Compliance

5. Doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 3
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The occupancy separation above the ceiling on the 3rd floor between the vestibule, the space between the top of the sheetrock and the metal deck (approximately 6' in length) is not sealed with a fire rated material.

EP 5
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the Director of Respiratory Therapy's office on the 2nd floor are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the mobile xray machine alcove on the 1st floor are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the Giftshop are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

32. The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 18/19.2.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 32
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 2nd floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 3rd floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 4th floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 18
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the ceiling in room 415 on the 4th floor, the following penetration was observed: 6" x 4" penetration with cables was not sealed to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by the Laboratory Supervisors office, the following penetration was observed: 1" x 6" penetration above the air duct was not sealed to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by the Laboratory Supervisors office, the following penetration was observed: 4" x 6' penetration, the sheetrock was not sealed to the metal deck above to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by Administration on the 2nd floor, the following penetration was observed: Multiple cable bundle was not sealed to prevent the spread of smoke.

Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.06.01.03

ESC 60 days

Standard Text: The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

6. The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information:
- The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration
- The applicant's relevant training
- The applicant's current competence
(See also PC.03.01.01, EP 1)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.52(c)(2) - (A-1001) - (2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.]
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In review of the Credential File of a CRNA, it was noted that the status of the CRNA's License had not been verified with the primary source prior to the practitioners initial appointment on March 10,2014. The hospital did query the primary source on survey and identified that the practioner license had not lapsed at the time of the initial appointment.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

Standard Text: The hospital plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

The Joint Commission
Findings

EP 1
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The medical record of a patient traced on the psychiatric unit did not contain the patient's medical needs, many of which could impact the patient's behavioral care. The master treatment plan and the updates only addressed the patients mental illness and behavioral issues.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of an open medical record of a patient tracer conducted on the psychiatric unit it was noted that the patient had a seizure disorder, developmental delay and other medical issues in conjunction with her behavioral issues. These were not addressed in the master treatment plan or the treatment team updates.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of the open medical record of a patient with Schizophrenia - Paranoid Type it was noted that the patient's medical issues and co-morbid conditions were not addressed in the Master Treatment Plan. Many of these issues could have significant effect on the care of the patient's mental illness.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03 ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *
Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.56(b) - (A-1132) - §482.56(b) Standard: Delivery of Services

Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the review of one of two closed medical records where the patient had been transferred to another acute care hospital it was noted that there was no order for the transfer.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03 ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The presedation evaluation in a patient who had received moderate sedation (Etiomidate, Versed and Fentanyl) in the ED for a shoulder dislocation on 6/17/14 did not include documentation of an ASA assignment nor a Mallinpatti Airway classification as required by the hospitals Moderate Sedation Policy PC-600-195.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.05.15 ESC 60 days

Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:
- Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior
- A description of the patient's behavior and the intervention used
- Any alternatives or other less restrictive interventions attempted
- The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
- The patient's response to the intervention(s) used, including the rationale for continued use of the intervention
- Individual patient assessments and reassessments
- The intervals for monitoring
- Revisions to the plan of care
- The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
- Injuries to the patient
- Death associated with the use of restraint or seclusion
- The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion
- Orders for restraint or seclusion
- Notification of the use of restraint or seclusion to the attending physician
- Consultations

Note: The definition of 'physician' is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 1
§482.13(e)(16)(i) - (A-0184) - (i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The closed medical record of a patient who had been secluded did not contain documentation of the 1 hour face-to-face. There was no indication that the treatment plan had been updated to address the restraint episode(s).

§482.13(e)(16)(v) - (A-0188) - [When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]

(v) The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In a second closed medical record of a patient who had been secluded it was noted that the treatment plan update did not address the intervention and any updates to the plan of care.

The Joint Commission

Smyth County Community Hospital
245 Medical Park Drive
Marion, VA 24354

Organization Identification Number: 3795

Program(s)
Hospital Accreditation
Home Care Accreditation

Survey Date(s)
04/03/2013-04/04/2013

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Final

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP6
	PC.01.03.01	EP1
	PC.02.01.03	EP7
	PC.02.02.03	EP11

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.01.01	EP5
	EC.02.03.05	EP13
	HR.01.02.05	EP1
	LS.02.01.30	EP2
	RC.01.01.01	EP19

CoP: §482.11 **Tag:** A-0020 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.11 Condition of Participation: Compliance with Federal, State and Local Laws

CoP Standard	Tag	Corresponds to	Deficiency
§482.11(c)	A-0023	HAP - HR.01.02.05/EP1	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP1	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.01.01/EP5	Standard
§482.41(b)(1)(i)	A-0710	HAP - EC.02.03.05/EP13, LS.02.01.30/EP2	Standard

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CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP6

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

The Joint Commission
Findings

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.01.01

ESC 60 days

Standard Text: The hospital manages safety and security risks.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. The hospital maintains all grounds and equipment.

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 5
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
Outside at the loading dock - The operator key for trash compactor # 1 had been left in the key switch. This could allow anyone to operate the trash compactor.

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
Outside at the loading dock - The operator key for trash compactor # 2 had been left in the key switch. This could allow anyone to operate the trash compactor.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05

ESC 60 days

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

The Joint Commission
Findings

Element(s) of Performance:

13. Every 6 months, the hospital inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented.
Note 1: Discharge of the fire-extinguishing systems is not required.
Note 2: For additional guidance on performing inspections, see NFPA 96, 1998 edition.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 13
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
The hospital has a kitchen hood extinguishment system in the Rehab. Unit kitchen. The hospital has not inspected the extinguishment system in the last 12 months

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Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.05.01 ESC 45 days
Standard Text: The hospital manages risks associated with its utility systems.
Primary Priority Focus Area: Physical Environment

The Joint Commission
Findings

Element(s) of Performance:

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Standard is NOT MET as evidenced by:
Observed in Document Review at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
The hospital had testing of the air flow in the Central Sterile area conducted on 2/18/13. The report stated that the air flow was found to be negative, flowing into the clean area from the corridor. (The air flow should be positive, flowing from the clean area into the corridor.) As of the date of this survey 4/3/13.the hospital has not corrected this problem and has not issued a work order or purchase order for repairs.

Chapter: Human Resources
Program: Hospital Accreditation
Standard: HR.01.02.05 (ESC 60 days)
Standard Text: The hospital verifies staff qualifications.
Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)
Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.11(c) - (A-0023) - (c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.
This Standard is NOT MET as evidenced by:
Observed in HR File Review at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the HR file review it was noted that a RN had a license that expired on 1/31/2012 and the Primary Source Verification was not done until 2/1/2012.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.30 ESC 60 days
Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

2. All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:
Boiler/fuel-fired heater rooms
- Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New boiler/fuel-fired heater rooms have sprinkler systems and have 1 -hour fire-rated walls and 3/4-hour fire-rated doors.
Central/bulk laundries larger than 100 square feet
- Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)
- Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
- New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
Laboratories (See NFPA 45-1996 to determine if a laboratory is a 'severe hazard' area)
- Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)
- New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)
Maintenance repair shops
- Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.
- New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)
- Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

- New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
Paint shops that are not severe hazard areas
- Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
Soiled linen rooms
- Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
Storage rooms
- Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
Trash collection rooms
- Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 2
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In the kitchen - the door to the non-food storage room was not self closing and latching when tested.

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In the kitchen - the door to the dry goods storage room was not self closing and latching when tested.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01 ESC 45 days

Standard Text: The hospital plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 1
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
The nursing care plan did not address hypotension for which there was a very important order for normal saline bolus of 500 cc to be given every three hours as needed. The order appears to never have been followed and the plan of care never addressed the underlying problem of hypotension.

Observed in Tracer Activities at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
A patient in the ICU was assessed as a fall risk and interventions were taken. This problem was not addressed on the plan of care which would need updating on transfer to a different level of care.

The Joint Commission
Findings

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03 (ESC 45 days)

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site. On transfer from the Emergency Department to the PCU, the admitting physician ordered a patient to receive 500 cc of normal saline intravenously to be given over thirty minutes for a mean arterial pressure below 60 every three hours as needed . There is no documented evidence of mean arterial pressures being done, thus no bolus given in the PCU. On transfer to the regular floor, the order was continued by the physician. While the order could not reasonably have been followed on a regular floor, no one contacted the physician to have it discontinued, nor did anyone attempt to follow what was still an active order. It was discovered that mean arterial pressures could not be documented on the electronic medical record in the PCU.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.02.03 (ESC 45 days)

Standard Text: The hospital makes food and nutrition products available to its patients.

Primary Priority Focus Area: Patient Safety

Element(s) of Performance:

11. The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 11
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site. It was noted in the Short Stay Unit's refrigerator that 2 nutritional supplies had an expiration date of March 2013. It was removed at the time of discovery.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site. Observed in the Short Stay Unit's refrigerator 2 nutritional supplies dated February 2013. It was removed at the time of discovery.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.01.01 ESC 60 days

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
On a physician's order sheet from 4/2/13 the RN signature had no date or time.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
Two different progress notes were dated but not timed by the physician.

The Joint Commission

October 31, 2014

Fred L. Pelle
CEO
Lonesome Pine Hospital
1990 Holton Avenue, East
Big Stone Gap, VA 24219-0230

Joint Commission ID #: 6325
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 10/30/2014

Dear Mr. Pelle:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning August 29, 2014. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

Mountain View Regional Medical Center

Norton, VA

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

The evaluation of the long term care services of this organization was substantially based on the results of its most recent federal Medicare/Medicaid certification evaluation.

August 20, 2010

Accreditation is customarily valid for up to 39 months.

David A. Whiston, D.D.S.
Chairman of the Board

Organization ID #: 2699
Print/Reprint Date: December 14, 2010

Mark Chassin, M.D.
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

DEFICIENCY ASSESSMENT REPORT
For
Norton Community Hospital
Norton, VA

Facility ID: **136843**
CCN: **490001**
Survey Dates: **July 18-20, 2012**

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Acute Care Hospitals - 2009 manual. **The surveyor's comments are in bold.**

STANDARD	SCORE	SURVEYOR COMMENTS
02.00.06 Quality Assessment-Performance Improvement. Services provided by Allied Health Practitioner staff are included in the Staff and facility Quality Assessment Performance Improvement program sufficient to determine the quality and appropriateness of the services provided and the competencies of the AHPs for re-credentialing / re-privileging activities.	**2**	**This standard was not met as evidenced by one of one (1/1) newly credentialed allied health practitioners failed to have a Facility specific mandatory orientation. The practitioner was a CRNA.** **In addition, two of two (2/2) credentialed allied health practitioners failed to have a facility specific mandatory re-orientation. The practitioners were both PAs, i.e. KWS and KNP.**
03.01.15 Required Application-Reapplication Information for Review. Information covering each of the following areas must be reviewed for each applicant/re-applicant during the review and approval process. A. Licensure History: current license(s), licensure sanction(s), state(s) of current practice or intended practice, and all previous licenses held; The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws. 482.11(c) When telemedicine is used and the practitioner and patient are located in different states, the practitioner providing the patient care service must be licensed and/or meet the other applicable standards that are required by State or local laws in both the state where the practitioner is located and the state where the patient is located. Telemedicine providers in the same state as the patient must be licensed in the same state as the patient, as would any other practitioner.	**4**	**This Standard was not met as evidenced by five of eight (5/8) newly credentialed practitioners failed to have procedure logs with outcomes included in their credential files. This was noted during a credential file audit and verified by credential Manager.** **The practitioners were:** **DAM, SPD, TML, KWS, KNP**

STANDARD	SCORE	SURVEYOR COMMENTS
B. Medical Education and Post-Graduate Training: C. Malpractice Insurance and History: 5-year history; D. Specialty Board Status: (if applicable); E. Sanctions or Disciplinary Actions: actions taken by healthcare facilities, specialty boards, federal or state agencies, malpractice carriers; F. Criminal History: felony convictions/criminal history (7-10 years); G. Healthcare Employment History: healthcare related employment / appointment history (work history); H. Professional References: current competence and peer recommendations / references, ability to perform privileges requested (health status). For physicians seeking reapplication, peer references include: peers familiar with their practice of medicine, reviews under the hospital's peer review activities, reviews by the hospital's Credentials Committee, Department Chair, or Medical Executive Committee; I. Clinical Activity: procedure logs with outcomes to support privilege requests for procedures not attested to in postgraduate references; and J. Information Verified for Comparison: comparison of applicant - provided information and verified information.		
10.00.08 <u>Security of Medical Information.</u> The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records must be released only to authorized individuals and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas. 482.24(b)(3)	**4**	**This standard was not met as evidenced by the following findings:** **During a review of Medical Records policies, it was noted that the following policies were out- dated since April 2005:** **B. Access to records** **C. Medical Record purpose release** **D. Outside Medical Records Release** **This finding was confirmed during an interview with the HIM manager (AV).**
10.01.15 <u>Informed Consent.</u> The medical record must contain properly executed informed consent forms for procedures and treatments	**4**	**This standard was not met as evidenced by eight of fifteen (8/15) procedural medical records reviewed failed to have the**

STANDARD	SCORE	SURVEYOR COMMENTS
specified by the medical staff, or by Federal or State law if applicable, to require written patient consent. 482.24(c)(2)(v) A properly executed Informed Consent Form for the operative procedure must be in the patient's chart prior to the procedure, except in emergencies. 482.51 (b)(2) A complete consent form must contain at least the following: G. Name of patient H. Name of hospital I. Name of procedure or other type of medical treatment for which consent is being given; J. Name of the responsible practitioner performing the procedure or administering the medical treatment;, K. Statement that the procedure or treatment, including the anticipated benefits, material risks, and alternative therapies, was explained to the patient or the patient's legal representative; (Material risks could include risks with a high degree of likelihood but a low degree of severity, as well as those with a very low degree of likelihood but high degree of severity). Hospitals are free to delegate to the responsible practitioner, who used the available clinical evidence as informed by the practitioner's professional judgment, the determination of which material risks, benefits and alternatives will be discussed with the patient.) L. Alternative procedures and treatments M. Signature of patient or the patient's legal representative. N. Date and time of the informed consent form is signed by the patient or patient's legal representative; O. Statement that procedure was explained to patient or guardian P. Signature and professional designation of person witnessing the consent. Q. Name/signature of person who explained the procedure to the patient or guardian; and R. Additional content of the informed consent form, as required by applicable State law. Informed consents will be written in simple sentences (4th grade comprehension level) and in the primary language of the patient. Interpreter services will be provided as need is identified. After the informed consent discussion has occurred, the patient or legal representative will be asked to recount what		**procedure name of the informed consent written in 4th grade level.** **Medical Record numbers are as followed** • **45307** • **50165** • **83422** • **111495** • **71728** • **150788** • **152499** • **116005** **The findings of this audit were confirmed with the Quality Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
he or she has been told.		
10.01.07 History and Physical Requirements. A. A medical history and physical examination completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. B. An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. 482.24 (c)(2)(i)(A); 482.24(c)(2)(i)(B) (Revised February 28, 2008; effective immediately)	**4**	**This standard was not met as evidenced by five of twenty- six (5/26) medical records reviewed failed to have an updated history and physical notation documented in the medical record prior to surgery.** **The chart numbers are:** • **111495** • **194606** • **150788** • **87715** • **196082** **The results of this audit were confirmed with the Quality Manager.**
11.06.01 Written Fire Control Plans. The hospital must have written fire control plans that contain provisions for: • prompt reporting of fires; • extinguishing fires; • protection for patients, personnel and guests; • evacuation; and • Cooperation with fire- fighting authorities. 482.41(b)(7)	**2**	**This standard was not met as evidenced by a review of the fire plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and not specific to Norton Community Hospital.**
11.07.01 Disaster Plans. Written disaster plans are developed, maintained, and available to the staff for crisis preparation. All disaster plans written by a health care hospital should be reviewed and coordinated with local authorities so as to prevent confusion. Such authorities include, but are not limited to, civil authorities (such as fire department, police department, public health department, or emergency medical service councils), and civil defense or military authorities. The hospital shall provide an education program for staff and physicians for emergency response preparedness. The hospital should also participate in community emergency preparedness plans.	**3**	**This standard was not met as evidenced by a review of the plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and are not specific to Norton Community Hospital.**

STANDARD	SCORE	SURVEYOR COMMENTS
11.07.07 Education of Staff. The hospital shall provide an education program for staff and physicians for weapons of mass destruction response preparedness.	**3**	**This standard was not met as evidenced by a review of Medical Staff quarterly meeting minutes and Safety Committee Minutes for the previous twelve (12) months with the Safety Officer resulted in no evidence of Medical Staff training in the Weapons of Mass Destruction Response Plan.**
15.06.18 Discharge Summary A concise discharge summary must be completed on each patient within 7 days of patient discharge.		**This standard was not met as evidenced by two of ten (2/10) inpatient discharge summaries were not completed within seven (7) days of discharge.** **The medical record numbers were:** **#15788 - completed twenty one (21) days after discharge** **#164615 completed seventeen (17) days after discharge.** **This audit was confirmed by Quality Manager MP.**
15.07.15 Actions taken to improve glycemic control. 1. Unless a recent hemoglobin A1C (HbA1c) is known, among hospitalized hyperglycemic patients an HbA1c should be obtained upon admission. 2. Both a nutritionist/dietitian and a diabetes nurse educator (nurse, when diabetic nurse educator is not available) are needed to assess compliance with medication, diet, and other aspects of care. 3. At the time of discharge, the diabetes provider must communicate with outpatient care providers about the patient's regimen and glycemic control, and also, based on information gathered during the admission, to convey any evidence that might support the need for a change of long-term strategy.	**4**	**This standard was not met as evidenced by two of five (2/5) reviewed inpatient medical records of diabetic patients did not have documented A1c tests performed upon admission. There was no documentation on the medical record that the test had been performed prior to admission.** **The MR#'s were 190253 & 064796. Both patients were on the Med-Surgery 2 unit.** **This finding was confirmed by CNO JV.**
20.00.10 Emergency Room Log. Permanent logs shall be maintained of persons seeking emergency care. These may be manual or electronic; periodically, electronic records are "backed up" to ensure the integrity of the information in the event of computer	**3**	**This standard was not met as evidenced by the following findings:** **Upon review of the log book, item (E) brief description of services provided; and (G)**

STANDARD	SCORE	SURVEYOR COMMENTS
failure. The register provides data regarding: A. Date, time and mode of arrival; B. Age, sex and name of patient; C. Nature of complaint; D. Name of physician responsible for care; E. Brief description of services provided; F. Disposition (treated / released, admitted to facility, transferred to another acute facility, or death in ER); G. Condition on discharge; and H. Time of discharge.		**condition on discharge were noted to be absent.** **This finding was confirmed by the ED Manager, LC. There was a plan in place by the end of the survey to correct this finding.**
21.00.09 History and Physical. There must be a complete history and physical workup in the chart of every patient prior to surgery, except in emergencies. If this has been dictated, but not yet recorded in the patient's chart, there must be a statement to that effect and an admission note in the chart by the physician who admitted the patient. 482.51(b)(1)	**4**	**This standard was not met as evidenced by the following findings:** **Upon completion of the medical record audit of endoscopic charts, it was noted that one of one (1/1) charts failed to have an updated H and P prior to an endoscopic procedure.** **The medical record number is 87715, and findings were confirmed by the Quality Manager (MP).**
21.00.24 Outpatient Follow-up. Outpatient surgical / invasive procedure patients, are contacted when possible, by the facility within the first seventy-two hours post procedure to determine their status.	**4**	**This standard was not met as evidenced by the following findings;** **Two of two (2/2) applicable endoscopic charts reviewed, failed to have documented evidence of post procedure contact with the patient within 72 hours to determine their status.** **Charts deficient were 87715 and 11059966 which was confirmed by Quality Manager, MP during the closed medical record audit.**
25.01.03 Security of Medications. Consistent with state and federal requirements, in the pharmacy and throughout the facility: 1. All drugs and biological must be kept in a secure area, and locked when appropriate. 482.25(b)(2)(i) 2. Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area. 482.25(b)(2)(ii)	**4**	**This standard was not met as evidenced by the following finding:** **Observation in the Endoscopy Suite revealed an anesthesia cart, containing medications, which was unlocked. The suite was unoccupied and in an unsecured area when the unlocked cart was observed. This observation was verified with Surgery Manager SA and CRNA, SW.**

STANDARD	SCORE	SURVEYOR COMMENTS
3. Only authorized personnel may have access to locked areas. 482.25(b)(2)(iii)		
25.03.05 Annual Report on Medication Use. The facility documents improvement, as a result of medication use review as reported, in an annual summary.	**4**	**This standard was not met as evidenced by an annual report on medication use had not been prepared in the last three (3) years. This was identified during interview with GH, Pharmacy Director.**
30.00.09 History and Physical. Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies: (i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration. (ii) An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration. 482.51 (b) (1) (i), (ii) (Revised February 27, 2007; effective immediately)	**4**	**This standard was not met as evidenced by five of fifteen (5/15) procedural medical record charts reviewed failed to have and updated history and physical notation, as required, before surgery.** **The chart numbers are:** • **111495** • **194606** • **150788** • **87715** • **196082** **The result of this audit was confirmed with the Quality Manager, MP.**
30.01.06 Pre-anesthesia Evaluation. A pre-anesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services. 482.52(b)(1) Policies on anesthesia procedures must include the delineation of pre-anesthesia responsibilities by anesthesia services. The pre-anesthesia evaluation documentation must include**: 1. A patient interview to assess medical history, anesthetic history and medication history, and allergy history, including anesthesia risk. 2. An appropriate physical exam that includes, at a minimum, airway assessment, a pulmonary exam to include auscultation of the lungs, and a cardiovascular exam. 3. Review of objective diagnostic data (e.g. laboratory, ECG, x-ray) 4. Assignment of ASA physical status 5. The anesthesia plan and discussion of the risks and benefits of the plan with the patient or the patient's legal representative	**4**	**This standard was not met as evidenced by the following finding:** **In seven of fifteen (7/15) procedural medical record charts reviewed, documentation of an appropriate physical exam, airway assessment, a pulmonary exam including an auscultation of the lungs and a cardiovascular exam was not documented in the Pre-anesthesia examination.** **The chart numbers were:** • **62503** • **111495** • **194606** • **71728** • **150788** • **152499** • **116005** **This finding was confirmed with:**

STANDARD	SCORE	SURVEYOR COMMENTS
**(American Society of Anesthesiologists (ASA) criteria "Documentation of Anesthesia Care", October 15, 2003 and the American Association of Nurse Anesthetists (AANA) standards are used as reference) If the pre-anesthesia evaluation is performed by a non-physician, physician supervision shall be required. • SUPERVISION EXEMPTION: CRNAs will be exempted from supervision if the governor of the state in which the hospital resides has issued such an exemption. (See 30.01.03 regarding this exemption.) Physician supervision of non- physician providers of anesthesia services may be demonstrated through collaborative statements or agreements, documentation in the pre-operative record, or as defined in medical staff bylaws, rules and regulations. A state exemption for CRNAs may apply. (See 30.01.03 and/or 482.52(a)(1-5)(c)(1-2) regarding the exemption).		• **Quality Manager, MP** • **Director of Surgical services, DK** • **Manager of Surgery, SA,**
30.01.12 <u>Security of Medication.</u> All anesthesia carts must be locked when not in use. Unused drugs shall be disposed of after each case.	**4**	**This standard was not met as evidenced by a direct observation with surgery manager (SA) and CRNA (SW), that a medication stocked anesthesia drug cart in the unoccupied Endo suite was found unlocked.**

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia

Department of Housing and Community Development

State Fire Marshal's Office

Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276)646-0266
Fax: (276)646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant:	Dickenson County Industrial Development	Date of Inspection:	June 19, 2012
Building:	Dickenson Community Hospital, Inc.	File Number:	S-0140-001
Address:	P. O. Box 1440 1 Hospital Drive E-Mail: david.winchell@nchosp.org Clintwood, VA 24228 - 1440	Occ / Use Group:	I-2
		Phone Number:	(276)679-9689
		Fax Number:	(276)679-9003

Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
1030.2	The following exit accesses are continuously maintained free from obstructions to full instant use in the case of fire or other emergency: (1) A desk is in the corridor at the bio hazard room near facilities management. (2) Several items in OR #2 at the exterior exit door.1030.2 (3) Several items in the corridor at rooms 239, 241, 258 and 260.	19-Jun-2012
901.6	The opening in the ceiling at the light fixture in OR #2 may delay the activation of the automatic sprinklers.	18-Aug-2012
1030.2	Exit access doors are not continuously maintained free from impediments to full instant use in the case of fire or other emergency. The access-controlled egress double doors from the ER exam area, across from the waiting area, and in the ER corridor, are not provided with the following features: (1) A sensor on the egress side of the doors to detect an occupant approaching the doors and unlock by a signal from or loss of power to the sensor. (2) Automatically unlock by loss of power to that part of the access control system which locks the doors. (3) The manual unlocking device for the double doors from the ER exam area is not clearly identified by a sign that reads PUSH TO EXIT. (4) Determine that the building fire alarm system automatically unlocks the doors and that the doors remain unlocked until the fire alarm system has been reset. (5) Determine that the building automatic sprinkler or fire detection system unlocks the doors and that the doors remain unlocked until the fire alarm system has been reset.	18-Aug-2012
605.6	The cover on the electrical receptacle, in the ER registration office, is broken.	18-Aug-2012

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: Mr. David Winchell

Date:

Inspected By: John McCormick Fire Marshal

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
11/13/2012

Owner/Occupant: Dickenson County Industrial Development
Building Name: Dickenson Community Hospital, Inc.
Address: P. O. Box 1440
1 Hospital Drive
E-mail: david.winchell@nchosp.org
Clintwood , VA 24228-144

File Number: S-0140-001
Occ/ Use Code: PRHOSP

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
1030.2	Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. Items obstructed the exit access to the exterior exit door in OR #2.	Immediately
1030.2	Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. The exit access-controlled egress double doors from the ER exam room, across from the waiting area, are not provided with the following features: (1) A sensor on the egress side of the doors to detect an occupant approaching the doors and unlock by a signal from or loss of power to the sensor. (2) Automatically unlock by loss of power to that part of the access control system which locks the doors. (3) The manual unlocking device is not clearly identified by a sign that reads PUSH TO EXIT. (4) Determine that the building fire alarm system automatically unlocks the doors and that the doors remain unlocked until the fire alarm system has been reset. (5) Determine that the building automatic sprinkler or fire detection system unlocks the doors and that the doors remain unlocked until the fire alarm system has been reset.	12/13/2012
703.1.2	Smoke barriers and smoke partitions. Required smoke barriers and smoke partitions shall be maintained to prevent the passage of smoke. All openings protected with approved smoke barrier doors or smoke dampers shall be maintained in accordance with NFPA 105. The corridor doors to the Lab and Cafeteria were being blocked open.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: _____ _____

Inspected By: John McCormick, Fire Marshal Date: 11/13/2012

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
2/5/2013

Owner/Occupant: Dickenson County Industrial Development Building Name: Dickenson Community Hospital, Inc. Address: P. O. Box 1440 1 Hospital Drive E-mail: david.winchell@nchosp.org Clintwood , VA 24228-144	File Number: S-0140-001 Occ/ Use Code: PRHOSP

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By	
1030.2	Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. The manual unlocking device, for the exit access-controlled egress double doors from the ER exam room, across from the waiting area, is not provided with a clearly identified sign that reads PUSH TO EXIT.	04/08/2013	Previous Violation

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: E-mailed to Mr. David Winchell

Inspected By: John McCormick, Fire Marshal

Date: 02/05/2013

Regular Work Order Work Order

WO#:	11501	Install PUSH TO EXIT sign at emergency exit button for double doors in ER.

Safety Incident #:

Account: 32700 - Emergency Department
Site: Dickenson Community Hospital
Building: Main Hospital
Location: 312
312 Hospital Drive - 312 Hospital Drive

Type: Regular Work Order
Priority: 3 Fire Safety
Status: Completed
Sub-Status: Work Finished
Skill: General

Date Orig: 2/12/2013
Time Orig: 16:57
Date Avail:
Date Needed:

Req Name:
Req Phone:
Req Pager:
Req Remarks:

Time Charges

Resource #	Resource Name	Date	Hours	Cost
003	Clifton Phipps	2/12/2013	0.50000000	$32.50

Problem Code:
Action Code:
Cause Code:
Item Code:

Total Time: 0.50000000
Labor Cost: $32.50
Material Cost: $0.00
Total WO Cost: $32.50

Completed By: Clifton Phipps **Date:** 2/12/2013 4:57:05 PM

Comments: (TC 02/12/2013 04:57:08 PM, Phipps, Clifton)
Installed a larger "PUSH TO EXIT" sign per State Fire Marshal inspection.

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/26/2013

Owner/Occupant: Dickenson County Industrial Development Building Name: Dickenson Community Hospital, Inc. Address: P. O. Box 1440 1 Hospital Drive E-mail: david.winchell@nchosp.org Clintwood , VA 24228	File Number: S-0140-001 Occ/ Use Code: PRHOSP **Annual Inspection**

No violations of the Virginia Statewide Fire Prevention Code were observed at the time of inspection.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: David Winchell 6-26-13

Inspected By: John McCormick, Fire Marshal

Date: 06/26/2013

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/12/2014

Owner/Occupant: Dickenson County Industrial Development Building Name: Dickenson Community Hospital, Inc. Address: P. O. Box 1440 1 Hospital Drive Dickenson County Clintwood , VA 24228	File Number: S-0140-001 Occ/ Use Code: PRHOSP **Annual Inspection**

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
605.6	Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. [Unused openings, in the following electrical equipment, were not closed with materials equivalent to the construction of the box: (Corrected) (1) In the left side of electrical panel EQDP in the electrical room accessed through the mechanical room. (2) In the bottom of the steam generator electrical disconnect in the mechanical room.]	06/12/2014
906.2	Portable fire extinguishers shall be selected, installed and maintained in accordance with this Section and NFPA 10. [The portable fire extinguisher, in x-ray 1, had not had the 6-year maintenance performed.] (Corrected)	06/12/2014
605.5	Extension cords. Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor will such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. [An electrical extension cord is being used as a substitute for permanent wiring in the IT equipment room in the waiting area at the main entrance.]	08/11/2014

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To:
Mr. David Winchell

Inspected By:
John McCormick, Fire Marshal

Date: 06/12/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
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Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

08/18/2014

Owner/Occupant: Dickenson County Industrial Development Building Name: Dickenson Community Hospital, Inc. Address: P. O. Box 1440 1 Hospital Drive Dickenson County Clintwood, 24228	File Number: S-0140-001 Occ/Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. David Winchell**

Inspected By: **John McCormick, Fire Marshal**

Date: 8/18/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/18/2015

Owner/Occupant: Dickenson County Industrial Development Building Name: Dickenson Community Hospital, Inc. Address: P. O. Box 1440 1 Hospital Drive Dickenson County Clintwood, 24228	File Number: S-0140-001 Occ/Use Code: PRHOSP Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By
605.5	Extension cords. Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. An electrical extension cord was being used as a substitute for permanent wiring in the IT equipment room in the waiting area at the main entrance.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. David Winchell**

Inspected By: **John McCormick, Fire Marshal**

Date: 6/18/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

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Inspection Notice

Date of Inspection:

06/08/2016

Owner/Occupant: Dickenson County Industrial Development Building Name: Dickenson Community Hospital, Inc. Address: P. O. Box 1440 1 Hospital Drive Dickenson County Clintwood, 24228	File Number: S-0140-001 Occ/Use Code: PRHOSP Annual Inspection

No violations of the Virginia Statewide Fire Prevention Code were observed at the time of inspection.

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **e-mailed to David Winchell**

Inspected By: **David Wyatt, Fire Marshal**

Date: 6/8/2016

HFAP
Healthcare Facilities Accreditation Program

142 East Ontario Street, Chicago, Illinois 60611-2864 • 800-621-1773 x 8258 • 312-202-8258 • www.hfap.org

Mark T. Leonard
Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228
CCN: 491303

October 22, 2013

Dear Mr. Leonard

Enclosed are the areas of noncompliance noted in the Critical Access Hospital survey conducted at your facility on October 7-9, 2013.

Healthcare facilities are required to respond to **each** HFAP standard cited as "Not-Compliant" from the accreditation survey within 10 calendar days of the date on this letter. A full Plan of Correction, utilizing the attached **Plan of Correction Template**, must be received no later than **November 1, 2013**. Plan(s) of Correction must include detailed implementation and monitoring plans to demonstrate that the Plan(s) of Correction is/are actually planned for completion.

Please see attached **Instructions for Submitting Plans of Correction** for more detail.

HFAP requires your completed Plan(s) of Correction to be sent via email to reports@hfap.org no later than the above due date. Please do not submit your report to any other email address. Failure to submit to the correct email address may cause a delay in receipt and recognition of your submission. In the subject line, please put your **Facility Name, Facility ID# and Plan(s) of Correction.**

If you have questions regarding the above information, please contact your Account Manager, Christopher Cox at ccox@hfap.org.

Sincerely,

Beverly Robins

Beverly Robins, RN, BSN, MBA
Director of Accreditation Services, HFAP

Healthcare Facilities Accreditation Program
American Osteopathic Association (AOA)
142 E. Ontario Street
Chicago, IL 60611-2864

DEFICIENCY ASSESSMENT REPORT

FACILITY NAME & ADDRESS:		HFAP ID #: 178461
Dickenson Community Hospital 312 Hospital Dr Clintwood, VA 24228		CCN #: 491303
		FACILITY TYPE: Critical Access Hospital
CEO: Mark T. Leonard - leonardmt@msha.com ACC: Juanita Rutherford, RHIT - rutherfordjc@msha.com		SURVEY TYPE: Reaccreditation
		SURVEY DATE(S): October 7-9, 2013
TEAM CAPTAIN: McDonnell	ADMIN SURVEYOR: Nogle	NURSE SURVEYOR: Kala

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Critical Access Hospitals - **2008 manual**. The surveyor's comments are in bold.

STANDARD	SCORE	SURVEYOR COMMENTS
02.00.01 Allied Health Practitioner Categories. The governing body in consultation with the medical staff will determine which allied health practitioner (AHP) disciplines will function under each of the following categories. (These categories may vary because of state law.) All practitioners that provide medical care or conduct surgical procedures either directly or under supervision, whether employed by the hospital, a physician or other entity, or a contracted provider must be individually credentialed based on their own individual qualifications. The categories applicable to the facility will be defined in the medical staff bylaws. 1. Individuals privileged through the medical staff (permitted by the state and the organization) to practice without supervision, e.g. dentists, some nurse midwives, clinical psychologists, some nurse practitioners, podiatrists, some CRNAs, chiropractors. 2. Individuals authorized to provide medical care under supervision (direct or indirect) as: a. Employees (if an employee is allowed to function as a licensed independent practitioner	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**

(LIP) by the state and the organization, they must be privileged through the medical staff process e.g., DO/MD, DDS, PHD, DMD, some CNMs, some CRNAs, etc.) b. Contracted individuals c. Individuals employed by a physician or having an agreement with a physician (i.e., surgical assistants, LPNs, Physician Assistants, technologist / technicians, and etc.)		
02.00.02 <u>Credentialing Procedures and Scope of Practice.</u> Allied health practitioners are appointed and reappointed utilizing privilege lists or a defined scope of practice. Privileges and scopes of practice, which may be narrative or checklist, are definitive and descriptive of the activities to be provided. Any privileges which require physician supervision are identified. Determine and define if the privilege requires direct or indirect supervision.	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**
02.00.06 <u>Quality Assessment – Performance Improvement.</u> Services provided by Allied Health Practitioner staff are included in the Staff and facility Quality Assessment Performance Improvement program sufficient to determine the quality and appropriateness of the services provided and the competencies of the AHPs for re-credentialing / re-privileging activities.	4	**This standard is not met as evidenced by:** **Based on document review and interview with the Medical Staff Coordinator, quality data was inconsistently collected for Allied Health Practitioners, as follows:** • **One of two (1/2) Allied Health Practitioners had no documented evidence of participation in the QAPI. Further, this medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**
07.01.02 <u>Infection Prevention</u>. The ICO or officers must develop a system for identifying, investigating, reporting and preventing spread of infections among patients and personnel. 482.42(a)(1) 485.635(a)(3), 485.635(a)(3)(vi)	4	**This standard is not met as evidenced by:** **Based on the outpatient tour with the CNO, the following outdated supplies were found in the DMA physician office.** • **~~4-0 Ethilon, one box expired 1/12~~** • **4-0 Vicryl, one box expired 7/13** • **4-0 Prolene, one box expired 1/12** • **Iodoform packing, one bottle expired 7/13.**
12.00.03 <u>Program Scope.</u> The CAH carries out or arranges for a periodic	4	**This standard is not met as evidenced by:**

evaluation of its total program. The evaluation is done at least once a year and includes review of-- 1. The utilization of CAH services, including at least the number of patients served and the volume of services; 2. A representative sample of both active and closed clinical records; and 3. The CAH's health care policies. 485.641(a)(1)(i)(ii)(iii) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes that are needed. 485.641(a)(2) The program requires that all patient care services and other services affecting patient health and safety, are evaluated; 486.641(b)(1) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH. 485.641(b)(3) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors. 482.21(a)(1) The program must be ongoing and must demonstrate measurable improvement in health outcomes.		**Based on the review of the annual evaluation of the total program with the quality manager, the facility lacked evidence of the following required utilization process:** • **Evaluation of the quality and appropriateness of the diagnosis and treatment furnished by allied health professionals for inpatients and outpatient medical records (clinic records).**
15.06.16 <u>Discharge Systems</u> Facilities must have a discharge system in place to ensure the continuity of care of the patient post-discharge. Discharge instructions must be prepared for each	**4**	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, it was identified that discharge instructions were not transmitted to the receiving practitioner. This was evident in seven of seven (7/7) closed charts reviewed.**

patient, and communicated to the clinical caregiver accepting responsibility for post-discharge care at the time of hospital discharge. Organizations must ensure that there is confirmation of receipt of the discharge information by the independent licensed practitioner who will assume the responsibility for care after discharge. (NQF, #15, 2009)		
15.06.17 <u>Discharge Instructions & Checklist</u> The hospital must provide written discharge instructions (separate from the traditional discharge summary, and written in lay terminology) with the inclusion of the following elements: 1. Reason for hospitalization & condition at the time of discharge; 2. Education of patients & families about their diagnosis throughout the hospital stay (see Patient Education Regarding the Plan 15.06.12); 3. Medications (see Medication Reconciliation 25.02.07 & Medication and Biologicals – Drug Orders, Verbal Orders 15.00.03) 4. Types of complications which may occur & actions to take should these happen post discharge; 5. List of follow-up appointments for tests & clinical visits, with dates, times & locations; 6. Organized services to be initiated following discharge;	4	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, the following were identified:** **1. Discharge instructions were not consistently completed according to standard, as follows:** • **Three of six (3/6) closed medical records had incomplete discharge instructions documented.** • **One of six (1/6) charts had no discharge instructions documented.** **2. The facility did not provide telephone follow-up to any discharged patients.**
7. Advising the patient and family of any tests completed in the hospital with results pending at time of discharge and identifying the clinician responsible for the results; 8. List of relevant contact information (e.g., primary care providers, specialists, the pharmacy,		

and home health agencies, etc.) 9. Any special instructions (e.g., activity level, diet, restrictions, etc.) 10. Assessing the patients' understanding of the discharge plan in their own words; 11. Providing telephone follow-up two to three days after discharge for those patients assessed to be at risk for adverse event post discharge.		
20.00.05 <u>Required Policies and Procedures.</u> The Emergency Services policies address, at a minimum: A. The mechanism for initial evaluation and triage of patients. (See 489.20 and 489.24 for EMTALA Standards) B. The mechanisms for providing sufficient diagnostic and stabilization services for persons whose care will be managed by transfer to another acute care facility; C. The determination of the level of service to be provided is under the direction of a physician member of the Medical Staff; D. The assessment of each patient by a Registered Nurse; E. The provision of services appropriate to the assessed needs of the patient, which results in a disposition plan; F. The mechanisms for evaluating the quality and appropriateness of emergency services provided; G. Provision of care for disasters; and	4	**This standard is not met as evidenced by:** **Based on document review and interview with Director of Nursing, the following were noted:** • **Two of five (2/5) open Emergency Department charts lacked documentation of a Disposition Plan.** • **Five of five (5/5) open Emergency Department charts lacked documentation of Medication Reconciliation.**
H. The mechanism for management of medical emergencies in non-Emergency Department (ED) settings on the hospital main campus, unless present in a non-Emergency Services hospital policy.		

25.01.16 Home Medications. The Professional Medical Staff, via Policy and / or Rules and Regulations, establishes standards regarding the use of medications brought into the facility by patients.	4	**This standard is not met as evidenced by:** **Based on policy review, this facility does not allow patients to bring medications from home and self-administer.** **Based on review of closed medical records, it was determined that the facility was not compliant with its own policy regarding administration of home medications. In one (1) closed record reviewed, the physician ordered that the patient could administer her own Cymbalta prescription. The medication was left at the bedside and was self-administered by the patient, which was inconsistent with hospital policy.**
25.01.22 Sample Drugs. The use of "sample" drugs, if permitted, is controlled by the pharmacy director and is in conformance with federal and state laws.	4	**This standard is not met as evidenced by:** **Based on the tour of the outpatient clinic, the sample drug dispensing process was reviewed. It was found that sample drugs were not labeled with patient name, lot number, prescriber's name, and dose when dispensed. This finding was based on discussion with the facility staff regarding the process for dispensing sample drugs.**
25.02.07 Medication Reconciliation. The organization has a formal and systematic approach to the reconciliation of medications across the continuum of care. A process is in place to reconcile current medications at each key transitional point of healthcare, specifically: 1. Upon admission, prepare a complete list of pre-admission medications the patient takes at home. 2. The patient or family member validates the list, when possible. 3. Admission orders are compared against the pre-admission medication list; any variances are reconciled. 4. The complete list of current medications is readily available to prescribers as a reference when writing medication orders. 5. The complete list of medications is provided to	4	**This standard is not met as evidenced by:** **Based on review of open and closed medical records with the CNO, it was identified that medication reconciliation was not done or was incomplete in twelve of twelve (12/12) records reviewed, as follows:** • **Five of twelve (5/12) were Emergency Department records** • **Seven of twelve (7/12) records were inpatient admissions.**

the next unit, service, or care setting when the patient is transferred and discharged. 6. The complete list of medications is given to the patient upon discharge. (Approved December 10, 2006; effective June 1, 2007)		

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
02.00.01 Allied Health Practitioner Categories. The governing body in consultation with the medical staff will determine which allied health practitioner (AHP) disciplines will function under each of the following categories. (These categories may vary because of state law.) All practitioners that provide medical care or conduct surgical procedures either directly or under supervision, whether employed by the hospital, a physician or other entity, or a contracted provider must be individually credentialed based on their own individual qualifications. The categories applicable to the facility will be defined in the medical staff bylaws. 1. Individuals privileged through the medical staff (permitted by the state and the organization) to practice without supervision, e.g. dentists, some nurse midwives, clinical psychologists, some nurse practitioners, podiatrists, some CRNAs, chiropractors. 2. Individuals authorized to provide medical care under supervision (direct or indirect) as: a. Employees (if an employee is allowed to function as a licensed independent practitioner(LIP) by the state and the organization, they must be privileged through the medical staff process e.g., DO/MD, DDS, PHD, DMD, some CNMs, some CRNAs, etc.) b. Contracted individuals c. Individuals employed by a physician or having an agreement with a physician (i.e., surgical assistants, LPNs, Physician Assistants, technologist / technicians, and etc.)	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** **• One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Plan of Correction - Include Details & Timelines for the Full Implementation Plan	Responsible Position	EDOC
Document / Process Revision: 1. All Allied Health Practitioners will be credentialed through the Medical Staff Credentialing process. The Nurse Practitioner who was found not to be credentialed has completed an Allied Health Practitioner request for clinical privileges and processing of the request is currently being completed. .	Medical Staff Coordinator	December, 2013
Document / Process Approval: 1.To Credentials/MEC for approval 2.To Board of Directors	Medical Staff Coordinator	January , 2013
Education on Document / Process: 1. None needed 2. 3.		

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency
Implementation Monitoring Indicators: 1. Refer to Document/process Revision statement. All AHP will be credentialed. 2. 3.	Medical Staff Coordinator	As Allied Health Providers are added.

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Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
02.00.02 Credentialing Procedures and Scope of Practice. Allied health practitioners are appointed and reappointed utilizing privilege lists or a defined scope of practice. Privileges and scopes of practice, which may be narrative or checklist, are definitive and descriptive of the activities to be provided. Any privileges which require physician supervision are identified. Determine and define if the privilege requires direct or indirect supervision.	**This standard is not met as evidenced by:** **Based on document review and interview with the Quality Director and Medical Staff Coordinator, the facility lacked a process that ensured the consistent credentialing of Allied Health Practitioners, as follows:** **• One of two (1/2) Allied Health Practitioners was not credentialed. Specifically, one (1) medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**

Plan of Correction - Include Details & Timelines for the Full Implementation Plan	Responsible Position	EDOC
Document / Process Revision: 1. All Allied Health Practitioners will be credentialed through the Medical Staff Credentialing process. The Nurse Practitioner who was found not to be credentialed has completed an Allied Health Practitioner request for clinical privileges and processing of the request is currently being completed.	Medical Staff Coordinator	December, 2013
Document / Process Approval: 1. To Credentials/MEC for approval 2. To Board of Directors for approval 3. **Education on Document / Process:** 1. None	Medical Staff Coordinator	January 2013

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency
Implementation Monitoring Indicators: 1. All Allied Health Practitioners will be credentialed.	Medical Staff Coordinator	As Allied Health Providers are added.

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
02.00.06 Quality Assessment – Performance Improvement. Services provided by Allied Health Practitioner staff are included in the Staff and facility Quality Assessment Performance Improvement program sufficient to determine the quality and appropriateness of the services provided and the competencies of the AHPs for re-credentialing / re-privileging activities.	**This standard is not met as evidenced by:** **Based on document review and interview with the Medical Staff Coordinator, quality data was inconsistently collected for Allied Health Practitioners, as follows:** **• One of two (1/2) Allied Health Practitioners had no documented evidence of participation in the QAPI. Further, this medical Nurse Practitioner (NP) had not been credentialed and privileged through the medical staff process.**

Plan of Correction - Include Details & Timelines for the Full Implementation Plan	Responsible Position	EDOC
Document / Process Revision: 1. A Quality Profile will be maintained on all Allied Health Practitioners credentialed through the Medical Staff Process which will be reported every six months and reviewed at the time of re-credentialing.	Medical Staff Quality Coordinator	Start date, December, 2013
Document / Process Approval: 1.Quality Profile submitted to AHP, Supervising Physician, and CMO 2.Quality Profile submitted at re-credentialing	Medical Staff Quality Coordinator	1.Semi-annually 2. Every two years
Education on Document / Process: None		

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency
Implementation Monitoring Indicators: **1.**Quality Profile will be maintained on all Allied Health Practitioners credentialed through the Medical Staff Process.	Medical Staff Quality Coordinator	As Allied Health Practitioners are credentialed.

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
07.01.02 Infection Prevention. The ICO or officers must develop a system for identifying, investigating, reporting and preventing spread of infections among patients and personnel. 482.42(a)(1) 485.635(a)(3), 485.635(a)(3)(vi)	**This standard is not met as evidenced by:** **Based on the outpatient tour with the CNO, the following outdated supplies were found in the DMA physician office.** **• 4-0 Ethilon, one box expired 1/12** **• 4-0 Vicryl, one box expired 7/13** **• 4-0 Prolene, one box expired 1/12** **• Iodoform packing, one bottle expired 7/13.**

Plan of Correction - Include Details & Timelines for the Full Implementation Plan	Responsible Position	EDOC
Document / Process Revision: 1. Policy on Expired Supplies	Practice Administrator	10/29/2013
Document / Process Approval: 1. Revision of Current Policy approval	Practice Administrator	11/15/2013
Education on Document / Process: 1. All team members are educated	Site Supervisor	12/01/2013

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency

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Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Implementation Monitoring Indicators: 1. Nurse will check supplies for expiration dates monthly and sign off log 2. Report will be submitted to Quality and Patient Safety Committee of compliance with monitoring of expired supplies. Attachments: Policy and sign off log	Nurse Site Supervisor	Monthly Quarterly

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
12.00.03 Program Scope. The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of-- 1. The utilization of CAH services, including at least the number of patients served and the volume of services; 2. A representative sample of both active and closed clinical records; and 3. The CAH's health care policies. 485.641(a)(1)(i)(ii)(iii) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes that are needed. 485.641(a)(2) The program requires that all patient care services and other services affecting patient health and safety, are evaluated; 486.641(b)(1) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH. 485.641(b)(3) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and	**This standard is not met as evidenced by:** **Based on the review of the annual evaluation of the total program with the quality manager, the facility lacked evidence of the following required utilization process:** **• Evaluation of the quality and appropriateness of the diagnosis and treatment furnished by allied health professionals for inpatients and outpatient medical records (clinic records**

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

identify and reduce medical errors. 482.21(a)(1) The program must be ongoing and must demonstrate measurable improvement in health outcomes		
Plan of Correction - Include Details & Timelines for the Full Implementation Plan	**Responsible Position**	
Document / Process Revision: 1.Mid-level provider Physician Review policy for Clinic 2. 3.	Practice Administrator	October 31, 2013
Document / Process Approval: 1. To MEC for approval 2. 3.	Director of Quality	November 5, 2013
Education on Document / Process: 1. Education provided to appropriate team members and physicians. 2. 3.	Site Supervisor (outpatient) And Director of Patient Care Services (Inpatient)	December 1, 2013
Monitoring & Reporting Plan (Including Evidence Documents)	**Responsible Position**	**Frequency**
Implementation Monitoring Indicators:		
1. Supervising Physician Review log to be submitted to Quality and Patient Safety Committee	Site Supervisor	Quarterly
2. Annual evaluation of open and closed clinical records to be included in the annual evaluation of CAH.	Director of Quality	Annually
3. 100% of inpatient medical records will be reviewed for quality and appropriateness of diagnosis and treatment furnished by allied health professionals and data submitted to Quality and Patient Safety Committee.	Director of Patient Care Services	Quarterly

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Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
15.06.16 Discharge Systems Facilities must have a discharge system in place to ensure the continuity of care of the patient postdischarge. Discharge instructions must be prepared for each patient, and communicated to the clinical caregiver accepting responsibility for postdischarge care at the time of hospital discharge. Organizations must ensure that there is confirmation of receipt of the discharge information by the independent licensed practitioner who will assume the responsibility for care after discharge. (NQF, #15, 2009)	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, it was identified that discharge instructions were not transmitted to the receiving practitioner. This was evident in seven of seven (7/7) closed charts reviewed**

Plan of Correction - Include Details & Timelines for the Full Implementation Plan	Responsible Position	
Document / Process Revision: 1. Standard work of Admission/Discharge for ED patients (Revised 10/22/2013) 2. 3.	Director of patient care services (DCH)	10/22/2013
Document / Process Approval: 1. Approval of standard of work 2. 3.	CNO	11/05/2013
Education on Document / Process: 1. Education was completed with ED Nursing and providers on 10/9/2013 2. 3.	Director of Patient Care Services	Education completed on 10/9/2013 at monthly nursing department meeting

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Implementation Monitoring Indicators: 1. Admission/Discharge monitoring tool 2. Reporting of compliance of > 90% at Quality and Patient Safety Committee	Director of Patient Care Services (DCH) Director of Patient Care Services	Weekly Quarterly

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Facility Name: Dickenson Community Hospital CCN: 491303

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Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
15.06.17 Discharge Instructions & Checklist The hospital must provide written discharge instructions (separate from the traditional discharge summary, and written in lay terminology) with the inclusion of the following elements: 1. Reason for hospitalization & condition at the time of discharge; 2. Education of patients & families about their diagnosis throughout the hospital stay (see Patient Education Regarding the Plan 15.06.12); 3. Medications (see Medication Reconciliation 25.02.07 & Medication and Biologicals – Drug Orders, Verbal Orders 15.00.03) 4. Types of complications which may occur & actions to take should these happen post discharge; 5. List of follow-up appointments for tests & clinical visits, with dates, times & locations; 6. Organized services to be initiated following discharge; 7. Advising the patient and family of any tests completed in the hospital with results pending at time of discharge and identifying the clinician responsible for the results; 8. List of relevant contact information (e.g., primary care providers, specialists, the pharmacy, and home health agencies, etc.) 9. Any special instructions (e.g., activity level, diet, restrictions, etc.) 10. Assessing the patients' understanding of the	**This standard is not met as evidenced by:** **Based on review of closed medical records with the CNO, the following were identified:** **1. Discharge instructions were not consistently completed according to standard, as follows:** **• Three of six (3/6) closed medical records had incomplete discharge instructions documented.** **• One of six (1/6) charts had no discharge instructions documented.** **2. The facility did not provide telephone follow-up to any discharged patients.**

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

discharge plan in their own words; 11. Providing telephone follow-up two to three days after discharge for those patients assessed to be at risk for adverse event post discharge.		
Plan of Correction - Include Details & Timelines for the Full Implementation Plan	**Responsible Position**	
Document / Process Revision: 1.Revised standard of work for Admission/Discharge Process to include, education, medication reconciliation, medication education, accessing understanding of the discharge instructions, follow-up phone call process is included in this document 2. 3.	Director of Patient Care Services Nursing	10/23/2013
Document / Process Approval: 1. Approval of CNO 2. 3.	CNO	11/05/2013
Education on Document / Process: 1. Education on 10/10/13 to nursing staff at monthly meeting 2. 3.	Director of Patient Care Services	10/10/2013
Monitoring & Reporting Plan (Including Evidence Documents)	**Responsible Position**	**Frequency**
Implementation Monitoring Indicators: 1. Admission/Discharge monitoring tool	Director of Patient Care Services ED Nursing	Review of every inpatient on a weekly basis.
2. Reporting of chart review quarterly at Quality and Patient Safety with action plans if needed.	Director of Patient Care Services	Quarterly

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
20.00.05 Required Policies and Procedures. The Emergency Services policies address, at a minimum: A. The mechanism for initial evaluation and triage of patients. (See 489.20 and 489.24 for EMTALA Standards) B. The mechanisms for providing sufficient diagnostic and stabilization services for persons whose care will be managed by transfer to another acute care facility; C. The determination of the level of service to be provided is under the direction of a physician member of the Medical Staff; D. The assessment of each patient by a Registered Nurse; E. The provision of services appropriate to the assessed needs of the patient, which results in a disposition plan; F. The mechanisms for evaluating the quality and appropriateness of emergency services provided; G. Provision of care for disasters; and H. The mechanism for management of medical emergencies in non-Emergency Department (ED) settings on the hospital main campus, unless present in a non-Emergency Services hospital policy.	**This standard is not met as evidenced by:** **Based on document review and interview with Director of Nursing, the following were noted:** **• Two of five (2/5) open Emergency Department charts lacked documentation of a Disposition Plan.** **• Five of five (5/5) open Emergency Department charts lacked documentation of Medication Reconciliation.**

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Plan of Correction - Include Details & Timelines for the Full Implementation Plan	Responsible Position	
Document / Process Revision:		
1.Admission/Discharge Standard Work Revision	Director of Patient Care Services	10/22/2013
2.Draft policy on Medication Reconciliation and flowsheets		11/30/2013
3.		
Document / Process Approval:		
1. Approval of Medication Reconciliation policy	Director of Patient Care Services	11/30/2013
2.		
3.		
Education on Document / Process:		
1. Physicians were educated on 10/10/2013 during the quarterly meeting. (Education will be ongoing)	Director of Patient Care Services	10/10/2013 and ongoing
2. Nursing was educated on these items on 10/10/2013 during the monthly staff meeting		10/10/2013 and ongoing
3. Re-education for physicians to correctly complete Qual chart with discharge disposition will be completed in the next 30 days.		11/30/2013
4. Physician education on medication reconciliation	Soarian IT Informatics	10/30 and 11/07/13

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency
Implementation Monitoring Indicators:		
1.ED chart monitoring tool ED nursing will review six charts daily and Director of Patient Care Services will review this tool daily to look for trends and opportunities.	Director of Patient Care Services	Daily
2 Reporting of analysis of monitoring to Quality and Patient Safety Committee	Director of Patient Care Services	Quarterly

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
25.01.16 Home Medications. The Professional Medical Staff, via Policy and / or Rules and Regulations, establishes standards regarding the use of medications brought into the facility by patients.	**This standard is not met as evidenced by:** **Based on policy review, this facility does not allow patients to bring medications from home and selfadminister. Based on review of closed medical records, it was determined that the facility was not compliant with its own policy regarding administration of home medications. In one (1) closed record reviewed, the physician ordered that the patient could administer her own Cymbalta prescription. The medication was left at the bedside and was self-administered by the patient, which was inconsistent with hospital policy.**

	Responsible Position	
Document / Process Revision: 1. Policy "Patient's Own Medications" 2. 3.	Director of Pharmacy	October 29, 2013
Document / Process Approval: 1. Policy to MEC for final approval 2. 3.	Director of Pharmacy	January 7, 2014
Education on Document / Process: 1. Education to clinical team members 2. 3.	Director of Patient Care Services	January 15, 2014

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Implementation Monitoring Indicators: 1. 100% review of inpatient medical records of patients taking own medications. 2. Reported to Quality and Patient Safety Committee 3.	Director of Patient Care Services	Monthly Quarterly

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
25.01.22 Sample Drugs. The use of "sample" drugs, if permitted, is controlled by the pharmacy director and is in conformance with federal and state laws.	**This standard is not met as evidenced by:** **Based on the tour of the outpatient clinic, the sample drug dispensing process was reviewed. It was found that sample drugs were not labeled with patient name, lot number, prescriber's name, and dose when dispensed. This finding was based on discussion with the facility staff regarding the process for dispensing sample drugs.**

	Responsible Position	
Document / Process Revision: 1. Draft revision of Policy on Sample Drugs	Practice Administrator	11/15/2013
Document / Process Approval: 1. Revised policy needs to go to MEC for approval 2. 3.	Quality Director	01/07/2014
Education on Document / Process: 1. Education of Supervising Physicians/NP/PA 2. Education of nursing	Site Supervisor Site Supervisor	01/08/2014 01/08/2014

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Implementation Monitoring Indicators: 1. Monitoring of labeling of sample drugs monthly utilizing number of labeled samples/number of samples given 2. Reported quarterly to Quality and Patient Safety Committee	Site Supervisor Site Supervisor	Monthly Quarterly

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

Standard Number & Standard Verbiage	Surveyor Comments
25.02.07 Medication Reconciliation. The organization has a formal and systematic approach to the reconciliation of medications across the continuum of care. A process is in place to reconcile current medications at each key transitional point of healthcare, specifically: 1. Upon admission, prepare a complete list of preadmission medications the patient takes at home. 2. The patient or family member validates the list, when possible. 3. Admission orders are compared against the preadmission medication list; any variances are reconciled. 4. The complete list of current medications is readily available to prescribers as a reference when writing medication orders. 5. The complete list of medications is provided to the next unit, service, or care setting when the patient is transferred and discharged. 6. The complete list of medications is given to the patient upon discharge. (Approved December 10, 2006; effective June 1,2007	**This standard is not met as evidenced by:** **Based on review of open and closed medical records with the CNO, it was identified that medication reconciliation was not done or was incomplete in twelve of twelve (12/12) records reviewed, as follows:** **• Five of twelve (5/12) were Emergency Department records** **• Seven of twelve (7/12) records were inpatient admissions.**

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

Healthcare Facilities Accreditation Program (HFAP)
Plan of Correction

	Responsible Position	
Document / Process Revision: 1.Admission/Discharge Standard Work 2.Medication Reconciliations standard of work 3.	Director of Patient Care Services	10/22/2013
Document / Process Approval: 1. Medication Reconciliation Policy and flowsheets 2. To MEC for approval 3.	Director of Pharmacy Director of Pharmacy	11/15/2013 01/07/2014
Education on Document / Process: 1. Providers and Nursing were educated on this process on 10/10/2013, education will be ongoing and continuous.	Director of Patient Care Services	10/10/2013
2. Clinical Informatics is coming to DCH on 10/30/2013 and 11/7/2013 to educate the physicians on the medication reconciliation process to capture educational opportunities.	Clinical Informatics Coordinator	11/07/2013

Monitoring & Reporting Plan (Including Evidence Documents)	Responsible Position	Frequency
Implementation Monitoring Indicators: 1. Inpatient chart assessment tool/will allow for identification on trends and opportunities.	Director of Patient Care Services	Weekly, 100% review
2. ED chart review	Director of Patient Care Services	Daily
3. Results of chart assessment reported to Quality and Patient Safety Committee	Director of Patient Care Services	Quarterly

Please note that all elements of this template must be completed for each deficiency cited, in order for HFAP to accept the Plan of Correction.

Facility Name: Dickenson Community Hospital CCN: 491303

Survey Dates: October 7-9, 2013 Conditions Out: 0

AMERICAN OSTEOPATHIC ASSOCIATION

BUREAU OF HEALTHCARE FACILITIES ACCREDITATION
HEALTHCARE FACILITIES ACCREDITATION PROGRAM

142 E. Ontario Street, Chicago, IL 60611-2864 ph 312 202 8258 | 800- 621 -1773 X 8258

November 18, 2013

Mark T. Leonard
Chief Executive Officer
Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228

Dear Mr. Leonard:

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation (BHFA) reviewed the triennial Deficiency Assessment Report for your Critical Access Hospital and granted Full Accreditation with resurvey within 3 years and does recommend that the Centers for Medicare and Medicaid Services Regional Office (CMS, RO) approve continued deemed status for:

Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228

Dickenson Medical Associates
364 Hospital Drive
Clintwood, VA 24228

Program: Critical Access Hospital
CCN # 491303
HFAP ID: 178461
Triennial Survey Dates: 10/07/2013 – 10/09/2013
Plan(s) of Correction Received: 11/01/2013
Effective Date of Accreditation: 01/11/2014 - 01/11/2017

Condition Level Deficiencies: ☒ None
(Use crosswalk and CFR citiations, if applicable):

This accreditation decision was reached on November 12, 2013 by the BHFA's Executive Committee.

Sincerely,

Beverly Robins

Beverly Robins, RN, BSN, MBA
Director of Accreditation Services, HFAP
Healthcare Facilities Accreditation Program (HFAP)

BR/CDC
c: Sherri Morgan-Johnson, RN, BSN, MHSA, Nurse Consultant
Region III, CMS

HFAP
Healthcare Facilities Accreditation Program

142 East Ontario Street, Chicago, Illinois 60611-2864 • 800-621-1773 x 8258 • 312-202-8258 • www.hfap.org

Mark T. Leonard
Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228
CCN: 491303

September 18, 2015

Dear Mr. Leonard,

Enclosed are the areas of noncompliance for the recent Extension Survey conducted at GeriPsych DPU on September 10 & September 15, 2015.

Healthcare facilities are required to respond to **each** HFAP standard cited as "Not-Compliant" from the extension survey within 10 calendar days of the date on this letter. A full Plan of Correction, utilizing the attached **Plan of Correction Template**, must be received no later than **September 28, 2015**. Plan(s) of Correction must include detailed implementation and monitoring plans to demonstrate that the Plan(s) of Correction is/are actually planned for completion.

Please see attached **Instructions for Submitting Plans of Correction** for more detail.

HFAP requires your completed Plan(s) of Correction to be sent via email to reports@hfap.org no later than the above due date. Please do not submit your report to any other email address. Failure to submit to the correct email address may cause a delay in receipt and recognition of your submission. In the subject line, please put your **Facility Name, Facility ID# and Plan(s) of Correction.**

If you have questions regarding the above information, please contact your Account Manager, Christopher Cox at ccox@hfap.org.

Sincerely,

Joshua L. Prober

Joshua L. Prober, JD
Interim CEO
Healthcare Facilities Accreditation Program (HFAP)

Healthcare Facilities Accreditation Program
American Osteopathic Association (AOA)
142 E. Ontario Street
Chicago, IL 60611-2864

DEFICIENCY ASSESSMENT REPORT

FACILITY NAME & ADDRESS:		HFAP ID #: 178461	
Dickenson Community Hospital 312 Hospital Dr Clintwood, VA 24228		CCN #: 491303	
		FACILITY TYPE: Critical Access Hospital	
CEO: Mark T. Leonard - leonardmt@msha.com **ACC:** Cristian Martin - martincc@msha.com		SURVEY TYPE: EXTENSION SURVEY	
		SURVEY DATE(S): September 10 & September 15, 2015	
TEAM CAPTAIN:	**ADMIN SURVEYOR:**	**NURSE SURVEYOR:** M. Kala	**LIFE SAFETY SURVEYOR:** L. Hudson

Standard Numbers and Language refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for Critical Access Hospitals - **2014 Manual**. The surveyor's comments are in bold.

STANDARD	SCORE	Surveyor comments
13.02.17 Treatment Plan. *Each inpatient must have an individual comprehensive treatment plan that shall be based on an inventory of the inpatient's strengths and disabilities.* *The written plan must include a substantiated diagnosis; short-term, and long term goals; the specific treatment modalities utilized; and responsibilities of each member of the treatment team; and adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.* §412.27(c)(3)(i)	2	**This standard is not met as evidenced by:** **The medical record review for this Distinct Part Psychiatric Unit included two (2) closed records and one (1) open record.** **During the medical record review, it was identified that three of three (3/3) plans of care failed to document:** **1) Short and long term goals,** **2) The specific treatment modalities to be utilized and** **3) The responsibilities of each member of the treatment team.** **This finding was verified by the CNO for psychiatric services.**
14.01.04 Exit Signs. Exits shall be marked by an approved sign readily visible from any direction of exit access. Access to exits shall be marked by approved signs in all cases where the way to reach the exit is not readily apparent to the	2	**This standard is not met as evidenced by:** **The following findings were identified during the record review for this Distinct Part Psychiatric Unit.** **During the document review session the organization did not provide doumentation that the exit signs had been inspected monthly for the past**

occupants. Exit signs shall be visually inspected monthly for operation of the illumination sources. This inspection is documented.		**twelve (12) months.** **This observation was confirmed by the operational director of facility manangement.**
14.03.02 Water-Based Fire Protection system – Control Valves, Piping and Hangers. Control valves used in water-based fire protection systems must be electronically supervised with tamper switches and connected to the building fire alarm system, in accordance with section 9.7 of the 2000 edition of the Life Safety Code. Tamper switches must be tested at intervals according to standard #14.02.01. Sprinkler piping and hangers shall be free of all material, wire, cable or conduit, and shall not be used to support any other item or system.	**2**	**This standard is not met as evidenced by:** **During the building tour for this Distinct Part Psychiatric Unit, electrical cables were observed to be supported by and draped over sprinkler piping above the ceiling near the east wing stairwell, second floor.** **This observation was confirmed by the operational director of facility management. (This was corrected during survey.)** **Although this was corrected onsite during survey, the facility must submit a Plan of Correction.**

AMERICAN OSTEOPATHIC ASSOCIATION

BUREAU OF HEALTHCARE FACILITIES ACCREDITATION
HEALTHCARE FACILITIES ACCREDITATION PROGRAM

142 E. Ontario Street, Chicago, IL 60611-2864 ph 312 202 8258 | 800- 621 -1773 X 8258

September 22, 2015

Mark T. Leonard
Chief Executive Officer
Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228

Dear Mr. Leonard:

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation (BHFA) reviewed the Extension Survey Deficiency Assessment Report and granted Extended Accreditation. This accreditation decision was reached on September 22, 2015 by the BHFA's Executive Committee.

Dickenson Community Hospital
312 Hospital Dr
Clintwood, VA 24228

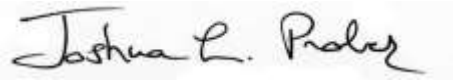
Dickenson Community Hospital - Psychiatric DPU
312 Hospital Dr
Clintwood, VA 24228

Program: Critical Access Hospital
CCN # 491303
HFAP ID: 178461
Survey Dates: 09/10/2015 – 09/15/2015
Plan(s) of Correction Received: 09/21/2015
Continued Accreditation: 01/11/2014 - 01/11/2017

Condition Level Deficiencies: ☒ None
(Use crosswalk and CFR citiations, if applicable):

Dickenson Community Hospital has a DPU Psych Unit and was surveyed under those standards. The facility met the requirements for this unit.

Sincerely,



Joshua L. Prober, JD
Interim CEO
Healthcare Facilities Accreditation Program (HFAP)

JP/CDC
c: Sherri Morgan-Johnson, RN, BSN, MHSA, Nurse Consultant
Region III, CMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	(X3) DATE SURVEY COMPLETED R **05/17/2016**
	495384		

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHAB	**100 FRANCIS MARION LANE. PO BOX 880 MARION, VA 24354**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS Description of structure: Three story Type II (111) brick veneer nursing home Sprinkler status: Fully Sprinklered An unannounced revisit Life Safety Code survey was conducted 05/17/2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid. All of the violations have been corrected at this time.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Smyth County Community Hospital

Project Work Order

Print Date: 8/22/2016

WO#: 34125 **hang signs**

Safety Incident #:

Account: 27873 - Facilities/Construction
Type: PR
Date Orig: 4/27/2016 1:33:32 PM

Site: FMM
Priority: Project

Building: 2nd Flr - East
Status: Completed
Date Avail:

Location: 2E SW
East End Stairwell
Sub-Status: Work Finished
Date Need:

Req Name:
Req Phone:
Req Pager:
Req Remarks:
Req Email:

Completed By: WAYNE HAMM **Date:** 4/27/16 **Hours:** 4

Comments: ROBERT CORNETT

HUNG SIGNS ON EXIT DOORS

COMMONWEALTH of VIRGINIA

Melvin D. Carter
EXECUTIVE DIRECTOR

Virginia Department of Fire Programs

State Fire Marshal's Office
Southwestern Region
1169 East Lee Highway
Chilhowie, VA 24319
Phone: 276/6460266
Fax: 276/646-0269

April 4, 2016

Francis Marion Manor Health and Rehabilitation
Mrs. Lori Martin, Administrator
100 Francis Marion Lane
Marion, Virginia 24354

Dear Mrs. Martin:

This concerns the unannounced Life Safety Code survey of the referenced facility conducted April 1, 2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 2000 – Existing regulation.

All institutional buildings must meet all applicable Life Safety Code (NFPA 101) requirements in accordance with the federal Long Term Care certification requirements issued by the Centers for Medicare and Medicaid Services (CMS), in order to participate in the Medicare/Medicaid programs. The findings listed on the attached form, CMS 2567, "Statement of Deficiencies and Plan of Correction", demonstrate non-compliance with Title 42 Code Federal of Regulations, 483.70(a) et seq Life Safety from Fire.

Prior to making expenditures to correct the noted deficiencies, you should have an approved plan of correction. It is strongly recommended that you check with local officials, since compliance with this report does not excuse you from complying with local codes and ordinances.

The federal LTC Enforcement Regulations remedies may be imposed by the Centers for Medicare and Medicaid Services (CMS) and/or the Virginia Department of Medical Assistance Services (DMAS) for any failure or continued failure to demonstrate compliance with both the Health and Life Safety Code requirements (Title 42, Code of Federal Regulations). For example, a Denial of Payment for New Admissions at the 90th day after a survey, or the Termination of the Provider Agreement at the 180th day after a survey, could be a result of uncorrected Life Safety Code citations as well as Health citations.

If any deficient practice is identified within either the Health or Life Safety Code requirements, a Plan of Correction (POC) developed by the provider must be returned to the surveying entity by Friday April 15, 2016. To be considered acceptable, the POC must include five (5) components:

1. Address the corrective action taken for the identified problem
2. Address how facility will identify similar occurrences of the problem
3. Identify measures/systemic changes to ensure deficient practice will not recur
4. Indicate how facility will monitor its performance
5. Date of correction, not to exceed 45th day after the survey.
   NOTE: If correction/compliance by the 45th day after the survey is not possible, the facility's POC must be accompanied by a Time-Limited Waiver request with appropriate justification. The waiver request and supporting documentation will be reviewed by the State Fire Marshal's Office and the Virginia Department of Health for a final recommendation to CMS. Please be aware, the timeline involved in the Time Limited Waiver request and final approval process does not delay the potential imposition of enforcement actions.

If concerns regarding a citation are not resolved, in accordance with §488.331, the facility has one (1) opportunity to question cited deficiencies through the current Virginia Department of Health's informal dispute resolution (IDR) process . To be considered, the IDR request must be received by the State Fire Marshal's Office within 10 calendar days of your receipt of the enclosed survey findings. An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions taken by CMS or DMAS.

Survey Results

The results of this survey are reflected on the enclosed Statement of Isolated Deficiencies, "A" Form and/or the Statement of Deficiencies and Plan of Correction, CMS 2567. All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g), the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

If you have any questions or if we may be of assistance to you, please call.

Sincerely,
STATE FIRE MARSHAL'S OFFICE

Michael S.Yingling, CFO
Assistant Fire Marshall

Attachment
/
cc: file

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 495384	DATE SURVEY COMPLETE: 04/01/2016
NAME OF PROVIDER OR SUPPLIER **FRANCIS MARION MANOR HEALTH & REHABILITATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 FRANCIS MARION LANE, PO BOX 880 MARION, VA. 24354**	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 039	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 This Standard is not met as evidenced by: Based on observations made on April 1, 2016, there were several carts left unattended in the corridors on the ground floor. The findings include: At 0933 hours, four cars were found unattended obstructing the hallway at the mechanical room on the ground floor at the loading dock hallway. At 0930 hours, two kitchen carts were found unattended obstructing the egress from the kitchen outside the restrooms. All of the carts were removed during the inspection and were confirmed by the administrator and maintenance personnel.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

The above isolated deficiencies pose no actual harm to the residents

Printed: 04/04/2016
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	495384		04/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHAB	100 FRANCIS MARION LANE. PO BOX 880 MARION, VA 24354

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Description of structure: Three story type II (111) brick veneer nursing home Sprinkler status: Fully sprinklered An unannounced routine Life Safety Code survey was conducted April 1, 2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (life Safety from Fire.)	K 000		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This Standard is not met as evidenced by: Based on observations made on April 1, 2016, several of the exit doors had delayed egress locks installed that released in 15 seconds but did not have signage on the on the doors. The findings include: At 0933 hours, it was observed that the 1st floor center stairwell door did not have signage installed on the door stating Push until alarm sounds, Door can be opened in 15 seconds in compliance with Section 7.2.1.6.1 (d) At 0941 hours, it was observed that the 1st floor north stairwell did not have signage installed on the door stating Push until alarm sounds, Door can be opened in 15 seconds in compliance with	K 038	1. NEW SIGNS TO BE ORDERED 2. FACILITIES WILL MONITOR BUZZING FOR ANY NEW HARDWARE INSTALLED IN THE FUTURE. 3. WORK ORDERS WILL BE COMPLETED ON ANY DOOR OR HARDWARE REPAIR 4. FACILITIES WILL MONITOR SIGNAGE ON DOORS WITH ROUTINE DOOR CHECKS 5. DATE OF CORRECTION TO BE DONE BY 5/6/16	5/6/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenneth Rich
TITLE: MANAGER SUPPORT SERVICES
(X6) DATE: 4/5/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01	(X3) DATE SURVEY COMPLETED
	495384	B. WING _____	04/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHAB	100 FRANCIS MARION LANE. PO BOX 880 MARION, VA 24354

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K 038	Continued From page 1 Section 7.2.1.6.1 (d) At 0946 hours, it was observed that the 1st floor east stairwell did not have signage installed on the door stating Push until alarm sounds, Door can be opened in 15 seconds in compliance with Section 7.2.1.6.1 (d) At 949 hours, it was observed that the 2nd floor center stairwell did not have signage installed on the door stating Push until alarm sounds, Door can be opened in 15 seconds in compliance with Section 7.2.1.6.1 (d) At 0952 hours, it was observed that the 2nd floor north stairwell did not have signage installed on the door stating Push until alarm sounds, Door can be opened in 15 seconds in compliance with Section 7.2.1.6.1 (d) At 0954 hours, it was observed that the 2nd floor east stairwell did not have signage installed on the door stating Push until alarm sounds, Door can be opened in 15 seconds in compliance with Section 7.2.1.6.1 (d) These findings were confirmed with the administrator and maitenance personnel.	K 038		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	490053	A. BUILDING 02 - NEW HOSPITAL B. WING _____	07/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSTON MEMORIAL HOSPITAL	16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Description of Structure: 5 story type 1B construction building. Sprinkler status: Fully sprinklered An announced Life Safety Code initial survey was conducted on July 14-15 2011 in accordance with 42 Code of Federal Regulation, Part 482: Condition of Participation for Hospitals. The facility was surveyed for compliance using the 2000 New Health Care Occupancies regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.	K 000		
K 012	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1 This Standard is not met as evidenced by: Based on observation on July 15, 2011 Fire Proofing needs to be patched in several areas throughout the facility. This was confirmed by the general contractor. (NFPA 101 2000 edition 8.2.1) The findings include: Fire Proofing needs to be patched in several areas throughout the facility (NFPA 101 2000 edition 8.2.1)	K 012	K 012 The Fire Proofing throughout the facility was corrected on July-16-2011 by GE Dunn Construction Company. GE Dunn patched any holes that where found with proper fire stopping material.	7-16-2011
K 017	NFPA 101 LIFE SAFETY CODE STANDARD Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	490053	A. BUILDING 02 - NEW HOSPITAL B. WING	07/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 017	Continued From page 1 required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5. This Standard is not met as evidenced by: Based on observations on July 15, 2011 There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed with fire stopping material or sealed to resist the passage of smoke. These observations were confirmed with the general contractor NFPA 101 2000 edition 8.2.3.2.4.2, 8.3.6.1 & 8.2.4.4.1) The findings include: There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed with fire stopping material or sealed to resist the passage of smoke. NFPA 101 2000 edition 8.2.3.2.4.2, 8.3.6.1 & 8.2.4.4.1)	K 017	K 017 The Fire Proofing throughout the facility was corrected on July-16-2011 by GE Dunn Construction Company. GE Dunn patched any holes that where found with proper fire stopping material.	7-16-2011
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 This Standard is not met as evidenced by: Based on observations on July 15, 2011, the door to room 2205 exceeeded the maximum one inch allowable undercut. This was confirmed by the general contractor. (NFPA 101 18.3.6.3.1)	K 018	K 018 The door on room 2205 has been replaced by GE Dunn Construction Company.	7-16-2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NEW HOSPITAL B. WING	(X3) DATE SURVEY COMPLETED
	490053		07/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 018	Continued From page 2 The findings include: The door to room 2205 has greater than a one inch inch gap undercut (NFPA 101 18.3.6.3.1)	K 018		
K 025	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3 This Standard is not met as evidenced by: Based on observation on July 15, 2011 There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed with fire stopping material or sealed to resist the passage of smoke. This was confirmed by the general contractor. (NFPA 101 2000 edition 8.2.3.2.4.2 & 8.2.4.4.1) The findings include: There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed with fire stopping material or sealed to resist the passage of smoke. (NFPA 101 2000 edition 8.2.3.2.4.2, 8.3.6.1 & 8.2.4.4.1)	K 025	K 025 The Fire Proofing throughout the facility was corrected on July-16-2011 by GE Dunn Construction Company. GE Dunn patched any holes that where found with proper fire stopping material.	7-16-2011
K 027	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a	K 027		

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	490053		07/15/2011

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K 027	Continued From page 3 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8 This Standard is not met as evidenced by: Based on observation on July 15, 2011 the gap between the fire rated smoke barrier doors exceed the maximum 1/8 inch in several locations throughout the facility. This was confirmed by the general contractor. (NFPA 101 2000 edition 18.3.6.3.1) The findings include: the gap between the fire rated smoke barrier doors exceed the maximum 1/8 inch in several locations throughout the facility. This was confirmed by the general contractor. (NFPA 101 2000 edition 18.3.6.3.1)	K 027	K 027 The gap between the fire rated doors was Adjusted by GE Dunn Construction Company on July-17-2011.	7-17-2011
K 029	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance	K 029		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 490053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NEW HOSPITAL B. WING	(X3) DATE SURVEY COMPLETED 07/15/2011

NAME OF PROVIDER OR SUPPLIER
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K 029	Continued From page 4 with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This Standard is not met as evidenced by: Based on observations made on July 15, 2011, the facility failed to insure that fire rated doors installed in one hour fire rated barriers throughout the facility are not forty-five minute rated. These observations were confirmed with the general contractor. (NFPA 101 2000 edition 8.2.3.2.3.1(2) The findings include: Fire rated doors installed in one hour fire rated barriers throughout the facility are not forty-five minute rated. (NFPA 101 2000 edition 8.2.3.2.3.1(2) Based on observations on July 15, 2011 There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed with fire stopping material or sealed to resist the passage of smoke. These observations were confirmed with the general contractor NFPA 101 2000 edition 8.2.3.2.4.2, 8.3.6.1 & 8.2.4.4.1) The findings include: There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed with fire stopping material or sealed to resist the passage of smoke. NFPA 101 2000 edition 8.2.3.2.4.2, 8.3.6.1 & 8.2.4.4.1)	K 029	K 029 GE Dunn and ESA have identified 47 doors that will need to be replaced with 45 minute doors. They have also identified 34 doors within walls that can be relabeled as smoke partition to deck. The proper doors and hardware have been ordered. The life safety plans will be resubmitted with the wall rating changes. K 029 The Fire Proofing throughout the facility was corrected on July-16-2011 by GE Dunn Construction Company. GE Dunn patched any holes that where found with proper fire stopping material	Doors have been ordered 7-16-2011
K 033	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) in buildings	K 033		

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	490053	A. BUILDING 02 - NEW HOSPITAL B. WING _____	07/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 033	Continued From page 5 four stories or more are enclosed with construction having fire resistance rating of at least two hours, are arranged to provide a continuous path of escape, and provide protection against fire and smoke from other parts of the building. In all buildings less than four stories, the enclosure is at least one hour. 8.2.5.4, 18.3.1.1	K 033		
	This Standard is not met as evidenced by: Based on observations on July 15, 2011 The door to stairwell six on the fourth floor has an undercut gap exceeding ¾ " . This was confirmed by the general contractor. (NFPA 80 1999 Edition 1-11.4) The findings include: The door to stairwell six on the fourth floor has an undercut gap exceeding ¾ " .		K 033 The door on fourth floor stairwell #6 has been replaced by GE Dunn Construction Company on July-17-2011.	7-17-2011
	Based on observations on July 15, 2011 There is electrical wiring penetrating the stairwells three and six for future connection of outdoor signage. This was confirmed by the general contractor. (NFPA 101 2000 edition 7.1.3.2.1 (e)(1)). The findings include: There is electrical wiring penetrating the stairwells three and six for future connection of outdoor signage. (NFPA 101 2000 edition 7.1.3.2.1 (e)(1)).		K 033 The electrical wiring in stairwell #3 & 6 has been relocated by BESCO Construction Company on Dec-21-2011.	12-21-2011
	Based on observations on July 15, 2011 There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed			

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	490053		07/15/2011

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K 033	Continued From page 6 with fire stopping material or sealed to resist the passage of smoke. These observations were confirmed with the general contractor NFPA 101 2000 edition 8.2.3.2.4.2, 8.3.6.1 & 8.2.4.4.1) The findings include: There are several penetrations of fire and smoke rated walls throughout the facility that are not sealed with fire stopping material or sealed to resist the passage of smoke. NFPA 101 2000 edition 8.2.3.2.4.2, 8.3.6.1 & 8.2.4.4.1)	K 033	K 033 The Fire Proofing throughout the facility was corrected on July-16-2011 by GE Dunn Construction Company. GE Dunn patched any holes that where found with proper fire stopping material.	7-16-2011
K 038	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This Standard is not met as evidenced by: Based on observations on July 15, 2011, the facility failed to insure a that there was a path to the public way at the egress from the exits from the cafeteria dining area at the dining patio. This was confirmed with the general contractor (NFPA 101 2000 edition 18.2.7; 7.7.1) The findings include: There is no path to the public way at the egress from the exits from the cafeteria dining area at the dining patio (NFPA 101 2000 edition 18.2.7; 7.7.1)	K 038	K 038 The Exit Access has been corrected. JMH had concrete sidewalks poured for a path of EXIT.	10-13-2011
K 051	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or	K 051		

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K 051	Continued From page 7 extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6	K 051		
	This Standard is not met as evidenced by: Based on observations on July 15, 2011, several of the smoke detectors throughout the facility were located less than three feet from the HVAC air diffusers and are located in the air flow stream. This was confirmed with the general contractor (NFPA 72 1999 Edition Section 5.7.4.1) The findings include: Several of the smoke detectors throughout the facility are located less than three feet from the HVAC air diffusers and are located in the air flow stream. (NFPA 72 1999 Edition Section 5.7.4.1)		K 051 The smoke detectors have been relocated away from the HVAC diffusers. BESCO Construction Company on July-17-2011.	7-17-2011
	Based on observation on July 15, 2011 The sprinkler system in the Hospital connecting corridor to the Professional Office Building (POB) is connected to the POB and not to the hospital portion of the connecting corridor and does not alarm in the adjacent hosptial zone. This was confirmed by the general contractor. The findings include: The sprinkler system in the Hospital connecting corridor to the Professional Office Building (POB) is connected to the POB and not to the hospital portion of the connecting		K 051 The connecting corridor for the POB and JMH was corrected by installing a two hour barrier between the two. The walls have been completed. The rated doors have been ordered. This work was completed by GE Dunn the week of Dec 18 thru 23, 2011	Doors have been ordered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	490053	A. BUILDING 02 - NEW HOSPITAL B. WING	07/15/2011

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K 051	Continued From page 8 corridor and does not alarm in the adjacent hospital zone.	K 051		
K 056	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This Standard is not met as evidenced by: Based on observation on July 15, 2011 There is no sprinkler protection provided for the duct over forty eight inches in width in room 2207 and at Air Handling Unit #15. This was confirmed by the general contractor. (NFPA 101 9.7.1.1) The findings include: There is no sprinkler protection provided for the duct over forty eight inches in width in room 2207 and at Air Handling Unit #15. (NFPA 101 9.7.1.1)	K 056	K 056 Sprinkler protection has been installed over the duct work in room 2207 and in AHU15. This work was completed by GE Dunn Construction Company on July-17-2011.	7-17-2011
K 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		

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NAME OF PROVIDER OR SUPPLIER JOHNSTON MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211		

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K 062	Continued From page 9	K 062		
	This Standard is not met as evidenced by: Based on observation on July 15, 2011 The sprinkler head in the Freezer in the Kitchen was leaking. This was confirmed by the general contractor.(NFPA 101 2000 edition 9.7.5) The findings include: The sprinkler head in the Freezer in the Kitchen is leaking (NFPA 101 2000 edition 9.7.5)		K 062 The Sprinkler head in the freezer was repaired by GE Dunn Construction Company on July-17-2011.	7-17-2011
	Based on observation on July 15, 2011 the Sprinklers are closer than 6 feet in the Equipment Storage Room 2083. This was confirmed by the general contractor. (NFPA 101 2000 edition 9.7.5) The findings include: the sprinklers are closer than 6 feet in the Equipment Storage Room 2083. (NFPA 101 2000 edition 9.7.5)		K 062 Sprinkler protection has been relocated in room 2083. This work was completed by GE Dunn Construction Company on July-17-2011.	7-17-2011
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6	K 064		
	This Standard is not met as evidenced by: Based on observation on July 15, 2011 there was not a fire extinguisher provided in the penthouse. This was confirmed by the general contractor. (NFPA 101 2000 edition 18.3.5.6) The findings include: There was not a fire extinguisher provided in the penthouse (NFPA		K 064 A Fire Extinguisher was installed in the Penthouse. JMH completed this work on 12-27-2011	12-27-2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 490053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NEW HOSPITAL B. WING	(X3) DATE SURVEY COMPLETED 07/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSTON MEMORIAL HOSPITAL	16000 JOHNSTON MEMORIAL DRIVE ABINGDON, VA 24211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 064	Continued From page 10 101 2000 edition 18.3.5.6)	K 064		

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia
Department of Housing and Community Development
State Fire Marshal's Office
Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276)646-0266
Fax: (276)646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant: Johnston Memorial Hospital, Inc.	Date of Inspection: August 30, 2012
Building: Johnston Memorial Hospital	File Number: S-3748-001
Address: 16000 Johnston Memorial Drive	Occ / Use Group: I-2
Washington County	Phone Number: (276)258-1610
Abingdon, VA 24211	Fax Number: (276)258-1615
Annual Inspection	

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner and properly repaired, restored or replaced when damaged, altered, breached or permeated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason will be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. Fire proofing material is missing in the following areas: Fifth Floor - Penthouse Fourth Floor - 4012 shell space - Above new PC s in two locations; Column by pallets Fourth Floor - 4009 shell space - 4 locations on beam closest to the windows; on 3rd Column Fourth Floor - 4005 shell space - Communications room in the top left corner: on the Column by the safe Fourth Floor - 4002 shell space - 3rd Column on the non-window side Fourth Floor - Room 4211 EVS Room in HIM on structural steel. Fourth Floor - 4048 shell space on structural steel in the rear corner	29-Oct-2012 Complete: Repaired Fire Proofing 10-8-2012

703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner and properly repaired, restored or replaced when damaged, altered, breached or permeated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason will be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. Fire proofing is missing in the following locations: Third Floor - Room 3028 - EVS room 3100 on structural steel.	29-Oct-2012 Complete: Repaired Fire Proofing 10-8-2012
703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner and properly repaired, restored or replaced when damaged, altered, breached or permeated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason will be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. Fireproofing is missing in the following locations: Second Floor - Room 2412 Center Communications room on structural steel.	29-Oct-2012 Complete: Repaired Fire Proofing 10-8-2012
703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner and properly repaired, restored or replaced when damaged, altered, breached or permeated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason will be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. Fireproofing is missing in the following locations: First Floor - in the center Communications room 1802 behind the kitchen on structural steel First Floor - in the Communications room C105A in the Cath Lab area. First Floor - in the Clean Utility at the Cath Lab area on pipe clamps for the hot water supply. First Floor - in the Communications room 1120 at the team members elevators	29-Oct-2012 Complete Repaired Fire Proofing 10-8-2012

703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner and properly repaired, restored or replaced when damaged, altered, breached or permeated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason will be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. Penetrations of pipes, conduits or wires are not sealed in the following areas: First Floor - in the Power House at the two hour rated wall where the 6 inch steam line is located on the wall to the left of the Steam System Water Treatment area.	29-Oct-2012 Complete: Repaired fire seal around pipe. 10-8-2012
901.4.1	Required fire protection systems. Fire protection systems required by this code or the Uniform Statewide Building Code shall be installed, repaired, operated, tested and maintained in accordance with this code. The sprinkler located in room 4220 is located too far from the wall and exceeds the maximum distance allowed.	29-Oct-2012 Complete: Added sprinkler head 10-8-2012

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: _____ Date: _____

Inspected By: Mike Yingling Assistant Fire Marshal

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 9/11/2012

WO#: 322631 **Repair Fire Proofing**

Safety Incident #:

Account: 8061-A - Facilities
Type: RG
Date Orig: 9/11/2012 7:46:52 AM
Site:
Priority: Routine
Building:
Status: Active
Date Avail:
Location:
Sub-Status: Issued, being worked on
Date Need:

Please see report for locations

Req Name: Osborne
Req Phone: 1612
Req Pager:
Req Email: osbornewn@msha.com
Req Remarks:
Fire Marshal findings.

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: Kenny / John **Date:** 10/4/12 **Hours:** 1 1/2

Comments:

WO# 322650	9/11/12	4 hrs	John - Kenny
WO# 322667	9/12/12	4.5	John - Kenny
322782	9/18/12	1.5	John - Kenny
322816	9/19/12	3 hrs	John - Kenny
322834	9/20/12	3 hrs	John - Kenny
322855	9/21/12	1 hr	Kenny
323277	10/3/12	1 hr	John - Kenny

106

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 12/10/2012

WO#: 325230 **missing fire insulation above tiles**

Safety Incident #:

Account: 6220 - Cardiac Cath Lab
Type: RG
Date Orig: 12/10/2012 12:44:02 PM
Site:
Priority: Routine
Building:
Status: Active
Date Avail:
Location: c108
Sub-Status: Issued, being worked on
Date Need:

Req Name: James Siegal
Req Phone: 1611
Req Pager:
Req Email:
Req Remarks:
missing 14 spots cardiac cath lab clean utility c108

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

John - 4 hrs
Wes - 3 hrs
Daniel - 3 hrs

Completed By: Daniel/Wes/John **Date:** 12/19/12 **Hours:**

Comments:

Please give W/O to James Once completed

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 12/10/2012

WO#: 325232 **fire insulation missing**

Safety Incident #:

Account: 8061-A - Facilities
Type: RG
Date Orig: 12/10/2012 12:45:30 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

rm 1120

Req Name: James Siegal
Req Phone: 1611
Req Pager:
Req Email:

Req Remarks:

3 spots 1st floor comm closet by elevators rm 1120

User-Defined Fields

UserLabel1	**UserLabel6**
UserLabel2	**UserLabel7**
UserLabel3	**UserLabel8**
UserLabel4	**UserLabel9** no
UserLabel5	**UserLabel10**

Completed By: Kenny **Date:** 12/14/12 **Hours:** 1 hr

Comments:

Please Give W/O To James once completed

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 12/10/2012

WO#:	325233	fire insulation missing

Safety Incident #:

Account: 4400 - 4th fl-4400 non office
Type: RG
Date Orig: 12/10/2012 12:47:06 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

rm 4006

Req Name: James Siegal
Req Phone: 1611
Req Pager:
Req Email:

Req Remarks:
comm closet rm 4006 missing in 9 spots

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: Kenny/Johnny **Date:** 12/18/12 **Hours:** 2hr

Comments:

Please give w/o to James once completed

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 12/10/2012

WO#: 325229 **fire insolation missing**

Safety Incident #:

Account: 8061-A - Facilities
Type: RG
Date Orig: 12/10/2012 12:42:02 PM
Site:
Priority: Routine
Building:
Status: Active
Date Avail:
Location:
Sub-Status: Issued, being worked on
Date Need:
rm 1140

Req Name: James Siegal
Req Phone: 1611
Req Pager:
Req Email:
Req Remarks:
rm 1140 missing in 4 spots

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: Kenny **Date:** 12/14/12 **Hours:** 1 hr

Comments:

Please give w/o to James once completed

SERVICE REQUEST

SimplexGrinnell FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

BOOK #

BE SAFE.

A Tyco International Company

TR #

TASK/CALL #

LICENSE #

PROJECT #

5695 Bobby Hicks Highway
Johnson City, TN 37615
P 423-467-3547 F 423-467-3557
Reg# C985

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

NAME	Johnston Memorial Hospital
ADDRESS (OR ATTENTION OF)	
ADDRESS	16000 Johnston Memorial Dr.
CITY	Abingdon
STATE	VA
ZIP	24211

TR ARRIVAL DATE	BILL.	NON-BILL.	SERV. COMPL.	ACE CODE	NAT. ACCT.
10/08/12					

CUSTOMER PURCHASE ORDER		
LABOR – REG.	LABOR – OT	LABOR – DT
TRAVEL – REG.	TRAVEL - OT	TRAVEL – DT
MIN.		INSP. MONTH
PHONE		MILES

NAME (BILL TO)	
ADDRESS	
CITY	STATE ZIP

LBR – REG	TRAV – REG	LBR – OT
TRAV – OT	MILES	

TIME	
ARRIVAL	
DEPART	

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

X Sue Allison — Customer signature

10/8/12 — Date

PAYMENT TERMS — IMMEDIATE ☐ COD ☐ NET 10 ☐

☐ Time and Material ☐ Price Not to Exceed $_____ ☐ Fixed Price of $_____

DEPOSIT $_____ BALANCE DUE $_____ ☐ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE Add Sprinkler head per Fire Marshalls instruction

WORK PERFORMED / RESOLUTION CODE Added (1) sprinkler head in Health Information Directors office on the forth floor

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO.	USG.	UNIT PRICE
		A Savage					
		THIS IS					
		NOT AN					
		INVOICE					

SYSTEM TYPE/LOCATION Wet / 4th Floor

CONTACT NAME Nathan Osborne

TOTALS

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

CUSTOMER ACCEPTANCE

X Sue Allison
(Customer Acceptance)

Sue Allison
(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

Andy Savage
(Print Name)

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All rights reserved
Service Request Form

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
12/10/2012

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA , VA 24211	File Number: S-3748-001 Occ/ Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: _____ _____

Inspected By: Michael Yingling, Assistant Fire Marshal

Date: 12/10/2012

The Joint Commission

June 22, 2012

Re: # 13492
CCN: #490053
Program: Hospital
Accreditation Expiration Date: May 03, 2015

Sean McMurray
CEO
Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, Virginia 24211

Dear Mr. McMurray:

This letter confirms that your April 30, 2012 - May 02, 2012 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on June 15, 2012, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of May 03, 2012. We congratulate you on your effective resolution of these deficiencies.

§482.22 Condition of Participation: Medical staff
§482.24 Condition of Participation: Medical Record Services
§482.41 Condition of Participation: Physical Environment
§482.51 Condition of Participation: Surgical Services
§482.52 Condition of Participation: Anesthesia Services

The Joint Commission is also recommending your organization for continued Medicare certification effective May 03, 2012. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation also applies to the following locations:

Johnston Memorial Bristol East Imaging Center
3170 Linden Dr, Suite 6, Bristol, VA, 24202

Johnston Memorial Diagnostic Center
605 Campus Drive, Abingdon, VA, 24210

Johnston Memorial Hospital

The Joint Commission

16000 Johnston Memorial Drive, Abingdon, VA, 24211

Johnston Memorial Outpatient Rehabilitation Services
445 Porterfield Highway, Abingdon, VA, 24210

Johnston Memorial Surgery Center
613 Campus Drive, Abingdon, VA, 24210

We direct your attention to some important Joint Commission policies. First, your Medicare report is publicly accessible as required by the Joint Commission's agreement with the Centers for Medicare and Medicaid Services. Second, Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or health care services you provide.

Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 3 /Survey and Certification Staff

The Joint Commission

Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211

Organization Identification Number: 13492

Program(s)
Hospital Accreditation
Home Care Accreditation

Survey Date(s)
04/30/2012-05/02/2012

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.07	EP1,EP6
	IC.02.02.01	EP2
	MM.04.01.01	EP13
	MM.05.01.01	EP8
	PC.01.02.07	EP3
	PC.03.01.07	EP7

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.05	EP25
	EC.02.05.09	EP3
	LD.04.01.07	EP2
	LS.02.01.30	EP23
	LS.02.01.34	EP4
	LS.02.01.35	EP9
	MS.01.01.01	EP5
	RC.01.01.01	EP19
	RC.01.02.01	EP3
	UP.01.03.01	EP2
Program:	Home Care Accreditation Program	
Standards:	IC.01.05.01	EP7
	RI.01.05.01	EP2

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.05.07/EP1, EP6	Standard
§482.41(b)(1)(i)	A-0710	HAP - EC.02.03.05/EP25, LS.02.01.30/EP23, LS.02.01.34/EP4, LS.02.01.35/EP9	Standard

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

23. Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or equivalent, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. Doors do not have nonrated protective plates more than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.5, 18/19.3.7.6, and 8.3.4.1) 4

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 23
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The vertical gap between smoke barrier doors 3103 was greater than 1/8 inch. (corrected during survey).

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The vertical gap between smoke barrier doors 3115a was greater than 1/8 inch. (corrected during survey).

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.34

ESC 60 days

Standard Text: The hospital provides and maintains fire alarm systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

4. The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 18/19.3.4.

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 4
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The Physician on-call rooms 1 & 2 located on the 2nd floor were not equipped with smoke detectors.

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The Physician on-call rooms 3 & 4 located on the 2nd floor were not equipped with smoke detectors.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

9. Class K–type portable fire extinguishers are located within 30 feet of grease-producing cooking devices such as deep fat fryers, ranges, griddles, or broilers. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.5.6 and NFPA 10-1998: 2-3.2)

4

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 9
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
The wasn't a class K-type extinguisher mounted within 30 ft of the #3 kitchen ansul extinguishing system located across from the wood grill behind the serving line.

Corrective Action Taken:

- **LS.02.01.30 EP23**
  Vertical gap in smoke door >1/8" (corrected during survey)

- **LS.02.01.34 EP4**
  Four physician on-call rooms did not have smoke detectors (Smoke detectors purchased and installed)

- **LS.02.01.35 EP9**
  There was no K-type extinguisher within 30' of kitchen wood grill (K-type extinguisher moved to within 30' of kitchen wood grill)

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of inspection:
10/9/2013

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA , VA 24211	File Number: S-3748-001 Occ/ Use Code: PRHOSP **Annual Inspection**

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
605.5	Extension cords and flexible cords will not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor will such cords be subject to environmental damage or physical impact. Extension cords will be used only with portable appliances. There is an extension cord in use in the PBX. WO# 334543	01/09/2014 Complete 10-18-13 Replaced cords with power strips
703.1	The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) will be maintained. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason will be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies will be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. Spray on fire proofing has been removed in the following areas: File room in Quality above the ceiling on beam. WO# 334598 HIM Archive room above the ceiling next to duct work. WO # 334596	01/09/2014 Complete 10-16-13 Repaired Fire proofing
907.20	Inspection, testing, and maintenance. The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with this section and Chapter 10 of NFPA 72.	01/09/2014

	The ceiling is not complete around the Tube system which could cause a delay in the activation of the smoke detectors in the room. WO # 334542	Complete 10-16-13 Installed ceiling track and tiles
703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner and properly repaired, restored or replaced when damaged, altered, breached or permeated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason will be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly. Penetrations of the rated wall between the family birthing center and the elevator lobby are not sealed. WO # 334597	01/09/2014 Complete 10-16-13 Installed Fire stop in hole
1028.2	Required exit accesses, exits or exit discharges will be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. The exit door at the rear of Case Management has a lock installed in the door and requires a key to exit WO # 334546	01/09/2014 Complete 10-16-13 Relocated lock on door
703.2	Opening protectives will be maintained in an operative condition in accordance with NFPA 80. Fire doors and smoke barrier doors will not be blocked or obstructed or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Fire door assemblies will not be modified. The fire rated door at the construction shell space on the fourth floor is damaged. WO # 334544 The fixed leaf of the double doors in the Bariatric rooms is being left open and not closed as required to maintain the fire rating.	01/09/2014 Complete 11-14-2013 and 10-29-13 Installed new door Installed closer on door and new latch

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: Emailed to Nathan Osborne

Inspected By: Michael Yingling, Assistant Fire Marshal

Date: 10/09/2013

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 10/14/2013

WO#: 334543 **Piggy back extension cords found in PBX office**

Safety Incident #:

Account: 8315 - Guest Relations
Type: RG
Date Orig: 10/14/2013 2:36:31 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

PBX Office

Req Name: Mike McCall
Req Phone: 276.439.1013
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Fire Marshal Finding

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: Nathan **Date:** 10-18-13 **Hours:** 2

Comments:

Replaced extension cords with Power Strips

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 10/15/2013

WO#: 334596 **Fire Stop missing around beam clamps in archive room**

Safety Incident #:

Account: 8190 - Health Information Management
Type: RG
Date Orig: 10/15/2013 2:25:46 PM
Site:
Priority: Routine
Building:
Status: Active
Date Avail:
Location: HIM
Sub-Status: Issued, being worked on
Date Need:

Req Name: Osborne
Req Phone: 1612
Req Pager:
Req Email: osbornewn@msha.com
Req Remarks:
Fire Marshall finding

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John / Kenny **Date:** 10/16/13 **Hours:** 1 hr

Comments:

Repaired Fire proofing

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 10/15/2013

WO#: 334598 **Fire Stop missing around beam clamps in file room**

Safety Incident #:

Account: 9025 - Quality Mgmt
Type: RG
Date Orig: 10/15/2013 2:28:16 PM
Site:
Priority: Routine
Building:
Status: Active
Date Avail:
Location:
Sub-Status: Issued, being worked on
Date Need:
Quality

Req Name: Osborne
Req Phone: 1612
Req Pager:
Req Email: osbornewn@msha.com
Req Remarks:
Fire Marshal finding

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John / Kenny **Date:** 10/16/13 **Hours:** 2 hrs

Comments:

Repaired fire proofing

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 10/14/2013

WO#: 334542 **Open space around tube system needs to be sealed.**

Safety Incident #:

Account: 8331 - Materials Management **Type:** RG **Date Orig:** 10/14/2013 2:34:29 PM

Site: **Priority:** Routine

Building: **Status:** Active **Date Avail:**

Location: **Sub-Status:** Issued, being worked on **Date Need:**

Fenced area in Materials with O2 storage

Req Name: Mike McCall **Req Phone:** 276.439.1013 **Req Pager:**

Req Remarks: **Req Email:** mccallmc2@msha.com

Fire Marshal Finding

User-Defined Fields

UserLabel1	**UserLabel6**
UserLabel2	**UserLabel7**
UserLabel3	**UserLabel8**
UserLabel4	**UserLabel9** No
UserLabel5	**UserLabel10**

Completed By: W **Date:** 10-16-13 **Hours:** 4.42

Comments:

Installed Ceiling track and put in New ceiling tile

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 10/15/2013

WO#:	334597	Fire penetration near elevator and FBC lobby

Safety Incident #:

Account: 8061-A - Facilities
Type: RG
Date Orig: 10/15/2013 2:27:10 PM
Site:
Priority: Routine
Building:
Status: Active
Date Avail:
Location: FBC lobby
Sub-Status: Issued, being worked on
Date Need:

Req Name: Osborne
Req Phone: 1612
Req Pager:
Req Email: osbornewn@msha.com
Req Remarks:
Fire Marshal finding

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John/Kenny **Date:** 10/16/13 **Hours:** 1/2

Comments:

Put fire stop in hole around conduit

Johnston Memorial Hospital
Regular Work Order Work Order

Print Date: 10/14/2013

WO#:	334546	Back exit door in Case Management has lock in path of egress

Safety Incident #:

Account: 8610 - Utilization Review
Type: RG
Date Orig: 10/14/2013 2:47:39 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

4th Floor in new Case Management area - Old Acct offices

Req Name: Mike McCall
Req Phone: 276.439.1013
Req Pager:
Req Email: mccalimc2@msha.com

Req Remarks:
Fire Marshal Finding

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 No
UserLabel5	UserLabel10

Completed By: Nathan **Date:** 10-16-13 **Hours:** 1

Comments:

Relocated lock on door.

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 10/14/2013

WO#:	334544	Busted door not functioning in facilities shell space

Safety Incident #:

Account: 8061 - Plant Operations
Type: RG
Date Orig: 10/14/2013 2:41:20 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

Shell space with extra material

Req Name: Mike McCall
Req Phone: 276.439.1013
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:

Fire Marshal finding

User-Defined Fields

UserLabel1	**UserLabel6**
UserLabel2	**UserLabel7**
UserLabel3	**UserLabel8**
UserLabel4	**UserLabel9** no
UserLabel5	**UserLabel10**

Completed By: John / Kenny **Date:** 11-14-2013 **Hours:** 4

Comments:

Door arrived 11-8-2013

Installed new door

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 10/14/2013

WO#:	334545	Bariatric room doors unable to positively latch when smaller side doors are left open.

Safety Incident #:

Account: GEN - General Account
Type: RG
Date Orig: 10/14/2013 2:45:03 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

All bariatric rooms (12 total?)

Req Name: Mike McCall
Req Phone: 276.439.1013
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Fire Marshal Finding

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John | Kenny **Date:** 10/29/13 **Hours:**

Comments:

334773	10/22/13	2109
776	10/22/13	2211
777	10/22/13	2210
778	10/22/13	2218
334614	10/16/13	3117
675	10/18/13	3110
771	10/22/13	2117
775	10/22/13	2110
814	10/23/13	3409
334789	10/22/13	3109

334815	10/23/13	3410
816	10/23/13	3417
817	10/23/13	3218
818	10/23/13	3210
334819	10/23/13	3209

Complete Installed Closer and new latch

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

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Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
1/14/2014

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA , VA 24211	File Number: S-3748-001 Occ/ Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: _____ 1-14-2014

Inspected By: Michael Yingling, Assistant Fire Marshal

Date: 01/14/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

08/06/2014

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 8/6/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

08/06/2014

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner annually and properly repaired, restored or replaced when damaged, altered, breached or penetrated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason shall be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements of the assembly. [Fireproofing material is missing in the following areas: in the shell space, around a clamp in 4100 mechanical room, on a beam in the furniture storage shell near the chairs, in the EVS shell space].	10/5/2014 WO # 344684 Complete 8-13-2014

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 8/6/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

08/06/2014

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

805.2.1.1	Documentation was not provided to indicate the sofa in the HIM break room complies with NFPA 261 or Class 1 when treated per NFPA 260.	10/5/2014 WO# 344685

Complete
8-15-2014

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 8/6/2014

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/11/2014

WO#: 344685 **Remove sofa form break room. See Patricia Fields as she wants it.**

Safety Incident #:

Account: 8190 - Health Information Management
Type: RG
Date Orig: 8/11/2014 2:42:30 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

HIM

Req Name: osbornewn
Req Phone: 1612
Req Pager:
Req Email: osbornewn@msha.com

Req Remarks:
Fire Marshal finding. Please bring completed work order to Nathan

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John / Bert / Tim / Nathan **Date:** 8/15/14 **Hours:** 1/2

Comments:

Removed sofa from building

Johnston Memorial Hospital
Regular Work Order Work Order

NO

Print Date: 8/11/2014

WO#: 344684 **Repair fire proofing around clamp in 4100 AHU room. On beam in furniture storage shell near chairs, and in EVS shell space.**

Safety Incident #:

Account: 8061-A - Facilities
Type: RG
Date Orig: 8/11/2014 2:38:06 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
4th floor
Sub-Status: Issued, being worked on
Date Need:

Req Name: osbornewn
Req Phone: 1612
Req Pager:
Req Email: osbornewn@msha.com

Req Remarks:
Fire Marshal finding. Please bring completed work order to Nathan

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John / Kenny **Date:** 8/13/14 **Hours:** 2 1/2

Comments:

Repaired Fire proofing that was missing

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

01/29/2015

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 1/29/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

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Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

08/19/2015

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
903.5	Testing and maintenance. Sprinkler systems shall be tested and maintained in accordance with Section 901. [Sprinklers in Emergency Department room 11 are closer than 6 feet from each other.] 357390 [Sprinkler head is leaking in Dietary Freezer.] 357386	10/18/2015
901.6	Inspection, testing and maintenance. To the extent that equipment, systems devices, and safeguards, such as fire detection, alarm and extinguishing systems, which were provided and approved by the building official when constructed, shall be maintained in an operative condition at all times. And where such equipment, systems, devices, and safeguards are found not to be in an operative condition, the fire officials shall order all such equipment to be rendered safe in accordance with the USBC.[Smoke detectors are installed within the flow of air from air supply or returns in the following locations: Cath Lab bio hazard room, Emergency Department soiled utility room, and in the hallway between family birthing and rehab at the communications room.]	10/18/2015 357383 357385 357387

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 8/19/2015

Melvin D. Carter
Executive Director

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Inspection Notice

Date of Inspection:

08/19/2015

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner annually and properly repaired, restored or replaced when damaged, altered, breached or penetrated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason shall be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements of the assembly.[The double fire rated doors number 729 on 3200 wing is not being maintained per NFPA 80, smoke gasket is damaged at the top of the door. The door gap exceeds 1/16".	10/18/2015 357396

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 8/19/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
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State Fire Marshal's Office
Inspection Notice

Date of Inspection:

08/19/2015

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

1030.2	Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the building area served by the means of egress is occupied. An exit or exit passageway shall not be used for any purpose that interferes with a means of egress.[The 15 second delay egress audible alarm at family birthing nurses station is not functional.]	10/18/2015 357393

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 8/19/2015

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#: 357386 **Sprinkler head less than 6ft apart in ER Room 11**

Safety Incident #:

Account: 6240 - Emergency Room
Type: RG
Date Orig: 8/19/2015 2:22:14 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

Emergency Room - Room 11

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 NO
UserLabel5	UserLabel10

Completed By: Nathan **Date:** 8-~~20~~ 21-15 **Hours:** 1

Comments: Simplex completed repairs

Worked with Simplex to complete repairs - See WO# 357466 on 8/21/2015

Wes - 2hrs

Daniel - $\frac{1}{2}$ hrs.

Completed

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#:	357390	Sprinkler head in freezer next to dry storage has ice build up. Head may be leaking

Safety Incident #:

Account: 8051 - Dietary
Type: RG
Date Orig: 8/19/2015 2:48:08 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Kitchen Freezer
Sub-Status: Issued, being worked on
Date Need:

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 NO
UserLabel5	UserLabel10

Completed By: [illegible] **Date:** 8-20-15 **Hours:** 1/2 hr

Comments:

Checked head seem to be Sweating

Simplex said it was Condensate From above. They sealed the hole around the Sprinkler pipe.

SERVICE REQUEST
FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

BOOK #

tyco SimplexGrinnell

Safer. Smarter. Tyco.™

TR # 3139

TASK/CALL # 479931 00

LICENSE #

PROJECT #

5695 Bobby Hicks Highway
Johnson City, TN 37615
P. 423-467-3547 F 423-467-3557
Reg# C985

NAME Johnston Memorial Hospital

ADDRESS (OR ATTENTION OF)

ADDRESS

CITY Abingdon STATE VA ZIP

TR ARRIVAL DATE	BILL.	NON-BILL.	SERV. COMPL.	ACE CODE	NAT. ACCT.
08/11/15					

NAME (BILL TO)

ADDRESS

CITY STATE ZIP

CUSTOMER PURCHASE ORDER		
LABOR – REG.	LABOR – OT	LABOR – DT
TRAVEL – REG.	TRAVEL - OT	TRAVEL – DT
MIN.		INSP. MONTH
PHONE		MILES

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.

SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature Date

PAYMENT TERMS IMMEDIATE ☐ COD ☐ NET 10 ☐

☐ Time and Material ☐ Price Not to Exceed $ ☐ Fixed Price of $

DEPOSIT $ BALANCE DUE $ ☐ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE Plug (1) sprinkler head & check alarm valve.

WORK PERFORMED / RESOLUTION CODE System placed in Walkout & off line by customer Drained System & And placed Vacuum on line And plugged (1) head in F.P. #11 Room. System Re-filled & Ind. in Service by Customer Freezer cooler has small Condenser leak Spray Foamed hole & applied rubber boot to Dry perdent.

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO.	USG.	UNIT PRICE
		Hibbard, Tech	4				
		Hillenburg, Tech	4				
		T. Charge	1				
		Material	1				

SYSTEM TYPE/LOCATION CONTACT NAME TOTALS

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

CUSTOMER ACCEPTANCE

(Customer Acceptance)

(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

Hibbard, Tech

(Print Name)

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Service Request Form

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#: 357385 **Smoke detector within 3ft. of air supply in soiled utility room**

Safety Incident #:

Account: 6240 - Emergency Room
Type: RG
Date Orig: 8/19/2015 2:19:01 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

ER soiled utility room

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 NO
UserLabel5	UserLabel10

Completed By: [illegible] **Date:** 8.20.15 **Hours:** 1/2 hr

Comments:

Comp.

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#: 357383 **Smoke detector within 3ft of air vent in biohazard room near lockers**

Safety Incident #:

Account: 6220 - Cardiac Cath Lab
Type: RG
Date Orig: 8/19/2015 2:12:54 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

Cath Lab Biohazard room

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 NO
UserLabel5	UserLabel10

Completed By: M **Date:** 8-20-15 **Hours:** 1/2 Hr

Comments:

Cap-

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#: 357387 **Smoke detector within 3 feet of air supply in corridor between FBC and Rehab Gym**

Safety Incident #:

Account: 8061-A - Facilities **Type:** RG **Date Orig:** 8/19/2015 2:24:15 PM

Site: **Priority:** Routine

Building: **Status:** Active **Date Avail:**

Location: **Sub-Status:** Issued, being worked on **Date Need:**

Corridor between FBC and Rehab

Req Name: Mike McCall **Req Phone:** 276.275.9075 **Req Pager:**

Req Email: mccallmc2@msha.com

Req Remarks:

Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John / Kenny **Date:** 8/20/15 **Hours:** 1 hr

Comments:

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/28/2015

WO#: **357396** **Smoke gasket is damaged at the top of the door greater > 1/16" gap on fire rated doors #729 on 3200 wing.**

Safety Incident #:

Account: 6148 - 3200 Nursing Wing
Type: Regular Work Order
Date Orig: 8/19/2015

Site:
Priority: Routine
Time Orig: 15:14

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Needed:

3200 Fire Doors #729 -
Skill: General Maintenance

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:

Req Remarks:
Environmental Safety Tour - Fire Marshal

User-Defined Fields

UDF 1 :	**UDF 6 :**
UDF 2 :	**UDF 7 :**
UDF 3 :	**UDF 8 :**
UDF 4 :	**UDF 9 :** no
UDF 5 :	**UDF 10 :**

Problem Code:
Action Code:

Cause Code:
Item Code:

Total Time: 0.00000000
Labor Cost: $0.00
Material Cost: $0.00
Total WO Cost: $0.00

Completed By: John
Date: 8/28/15

Comments:

1/2 hour

Replaced Seal

[redacted]

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#: 357393 **15 second delayed egress audible alarm at nurse station is not functional**

Safety Incident #:

Account: 7450 - 2300 -Family Birth Center **Type:** RG **Date Orig:** 8/19/2015 3:09:50 PM

Site: **Priority:** Routine

Building: **Status:** Active **Date Avail:**

Location: **Sub-Status:** Issued, being worked on **Date Need:**

Family Birth Center delayed egress doors at nurse station

Req Name: Mike McCall **Req Phone:** 276.275.9075 **Req Pager:**

Req Email: mccallmc2@msha.com

Req Remarks:

Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 no
UserLabel5	UserLabel10

Completed By: John/Nathan **Date:** 8/25/15 **Hours:** 1½

Comments:

Replaced mag

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#: 357382 **Stained ceiling tile in MRI equipment room at exit**

Safety Incident #:

Account: 7043 - MRI
Type: RG
Date Orig: 8/19/2015 2:11:00 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

MRI Equipment Room

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 NO
UserLabel5	UserLabel10

Completed By: M **Date:** 8-20-15 **Hours:** 1/2 Hr

Comments:

Comp.

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#:	357384	Small stained ceiling tile in mens locker room in cath lab

Safety Incident #:

Account: 6220 - Cardiac Cath Lab
Type: RG
Date Orig: 8/19/2015 2:17:08 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

Cardiac Cath Lab Mens Locker Room

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Environmental Safety Tours - Fire Marshal

User-Defined Fields

UserLabel1	**UserLabel6**
UserLabel2	**UserLabel7**
UserLabel3	**UserLabel8**
UserLabel4	**UserLabel9** NO
UserLabel5	**UserLabel10**

Completed By: R **Date:** 8-20-15 **Hours:** 1/2 Hr

Comments:

Comp

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#: 357380 **Holes/Gaps in ceiling tiles in soap storage room in OR Decontamination Room**

Safety Incident #:

Account: 6210 - Operating Room **Type:** RG **Date Orig:** 8/19/2015 2:07:18 PM

Site: **Priority:** Routine

Building: **Status:** Active **Date Avail:**

Location: **Sub-Status:** Issued, being worked on **Date Need:**

OR Decontamin Storage Room with Soap dispenser

Req Name: Mike McCall **Req Phone:** 276.275.9075 **Req Pager:**

Req Email: mccallmc2@msha.com

Req Remarks:

Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 NO
UserLabel5	UserLabel10

Completed By: MW **Date:** 8-20-15 **Hours:** 1/2 hr

Comments:

caulked gaps

Johnston Memorial Hospital

Regular Work Order Work Order

Print Date: 8/19/2015

WO#:	357381	Gaps in ceiling tile in EVS closet outside Endo at corner of hall

Safety Incident #:

Account: 8090 - Housekeeping
Type: RG
Date Orig: 8/19/2015 2:09:46 PM

Site:
Priority: Routine

Building:
Status: Active
Date Avail:

Location:
Sub-Status: Issued, being worked on
Date Need:

EVS Closet outside Endo

Req Name: Mike McCall
Req Phone: 276.275.9075
Req Pager:
Req Email: mccallmc2@msha.com

Req Remarks:
Environmental Safety Tour - Fire Marshal

User-Defined Fields

UserLabel1	UserLabel6
UserLabel2	UserLabel7
UserLabel3	UserLabel8
UserLabel4	UserLabel9 No
UserLabel5	UserLabel10

Completed By: [illegible] **Date:** 8-20-15 **Hours:** 1/2 hr

Comments:

Comp.

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

12/01/2015

Owner/Occupant: Mountain States Health Alliance Building Name: Johnston Memorial Hospital Address: 16000 Johnston Memorial Drive Washington County Abingdon, VA, 24211	File Number: S-3748-001 Occ/Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. Nathan Osborne**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 12/1/2015

The Joint Commission

July 20, 2015

Re: # 13492
CCN: #490053
Program: Hospital
Accreditation Expiration Date: May 16, 2018

Sean McMurray
CEO
Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, Virginia 24211

Dear Mr. McMurray:

This letter confirms that your May 13, 2015 - May 15, 2015 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on July 03, 2015 and July 14, 2015, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of May 16, 2015.

The Joint Commission is also recommending your organization for continued Medicare certification effective May 16, 2015. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Johnston Memorial Hospital
16000 Johnston Memorial Drive, Abingdon, VA, 24211

Johnston Memorial Outpatient Rehabilitation Services
445 Porterfield Highway, Abingdon, VA, 24210

Johnston Memorial Sleep Lab
320 East Valley Street, Abingdon, VA, 24210

Johnston Memorial Surgery Center
613 Campus Drive, Abingdon, VA, 24210

The Joint Commission

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 3 /Survey and Certification Staff

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

Executive Summary

Program(s)
Hospital Accreditation
Home Care Accreditation

Survey Date(s)
05/13/2015-05/15/2015

Hospital Accreditation :

As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation :

As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.03.05	EP19
	EC.02.05.01	EP15
	IC.02.02.01	EP2
	MM.04.01.01	EP6,EP13
	MM.05.01.01	EP8
	PC.01.02.07	EP1
	PC.02.01.03	EP7
	PC.02.01.11	EP2
Program:	Home Care Accreditation Program	
Standards:	PC.02.01.03	EP1,EP7
	PC.02.01.05	EP8

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	LS.02.01.20	EP31
	PC.01.02.03	EP5
	RI.01.01.01	EP8
Program:	Home Care Accreditation Program	
Standards:	IC.03.01.01	EP1,EP3,EP4,EP6,EP7
	PC.01.03.01	EP5

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(c)(3)	A-0406	HAP - MM.04.01.01/EP13	Standard
§482.23(c)(3)(i)	A-0407	HAP - MM.04.01.01/EP6	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(4)(i)(B)	A-0461	HAP - PC.01.02.03/EP5	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP31	Standard
§482.41(c)(2)	A-0724	HAP - EC.02.03.05/EP19	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP15

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Chapter:	Life Safety
Program:	Hospital Accreditation
Standard:	LS.02.01.20
Standard Text:	The hospital maintains the integrity of the means of egress.

ESC 60 days

The Joint Commission

Element(s) of Performance:

31. Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)

Scoring Category : C
Score : Partial Compliance

Observation(s):

EP 31
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed on the second floor in the Rehab. department that there in no means of egress fixtures to identify the exit doors from the area. There should be one (1) fixture to identify the rear exit door and one (1) fixture to identify the exit from the front exit door.

Observed in Building Tour at Johnston Memorial Hospital (16000 Johnston Memorial Drive, Abingdon, VA) site for the Hospital deemed service.
Observed in the dietary department that there need to be one (1) means of egress fixtures to identify the exit door from the dishwashing area. There should be two (2) fixtures to identify the path to the exit door from the freezers and storeroom area.

Corrective Action Taken:

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The Director of Facilities is ultimately responsible for the corrective action and for overall and ongoing compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.
Five exit lights were purchased and installed. In the Rehab department one fixture was installed to identify the rear exit door and one fixture was installed to identify the exit from the front exit door. In the Dietary department one fixture was installed to identify the means of egress from the dishwashing area. Two fixtures were installed to identify the path to the exit door from the freezers and strorероom area.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
All exit signs were installed by 6/5/2015.

HOW: A description of how the policy or process was implemented.
The Director of Facilities and the environmental rounding and tracer teams will conduct unannounced periodic rounding at least quarterly to monitor for the proper functioning of the exit lights.

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276)646-0266
Fax: (276)646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant:	Norton Community Hospital	Date of Inspection:	June 21, 2012
Building:	Norton Community Hospital	File Number:	S-7559-001
Address:	100 15th Street NW	Occ / Use Group:	I-2
	E-Mail: WinchellCD@msha.com		
	City of Norton	Phone Number:	(276)679-9689
	Norton, VA 24273	Fax Number:	(276)679-9003

Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By
901.6.1	Escutcheon were missing from the following automatic sprinklers: (1) In ICU room 961. (2) In patient room 429.	Corrected
901.6.1	An automatic sprinkler was obstructed by an escutcheon in ICU room 961.	Corrected
906.9	The portable fire extinguisher was not mounted in the corner server room.	Corrected
703.1.2	The following corridor doors did not latch to prevent the passage of smoke: (1) To patient room 507. (2) To patient room 538 A and 538B. (3) To the laboratory across from the cafeteria. (4) To patient room 401A and 401B. (5) To the OB/GYN labor and delivery room.	Corrected
605.6	An electrical receptacle in the OB/GYN conference room was not covered.	Corrected

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: David Winchell Date: 6-21-12

Inspected By: John McCormick Fire Marshal

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/27/2013

Owner/Occupant: Norton Community Hospital Building Name: Norton Community Hospital Address: 100 15th Street NW E-mail: WinchellCD@msha.com City of Norton Norton, VA , VA 24273	File Number: S-7559-001 Occ/ Use Code: PRHOSP **Annual Inspection**

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
1030.2	1030.2 Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. [The following exit access doors are not free from impediments to full instant use due to the electromagnetical locks: (1) The double doors from the emergency department into the hospital lobby. (2) The double doors from the new surgery department into the corridor.]	08/26/2013
901.6	901.6 Inspection, testing and maintenance. To the extent that equipment, systems, devices, and safeguards, such as fire detection, alarm and extinguishing systems, which were provided and approved by the building official when constructed, shall be maintained in an operative condition at all times. Where such equipment, systems, devices, and safeguards are found not to be in an operative condition, the fire official shall order all such equipment to be rendered safe in accordance with the USBC. [The fire alarm control panel indicates a visual trouble signal.]	08/26/2013

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: E-mailed to Mr. David Winchell

Inspected By: John McCormick, Fire Marshal

Date: 06/27/2013

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
10/17/2013

Owner/Occupant: Norton Community Hospital Building Name: Norton Community Hospital Address: 100 15th Street NW E-mail: WinchellCD@msha.com City of Norton Norton , VA 24273	File Number: S-7559-001 Occ/ Use Code: PRHOSP

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By	
901.6	Inspection, testing and maintenance. To the extent that equipment, systems, devices, and safeguards, such as fire detection, alarm and extinguishing systems, which were provided and approved by the building official when constructed, shall be maintained in an operative condition at all times. Where such equipment, systems, devices, and safeguards are found not to be in an operative condition, the fire official shall order all such equipment to be rendered safe in accordance with the USBC. [The fire alarm control panel indicates a visual trouble signal.]	12/16/2013	Previous Violation

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: E-mailed to Mr. David Winchell 10/17/2013

Inspected By: John McCormick, Fire Marshal

Date: 10/17/2013

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
1/22/2014

Owner/Occupant: Norton Community Hospital Building Name: Norton Community Hospital Address: 100 15th Street NW E-mail: WinchellCD@msha.com City of Norton Norton , VA 24273	File Number: S-7559-001 Occ/ Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: E-mailed to Mr. David Winchell 01/22/2014

Inspected By: John McCormick, Fire Marshal

Date: 01/22/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/11/2014

Owner/Occupant: Norton Community Hospital Building Name: Norton Community Hospital Address: 100 15th Street NW Address Line 2 City of Norton Norton , VA 24273	File Number: S-7559-001 Occ/ Use Code: PRHOSP **Annual Inspection**

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
1030.2	Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. [A barrel bolt lock was installed on the exit access double doors from the temporary laboratory to the corridor.] (Corrected)	06/11/2014
903.3.1.1	NFPA 13 sprinkler systems. Where the provisions of this code require that a building or portion thereof be equipped throughout with an automatic sprinkler system in accordance with this section, sprinklers shall be installed throughout in accordance with NFPA 13 except as provided in Section 903.3.1.1.1. [Automatic sprinkler coverage is not provided in the temporary pharmacy at the lab wall.]	08/11/2014
903.3.1.1	NFPA 13 sprinkler systems. Where the provisions of this code require that a building or portion thereof be equipped throughout with an automatic sprinkler system in accordance with this section, sprinklers shall be installed throughout in accordance with NFPA 13 except as provided in Section 903.3.1.1.1. [Automatic sprinklers are located closer than 6 feet apart at the Omnicells in the temporary pharmacy.]	08/11/2014
1030.2	Reliability. Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official. [The exterior exit door, from the breezeway between the pharmacy and med surge 2, was not opening properly.] (Corrected)	06/11/2014
605.3.1	Labeling. Doors into electrical control panel rooms shall be marked with a plainly visible and legible sign stating ELECTRICAL ROOM or similar approved wording. The disconnecting means for each service, feeder or branch circuit originating on a switchboard or panelboard shall be legibly and durably marked to indicate its purpose unless such purpose is clearly evident. [Electrical circuits, in the right electrical panel in the kitchen across from the dish room, are not completely, legibly and durably marked to indicate their purpose.]	08/11/2014

605.6	Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. [Unused openings, in the following electrical equipment, were not closed with material equivalent to the construction of the box: (Corrected) (1) Two spaces in the cover of electrical panel T in the kitchen across from the dish room. (2) In the bottom of the ATS - Controls junction box in mechanical 1. (3) In the left side of electrical panel EDB-1 in mechanical 2. (4) In the bottom of electrical disconnect EBD-1 in mechanical 3.]	06/11/2014
903.3.1.1	NFPA 13 sprinkler systems. Where the provisions of this code require that a building or portion thereof be equipped throughout with an automatic sprinkler system in accordance with this section, sprinklers shall be installed throughout in accordance with NFPA 13 except as provided in Section 903.3.1.1.1. [Automatic sprinkler escutcheons were missing at the following locations: (Corrected) (1) In soiled utility in the birthing suite to the right of the surgical suite. (2) In the lobby at the drinkler fountain. (3) In the bathroom in patient room 425.]	08/11/2014
703.1.2	Smoke barriers and smoke partitions. Required smoke barriers and smoke partitions shall be maintained to prevent the passage of smoke. All openings protected with approved smoke barrier doors or smoke dampers shall be maintained in accordance with NFPA 105. [Corridor doors, at the following locations, did not latch: (Corrected) (1) At the exam room in the birthing unit. (2) At the soiled utility room near patient room 401. (3) At patient room 405. (4) At patient room 401. (5) At the clean utility room between soiled utility and staff office in wound care.]	06/11/2014
906.2	Portable fire extinguishers shall be selected, installed and maintained in accordance with this Section and NFPA 10. [Portable fire extinguisher #3100238, in the corridor to the left of patient room 308, does not have a 6-year maintenance label attached to the shell.]	08/11/2014
3003.5.3	Securing compressed gas containers, cylinders, and tanks. Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods: 1. Securing containers, cylinders and tanks to a fixed object with one or more restraints. 2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders, or tanks. 3. Nesting of compressed gas containers cylinders, and tanks at container filling or servicing facilities or in sellers warehouse not accessible to the public. Nesting shall be allowed provided the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress. 4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use. Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing. [An oxygen cylinder was not secured in the cardiopulmonary supervisor's office.] (Corrected)	06/11/2014
703.1.2	Smoke barriers and smoke partitions. Required smoke barriers and smoke partitions shall be maintained to prevent the passage of smoke. All openings protected with approved smoke barrier doors or smoke dampers shall be maintained in accordance with NFPA 105. [A ceiling tile, in the IT closet, is broken and partially missing.]	08/11/2014

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To:
Mr. David Winchell

Inspected By:

Date: 06/11/2014

John McCormick, Fire Marshal

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

08/18/2014

Owner/Occupant: Norton Community Hospital	File Number: S-7559-001
Building Name: Norton Community Hospital	Occ/Use Code: PRHOSP
Address: 100 15th Street NW Address Line 2 City of Norton Norton, 24273	

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. David Winchell**

Inspected By: **John McCormick, Fire Marshal**

Date: 8/18/2014

DEFICIENCY ASSESSMENT REPORT

for

Norton Community Hospital, Inc

Norton, VA
Facility ID: 136843
CCN: 490001
Survey Dates: 5/18/15 - 5/20/15
Surveyor(s): Gary L. Moorman, DO; Mr. Mark C. Barabas FACHE; Anne K. Barton, BSN, MEd; James Murphy; Mr. Harold Blits

Numbers refer to the specific standard in the AOA Healthcare Facilities Accreditation Program Accreditation Requirements for the Accreditation Requirements for Acute Care Hospitals 2014 v3 manual.

STANDARD	SCORE	SURVEYOR COMMENTS
01.00.16 Telemedicine Agreements with Distant Sites *The governing body must ensure that when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the written agreement specifies that the distant-site telemedicine entity is a contractor of services to the hospital and as such, in accordance with §482.12(e) [see 01.00.28] of the Code of Federal Regulations, furnishes the contracted services in a manner that permits the hospital to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in §482.12(a)(1) through §482.12 (a)(7) [see 01.00.08 – 01.00.15] of the Code of Federal Regulations with regard to the distant-site telemedicine entity's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with §482.22(a)(4) [see 01.00.11] of the Code of Federal Regulations, grant privileges to physicians and practitioners employed by the distant-site telemedicine entity based on such hospital's medical staff recommendations; such staff recommendations may rely on information provided by the distant-site telemedicine entity.* §482.12(a)(9)	2	**This standard is not met as evidenced by:** **It was noted during the review of contracts that the written agreement with the Tele-Neurology group dated 7/1/11 did not contain or require that a current list of physicians who provide services to the hospital's patients.** **This was confirmed by the CEO.**
01.00.29 Contractor Quality Monitoring *The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.* §482.12(e)(1)	2	**This standard is not met as evidenced by:** **During document review it was noted that the Tele-Nuerology contract did not contain performance measures for the services provided. Consequently, no Tele-Nuerology performance measures were reported to the Board.** **This was confirmed by the Director of QA.**
03.01.12 Uniform Application of Membership Criteria Criteria for membership and/or privileging shall be uniformly applied to all applicants for initial appointment and reappointment.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the bylaws "section 6.D.7 (a)" contains a requirement for Medical Executive Committee (MEC) members to attend 50% of MEC meetings.**

STANDARD	SCORE	SURVEYOR COMMENTS
		In review of the MEC attendance tracking grid it indicated that one (1) member had been absent for the previous (15) consecutive months, but continued to be a member of the committee. **This was verified by Medical Staff Services personnel.**
04.00.05 Competency The facility develops policies and procedures identifying those patient care and/or diagnostic procedures, which requires staff to have evidence of specific competence. Some of these may result in external or internal mechanisms for certification. Maintenance of such competence is considered in the design of these policies and procedures.	2	**This standard is not met as evidenced by:** **During HR file review it was noted that two of twenty-one (2/21) applicable HR files did not contain documentation of technique specific competencies for the following positions:** **1. Radiology/CT Tech** **2. Sleep Lab Tech** **This was confirmed by the VP of HR.**
07.01.13 Committee/Function Structure The chairperson of the infection control function is a physician (MD/DO) member of the active Medical Staff. Other members of the professional staff are active in the infection control function. The hospital shall determine the meeting frequency and attendance requirements for the Infection Control Committee. The committee must meet, at a minimum, quarterly. One person may represent more than one area, but the areas represented must be reflected in the minutes.	2	**This standard is not met as evidenced by:** **Seven of seven (7/7) Infection Control meetings included only internal medicine chair and four of seven (4/7) meetings included internal medicine resident in attendance at meetings. There was no written statement of Surgery or Anesthesia representation at the meetings.**
07.02.10 Recall Process There is a process for the recall and disposal / or reprocessing of outdated or contaminated patient care supplies / equipment.	2	**This standard is not met as evidenced by:** **-Recall policy failed to include the notification of physician.** **-OB unaware of recall policy at time of OB survey of sterilizer location.** **This was confirmed with OB Director and CNO while in OB and Peri-operative Manager for CSR policy review.**
09.01.05 Emergency Personal Protective Equipment The Emergency Operations Plan provides how the hospital stores and maintains Personal Protective Equipment, and distributes them during the event of an emergency.	2	**This standard is not met as evidenced by:** **During the review of the Emergency Operations Plan it was observed that the written plan does not identify where PPE is stored in the hospital and how it is distributed when needed.** **This observation was confirmed by the Safety Officer.**
10.01.21 Patient Assessments - Content & Authentication All assessments have the following characteristics: A. Relevant patient / family wellness - illness history (physical and	2	**This standard is not met as evidenced by:** **The following issues were noted during chart review:**

STANDARD	SCORE	SURVEYOR COMMENTS
behavioral); B. Relevant patient / family social - developmental history; C. Relevant historical review of systems; D. Relevant physical findings; E. An identification of problems, needs, admitting diagnoses; F. An initial plan of care to address key elements from the problem list; and G. Cognitive level and acceptance of patient teaching. H. Medication history and current medications including intended purpose and a list of pharmacies used. I. A list of medications to which they are allergic or have had idiosyncratic or other untoward reactions. J. A list of all physicians and practitioners the patient is seeing and phone numbers.		**1. Six of twenty-three (6/23) charts reviewed contained inconsistent or incomplete documentation.** **2. Two of six (2/6) charts had inconsistent documentation of physical findings for example:** **A. One patient with bilateral amputated limbs contained an H&P that stated "normal bilateral lower extremities"** **B. One (1) chart contained conflicting documentation regarding lung sounds between caregivers when patient had a known unilateral pneumothorax** **C. Four of six (4/6) charts had blanks and missing words in dictated reports that made the reports incomplete or incomprehensible** **These findings were verified by HIM personnel during the review process.**
11.00.01 Condition of Participation: Physical Environment *The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment, and for special hospital services appropriate to the needs of the community.* §482.41	2	**Condition of Participation** **This Condition is not met as evidenced by:** **Based on observations, documentation review, and interviews with hospital staff, it is determined that the hospital failed to ensure that the physical environment was constructed, arranged, and maintained to ensure the safety of the patients. The hospital failed to provide an OSHA compliant fixed ladder to the roof; the hospital failed to maintain access to electrical equipment; the hospital failed to assess a Life Safety Code deficiency for Alternative Life Safety Measures; a corridor door was observed to be non-latching; doors were observed to be locked in the path of egress which did not comply with the Life Safety Code; boundaries of suites were not maintained; corridors were not maintained free and clear to their required width; a smoke detector failed its test and there was no evidence it was repaired and retested; there was no certificate of qualifications for the service technician testing the fire alarm system; a sprinkler head was installed improperly; sprinkler heads were not properly maintained; the fire department connection was obstructed; a fire damper was not installed properly; fire dampers testing was not documented properly; fire doors were observed to be not labeled or had unsealed penetrations; and the Life Safety drawings were lacking critical information. The severity and accumulative effect of these systematic deficiencies results in this Condition of Participation being not-compliant in regards to fire-safety requirements of the NFPA 101 Life Safety Code. Further, the following standard-level deficiencies were observed:** **11.07.05 Occupational Safety and Health Act** **13.00.01 Life Safety Code Compliance** **13.00.03 Alternative Life Safety Measures - Implementation** **13.01.01 Corridor Door Latching** **13.01.02 Door Locks** **13.01.04 Suites** **13.01.08 Path of Egress Obstruction** **13.02.02 Fire Alarm System - Testing**

STANDARD	SCORE	SURVEYOR COMMENTS
		13.02.04 Fire Alarm System - Technician Qualification **13.03.01 Water Based Fire Suppression System - Installation** **13.03.02 Water Based Fire Protection System - Testing & Inspection** **13.03.08 Water Based Fire Department Connection - Inspection** **13.04.01 Fire Rated Barriers** **13.04.03 Fire and Smoke Damper Testing** **13.04.07 Fire Rated Door Assemblies** **13.06.04 Life Safety Drawings**
11.04.01 Written Fire Control Plans *The hospital must have written fire control plans that contain provisions for:* • *Prompt reporting of fires* • *Extinguishing fires* • *Protection for patients, personnel and guests* • *Evacuation* • *Cooperation with fire-fighting authorities* §482.41(b)(7)	2	**This standard is not met as evidenced by:** **During document review it was noted that the written fire control plan does not contain a section for cooperation with fire-fighting authorities.** **This was confirmed by the Safety Officer**.
11.07.04 Americans with Disabilities Act The hospital has taken actions to com-ply with Federal laws dealing with the Americans with Disabilities Act. Facilities shall demonstrate through the development and implementation of policies and procedures that they have addressed the issues and spirit of the act in new construction and renovation projects.	2	**This standard is not met as evidenced by:** **During document review it was noted that the hospital did not have written organizational policies and procedures that demonstrate their compliance with ADA requirements.** **This was confirmed by the Safety Director.**
11.07.05 Occupational Safety & Health Act (OSHA) The hospital has taken actions to comply with the Occupational Safety and Health Act (OSHA). Facilities shall demonstrate through the development and implementation of policies and procedures that they have addressed the issues and spirit of this act.	2	**This standard is not met as evidenced by:** **At Central Supply, a fixed ladder to the roof lacked a protective cage and an extension 42 inches above the top of the landing as required by OSHA 1910.27(d)(1)(iii).** **This observation was confirmed by the Facility Manager.**
12.00.09 Program Accountability *The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.* §482.21(a)(2)	2	**This standard is not met as evidenced by:** **Based on quality document review, it was noted that there was a lack of quality reporting to Quality Committee and the Board for Tele-Neurology contracted services. Only one of ten (1/10) contract services had been reviewed for reporting.** **Although the facility program scope is very inclusive, it was also noted that the Sleep Study service had not been reported quality measures due to no manager oversight.**
13.00.01 Life Safety Code Compliance *The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code® of the National Fire Protection Association.* §482.41(b)(1)(i)	2	**This standard is not met as evidenced by:** **During the building tour, access to electrical panels were observed to be obstructed by equipment in the following locations:**

STANDARD	SCORE	SURVEYOR COMMENTS
Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to hospitals (roller latches). §482.41(b)(1)(ii) *The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.* §482.41(b)(3)		**1) Adjacent to the Radiology Reception Area.** **2) Adjacent to the entry to the Lab.** **This observation was confirmed by the Director of Facilities.**
13.00.03 Alternative Life Safety Measures - Implementation When a Life Safety Code deficiency cannot be corrected the same day it is discovered, the hospital conducts an assessment and implements appropriate measures to compensate for impairments to the Life Safety Code, based on their ALSM policy. The assessment is documented.	2	**This standard is not met as evidenced by:** **During the document review of the fire alarm system for the test report dated 2/27/15, a duct detector was noted as having failed. The hospital was not able to show that the condition had been corrected at the time of the survey. No ALSM was created as a result.** **This observation was confirmed by the Facility Manager.**
13.00.05 Facility Demographic Report (FDR) The hospital designates an individual to assess the facility's compliance with the NFPA 101 Life Safety Code (2000 edition), and complete and maintain the Facilities Demographic Report (FDR) and manage all deficiencies. Qualifications and the designation of the responsible individual are documented. Each facility in the organization identified as a healthcare occupancy or an ambulatory healthcare occupancy has an individual FDR report completed. These FDR reports are available for review by the surveyor.	2	**This standard is not met as evidenced by:** **During the document review the Facility Demographic Report was observed to be inaccurate in the following areas:** **1) The FDR indicated a single occupancy for the primary building. The life safety drawings indicated that the administrative area is a separated Business Occupancy.** **2) The FDR indicated that the one story primary building is a single construction type, Type II (000). The new addition is indicated to be Type II (111) on the construction drawings.** **This observation was confirmed by the Facility Manager.**
13.01.01 Corridor Door Latching Corridor doors shall be provided with a means suitable for keeping the door closed. Roller latches are not permitted on corridor doors that are required to latch.	2	**This standard is not met as evidenced by:** **During the building tour in the Emergency Department a sliding glass door was observed to lack a positive latching mechanism. The area is not indicated to be a suite of rooms.** **This observation was confirmed by the Facility Manager.**
13.01.02 Door Locks Doors in the required means of egress must be operable with not more than one releasing operation. Doors within the required means of egress must not be equipped with a latch or lock that requires the use of a tool or key from the egress side, with the exception where the clinical needs of the patients require specialized security measures for their safety. Doors in the required means of egress are permitted to be equipped with	2	**This standard is not met as evidenced by:** **During the building tour the Birthing Center was observed to have a "HUGS" security system that locked the entrance door to the department along with exit discharge doors to the exterior. The doors did not meet the requirements for delayed-egress or access-controlled doors'** **This observation was confirmed by the Facility Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
delayed egress locks provided only one such delayed egress lock is located in the path of egress to the public way, and the entire facility is protected with automatic sprinklers, or fully detected with smoke detectors. Doors in the required means of egress are permitted to be equipped with access-control locks.		
13.01.04 Suites Suites containing patient sleeping rooms are limited to 5,000 square feet and non-sleeping room suites are limited to 10,000 square feet.	2	**This standard is not met as evidenced by:** **During the building tour the following was observed in regards to suites:** **1) The Radiology Reception area is indicated on the life safety plans to be part of the Radiology suite. The area is not separated from the egress corridor.** **2) The pair of entrance doors to the Radiology suite did not positively latch.** **These observations were confirmed by the Facility Manager.**
13.01.08 Path of Egress Obstructions The path of egress must be free and clear of all obstructions or impediments all the way to the public way.	2	**This standard is not met as evidenced by:** **During the building tour the following areas were observed to have obstructions in the path of egress:** **1) In Cardio-Pulmonology, furniture, soiled linen hampers, and workstations on wheels were observed in the egress corridor.** **2) In Emergency, furniture, equipment, and supplies were observed in the egress corridor.** **These observations were confirmed by the Facility Manager.**
13.02.02 Fire Alarm System - Testing Fire alarm systems, and all their components, shall be tested according to NFPA 72 National Fire Alarm Code (1999 edition), Table 7-2.2 Test Methods, and Table 7-3.2 Testing Frequencies. All testing results are documented.	2	**This standard is not met as evidenced by:** **During the document review, the annual fire alarm testing report dated 2/27/15 indicated that duct detector M2-200 failed. The hospital was not able to show that the detector had been repaired or replaced.** **This observation was confirmed by the Facility Manager.**
13.02.04 Fire Alarm System - Technician Qualifications Fire alarm inspection, testing and maintenance personnel shall be qualified and experienced in the testing of fire alarm systems. Documentation identifying the qualification of the individual(s) performing testing, inspecting and maintenance activities on the fire alarm system must be available for review.	2	**This standard is not met as evidenced by:** **During the document review the technician qualification did not indicate that the testing technician was properly certified for the system.** **This observation was confirmed by the Facility Manager.**
13.03.01 Water-based Fire Protection System - Installation A water-based fire protection system must be installed in accordance with	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
section 18.3.5 of the Life Safety Code (2000 edition) in all new construction, remodeled and renovated areas. A water-based fire protection system must be installed in accordance with section 19.3.5 of the Life Safety Code (2000 edition) where required in existing construction, or renovated areas.		**During the building tour at the Electrical Room in Emergency, the sprinkler head was observed to be mounted more than 12 inches below the deck. The room did not have a lay-in ceiling.** **This observation was confirmed by the Facility Manager.**
13.03.02 Water-based Fire Protection System - Testing & Inspection If provided water-based fire protection systems and all their components must be tested, inspected and maintained in accordance with NFPA 25 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 1998 edition. All results of testing, inspection and maintenance activities are documented.	2	**This standard is not met as evidenced by:** **During the building tour the following was observed in regards to the water-based fire protection system:** **1) The sprinkler head in Med/Surg 2 Soiled Utility Room had an accumulation of dust and grime.** **2) In Radiology File Storage, the top of the movable shelving system was less than 18 inches below the deflector shield of the sprinkler heads.** **These observations were confirmed by the Facility Manager.**
13.03.08 Water-based Fire Department Connections - Inspection If so equipped, Fire Department Connections must be inspected quarterly. The results of all inspection activities are documented.	2	**This standard is not met as evidenced by:** **During the building tour an exterior fire department connection was observed to be obscured and obstructed by landscaping.** **This observation was confirmed by the Facility Manager.**
13.04.01 Fire Rated Barriers The hospital shall assure that fire rated barriers are properly rated, appropriate for their purpose, be free from unsealed penetrations, and have the appropriate fire-rated opening protectives.	2	**This standard is not met as evidenced by:** **During the building tour at Med/Surg 1 Storage Room a transfer grill with an improperly installed fire damper was observed above the ceiling. Fire caulk was applied around the perimeter of the damper.** **This observation was confirmed by the Facility Manager.**
13.04.03 Fire & Smoke Damper - Testing Fire and smoke dampers must be fully tested and operated one (1) year after installation and once every six (6) years thereafter in all healthcare facilities classified as hospitals. In healthcare facilities not classified as hospitals, fire and smoke dampers must be fully tested and operated one (1) year after installation, and once every four (4) years thereafter. The results of all inspection activities are documented.	2	**This standard is not met as evidenced by:** **During the document review the hospital's most recent fire and smoke damper testing report did not list or locate the individual dampers in the hospital.** **This observation was confirmed by the Facility Manager.**
13.04.07 Fire Rated Door Assemblies Fire door assemblies must meet the provisions of NFPA 80 *Standard for Fire*	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
Doors and Fire Windows, 1999 edition.		**During the building tour the following was observed:** **1) The corridor wall at Pharmacy is indicated on the life safety plans to be a one hour fire rated wall. The door to Pharmacy was not rated.** **2) The door to the Electrical Vault room at the Kitchen is a one hour fire rated door. An original edge guard was removed from one of the leafs leaving a number of holes in the edge of the door voiding the rating of the door.** **This observation was confirmed by the Facility Manager.**
13.06.04 Life Safety Drawings Basic drawings of the facility indicating the following features are required: • Rated walls and barriers, including their fire rating • Exit, exit enclosure, horizontal exit, and exit discharge • Suite-of-rooms, their boundaries and total area • Hazardous rooms • Smoke compartment barriers, the total area of each smoke compartment, and the farthest travel distance to the closest smoke compartment barrier door • The farthest travel distance to the closest exit • Areas of the facility that are and are not protected with sprinklers	2	**This standard is not met as evidenced by:** **During the document review it was observed that the life safety plans were not updated to include the latest addition to the building.** **This observation was confirmed by the Facility Manager.**
15.01.07 Grievance Process Response Time Frames *At a minimum:* • *The grievance process must specify time frames for review of the grievance and the provision of a response.* §482.13(a)(2)(ii)	2	**This standard is not met as evidenced by:** **It was noted that two of five (2/5) files did not contain grievance letter responses within the required seven (7) days.** **This was confirmed with Director of Quality.**
15.01.08 Patient Notification of the Grievance Process *At a minimum:* • *In its resolution of the grievance, the hospital must provide the patient with a written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.* §482.13(a)(2)(iii)	2	**This standard is not met as evidenced by:** **It was noted that three of four (3/4) letters sent failed to include investigation and the steps taken on behalf of the patient to investigate the grievance.** **This was confirmed with Director of Quality.**
15.01.09 Exercise of Patient Rights *The Patient's Rights document includes, at a minimum, that the patient has:*	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
A. *The right to participate in the development and implementation of his or her plan of care;* §482.13(b)(1) B. *Or his or her representative (as allowed under state law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;* §482.13(b)(2) C. *The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part, §489.102 of this part, and §489.104 of this part;* §482.13(b)(3) D. *The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital;* §482.13(b)(4) E. *The right to personal privacy;* §482.13(c)(1) F. *The right to receive care in a safe setting;* §482.13(c)(2) G. *The right to be free from all forms of abuse or harassment;* §482.13(c)(3) H. *The right to the confidentiality of his or her clinical records;* §482.13(d)(1) I. *The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.* §482.13(d)(2) J. *The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff;* §482.13(e)(1) K. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services; L. The right to know the professional status of any person providing his/her care / services; M. The right to know the reasons for any proposed change in the Professional Staff responsible for his/her care;		**It was noted that the hospital's Patient Rights policy, handout and postings failed to include the following requirements:** **1. Item "N: The right to know the reason for transfer within or outside the hospital.** **2. Item "Q: The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.**

STANDARD	SCORE	SURVEYOR COMMENTS
N. The right to know the reasons for his/her transfer either within or outside the hospital; O. The relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care; P. The right of access to the cost, itemized when possible, of services rendered within a reasonable period of time; Q. The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care; R. Informed of the right to have pain treated as effectively as possible. S. A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. A hospital must meet the following requirements: ◦ *Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.* §482.13(h)(1) ◦ *Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.* §482.13(h)(2) ◦ *Not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.* §482.13(h)(3) ◦ *Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.* §482.13(h)(4) ◦ The patient's family has the right of informed consent for donation of organs and tissues.		
15.03.26 Discharge Instructions The hospital must provide the patient or representative with discharge instructions written in lay terminology at time of discharge. The discharge instructions must include the following elements: 1. Reason for hospitalization and condition at the time of discharge. 2. Medications to be taken after discharge including, resuming pre-admission medications, how and when to take medications, and how	2	**This standard is not met as evidenced by:** **Based on review of Discharge Instructions, the following was noted:** **Item #6: Two of two (2/2) medical records lacked documentation of tests completed with results pending at time of discharge and name of the clinician responsible for the results.**

STANDARD	SCORE	SURVEYOR COMMENTS
to obtain medications. 3. Complications which may occur and actions to take should these happen post-discharge. 4. A list of follow-up appointments for tests and clinic visits, with dates, times and locations. 5. Organized services to be initiated following discharge. 6. Tests completed in the hospital with results pending at time of discharge and name of the clinician responsible for the results. 7. List of relevant contact information (e.g., primary care providers, specialists, the pharmacy, and home health agencies, etc.). (NQF, #15, 2009)		
16.02.02 Patients at Risk Patients at-risk for developing the following complications are identified on admission or during the hospital stay: 1. Pressure ulcers 2. Deep vein thrombosis (DVT/venous thromboembolism (VTE) 3. Aspiration 4. Malnutrition 5. Fall Risk/Prevention	2	**This standard is not met as evidenced by:** **Based on medical record documentation review it was noted that in two of three (2/3) records noted "difficulty swallowing" defined as "within defined limits" (WDL) of assessment / reassessment.** **1. One (1) record lacked documentation of aspiration assessment or reassessment on a patient with history of stroke, on a thickened dysphagia diet. Documentation noted indicated "WDL."** **2. A second record documentation noted "speech evaluation, diet progressed from NPO to mechanical soft;" however, the nursing documentation noted "WDL" for assessment.**
19.00.02 Safety of Services *Radiological services, particularly ionizing radiology, must be free from hazards for patients and personnel.* §482.26(b)	2	**This standard is not met as evidenced by:** **During the Radiology department tour the following hazards were observed:** **1. Four (4) ceiling vents in the CT gantry, two vents in the CT control room** **2. X-ray room # 3 observed ceiling tiles to be stained and discolored, the impression was that the stains may have been caused by a leak in the roof.** **3. Five (5) ceiling tiles in X-ray room # 3 were observed to be stained** **4. The ceiling plate for the CT injector was observed to have a large build-up of rust, however there was no pitting noted.** **This was confirmed by the CEO and Department Director.**
19.00.09 Approval of Policies & Procedures All radiation safety policies and procedures are approved by the radiation safety committee.	2	**This standard is not met as evidenced by:** **During review of the Radiation Safety Committee minutes it was noted that the radiation safety policies had not been reviewed and approved by the Radiation Safety Committee since 3/28/2012. Consequently, the facility failed to meet the requirement for the review and approved these policies every three (3) years.**
20.00.11 Change in Treatment Plan Log A separate log shall be maintained as part of the quality management program for the emergency service. The log provides information about	2	**This standard is not met as evidenced by:** **Based on document review of the ED Change in Treatment log only two (2) of the required**

STANDARD	SCORE	SURVEYOR COMMENTS
patients whose initial treatment plan later required modification based upon significant variation in the final interpretation of radiographic, cardiographic or laboratory findings.		**recall situations were being tracked. There was no evidence of documentation of any EKG discrepancy or quality review process noted or evidence it was being tracked.** **This was verified by the CMO.**
22.01.01 Potentially Infectious Blood & Blood Components 1. *Potentially human immunodeficiency virus (HIV) infectious blood and blood components. Potentially HIV infectious blood and blood components are prior collections from a donor –* i. *Who tested negative at the time of donation but tests reactive for evidence of HIV infection on a later donation;* ii. *Who tests positive on the supplemental (additional, more specific) test or other follow-up testing required by FDA; and* iii. *For whom the timing of seroconversion cannot be precisely estimated.* 2. *Potentially hepatitis C virus (HCV) infectious blood and blood components. Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47.* 3. *Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital --* i. *Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection;* ii. *Within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA;* iii. *Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available, as set forth at 21 CFR 610.48(b)(3).* 4. *Quarantine of blood and blood components pending completion of testing. If the blood collecting establishment (either internal or under an agreement) notifies the hospital of the reactive HIV or HCV screening test results, the hospital must determine the disposition of the blood or blood component and quarantine all blood and blood components from previous donations in inventory.* i. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is negative, absent other*	2	**This standard is not met as evidenced by:** **During document review it was noted that hospital's policy and the contract with their regional blood bank failed to comply with the standard for the following sections:** **1. Potentially Human Immunodeficiency Virus (HIV) infectious blood and blood components.** **2. Potentially Hepatitis C virus (HEPC) infectious blood and blood components.** **3. Services furnished by an outside blood collecting establishment.** **4. Quarantine of blood and blood components pending completion of testing.** **5. Record keeping by the hospital.** **6. Patient notification.** **7. Time frame for notification.** **8. Content of notification.** **9. Policies and procedures.** **10. Notification to legal representative or relative.** **11. Applicability.** **This was confirmed by the CEO and Lab Manager.**

STANDARD	SCORE	SURVEYOR COMMENTS
informative test results, the hospital may release the blood and blood components from quarantine. ii. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is positive, the hospital must –* A. *Dispose of the blood and blood components; and* B. *Notify the transfusion recipients as set forth in paragraph (b)(6) of 42 Code of Federal Regulations.* iii. *If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is indeterminate, the hospital must destroy or label prior collections of blood or blood components held in quarantine as set forth at 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2).* 5. *Recordkeeping by the hospital. The hospital must maintain --* i. *Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval; and* ii. *A fully funded plan to transfer these records to another hospital or other entity if such hospital ceases operation for any reason.* 6. *Patient notification. If the hospital has administered potentially HIV or HCV infectious blood or blood components (either directly through its own blood collecting establishment or under an agreement) or released such blood or blood components to another entity or appropriate individual, the hospital must take the following actions:* i. *Make reasonable attempts to notify the patient, or to notify the attending physician, or the physician who ordered the blood or blood component and ask the physician to notify the patient, or other individual as permitted under paragraph (b)(10) of 42 Code of Federal Regulations, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling.* ii. *If the physician is unavailable or declines to make the notification, make reasonable attempts to give this notification to the patient, legal guardian or relative.* iii. *Document in the patient's medical record the notification or attempts to give the required notification.* 7. *Time frame for notification.* i. *For donors tested on or after February 20, 2008. For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 21 CFR 610.47 the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification over a period of 12 weeks unless--*		

STANDARD	SCORE	SURVEYOR COMMENTS
A. *The patient is located and notified; or* B. *The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.* ii. *For donors tested before February 20, 2008. For notifications from donors tested before February 20, 2008 as set forth at 21 CFR 610.48(b) and (c), the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification and must complete the actions within 1 year of the date on which the hospital received notification from the outside blood collecting establishment.* 8. *Content of notification. The notification must include the following information:* i. *A basic explanation of the need for HIV or HCV testing and counseling.* ii. *Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling.* iii. *A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose.* 9. *Policies and procedures. The hospital must establish policies and procedures for notification and documentation that conform to Federal, State, and local laws, including requirements for the confidentiality of medical records and other patient information.* 10. *Notification to legal representative or relative. If the patient has been adjudged incompetent by a State court, the physician or hospital must notify a legal representative designated in accordance with State law. If the patient is competent, but State law permits a legal representative or relative to receive the information on the patient's behalf, the physician or hospital must notify the patient or his or her legal representative or relative. For possible HIV infectious transfusion recipients that are deceased, the physician or hospital must inform the deceased patient's legal representative or relative. If the patient is a minor, the parents or legal guardian must be notified.* 11. *Applicability. HCV notification requirements resulting from donors tested before February 20, 2008, as set forth at 21 CFR 610.48 will expire on August 24, 2015.* §482.27(b)		
22.01.02 Exposure Resulting in HIV Conversion In any event of HIV conversion, the hospital will notify the appropriate public	2	**This standard is not met as evidenced by:**

STANDARD	SCORE	SURVEYOR COMMENTS
health officials.		**Based on document review it was noted that the hospital lacked a written policy for notifying public health officials in the event of an HIV conversion.** **This was confirmed by the CEO and Lab Manager.**
22.01.03 General Blood Safety Issues *For look-back activities only related to new blood safety issues that are identified after August 24, 2007, hospitals must comply with FDA regulations as they pertain to blood safety issues in the following areas:* 1. *Appropriate testing and quarantining of infectious blood and blood components.* 2. *Notification and counseling of recipients that may have received infectious blood and blood components.* §482.27(c)(1) §482.27(c)(2)	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the hospital lacked an established and written policy that addressed their compliance with appropriate testing, quarantining, notifying and counseling as required in this standard related to look-back activities.** **This was confirmed by the CEO and Lab Manager.**
23.00.14 Approval of Policies & Procedures All radiation safety policies and procedures are approved radiation safety and the Radiation Safety Committee (Team).	2	**This standard is not met as evidenced by:** **Based on review of the Radiation Safety Committee minutes it was noted that the Radiation Safety policies had not been reviewed or approved since March 28, 2012, which exceed the standard requirement to review and approve policies every three (3) years.** **This was confirmed by the CEO and Department Manager.**
24.01.04 Preparation & Storage of Formula & Breastmilk Processes are in place that ensures infant formula and breastmilk are properly stored and prepared in accordance with nationally accepted guidelines. Policies are in place to ensure infant safety, including: 1. Guidelines for ordering infant formulas 2. Guidelines that govern acceptable ingredients that may be added to infant formulas 3. Guidelines for aseptic infant formula preparation techniques 4. Storage, preparation, and temperature control of breastmilk and infant formula products 5. Patient safety with heating breast milk and infant formula 6. Personnel responsible and qualified to prepare infant formula 7. Cleaning / autoclaving of equipment used in formula preparation 8. Indications, use, and sanitation of enteral feeding pump equipment.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the current Breastfeeding policy did not require that Breast Milk be stored between 35 - 40 degrees Fahrenheit.** **This was confirmed by the CEO and Nurse Manager.**
24.01.05 Vending Machines Policies are in place relative to vending machine operations.	2	**This standard is not met as evidenced by:** **Based on document review the Vending Policy had not been reviewed or approved by the**

STANDARD	SCORE	SURVEYOR COMMENTS
The following topics are addressed: 1. Stocking and rotation of supplies 2. Perishable product controls		**Infection Control committee in the last three (3) years.** **This was confirmed by the Food Service Director.**
24.01.06 Ice Machines Ice used for oral consumption is distributed in a manner that ensures an acceptable level of safety. Policies are in place relative to ice distribution, specifically: 1. Use and sanitation of hand-held ice scoops 2. Emergency procedures to be implemented in the event of an ice dispenser malfunction or water failure.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Ice Machine policy had not been reviewed or approved by the Infection Control committee in the last three (3) years.** **This was confirmed by the Food Service Manager.**
24.01.08 Physical Environment Processes are in place for the following: 1. Food and non-food items are stored separately 2. All food containers are covered 3. Food containers are labeled with the contents and the date prepared 4. Foods are within their expiration dates 5. Loose scoops are not stored in the bulk food containers 6. Supplies are off the floor. 7. Refrigerator / freezer door seals and water pipes are in good working order. Humidity is controlled to prevent / reduce mold growth 8. Soap, paper towels, and a sink for hand washing are readily available for staff working in the food preparation area 9. Food transport vehicles are clean and in good working order 10. Ceiling tiles are intact and stain-free.	2	**This standard is not met as evidenced by:** **The following issues were noted during the kitchen tour:** **1. There were obvious rusted sprinkler heads in the janitor's closet and washing machine room.** **2. There was significant static dust and ice build-up on the fan guards in the walk-in freezer.** **3. There was significant static dust build-up on the fan guards in the walk-in cooler.** **4. Ceiling tiles, ceiling grids and vents observed with significant dust and rust build-up on the surfaces above the food production area of the kitchen.** **This was confirmed by the CEO and Food Service Manager.**
25.01.03 Security of Medications *Consistent with state and federal requirements, in the pharmacy and throughout the facility:* 1. *All drugs and biologicals must be kept in a secure area, and locked when appropriate.* §482.25(b)(2)(i)	2	**This standard is not met as evidenced by:** **The pediatric crash cart in the PACU medication drawer was found unlocked.**
25.01.19 Standardization of Labeling The methods for labeling, packaging and storing medication have been standardized throughout the facility to reduce adverse events resulting from improper labeling, packaging and or storage of medications.	2	**This standard is not met as evidenced by:** **During tour of the Pharmacy and Med/Surg unit, the following practices were observed to be inconsistent with facility policies:**

STANDARD	SCORE	SURVEYOR COMMENTS
		1. It was the facility's standard for medication labels to include both the patient name and medical record number. This practice was inconsistently implemented, as follows: **a. On the Med/Surg unit, three of five (3/5) medications found in patient medication bins were not labeled with these two (2) patient identifiers, as required by facility policy. Observed were:** **b. Two (2) medication bags had the patient's name and room number; however, both bags were missing the patient's medical record number.** **c. One (1) oral spray medication had only the patient's room number; this medication was missing both the patient name and medical record number.** **d. The IT department printing process was 'down;' hand-written medication labels were not consistent with facility policy.** **2. The labeling of "Look Alike/Sound Alike" drugs was inconsistent. Observed were:** • **For "Look Alike/Sound Alike" drugs, medication labels contained TALL MAN lettering. This practice was also used in the Medication Administration Record. However, the TALL MAN lettering was not used for the "Look Alike/Sound Alike" medications stored in the bins in the Pharmacy.** **These patient safety concerns were confirmed with Director of Pharmacy.**
26.01.04 Staff Qualifications *Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 42 Code of Federal Regulations.* §482.56(a)(2)	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Medical Staff had not defined, in writing, the required qualifications and competencies for the therapy staff consistent with state law.** **This was confirmed by the CEO and the Rehab Manager.**
29.00.14 Required Policies & Procedures Policies and procedures are developed by the SCU medical and nursing staffs relating to, at least: 1. The circumstances leading to required consultations for SCU patients 2. Determining the acuity of patient care to adjust from core nursing staffing 3. Management of specific patient care emergencies via protocol until the physician can be notified 4. Circumstances (examples of) requiring immediate notification of the physician 5. Management of patients during a facility disaster (equipment or utility failure, plus natural disaster{s}) 6. Infection control measures unique to the physical layout of the units, the equipment used, and potential patients served 7. Mechanisms relating to unit specific quality control and quality improvement monitors 8. Traffic control in the unit, including visiting hours for patient support persons	2	**This standard is not met as evidenced by:** **The following requirements were missing from policies:** • **Item 1: The circumstances leading to required consultations for SCU - policy written and approved while on site.** • **Item 3: Management of specific patient care emergencies via protocol until the physician can be notified / draft protocols on Chest pain of possible cardiac origin and respiratory depression were finalized and approved while on-site.** • **Item 6: Infection control measures unique to the physical layout of the units, the equipment used, and potential patients served / policy--written while on-site, due to go to IP & C for approval.** • **Item 10: Elements of assessment and reassessment and frequencies / missing the reassessment for ICU.** **This was confirmed with Director ICU and CNO.**

STANDARD	SCORE	SURVEYOR COMMENTS
9. Maintenance of par levels of supplies and drugs for anticipated needs 10. Elements of assessment and reassessment and frequencies 11. Collaborative practice principles including conflict resolution (medicine/nursing and other support providers)		
30.02.07 Supply & Equipment Availability Supplies and equipment are sufficient in quantity so that movement in and out of the area is minimized during peak care times. Processed and clean supplies are protected from surface/airborne contamination. Provisions are made for the care of patients with respiratory or wound contamination and those requiring isolation.	2	**This standard is not met as evidenced by:** **Based on the OR tour the following clean supplies were found stored in janitor closet #668 within a few feet of a dump drain basin and with two (2) dirty mops:** • **Three (3) rolls of paper towels** • **Eight (8) rolls of toilet paper** • **Six (6) hand sanitizer bottles** **This was verified by the OR Manager.**
31.00.00 Condition of Participation: Outpatient Services *If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.* §482.54	2	**This Condition is cited at the Standard-level** **This standard is not met as evidenced by:** **During document review it was noted that the Sleep Lab did not have performance measures that were integrated into the hospital-wide QAPI.** **Consequently, during the last 12 months the Sleep Lab had not reported QA measures to the Board.** **This was confirmed by the CEO and Director of the Sleep Lab**.
31.00.04 Patient Satisfaction Patient satisfaction questionnaires / comment cards shall be available for patients.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Sleep Lab lacked a measurement tool for patient satisfaction, patient satisfaction was not performed.** **This was confirmed by the CEO and Sleep Lab Director.**
31.00.05 Activity Logs The facility shall have appointment / encounter / recall and phone logs in use that are up to date.	2	**This standard is not met as evidenced by:** **Based on document review it was noted that the Sleep Lab lacked a policy or process for documenting phone encounters with patients.** **This was confirmed by the CEO and Director of the Sleep Lab.**
32.01.22 Exercise of Rights 1. *The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.* 2. *The resident has the right to be free of interference, coercion,*	2	**This standard is not met as evidenced by:** **The facility lacked a policy that defined the patient rights to a dignified existence, self-determination, and coverage for rights by an appointed person.**

STANDARD	SCORE	SURVEYOR COMMENTS
discrimination, and reprisal from the facility in exercising his or her rights. 3. *In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.* 4. *In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.* §483.10(a)(1) §483.10(a)(2) §483.10(a)(3) §483.10(a)(4)		**A new policy was written and reviewed while on-site. Although a new policy was written at time of survey a Plan of Correction is required.** **This was confirmed by the Swing Bed Manager.**
32.05.04 Provision of Dental Services NOTE: §483.55(b) Nursing Facilities does not usually apply to Medicare reimbursed swing-bed residents because Medicare swing-bed residents receive skilled nursing care comparable to services provided in a SNF not a NF. If a swing-bed resident is a NF level patient, apply standard §483.55(b) as appropriate. *Nursing facilities. The facility* 1. *Must provide or obtain from an outside resource, in accordance with 483.75(h) of this part, the following dental services to meet the needs of each resident:* i. *Routine dental services (to the extent covered under the state plan)* ii. *Emergency dental services* §483.55(b)(1)	2	**This standard is not met as evidenced by:** **The facility's current policy disused coverage of emergency dental services by an advisory dentist; however, there is no contract or any privileges noted for an advisory dentist.** **The policy was revised consistent with standards for routine and emergency dental services.** **Although the policy was revised to meet the standard requirements, the facility is required to submit a Plan of Correction.** **This was confirmed with the Swing Bed Manager.**

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/17/2015

Owner/Occupant: Norton Community Hospital	File Number: S-7559-001
Building Name: Norton Community Hospital	Occ/Use Code: PRHOSP
Address: 100 15th Street NW Address Line 2 City of Norton Norton, 24273	Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By
605.6	Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. Unused openings in the following locations were not closed with material equivalent to the construction of the box: (1) In the bottom and left side of the electrical junction box in the fire pump room on the outside wall between riser #1 and riser #2. (2) In the ceiling electrical junction box in the kitchen laundry room. (3) In the cover of electrical panel FF in mechanical room #1. (4) In the top and left side of the electrical junction box marked M1-163 in the mechanical room with the deluge system for the MRI. (5) In the left side of the air compressor switch in the mechanical room with the deluge system for the MRI. (6) In the top and right side if the suppression/disconnect switch in the mechanical room with the deluge system for the MRI.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. David Winchell**

Inspected By: **John McCormick, Fire Marshal**

Date: 6/17/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/17/2015

Owner/Occupant: Norton Community Hospital Building Name: Norton Community Hospital Address: 100 15th Street NW Address Line 2 City of Norton Norton, 24273	File Number: S-7559-001 Occ/Use Code: PRHOSP Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

605.6	Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. Open electrical wiring did not terminated to a box or fixture at the following locations: (1) At the electrical disconnect to the left of the exterior exit door from the fire pump room. (2) At the electrical junction box to the left of the electrical disconnect to the left of the exterior exit door from the fire pump room.	Immediately
604.2.4	Emergency power shall be provided for means of egress illumination in accordance with Section 1006.3. The emergency light was not working, at the front exterior exit door, in the emergency generator room.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/17/2015

Owner/Occupant: Norton Community Hospital	File Number: S-7559-001
Building Name: Norton Community Hospital	Occ/Use Code: PRHOSP
Address: 100 15th Street NW Address Line 2 City of Norton Norton, 24273	Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

703.2.3	Door operation. Swinging fire doors shall close from the full-open position and latch automatically. The door closer shall exert enough force to close and latch the door from any partially open position. The fire doors in the following locations were not automatically latching: (1) To the room left of the communication room. (2) The left side of the corridor double fire doors at the clinical instructor office in radiology.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. David Winchell**

Inspected By: **John McCormick, Fire Marshal**

Date: 6/17/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/29/2016

Owner/Occupant: Norton Community Hospital	File Number: S-7559-001
Building Name: Norton Community Hospital	Occ/Use Code: PRHOSP
Address: 100 15th Street NW Address Line 2 City of Norton Norton, 24273	Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By
605.6	Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.[There is a elbow missing a cover in the A-1 electrical room.]	Immediately
604.5	Emergency lighting equipment. Emergency lighting shall be inspected and tested in accordance with Sections 604.5.2.1.[Emergency lights are not functional in the following areas: Endo room, OR rooms 2 and 3 and GI.]	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. David Winchell**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 6/29/2016

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/29/2016

Owner/Occupant: Norton Community Hospital	File Number: S-7559-001
Building Name: Norton Community Hospital	Occ/Use Code: PRHOSP
Address: 100 15th Street NW Address Line 2 City of Norton Norton, 24273	Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

703.1	Maintenance. The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner annually and properly repaired, restored or replaced when damaged, altered, breached or penetrated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason shall be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements of the assembly. [Penetrations of the rated walls are not sealed in the facility maintenance restroom.]	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

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Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/29/2016

Owner/Occupant: Norton Community Hospital Building Name: Norton Community Hospital Address: 100 15th Street NW Address Line 2 City of Norton Norton, 24273	File Number: S-7559-001 Occ/Use Code: PRHOSP Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

309.4	Fire extinguishers. Battery-charging areas shall be provided with a fire extinguisher complying with Section 906 having a minimum 4-A:20-B:C rating within 20 feet of the battery charger.[A fire extinguisher is not provided in the charging area for the floor machine.]	Immediately
1008.1.9.7	A sign is not provided on delayed egress exit doors that reads: "PUSH UNTIL ALARM SOUNDS.DOOR CAN BE OPENED IN 15 SECONDS.	Immediately

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **Mr. David Winchell**

Inspected By: **Michael Yingling, Assistant Fire Marshal**

Date: 6/29/2016

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia
Department of Housing and Community Development
State Fire Marshal's Office
Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
945 H. North Main Street
Marion, VA 24354
Phone: (276)783-1446
Fax: (276)783-1842
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant: Mountain States Health Alliance	Date of Inspection: May 19, 2011
Building: Russell County Medical Center	File Number: S-7029-001
Address: 58 Carroll Street	Occ / Use Group: I-2
Russell County	Phone Number: (276)883-8215
Lebanon, VA 24266	Fax Number: (276)883-8218
Annual Inspection	

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
901.6	The sprinkler head is located more than 7.5 feet from the wall in the 4th floor West Soiled Utility Closet. Added head completed	03-Jul-2011
604.3	The battery powered emergency lights were not operational in the Stair at the ICU. changed Ballast repaired	03-Jul-2011
1030.2	The exit door to the exit enclosure near the Odis elevator is hard to open. adjusted Latch repaired	26-May-2011
703.2	The fire rated double doors were not properly self closing and latching in the basement near the vending machines.	Corrected during this inspection
605.4.2	The relocatable power taps were not directly connected to a permanently installed receptacle (Daisy Chained) in the Clearview Directors Office.	Corrected during this inspection
703.1	The fire rated construction is not being maintained were a hole has been cut into the fire rated wall and not properly fire stopped in the Mechanical Room near the ER. Repaired hole & sealed properly	03-Jul-2011

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: [signature] Date: 5-19-11

Inspected By: David Wyatt Fire Marshal

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia
Department of Housing and Community Development
State Fire Marshal's Office
Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
945 H. North Main Street
Marion, VA 24354
Phone: (276)783-1446
Fax: (276)783-1842
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant:	Mountain States Health Alliance	Date of Inspection:	June 01, 2011
Building:	Russell County Medical Center	File Number:	S-7029-001
Address:	58 Carroll Street	Occ / Use Group:	I-2
	Russell County	Phone Number:	(276)883-8215
	Lebanon, VA 24266	Fax Number:	(276)883-8218

Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous Inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: [signature] Date: 6-1-11

Inspected By: David Wyatt Fire Marshal

W. G. Shelton, Jr., CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Commonwealth of Virginia
Department of
Housing and Community Development
State Fire Marshal's Office
Inspection Notice

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276)646-0266
Fax: (276)646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Owner / Occupant:	Mountain States Health Alliance	Date of Inspection:	May 18, 2012
Building:	Russell County Medical Center	File Number:	S-7029-001
Address:	58 Carroll Street	Occ / Use Group:	I-2
	Russell County	Phone Number:	(276)883-8215
	Lebanon, VA 24266	Fax Number:	(276)883-8218

Annual Inspection

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By
315.2	Storage in the Radiology Directors Office obstructed access to the water heater closet.	Removed during this inspection
901.6	A ceiling tile had been removed in the 1st floor electrical room and break room of Clearview.	Corrected during this inspection
605.4.2	The relocatable power taps were not directly connected to a permanently installed receptacle (Daisy Chained) at the Material Management Office..	Corrected during this inspection

Failure to correct violations within the time limit specified in this notice may result in appropriate legal procedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: Doug Fall Date: 5-18-12

Inspected By: David Wyatt Fire Marshal

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1165 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
5/16/2013

Owner/Occupant: Mountain States Health Alliance Building Name: Russell County Medical Center Address: 58 Carroll Street Russell County Lebanon, VA , VA 24266	File Number: S-7029-001 Occ/ Use Code: PRHOSP **Annual Inspection**

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By	
901.6	3 automatic sprinkler heads in the Main Lobby have paint on them.	07/15/2013	Cleaned Heads
1030.2	The exterior exit stair at the Clearview middle exit is damaged where a traed has broken.	08/14/2013	Replaced entire stairwell
807.1	Documenttion was not available to show that the curtains in the offices of Clearview meet the flame propagation performance criteria of NFPA 701 or is of noncombustible material.	07/15/2013	Removed curtains in offices
315.2.1	The storage in the 1st. floor Pink Lady storage closet is not being maintained a minimum of 18 inches below the sprinkler heads	06/15/2013	Moved storage to proper height

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: E-maile to Doug Lark

Inspected By: David Wyatt, Fire Marshal

Date: 05/16/2013

W.G. Shelton, Jr.,CEM
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
5/1/2014

Owner/Occupant: Emory & Henry College Building Name: Russell County Medical Center Address: 58 Carroll Street Russell County Lebanon, VA , VA 24266	File Number: S-7029-001 Occ/ Use Code: PRHOSP

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
901.6	1. The sprinkler head in Doctor Brinkers office toilet has paint on the deflector.	05/31/2014
	2. No sprinkler protection was provided in the Radiology Registration office.	ADDED HEAD IN OFFICE

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To:
Doug Lark

Inspected By:
David Wyatt, Fire Marshal

Date: 05/01/2014

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia

Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:
6/4/2014

Owner/Occupant: Mountain States Health Alliance Building Name: Russell County Medical Center Address: 58 Carroll Street Russell County Lebanon, VA , VA 24266	File Number: S-7029-001 Occ/ Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Code Section	Violation(s)	Correct By

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To:
Doug Lark

Inspected By:
David Wyatt, Fire Marshal

Date: 06/04/2014

RCMC Joint Commission Work List						7/7/2014	
Number	Project Description	Status and Update	Anticipated Completion Date	Newest Updates/ Comments	Responsible Team members	Priority 1-4	Final Completion Date
EC.02.01.01 EP3	Clearview Risk Assessment	Working on appeal for the risk assessment. Electric Beds were replaced with Hand Crank Beds in Fall 2013. Hill Rom Psych furniture was purchased an installed with Platform Beds in the other rooms in 2008. Platform beds were changed in 5 Rooms to Electric Beds for Medical Necessity of patients on unit. Risk assessment included doors and was chosen with risk that 15 minutes checks would be done along with suicide risk precautions without funding for door and frame changes. Guidelines for behavorial health approve these beds.	7/3/2014	Appeal Risk assessemnt and bed type. Will be taking 6 Mechanical Beds out of unit next week and replacing with platform beds. Also Appeal 6/26/14.	Doug Lark	1	Accepted 6/27/14
EC.02.02.01 EP 5	Eye wash Station in Lab missing weekly Check	Make sure Weekly checks are completed on All Eye wash stations. Departments are responsible. Facilites to make a list. Completed List. Ordered mixing valves for the three Eye Wash station that will be kept on 6/24/14 from Grainger. 3rd Fourth Floor Eye wash removed, RT and Clearview 6/26/14. Last one installed in Dietary on 7/5/14	6/27/2014	Lab- Missed One Week. Pharmacy needs Mixing Valve, Dietary needs Mixing Valve, 3rd Floor, Fourth Floor, RT, Clearview and ICU stop using Caustic Chemicals and remove Eye wash. Install one Eye wash and mixing Valve in Recovery.	Doug Lark	3	7/5/2014
EC.02.03.05 EP 12	Five Year Sprinkler Standpipe Test	Simplex completed 5 Year standpipe test that was not completed initially in 2012. Test was conducted on 6/24/14	6/27/2014	Simplex Completed test no Dificiencies	Doug Lark	1	6/24/2014
EC.02.03.05 EP 25	Fiire Pump and Quarterly Sprinkler Testing documentation from Simplex Does not Contain NFPA Code Refrence	Contacted Simplex and they are currenlty working on adding the code documentation to their Testing documents to have me an updated copy for the past inspections listed from 2013 to present.	7/15/2014	Simplex working on Document Code Complinace at this time	Doug Lark	2	6/27/2014
EC.02.05.01 EP 6	Air Flows in Surgery did not meet regulations.Missing Legend in one Electrical panel	OR1, OR2,, Central Sterlie, and Central supply was tested negative to the adjacent Corridor. Annual testing was completed in January 3014 and in complinace. Corrected air flow on 6/16/16 afternoon finding broken Damper vains closed restricting air flow. Repaired vanes and air flow retested and in compliance. Daily Tissue test now being conducted ever open day by Nursing and Facilities and noted on Log.	6/20/2014	Repaired 6/16/14. Started Daily Log of air flows.	Doug Lark	1	6/16/2014
EC.02.05.01 EP 8	Missing Legend in one Electrical panel	Corrected 6/16/14 found legend in floor and stained from water. Made new legend and replaced in Panel door	6/16/2014	Replaced Breaker Legend	Doug Lark	2	6/16/2014
EC.02.06.01 EP 1	Empty Cylinders in transport cart not marked	Transport Cart held two full cylinders, One Empty Cylinder and two Cylinders with guages on them. One Cylinder showed empty, One about 1000 psi. Per our current policy Cylinders with blue tags attached in connector are deemed full or cylinders with guages are deemed in use. Until Sealed or no guage are deemed empty. Findings of three cylinders is not correct. Appeal that only one cylinder was out of place. Removed empty cylinders that day 6/16/14.	7/3/2014	Appeal two cylinders. Also Appeal 6/26/14.	William Taylor/ Paige Horton	3	6/30/2014

EC.02.06.01 EP 13	Temperature and Humidity readings were not being monitored Daily in Central Sterile and Central processing	Temperature and Humidity monitoring devices were installed in the Central Processing Department and the Sterile storage room on 6/17/14. Readings are being conducted all occupied days by Nursing and Facilites and logged on form.	6/17/2014	**Completing Test and ducumentation Daily**	**Doug Lark**	1	**6/17/2014**
LS.02.01.10 EP3	Sheetrock Filler replace with proper Fire Sealant.	3rd Floor MOB Vestible original sheetrock and mud present to deck. Placed in WO and Repaired section with proper fire sealant as required. WO 13735 Completed.	6/30/2014	**WO 13735 Completed. Also Appeal 6/26/14**	**Doug Lark**	3	**6/24/2014**
LS.02.01.10 EP5	2 hour smoke barrier corridor doors do not latch at bottom.	Double Doors at RT Director Office- Double Egress Doors downrods not Operational. 1st Floor Doors at Mobile x-ray machine Double Egress Doors downrods not Operational. Lobby Doors at Giftshop Double Egress Doors downrods not Operational. Othe Doors not noted are the same. Total Of Six sets of Doors. 6/25/14. 6/30/14. All Door parts Ordered 6/30/14 PO # 10464327. 2500.00 plus install from Ball Construction. 3-4 week lead time on older door hardware.	8/31/2014	**6/25/14 vendor came and made list of all parts needed to make all operational. Working with TSIG to make sure that they are an actual requirement on our doors before order is placed. Will have final price by July 3rd. Also Appeal 6/26/14.**	**Doug Lark**	2	**8/16//14**
LS.02.01.20 EP12	Portable X-ray machines entend into corridor more than 6".	Corridor in question is part of the ER suite and corridor egreess requirements permit portable x-ray machines to be located in this area. Appeal findings within 10 days	7/3/2014	**Appeal Findings to Joint Commission with 10 days. Also Appeal 6/26/14.**	**Doug Lark**	3	**Accepted 6/27/14**
LS.02.01.20 EP32	Pop Up Safety Cones located in Stairwells for wet floor and trip hazards.	Removed Pop Up Safety Cone holders in all stairwell locations prior to the end of first dya of survey.	6/16/2014	**Completed during survey**	**Doug Lark**	2	**6/16/2014**
LS.02.01.30 EP18	Various smoke seal penetrations located where caulk had dislodged.	415 Fire Caulk fell out when tile was removed for inspection. Hole Properly sealed with approved fire Caulk. Lab Door at Supervisors office 1" X 6" Crack in sealant above metal bar of Duct Work. Hole Properly sealed with approved fire Caulk. Lab Door at Supervisors office 1" X 6" Crack in sealant above Duct Work to the deck. Hole Properly sealed with approved fire Caulk. Multiple Cable Bundle at Administration doors sealant was pulled back during recent wire pull. Hole Properly sealed with approved fire Caulk.	6/27/2014	**Working on checking all areas. Putting Work Orders in TMS**	**Doug Lark**	1	**6/24/2014**

The Joint Commission

Russell County Medical Center
58 Carroll Street
Lebanon, VA 24266

Organization Identification Number: 6346

Program(s)	**Survey Date(s)**
Hospital Accreditation	06/16/2014-06/17/2014

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), you have met the criteria for Accreditation with Follow-up Survey.

You will have follow-up in the area(s) indicated below:

- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.
- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP6,EP8
	IC.02.02.01	EP2,EP4
	PC.01.03.01	EP1
	PC.02.01.03	EP1
	PC.03.01.03	EP1

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.02.01	EP5
	EC.02.03.05	EP12,EP25
	EC.02.06.01	EP1,EP13
	LD.01.03.01	EP2
	LS.02.01.10	EP3,EP5
	LS.02.01.20	EP32
	LS.02.01.30	EP18
	MS.06.01.03	EP6
	PC.03.05.15	EP1

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient’s rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(e)(16)(i)	A-0184	HAP - PC.03.05.15/EP1	Standard
§482.13(e)(16)(v)	A-0188	HAP - PC.03.05.15/EP1	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP1	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Condition

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.06.01/EP1	Standard
§482.41(b)(1)(i)	A-0710	HAP - EC.02.03.05/EP12, EP25, LS.02.01.10/EP3, EP5, LS.02.01.20/EP32, LS.02.01.30/EP18	Standard
§482.41(a)	A-0701	HAP - EC.02.06.01/EP13	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Condition

Corresponds to: HAP - EC.02.05.01/EP6

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2, EP4	Standard

CoP: §482.52 **Tag:** A-1000 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.52(c)(2)	A-1001	HAP - MS.06.01.03/EP6	Standard

CoP: §482.56 **Tag:** A-1123 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.56 Condition of Participation: Rehabilitation Services

If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.

CoP Standard	Tag	Corresponds to	Deficiency
§482.56(b)	A-1132	HAP - PC.02.01.03/EP1	Standard

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Condition

Corresponds to: HAP - LD.01.03.01/EP2

Text: §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body. The governing body (or the persons legally responsible for the conduct of the hospital and carrying out the functions specified in this part that pertain to the governing body) must include a member, or members, of the hospital's medical staff.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.02.01

ESC 60 days

Standard Text: The hospital manages risks related to hazardous materials and waste.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 5
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The emergency eye wash station located in the Laboratory was not checked on a weekly basis as defined by the hospital policy. The staff in the lab tested the eye wash station on 04-18-2014 with the next inspection not being conducted until 05-02-2014.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The janitors closet on the 3rd floor has a corrosive chemical (mild acid cleaner) being used by the housekeeping staff. The only eye wash station located on the 3rd floor in the staff lounge behind a locked door. The housekeeping staff needs access to an eye wash station that does not require the use of a key or code.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The janitors closet by ICU has a corrosive chemical (foaming acid restroom cleaner) being used by the housekeeping staff. The nearest eye wash station is located behind a locked door. The housekeeping staff needs access to an eye wash station that does not require the use of a key or code.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The eye wash station located in the Kitchen is plumbed directly to the domestic cold water. The organization has not conducted a risk assessment to determine if there are any negative treatment aspects of just using cold water (not tepid).

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05

ESC 60 days

Standard Text: The hospital maintains fire safety equipment and fire safety building features.
Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

25. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following:
- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25, 1998 edition (Section 2-1.3) and NFPA 72, 1999 edition (Section 7-5.2).

Scoring Category : C
Score : Insufficient Compliance

12. Every 5 years, the hospital conducts water-flow tests for standpipe systems. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 12
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
There has not been a documented standpipe flow test conducted at this facility in the past 5 years. The document that was submitted (2012) for the 5 year standpipe flow test consisted of an internal pipe corrosion inspection only.

EP 25
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The annual fire pump inspection conducted on November 6, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on January 28, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on April 9, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on July 15, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The quarterly sprinkler inspection conducted on October 3, 2013 did not identify the NFPA code that was being referenced for the activity.

Observed in Document Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The weekly fire pump churn tests conducted in 2013 did not identify the NFPA code that was being referenced for the activity.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01 ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Room #1 when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Room #2 when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Surgery Central Sterile Storage when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The airflow in Central Supply Processing when tested was negative to the corridor with the requirement being positive to the corridor. Field verified by LSC surveyor on morning of Day 2 after the facilities staff corrected a mechanical issue the room pressure was positive to the corridor.

EP 8
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The electrical panel EMSC in the fire pump room did not have a breaker legend.

Chapter:	Environment of Care
Program:	Hospital Accreditation
Standard:	EC.02.06.01 ESC 60 days
Standard Text:	The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
Primary Priority Focus Area:	Physical Environment

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

Scoring Category : C
Score : Insufficient Compliance

13. The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the Emergency Department Ambulance storage room there were empty oxygen e-cylinders #1 of 3 stored in the same rack with 2 full cylinders.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the Emergency Department Ambulance storage room there were empty oxygen e-cylinders #2 of 3 stored in the same rack with 2 full cylinders.

EP 13
§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
This Standard is NOT MET as evidenced by:
Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The hospital does not have a policy establishing the setpoints for temperature and humidity in the surgery rooms, sterile storage and central processing. The organization can deviate from published criteria from ASHRAE, AORN etc. by a collaborative effort from Infection Control, Facilities and the medical staff.

Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Temperature and humidity is not being monitored in the Central Processing department.

Observed in EOC Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Temperature and humidity is not being monitored in the Surgery Sterile storage room.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.02.01

ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor noted that organization had tested activity of its Restart HLD daily instead of prior to each use in their scope processor as per manufacturers instructions for use.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The organization had not documented the lot numbers of controls or biologicals it had used to challenge its steam or Sterrad Sterilization cycles in SPD.

EP 4
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor observed an unoccupied Endoscopy Suite in the OR which contained a anesthesia work station with an unlocked drawer which contained multiple needles and syringes. In discussion with staff, it was identified that housekeeping staff would have access to this area and might access these sterile supplies.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In an unoccupied operating room with no additional cases scheduled for the next forty eight hours, the surveyor noted an unpackaged laryngoscope blade attached to its handle stored under a towel on top of the anesthesia cart. This type of storage of semi critical devices is only appropriate for short term storage as for example when preparing the OR room for a soon to be starting case but not for long term storage.

Observed in Tracer Activities at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The surveyor noted that there was two LMAs in the anesthesia supply cart in the Endoscopy Suite which had expired in April 2014.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
During a tour of the Surgery department it was observed in the scope storage cabinet, a rectal tube in a sterile plastic sleeve lying in the bottom of the cabinet that had an accumulation of a foreign substance on the sleeve.

Chapter:	Leadership
Program:	Hospital Accreditation
Standard:	LD.01.03.01 ESC 60 days
Standard Text:	The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
Primary Priority Focus Area:	Communication

Element(s) of Performance:

2. The governing body provides for organization management and planning.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.12 - (A-0043) - §482.12 Condition of Participation: Condition of Participation: Governing Body
This Condition is NOT MET as evidenced by:
Observed in Auto Score for CLD at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The governing body/leadership did not ensure that the following Conditions of Participation were met as determined through observations, documentation, and staff interviews:§482.41 - (A-0700), §482.42 - (A-0747), §482.12 - (A-0043)

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.10

ESC 60 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

3. Walls that are fire rated for 2 hours (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above and extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)

Scoring Category : A
Score : Insufficient Compliance

5. Doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 3
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The occupancy separation above the ceiling on the 3rd floor between the vestibule, the space between the top of the sheetrock and the metal deck (approximately 6' in length) is not sealed with a fire rated material.

EP 5
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
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Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the Director of Respiratory Therapy's office on the 2nd floor are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the mobile xray machine alcove on the 1st floor are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The 2 hour smoke barrier (as identified on the life safety drawings) corridor double doors by the Giftshop are equipped with 2 hour fire rated latching hardware. The latching hardware does not have a means to latch into the floor as the floor strike is not installed.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

32. The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 18/19.2.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 32
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 2nd floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 3rd floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The lab exit stairwell on the 4th floor had wall mounted pop-up safety cones installed which projects into the stairwell. The only items permitted to be installed in a exit stairwell are those systems required for life safety such as, sprinkler pipes, fire alarm devices, egress lighting etc.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 18
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the ceiling in room 415 on the 4th floor, the following penetration was observed: 6" x 4" penetration with cables was not sealed to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by the Laboratory Supervisors office, the following penetration was observed: 1" x 6" penetration above the air duct was not sealed to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by the Laboratory Supervisors office, the following penetration was observed: 4" x 6' penetration, the sheetrock was not sealed to the metal deck above to prevent the spread of smoke.

Observed in Building Tour at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The smoke barrier above the corridor double doors by Administration on the 2nd floor, the following penetration was observed: Multiple cable bundle was not sealed to prevent the spread of smoke.

Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.06.01.03

ESC 60 days

Standard Text: The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

6. The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information:
- The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration
- The applicant's relevant training
- The applicant's current competence
(See also PC.03.01.01, EP 1)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.52(c)(2) - (A-1001) - (2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.]
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In review of the Credential File of a CRNA, it was noted that the status of the CRNA's License had not been verified with the primary source prior to the practitioners initial appointment on March 10,2014. The hospital did query the primary source on survey and identified that the practioner license had not lapsed at the time of the initial appointment.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.03.01

ESC 45 days

Standard Text: The hospital plans the patient's care.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 1
§482.23(b)(4) - (A-0396) - (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The medical record of a patient traced on the psychiatric unit did not contain the patient's medical needs, many of which could impact the patient's behavioral care. The master treatment plan and the updates only addressed the patients mental illness and behavioral issues.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of an open medical record of a patient tracer conducted on the psychiatric unit it was noted that the patient had a seizure disorder, developmental delay and other medical issues in conjunction with her behavioral issues. These were not addressed in the master treatment plan or the treatment team updates.

Observed in Individual Tracer at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
Review of the open medical record of a patient with Schizophrenia - Paranoid Type it was noted that the patient's medical issues and co-morbid conditions were not addressed in the Master Treatment Plan. Many of these issues could have significant effect on the care of the patient's mental illness.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03 ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *
Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.56(b) - (A-1132) - §482.56(b) Standard: Delivery of Services

Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In the review of one of two closed medical records where the patient had been transferred to another acute care hospital it was noted that there was no order for the transfer.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03 ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site.
The presedation evaluation in a patient who had received moderate sedation (Etiomidate, Versed and Fentanyl) in the ED for a shoulder dislocation on 6/17/14 did not include documentation of an ASA assignment nor a Mallinpatti Airway classification as required by the hospitals Moderate Sedation Policy PC-600-195.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.05.15 ESC 60 days

Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:
- Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior
- A description of the patient's behavior and the intervention used
- Any alternatives or other less restrictive interventions attempted
- The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
- The patient's response to the intervention(s) used, including the rationale for continued use of the intervention
- Individual patient assessments and reassessments
- The intervals for monitoring
- Revisions to the plan of care
- The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
- Injuries to the patient
- Death associated with the use of restraint or seclusion
- The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion
- Orders for restraint or seclusion
- Notification of the use of restraint or seclusion to the attending physician
- Consultations

Note: The definition of 'physician' is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 1
§482.13(e)(16)(i) - (A-0184) - (i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
The closed medical record of a patient who had been secluded did not contain documentation of the 1 hour face-to-face. There was no indication that the treatment plan had been updated to address the restraint episode(s).

§482.13(e)(16)(v) - (A-0188) - [When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]

(v) The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.
This Standard is NOT MET as evidenced by:
Observed in Record Review at Russell County Medical Center (58 Carroll Street, Lebanon, VA) site for the Hospital deemed service.
In a second closed medical record of a patient who had been secluded it was noted that the treatment plan update did not address the intervention and any updates to the plan of care.

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

05/21/2015

Owner/Occupant: Mountain States Health Alliance Building Name: Russell County Medical Center Address: 58 Carroll Street Russell County Lebanon, VA , 24266	File Number: S-7029-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
703.2.3	The fire rated door was not properly self closing in the corridor near the Director of Respiratory Office. (CORRECTED DURING THIS INSPECTION)	Immediately
703.1	The fire proofing was not being maintained on the bottom cord of the steel bar joist in the Mechanical Room at Biomedical Engineering	6/20/2015 Patched Fire proofing
901.6	The sprinkler head in the Outpatient Janitors Closet was obstructed by the ceiling were the sprinkler head is too far into the ceiling.	6/20/2015 Dropped sprinkler head

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **e-mailed to Doug Lark**

Inspected By: **David Wyatt, Fire Marshal**

Date: 5/21/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

06/05/2015

Owner/Occupant: Mountain States Health Alliance Building Name: Russell County Medical Center Address: 58 Carroll Street Russell County Lebanon, VA , 24266	File Number: S-7029-001 Occ/Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **e-mailed to Doug Lark**

Inspected By: **David Wyatt, Fire Marshal**

Date: 6/5/2015

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

05/26/2016

Owner/Occupant: Mountain States Health Alliance Building Name: Russell County Medical Center Address: 58 Carroll Street Russell County Lebanon, VA , 24266	File Number: S-7029-001 Occ/Use Code: PRHOSP Annual Inspection

The following violation(s) of the Virginia Statewide Fire Prevention Code were observed during an inspection of the captioned property. You are responsible for correcting these violation(s) within the specified time limit.

Code Section	Violation(s)	Correct By
703.2.3	The fire rated doors were not properly self closing and latching at the following locations 1. From the pharmacy storage to the Medical Office Building. 2.In the corridor from the Hospital to the Clearview lobby near the Mechanical room. 3.Corridor at the vending machines near the Cafeteria.	7/25/2016 Replaced Hinges 5/24/16 Replaced Doors 7/15/16 Repaired Bent Rod 5/24/16
605.6	An opening in the electric panel 'LC' in the mechanical room off of the Bio Med Office was not provided with an approved plug or breaker.	7/25/2016 Installed Proper Panel Cover 6/2/16
703.1	The fire rating of the structure was not being maintained in the Mechanical room off of the Bio Med Office where several areas has had the fire proofing material knocked off.	7/25/2016 Replaced Fireproofing on Beam 6/2/16
605.4	An unapproved multi plug adaptor was being used in the office in the southwest corner of Clearview.	6/10/2016 Replaced With HG Strip 5/24/16
605.4.2	The relocatable power tap was not directly connected to a permanently installed receptacle in the Materials Management Office.	6/10/2016 Replaced With HG Strip 5/24/16

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **e-mailed to Doug Lark**

Inspected By: **David Wyatt, Fire Marshal**

Date: 5/26/2016

Melvin D. Carter
Executive Director

Charles E. Altizer, P.E.
State Fire Marshal

Southwestern Regional Office
State Fire Marshals Office
1169 East Lee Highway
Chilhowie, VA 24319
Phone: (276) 646-0266
Fax: (276) 646-0269
Claude O. Hutton, P.E.
Fire Marshal Manager

Commonwealth Of Virginia
Department of Fire Programs
State Fire Marshal's Office
Inspection Notice

Date of Inspection:

07/25/2016

Owner/Occupant: Mountain States Health Alliance Building Name: Russell County Medical Center Address: 58 Carroll Street Russell County Lebanon, VA , 24266	File Number: S-7029-001 Occ/Use Code: PRHOSP

The violation(s) of the Virginia Statewide Fire Prevention Code noted on the previous inspection report have been corrected.

Failure to correct violations within the time limit specified in this notice may result in appropriate legal proceedings. An owner or occupant may appeal a decision of the State Fire Marshal to the State Building Code Technical Review Board within fourteen (14) days from receipt of this notice.

Notice Issued To: **e-mailed to Doug Lark**

Inspected By: **David Wyatt, Fire Marshal**

Date: 7/25/2016

FLSA

Service Authorization Agreement No: 205565

Order Date: / / Phone:	Customer PO #
FLSA Job No. 362177	Ordered By:
Job Name: Smyth Co. Comm. Hosp.	Bill To: Same.
Job Address: 245 Medical Park Dr.	Billing Address:
Marion, VA. 24354	
Contact Name: Kenny - Mark.	Pmt Method: Cash/Chk Visa MC Amex Discover Bill To
Phone: 1-276-378-1071	CC No: Exp Date:
Valve Seal #	CC Signature:

Description of Work: To add hangers that are self supporting on 2nd floor at Short stay area (2) add hangers on 3rd floor by computer area (2). Relocate (1) head in Pharmacy area above shelf. Returned system to normal service, & self support hanger in maint. office 2" (1)

Qty.	Materials	Unit Price	Amount	Tech(s)	Date on Job	ST	OT	Travel
4	2" hanger rings #04011125		$3.04	Steve Gordon	4-13-16	8/8		Inc.
4	3/8" drop-in anchors #04023000		$3.28	Tim Stones.	4-13-16	8/8		
2	3/8" Top beam clamps #04003438		$3.44					
6	Lgn of 3/8" rod. #04012386		$5.16			16 hrs.	00 =	$1200.00
1	3 ft. of Flex clamp. #07720836		$64.22			16 hrs.	00 =	$880.00
2	ft. of 1" pipe #61400100		$5.24					
1	1" L #02900100		$4.18		TOTAL			
	5 ft of unistrut #04024701		$8.84					

Return Trip Required: Yes ☐ No ☑

Date Completed: 4/13/16

Office Use Only - Cost Summary	
Total Labor	$2080.00
Total Materials	$97.40
Fuel Charge	$25.00
Grand Total	$2202.40

Limitation of Liability: FLSA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLSA under this Agreement. Customer shall hold FLSA harmless from any and all third party claims for personal injury, death or property damage arising from Customer's failure to maintain its premises, including but not limited to damages to the fire protection system or Customer's property caused by water leakage, freezing pipes, loss of power, acts of God or other similar causes beyond the control of FLSA. In no event shall FLSA be liable for any special, indirect, incidental, consequential or any other damages of any character, including but not limited to the loss of use of the Customer's property, lost profits or lost production, whether claimed by Customer or by any third party, irrespective of whether claims or actions for such damages are based upon contract, warranty, negligence, tort, strict liability or otherwise

DISCLAIMER OF WARRANTIES: FLSA HEREBY DISCLAIMS ANY AND ALL WARRANTIES NOT EXPRESSLY STATED HEREIN, INCLUDING WARRANTIES OF MERCHANTIBILITY OR FITNESS FOR A PARTICULAR PURPOSE. UNDER NO CIRCUMSTANCES AND IN NO EVENT SHALL FLSA BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES OR LOST PROFITS INCURRED BY CUSTOMER, WHETHER OR NOT FLSA RECEIVES NOTICE OF THE POTENTIAL FOR SUCH DAMAGES. NOTWITHSTANDING THE FOREGOING, ANY LIABILITY INCURRED BY FLSA SHALL BE LIMITED TO THE AMOUNT OF GOODS AND SERVICES PURCHASED BY CUSTOMER AND CONTAINED WITHIN THIS AGREEMENT.

TERMS AND CONDITIONS ON THE REVERSE SIDE ARE AN INTEGRAL PART OF THIS WORK ORDER. CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF THIS WORK ORDER AND HAS READ THE FRONT AND REVERSE SIDE OF THIS WORK ORDER.

By signing below, the Customer hereby authorizes FLSA to perform the Work described above and certifies that: (i) the information provided above and/or attached to this Agreement is true, accurate, and complete to the best of Customer's knowledge; (ii) the signor has the authority to authorize the Work requested pursuant to this Agreement; and (iii) the Customer has read this entire Agreement and agrees to comply with and by bound by the terms and conditions contained herein.

Customer: Marta Puckett

Signature:

Print Name:

Title:

Date: 4-13-16

Form 4.5.07

White - Office Yellow - Customer Pink - Technician

Official Accreditation Report

Smyth County Community Hospital
245 Medical Park Drive
Marion, VA 24354

Organization Identification Number: 3795

Unannounced Full Event: 3/21/2016 - 3/23/2016

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)	Survey Date(s)
Hospital Accreditation Home Care Accreditation	03/21/2016-03/23/2016

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP15
	IC.02.02.01	EP2,EP4
	NPSG.01.01.01	EP2
	PC.01.02.07	EP3
	PC.02.01.03	EP1
	PC.02.01.11	EP2
	PC.03.01.03	EP1
Program:	Home Care Accreditation Program	
Standards:	IC.02.01.01	EP2

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	IC.01.05.01	EP1
	LD.04.01.05	EP4
	LS.02.01.35	EP4
	MM.05.01.09	EP2
	MS.01.01.01	EP5

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.35/EP4	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP15

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2, EP4	Standard

CoP: §482.22 **Tag:** A-0338 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.22 Condition of Participation: Medical staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.22(c)	A-0353	HAP - MS.01.01.01/EP5	Standard

Requirements for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01

ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Element(s) of Performance:

15. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13)
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 15
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In 1 of 16 critical pressure relationships, checked during survey,the sterile prep and pack room was in a slightly negative air pressure relationship to the adjacent corridor, as observed via a hospital-provided velometer indicating that air was flowing into the room from 1 to 50 feet per minute. The hospital did follow-up air balancing the same day, and the sterile prep and pack room was subsequently observed to be in the correct positive air pressure relationship at an average of 75 feet per minute on the velometer, prior to the end of the day.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.01.05.01

ESC 60 days

Standard Text: The hospital has an infection prevention and control plan.

Element(s) of Performance:

1. When developing infection prevention and control activities, the hospital uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
During the tracing of the sterile processing department, it was found that testing of the mechanical washer function was not performed.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

ESC 45 days

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)
Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.
Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category : A
Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 2
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the tour of radiology and demonstration of high level disinfection of ultrasound probes, it was found that the bottle containing Revital-Ox test strips was appropriately labeled with the date opened (3/16) and the expiration date (5/16). However, the bottle and the strips had expired on 3/16/2016.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the demonstration of high level disinfection of ultrasound probes, it was noted a GUS was used. While the initial rinse was in the GUS, the probe was next rinse in a hand wash general use sink, too small to avoid splash contamination.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During review of high level disinfection of endoscopes, it was found that disinfection reagent testing results were not recorded.

EP 4
§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the tour of the OR and surgical suite, it was noted that the difficult intubation scope was stored coiled lying flat. Endoscopes with lumens need to be stored vertically following high level disinfection to allow fluids to drain and not pool.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In 2 of 4 colonoscopes in the endoscope storage cabinet following high level disinfection, it was noted the scopes were touching each other and their tips were touching a towel at the bottom of the cabinet.

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
During the tour of the radiology department and demonstration of the high level disinfection process for the intra-cavitary probes, it was noted that the transvaginal probe was stored in a plastic container. The probe was in contact with its cable that had not undergone high level disinfection.

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.01.05

ESC 60 days

Standard Text: The hospital effectively manages its programs, services, sites, or departments.

Element(s) of Performance:

4. Staff are held accountable for their responsibilities.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 4

Observed in Record Review at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site. The records for acceptance and dispensing of sample medications in the ambulatory clinic were examined. The records did not show the quantity on-hand for any of the numerous medications in inventory. The log of drugs received was independent of the log of drugs dispensed. The dispense log was not by drug, hence there was no perpetual inventory capability. The hospital policy; "Use of Medication Samples - Pharmacy Services", PS-100-048, revised 1/24/2014, required documentation so that the remaining balance of drug on hand was to be reconciled every time medication was dispensed.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 4
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital deemed service.
In 4 of 10 above ceiling checks, there were observations within this element of performance.The sprinkler piping was sharing the support structure with conduits in two separate locations above the ceiling by Communications Room 3-1. Above the ceiling by the fire wall at the 3100 nurse's station, there were ten metal-clad flexible electrical cables being supported by a sprinkler pipe. Above the ceiling by Short Stay Room #2, the support structure was being shared with conduits.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.01.01.01

ESC 60 days

Standard Text: Medical staff bylaws address self-governance and accountability to the governing body.

Element(s) of Performance:

5. The medical staff complies with the medical staff bylaws, rules and regulations, and policies.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 5
§482.22(c) - (A-0353) - §482.22(c) Standard: Medical Staff Bylaws

The medical staff must adopt and enforce bylaws to carry out its responsibilities.
The bylaws must:
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site for the Hospital - Swing Bed deemed service.
In 2 of 2 patient records reviewed, the history and physical in the medical record did conform to the required elements as defined in Addendum A of the Medical Staff bylaws. The first record did not have a physical exam. There was a statement under that section, "I have reviewed and agree with vital signs listed in the ER". In the second record, there was no History and Physical. The discharge summary from the preceding hospital stay for a patient admitted to Swing Bed care was entered into the record with an ink stamp that stated the document was reviewed and accepted as the H&P. However, the discharge summary did not conform to H&P requirements for: past medical history, review of systems, family history, current medications and allergies, social history, and a current physical exam. There was no provision in the bylaws for a discharge summary to double as a History & Physical.
NOTE: The hospital provided a "policy' related to Swing Bed program, Titled "Physician Services". In the Procedure, B. 2. it stated that "The development of a medical plan of care to include a history and physical completed on admission to the unit or by 48 hours after admission which will be reviewed and revised appropriately, or accepting the acute care history and physical with the discharge summary as the swing bed unit history and physical by signing and dating it on admission or by 48 hours after admission." This policy did not have which policy manual it was located in, the policy number, the effective date, or review and approval information affixed. The medical staff bylaws, rule & regulations did not have a provision for alternate history & physical's (in Swing Bed patients) that supported the policy shown to the surveyor. Surveyor concluded the policy did not supersede the adopted Bylaws.

Observed in Record Review at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site.
In 27 of 200 Medical Records Audited, in the ambulatory care clinic, it was noted that the there were incomplete medical records outside of the 30 day requirement.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.05.01.09

ESC 60 days

Standard Text: Medications are labeled.

Element(s) of Performance:

2. Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.
Note: This element of performance is also applicable to sample medications.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Tracer Activities at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site. During tracer activities and interviews of clinic staff and a clinic physician, it was learned that there was no consistent (required) way of labeling sample medications at the time there were dispensed to patients for home use. The physician stated he wrote on the manufacturers packaging with a sharpie pen. There was no other labeling process that forced compliance with state requirements for labeling dispensed medications, or in compliance with hospital policy PS-100-048 "Use of Medication Samples". The policy required under section 3. Dispensing and administration of medication samples: a. Medication samples must be labeled per legal requirements for outpatient prescriptions.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.01.01.01 ESC 45 days

Standard Text: Use at least two patient identifiers when providing care, treatment, and services.

Element(s) of Performance:

2. Label containers used for blood and other specimens in the presence of the patient. (See also NPSG.01.03.01, EP 1) 3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Tracer Activities at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site. In 1 of 2 Urine Specimens, located on the counter of the clinic laboratory, it was noted that one specimen container had no patient identifiers on it.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.07

ESC 45 days

Standard Text: The hospital assesses and manages the patient's pain.

Element(s) of Performance:

3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 3

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
In 8 of 8 PRN medication doses for patient pain, it was noted that there was no documented pain reassessment within the expected time frame following PRN medication for assessed pain.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.03

ESC 45 days

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *
Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:
- Responsible for the care of the patient
- Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements
- Acting within his or her scope of practice under state law
- Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services
Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Record Review at Glade Spring Clinic (636 Monte Vista Drive, Glade Spring, VA) site.
In 2 of 3 patient records reviewed, there was no documented medication order, discussion of prescribing a new medication, or addition to the list of current medications for patients who had a medication dispensed from the Sample Medication inventory. Patients were randomly selected from the list of dispensed sample medications. In two records the computer form for order/dispensing the sample mediation was not completed by the provider of record.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.02.01.11

ESC 45 days

Standard Text: Resuscitation services are available throughout the hospital.

Element(s) of Performance:

2. Resuscitation equipment is available for use based on the needs of the population served. Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
During the tour of the OR, it was noted that the OR crash cart and defibrillator had not been checked on Saturday March 5th despite a surgical procedure that day.

Observed in Tracer Activities at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
In 2 of 2 Supply Carts, located in the medication/supply room on the Progressive Care Unit/ICU, it was noted that there were ECG electrodes loosely stored in a drawer. These items had been removed from the manufacturer packaging. In the second cart there was a partially used package of electrodes. There were no discard dates affixed to any of the opened electrodes. The manufacturers instructions for use required them to be discarded 30 days after opening.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.01.03

ESC 45 days

Standard Text: The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Element(s) of Performance:

1. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a presedation or preanesthesia patient assessment. (See also RC.02.01.01, EP 2)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive, Marion, VA) site.
In 2 of 2 pre-sedation evaluations, the MD did a thorough history and physical and gave the ASA level but did not document an airway assessment. Hospital policy PC-600-195; pg.3, VII D. f calls for ASA level and airway assessment for moderate sedation with procedures.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.02.01.01

ESC 45 days

Standard Text: The organization implements the infection prevention and control activities it has planned.

Element(s) of Performance:

2. The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4)
Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients.
Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).

3

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Individual Tracer at Smyth Regional HomeCare (1152 Snider Street, Marion, VA) site.
The home care surveyor noted that during the process of obtaining blood specimens for ordered labs and a dressing change to the Hickman catheter the RN failed to comply with the organizations Infection Control policy and CDC guidelines when she failed to cleanse her hands or use hand sanitizer between glove changes. The surveyor observed the RN change gloves after removing the soiled Hickman catheter dressing and put on new gloves to open supplies and a second time when she removed her gloves from preparing supplies, the RN then put on sterile gloves for the Hickman catheter dressing change and the surveyor noted that there was no hand hygiene between either glove change.

Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Program:	Hospital Accreditation Program	
Standards:	EC.02.02.01	EP5
	IC.02.01.01	EP1
	LS.02.01.20	EP13
	LS.02.01.30	EP11
	LS.02.01.35	EP6
	PC.01.02.01	EP23
	PC.01.03.01	EP23
Program:	Home Care Accreditation Program	
Standards:	NPSG.01.01.01	EP1
	RC.02.01.01	EP2

Opportunities for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.02.01

Standard Text: The hospital manages risks related to hazardous materials and waste.

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP5
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. At the time of survey, it was confirmed by the hospital team that the hand-held spray located in the hazmat decontamination room in the Emergency Department was not being flowed on a preventive basis between actual uses.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.01.01

Standard Text: The hospital implements its infection prevention and control plan.

Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. The linen cart in the surgical sterile storage area, was observed to be a wire mesh cart without a plastic sheet on the bottom shelf.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

13. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP13
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. At the time of survey, there was a portable blood pressure apparatus and a workstation-on-wheels stored in the egress corridor on 2 Short Stay.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Element(s) of Performance:

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.
Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door.
(For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP11
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. During the tour of the OR, the strike on the door jam for the Environmental Services' closet door was taped so the door didn't latch.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

6. There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.
Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP6
Observed in Building Tour at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. At the time of survey, one of the five sprinklers in the Pharmacy was located fifteen inches directly above the top shelf of a storage unit.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.01

Standard Text: The hospital assesses and reassesses its patients.

Element(s) of Performance:

23. During patient assessments and reassessments, the hospital gathers the data and information it requires. (See also PC.01.01.01, EP 24)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP23
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. In 1of 3 patient records reviewed, on the Progressive Care Unit, the daily nursing assessment for the patient with acute respiratory was checked at "WNL". The RN stated that the patient had just come off of Bi-PAP that morning and was receiving nasal cannula oxygen and had diminished breath sounds. The documented assessment of WNL had criteria for room air, and normal breath sounds. The patient did not meet the normal criteria, hence the documented assessment did not support the plan of care. (Note: the RN amended the assessment).

Chapter:	Provision of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	PC.01.03.01
Standard Text:	The hospital plans the patient's care.

Element(s) of Performance:

23. The hospital revises plans and goals for care, treatment, and services based on the patient's needs. (See also RC.02.01.01, EP 2)

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP23
Observed in Individual Tracer at Smyth County Community Hospital (245 Medical Park Drive,Marion,VA) site. In 1of 2 patient records reviewed, for Swing Bed services, it was noted the electronic plan of care had "active" patient problems from a prior hospital stay in the current care plan. There were 6 problems with start dates prior to the date of Swing Bed admission and for which there was no supporting (current) assessments consistent with those problem (such as sepsis).

Chapter:	National Patient Safety Goals
Program:	Home Care Accreditation
Standard:	NPSG.01.01.01
Standard Text:	Use at least two patient identifiers when providing care, treatment, or services. Note: In the home care setting, patient identification is less prone to error than in other settings. At the first encounter, the requirement for two identifiers is appropriate; thereafter, and in any situation of continuing one-on-one care in which the clinician 'knows' the patient, one of the identifiers can be facial recognition. In the home, the correct address is also confirmed. The patient's confirmed address is an acceptable identifier when used in conjunction with another individual-specific identifier.

Element(s) of Performance:

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at Smyth Regional HomeCare (1152 Snider Street,Marion,VA) site.
The surveyor noted that for HH Visit 1 the RN obtained blood specimens as ordered from the Hickman catheter and then proceeded to label the specimen tubes however failed to use at least two patient identifiers when collecting the blood samples for clinical testing.

Chapter: Record of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: RC.02.01.01

Standard Text: The patient record contains information that reflects the patient's care, treatment, or services.

Element(s) of Performance:

2. The patient record contains the following clinical information:
- Any medications administered, including dose
- Any activity restrictions
- Any changes in the patient's condition
- Any summaries of the patient's care, treatment, or services furnished to the patient’s physician or licensed independent practitioner(s)
- The patient's medical history
- Any allergies or sensitivities
- Any adverse drug reactions
- The patient's functional status
- Any diet information or any dietary restrictions
- Diagnostic and therapeutic tests, procedures, and treatments, and their results
- Any specific notes on care, treatment, or services
- The patient's response to care, treatment, or services
- Any assessments relevant to care, treatment, or services
- Physician orders
- Any information required by organization policy, in accordance with law and regulation
- A list of medications, including dose, frequency, and route of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services
- The plan of care
- For DMEPOS suppliers serving Medicare beneficiaries: The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician. (See also PC.01.02.01, EP 1; PC.01.03.01, EPs 1 and 23)

Note 1: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Note 2: For organizations that provide personal care and support services: The patient record contains the documentation on the list noted above that applies to the care, treatment, or services provided by the personal care and support staff.

Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP2
Observed in Individual Tracer at Smyth Regional HomeCare (1152 Snider Street,Marion,VA) site. The home care surveyor noted for HV 3 the RN did not comply with the organization's policy HH 600 -022 section C Drug Profile which states that the drug profile/medicine profile information lists each medication the patient is receiving, the date ordered, the dosage and frequency. The Home Health Certification Plan of Care locator number 10 Medications included Novolog Sliding Scale Vial 1 Unit As Directed Sub-Q and the order did not include the specificity for the sliding scale. The sliding scale was written on a piece of paper in the patient's bedroom and in the home folder and included 0 -150=0 units, 150-200=5 units, 200-295=10 units, 300-399=20 units, greater than 400=25 units. There was no evidence of the sliding scale on the agency drug profile/medication profile.

Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0

Healthcare Facilities Accreditation Program (HFAP)
Corrective Action Response Template

Standard Number and Language	Weight	Surveyor Comments	Responsible Party	Completion Timeframe
11.06.01 Written Fire Control Plans. The hospital must have written fire control plans that contain provisions for: · Prompt reporting of fires; · Extinguishing fires; · Protection for patients, personnel and guests; · Evacuation; and · Cooperation with fire-fighting authorities. 482.41(b) (7)	2	This standard was not met as evidenced by a review of the fire plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and not specific to Norton community Hospital.	Mike McCall, Safety Director/Emergency Management	September 5, 2012
· **Corrective Action Plan:**	· All Emergency Response Procedures that were written to encompass all facilities in Mountain States Health Alliance have been re-written specifically for Norton Community Hospital. Those procedures were Red/Fire, Alpha/Radiation or Chemical exposure, Toro/Tornado, LEMA/Facility lockdown, and Six/Security response. · The procedures were reviewed and approved by Norton Community Hospital's Safety Committee and then submitted to the Corporate Director of Safety, Security, and Emergency Management for Mountain States Health Alliance Corporate approval. The Emergency Response Procedures were reviewed with the Medical Executive Committee at the September 4, 2012 meeting. · Procedures were posted on Policy Manager and are available to all NCH Team Members Communication to all NCH Team Members made in form of email with notification of any pertinent changes and availability.			

Please remember that all elements of this template must be completed for each deficiency cited, in order to be accepted by HFAP as a Corrective Action Response.

Facility Name & CCN: Norton Community Hospital, #490001

Survey Dates: July 18 – 20, 2012

Healthcare Facilities Accreditation Program (HFAP)
Corrective Action Response Template

Monitoring Plan: **(Must include frequency of monitoring)**	Procedures will be reviewed on timeframes established by Policy and Procedures Department at least every two years.
Attachments/Evidence:	· Revised Code Red-procedure · Minutes from August 31st Safety Committee meeting showing approval of procedures. · Excerpt from Medical Executive Committee Minutes of September 4, 2012 · Email to team members

Please remember that all elements of this template must be completed for each deficiency cited, in order to be accepted by HFAP as a Corrective Action Response.

Facility Name & CCN: Norton Community Hospital, #490001

Survey Dates: July 18 – 20, 2012

Healthcare Facilities Accreditation Program (HFAP)
Corrective Action Response Template

Standard Number and Language	Weight	Surveyor Comments	Responsible Party	Completion Timeframe
11.07.01 Disaster Plans. Written disaster plans are developed, maintained, and available to the staff for crisis preparation. All disaster plans written by a health care hospital should be reviewed and coordinated with local authorities so as to prevent confusion. Such authorities include, but are not limited to, civil authorities (such as fire department, police department, public health department, or emergency medical service councils), and civil defense or military authorities. The hospital shall provide an education program for staff and physicians for emergency response preparedness. The hospital should also participate in community emergency preparedness plans	3	This standard was not met as evidenced by a review of the plan document with the Safety Officer indicated that the plan was written to encompass all facilities in the Mountain States Health Alliance and are not specific to Norton Community Hospital.	Mike McCall, Safety Director/Emergency Management	September 4, 2012

Please remember that all elements of this template must be completed for each deficiency cited, in order to be accepted by HFAP as a Corrective Action Response.

Facility Name & CCN: Norton Community Hospital, #490001

Survey Dates: July 18 – 20, 2012

Healthcare Facilities Accreditation Program (HFAP)
Corrective Action Response Template

· **Corrective Action Plan:**	· All Emergency Response Procedures that were written to encompass all facilities in Mountain States Health Alliance have been re-written specifically for Norton Community Hospital. Those procedures were Red/Fire, Alpha/Radiation or Chemical exposure, Toro/Tornado, LEMA/Facility lockdown, and Six/Security response. · The procedures were reviewed and approved by Norton Community Hospital's Safety Committee and then submitted to the Corporate Director of Safety, Security, and Emergency Management for Mountain States Health Alliance Corporate approval. · Procedures were posted on Policy Manager and are available to all NCH Team Members · Changes reviewed with the Medical Executive Committee at the September 4, 2012 meeting. · Communication to all NCH Team Members made in form of email with notification of any pertinent changes and availability.
Monitoring Plan: **(Must include frequency of monitoring)**	Procedures will be reviewed on timeframes established by Policy and Procedures Department at least every two years.
Attachments/Evidence:	· Revised Code Red-procedure · Revised Code Alpha Chemical procedure · Revised Code Alpha Radiation procedure · Revised Code Toro procedure · Revised Code LEMA procedure · Revised Code Six procedure · Minutes from August 31st Safety Committee meeting showing approval of procedures. · Minutes from September 4, 2012 Medical Executive Committee Meeting · Email to team members

Please remember that all elements of this template must be completed for each deficiency cited, in order to be accepted by HFAP as a Corrective Action Response.

Facility Name & CCN: Norton Community Hospital, #490001

Survey Dates: July 18 – 20, 2012

Healthcare Facilities Accreditation Program (HFAP)
Corrective Action Response Template

Standard Number and Language	Weight	Surveyor Comments	Responsible Party	Completion Timeframe
11.07.07 Education of Staff. The hospital shall provide an education program for staff and physicians for weapons of mass destruction response preparedness.	3	This standard was not met as evidenced by a review of Medical Staff quarterly meeting minutes and Safety Committee Minutes for the previous twelve (12) months with the Safety Officer resulted in no evidence of Medical Staff training in the Weapons of Mass Destruction Response Plan.	Mike McCall, Safety Director/Emergency Management	July 23, 2012
· **Corrective Action Plan:**	1. Safety Officer presented a video on 6/20/2012 at the Quarterly Medical Staff meeting titled: "Hospital Incident Command System: An Introduction for Physicians". 2. Memo has been sent on June 20, 2012 to the Medical Staff regarding Physician Responsibilities during a disaster.			
Monitoring Plan: (Must include frequency of monitoring)	· Provide annual education to staff and physicians for weapons of mass destruction response preparedness at the Quarterly Medical Staff meeting on July 23, 2012.			
Attachments/Evidence:	1. Norton Community Hospital/Dickenson Community Hospital Minutes – Medical Staff Meeting – July 23, 2012 2. Medical Staff Memo 6/29/2012 - Physician Responsibilities during a Disaster			

Please remember that all elements of this template must be completed for each deficiency cited, in order to be accepted by HFAP as a Corrective Action Response.

Facility Name & CCN: Norton Community Hospital, #490001

Survey Dates: July 18 – 20, 2012

Description of Parties' Use of Health Information Exchanges

- **Description of the HIEs Currently Used by Each Party**

A. Wellmont

(i) Wellmont is currently an acute data contributor to OnePartner.
(ii) As an acute data contributor, Wellmont provides the following information to OnePartner:
- Demographics
- Encounters
- Labs
- Diagnoses
- Procedures and
- Radiology.

(iii) The initial cost to set up the interface with OnePartner was $63,500.
(iv) There are annual fees of $9,800.
(v) The cost for each provider to be able to access the information in the HIE is $149 per physician per month.
(vi) As of July, 2016, a group of Wellmont physicians have access to OnePartner as collaborators rather than simple contributors.
(vii) The only patient information currently available within the HIE is the 18 data points identified in Subsection C.(vi) below. The patient information can be viewed and printed when the provider is accessing the HIE.

B. Mountain States

(i) Mountain States is currently an acute data contributor to OnePartner under a five year agreement set to expire on December 31, 2019.
(ii) As an acute data contributor, Mountain States provides the following information to OnePartner:
- Demographics
- Encounters
- Labs
- Diagnoses
- Procedures and
- Radiology.

(iii) Clinical Documents are scheduled to go-live in July 2016. For acute hospitals the clinical documents will include history and physical, progress notes (SOAP), consults, procedure notes, and discharge summaries. For ambulatory surgery centers, the clinical documents will include office visit assessments, post- op visit notes, ER follow up notes, and prenatal visit notes.
(iv) Mountain States Medical Group is currently testing ambulatory data on-boarding with OnePartner, which will be complete by the end of August 2016. Once on-board, Mountain States Medical Group is expected to provide Demographics, Encounters, Vitals, Labs, Diagnoses, Procedures, Problems,

Allergies, Medications, Immunizations, and Clinical Documents to OnePartner for all patients treated by the Group's 375 providers and mid-levels.

(v) Mountain States' current financial commitment to OnePartner is $98,000, which includes initial setup cost of $53,500 and a contract to pay a participation fee of $8,900 per year for five years for access to the OnePartner data.

(vi) In addition to exchanging 11,432,731 data transactions with OnePartner, Mountain States has had a broad range of experiences with data sharing arrangements. Currently, other data sharing partners of Mountain States include:

- State of Franklin Health Associates : 373,673 data transactions
- Inpatients Consultants: 289,760 data transactions
- Medical Practice Management: 162,384 data transactions
- East Tennessee State University: 69,502 data transactions.

(vii) Mountain States also currently send Immunization data, and is in final testing for exchanging Syndromic Surveillance data, to the state of Tennessee. In addition, Mountain States currently sends Immunization and Syndromic Surveillance data to the Virginia Connect HIE.

(viii) Mountain States was a Veterans Administration proof of concept, pilot and demonstration partner in the development of the Direct Messaging platform and has recently undertaken initial conversations with the Veterans Administration for potential inclusion with their Virtual Lifetime Electronic Record (VLER) program.

(ix) Finally, Mountain States is actively working with Tennessee's Healthcare Innovation Initiative to develop a community case management tool.

C. Description of the OnePartner HIE

(i) OnePartner is a for-profit limited liability company owned by physicians in Northeast Tennessee.

(ii) OnePartner is exclusively a physician regional HIE available to providers located in Northeast Tennessee and Southwest Virginia.

(iii) It is operationalized through the use of a product named dbMotion. dbMotion is a context aware computer application that when deployed and integrated with a OnePartner collaborator's EMR, provides access to the OnePartner patient record from the practicing physician's EMR workstation.

(iv) Access to OnePartner is available through an online portal: https://provider.onepartnerhie.com.

(v) Before accessing the OnePartner HIE data, a participating entity must sign a collaborator agreement, meet the criteria in the agreement, pay a subscription fee of approximately $150-$200 per month per provider, and meet the minimum standards for participating providers. They must also sign a Business Associate Agreement and a Data Sharing Agreement.

(vi) The information fields available in the OnePartner HIE are limited to the following:

- Name
- Demographics

- Active Allergies
- Current Medications
- Problem List (Current Problems)
- Problem List (Resolved Problems)
- Recent Visits
- Immunizations
- History (Medical and Surgical)
- History (Family)
- History (Social)
- Last Recorded Vital Signs
- Progress Notes
- Plan of Care
- Functional Status
- Recent Results
- PCP
- Custodial/Source Organization

(vii) These 18 components are sent to the HIE unless a patient affirmatively opts-out and requests that his/her information not be included.

(viii) Once on the system, HIE data can be printed and can be brought into the participating entity's EMR only if they have certain computer capabilities.

(ix) According to OnePartner, over the last four years:

- the number of providers providing data is currently greater than 1,000
- the number of providers viewing data is approximately 400
- there are 654,083 unique patients have been entered into the database.

(x) Based on information provided by OnePartner, the top contributing providers are Mountain States, Holston Medical Group, and State of Franklin Health Associates.

(xi) Again, based on information provided by OnePartner, the top accessors of data are Holston Medical Group, State of Franklin Health Associates, and Qualuable Medical Professionals.

ExhibitT-19

Audited Financial Statement on MSHA as of June 30, 2015

MOUNTAIN STATES HEALTH ALLIANCE

Audited Consolidated Financial Statements
(and Supplemental Information)

Years Ended June 30, 2015 and 2014

PYA
Certified Public Accountants

MOUNTAIN STATES HEALTH ALLIANCE

Audited Consolidated Financial Statements (and Supplemental Information)
(Dollars in Thousands)

Years Ended June 30, 2015 and 2014

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PERSHING YOAKLEY & ASSOCIATES, P.C.
One Cherokee Mills, 2220 Sutherland Avenue
Knoxville, TN 37919
p: (865) 673-0844 | f: (865) 673-0173
www.pyapc.com

PYA
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Mountain States Health Alliance:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mountain States Health Alliance and its subsidiaries (the Alliance), which comprise the consolidated balance sheets as of June 30, 2015 and 2014, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Alliance's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Alliance's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mountain States Health Alliance and its subsidiaries as of June 30, 2015 and 2014, and the results of their operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Perkins Yarbley & Associates PC

Knoxville, Tennessee
October 28, 2015

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Balance Sheets
(Dollars in Thousands)

	June 30, 2015	June 30, 2014
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	**$ 79,714**	$ 59,185
Current portion of investments	**19,598**	25,029
Patient accounts receivable, less estimated allowances for uncollectible accounts of $73,805 in 2015 and $47,853 in 2014	**162,256**	161,318
Other receivables, net	**33,286**	45,502
Inventories and prepaid expenses	**33,969**	30,838
TOTAL CURRENT ASSETS	**328,823**	321,872
INVESTMENTS, less amounts required to meet current obligations	**694,542**	648,475
PROPERTY, PLANT AND EQUIPMENT, net	**847,089**	881,429
OTHER ASSETS		
Goodwill	**156,596**	156,613
Net deferred financing, acquisition costs and other charges	**24,755**	25,841
Other assets	**53,040**	48,350
TOTAL OTHER ASSETS	**234,391**	230,804
	$ 2,104,845	$ 2,082,580

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Balance Sheets - Continued
(Dollars in Thousands)

	June 30, 2015	June 30, 2014
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accrued interest payable	$ **18,159**	$ 18,648
Current portion of long-term debt and capital lease obligations	**40,286**	30,618
Accounts payable and accrued expenses	**100,301**	87,126
Accrued salaries, compensated absences and amounts withheld	**72,066**	72,181
Estimated amounts due to third-party payers, net	**4,781**	10,463
TOTAL CURRENT LIABILITIES	**235,593**	219,036
OTHER LIABILITIES		
Long-term debt and capital lease obligations, less current portion	**1,031,661**	1,075,069
Estimated fair value of derivatives	**2,541**	10,603
Estimated professional liability self-insurance	**8,461**	8,957
Other long-term liabilities	**38,683**	35,974
TOTAL LIABILITIES	**1,316,939**	1,349,639
COMMITMENTS AND CONTINGENCIES - Notes D, F, G, and M		
NET ASSETS		
Unrestricted net assets		
Mountain States Health Alliance	**583,287**	541,979
Noncontrolling interests in subsidiaries	**191,118**	178,547
TOTAL UNRESTRICTED NET ASSETS	**774,405**	720,526
Temporarily restricted net assets		
Mountain States Health Alliance	**13,303**	12,204
Noncontrolling interests in subsidiaries	**71**	84
TOTAL TEMPORARILY RESTRICTED NET ASSETS	**13,374**	12,288
Permanently restricted net assets	**127**	127
TOTAL NET ASSETS	**787,906**	732,941
	$ **2,104,845**	$ 2,082,580

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Statements of Operations
(Dollars in Thousands)

	Year Ended June 30,	
	2015	*2014*
Revenue, gains and support:		
Patient service revenue, net of contractual allowances and discounts	**$ 1,116,954**	$ 1,046,767
Provision for bad debts	**(127,519)**	(122,642)
Net patient service revenue	**989,435**	924,125
Premium revenue	**32,184**	10,683
Net investment gain	**17,016**	50,703
Net derivative gain	**13,890**	3,219
Other revenue, gains and support	**36,571**	62,457
TOTAL REVENUE, GAINS AND SUPPORT	**1,089,096**	1,051,187
Expenses and losses:		
Salaries and wages	**345,155**	340,589
Physician salaries and wages	**80,279**	77,636
Contract labor	**5,416**	4,282
Employee benefits	**77,306**	69,173
Fees	**120,691**	115,606
Supplies	**176,050**	163,699
Utilities	**16,775**	17,052
Medical costs	**18,383**	6,633
Other	**81,477**	79,980
Loss on early extinguishment of debt	**-**	4,622
Depreciation	**67,210**	69,437
Amortization	**1,557**	1,742
Interest and taxes	**43,697**	44,392
TOTAL EXPENSES AND LOSSES	**1,033,996**	994,843
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	**$ 55,100**	$ 56,344

See notes to consolidated financial statements.

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Statements of Changes in Net Assets
(Dollars in Thousands)

Year Ended June 30, 2015

	Mountain States Health Alliance	*Noncontrolling Interests*	*Total*
UNRESTRICTED NET ASSETS:			
Excess of Revenue, Gains and Support over Expenses and Losses	$ 41,008	$ 14,092	$ 55,100
Pension and other defined benefit plan adjustments	(178)	(152)	(330)
Net assets released from restrictions used for the purchase of property, plant and equipment	478	-	478
Repurchases of noncontrolling interests, net	-	(1,014)	(1,014)
Distributions to noncontrolling interests	-	(355)	(355)
INCREASE IN UNRESTRICTED NET ASSETS	41,308	12,571	53,879
TEMPORARILY RESTRICTED NET ASSETS:			
Restricted grants and contributions	3,663	69	3,732
Net assets released from restrictions	(2,564)	(82)	(2,646)
INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	1,099	(13)	1,086
INCREASE IN TOTAL NET ASSETS	42,407	12,558	54,965
NET ASSETS, BEGINNING OF YEAR	554,310	178,631	732,941
NET ASSETS, END OF YEAR	$ 596,717	$ 191,189	$ 787,906

See notes to consolidated financial statements.

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Statements of Changes in Net Assets - Continued
(Dollars in Thousands)

Year Ended June 30, 2014

	Mountain States Health Alliance	*Noncontrolling Interests*	*Total*
UNRESTRICTED NET ASSETS:			
Excess of Revenue, Gains and Support over Expenses and Losses	$ 48,058	$ 8,286	$ 56,344
Pension and other defined benefit plan adjustments	194	194	388
Net assets released from restrictions used for the purchase of property, plant and equipment	3,313	-	3,313
Noncontrolling interest in acquired subsidiary	-	914	914
Distributions to noncontrolling interests	-	(461)	(461)
INCREASE IN UNRESTRICTED NET ASSETS	51,565	8,933	60,498
TEMPORARILY RESTRICTED NET ASSETS:			
Restricted grants and contributions	4,693	88	4,781
Net assets released from restrictions	(5,265)	(56)	(5,321)
INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	(572)	32	(540)
INCREASE IN TOTAL NET ASSETS	50,993	8,965	59,958
NET ASSETS, BEGINNING OF YEAR	503,317	169,666	672,983
NET ASSETS, END OF YEAR	$ 554,310	$ 178,631	$ 732,941

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Statements of Cash Flows
(Dollars in Thousands)

	Year Ended June 30,	
	2015	*2014*
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	**$ 54,965**	$ 59,958
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for depreciation and amortization	**69,242**	71,789
Provision for bad debts	**127,519**	122,642
Loss on early extinguishment of debt	**-**	4,622
Change in estimated fair value of derivatives	**(7,718)**	2,761
Equity in net income of joint ventures, net	**(79)**	(369)
Loss (gain) on disposal of assets	**(2,192)**	(3,489)
Amounts received on interest rate swap settlements	**(6,172)**	(5,980)
Capital Appreciation Bond accretion and other	**2,780**	2,629
Restricted contributions	**(3,732)**	(4,781)
Pension and other defined benefit plan adjustments	**330**	(388)
Increase (decrease) in cash due to change in:		
Patient accounts receivable	**(128,457)**	(115,380)
Other receivables, net	**12,303**	(11,880)
Inventories and prepaid expenses	**(3,131)**	959
Trading securities	**(39,873)**	(46,451)
Other assets	**(3,128)**	(2,492)
Accrued interest payable	**(489)**	(1,058)
Accounts payable and accrued expenses	**16,745**	(6,666)
Accrued salaries, compensated absences and amounts withheld	**(115)**	8,006
Estimated amounts due to third-party payers, net	**(5,682)**	(16,312)
Estimated professional liability self-insurance	**(496)**	199
Other long-term liabilities	**2,379**	16,425
Total adjustments	**30,034**	14,786
NET CASH PROVIDED BY OPERATING ACTIVITIES	**84,999**	74,744
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of property, plant and equipment and property held for expansion	**(44,569)**	(64,424)
Acquisitions, net of cash acquired	**-**	(4,256)
Purchases of held-to-maturity securities	**(1,417)**	(5,978)
Net distribution from joint ventures and unconsolidated affiliates	**4,859**	661
Proceeds from sale of property, plant and equipment and property held for resale	**2,654**	2,858
NET CASH USED IN INVESTING ACTIVITIES	**(38,473)**	(71,139)

See notes to consolidated financial statements.

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Statements of Cash Flows - Continued
(Dollars in Thousands)

	Year Ended June 30, 2015	2014
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payments on long-term debt and capital lease obligations, including deposits to escrow	**(36,210)**	(38,768)
Payment of acquisition and financing costs	**-**	(3,826)
Proceeds from issuance of long-term debt and other financing arrangements	**-**	11,916
Net amounts received on interest rate swap settlements	**6,172**	5,980
Restricted contributions received	**4,041**	5,376
NET CASH USED IN FINANCING ACTIVITIES	**(25,997)**	(19,322)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	**20,529**	(15,717)
CASH AND CASH EQUIVALENTS, beginning of year	**59,185**	74,902
CASH AND CASH EQUIVALENTS, end of year	**$ 79,714**	$ 59,185
SUPPLEMENTAL INFORMATION AND NON-CASH TRANSACTIONS:		
Cash paid for interest	**$ 38,982**	$ 40,546
Cash paid for federal and state income taxes	**$ 917**	$ 854
Construction related payables in accounts payable and accrued expenses	**$ 5,034**	$ 8,604
Assets contributed into joint venture	**$ 8,668**	$ -
Supplemental cash flow information regarding acquisitions:		
Assets acquired, net of cash	**$ -**	$ 12,715
Liabilities assumed	**-**	(8,459)
Acquisitions, net of cash acquired	**$ -**	$ 4,256

During the year ended June 30, 2014, the Alliance refinanced previously issued debt of $318,385.

NOTE A--ORGANIZATION AND OPERATIONS

Mountain States Health Alliance (the Alliance) is a tax-exempt entity with operations primarily located in Washington, Sullivan, Unicoi, and Carter counties of Tennessee and Smyth, Wise, Dickenson, Russell and Washington counties of Virginia. The primary operations of the Alliance consist of eleven acute and specialty care hospitals.

The Alliance's accompanying consolidated financial statements include all assets, liabilities, revenues, expenses, and changes in net assets attributable to the noncontrolling interests in the following subsidiaries:

- Smyth County Community Hospital and Subsidiary - the Alliance holds an 80% interest
- Norton Community Hospital and Subsidiaries - the Alliance holds a 50.1% interest
- Johnston Memorial Hospital, Inc. and Subsidiaries - the Alliance holds a 50.1% interest

The Alliance is the sole shareholder of Blue Ridge Medical Management Corporation (BRMM), a for-profit entity that owns and manages physician practices, real estate and ambulatory surgery centers and provides other healthcare services to individuals in Tennessee and Virginia.

The Alliance is a 99.9% shareholder of Integrated Solutions Health Network, LLC, a for-profit entity that owns a for-profit insurance company and an accountable care organization and administers a provider-sponsored health care delivery network,

The Alliance is the primary beneficiary of the activities of Mountain States Foundation, Inc., a not-for-profit foundation formed to coordinate fundraising and development activities of the Alliance.

NOTE B--SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation: The accompanying consolidated financial statements include the accounts of the Alliance and its consolidated subsidiaries after elimination of all significant intercompany accounts and transactions.

Use of Estimates: The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

Cash and Cash Equivalents: Cash and cash equivalents include all highly liquid investments with a maturity of three months or less when purchased. Cash and cash equivalents designated as assets limited as to use or uninvested amounts included in investment portfolios are not included as cash and cash equivalents.

Investments: Investments include trading securities and held-to-maturity securities. Within the trading securities portfolio, all debt securities and marketable equity securities with readily determinable fair values are reported at fair value based on quoted market prices. Investments without readily determinable fair values are reported at estimated fair market value utilizing observable and unobservable inputs. Investments which the Alliance has the positive intent and ability to hold to maturity are classified as held-to-maturity and are stated at amortized cost. Realized gains and losses are computed using the specific identification method for cost determination. Interest and dividend income is reported net of related investment fees.

Management evaluates whether unrealized losses on held-to-maturity investments indicate other-than-temporary impairment. Such evaluation considers the amount of decline in fair value, as well as the time period of any such decline. Management does not believe any investment classified as held-to-maturity is other-than-temporarily impaired at June 30, 2015.

Investments in joint ventures are reported under the equity method of accounting, which approximates the Alliance's equity in the underlying net book value. Other assets include investments in joint ventures of $5,180 and $1,364 at June 30, 2015 and 2014, respectively. During 2015, the Alliance contributed assets into a joint venture which owns and operates a rehabilitation hospital.

Inventories: Inventories, consisting primarily of medical supplies, are stated at the lower of cost or market with cost determined by first-in, first-out method.

Property, Plant and Equipment: Property, plant and equipment is stated on the basis of cost, or if donated, at the fair value at the date of gift. Generally, depreciation is computed by the straight-line method over the estimated useful life of the asset. Equipment held under capital lease obligations is amortized under the straight-line method over the shorter of the lease term or estimated useful life. Amortization of buildings and equipment held under capital leases is shown as a part of depreciation expense and accumulated depreciation in the accompanying consolidated financial statements. Renewals and betterments are capitalized and depreciated over their useful life, whereas costs of maintenance and repairs are expensed as incurred.

Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. The amount capitalized is net of investment earnings on assets limited as to use derived from borrowings designated for capital assets.

The Alliance reviews capital assets for indications of potential impairment when there are changes in circumstances related to a specific asset. If this review indicates that the carrying value of these assets may not be recoverable, the Alliance estimates future cash flows from operations and the eventual disposition of such assets. If the sum of these undiscounted future cash flows is less than the carrying amount of the asset, a write-down to estimated fair value is recorded. The Alliance did not recognize any impairment losses during 2015 and 2014.

Other assets include property held for resale and expansion of $19,316 and $20,793, respectively, at June 30, 2015 and 2014. Property held for resale and expansion primarily represents land contributed to, or purchased by, the Alliance plus costs incurred to develop the infrastructure of such land. Management annually evaluates its investment and records non-temporary declines in value when it is determined the ultimate net realizable value is less than the recorded amount. No such declines were identified in 2015 and 2014.

Goodwill: Goodwill is evaluated for impairment at least annually. The Alliance comprises a single reporting unit for evaluation of goodwill. Management performed an evaluation of goodwill for impairment considering qualitative and quantitative factors and does not believe the goodwill to be impaired as of June 30, 2015 and 2014. Management's estimates utilized in the evaluation contain significant estimates and it is reasonably possible that such estimates could change in the near term.

Deferred Financing, Acquisition Costs and Other Charges: Other assets include deferred financing, acquisition costs and other charges of $24,755 and $25,841 at June 30, 2015 and 2014, respectively. Deferred financing costs are amortized over the life of the respective bond issue using the average bonds outstanding method.

Derivative Financial Instruments: The Alliance is a party to various interest rate swaps. These financial instruments are not designated as hedges and have been presented at estimated fair market value in the accompanying Consolidated Balance Sheets as either current or long-term liabilities, based upon the remaining term of the instrument.

Estimated Professional Liability Self-Insurance and Other Long-Term Liabilities: Self-insurance liabilities include estimated reserves for reported and unreported professional liability claims and are recorded at the estimated net present value of such claims. Other long-term liabilities include contributions payable and obligations under deferred compensation arrangements, a defined benefit pension plan, a post-retirement employee benefit plan as well as other liabilities which management estimates are not payable within one year.

Net Patient Service Revenue/Receivables: Net patient service revenue is reported on the accrual basis in the period in which services are provided at the estimated net realizable amounts, including estimated retroactive adjustments under reimbursement agreements with third-party payers.

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. The Alliance's revenue recognition policies related to self-pay and other types of payers emphasize revenue recognition only when collections are reasonably assured.

Patient accounts receivable are reported net of both an estimated allowance for uncollectible accounts and an estimated allowance for contractual adjustments. The contractual allowance represents the difference between established billing rates and estimated reimbursement from Medicare, Medicaid, TennCare and other third-party payment programs. Current operations include a provision for bad debts in the Consolidated Statements of Operations estimated based upon the age of the patient accounts receivable, historical writeoffs and recoveries and any unusual circumstances (such as local, regional or national economic conditions) which affect the collectibility of receivables, including management's assumptions about conditions it expects to exist and courses of action it expects to take. The primary uncertainty lies with uninsured patient receivables and deductibles, co-payments or other amounts due from individual patients. Additions to the allowance for uncollectible accounts result from the provision for bad debts. Patient accounts written off as uncollectible are deducted from the allowance for uncollectible accounts.

For uninsured patients that do not qualify for charity care, the Alliance recognizes revenue on the basis of discounted rates under the Alliance's self-pay patient policy. Under the policy, a patient who has no insurance and is ineligible for any government assistance program has their bill reduced to the amount which generally would be billed to a commercially insured patient. The Alliance's policy does not require collateral or other security for patient accounts receivable. The Alliance routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies.

Charity Care: The Alliance accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the Alliance and various guidelines outlined by the Federal Government. These policies define charity as those services for which no payment is anticipated and, as such, charges at established rates are not included in net patient service revenue. Charges forgone, based on established rates, totaled $85,988 and $109,550 during 2015 and 2014, respectively. The estimated direct and indirect cost of providing these services totaled $17,953 and $24,011 in 2015 and 2014, respectively. Such costs are determined using a ratio of cost to charges analysis with indirect cost allocated.

In addition to the charity care services, the Alliance provides a number of other services to benefit the poor for which little or no payment is received. Medicare, Medicaid, TennCare and State indigent programs do not cover the full cost of providing care to beneficiaries of those programs. The Alliance also provides services to the community at large for which it receives little or no payment.

Excess of Revenue, Gains and Support Over Expenses and Losses: The Consolidated Statements of Operations and the Consolidated Statements of Changes in Net Assets includes the caption Excess of Revenue, Gains and Support Over Expenses and Losses (the Performance Indicator). Changes in unrestricted net assets which are excluded from the Performance Indicator, consistent with industry practice, include contributions of long-lived assets or amounts restricted to the purchase of long-lived assets, certain pension and related adjustments, and transactions with noncontrolling interests.

Income Taxes: The Alliance is classified as an organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. As such, no provision for income taxes has been made in the accompanying consolidated financial statements for the Alliance and its tax-exempt subsidiaries. The Alliance's taxable subsidiaries are discussed in Note L. The Alliance has no significant uncertain tax positions at June 30, 2015 and 2014. At June 30, 2015, tax returns for 2011 through 2014 are subject to examination by the Internal Revenue Service.

Temporarily and Permanently Restricted Net Assets: Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor or time restriction expires; that is, when a stipulated time restriction ends or purpose restriction is fulfilled, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the Consolidated Statements of Operations and Changes in Net Assets as net assets released from restrictions. The Alliance's policy is to net contribution and grant revenues against related expenses and present such amounts as a part of other revenue, gains and support in the Consolidated Statements of Operations. Permanently restricted net assets have been restricted by donors to be maintained by the Alliance in perpetuity.

Premium Revenue: Premium revenue include premiums from individuals and the Centers for Medicare & Medicaid Services (CMS). CMS premium revenue is based on predetermined prepaid rates under Medicare risk contracts. Premiums are recognized in the month in which the members are entitled to health care services. Premiums collected in advance are deferred and recorded as unearned premium revenue. Premium deficiency losses are recognized when it is probable that expected future claim expenses will exceed future premiums on existing contracts. Management evaluated the need for a premium deficiency reserve and recorded an estimated reserve of $2,000 at June 30, 2015 and 2014.

Medicare Shared Savings Program (MSSP): The Alliance participates in CMS's Medicare Shared Savings Program which is designed to facilitate coordination and cooperation among providers to improve the quality of care for Medicare beneficiaries and reduce unnecessary costs. Accountable care organizations participating in the program are assigned beneficiaries by CMS and are entitled to share in the savings if they are able to lower growth in Medicare Parts A and B fee-for-service costs while meeting performance standards on quality of care. Utilizing statistical data and the

methodology employed by CMS, management estimated and recognized $2,857 and $5,425 of shared savings in 2015 and 2014, respectively.

Electronic Health Record (EHR) Incentives: The American Recovery and Reinvestment Act of 2009 (ARRA) provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and physician practices that demonstrate meaningful use of certified EHR technology. The incentive payments are calculated based upon estimated discharges, charity care and other input data and are recorded upon the Alliance's attainment of program and attestation criteria. The incentive payments are subject to regulatory audit. During the years ending June 30, 2015 and 2014, the Alliance recognized EHR incentive revenues of $1,883 and $18,269, respectively. EHR incentive revenues are included in other revenue, gains and support in the accompanying Consolidated Statements of Operations. The Alliance incurs both capital expenditures and operating expenses in connection with the implementation of its various EHR initiatives. The amount and timing of these expenditures does not directly correlate with the timing of the Alliance's receipt or recognition of the EHR incentive payments.

Medical Costs: The cost of health care services is recognized in the period in which services are provided. Medical costs include an estimate of the cost of services provided to members by third-party providers, which have been incurred but not reported.

Subsequent Events: The Alliance evaluated all events or transactions that occurred after June 30, 2015, through October 28, 2015, the date the consolidated financial statements were available to be issued. During this period management did not note any material recognizable subsequent events that required recognition or disclosure in the June 30, 2015 consolidated financial statements, other than as disclosed in Note P.

Reclassifications: Certain 2014 amounts have been reclassified to conform with the 2015 presentation in the accompanying consolidated financial statements.

New Accounting Pronouncements: In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers*. Under ASU 2014-09, recognition of revenue occurs when a customer obtains control of promised goods or services in an amount that reflects the consideration which the entity expects to receive in exchange for those goods or services. In addition, the accounting standard requires disclosure of the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The standard is effective for fiscal years beginning after December 15, 2017. Management is currently evaluating the impact of adopting the accounting standard.

NOTE C--INVESTMENTS

Assets limited as to use are summarized by designation or restriction as follows at June 30:

	2015	*2014*
Designated or restricted:		
Under safekeeping agreements	$ 8,221	$ 8,220
By Board to satisfy regulatory requirements	1,529	6,759
Under bond indenture agreements:		
For debt service and interest payments	53,812	55,123
For capital acquisitions	8,507	16,127
	72,069	86,229
Less: amount required to meet current obligations	(19,598)	(25,029)
	$ 52,471	$ 61,200

Assets limited as to use consist of the following at June 30:

	2015	*2014*
Cash and cash equivalents	$ 49,665	$ 54,437
U.S. Government and agency securities	19,757	28,518
Corporate and foreign bonds	860	2,354
Municipal obligations	1,787	920
	$ 72,069	$ 86,229

Held-to-maturity securities (other than assets limited as to use) are carried at amortized cost and consist of the following at June 30:

	2015	*2014*
Cash and cash equivalents	$ 2,781	$ 220
Corporate and foreign bonds	30,967	35,131
Municipal obligations	5,765	3,408
	$ 39,513	$ 38,759

Held-to-maturity securities had gross unrealized gains and losses of $98 and $425, respectively, at June 30, 2015 and $206 and $456, respectively, at June 30 2014. At June 30, 2015, the Alliance held securities within the held-to-maturity portfolio with a fair value and unrealized loss of $12,710

and $359, respectively, which had been at an unrealized loss position for over one year. At June 30, 2014, the Alliance held securities within the held-to-maturity portfolio with a fair value and unrealized loss of $13,513 and $456, respectively, which had been at an unrealized loss position for over one year. At June 30, 2015, the contractual maturities of held-to-maturity securities were $10,020 due in one year or less, $16,580 due from one to five years and $12,913 due after five years.

Trading securities consist of the following at June 30:

	2015	*2014*
Cash and cash equivalents	$ 20,789	$ 50,623
U.S. Government and agency securities	76,167	69,805
Corporate and foreign bonds	95,726	96,749
Municipal obligations	23,330	21,409
U.S. equity securities	5,419	1,868
Mutual funds	293,983	253,301
Alternative investments	87,144	54,761
	$ 602,558	$ 548,516

The net investment gain is comprised of the following for the years ending June 30:

	2015	*2014*
Interest and dividend income, net of fees	$ 13,894	$ 12,074
Net realized gains on the sale of securities	9,260	15,311
Change in net unrealized gains on securities	(6,138)	23,318
	$ 17,016	$ 50,703

The Alliance is a member of Premier Inc.'s (Premier) group purchasing organization and holds Class B Units which are convertible into cash or Class A common stock over a seven year vesting period. The Alliance records an investment relative to the estimated fair value of its Class B units, $14,724 and $14,713 at June 30, 2015 and 2014, respectively. In addition, as the vesting period is tangential to the Alliance's continued participation in the group purchasing contract, the Alliance recorded a liability equivalent to the estimated fair value of the Class B units, which is included within other long-term liabilities in the Consolidated Balance Sheets. The liability is being amortized as a vendor incentive over the vesting period. During 2015 and 2014, the Alliance recognized $4,045 and $2,933, respectively, related to the vendor incentive which is included within other revenue, gains and support in the Consolidated Statements of Operations.

NOTE D--DERIVATIVE TRANSACTIONS

The Alliance is subject to an enforceable master netting arrangement in the form of an ISDA agreement with Bank of America, Merrill Lynch (BofAML). The ISDA agreement requires that the Alliance post additional collateral for the derivatives' fair market value deficits above specified levels. As of June 30, 2015 and 2014, the Alliance was not required to post additional collateral. Under the terms of this agreement, offsetting of derivative contracts is permitted in the event of default of either party to the agreement.

The following is a summary of the interest rate swap agreements at June 30, 2015 and 2014:

Notional Amount	*Termination*	*Counterparty*	*Current Payments: Receive*	*Pay*	*Estimated Fair Value 2015*	*2014*
$170,000	4/2026	BofAML	1.14%	0.00%	$ 5,205	$ 3,089
$95,000	4/2026	BofAML	1.14%	0.00%	2,929	1,748
$173,030	4/2034	BofAML	1.16%	0.00%	884	(1,884)
$82,055	7/2033	BofAML	67% USD-LIBOR-BBA	0.312% + USD-SIFMA	(8,253)	(9,365)
$50,000	7/2038	BofAML	67% (USD-LIBOR-BBA + 0.15%)	USD-SIFMA	(3,351)	(4,210)
$19,400	7/2018	BofAML	4.50%	1.05% + USD-SIFMA	48	63
$4,293	7/2015	First Tennessee Bank	0.00%	USD-LIBOR-BBA	(3)	(44)
					$ (2,541)	$ (10,603)

The Alliance recognized net settlement income on the interest rate swap agreements of $6,172 and $5,980 in 2015 and 2014, respectively.

NOTE E--PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment consist of the following at June 30:

	2015	*2014*
Land	$ 60,337	$ 60,722
Buildings and leasehold improvements	766,089	760,853
Property and improvements held for leasing	83,582	80,824
Equipment and information technology infrastructure	733,315	700,748
Buildings and equipment held under capital lease	249	340
	1,643,572	1,603,487
Less: Allowances for depreciation and amortization	(815,105)	(757,641)
	828,467	845,846
Construction in progress	18,622	35,583
	$ 847,089	$ 881,429

Accumulated depreciation and amortization on property and improvements held for leasing purposes is $29,520 and $27,500 at June 30, 2015 and 2014, respectively. Net interest capitalized was $925 and $1,533 for the years ended June 30, 2015 and 2014, respectively.

NOTE F--LONG-TERM DEBT AND OTHER FINANCING ARRANGEMENTS

Long-term debt and capital lease obligations consist of the following at June 30:

Description	*Rate as of June 30, 2015*	*Outstanding Balance 2015*	*Outstanding Balance 2014*
2013 Hospital Revenue and Refunding Revenue Bonds:			
$61,180 variable rate tax-exempt term bond, due August 2031	1.15%	$ 327,785	$ 328,665
$47,970 variable rate tax-exempt term bond, due August 2032	0.93%		
$13,350 variable rate tax-exempt term bond, due August 2038	1.15%		
$89,370 variable rate tax-exempt term bonds, due August 2042	1.12% - 1.23%		
$16,235 variable rate tax-exempt term bond, due August 2043	0.07%		
$99,680 variable rate taxable term bond due August 2043	0.12%		
2012 Hospital Revenue Bonds: (net of unamortized premium of $1,696 and $1,756 at June 30, 2015 and 2014, respectively)			
$55,000 fixed rate tax-exempt term bond, due August 2042	5.00%	56,696	56,756
2011 Hospital Revenue and Refunding and Improvement Bonds:			
$74,795 variable rate tax-exempt term bonds, due July 2033	0.08%	94,320	104,710
$19,525 variable rate tax-exempt term bond, due July 2033	1.11%		

Description	*Rate as of June 30, 2015*	*Outstanding Balance 2015*	*2014*
2010 Hospital Revenue Refunding Bonds: (net of unamortized premium of $1,441 and $1,523 at June 30, 2015 and 2014, respectively)			
$33,960 fixed rate tax-exempt serial bonds, through 2020	4.00% to 5.00%	173,271	180,993
$4,355 fixed rate tax-exempt term bond, due July 2023	5.00%		
$14,985 fixed rate tax-exempt term bond, due July 2025	5.38%		
$4,250 fixed rate tax-exempt term bond, due July 2028	5.50%		
$19,230 fixed rate tax-exempt term bond, due July 2030	5.63%		
$95,050 fixed rate tax-exempt term bonds, due July 2038	6.00% - 6.50%		
2009 Hospital Revenue Bonds: (net of unamortized discount of $2,176 and $2,267 at June 30, 2015 and 2014, respectively)			
$14,425 fixed rate tax-exempt term bonds, due July 2019	7.25%	117,264	119,813
$21,730 fixed rate tax-exempt term bonds, due July 2029	7.50%		
$83,285 fixed rate tax-exempt term bonds, due July 2038	7.75% - 8.00%		
2007B Taxable Hospital Revenue Bonds:			
$15,920 variable rate taxable term bond due July 2019	0.12%	15,920	19,515
2006 Hospital First Mortgage Revenue Bonds: (net of unamortized premium of $123 and $129 at June 30, 2015 and 2014, respectively)			
$3,965 fixed rate tax-exempt serial bonds, through 2019	5.00%	167,143	167,864
$7,375 fixed rate tax-exempt term bond, due July 2026	5.25%		
$20,505 fixed rate tax-exempt term bond, due July 2031	5.50%		
$135,175 fixed rate tax-exempt term bond, due July 2036	5.50%		
2001 Hospital First Mortgage Revenue Bond:			
$19,400 fixed rate tax-exempt term bond, due July 2026	4.50%	19,400	20,400
2000 Hospital First Mortgage Revenue and Refunding Bonds:			
$42,000 fixed rate tax-exempt term bond, due July 2026	8.50%	81,538	81,006
$39,538 fixed rate tax-exempt Capital Appreciation Bond, interest and principal due July 2026 through 2030	6.63%		
Capitalized lease obligations secured by equipment			
Various monthly principal and interest payments through December 2016	Various	350	806
Notes payable secured by real estate			
Paid-off in 2015	Various	-	5,542
Promissory notes secured by assets of certain subsidiaries			
Various monthly principal and interest payments through 2019	Various	1,705	1,944
Term note			
Monthly principal payments of $60 plus variable rate interest beginning November 2012 through September 2015; remaining principal due October 2015	1.17%	16,160	16,883
Notes payable secured by equipment			
Various monthly principal and interest payments through 2016	Various	395	790
		1,071,947	1,105,687
Less current portion		(40,286)	(30,618)
		$ 1,031,661	$ 1,075,069

Capital Appreciation Bonds: The Series 2000 Bonds include $14,680 of insured Capital Appreciation Bonds. Such bonds bear a 0% coupon rate and have a yield of 6.625% annually. The Alliance recognizes interest expense and increases the amount of outstanding debt each year based upon this yield. Total principal and interest due at maturity (2026 through 2030) is $93,675.

Other: Outstanding tax-exempt bond obligations that were insured under municipal bond insurance policies were $81,538 and $81,006 at June 30, 2015 and 2014, respectively. Under terms of these policies, the insurer guarantees the Alliance's payment of principal and interest. At June 30, 2015 and 2014, the Alliance held $206,630 and $212,360, respectively, in variable rate demand bonds with letter of credit support and $231,395 and $240,530, respectively, in variable rate bonds held under direct purchase agreements.

Early Redemption: Essentially all of the Alliance's bonds are subject to redemption prior to maturity, including optional, mandatory sinking fund and extraordinary redemption, at various dates and prices as described in the respective Bond indentures and other documents.

Derecognized Bonds: In previous years, the Alliance advance refunded debt by placing required funds in irrevocable trusts in order to satisfy remaining scheduled principal and interest payments of the outstanding debt. Management, upon advice of legal counsel, believes the amounts deposited in such irrevocable trust accounts have contractually relieved the Alliance of any future obligations with respect to this debt. Debt outstanding and not recognized in the Consolidated Balance Sheet at June 30, 2015 due to previous advance refundings totaled $185,470.

The assets placed in the irrevocable trust accounts are also not recognized as assets of the Alliance. These assets consist primarily of various investments, as permitted by bond indentures and other documents, including United States Treasury obligations, an investment contract with MBIA Insurance Corporation (MBIA) in the original amount of $54,300, as well as the Series 2000C and 2000D Bonds which were purchased with the proceeds of the 2000A and 2000B Bonds specifically for the purpose of utilizing the Series 2000C and 2000D Bonds in the irrevocable trust. Therefore, certain of the assets held in the irrevocable trust accounts have future income streams contingent upon payments by the Alliance.

Financing Arrangements: The Alliance granted a deed of trust on Johnson City Medical Center and Sycamore Shoals Hospital to secure the payment of the outstanding bond indebtedness. The bonds are also secured by the Alliance's receivables, inventories and other assets as well as certain funds held under the documents pursuant to which the bonds were issued. The Johnston Memorial Hospital, Inc. and Subsidiaries (JMH) Series 2011 Hospital Refunding and Improvement Revenue Bonds are secured by pledged revenues of JMH, as defined in the Credit Agreement.

Certain members of the Alliance and JMH are each members of separate Obligated Groups. The bond indentures, master trust indentures, letter of credit agreements and loan agreements related to the various bond issues and notes payable contain covenants with which the respective Obligated Groups must comply. These requirements include maintenance of certain financial and liquidity ratios, deposits to trustee funds, permitted indebtedness, use of facilities and disposals of property. These covenants also require that failure to meet certain debt service coverage tests will require the deposit of all daily cash receipts of the Alliance into a trust fund. Management has represented the Alliance and JMH are in compliance with all such covenants at June 30, 2015.

The scheduled maturities and mandatory sinking fund payments of the long-term debt and capital lease obligations (excluding interest), exclusive of net unamortized original issue discount and premium, at June 30, 2015 are as follows:

Year Ending June 30,		
2016	$	40,286
2017		24,112
2018		24,793
2019		25,926
2020		27,048
Thereafter		928,699
		1,070,864
	Net premium	1,083
	$	1,071,947

NOTE G--SELF-INSURANCE PROGRAMS

The Alliance is substantially self-insured for professional and general liability claims and related expenses. The Alliance maintains a $25,000 umbrella liability policy that attaches over the self-insurance limits of $10,000 per claim and a $15,000 annual aggregate retention. The Alliance's insurance program also provides professional liability coverage for certain affiliates and joint ventures.

The Alliance is also substantially self-insured for workers' compensation claims in the State of Tennessee and has established estimated liabilities for both reported and unreported claims. The Alliance maintains a stop-loss policy that attaches over the self-insurance limits of $1,000 per occurrence. In the State of Virginia, the Alliance is not self-insured and maintains workers' compensation insurance through commercial carriers.

At June 30, 2015, the Alliance is involved in litigation relating to medical malpractice and workers' compensation and other claims arising in the ordinary course of business. There are also known incidents occurring through June 30, 2015 that may result in the assertion of additional claims, and other unreported claims may be asserted arising from services provided in the past. Management has estimated and accrued for the cost of these unreported claims based on historical data and actuarial projections. The estimated net present value of malpractice and workers' compensation claims, both reported and unreported, as of June 30, 2015 and 2014 was $12,616 and $13,220, respectively. The discount rate utilized was 5% at June 30, 2015 and 2014.

Additionally, the Alliance is self-insured for employee health claims and recognizes expense each year based upon actual claims paid and an estimate of claims incurred but not yet paid. Such amount is included in accounts payable and accrued expenses in the Consolidated Balance Sheets.

NOTE H--NET PATIENT SERVICE REVENUE

Patient service revenue, net of contractual allowances and discounts, is composed of the following for the years ended June 30:

	2015	*2014*
Third-party payers	$ 965,865	$ 933,491
Patients	151,089	113,276
Patient service revenue	$ 1,116,954	$ 1,046,767

Patient deductibles and copayments under third-party payment programs are included within the patient amounts above.

The Alliance also provides services to uninsured and underinsured patients that do not qualify for financial assistance. Based on historical experience, a significant portion of uninsured and underinsured patients are unable or unwilling to pay the portion of their bill for which they are financially responsible, and a significant provision for bad debts is recorded in the period the services are provided.

The Alliance's allowance for doubtful accounts totaled $73,805 and $47,853 at June 30, 2015 and 2014, respectively. The allowance for doubtful accounts increased from 23% of patient accounts receivable, net of contractual allowances in 2014 to 31% of patient accounts receivable, net of contractual allowances in 2015. The increase is mainly related to the growing popularity of high-deductible insurance plans resulting in higher deductibles and out-of-pocket costs for patients. Management's estimate of the allowance for doubtful accounts is an estimate subject to change in the

near term. The provision for bad debts associated with the Alliance's ancillary service lines are not significant.

NOTE I--THIRD-PARTY REIMBURSEMENT

The Alliance renders services to patients under contractual arrangements with Medicare, Medicaid, TennCare and various other commercial payers. The Medicare program pays for inpatient services on a prospective basis. Payments are based upon diagnosis related group assignments, which are determined by the patient's clinical diagnosis and medical procedures utilized. The Alliance also receives additional payments from Medicare based on the provision of services to a disproportionate share of Medicaid and other low income patients. Most Medicare outpatient services are reimbursed on a prospectively determined payment methodology. The Medicare program also reimburses certain other services on the basis of reasonable cost, subject to various prescribed limitations and reductions.

Reimbursement under the State of Tennessee's Medicaid waiver program (TennCare) for inpatient and outpatient services is administered by various managed care organizations (MCOs) and is based on diagnosis related group assignments, a negotiated per diem or fee schedule basis. The Alliance also receives additional supplemental payments from the State of Tennessee and Medicaid. These payments recognized totaled $10,386 and $10,860 for the years ended June 30, 2015 and 2014, respectively.

The Virginia Medicaid program reimbursement for inpatient hospital services is based on a prospective payment system using both a per case and per diem methodology. Additional payments are made for the allowable costs of capital. Payments for outpatient services are transitioning from cost-based reimbursement principles to a prospective payment system. Full implementation of this transition is expected to take place over multiple years.

Amounts earned under the contractual agreements with the Medicare and Medicaid programs are subject to review and final determination by fiscal intermediaries and other appropriate governmental authorities or their agents. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. The impact of final settlements of cost reports or changes in estimates increased net patient service revenue by $3,076 and $6,201 in 2015 and 2014, respectively.

Activity with respect to audits and reviews of the governmental programs in the healthcare industry has increased and is expected to increase in the future. No additional specific reserves or allowances have been established with regard to these increased audits and reviews as management is not able to estimate such amounts, if any. Management believes that any adjustments from these increased audits and reviews will not have a material adverse impact on the consolidated financial statements.

However, due to uncertainties in the estimation, it is at least reasonably possible that management's estimate will change in 2016, although the amount of any change cannot be estimated.

Participation in the Medicare program subjects the Alliance to significant rules and regulations; failure to adhere to such could result in fines, penalties or expulsion from the program. Management believes that adequate provision has been made for any adjustments, fines or penalties which may result from final settlements or violations of other rules or regulations. Management has represented that the Alliance is in substantial compliance with these rules and regulations as of June 30, 2015.

The Alliance has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, preferred provider organizations and employer groups. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

NOTE J--EMPLOYEE BENEFIT PLANS

The Alliance sponsors a defined contribution retirement plan (the Plan) which covers substantially all employees. The Alliance makes contributions to the Plan under a stratified system, whereby the Alliance's contribution percentage is based on each employee's years of service. Employees of certain other subsidiaries are covered by other plans, although such plans are not significant. The total expense related to defined contribution plans for the years ended June 30, 2015 and 2014 was $15,601 and $13,850, respectively.

NCH maintains a frozen defined benefit pension plan and a frozen post-retirement employee benefit plan. The accrued unfunded pension liability was $1,806 and $2,086, and the accrued unfunded post-retirement liability was $6,307 and $5,857 at June 30, 2015 and 2014, respectively.

The Alliance sponsors a secured executive benefit program (SEBP) for certain key executives. Contributions to the plan by the Alliance are based on an annual amount of funding necessary to produce a target benefit for the participants at their retirement dates, although the Alliance does not guarantee any level of benefit will be achieved. The Alliance contributed $1,727 and $511 to the plan during 2015 and 2014, respectively. Other assets at June 30, 2015 and 2014 include $13,030 and $11,302, respectively, related to the Alliance's portion of the benefits which are recoverable upon the death of the participant. In addition, the Alliance sponsors a Section 457(f) plan for certain key executives. Contributions to the Section 457(f) plan during 2015 and 2014 were not significant.

NOTE K--CONCENTRATION OF RISK

The Alliance has locations primarily in upper East Tennessee and Southwest Virginia, a geographic concentration. The Alliance grants credit without collateral to its patients, most of whom are local

residents and are insured under third-party payer agreements. Net patient service revenue from Washington County, Tennessee acute-care operations was approximately 52% of total net patient service revenue in 2015 and 2014.

The mix of receivables from patients and third-party payers based on charges at established rates is as follows as of June 30. The patient responsibility related to charges for which the third-party has not yet paid is included within the third-party payer categories.

	2015	*2014*
Medicare	41%	39%
Tenncare/Medicaid	15%	18%
Commercial	26%	28%
Other third-party payers	8%	8%
Patients	10%	7%
	100%	100%

Approximately 91% and 88% of the consolidated total revenue, gains and support were related to the provision of healthcare services during 2015 and 2014, respectively. Admitting physicians are primarily practitioners in the regional area.

The Hospital maintains bank accounts at various financial institutions covered by the Federal Deposit Insurance Corporation (FDIC). At times throughout the year, the Alliance may maintain bank account balances in excess of the FDIC insured limit. Management believes the credit risk associated with these deposits is not significant.

The Alliance routinely invests in investment vehicles as listed in Note C. The Alliance's investment portfolio is managed by outside investment management companies. Investments in corporate and foreign bonds, municipal obligations, money market funds, equities and other vehicles that are held by safekeeping agents are not insured or guaranteed by the U.S. government.

NOTE L--INCOME TAXES

BRMM and its subsidiaries file a consolidated federal tax return and separate state tax returns. As of June 30, 2015 and 2014, BRMM and its subsidiaries had net operating loss carryforwards for consolidated federal purposes of $30,700 and $27,085, respectively, related to operating loss carryforwards, which expire through 2033. At June 30, 2015 and 2014, BRMM had state net operating loss carryforwards of $75,619 and $74,191, respectively, which expire through 2029. The net operating loss carryforwards may be offset against future taxable income to the extent permitted by the Internal Revenue Code and Tennessee Code Annotated.

Net deferred tax assets related to these carryforwards and other deferred tax assets have been substantially offset through valuation allowances equal to these amounts. Income taxes paid relate primarily to state taxes for certain subsidiaries and federal alternative minimum tax.

NOTE M--OTHER COMMITMENTS AND CONTINGENCIES

Construction in Progress: Construction in progress at June 30, 2015 represents costs incurred related to various hospital and medical office building facility renovations and additions and information technology infrastructure. The Alliance has outstanding contracts and other commitments related to the completion of these projects, and the cost to complete these projects is estimated to be $30,508 at June 30, 2015. The Alliance does not expect any significant costs to be incurred for infrastructure improvements to assets held for resale.

Employee Scholarships: The Alliance offers scholarships to certain individuals which require that the recipients return to the Alliance to work for a specified period of time after they complete their degrees. Amounts due are then forgiven over a specific period of time as provided in the individual contracts. If the recipient does not return and work the required period of time, the funds disbursed on their behalf become due immediately, and interest is charged until the funds are repaid. Other receivables at June 30, 2015 and 2014 include $7,095 and $8,685, respectively, related to students in school, graduates working at the Alliance and amounts due from others who are no longer in the scholarship program, net of an estimated allowance.

Operating Leases and Maintenance Contracts: Total lease expense for the years ended June 30, 2015 and 2014 was $7,414 and $7,901, respectively. Future minimum lease payments for each of the next five years and in the aggregate for the Alliance's noncancellable operating leases with remaining lease terms in excess of one year are as follows:

Year Ending June 30,		
2016	$	7,346
2017		4,614
2018		3,605
2019		3,279
2020		2,481
Thereafter		11,240
	$	32,565

NOTE N--FAIR VALUE MEASUREMENT

The fair value of financial instruments has been estimated by the Alliance using available market information as of June 30, 2015 and 2014, and valuation methodologies considered appropriate. The estimates presented are not necessarily indicative of amounts the Alliance could realize in a current market exchange. The carrying value of substantially all financial instruments approximates fair value due to the nature or term of the instruments, except as described below.

Held-to-Maturity Securities: The estimated fair value of the Alliance's held-to-maturity securities at June 30, 2015 and 2014, is $39,186 and $38,508, respectively, and would be classified in level 2 of the fair value hierarchy (described below). The fair value is based on prices provided by the Alliance's investment managers and its custodian bank, which use a variety of pricing sources to determine market valuations.

Investment in Joint Ventures: It is not practical to estimate the fair market value of the investments in joint ventures.

Estimated Professional Liability Self-Insurance and Other Long-Term Liabilities: Estimates of reported and unreported professional liability claims, pension and post-retirement liabilities are discounted to approximate their estimated fair value. It is not practical to estimate the fair market value of other long-term liabilities.

Long-Term Debt: The estimated fair value of the Alliance's long-term debt at June 30, 2015 and 2014, is $1,130,580 and $1,172,357, respectively, and would be classified in Level 2 in the fair value hierarchy. The fair value of long-term debt is estimated based upon quotes obtained from brokers for bonds and discounted future cash flows using current market rates for other debt. For long-term debt with variable interest rates, the carrying value approximates fair value.

FASB Accounting Standards Codification 820 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 - Inputs based on quoted market prices for identical assets or liabilities in active markets at the measurement date.

- Level 2 - Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can

- be corroborated by observable market data. The Alliance's Level 2 investments are valued primarily using the market valuation approach.

- Level 3 - Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the Alliance's own assumptions.

In instances where the determination of the fair value hierarchy measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The Alliance's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

The following table sets forth, by level within the fair value hierarchy, the financial instruments measured at fair value as of June 30, 2015 and 2014:

	Total	*Level 1*	*Level 2*	*Level 3*
June 30, 2015				
Cash and cash equivalents	$ 70,439	$ 70,439	$ -	$ -
U.S. Government and agency securities	88,083	88,083	-	-
Corporate and foreign bonds	96,586	-	96,586	-
Municipal obligations	23,329	-	23,329	-
U.S. equity securities	5,419	5,419	-	-
Mutual funds	293,983	212,323	81,660	-
Alternative investments	87,144	-	72,420	14,724
Total assets	$ 664,983	$ 376,264	$ 273,995	$ 14,724
Derivative agreements	$ (2,541)	$ -	$ -	$ (2,541)
June 30, 2014				
Cash and cash equivalents	$ 98,956	$ 98,956	$ -	$ -
U.S. Government and agency securities	90,474	90,474	-	-
Corporate and foreign bonds	99,103	-	99,103	-
Municipal obligations	21,409	-	21,409	-
U.S. equity securities	1,868	1,868	-	-
Mutual funds	253,301	177,067	76,234	-
Alternative investments	69,474	-	54,761	14,713
Total assets	$ 634,585	$ 368,365	$ 251,507	$ 14,713
Derivative agreements	$ (10,603)	$ -	$ -	$ (10,603)

Fair values for the Alliance's fixed maturity securities are based on prices provided by the Alliance's investment managers and its custodian bank, which use a variety of pricing sources to determine market valuations. Fair values of equity securities have been determined by the Alliance from market quotations.

Alternative Investments: The Alliance generally uses net asset value per unit as provided by external investment managers without further adjustment as the practical expedient estimate of the fair value of its alternative investment in a real estate fund. Accordingly, such values may differ from values that would have been used had an active market for the investments existed. The real estate fund invests primarily in U.S. commercial real estate. The Alliance may request redemption of all or a portion of its interests as of the end of a calendar quarter by delivering written notice to the fund managers at least 60 days prior to the end of the quarter. Such redemptions are subject to the capital requirements of the fund manager.

The Alliance's investment in Premier Class B units does not have a readily determinable fair value and have been reported at estimated fair market value. The significant unobservable inputs primarily relate to management's estimate of the discount for lack of marketability of 12%. Accordingly, such value may differ from values that would have been used had an active market for the investment existed and as such it has been classified in Level 3 of the fair value hierarchy.

Derivative Agreements: The valuation of the Alliance's derivative agreements is determined using market valuation techniques, including discounted cash flow analysis on the expected cash flows of each agreement. This analysis reflects the contractual terms of the agreement, including the period to maturity, and uses certain observable market-based inputs. The fair values of interest rate agreements are determined by netting the discounted future fixed cash payments (or receipts) and the discounted expected variable cash receipts (or payments). The variable cash receipts (or payments) are based on the expectation of future interest rates and the underlying notional amount. The Alliance also incorporates credit valuation adjustments (CVAs) to appropriately reflect both its own nonperformance or credit risk and the respective counterparty's nonperformance or credit risk in the fair value measurements. The CVA on the Alliance's interest rate swap agreements at June 30, 2015 and 2014 resulted in a decrease in the fair value of the related liability of $713 and $4,584, respectively.

A certain portion of the inputs used to value its interest rate swap agreements, including the forward interest rate curves and market perceptions of the Alliance's credit risk used in the CVAs, are unobservable inputs available to a market participant. As a result, the Alliance has determined that the interest rate swap valuations are classified in Level 3 of the fair value hierarchy. Due to the nature of these financial instruments, such estimates of fair value are subject to significant change in the near term.

The following tables provide a summary of changes in the fair value of the Alliance's Level 3 financial assets and liabilities during the fiscal years ended June 30, 2015 and 2014:

	Alternative Investment	*Derivatives, Net*
July 1, 2013	$ -	$ (8,185)
Total unrealized/realized losses	-	(2,761)
Net investment income	-	343
Additions	14,713	-
June 30, 2014	14,713	(10,603)
Total unrealized/realized gains	6,978	7,718
Net investment income	-	344
Settlements	(6,967)	-
June 30, 2015	$ 14,724	$ (2,541)

NOTE O--OPERATING EXPENSES BY FUNCTIONAL CLASSIFICATION

The Alliance does not present expense information by functional classification because its resources and activities are primarily related to providing healthcare services. Further, since the Alliance receives substantially all of its resources from providing healthcare services in a manner similar to business enterprises, other indicators contained in these consolidated financial statements are considered important in evaluating how well management has discharged their stewardship responsibilities.

NOTE P--SUBSEQUENT EVENTS

The Alliance and Wellmont Health System (Wellmont) have agreed to exclusively explore the creation of a new, integrated and locally governed health system. Wellmont operates six hospitals and numerous outpatient care sites, serving communities in Northeast Tennessee and Southwest Virginia. Wellmont and the Alliance have filed a letter of intent (LOI) with the Tennessee Department of Health, indicating the organizations will submit an application for a Certificate of Public Advantage (COPA). The two organizations have submitted a similar letter of intent with the Southwest Virginia Health Authority, signaling their intent to request approval by the commonwealth of the anticipated cooperative agreement between the two systems. A COPA in Tennessee and the cooperative agreement approval process in Virginia will allow Wellmont and the Alliance to merge, with the states actively supervising the proposed new health system to ensure it complies with the provisions of the COPA intended to contain costs and sustain high quality, affordable care. The two organizations are in the process of finalizing a definitive agreement. The date for expected completion of the merger has not been set but will not occur before state approval has been granted.

Supplemental Information

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Balance Sheets
(Smyth County Community Hospital and Subsidiary and Norton Community Hospital and Subsidiaries)
(Dollars in Thousands)

June 30, 2015

	Smyth County Community Hospital and Subsidiary	*Norton Community Hospital and Subsidiaries*
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 2,940	$ 6,798
Patient accounts receivable, less estimated allowances for uncollectible accounts	6,295	11,137
Other receivables, net	156	310
Inventories and prepaid expenses	1,079	2,061
Estimated amounts due from third-party payers, net	793	292
TOTAL CURRENT ASSETS	11,263	20,598
INVESTMENTS, less amounts required to meet current obligations	24,807	30,451
PROPERTY, PLANT AND EQUIPMENT, net	67,550	50,275
OTHER ASSETS		
Net deferred financing, acquisition costs and other charges	139	210
Other assets	741	-
TOTAL OTHER ASSETS	880	210
	$ 104,500	$ 101,534

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Balance Sheets - Continued
(Smyth County Community Hospital and Subsidiary and Norton Community Hospital and Subsidiaries)
(Dollars in Thousands)

June 30, 2015

	Smyth County Community Hospital and Subsidiary	*Norton Community Hospital and Subsidiaries*
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accrued interest payable	$ 12	$ 15
Current portion of long-term debt and capital lease obligations	134	110
Accounts payable and accrued expenses	2,323	6,245
Accrued salaries, compensated absences and amounts withheld	2,116	4,388
Payables to affiliates, net	342	89
TOTAL CURRENT LIABILITIES	4,927	10,847
OTHER LIABILITIES		
Long-term debt and capital lease obligations, less current portion	15,830	20,985
Estimated professional liability self-insurance	442	632
Other long-term liabilities	1,178	8,200
TOTAL LIABILITIES	22,377	40,664
NET ASSETS		
Unrestricted net assets	82,114	60,734
Temporarily restricted net assets	9	136
TOTAL NET ASSETS	82,123	60,870
	$ 104,500	$ 101,534

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Statements of Operations and Changes in Net Assets
(Smyth County Community Hospital and Subsidiary and Norton Community Hospital and Subsidiaries)
(Dollars in Thousands)

Year Ended June 30, 2015

	Smyth County Community Hospital and Subsidiary	*Norton Community Hospital and Subsidiaries*
UNRESTRICTED NET ASSETS:		
Revenue, gains and support:		
Patient service revenue, net of contractual allowances and discounts	$ 48,370	$ 78,667
Provision for bad debts	(5,332)	(8,546)
Net patient service revenue	43,038	70,121
Net investment gain	651	746
Other revenue, gains and support	1,745	2,576
TOTAL REVENUE, GAINS AND SUPPORT	45,434	73,443
Expenses and losses:		
Salaries and wages	17,289	23,681
Physician salaries and wages	257	6,043
Contract labor	170	567
Employee benefits	4,365	8,965
Fees	9,050	8,326
Supplies	5,349	8,793
Utilities	978	1,286
Other	4,348	7,753
Depreciation	4,289	4,489
Amortization	8	30
Interest and taxes	156	257
TOTAL EXPENSES AND LOSSES	46,259	70,190
EXCESS (DEFICIT) OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	(825)	3,253
Pension and postretirement liability adjustments	-	(305)
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	(825)	2,948

MOUNTAIN STATES HEALTH ALLIANCE

Consolidated Statements of Operations and Changes in Net Assets - Continued
(Smyth County Community Hospital and Subsidiary and Norton Community Hospital and Subsidiaries)
(Dollars in Thousands)

Year Ended June 30, 2015

	Smyth County Community Hospital and Subsidiary	*Norton Community Hospital and Subsidiaries*
TEMPORARILY RESTRICTED NET ASSETS:		
Restricted grants and contributions	8	134
Net assets released from restrictions	(8)	(160)
DECREASE IN TEMPORARILY RESTRICTED NET ASSETS	-	(26)
INCREASE (DECREASE) IN TOTAL NET ASSETS	(825)	2,922
NET ASSETS, BEGINNING OF YEAR	82,948	57,948
NET ASSETS, END OF YEAR	$ 82,123	$ 60,870

MOUNTAIN STATES HEALTH ALLIANCE

Consolidating Balance Sheet
(Obligated Group and Other Entities)
(Dollars in Thousands)

June 30, 2015

	Obligated Group	*Other Entities*	*Eliminations*	*Total*
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	$ 47,025	$ 32,689	$ -	$ 79,714
Current portion of investments	19,598	-	-	19,598
Patient accounts receivable, less estimated allowance for uncollectible accounts	134,777	27,479	-	162,256
Other receivables, net	17,873	15,413	-	33,286
Inventories and prepaid expenses	25,427	8,542	-	33,969
TOTAL CURRENT ASSETS	244,700	84,123	-	328,823
INVESTMENTS, less amounts required to meet current obligations	458,373	236,169	-	694,542
EQUITY IN AFFILIATES	351,724	-	(351,724)	-
PROPERTY, PLANT AND EQUIPMENT, net	614,870	232,219	-	847,089
OTHER ASSETS				
Goodwill	152,600	3,996	-	156,596
Net deferred financing, acquisition costs and other charges	23,504	1,251	-	24,755
Other assets	44,738	8,302	-	53,040
TOTAL OTHER ASSETS	220,842	13,549	-	234,391
	$ 1,890,509	$ 566,060	$ (351,724)	$ 2,104,845

See note to supplemental information.

MOUNTAIN STATES HEALTH ALLIANCE

Consolidating Balance Sheet – Continued
(Obligated Group and Other Entities)
(Dollars in Thousands)

June 30, 2015

	Obligated Group	*Other Entities*	*Eliminations*	*Total*
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accrued interest payable	$ 18,125	$ 34	$ -	$ 18,159
Current portion of long-term debt and capital lease obligations	22,040	18,246	-	40,286
Accounts payable and accrued expenses	80,408	19,893	-	100,301
Accrued salaries, compensated absences and amounts withheld	54,519	17,547	-	72,066
Payables to (receivables from) affiliates, net	15,314	(15,314)	-	-
Estimated amounts due to third-party payers, net	3,909	872	-	4,781
TOTAL CURRENT LIABILITIES	194,315	41,278	-	235,593
OTHER LIABILITIES				
Long-term debt and capital lease obligations, less current portion	1,012,167	19,494	-	1,031,661
Estimated fair value of derivatives, net	2,541	-	-	2,541
Estimated professional liability self-insurance	7,362	1,099	-	8,461
Other long-term liabilities	35,176	3,507	-	38,683
TOTAL LIABILITIES	1,251,561	65,378	-	1,316,939
NET ASSETS				
Unrestricted net assets				
Mountain States Health Alliance	583,287	344,360	(344,360)	583,287
Noncontrolling interests in subsidiaries	42,160	143,222	5,736	191,118
TOTAL UNRESTRICTED NET ASSETS	625,447	487,582	(338,624)	774,405
Temporarily restricted net assets				
Mountain States Health Alliance	13,303	12,966	(12,966)	13,303
Noncontrolling interests in subsidiaries	71	7	(7)	71
TOTAL TEMPORARILY RESTRICTED NET ASSETS	13,374	12,973	(12,973)	13,374
Permanently restricted net assets	127	127	(127)	127
TOTAL NET ASSETS	638,948	500,682	(351,724)	787,906
	$ 1,890,509	$ 566,060	$ (351,724)	$ 2,104,845

MOUNTAIN STATES HEALTH ALLIANCE

Consolidating Statement of Operations
(Obligated Group and Other Entities)
(Dollars in Thousands)

Year Ended June 30, 2015

	Obligated Group	*Other Entities*	*Eliminations*	*Total*
Revenue, gains and support:				
Patient service revenue, net of contractual allowances and discounts	$ 925,979	$ 203,883	$ (12,908)	$ 1,116,954
Provision for bad debts	(104,724)	(22,795)	-	(127,519)
Net patient service revenue	821,255	181,088	(12,908)	989,435
Premium revenue	-	32,184	-	32,184
Net investment gain	12,486	4,530	-	17,016
Net derivative gain	13,195	695	-	13,890
Other revenue, gains and support	27,244	97,465	(88,138)	36,571
Equity in net gain of affiliates	716	10,275	(10,991)	-
TOTAL REVENUE, GAINS AND SUPPORT	874,896	326,237	(112,037)	1,089,096
Expenses:				
Salaries and wages	284,643	67,093	(6,581)	345,155
Physician salaries and wages	64,838	71,222	(55,781)	80,279
Contract labor	3,101	2,913	(598)	5,416
Employee benefits	66,881	17,443	(7,018)	77,306
Fees	97,754	35,093	(12,156)	120,691
Supplies	146,516	29,660	(126)	176,050
Utilities	12,981	3,798	(4)	16,775
Medical Costs	-	30,566	(12,183)	18,383
Other	61,323	26,524	(6,370)	81,477
Depreciation	51,307	15,903	-	67,210
Amortization	1,488	69	-	1,557
Interest and taxes	41,599	2,098	-	43,697
TOTAL EXPENSES	832,431	302,382	(100,817)	1,033,996
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	$ 42,465	$ 23,855	$ (11,220)	$ 55,100

See note to supplemental information.

MOUNTAIN STATES HEALTH ALLIANCE

Consolidating Statement of Changes in Net Assets
(Obligated Group and Other Entities)
(Dollars in Thousands)

Year Ended June 30, 2015

	Obligated Group		*Total*	*Other Entities*		*Total*		
	Mountain States Health Alliance	*Noncontrolling Interests*	*Obligated Group*	*Mountain States Health Alliance*	*Noncontrolling Interests*	*Other Entities*	*Eliminations*	*Total*
UNRESTRICTED NET ASSETS:								
Excess of Revenue, Gains and Support over Expenses and Losses	$ 41,008	$ 1,457	$ 42,465	$ 13,832	$ 10,023	$ 23,855	$ (11,220)	$ 55,100
Pension and other defined benefit plan adjustments	(178)	(152)	(330)	(207)	(206)	(413)	413	(330)
Net assets released from restrictions used for the purchase of property, plant and equipment	478	-	478	478	-	478	(478)	478
Repurchases of noncontrolling interests, net	-	(1,000)	(1,000)	-	(14)	(14)	-	(1,014)
Distributions to noncontrolling interests	-	-	-	(458)	(355)	(813)	458	(355)
Net asset transfers	-	-	-	912	2,372	3,284	(3,284)	-
INCREASE IN UNRESTRICTED NET ASSETS	41,308	305	41,613	14,557	11,820	26,377	(14,111)	53,879
TEMPORARILY RESTRICTED NET ASSETS:								
Restricted grants and contributions	3,663	69	3,732	3,172	7	3,179	(3,179)	3,732
Net assets released from restrictions	(2,564)	(82)	(2,646)	(2,093)	(5)	(2,098)	2,098	(2,646)
INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	1,099	(13)	1,086	1,079	2	1,081	(1,081)	1,086
INCREASE IN TOTAL NET ASSETS	42,407	292	42,699	15,636	11,822	27,458	(15,192)	54,965
NET ASSETS, BEGINNING OF YEAR	554,310	41,939	596,249	341,817	131,407	473,224	(336,532)	732,941
NET ASSETS, END OF YEAR	$ 596,717	$ 42,231	$ 638,948	$ 357,453	$ 143,229	$ 500,682	$ (351,724)	$ 787,906

See note to supplemental information.

NOTE A--OBLIGATED GROUP MEMBERS

As described in Note F to the consolidated financial statements, the Alliance has granted a deed of trust on JCMC and SSH to secure the payment of the outstanding bonds. The bonds are also secured by the Alliance's receivables, inventories and other assets as well as certain funds held under the documents pursuant to which the bonds were issued. The members pledged pursuant to the Amended and Restated Master Trust Indenture between Mountain States Health Alliance and the Bank of New York Mellon Trust Company, NA as Master Trustee include Johnson City Medical Center Hospital, Indian Path Medical Center, Franklin Woods Community Hospital, Sycamore Shoals Hospital, Johnson County Community Hospital, Russell County Medical Center, Unicoi County Memorial Hospital, Norton Community Hospital (hospital only), Smyth County Community Hospital (hospital only) and Blue Ridge Medical Management Corporation (parent company only), collectively defined as the Obligated Group (Obligated Group).

The supplemental consolidating information includes the accounts of the members of the Obligated Group after elimination of all significant intergroup accounts and transactions. Certain other subsidiaries of the Alliance are not pledged to secure the payment of the outstanding bonds as they are not part of the Obligated Group. These affiliates have been accounted for within the Obligated Group based upon the Alliance's original and subsequent investments, as adjusted for the Alliance's pro rata share of income or losses and any distributions, and are included as a part of equity in affiliates in the supplemental consolidating balance sheet.

Exhibit T-20

Mountain State's current Fitch Ratings Watch

FITCH MAINTAINS RATING WATCH EVOLVING ON MOUNTAIN STATES HEALTH ALLIANCE (TN) REV BONDS

Fitch Ratings-New York-28 March 2016: Fitch Ratings maintains the Rating Watch Evolving on Mountain States Health Alliance's (MSHA) outstanding debt. A full list of outstanding debt follows at the end of this release.

SECURITY

Bonds are secured by pledged assets and a mortgage on Johnson City Medical Center and Sycamore Shoals Hospital. There is a debt service reserve fund on certain series of debt.

KEY RATING DRIVERS

MERGER PROCEEDING: In April 2015, Fitch placed MSHA's 'BBB+' rating on Rating Watch Evolving in response to the announcement that MSHA and Wellmont Health System (WHS; rated BBB+; Rating Watch Evolving) had signed an agreement to explore a merger. The maintenance of the Rating Watch Evolving reflects the continuation of the merger process.

COPA SUBMITTED: The two organizations have jointly submitted Certificate of Public Advantage (COPA) applications to Tennessee and Virginia. The COPA applications are the official request to each of these states for the approval of the merger. A public comment and consideration process is currently underway, which will last for 120 days in Tennessee and 150 days in Virginia. The timelines for the public comment periods officially start with the applications being declared complete by the states, which has yet to happen.

OPERATIONS REMAIN STEADY: MSHA had a 2.3% operating margin in FY2015 (June 30 year end) and 2.4x debt service coverage; results for the six month Dec. 31, 2015 interim period are consistent with the year end results.

RATING SENSITIVITIES

COMPLETION OF PENDING TRANSACTION: Resolution of the Rating Watch will be tied to the completion of the merger process and the treatment of the debt of Mountain States Health Alliance post-transaction.

CREDIT PROFILE

Headquartered in Johnson City, Tennessee, MSHA was formed in 1998 from the acquisition of six hospitals in Tennessee from Columbia/HCA and has grown into a large regional health care system with 13 hospitals (1,699 licensed beds) and other related entities, primarily serving northeast Tennessee and southwest Virginia. MSHA has a membership interest (ranging from 50.1% - 80%) in three of the hospitals in the system (Smyth County Community Hospital, Norton Community Hospital, Johnston Memorial Hospital). In fiscal 2015 (June 30 year end), MSHA had total operating revenue of $1 billion.

Outstanding Debt:

--$55,000,000 Health and Educational Facilities Board of the City of Johnson City, Tennessee hospital revenue bonds (Mountain States Health Alliance), series 2012A;

--$5,250,000 Health and Educational Facilities Board of the City of Johnson City, Tennessee hospital revenue bonds, series 2009A;
--$166,300,000 Health and Educational Facilities Board of the City of Johnson City, Tennessee hospital first mortgage revenue bonds, series 2006A;
--$18,300,000 Health and Educational Facilities Board of the City of Johnson City, Tennessee hospital first mortgage revenue bonds, series 2001A;
--$34,645,000 Health and Educational Facilities Board of the City of Johnson City, Tennessee hospital first mortgage revenue refunding bonds, series 2000A;
--$27,840,000 Health and Educational Facilities Board of the City of Johnson City, Tennessee hospital first mortgage revenue bonds, series 2000C;
--$5,245,000 Industrial Development Authority of Smyth County hospital revenue bonds, series 2009B;
--$106,205,000 Industrial Development Authority of Washington County Virginia, hospital revenue bonds, series 2009C;
--$11,995,000 Mountain States Health Alliance taxable note, series 2000D.

Contact:

Primary Analyst
Gary Sokolow
Director
+1-212-908-9186
Fitch Ratings, Inc.
33 Whitehall Street
New York, NY 10004

Secondary Analyst
Dmitry Feofilaktov
Associate Director
+1-212-908-0345

Committee Chairperson
Emily Wong
Senior Director
+1-415-732-5620

Media Relations: Elizabeth Fogerty, New York, Tel: +1 (212) 908 0526, Email: elizabeth.fogerty@fitchratings.com.

Additional information is available at 'www.fitchratings.com'.

Applicable Criteria
Revenue-Supported Rating Criteria (pub. 16 Jun 2014)
https://www.fitchratings.com/creditdesk/reports/report_frame.cfm?rpt_id=750012
U.S. Nonprofit Hospitals and Health Systems Rating Criteria (pub. 09 Jun 2015)
https://www.fitchratings.com/creditdesk/reports/report_frame.cfm?rpt_id=866807

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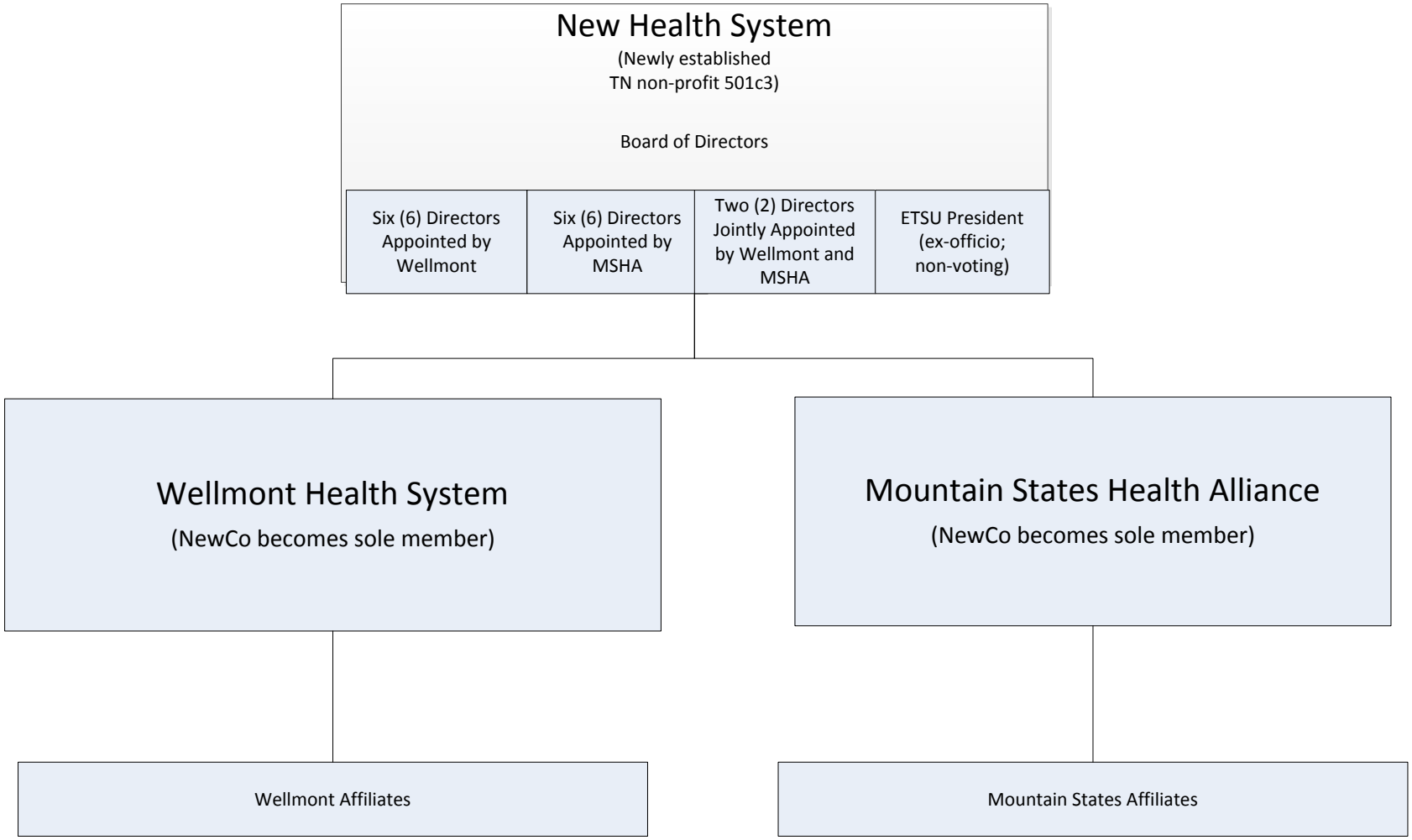
Exhibit T-23

Organizational Chart

Structure of Proposed Transaction



MOUNTAIN STATES
HEALTH ALLIANCE

October 10, 2012

Mr. James G. Tilson
Chairman
Unicoi County Memorial Hospital, Inc.
Board of Control
505 Ash Street
Erwin, TN 37650

RE: Letter of Intent

Mr. Tilson:

I am writing on behalf of Mountain States Health Alliance ("MSHA") to assure the Board of Control for Unicoi County Memorial Hospital, Inc. ("UCMH"),that MSHA continues to desire to partner with UCMH and, therefore, wishes to continue to be considered in the proposal process currently being pursued by the Board of Control. This letter is intended to ensure MSHA complies with the intent of the deadline imposed by the Board of Control at its meeting last week.

As a result, MSHA respectfully requests that the UCMH Board of Control consider the proposal previously submitted by MSHA, and dated September 26, 2012, as MSHA's continuing proposal to partner with UCMH in response to the request for proposal issued by the Board of Control of UCMH on or about July 30, 2012. If you would require anything additional of MSHA to ensure that our proposal is considered timely and equally among the proposals submitted by others, please notify me immediately so that we may take steps to correct any submission flaws prior to the expiration of the deadline.

We stand ready to proceed as outlined in our proposal, and we would be happy to answer any questions or concerns the Board of Control may have. Should you have any questions, please feel free to contact Mr. Vonderfecht or me. Thank you.

Very truly yours,

Timothy S. Belisle
V.P.-Compliance Officer/General Counsel

Cc: Dennis Vonderfecht, Pres./CEO

400 North State of Franklin Road Johnson City, Tennessee 37604-6094 Telephone 423.431.6111

MOUNTAIN STATES HEALTH ALLIANCE

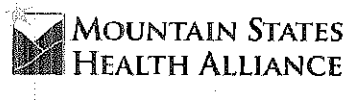
The Superior Proposal

UCMH + MSHA

=

Quality Health Care for Unicoi County Residents

Established Relationship



Formal relationship for 2 decades
Informal relationship since 1950s

- Mountain States Healthcare Network
- Mountain States Managed Care
- Cariten PHP
- Integrated Solutions Health Network
- Synergy Health Group

- Other
  - Mountain States Home Health
  - Mountain States Hospice
  - Synergy Labs
  - Physician Recruitment

Established Physician Relationships

MOUNTAIN STATES HEALTH ALLIANCE

Alan Cox, MD
Cedric Fernando, MD
Charles Miller, DO
Gordon Moughon, MD
Martin Reece, MD (UCMH ED)
Kenneth Trzil, MD (UCMH ED)
Todd A. Whittaker, MD

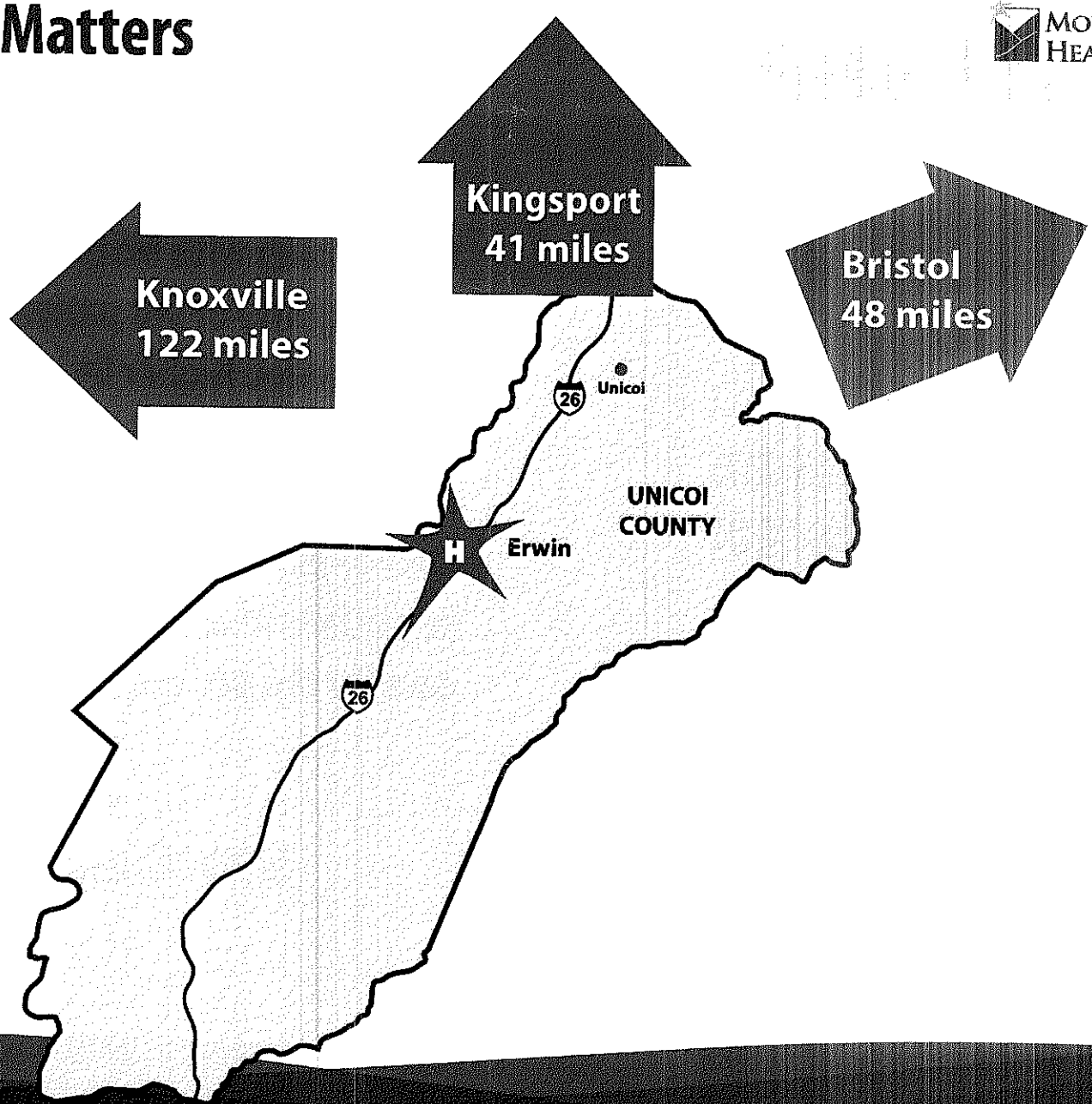
These physicians together provide most of the care delivered in Unicoi County.

"We have a multiple-decade working relationship with MSHA to care for the vast majority of our patients when they have needed higher level care. These processes are not dictated by MSHA but represent collaboration between Unicoi County physicians and Johnson City physicians in providing the very best care for the patients."

– **Ken Trzil, MD**
UCMH Emergency Physician

Location Matters

MOUNTAIN STATES HEALTH ALLIANCE



Patients Make the Choice

MOUNTAIN STATES HEALTH ALLIANCE

"In addition, our patients basically vote/decide where they go for their teritary care in the transfer of patients from UCMH or from the primary care physician's office.

From this fact, the overwhelming majority of the patients choose MSHA."

– **Ken Trzil, MD**
UCMH Emergency Physician

Existing System Works Well With MSHA

MOUNTAIN STATES HEALTH ALLIANCE

"We have a system that has worked very well with Mountain States. Over the years, whether it's from the emergency room or as a primary care doctor, getting people to where they want to get to has been pretty easy with Mountain States."

Cedric Fernando, MD
Unicoi County Physician

Keep Continuity of Care

MOUNTAIN STATES HEALTH ALLIANCE

"I would hate to have a change in the continuity of care of what I'm used to, because most of my patients – all of my patients pretty much – if I have to admit them, they go to JCMC and almost all of the folks I use as a referral base are over in Johnson City."

Alan Cox, MD
Unicoi County Physician

Continue Established Relationships

MOUNTAIN STATES HEALTH ALLIANCE

"As far as the quality of care issues, I've not really heard any negative comments there as a whole, and the majority of patients who have used the medical center or used their specialists have been satisfied and would like to continue that relationship."

Charles Miller, DO
Unicoi County Physician

Specialized care closer to home

MOUNTAIN STATES HEALTH ALLIANCE

"It was hard enough having my wife travel to Johnson City Medical Center (JCMC) after my open heart surgery – we would have been totally put out if she had to go to Bristol or Kingsport. All my friends came from Unicoi to visit me at JCMC."

– Gerald Burnette
Unicoi County resident and MSHA patient

Unicoi County Residents Trust MSHA

MOUNTAIN STATES HEALTH ALLIANCE

- In 2012, approximately 2,100 Unicoi County residents chose a Mountain States Health Alliance facility for their inpatient stay.
- MSHA facilities treated over 24,000 outpatient visits from Unicoi County residents.
- Wellmont facilities admitted less than 40 Unicoi County inpatients annually over the last 3 years; that's ONLY 1% of the Unicoi County market.

Unicoi County Residents Recommend MSHA

MOUNTAIN STATES HEALTH ALLIANCE

- Based on a nationally standardized patient satisfaction survey, 98% of Unicoi County residents would recommend their MSHA facility.
- 89% of Unicoi County residents rated their MSHA hospital stay with the highest satisfaction.

U.S. News & World Report Recognition

MOUNTAIN STATES HEALTH ALLIANCE

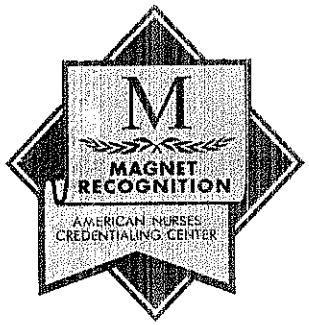
U.S. News & World Report ranks Johnson City Medical Center #4 in Tennessee.

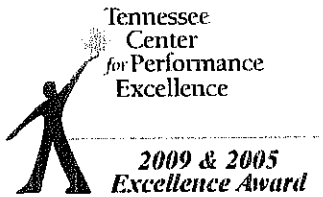
JCMC was recognized by U.S. News & World Report for 2012-13 in the following specialties:

1. Cardiology and Heart Surgery
2. Cancer
3. Orthopedics
4. Pulmonology
5. Neurology & Neurosurgery
6. Diabetes & Endocrinology
7. Ear, Nose & Throat
8. Geriatrics
9. Gastroenterology
10. Nephrology
11. Urology

National and State Recognition

MOUNTAIN STATES HEALTH ALLIANCE

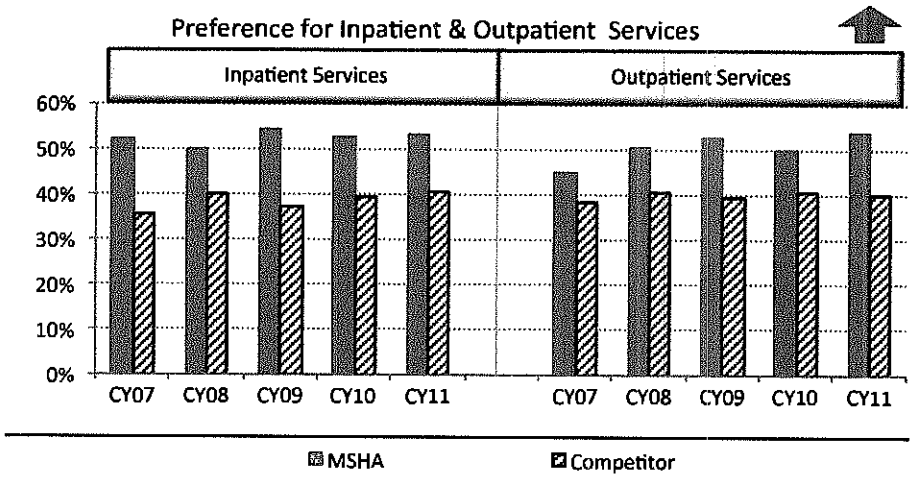




- Magnet Hospital designation and redesignation (2005, 2009)
- Tennessee Center for Performance Excellence: Excellence Award (2005, 2009)
- Virginia U.S. Senate Productivity and Quality Award: Medallion Award (2012)
- Recognized by U.S. Department of Health and Human Services for low infection rates (2012)
- National Quality Forum: National Quality Healthcare Award (2012)
- Baldridge National Quality Award site visit (2012)

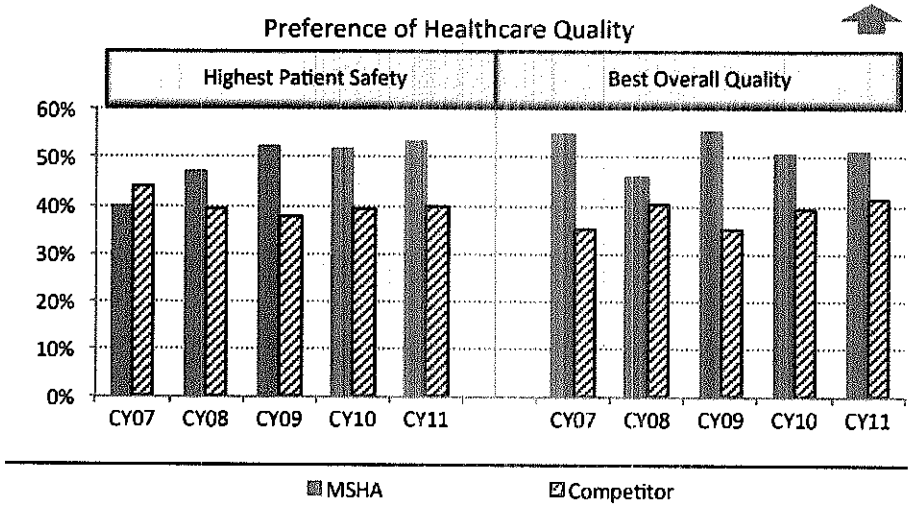
MSHA Preferred for Services, Quality & Safety

MOUNTAIN STATES HEALTH ALLIANCE



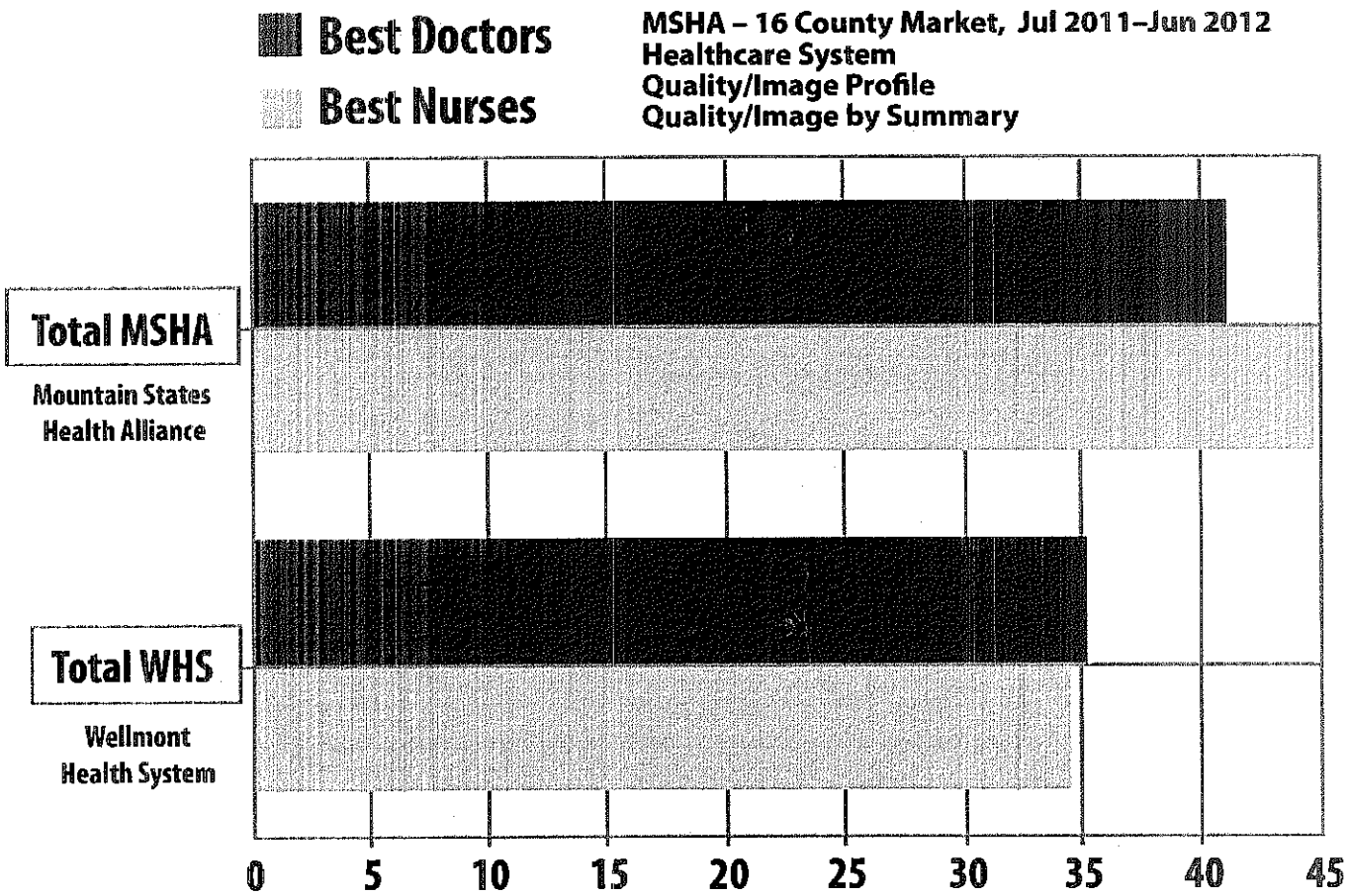
National Research Corporation independently conducts a regional survey of patients about their perceptions of local healthcare facilities

- Patients in the region consistently prefer MSHA over the competitor for inpatient and outpatient services
- Patients in the region consistently rate MSHA above the competitor in Best Overall Quality and Highest Patient Safety



Best Nurses – Best Doctors

MOUNTAIN STATES HEALTH ALLIANCE



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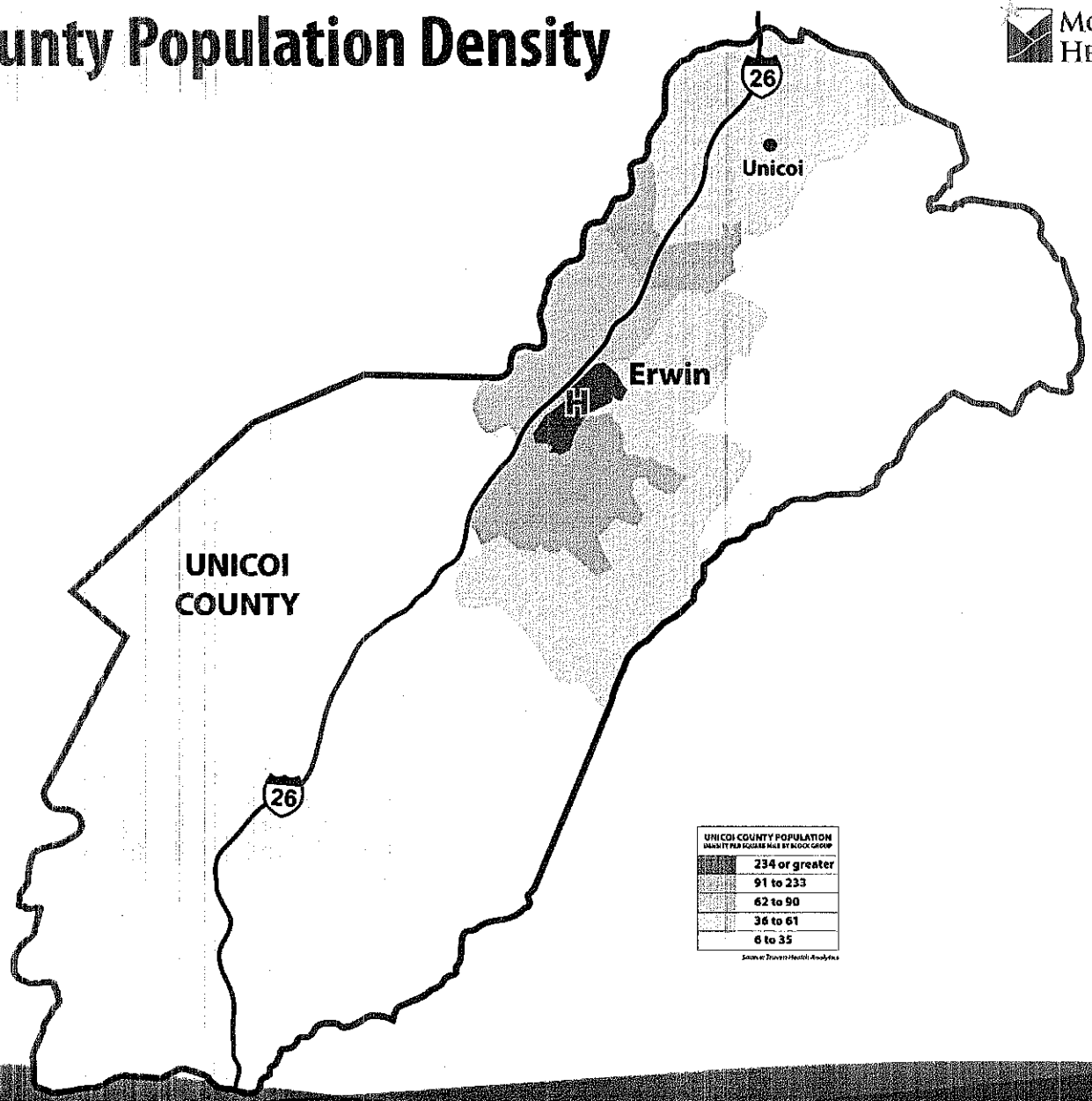
MSHA vs.Wellmont Proposal

MOUNTAIN STATES HEALTH ALLIANCE

	MSHA	Wellmont
Unicoi County and Town of Erwin Contributions	$750,000 each for $1.5 million total	$600,000 each for $1.2 million total
Foundation Donation	$1 million	$0
Assumption of UCMH's Liabilities	$6,349,262	$6.4 million
Location of New Hospital	Town of Erwin	? (somewhere in Unicoi County)
Line of Credit	$2,000,000	Unlimited ? $1.5 million ?

Unicoi County Population Density

MOUNTAIN STATES HEALTH ALLIANCE



Niswonger Children's Hospital

MOUNTAIN STATES HEALTH ALLIANCE

New Facility

NISWONGER Children's HOSPITAL
Mountain States Health Alliance

Niswonger Children's Hospital Receives Healthcare Design Award

MOUNTAIN STATES HEALTH ALLIANCE

HEALTHCARE DESIGN

ARCHITECTURAL SHOWCASE CITATION OF MERIT

CHILDREN'S HOSPITAL

Inspired by the purple hills, rising valleys, and majestic beauty of the Tennessee landscape, the design for The Niswonger Children's Hospital celebrates its natural surroundings. The tertiary care "children's hospital within a hospital" uses the sky, wind, and sun to create an environment that is inviting to children, as well as emotionally, physically, and spiritually supportive of patients, family, and staff.

The limestone-clad exterior of the building exudes an honorable, refined quality symbolic of the services performed within its walls. Adorned with the unique work of artist Ned Kahn, the façade of the building consists of small stainless steel plates suspended from a grid that, when moving freely in the wind, captures the colors of the sky and sunlight, and the movement of the clouds, in their reflection. A rooftop courtyard and multiple outdoor terraces provide peaceful solitude

Project category: Project in progress (January 2006)

Chief administrator: Donna Vonderlecht, President & CEO, (423) 431-6111

Firm: Heisberger, (814) 401-8500

Design team: John J. Puppert, AIA, ACHA, Project Director; Paul S. Linders, AIA, Project Architect; Joseph F. Puppert, AIA, Architectural Designer; Paul J. Carney, Project Coordinator; Ichiro Kamneoka, Project Designer; Amy S. Meya, LEED AP

Total building area (sq. ft.): 62,000 (new), 9,900 (renovation)

Construction cost/sq. ft.: $272 (new), $106 (renovation)

Total construction cost (excluding land): $22,500,000 (new), 1,252,000 (renovation)

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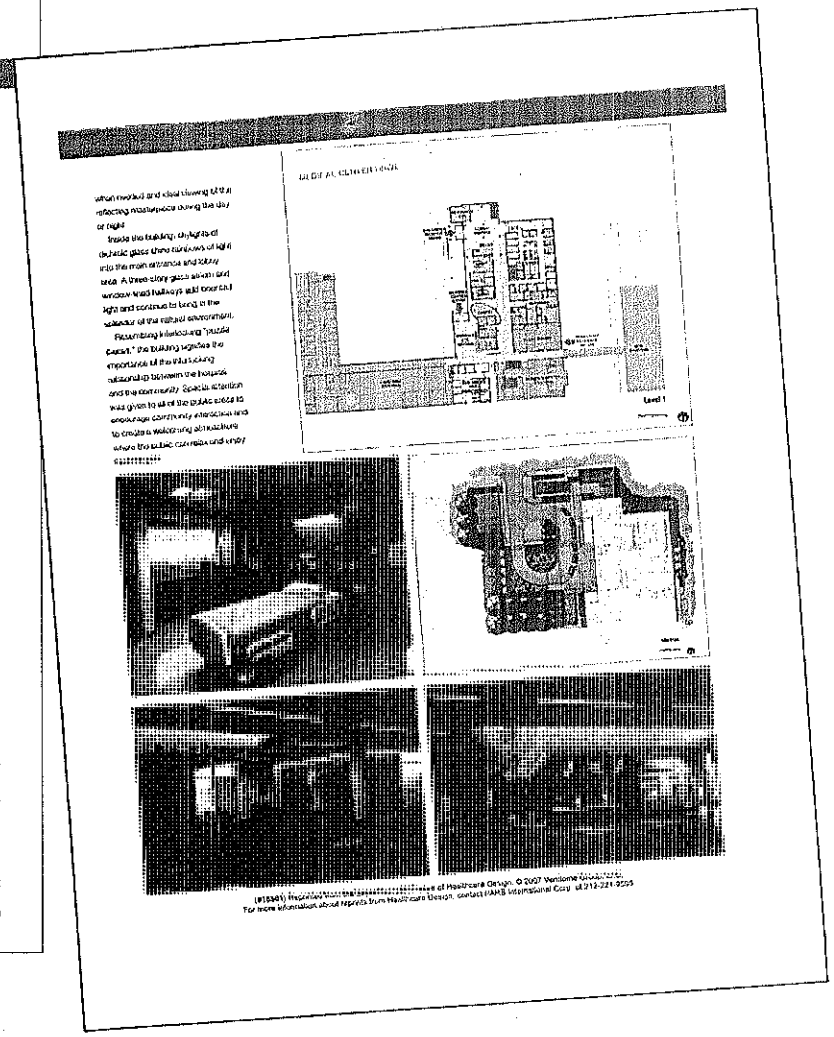

GLOBAL CONFERENCE

Level 1

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Franklin Woods Community Hospital

New Facility

FWCH Receives Healthcare Design Recognition

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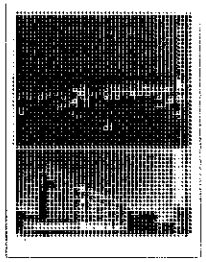
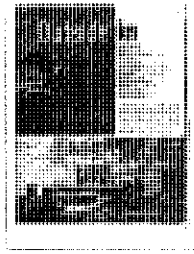
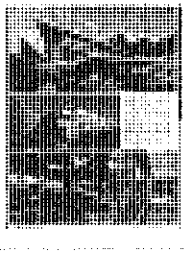
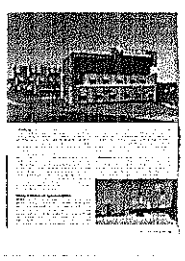
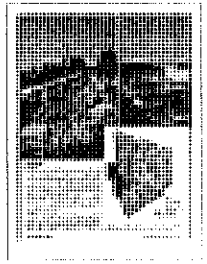
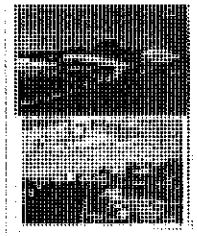


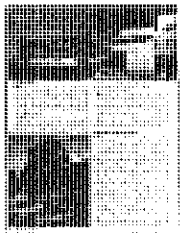


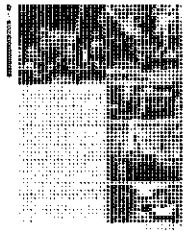










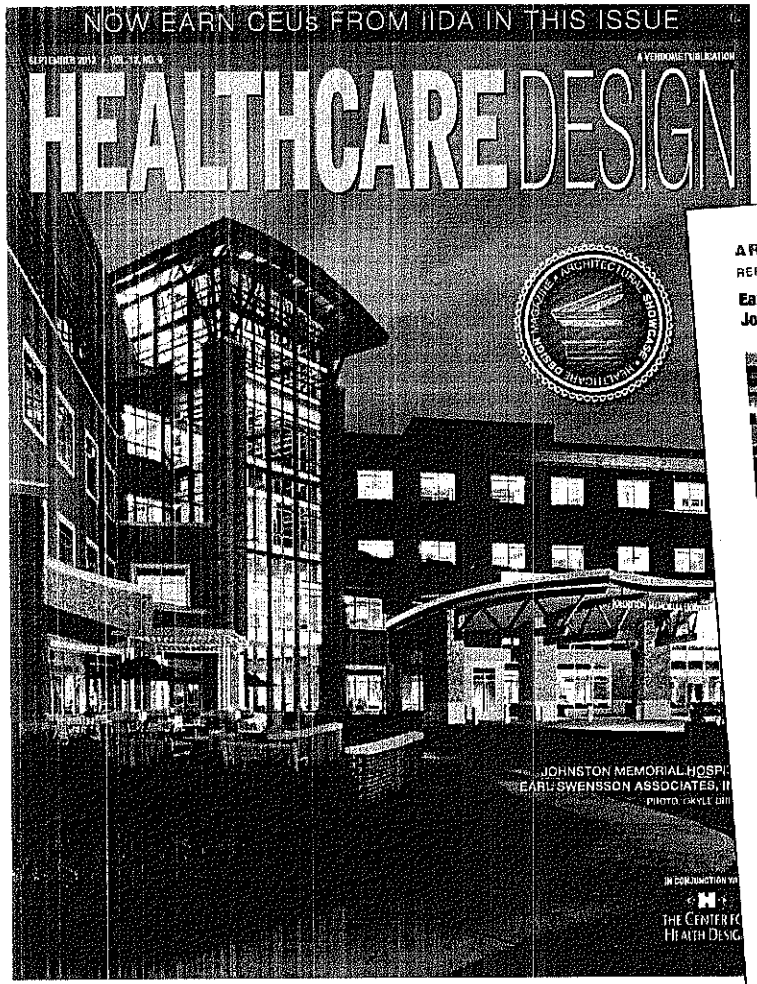


Fulfilled Promises to Community and Local Board

New Facility

JMH Receives Healthcare Design Recognition

MOUNTAIN STATES HEALTH ALLIANCE



ARCHITECTURAL SHOWCASE

REPLACEMENT HOSPITAL

Earl Swensson Associates, Inc. (NASHVILLE, TN)
Johnston Memorial Hospital (ABINGDON, VA)

With a magnificent backdrop of Virginia's mountains, the replacement hospital's contemporary architecture takes advantage of its picturesque site as it takes design cues from an onsite cancer center. Its five-story atrium of glass walls makes the space transparent. The facility's exterior of natural stone, brick, and glass form a strong connection to the setting and region. Stone seamlessly continues into the atrium lobby as a grand stair connects the first level to the second and serves as a focal element.

Natural light is infused throughout the facility. All floors have balconies with glass railings that overlook the atrium, which bring natural light into all levels and act as a landmark for wayfinding purposes. The arc-shaped design fanning out from the atrium also enables wayfinding.

The critical care unit waiting room on the third floor provides a calming environment with a fireplace. View to the atrium on one side, and access to a terrace. Natural light is actually incorporated into the Emergency Department's corridor with two hexahedra angled toward windows skylights. All patient rooms have

A healing garden and outdoor dining enhance the connection to nature, while a chapel overlooking the healing garden provides a space for reflection. Expansive views to the outdoors are available in the dining area, which has subtle separations for a more private dining experience.

Unique touchdown stations in the patient floor nurses' work areas encourage collaboration among the patient care team.

While the Silver level was the goal, the sustainable facility achieved LEED Gold certification, becoming the first hospital in Southwest Virginia to do so.

Project category: New construction completed July 1, 2011
Chief administrator: Sam M. Morris, Chief Executive Officer, (276) 628-2600
Firm: Earl Swensson Associates, Inc., (615) 373-1445
Design team: Civil Engineering and landscape Architecture: Kimley-Horn Engineering Associates, Inc.; Structural Engineering: Structural Design Group; Mechanical Engineering: Hughes Design Group; Medical Equipment Planning: The Center for Health Design; Electrical Engineering: Jeff Fuller, Contractor: R. J. Kyle Construction; JE Dunn
Photography: © Kyle Dixon
Total building area (s.f.): 202,000
Construction cost/s.f.: $ 318
Total construction cost (including land): $64,000,000

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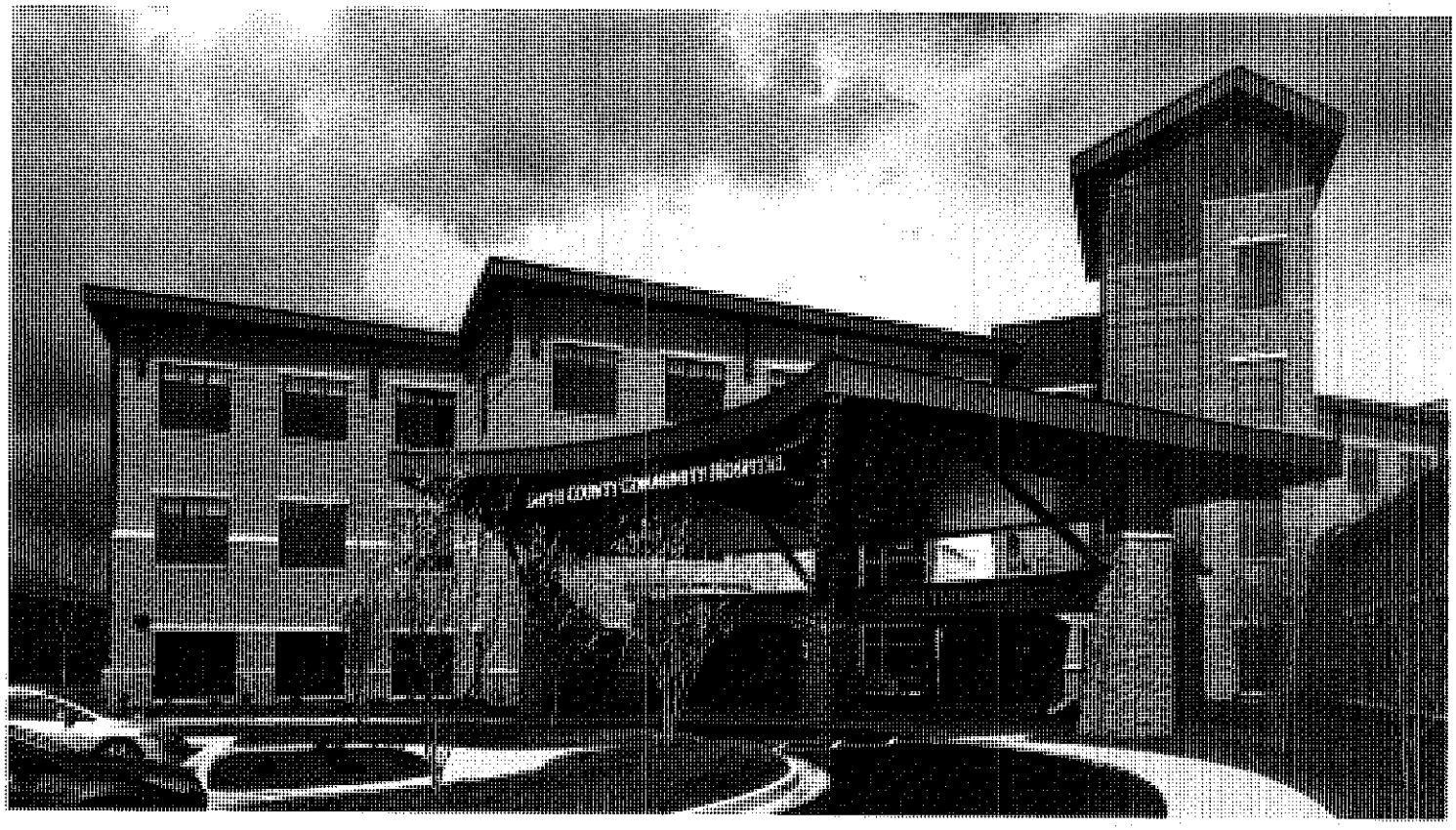
200 HEALTHCARE DESIGN 09.12

Fulfilled Promises to Community and Local Board



New Facility

A Relationship Built on Trust

MOUNTAIN STATES HEALTH ALLIANCE

- Trust between UCMH and MSHA
- Trust between Unicoi County physicians and MSHA
- Trust between Unicoi County residents and MSHA
- Trust built upon years of solid relationships
- Trust demonstrated by strong existing relationships between MSHA and 11 other hospitals since 1998

It's a Matter of Trust

MOUNTAIN STATES HEALTH ALLIANCE

"Full asset merger was based on the trust that the LPH [Lonesome Pine Hospital] Board of Directors had in WHS [Wellmont Health System]"

"Do I trust Wellmont when they make unilateral decisions that potentially impact the quality of health care in this community, seeking no consultation or input from hospital leaders, physicians and staff - NO."

Norton, Virginia 24273 **The Coalfield Progress** Friday, July 20, 2012 **PAGE 9**

Hospital's future a matter of trust

TO THE EDITOR:

On June 11, Wellmont Health System announced that they would close the intensive care unit (ICU) of Lonesome Pine Hospital by the end of the month. The closure was finalized on June 28. The decision to close the Lonesome Pine Hospital intensive care unit was unilaterally made by the WHS senior leadership without consulting with the LPH Board, LPH physicians or senior hospital staff and directors.

In 1997, the leadership of Lonesome Pine Hospital entered into a full asset merger with the newly formed Wellmont Health System. This merger did not include any payment by Wellmont for the assets of Lonesome Pine Hospital. The decision to enter into a full asset merger was based on the trust that the LPH Board of Directors had in WHS and on Wellmont's commitment to continue to provide and improve on the excellent health care services offered at LPH. This commitment is clearly defined in the merger agreement executed in December 1996.

As President of LPH at the time of the merger, I was active in the merger negotiations with WHS and signed the merger agreement. The agreement clearly states that any significant reduction in services at LPH will require approval of both the WHS Board and the LPH Board. Wellmont's position is that the closure of the LPH Intensive Care Unit is not governed by the terms of the merger agreement and thus does not require approval by either board. How do you think a similar Wellmont action would be received in the Bristol or Kingsport hospitals and communities? The reaction would be loud and quickly condemned by the hospitals, physicians and communities involved.

Now Wellmont is asking for us to trust them to decide how to best deliver health care at LPH and to our community. We are being asked to trust WHS to make decisions about the future of health care in this community when they did not trust the LPH Board, medical staff or hospital staff leadership enough to give them a chance to have input into the recent decision to close our ICU or what type of services LPH will offer going forward. Our physicians are left wondering how the change will impact their standard of care, and the LPH staff, after more than a year of constant rumors about upcoming reductions in services at LPH, are left wondering how the ICU closure will impact patient care and their future livelihood.

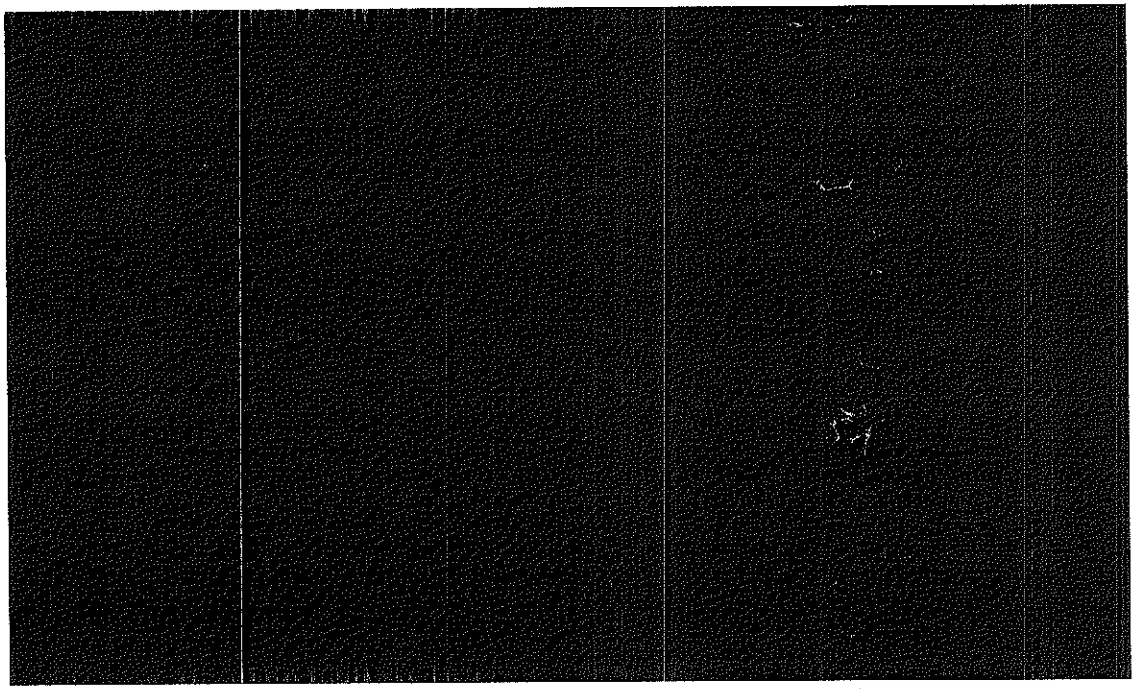
Do I trust Wellmont when they make unilateral decisions that potentially impact the quality of health care in this community, seeking no consultation or input from hospital leaders, physicians and staff — NO. This is what I trust. I trust the Lonesome Pine Hospital Community Board, the physicians and hospital staff to continue in their effort to offer the highest level of health care at Lonesome Pine Hospital. They are all passionate about health care and will continue in their commitment to improve the health and well being of our community. ▲

SPENCER QUESENBERRY
BIG STONE GAP

(Spencer Quesenberry served on the Lonesome Pine Hospital Community Board of Directors from 1990-2010 and on the Wellmont Health System Board of Directors from 1997-2010.)

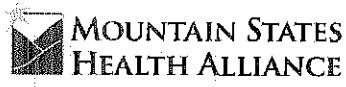
Jenkins Community Hospital

Hospital CLOSED



- Wellmont purchased the facility mid 2007 promising to enhance health care services in the region.
- Wellmont CLOSED the facility less than two years later (April 2009) and sold its assets to Appalachian Regional Healthcare.

Jenkins Community Hospital



"That Wellmont bunch from Tennessee should be ashamed for leaving the elderly without a hospital in Jenkins. I wish I had the faith that everything will work out for our community, but I have a hard time believing it will. Wellmont did nothing to improve our hospital other than paint the buildings. What happened to all those promises they made about bringing specialists to our community and things like that? To me, this sounds like a case of major mismanagement."

Source: The Mountain Eagle, April 22, 2009
http://www.themountaineagle.com/news/2009-04-22/speak_your_piece/039.html

Jenkins Community Hospital

"I let Wellmont have it hoping that they would take the hospital and improve it as they had said they would. But the hospital is not there now. There's a clinic there, and that's it."

– Gregory Johnson
former CEO of Jenkins Community Hospital

Jenkins Community Hospital

"I let Wellmont have it hoping that they would take the hospital and improve it as they had said they would. But the hospital is not there now. There's a clinic there, and that's it."

– Gregory Johnson
former CEO of Jenkins Community Hospital

Wellmont Health System

Proposal to
Lincoln County Memorial Hospital Board of Control

Oct. 10, 2019

Wellmont
Health System

Wellmont Health System

October 10, 2012

VIA COURIER

James G. Tilson, Chair
Unicoi County Memorial Hospital, Inc.
505 Ash Street
Erwin, Tennessee 37650

Re: Revised Response to Request for Proposal

Dear Mr. Tilson:

Wellmont Health System ("Wellmont") appreciates the opportunity to update our initial response to your request for proposal related to Unicoi County Memorial Hospital ("UCMH.") As you requested, please accept this cover letter as written confirmation that Wellmont understands that its participation in this response, this proposal and any other related documents are not subject to the confidentiality and non-disclosure agreement between Wellmont and UCMH and that this letter and attached proposal, along with any other materials provided to you in support of Wellmont's proposal, are subject to disclosure and open to the public in accordance with the Tennessee Open Meetings Act.

Wellmont's formal response to UCMH's request for proposal ("RFP") is attached to this letter. Our proposal is subject to due diligence (as described herein,) and our response does not constitute a legally binding offer until such definitive documents representing the transaction and relationship are completed and executed by both parties.

As a starting premise, Wellmont recognizes the importance of community hospitals and local healthcare. It has a commitment to providing affordable, accessible care to the communities it serves and seeks to offer a seamless mechanism for managing care across the continuum of healthcare needs. Indeed, Wellmont has a successful history of developing and expanding services in its community hospitals and ensuring that (i) accessibility and care delivery of services remains available in local communities and (ii) local communities continue to benefit from a strong local hospital employer in the community.

From the occasional outpatient care visit to the more complex and costly management of acutely ill inpatients, Wellmont is committed to providing the right services at the right location and to do so in a healing environment conducive to recovery and wellbeing, sensitive to the complete needs of the patient. Service, quality and safety are not just thematic slogans for Wellmont's care delivery system; instead, they are the elements of commitment and investment in patient care that remain paramount and stand as the strategic goals and markers for excellence at Wellmont.

We also recognize the strong and abiding commitment that the Erwin and Unicoi County community has with its local hospital and related services (such as the home care division and UCMH's long-term care facility).

1905 American Way · Kingsport, TN 37660 · 423-230-8200

Wellmont Health System

It would be our intention to execute a non-binding letter of intent ("Letter of Intent") upon acceptance of this proposal that would formally detail the terms and conditions outlined in this proposal.

Proposal

We have attached this revised and more comprehensively descriptive proposal for your review. A summary of our general and specific commitments are outlined below.

- Assumption of UMCH's liabilities as of the date of Closing, estimated to be approximately $6.4 million as of July 31, 2012;
- Immediate assistance to UCMH to ensure continuation of operations of the facilities and all current services through Wellmont's management services (described herein) and through a Line of Credit (also described herein), as needed for working capital;
- The Line of Credit, without a maximum but subject to needed working capital to sustain operations, will become available to UCMH upon signing the Letter of Intent. Any draw advanced under the line of credit will be determined by UCMH and approved by Wellmont management, pursuant to an interim management agreement. Interest for the Line of Credit will be fixed at 2.25%;
- Any indebtedness to Wellmont will be assumed and dissolved at the Closing of the transaction;
- If for any reason, the transaction between Wellmont and UCMH does not close, the Line of Credit will be set to mature in five years, and UCMH will execute a deed of trust in favor of Wellmont as security for the outstanding indebtedness;
- Expansion of and investment in current ambulatory services to include opening of outpatient services and support for inpatient services in the following medical specialties: (i) cardiology services; (ii) pulmonary medicine; and (iii) oncology and cancer-care services;
- Immediate shared services relating to contracting and purchasing, as permitted by law;
- Recognizing the historical investment of Unicoi County and the Town of Erwin in the development of services and provision of healthcare in the community, Wellmont will provide a contribution in the amount $600,000 each to Unicoi County and the Town of Erwin;
- Subject to due diligence and all necessary approvals, Wellmont shall become the sole member of Unicoi County Memorial Hospital, Inc. pursuant to the transaction documents and assume all liabilities and assets as of the Closing date for the transaction.

In addition, the following concepts are paramount to Wellmont for this proposal:

- Building relationships with physicians in Unicoi County and its surrounding counties to ensure high-quality, continuous services to the patients of your community, as detailed in this proposal's focus on our commitment to genuine partnerships with physicians as leaders in care delivery; and
- Enhancing the patient experience to ensure that high-quality care continues tomorrow and for years to come, with an emphasis on quality, safety and value for our patients.

Wellmont
Health System

For Wellmont, it is important that any plan be sustainable for the benefit of the community and its residents and that such plan be capable of recruiting quality medical services from physicians and other practitioners. Wellmont has a track record of success in working with community hospitals, is committed to providing high-quality, affordable and accessible healthcare to the community and believes it will be an exceptional partner and corporate member of the community in Unicoi County.

We look forward to the next steps in this process and would be happy to answer any questions you may have prior to your next public meeting on October 18, 2012.

Very truly yours,

Denny DeNarvaez
President and CEO
Wellmont Health System

1905 American Way · Kingsport, TN 37660 · 423-230-8200

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Opportunity for Health Care in Unicoi County

Health care in the United States is undergoing significant change as providers and payors alike try and find a sustainable model that best meets the needs of patients. The communities we serve in Northeast Tennessee are not immune from these changes.

Healthcare reform and its impact on healthcare economics are focused in part on moving patients from an inpatient setting to an ambulatory or outpatient setting. This trend has adversely affected many hospitals and must be considered when structuring a forward-looking healthcare delivery system for the citizens of Erwin and Unicoi County.

Additionally, the payment for health care is rapidly evolving from a pay-for-volume model to a pay-for-value model. Increasingly, providers will be rewarded for keeping people well rather than receiving payment only for treating the sick.

And the competitive landscape is such that patients and their families desire attractive modern facilities in convenient locations. Creating a positive experience for today's demanding consumer is another critical factor for success in the current competitive landscape.

These developments mean the needs of the citizens of Erwin and Unicoi County will only be met through the construction of a replacement facility in an area that allows the hospital to be financially successful over the long term, and for the replacement facility to be integrated with an ambulatory/outpatient care system. In addition, the success of the replacement facility will be contingent on both offering a healing environment that focuses on the needs of all patients and ensuring the alignment of physicians and other caregivers with the health system.

Wellmont Health System meets these criteria and is Unicoi County's best partner for a successful, sustainable hospital to serve its residents.

Wellmont Health System

Wellmont Health System History and Strategic Vision

Mission

We deliver superior health care with compassion.

Vision

We will deliver the best health care anywhere.

Values

Integrity · Respect · Compassion
Empowerment · Innovation

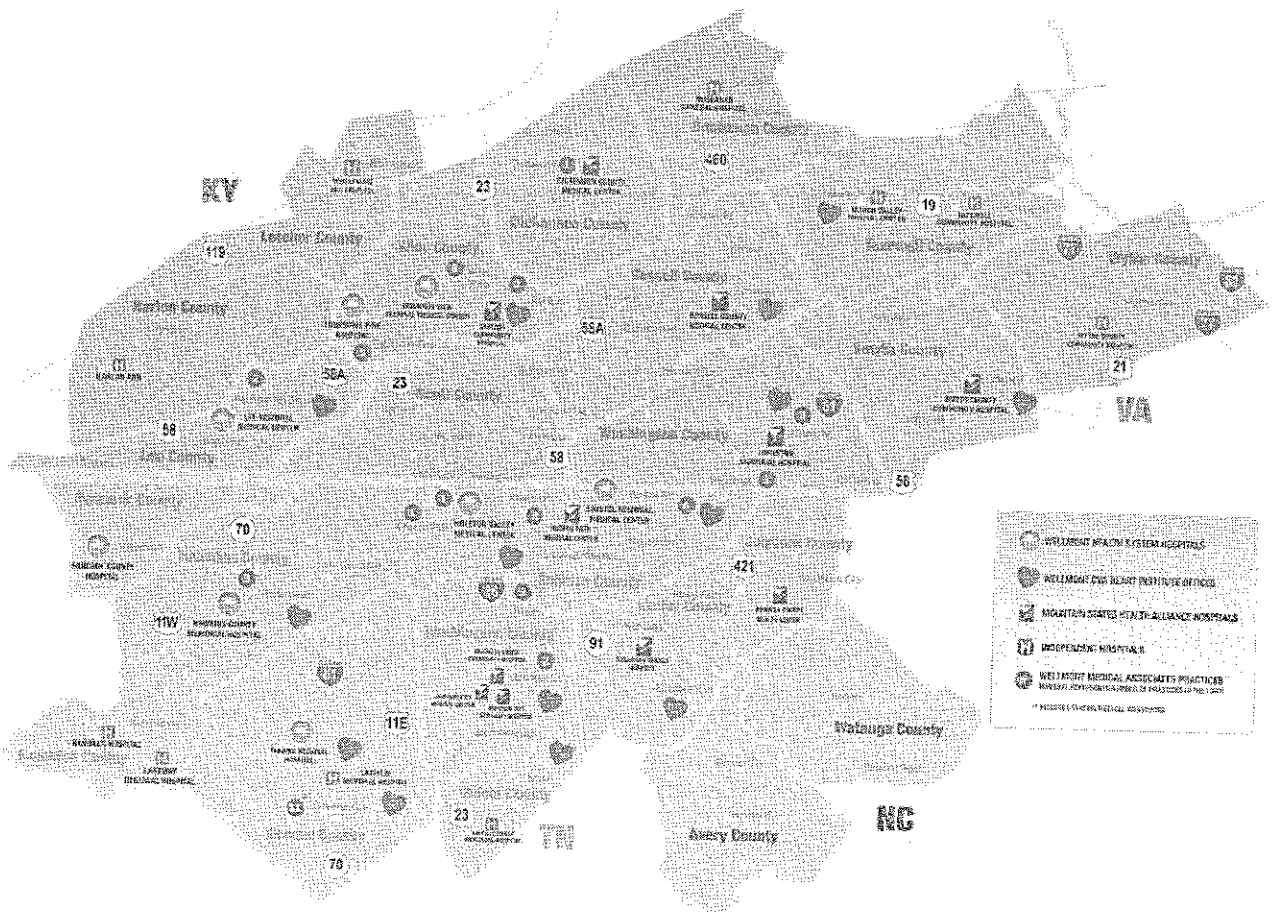
Organizational Description

Wellmont is a leading healthcare provider in the Tri-Cities region of Northeast Tennessee and Southwest Virginia. The system is composed of a network of eight hospitals, the Wellmont CVA Heart Institute and its more than 40 physicians and Wellmont Medical Associates, an integrated network of more than 130 multi-specialty physicians and other providers. Wellmont was formed as a not-for-profit health system in 1996 with the merger of Holston Valley Medical Center and Bristol Regional Medical Center.

The health system has grown steadily since its inception, developing a regional network of hospitals and healthcare facilities serving patients in Kingsport, Bristol, Johnson City and surrounding communities. Today, thousands of caregivers and hundreds of physicians help contribute to Wellmont's Healing Environment, focusing on curing diseases and healing patients.

The Healing Environment

The Healing Environment philosophy introduced Shepherds, specially trained and empowered caregivers who exhibit a passion for helping patients heal – physically, mentally and spiritually. These Shepherds are dedicated to creating healing spaces around us, healing attitudes within us and healing relationships between us. The Healing Environment focuses as much energy on healing patients as it does on curing diseases. In a Healing Environment, patients are the focal points. Decisions are made and actions are taken with our patients first and foremost in mind.



Wellmont Health System History and Strategic Vision

Scope of Services

Wellmont provides a continuum of services ranging from community-based acute care to highly specialized tertiary services, including nationally recognized cardiology care from the Wellmont CVA Heart Institute and comprehensive oncology care from the Wellmont Cancer Institute. Wellmont also offers the region's most advanced robotic surgery program using the CyberKnife Robotic Radiosurgery System and the da Vinci Surgical System, cares for some of the region's tiniest patients in its Level III neonatal intensive care unit and is the only health system in the state of Tennessee to offer two major trauma centers. WellmontOne Air Transport provides air ambulance service for the critically injured and the Wellmont Health Coach provides access to lifesaving screenings throughout the region.

The health system is licensed to operate more than 1,300 beds, which includes our joint operating agreement with Adventist Health System for Takoma Regional Hospital. More than 800 beds are in operation, including acute care, critical care, psychiatric and rehabilitation beds along with eight hospice beds and 44 long-term care beds.

Recently, Wellmont has expanded services at its community hospitals in Southwest Virginia, adding cardiology services and pulmonary and sleep medicine services, and we are in the process of developing new wound care center.

Recent Statistics

The system has more than 40,000 discharges, 220,000 emergency department visits and 250,000 physician office visits each year. Wellmont annually provides more than $90 million in community benefit, including $75 million in charity care. A market share of 60 percent within our primary service area reflects the excellence of care provided and the respect of a strong community of referring providers. For the fiscal year ended June 2012, Wellmont posted operating income of $24.5 million compared to $17.2 million the previous year, representing a 3.1 percent operating margin. The system maintains a BBB+ bond rating.

Based on multiple consumer preference studies conducted by Tripp Umbach, Wellmont is the preferred healthcare provider for the majority of hospital and physician services in its primary service area. This research shows Wellmont leading the competition in most major service lines and in areas of hospital excellence. Consumers regularly select Wellmont and its hospitals in categories such as best overall, highest quality, best physicians, best nursing care, most advanced equipment and best reputation.

Integrated Physicians

The system's integrated physician groups include Wellmont Medical Associates, with about 130 providers. More than 40 physicians also serve as part of the Wellmont CVA Heart Institute, the region's largest sub-specialized cardiovascular practice. With more than 170 integrated physicians and more than 70 mid-level practitioners (nurse practitioners and physician assistants,) Wellmont operates an effective integrated delivery model of care for the communities it serves.

Wellmont Medical Associates was created in 2012 as a fundamental restructuring of Wellmont's physician practice operations. The organization has a five-member physician leadership team and a board of directors with 14 physicians, and it has a mission that complements the mission and vision of the health system.

The premise of Wellmont Medical Associates is physicians are the most appropriate group to determine the best care system for patients. This includes not only providing expert treatment for illness, but educating and proactively managing patients' care to avoid illness altogether. This philosophy will advance the health system's vision to employ effective medical home models and to serve as a high-performing network of physicians and hospitals for the formation of an accountable care organization and other value-based care models.

With strong competitive advantage, Wellmont is positioned to be the region's high-quality, low-cost healthcare provider.

Awards and Accolades

Wellmont's vision is to deliver the best health care anywhere. To help achieve this vision, Wellmont and its hospitals benchmark themselves against the best organizations in the nation.

And based on several awards and recognitions earned through national ratings agencies, Wellmont's emphasis on quality and service position its hospitals with – and often above – the very best in health care.

Holston Valley Medical Center's carotid artery stenting program, for example, was recently named No. 1 in the country by CareChex, a service of The Delta Group, the country's largest privately held healthcare information service company. Its rankings are part of the 2012 CareChex America's Top Quality Hospitals program, which relies on several publicly reported hospital metrics to issue quality and safety rankings for acute hospitals in the United States.

In addition to topping the list in carotid artery stenting, Holston Valley is listed in the top 100 hospitals nationally by CareChex for cardiac care, major cardiac surgery, heart attack treatment and coronary bypass surgery. Holston Valley was also rated in the top 10 percent in the country for pulmonary care, stroke care and trauma.

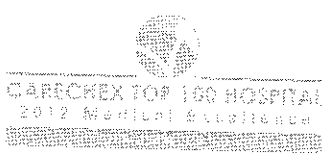
Bristol Regional is among the Top 100 in the nation in the categories of major neurological surgery and trauma care. Also, Bristol Regional was rated in the Top 10 percent in the state for heart attack and heart failure treatment and cancer care.

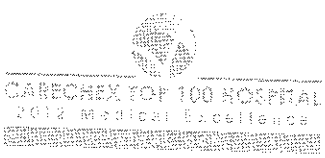
But Wellmont's smaller, community hospitals have also achieved national recognition. CareChex selected Hawkins County Memorial Hospital among the top 10 percent in the country for overall hospital care, medical care and surgical care in the patient satisfaction category. The 50-bed hospital also shined by landing in the top percent 10 percent nationally for overall medical care in the medical excellence category.

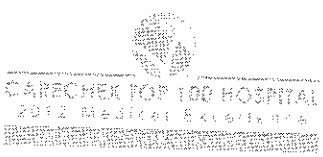
Wellmont has received numerous other honors from national ratings organizations, especially for the cardiovascular services offered through its Wellmont CVA Heart Institute. In 2010, Holston Valley was named one of America's 50 best hospitals for heart care by Thomson Reuters, who affirmed that patients who choose Holston Valley have better survival rates, fewer complications, shorter hospital stays and lower costs. In previous years, Thomson Reuters had named the nation's 100 top heart hospitals, an honor Holston Valley achieved in both 2005 and 2007.

Both Holston Valley and Bristol Regional recently received the American College of Cardiology Foundation's NCDR ACTION Registry-Get With The Guidelines Platinum Award for their treatment of heart attack patients. The award signifies that Holston Valley and Bristol Regional have met levels of care outlined by the American College of Cardiology and the American Heart Association. The hospitals are two of only 164 hospitals in the United States to receive this designation.

Both hospitals also achieved bronze and silver awards for their heart failure care from the Get with the Guidelines program. Additionally, Bristol Regional attained a silver award in the American Heart Association's Mission: Lifeline program and a Silver Plus Achievement Award for its stroke services.







Awards and Accolades

Recent Accolades

2012

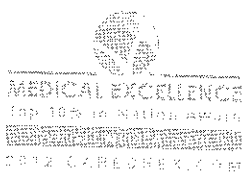
- Wellmont Health System: Joint Commission Resources award for the Flu Vaccination Challenge
- Holston Valley Medical Center: American College of Cardiology Foundation's NCDR ACTION Registry® Get With The Guidelines Platinum Performance Achievement Award
- Holston Valley Medical Center: American Heart Association's bronze recognition in Mission: Lifeline
- Holston Valley Medical Center: Designated as a UnitedHealth Premium Surgical Spine Specialty Center
- Bristol Regional Medical Center: American College of Cardiology Foundation's NCDR ACTION Registry® Get With The Guidelines Platinum Performance Achievement Award
- Bristol Regional Medical Center: American Heart Association's Get With The Guidelines stroke program Silver Plus Achievement Award
- Bristol Regional Medical Center: American Heart Association's silver recognition in Mission: Lifeline
- Bristol Regional Medical Center: Designated as a UnitedHealth Premium Surgical Spine Specialty Center

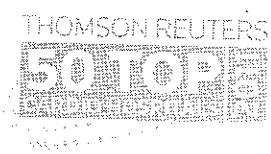
2011

- Holston Valley Medical Center: Rated No. 1 in the nation in carotid artery surgery by CareChex
- Holston Valley Medical Center: CareChex Top 100 in the nation for cardiac care, major cardiac surgery and coronary bypass surgery
- Holston Valley Medical Center and Bristol Regional Medical Center: Consumer Reports Top-Ranked Heart Bypass Programs
- Bristol Regional Medical Center: CareChex Top 50 in the nation for major neurosurgery and trauma care
- Hawkins County Memorial Hospital: CareChex Top 10 Percent in the nation in overall medical care and patient satisfaction
- Level One Heart Attack Network: American Heart Association's Mission: Lifeline bronze designation

2010

- Holston Valley Medical Center: Thomson Reuters Top 50 Heart Hospitals
- Holston Valley Medical Center and Bristol Regional Medical Center: Consumer Reports Top 50 Heart Surgery Programs
- Holston Valley Medical Center and Bristol Regional Medical Center: Accredited by the National Accreditation Program for Breast Centers





Proposed Offer and Transaction Description

Interim Management Agreement

Wellmont would propose entering into an interim management agreement with UCMH upon the signing of a formal Letter of Intent (see Section 4 under the Acquisition and Due Diligence Process below) under which it would assume operations for UCMH and begin to supply shared services to facilitate transition from the date the offer is approved through the Closing date.

We have outlined the general terms of our management agreement proposal below:

- Wellmont will assume responsibilities for the work of the hospital president and work with the retained UCMH key senior executives who will work as part of the Wellmont management team.
- Wellmont will work and deploy, as permitted by law, various shared services to reduce costs and create benefit from business scalability, including managed care contracting, supply chain processes and management, quality and safety service initiatives, management of insurance and claims, management of any self-retention trust for liability (i.e., first dollar liability matters), clinical engineering and equipment management.
- The term of the Interim Management Agreement would run through the Closing date.
- If for any reason the parties do not close on the transaction, Wellmont will provide continuing management services for a period of up to three months to permit UCMH to identify and source management services internally or from a third party.

Acquisition And Due Diligence Process

1. Interim Credit Arrangement Under Management Services

Wellmont will provide UCMH with a Line of Credit for working capital needs to ensure the continued operations of the facility. The Line of Credit will be provided in a documenr accompanying the Letter of Intent (See Section 4 below.) In addition, Wellmont will assume management responsibilities for UCMH upon the execution of the Letter of Intent to ensure continued services are maintained at UCMH. The terms of the Line of Credit and Interim Management Agreement will be consistent with the following:

- The Line of Credit will not have a maximum limit; it will be subject to the request of UCMH and approved by Wellmont management, pursuant to an Interim Management Agreement;
- Interest for the Line of Credit will be fixed at 2.25%;
- Any indebtedness incurred through accessing the Line of Credit will be assumed by Wellmont at the Closing of the transaction;
- If for any reason, the transaction between Wellmont and UCMH does not close, the Line of Credit will be set to mature in five years, and UCMH will execute a deed of trust in favor of Wellinont as security for the outstanding indebtedness.
- Should the transaction not close, repayment of the Line of Credit loan shall be made over a five-year period, such term beginning as of the last advance made by Wellmont. UCMH payments will be applied first to interest and next to principal.
- Wellmont may accelerate payment of the entire Line of Credit loan balance upon a default in payment or upon any change in control of UCMH or of UCMH's assets securing repayment.

2. Transaction

Pursuant to the provisions of certain definitive agreements acceptable to Wellmont and UCMH (the "Definitive Agreements,") UCMH would amend and restate its articles of organization and bylaws so that UCMH becomes an operating corporation with Wellmont, such that Wellmont would be the sole member of UCMH.

The Transaction shall occur on or before December 31, 2012, but in no event later than January 31, 2013 (the "Closing,") unless otherwise extended by mutual agreement of the parties. The Closing would be subject to reasonable and customary Closing conditions, including without limitation due diligence review, receipt of all applicable and required regulatory approvals, required Board approvals. Such conditions shall be set forth in more detail in the Letter of Intent.

3. Consideration and Assumption of Liabilities

In consideration for Wellmont becoming the sole member of UCMH as described herein, and subject to the completion of Wellmont's due diligence review and other Closing contingencies, Wellmont agrees to the following:

- To continue of all current services under the Interim Management Agreement from the date the Letter of Intent is executed through Closing (See Section 1 above);
- To assume of UCMH's outstanding debt as of Closing, which was approximately $6.4 million as of July 31, 2012, including any debt incurred by UCMH in the intervening period from the Line of Credit (See Section 1 above);
- At Closing, and in recognition of the Town or Erwin's and Unicoi's County support for UCMH, to make a voluntary contribution of $600,000 each to the Town of Erwin and Unicoi County;
- To plan for and build a replacement facility within three years of Closing in accordance with the recommendations of the Planning Task Force (as described below in the section in Replacement Facility). Wellmont further agrees, subject to regulatory and licensing approvals, (i) to ensure that Unicoi County facilities will collectively at least meet or exceed the 48 currently licensed beds at UCMH and (ii) to maintain a certain number of beds, based again on the Planning Task Force's work, in the Town of Erwin; (iii) to commit to providing a $1,500,000 secured line of credit to be utilized by UCMH, as necessary, for the provision of operating expenses that exceed cash collections for the period of time after execution a Letter of Intent and the Closing of the Transaction;
- To invest capital into the development of ambulatory services at UCMH, including such programs as provided in this proposal for cardiology, oncology and pulmonary medicine services.
- To invest capital into any needed repairs or equipment to ensure the continuation of all current services and the expansion of services as contemplated in this section.

4. Formal Letter of Intent

Upon acceptance of Wellmont's proposal by UCMH, Wellmont and UCMH will enter into a formal Letter of Intent, providing the terms and conditions included in this proposal for the acquisition of UCMH and the various obligations of Wellmont. The Letter of Intent will provide for the Line of Credit and the Interim Management Agreement, which will be provided to UCMH at no cost. The Letter of Intent will include a requirement that UCMH deal exclusively with Wellmont from the time of its execution through the contemplated Closing date, as may be extended upon the mutual agreement of the parties.

5. Due Diligence

During the period of time between executing a Letter of Intent and the Closing, Wellmont will conduct due diligence of key financial, operational, market, facility and related organizational issues necessary for Closing.

During the due diligence process, Wellmont will conduct interviews and review information and documents in a variety of areas including:

1. Corporate Records and General Organizational Matters
2. Financial Matters
3. Detail on Insurance
4. Reimbursement
5. Medicare and Medicaid Compliance and Reporting
6. Operations
7. Property and Equipment
8. Human Resources
9. Legal
10. Government Regulation
11. Other Related Healthcare Matters

6. Definitive Agreements

Immediately upon execution of the Letter of Intent, the parties will work to complete the Definitive Agreements. The timing for Closing presented in this proposal is aggressive and will require the cooperation of the parties to complete the work necessary on a timely basis. To the extent that any matters have not been addressed through the due diligence process prior to the needed Closing, the Definitive Agreements may include post-Closing obligations and such Definitive Agreements may be executed prior to Closing. Until such time as the Definitive Agreements are executed, the transaction will not be consummated.

7. Contingencies and Approvals

In addition to any regulatory and other approvals required by the Definitive Agreement, execution of the Definitive Agreement and Closing of the Transaction are both subject to approval by the boards of directors of Wellmont and UCMH. Anticipated regulatory approvals and/or notification requirements include potential review by the (1) Tennessee Attorney General for disposition of non-profit assets issues; (2) Tennessee Department of Health for licensing and certificate of need issues; and (3) Medicare for change of ownership issues.

8. Confidentiality and Exclusive Dealing

Confidentiality and Publicity: Wellmont and UCMH will mutually agree that:

- Any confidential or proprietary information (except publicly available information) respecting either party will be kept in confidence by the other party. If the transaction does not Close, the parties agree to return all copies of confidential information gathered during the due diligence process.
- The parties agree to cooperate together and agree to any disclosures related to the transaction, except as required by law or by the obligations on UCMH to disclose or hold public meetings related to such matters.
- Any disclosure required by law or otherwise compelled will be permitted and not deemed a violation of the confidentiality provision.

9. Closing

The parties agree that the target date for the Closing of the transaction will be effective on December 31, 2012, subject to satisfactory due diligence and meeting necessary contingencies. Both parties will acknowledge and agree that the Closing date may be changed upon agreement from both parties, but that will use their reasonable best efforts to complete the necessary work, due diligence, negotiation consistent with the terms of the Letter of Intent, and gain all required approvals in a manner that would enable the parties to effect the Closing on or before December 31, 2012. All communications subject to the transition and the Closing will be subject to the mutual agreement of the parties as described in Section 8 above.

Replacement Hospital

As requested in UCMH's request for proposal, Wellmont is committed to building and opening a replacement hospital within three years of the Closing date. Wellmont would agree to provide the capital for the building of a new facility that would ensure the maintenance of all 48 currently licensed inpatient beds at UCMH, provided, however, that depending on the results of the planning process described below, Wellmont may seek to maintain some inpatient care beds at the current facility. Moreover, Wellmont agrees to ensure the replacement facility or facilities, as determined through the planning process, will have at least 48 acute care licensed bed located in Unicoi County with beds remaining the Town of Erwin. In fact, Wellmont would expect to potentially increase the number of beds to accommodate patient needs based upon additional due diligence and determination of market demand. Upon Closing, Wellmont would immediately establish a Planning Task Force as described below:

- Planning Task Force. Convene a planning task force to address the scope and location for a replacement hospital in Unicoi County; the task force would include representatives from the community, including representatives from Erwin and Unicoi County; physicians in the community and in neighboring counties, including broad representation from the active medical staff at UCMH; local community businesses; and leadership from Wellmont.
  - The task force would be charged with developing a master facility plan to address all of the following continuing and expanding services:
    - Inpatient facility at a minimum of 48 licensed beds
    - Continuation of long-term care beds and services, with appropriate mix of skilled and residential beds (possible continuation of current location for long-term care)
    - Expansion of ambulatory, outpatient services to meet the needs of the community with sufficient physician led and directed support for care delivery
- Hospital Location. The Planning Task Force would have responsibilities for developing feasibility studies demonstrating the appropriate location for a new facility. Wellmont indicated in its initial proposal that it expected the most appropriate location would be closer to I-26 and in the Northern portion of Unicoi County. Although Wellmont continues to believe that such a location may be attractive and beneficial, it is committed to a collaborative and deliberative process of planning that recognizes the needs and perspectives of all stakeholders – physicians, local businesses, community representatives and patients. The Task Force will also consider the potential land sources for the construction and footprint of a new hospital inpatient facility while considering the needs for increasingly local and available ambulatory services.
- Expanded Services. The Replacement Hospital will also host, as appropriate, those hospital-related services that Wellmont brings to the community in the intervening years between the Closing date and the opening of the new facility. For details on the minimum level of expanded services Wellmont intends to bring to the community, please see the heading below entitled "Physician Partnerships and Services" and the associated subheadings on Cardiology, Oncology and Pulmonary and Critical Care Services.

Proposed Offer and Transaction Description

Current Facility

UCMH's Request for Proposal indicated that the Board of Control was seeking a plan in returning the value of the current facility to the Town of Erwin and Unicoi County. Wellmont proposes that in lieu of returning the facility to the Town and County that it be re-purposed for the maintenance of healthcare services in the Town of Erwin. The Planning Task Force will, we believe, make recommendations for particular services and uses of the current facility.

As part of the due diligence process, Wellmont would conduct an initial evaluation of the physical plant, its strengths and needs, and use such information to inform the planning process for use of the facility following the opening of a replacement inpatient facility. As a formal commitment to the community and the Town of Erwin, Wellmont agrees to maintain some inpatient care licensed beds in the Town of Erwin.

During the intervening period, Wellmont will invest capital into enhancing local services, including the building of a diagnostic cardiology laboratory with nuclear imaging capability to enhance the current diagnostic cardiac services provided by UCMH (for additional information on this expanded investment in services see the section on cardiology services below).

Any additional ambulatory or long-term planning for the current facility would be the product of the Planning Task Force.

Personnel Transition

Wellmont enjoys a reputation in our region as a preferred employer among healthcare workers. Wellmont has built a culture of transparency and collaboration among our employees that is respected by other local industries and often envied by employees presently working at other healthcare systems in our region. For example, over the past 12 months, Wellmont received more than 4,000 nursing applications to fill less than 200 available positions. Many of these applications came from nurses already working for local hospitals.

Upon Closing, Wellmont would offer employment to all of the current employees at UCMH. The general terms and conditions of such employment offer would include all of the usual benefits provided to Wellmont employees. Current UCMH employees would receive credit for years of service at UCMH in beginning employment with Wellmont and would not have a waiting period to receive any such benefits. UCMH employees would be required to follow the pre-employment background requirements and employment would be contingent on successful completion of such requirements.

Any contractual employees would be employed consistent with the current terms and conditions of such contracts, and physicians would become a part of our physician organizational structure with all rights and benefits associated with others in the organization in a similar position.

Physician Partnerships And Services

Wellmont has spent significant time in preparing this proposal with initial explorations with physicians in the various communities who have medical staff privileges at UCMH. Wellmont believes its model of care delivery, with physician leadership being fundamentally instrumental, will be paramount for the economic viability and growth of healthcare services in Unicoi County.

Physicians have indicated the following to us in our informal discussions: (i) a large number of providers, mostly specialists, in the Johnson City area have expressed interest in practicing in a non-MSHA owned facility if conveniently located in Unicoi County; (ii) these physicians would have active privileges at a Unicoi County facility and would perform some elective procedures at this facility; and (iii) the independent physicians in the Johnson City and surrounding areas believe hospital competition will lead to better patient care and lower costs.

In addition to these general expressed sentiments from the physician community, Wellmont has, as evidenced by the materials that follow on specialized medicine services in the areas of cardiology, pulmonary medicine and oncology, worked toward integration and partnership with physicians as a commitment to redesigning the care model and ensuring that accountable care management allows for improved outcomes and high value to patients. Indeed, Wellmont is committed to the following as part of its Planning Task Force and working with physician stakeholders:

- Wellmont is proposing a unique and innovative model that is based npon a high degree of physician integration and accountability.
- To the extent permitted by federal law and regulations, WHS intends to partner with physicians in a manner that allows physicians to be engaged and benefit from UCMH's performance (with quality, efficiency and patient satisfaction metrics.) gain share
- Wellmont recognizes that the key to success is effectively linking physicians to the hospital's operation. Without this, there is no way to achieve and maintain viability of the services. Wellmont believes its modeling and commitment in this area will promote and develop the physician engagement necessary to attract and retain the critical mass of primary care and subspecialty physicians to operate the hospital profitably and on a long-term basis.

Our integrated and aligned physicians will work to immediately provide an expansion of services to enhance the availability and quality of care at UCMH.

Cardiology Services

Wellmont CVA Heart Institute ("WCHI") is the recognized leader for cardiovascular services in the greater Tri-Cities region. The heart institute is comprised of 45 cardiovascular specialty physicians (cardiologists and surgeons), 24 cardiovascular specialized non-physician practitioners, eight hospitals and 12 office locations conveniently located throughout the region.

WCHI is nationally and internationally recognized for its advanced technical and clinical abilities that allow the institute's physicians to diagnose and treat the most complex forms of cardiovascular disease. WCHI has more than 100,000 active patients, making it one of the largest cardiovascular providers in the U.S. In addition to its clinical services, the heart institute is extremely active in clinical research and hands-on training of cardiovascular physicians.

Wellmont has the ability to develop UCMH's cardiovascular services as detailed below.

Wellmont CVA Heart Institute

Cardiovascular Service Development for UCMH

1. Cardiology Clinic and Consult Service
   - WCHI board-certified cardiologist on-site, two half-days per week,
   - WCHI office on UCMH campus
   - Consult service available for hospital-based patients
2. Heart Failure Clinic
   - One half-day per week, to serve heart failure patients residing in Unicoi County
3. Nuclear Imaging Service
   - Develop a nuclear imaging lab (cardiac) that meets or exceeds accreditation requirements
   - Provide the nuclear camera and necessary renovations
   - Already completed the A&E and physicist work
   - Medical director support and technical/operational management by WCHI staff
   - Educate local physicians on the appropriate use of cardiac nuclear imaging
4. Holter and Event Monitoring Service
   - UCMH will be on the same technology platform as other Wellmont hospitals and WCHI offices
   - Enable remote scanning and interpretation of studies
5. Echocardiography and Vascular Ultrasound Services
   - Responsible for ongoing technical and quality of existing cardiovascular ultrasound services (protocols, standardized reporting, etc.)
   - Technologist staffing
   - Enable remote interpretation via WCHI web-based PACS system
6. Level One Heart Attack Network Program
   - Work with qualified EMS operations based in Unicoi County to provide field EKG units and other support needed to better serve heart trauma patients in Unicoi County
7. 24/7 Coverage
   - WCHI to provide 24/7 phone coverage for UCMH emergency department physicians and hospitalists (by WCHI cardiologists with staff privileges at UCMH)
8. Staff Education
   - WCHI to provide cardiovascular-related clinical education to UCMH physicians and non-physician staff
9. Community Outreach and Early Detection Programs
   - Wellmont Health Coach community screening service (in collaboration with Wellmont Cancer Institute)
   - Provide WCHI cardiologists to participate in cardiovascular-related community outreach and education events in collaboration with UCMH

Pulmonary and Critical Care Services

Pulmonary and lung conditions are a serious concern for our region. That's why Wellmont Medical Associates has developed the region's largest and most experienced group of pulmonologists and critical care experts with 16 pulmonary/critical care physicians (board certified in pulmonary, critical care and sleep) and seven nurse practitioners covering eight hospitals and seven offices in our region. We are currently providing pulmonary services in Washington County, Tenn., and have received a tremendous response from patients and referring physicians in the community.

Wellmont's pulmonologists treat a wide range of respiratory illnesses and chest conditions including pneumonia, asthma, COPD, and emphysema. They also oversee the care of those patients with serious medical needs in Wellmont's intensive care units.

Wellmont is on the cutting edge of pulmonary and critical care technology. Our physicians are in the process of piloting new e-ICU telemedicine technology that extends their expertise into rural community hospitals. And Wellmont also offers the region's only navigational bronchosopy technology, which enables physicians to examine the lungs and better detect disease or cancer without the need for invasive surgery.

Additionally, many of our physicians are skilled in sleep medicine and provide care through Wellmont's extensive network of sleep evaluation centers located throughout the region.

Wellmont has the ability to strengthen UCMH's pulmonary services and provide security to the community by maintaining healthcare services in the area. The current pulmonary services could be enhanced as detailed below.

Wellmont Medical Associates

Pulmonology and Critical Care Development for UCMH

1. Pulmonary Clinic and Consult Service
   - Pulmonologist on-site, one full day per week
   - Pulmonary office on UCMH campus
   - Hospital consult service
   - Consultation for ICU direction
2. Specialty Clinics
   - Specialty disease clinic, one half day per week
   - Pulmonary nodule
   - Pulmonary hypertension
3. Sleep Lab
   - Increase beds and grow sleep business in the community
   - Bring UCMH into the system-wide approach for sleep medicine with medicine protocols and system resources for scheduling, therapy, and follow up with board-certified sleep physicians
   - Establish sleep apnea screening program for scheduled surgical procedures
   - Sleep/CPAP clinic
4. 24/7 Coverage
   - To provide 24/7 phone coverage for UCMH ED physicians and hospitalists (by physicians with staff privileges at UCMH)
5. Wound Care
   - Wound care clinic
   - Potential of hyperbaric chamber (to be evaluated by the planning task force)
6. Community Outreach and Physician and Staff Education

Oncology Services

The Wellmont Cancer Institute provides a regional approach for better oncology care. We provide a holistic approach to treating cancer care that encompasses not only the body, but the mind and spirit as well. A person who is cared for personally is much more likely to heal physically. The Wellmont Cancer Institute was developed to facilitate healing and provide a full continuum of services that include education, prevention, medical oncology, radiation oncology, palliative care, hospice, support groups and survivorship. We believe in strong collaboration with other organizations in the community such as American Cancer Society and the Komen Foundation to help promote a healthy community.

The Wellmont Cancer Institute diagnoses and treats more patients than any other program in Northeast Tennessee and is the third-largest program in the state. The institute is comprised of 15 board-certified medical oncologists, four nurse practitioners and three board-certified radiation oncologists.

The Wellmont Cancer Institute provides easy access for patients, operating three comprehensive community cancer centers, two of which are accredited by the American College of Surgeons' Commission on Cancer, and three comprehensive breast centers, two of which were the first in the state to be accredited by the National Accreditation Program for Breast Centers.

Wellmont owns and operates the only ACR-accredited mobile health coach licensed to perform digital mammography in the community. The Wellmont Cancer Institute is recognized as one of the largest clinical trials and research institutions participating with the Southeast Cancer Control Consortium. The institute also provides nurse navigators to assist patients and families through their journey of cancer care; the only board-certified genetic counselor in Northeast Tennessee; and a master's-prepared social worker and nutritional services for patients.

Wellmont has the ability to develop UCMH's oncology services as detailed below.

Wellmont Cancer Institute

Oncology Service Development for UCMH

1. Medical Oncology Clinic and Infusion Services
   - WCI board-certified medical oncologist on-site, a minimum of one day per week
   - Injections and simple infusions offered on site
   - WCI office on UCMH campus
   - Consult service for hospital-based patients
2. Access to Genetic Counseling
   - Genetic counselor on site one day every two weeks
3. Access to clinical trials
   - Research nurse to evaluate and accrue patients to clinical trials
   - Access to Wellmont's IRB
4. Participation in Tumor Board Conferences weekly via web cam capability
5. Community Outreach and Screenings
   - Wellmont Health Coach, which includes screening mammography.
   - WCI medical and radiation oncologists to participate in oncology-related education and outreach events in collaboration with UCMH
6. Staff Education
   - WCI to provide oncology-related clinical education to UCMH physicians and non-physician staff as needed
7. Provide oncology patients access to nurse navigators

Electronic Health Record

Wellmont has made a commitment to put valuable information at a patient's fingertips by investing in a multiyear, multimillion dollar project to build a comprehensive, high-quality electronic health record.

Through this initiative, Wellmont will create an efficient and effective program to enhance service to patients. It will give patients greater access to their health information, create more synergy between them and their caregivers and increase the sharing of expertise among physicians.

To help achieve this latest step in innovative, compassionate care, Wellmont has signed a contract with Epic Systems, which has a proven record of helping integrated healthcare organizations, hospitals and medical groups achieve excellent results for their patients.

Wellmont is focused on delivering care safely, with the most complete and accurate information possible. And as part of Wellmont, UCMH will become a part of the most comprehensive integrated electronic health record in the community. Epic is designed so each patient has just one, comprehensive medical record. Wellmont physicians operate their office practices with the same record, and Epic provides tools for other community physicians to have efficient and easy access to necessary information of those patients.

Each patient's record can be easily accessed from any point in the care continuum. Our patients will be able to review their records whenever they need to do so, and physicians will be able to expedite the healing process through more rapid and expanded access to patient information.

Once implemented, this new product will provide patients with controlled access to the same medical records as their physicians via browser or mobile app. Patients will also be able to:

- View test results
- See a personal chronic disease clinical summary
- Receive automated reminders about preventive care measures and upcoming procedures and appointments
- Send and receive secure messages with providers
- Manage the care of elderly patients
- See a child's records and print growth charts

Through this investment, Wellmont is advancing the quality of care for patients by growing medical technology across the region. Implementation is scheduled to begin in 2014, and training and planning is already underway. Wellmont believes the community in Erwin and Unicoi County would benefit greatly from having a world-class electronic record system, and Wellmont would include Unicoi in its current electronic record deployment plan.

Summary And Conclusion

Wellmont is pleased to provide you with this revised proposal, detailing more specifically some of the benefits of having Wellmont as the healthcare partner for the Town of Erwin and Unicoi County. Wellmont believes in local community healthcare – expanding services locally and providing quality services to communities it serves through its physician partnerships and groups.

It would be an honor to serve the residents of your community, and we are hopeful you see the benefits in what we bring to the table. If you have any questions or wish to discuss further, please feel free to contact me (423.230.8219) at your convenience.

Respectfully submitted,

Wellmont Health System
By: Denny DeNarvaez

Wellmont
Health System

EXHIBIT T-3

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TERM SHEET

This term sheet is intended for discussion purposes only and does not constitute and will not give rise to any legally binding obligation on the part of any party to these discussions or any affiliates of any party to these discussions. None of the parties to these discussions or any of their respective affiliates shall be legally bound with respect to the transactions contemplated by this term sheet unless and until such parties have executed and delivered to each other definitive, binding written agreements in respect of such transactions.

NON-BINDING PROVISIONS	
I. **Transaction Structure**	A. Wellmont and Mountain States shall adopt a statement of Shared Vision and Guiding Principles consistent with the statements attached as Exhibit A to this term sheet. B. The form of transaction will be the formation of a new entity which will serve as the parent of Wellmont Health System ("Wellmont") and Mountain States Health Alliance ("Mountain States") (the "Transaction"). C. Wellmont and Mountain States will cause a new, not for profit, tax exempt corporation to be incorporated in Tennessee ("Newco"). Newco shall be established as an independent not for profit, Tennessee corporation which shall be governed by a Board of Directors composed of residents from the Tri-Cities area of Tennessee and Virginia as set forth below. D. Wellmont and Mountain States collectively (the "Parties") will amend, modify or revise their respective articles and bylaws to designate Newco as the sole corporate member of each of the Parties.
II. **Timing and Due Diligence**	A. The Parties will mutually agree on a time schedule for conducting and completing due diligence and negotiating the Definitive Agreement, it being contemplated that such actions will be completed within one hundred fifty (150) days following signing of this term sheet. B. Subject to the "Protocols on Information Sharing" section below, each of Mountain States and Wellmont shall use reasonable efforts to provide access to the information, employees or contractors requested by the other Party on a timely basis and shall provide to the other Party reasonable access to its facilities upon prior notice. C. Neither Party (nor such Party's representatives) will contact the employees or other personnel of the other Party (including without limitation members of the medical staffs of such Party's hospitals, and no inspection will be conducted, without such Party first coordinating such inspection or contact with, in the case of Wellmont, Gary Miller, Esq. or his designees and in the case of Mountain States, Tim Belisle, Esq. or his designees.
III. **Governance - Board of Directors**	A. After execution of this term sheet or similar legal document, Wellmont and Mountain States will, at the appropriate and mutually agreed upon time, jointly engage third party consultants to assist with the selection, development, education and various other tasks related to establishing and integrating the Newco Board, as well as a third party consultant to conduct a culture audit of the two organizations in order to better inform

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the Newco Board on how best to integrate the two organizations from a human relations and cultural standpoint.

B. Upon execution of this term sheet or similar legal document, Wellmont and Mountain States will each nominate an equal number of their existing board members to become members of the pre-closing Joint Board Task Force. Further, the CEOs of Wellmont and Mountain States will each serve on the Joint Board Task Force. The total number of members of the Joint Board Task Force will not exceed 14. This Joint Board Task Force will oversee the pre-closing activities of the Integration Council. Given the significance of issues to be managed pre-closing, it is highly desirable the individuals who are selected to serve on the Joint Board Task Force also be those who will ultimately serve on the Newco Board.

C. The initial Newco governing board will be comprised of 14 voting members, as well as two ex-officio voting members and one (1) ex-officio non-voting member. The two ex-officio voting members shall be the Newco Executive Chairman/President and the Newco Chief Executive Officer.

1. The Newco Chief Executive Officer will serve as a voting member of the Newco Board for not longer than two (2) years. At the conclusion of the Chief Executive Officer's two (2) year term, the Chief Executive Officer will rotate off the Newco Board. Upon rotation of the Chief Executive Officer off of the Newco Board, the initial Wellmont designees to the Newco Board (as described in Section D. below) shall appoint a new member to the Newco Board to replace the Chief Executive Officer. The initial term of this new Board member shall be three (3) years, with the opportunity to serve on additional three (3) year term.

2. The one ex-officio non-voting member shall be the then current President of East Tennessee State University.

3. The Board shall include not less than 4 licensed physicians who are members of the medical staff of one or more Newco-affiliated hospitals, with at least two (2) physicians from each legacy system. The total Newco board shall be composed of a maximum of sixteen (16) voting members.

4. Should there be a change in the Executive Chairman/President within the first twenty-four (24) months, for any reason, it is the intent of both Parties to define a process for inclusion in the Definitive Agreement that would maintain the balance of the Newco Board between the legacy systems.

D. Wellmont and Mountain States will each designate 6 members to serve on the initial board of Newco. Wellmont and Mountain States will jointly select 2 members of the initial Newco board, who will not be incumbent members of either Party's board.

E. The initial members of the Newco board will be selected with the goals of

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(1) obtaining a broad range of competencies, skills and experience relevant to the governance of a large healthcare system and (2) ensuring broad representation from the region, employer and patient communities served by Newco. Both organizations agree the ultimate goal is for Newco to be governed by a board that is competency-based and utilizing industry best practices.

F. The initial Newco board appointments will be for staggered terms, with 6 members having a term of two (2) years, four (4) board members with terms of three (3) years, and four (4) board members with terms of four (4) years. The two (2) Board members jointly appointed by the initial Wellmont and Mountain States members shall be in the class with an initial four-year term. The initial board members may serve their initial terms and one additional three-year term. Thereafter, limits on the number of terms of service for board members who succeed the initial board members will be agreed upon and set forth in the Newco bylaws to be adopted at the closing. For the first four years, the staggered terms shall be constructed so that legacy Board members from Wellmont and Mountain States will roll off the Board in equal numbers. If a legacy member resigns or is removed from office during his or her initial term, the person appointed to that position shall come from the same legacy organization and shall serve the unexpired term. Any renewal terms shall be subject to customary board governance policies and procedures.

G. As and after the initial board terms expire, the Newco board will be self-perpetuating. Newco bylaws will provide that Board members will be subject to term limits as discussed above.

H. The Newco board will have the ultimate fiduciary duties and governing role for the key business decisions, activities and management of the new health system. The Newco Board shall adopt governance best practices, including periodic performance evaluation. The governance best practices shall be further enumerated in the Newco bylaws.

I. The Definitive Agreement shall provide for an Executive Chairman (see Section IX *infra*) and a Vice Chairman/Lead Independent Director (to be nominated by Wellmont and affirmed by the non-management members of the Joint Board Task Force and named in the Definitive Agreement) whose responsibilities will be substantially similar to the description attached as Exhibit B to this term sheet. The term of the initial Vice Chairman/Lead Independent Director will be two years after the closing.

J. The Officer and Executive Committee positions of the Newco Board will be defined in the initial Newco Bylaws to be adopted in accordance with the Definitive Agreement. There will be 4 Board Officer positions to be filled as follows: Executive Chair, Vice Chair, Treasurer, and Secretary. Additionally, there will initially be two at-large members of the Executive Committee.

K. Upon closing of the Transaction and the constitution of the Newco Board, the existing Wellmont and Mountain States Boards may be delegated certain responsibilities by the Newco Board, such as credentialing,

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	subsidiary and joint-venture oversight, and implementation of Newco Board decisions as required to transition to one governance structure. It is anticipated that the Wellmont Board and Mountain States Board will be dissolved at such time that the Newco Board makes the decision to do so, but not later than 24 months after the closing of the Transaction, with their functions, authority and responsibilities transferred to the Newco Board and its Committees. It is also anticipated that during the transition period between closing and dissolution of each board, the existing Wellmont Board and Mountain States Board will have delegated responsibility for the following: 1. Medical staff credentialing and oversight as those functions currently are outlined in each organization's bylaws; 2. Official business of any subsidiary corporation subject to Newco Board's final authority as sole Member over such decisions; and 3. Regulatory oversight such as those requirements contained within the accreditation standards for hospitals and all other subsidiary services.
IV. **Governance - Board Subcommittees**	A. Board committees will also be established with initial membership of equal representation by and from the Parties. B. Likely committees will include: Executive, Audit; Finance; Legal/ Regulatory/Compliance; Quality; Human Resources; Governance; Investments; and Nominating. C. The final committee structure, committee charters, initial membership, and initial chairs of each will be mutually agreed upon and defined in the Definitive Agreement. D. The Executive Chairman/President of Newco will be an ex-officio, non-voting member of the Nominating Committee. The Nominating Committee charter will establish the criteria for selecting future board and committee members.
V. **Supermajority Items**	A. For a period of time post-Transaction, not to exceed two (2) years, certain board actions will require approval by a supermajority (defined as two-thirds) vote. B. The specific list of actions requiring supermajority approval will be identified in the Definitive Agreement, but will include the following: 1. Amendments to Newco charter and bylaws; 2. Sale of substantially all of the assets of Newco, or merger of Newco with or into another entity; 3. Sale or closure of any hospital; 4. Debt incurrence above an amount to be set forth in the Newco bylaws; 5. Decision to file bankruptcy or insolvency proceedings or to seek

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	appointment of a receiver for Newco or key members of its group(s) obligated to repay long-term debt; and 6. Discontinuing major clinical services, to be defined in the Definitive Agreement, at a Newco affiliated hospital.
VI. **Hospital and Affiliate Governance**	A. Subject to the provisions of any existing joint-venture and other contractual agreements, the governing boards of all hospitals and other affiliates will be appointed by, and serve at the pleasure of, the Newco board. The Newco Board shall have final authority as sole Member of Newco's ownership interest in any hospital, joint-venture or partnership. B. Except as provided below, the existing governing boards of hospitals and affiliates as of the Transaction closing will continue to serve unless replaced by the Newco board. C. To the degree any of the Boards of any subsidiary or wholly owned corporations of Wellmont and Mountain States have membership constituted to include Board members of Wellmont or Mountain States, such board composition shall be amended such that there is equal representation from Wellmont and Mountain States Board members. D. The composition of the boards of the respective physician organizations of Wellmont and Mountain States will be approved by the Newco Board. E. The charters of the Wellmont and Mountain States foundations will require that their respective funds as of the Transaction closing must be used consistent with the intent of the original donors thereof.
VII. **Integration Council**	A. As legally appropriate after the execution of this term sheet or similar legal document, the Parties will establish an Integration Council comprised of ten to twelve (10-12) members. The Integration Council will have responsibility for retaining an independent consultant to undertake a comprehensive analysis of the clinical, operational and financial functions of Wellmont and Mountain States to (1) identify, substantiate and quantify the cost-savings and quality-enhancement opportunities achievable specifically from the Transaction and (2) describe the timeline and integration plan for achieving these opportunities. The Integration Council will engage, on a regular basis, with this consultant for periodic reports on his/her analysis and supply information as needed to further the analysis, and prepare the Parties for integration to ensure the realization of Newco's clinical, operational and financial potential post-Transaction. The objective of the Integration Council is to ensure a system approach that best serves the needs of the community and region based on objective information. B. Integration Council members may include operating executives, finance executives, legal executives and physician executives. Physician, nurse and other clinical and administrative leaders, shall be called upon to provide input and support to the Integration Council. The Integration Council will be composed of an equal number of representatives from Wellmont and Mountain States. There shall be at least four (4) members of the

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	Integration Council who shall be physicians, with two (2) representatives from each of Wellmont and Mountain States. At least one (1) of each health system's physician representatives on the Integration Council shall be a physician in independent practice from each system. C. Wellmont and Mountain States may jointly engage additional third party consultants to advise the Integration Council, as needed. D. After the execution of this term sheet or similar legal document and until the Transaction closing date, the Integration Council will report to the Joint Board Task Force, to be comprised of existing Wellmont and Mountain States Board members, and the CEOs of Wellmont and Mountain States, acting in a transaction committee role. E. All of the activities of the Integration Council prior to Transaction close shall be reviewed and advised in advance by legal counsel to ensure compliance with all applicable legal and regulatory restrictions. F. The Integration Council shall develop a draft Newco policy outlining the process for consolidating services and facilities, which policy shall include but not be limited to cultural integration, timetables for actions, input from physicians impacted, and notices to staff and community. The draft policy shall be submitted to the Newco board for approval. Post-Transaction, the Integration Council will cease operations and its functions shall be assumed by the Newco management team. G. The Parties will mutually agree and define in the Definitive Agreement the ongoing activities, terms of service and scope of the Integration Council within Newco post-Transaction.
VIII. **Clinical Council**	A. Promptly after the Transaction closing, Newco commits to the development of a physician-led Clinical Council (composed of appropriate balances of private physicians, group practice physicians and employed physicians) to guide, oversee and assist in implementation of the plan to integrate clinical activities, service lines and business units, and to advise on any appropriate further clinical integrative actions post-implementation that would result in added growth, operational efficiencies and advancements in patient care. Post-closing, the initial Clinical Council will equally represent physicians whose primary practice venue is Wellmont or Mountain States. B. The Clinical Council will include Newco management representatives but will be composed primarily of physician representatives. The Clinical Council will report to the Chief Medical Officer of Newco. The Chair of the Clinical Council will be a physician member of the active medical staff(s) of one or more Newco-affiliated hospitals, will serve on the Quality Committee of the Newco Board, and will provide ongoing reports on the activities of the Clinical Council to the Newco Board through the Quality Committee function of the Board. C. Among other duties, it is anticipated the Clinical Council will work on areas, among others, such as establishing a common standard of care,

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	common credentialing, consistent multidisciplinary peer review, where appropriate, and quality performance standards

IX. **Newco Management**	A. The initial management team ("Initial Management Team") of Newco shall be as follows:
	• Executive Chairman/President: Alan Levine
	  ○ The Executive Chairman/President will be the senior officer of the organization. The evaluation of the Executive Chairman/President's performance will reside with the Newco Board.
	• Chief Executive Officer: Bart Hove
	  ○ The Chief Executive officer will report to the Executive Chairman/President.
	• Chief Operating Officer: Marvin Eichorn
	  ○ The Chief Operating Officer will report to the Chief Executive Officer.
	• Chief Financial Officer: Alice Pope
	  ○ The Chief Financial Officer will report to the Chief Executive Officer.
	The position description for the Executive Chairman/President shall be substantially similar to the position description attached as Exhibit C to this Term Sheet and ensure the position is the most senior officer of Newco. The Joint Board Task Force will develop and approve the Executive Chairman/President's contract for inclusion as an exhibit to the Definitive Agreement, and to be executed by the Newco Board upon the closing of the Transaction
	• Concurrently with the process for development of the Contract with the Executive Chairman/President, the Executive Chairman/President shall, on behalf of the Joint Board Task Force, negotiate an employment agreement with the Chief Executive Officer for ratification by the Joint Board Task Force. This contract will be included as an exhibit to the Definitive Agreement, and will be executed by the Executive Chairman/President and Chief Executive Officer upon the closing of the Transaction. The position description for the Chief Executive Officer shall be substantially similar to the position description attached as Exhibit D to this Term Sheet.
	• The Chief Executive Officer, in consultation with the Executive Chairman/President, will then develop job descriptions for the remaining Initial Management Team members for inclusion as an exhibit to the Definitive Agreement.
	B. The Executive Chairman/President and the Chief Executive Officer of

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	Newco will begin the process of assembling the Newco management team (comprised of the direct reports to the Executive Chairman/President and the Chief Executive Officer other than the Initial Management Team), which shall be presented to the Newco Board for approval after the closing. It is anticipated that the Newco management team will be composed of representatives from each Party and will not be composed of the management team from a single Party. C. Upon signing of this term sheet or similar legal document, Wellmont and Mountain States will identify to each other those senior executives with whom each has executed, or will execute, retention and severance agreements. D. It is in the best interest of Newco that the corporate headquarters are easily accessible and conveniently located. Within 2 years of closing, the Newco Board will direct that the Newco Senior Management Team evaluate the most suitable, cost-effective and appropriate location of the corporate headquarters and to make a recommendation to the Board for consideration and approval. The Newco corporate headquarters shall not be located on the campus of any Newco affiliated hospital.
X. **Employees**	A. Newco and affiliates will continue employment of (or, as appropriate, extend offers of employment to) all active employees of the Parties upon substantially similar terms and conditions with respect to base salaries and wages, job duties, titles and responsibilities that are currently provided to such employees immediately prior to close, except that certain positions which are identified as synergies may be eliminated. Normal employment practices, including terminations and reductions in force, will be unaffected. B. Newco will honor prior service credit under each Parties' employee plans for purposes of eligibility and vesting under the employee benefit plans maintained by Wellmont and Mountain States, and will waive any eligibility requirement or pre-existing condition limitation for persons covered under each Parties' employee benefit plans. Newco will provide all employees credit for accrued vacation. C. Newco will work as quickly as practicable after closing to address any required actions with respect to differences in salary/ pay rates and employee benefit structures with a goal of creating consistency throughout the merged health system wherever feasible.
XI. **Medical Staff**	A. Newco is committed to a pluralistic, physician-led medical staff model that embraces the strengths of private practice, group practice and employed physicians. B. The medical staff members in good standing immediately prior to Transaction closing will maintain their medical staff privileges at the Parties' facilities where such privileges are maintained, subject to the medical staff

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	bylaws then in effect. C. Subject to completion of due diligence, Newco will continue all existing contracts with physicians, including employment agreements, at least until the initial expiration of such contracts. D. All medical staff bylaws of each legacy system will remain in effect until such time as Newco and each respective medical staff develop and approve a new or modified set of medical staff bylaws, should new or modified medical staff bylaws be deemed necessary.
XII. **Existing Affiliations**	A. Newco will initially maintain the Wellmont and Mountain States joint ventures, affiliations and other outsourced contracts/relationships existing at close. B. Opportunities to optimize such structures will continue to be evaluated by the Newco board and the Integration Council post-Transaction. C. Prior to closing the Transaction any potential conflicts arising under such arrangements that are caused by the Transaction shall, subject to prior advice of counsel, be identified and reviewed by the Integration Council and the Joint Board Task Force. Recommendations by the Integration Council for post-closing actions by Management or Newco Board will be reported to the Board and Counsel.
XIII. **Information Technology**	A. The Definitive Agreement will provide that all Newco hospitals will fully integrate into the EPIC information system currently used by Wellmont.
XIV. **Insurance Platforms**	A. As soon as practicable after closing, Newco will review the structure of the existing insurance platforms of Wellmont and Mountain States and work to spread risk, reduce costs and realize efficiencies that result from the Transaction
XV. **Philanthropic Gifts**	A. Newco will honor the intent of all gifts, bequests, grants and donations provided to either Mountain States or Wellmont by a donor to be used for charitable purposes by a tax-exempt organization.
XVI. **Community Benefit**	A. Newco commits to operate in accordance with the "community benefit standards" as they apply to 501c(3) hospital non-profit corporations, including, without limitation, the (i) acceptance of all Medicare and Medicaid patients, (ii) acceptance of all emergency patients without regard to ability to pay, (iii) maintenance of an open medical staff, (iv) provision of public health programs of educational benefit to the community, and (v) general promotion of public health, wellness, and welfare to the community through the provision of health care at a reasonable cost. B. The Definitive Agreement will commit Newco to maintaining the Parties' existing or equivalent community benefit and education programs and services at close. C. In the context of supporting the Certificate of Public Advantage, Newco will conduct, in partnership with East Tennessee State University and other Academic partners, as appropriate, a detailed public health needs

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	assessment in order to identify and prioritize measurable health needs and initiatives. Such initiatives may include, but not be limited to: • The establishment of a long-term strategy for improving the health status of the region served by the merged system that supports both the Tennessee and Virginia state health plans; • Improvement of behavioral health services, mental health, addiction recovery, and services for people with developmental disabilities; • Enhancement of programs to reduce drug abuse in the region, specifically among women in child-bearing years; • Establishment of programs to improve health literacy; • Development of programs to improve child wellness – physical and emotional; • Growth of medical research programs; and • Expansion of academic opportunities, to include, but not be limited to, expansion of new fellowships and other opportunities to allow physicians and allied health professionals to train and serve in health professional shortage areas within the region. D. Newco will abide by policies and provisions of charity care that are no less generous than the policies of the Parties at the time of the Transaction closing, subject to changes in law, policy or regulation as applicable.
XVII. **Naming/ Branding**	A. The Parties will work to mutually agree to the renaming and rebranding of Newco. Upon signing of this term sheet, Wellmont and Mountain States will mutually agree upon and jointly retain a firm to advise and assist them with the rebranding strategy. The rebranding strategy will have goals of establishing a single identity for the merged system that communicates its mission and clearly informs all members of the regional community of the new name, logo(s), and the mission of the merged system.
XVIII. **Approvals; Termination**	A. The execution and delivery of the Definitive Agreement are conditioned on the receipt of all necessary consents and approvals of the appropriate governing boards of Mountain States and Wellmont. Furthermore, it is anticipated that the Definitive Agreement will provide that the consummation of the Transaction will be conditioned upon: 1. The receipt of all material consents of third parties, if any, necessary under material agreements of the Parties for consummation of the Transaction contemplated under the Definitive Agreement; 2. The filing of all notices and the receipt of all approvals and consents, as required from governmental authorities (including, if applicable, the Attorneys General of the States of Tennessee and Virginia); 3. The termination of any waiting period under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended; and

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	4. The satisfaction of such other conditions as are mutually acceptable to the Parties or are legally required. B. It is the intent of both Parties, upon execution of the Definitive Agreement, that both Parties will take all reasonable steps necessary to close the Transaction. Notwithstanding the foregoing, both Parties recognize there may be circumstances of federal and/or state government action or inaction, or extraordinary external factors, that may give rise to the conclusion that the Transaction may be imperiled or it is no longer reasonable to pursue closing of the Transaction. Consequently, the Definitive Agreement shall articulate circumstances upon which either Party may unilaterally terminate the Transaction.
XIX. **COPA**	A. Without limiting the approvals described above, simultaneously with the negotiation of the Definitive Agreement, the Parties will negotiate a "cooperative agreement" as defined in the Tennessee Hospital Cooperation Act of 1993 (the "Act"). B. Following execution of the Definitive Agreement, the Parties will apply to the Tennessee Department of Health to obtain, and follow the procedures under the Act for obtaining, a certificate of public advantage (the "Tennessee COPA") to govern the cooperative agreement as provided in the Act. C. At the appropriate time, the Parties shall apply to the Virginia Attorney General, or other appropriate state agency or entity, for a consent order or other appropriate state approvals regarding Newco Virginia operations on substantially the same terms as the Tennessee COPA (the "Virginia Consent Order"). D. Subject to the provisions articulated in Section XVIII, Paragraph B above, each Party shall use good faith efforts to obtain the Tennessee COPA and other regulatory approvals necessary to closing of the Transaction. The Definitive Agreement will provide that receipt of the Tennessee COPA and the Virginia Consent Order, or comparable approval, on terms satisfactory to the respective Wellmont and Mountain States Boards, in their reasonable discretion, is a condition to the Parties' respective obligations to complete the Transaction.
BINDING PROVISIONS	
XX. **Confidentiality and Disclosure**	A. The Parties have previously entered into a confidentiality agreement dated April 2, 2014 (the "Confidentiality Agreement"). In addition to the provisions contained in that agreement, except as and to the extent required by law, without the prior written consent of the other Party, neither Mountain States nor Wellmont shall, and each shall direct its representatives not to, directly or indirectly, make any public comments, statement or communication with respect to, or otherwise disclose or permit the disclosure of the existence of discussions regarding a possible Transaction or any of the terms, conditions or aspects of the Transaction proposed in this term sheet except in the manner provided by the

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	Confidentiality Agreement. The timing, content and context of any announcements, press releases, public statements, or reports and related matters incident to the matters referenced in this term sheet, or its existence, will be determined in advance by the mutual written consent of the Parties. Further, the Parties will advise each other of communications to their employees and medical staff relating to the Transaction prior to the communication of the same.
XXI. **Protocols on Information Sharing**	A. The Parties recognize that disclosure of certain information may raise unique legal concerns due to the proximity of the Parties' operations and facilities ("Competitive Sensitive Information"). Such Competitive Sensitive Information may include, but is not limited to, information about prices, pricing formulas, costs, rates of provider compensation, strategy or intentions regarding contracting with any provider or purchaser, fee schedules, managed care contracts, premium rates, compensation or benefits information relating to employees, recruitment of medical professionals or others, future expansion plans involving clinical services or pertaining to physicians, and any non-public marketing or strategic planning documents or other competitively sensitive documents relating to a party's future plans. The Parties will only disclose Competitive Sensitive Information in accordance with law as agreed to in advance by the Parties' and their respective legal counsel and to that end, the Parties may enter into one or more protective agreements or develop other arrangements to address the review of such Competitive Sensitive Information to ensure compliance with applicable law.
XXII. **Transaction Expenses; Exclusive Negotiations**	In view of the substantial time and expense involved in obtaining required regulatory approvals, due to the innovative nature of the Transaction: A. With respect to the expenses of the Tennessee COPA (including experts and the Wellmont counsel fees), the Virginia Consent Order and other expenses arising out of this term sheet and the Transaction (collectively referred to as "Expenses"), whether or not the Transaction or any part thereof shall close, Mountain States shall bear 70% of the Expenses, while Wellmont shall bear 30% of the Expenses. B. In consideration of the Parties' significant investment of time and expense in connection with the transactions contemplated by this term sheet, from the date of execution of this term sheet or similar legal document until written termination of negotiations are received by the other Party, neither Party may, without the written approval of the other Party, make or solicit offers for, or hold discussions or negotiations or enter into any agreement with respect to, (a) the sale, lease or management of any of its hospitals or any material portion of its assets or any ownership interest in any entity owning any of its hospitals or any material portion of its assets, (b) any reorganization, merger, consolidation, management agreement, member substitution or joint venture involving any of its hospitals or any material portion of its assets, or (c) any other transaction in which a person or group other than the other Party would acquire the right, directly or indirectly, to

	control the governing board of, direct the operations of, establish governing or operating policies for, and/or own, lease or otherwise acquire the right to use or control, any of such Party's hospitals or any material portion of its assets (the "Exclusive Negotiations Covenant").
XXIII. **Nature of Term Sheet**	A. The Parties agree that, except for Sections XX-XXIV hereof, this Term Sheet is not intended to be a binding agreement and shall not give rise to any obligations between the Parties. B. Further, due to the complexity of the proposed transaction, it is the expressed intention of the parties that, except for the provisions of Sections XX-XXIV, no binding contractual agreement shall exist between them unless and until Mountain States and Wellmont (and any other necessary parties) shall have executed and delivered a Definitive Agreement, which shall contain the provisions outlined above and the representations, warranties, and other terms and conditions customary in this type of transaction, all of which must be acceptable to all parties in their sole discretion (including, without limitation, contingencies for all necessary regulatory approvals). Any Party may for whatever reason terminate this term sheet and further negotiations by written notice to the other Party. In such event, there shall be no liability between any of the Parties as a result of the execution of this term sheet, any acts or omissions of the parties or their representatives in connection with the proposed transaction, any action taken in reliance on this term sheet, or such termination, except as set forth in Sections XX-XXIV hereof. Notwithstanding the foregoing, termination by either party of this term sheet shall not terminate or otherwise affect the obligations the parties may have to each other pursuant to the Confidentiality Agreement, and pursuant to any separate agreement entered into with respect to Competitive Sensitive Information. C. Prior to execution, this term sheet shall be approved by the Board of Directors of both Wellmont and Mountain States.
XXIV. **Governing Law**	A. The Transaction definitive documents shall be governed by and construed in accordance with the laws of the State of Tennessee without reference to principles of conflicts of law. Wellmont counsel shall prepare the initial drafts of definitive documents.

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(signatures on the following page)

IN WITNESS WHEREOF, the parties hereto have caused this term sheet to be executed in multiple originals by their duly authorized officers, all as of the date first above written.

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MOUNTAIN STATES HEALTH ALLIANCE

By: _____
Barbara Allen
Chair

By: _____
Alan Levine
President and CEO

WELLMONT HEALTH SYSTEM

By: _____
Roger Leonard
Chairman

By: _____
Bart Hove
President and CEO

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Exhibit A

Shared Vision and Guiding Principles

A Shared Vision for Regional Healthcare

It is the shared vision of our boards that Wellmont Health System and Mountain States Health Alliance come together as equal partners to develop a brand new health system for our region with a new leadership structure, a new board, a new name, and a new kind of vision. This new leadership structure and board will work to unite the resources of both systems with one common purpose—to become one of the best regional health systems in the nation..

As one of the largest health systems and employers in the state of Tennessee, this new system will—

- Establish new unifying mission, vision, and values statements that honor our heritage and charter our future
- Be one of the strongest health systems in the country, known for outstanding clinical outcomes and superior patient experiences
- Be one of the best health system employers in the country and one of the most attractive health systems for physicians and employee team members
- Create new models of joint physician and administrative leadership to shape the future of healthcare in our region through substantial physician influence and direction
- Partner with physicians to achieve better quality at lower cost for patients, businesses, and payers
- Achieve long-term financial stability and sustainability through wise stewardship of resources, avoidance of waste, and sound fiscal management
- Advance high-level services so that more people can receive the care they need close to home
- Be a national model for rural healthcare delivery and rural access to care
- Work with regional educational and allied health partners to identify health gaps and disparities and effectively meet community health needs
- Create an efficient, high quality healthcare system that attracts employers to our region and creates long-term economic opportunity
- Build new population health models and leverage electronic health records and community engagement programs to reduce unhealthy behaviors and improve the overall health status of our region
- Work with academic partners, in particular East Tennessee State University, in new ways to bolster medical school and allied health programs and attract research investments
- Establish innovative philanthropic partnerships for healthcare advancement

To accomplish these objectives, we will seek to build shared vision with our team members and physicians and invest in their success. As a health system of choice, the new system will benchmark

against the best health systems in the nation to create an environment that advances our team members and physicians.

COPY

Our integration should be methodical and intentional, guided by achieving clear value for the community, our team members, and our physicians. A substantial period of initial assessment will be needed and will result in a long-term strategic vision for the new system. During the assessment and planning period, it will be important to maintain clinical services in our current communities and move forward to address any access gaps across the region. We commit to open communication through rotating quarterly town hall meetings and other methods to keep our communities and physicians informed about our plans and our progress.

Working together, focused solely on what is in the best interests of our physicians, team members, patients, and communities we will set a new standard for healthcare excellence and bring unprecedented value to our region guided by the principles that follow.

Guiding Principles for a New Regional Health System

Beyond a shared vision to develop one of the best health systems in the nation, the new not for profit health system created by the merger of Wellmont Health System and Mountain States Health Alliance will be guided by the following principles and will develop strategic plans to deliver on them.

Mission, Vision, and Strategy

- Exhibit common values and a compelling vision for healthcare delivery in the region
- Achieve cultural integration across key stakeholder groups and embody a culture of collaboration
- Demonstrate commitment to the Triple Aim of improving the patient experience through enhanced quality and satisfaction, improving the health of populations and reducing the per capita cost of healthcare

Patients

- Demonstrate a commitment to first class patient experiences and broad community support for programs and services
- Improve and advance the overall health status of patients and communities served, including both healthcare and wellness services, to improve their ability to stay well
- Commit to serving all people in each community—including those with and without the ability to pay
- Develop regional community health needs assessments and implementation plans and update these annually to ensure healthcare gaps and disparities are addressed
- Keep the best interest of patients at the center of everything we do, delivering exceptional value and high quality outcomes

COPY

- Facilitate patient access to their preferred physicians
- Create the best practice environment for the physicians who care for our patients
- Maintain and further develop highly specialized medical services

Physicians

- Support and strengthen our valued community of independent physicians as well as currently employed physicians for the benefit of high-quality patient outcomes
- Create an environment and culture that is attractive to highly qualified physicians and that places equal value on the roles of both independent and employed physicians
- Ensure all physicians have the resources needed to access clinical information and collaborate in the best interest of patients
- Broaden expertise and resources to enhance local medical staff leadership and professional development
- Commit to physician leadership at all levels of system and local administration

Employees

- Maintain or improve compensation and benefits for employees to levels that are competitive in comparable markets throughout the Southeastern United States and maintain the tenure of employees for eligibility and other purposes
- Create industry leading educational and professional development programs, including continuing education and clinical education
- Create an employment environment that will attract and retain highly qualified clinical and administrative talent in service to our communities

Clinical Programs, Service, and Quality

- Develop cohesive resources to effectively coordinate the provision of services across the system and ensure seamless access to high quality, cost-effective healthcare services
- Seek to improve primary care access and develop NCQA, level 3 patient-centered medical homes
- Effectively manage rural facilities and align tertiary resources to ensure timely access to appropriate care
- Expand clinical trial programs in heart, cancer, and other areas
- Design a seamless regional care continuum across a full spectrum, including pre and post acute care

Management & Operations

- Seek opportunities to leverage economies of scale for operational efficiency in corporate management and back office functions
- Enhance clinical support functions that will advance service excellence and quality outcomes
- Leverage any unique capabilities, assets, and programs to maximize effectiveness and efficiency
- Develop proficiency in implementation and management processes and protocols to redesign care, reduce variation, and systematically improve outcomes while lowering cost

COPY

Investment and Innovation

- Endeavor to remain on the forefront of future developments in healthcare technology
- Develop effective purchasing and financing systems to improve overall cost of capital
- Achieve and maintain an improved approach to overall financial management, resulting in improved finances and bond ratings
- Build a comprehensive Epic platform to support clinical integration, population health management, and connectivity
- Achieve sufficient financial security to ensure commitment of capital and investment in new services, technology, and facilities.

Population Health Management

- Focus on the purposeful development of a care management/population health model
- Support advancement of population health management locally through quality incentive and risk-bearing payment arrangements, among other appropriate mechanisms
- Develop necessary informatics and analytic systems to support partnerships with payers and employers in new compensation and insurance models.

Governance

- Instill industry leading governance structures and practices that effectively represent the communities we serve and showcase physician leadership
- Ensure the system possesses the resources, talent, and technology needed to thrive both in the current and the emerging healthcare industry

COPY

Exhibit B

Description of the Vice Chair/Lead Independent Director Position

Charter of the Vice Chair/Lead Independent Director

The Vice Chair/Lead Independent Director coordinates the activities of the other non-management Directors, and performs such other duties and responsibilities as the Board of Directors may determine.

The specific responsibilities of the Vice Chair/Lead Independent Director are as follows:

Presides at Executive Sessions

- Presides at all meetings of the Board at which the Executive Chairman/President is not present, including executive sessions of the independent Directors.

Calls Meetings of Independent Directors

- Has the authority to call meetings of the independent Directors.

Conducts Evaluation of Executive Chairman/President

- Ensures independent Director evaluation of the Executive Chairman/President by the Board, including an annual evaluation of his or her performance and compensation.

Functions as Liaison with the Executive Chairman/President

- Serves as liaison between the independent Directors and the Executive Chairman/President.

Approves appropriate provision of information to the Board such as board meeting agendas and schedules

- Approves meeting information sent to the Board relating to agendas and actions items, including the quality, quantity and timeliness of such information.
- Setting the Board's approval of the number and frequency of Board meetings, and approves meeting schedules to assure that there is sufficient time for discussion of all agenda items.

Authorizes Retention of Outside Advisors and Consultants

- Authorizes the retention of outside advisors and consultants who report directly to the Board of Directors on board-wide issues upon approval of the Governance Committee.

Constituent Communication

- If requested by constituent groups, ensures that he/she is available, when appropriate, for consultation and direct communication.

Exhibit C

COPY

Description of the Executive Chairman/President Position

Executive Chairman/President

Leadership

- Leadership of the board; ensuring the board's effectiveness and engagement in all aspects of its role and, in conjunction with the Vice Chair, setting of its agenda.
- Directing activities which serve to promote the mission.
- Consistent with the shared vision statement, setting the direction for the organization by shaping the vision, setting the strategy, and leading critical negotiations with potential partners.
- Shaping a positive culture: setting the standards, modeling Newco's values, to include a focus on 'system-ness' and value-based performance, research and academics, and innovation.
- In conjunction with the Chief Executive Officer: building leadership capability of the management team; selecting, developing and motivating key leaders and high potential talent to ensure future leadership is capable of meeting current and future organizational needs and is held accountable for system-wide performance.
- Promoting the highest standards of corporate governance.

Meeting

- Chairing board meetings.
- In conjunction with the Vice Chair, ensuring the board's effectiveness in all aspects of its role, including regularity and frequency of meetings.
- In conjunction with the Vice Chair, setting the board agenda, taking into account the issues and concerns of all board members. The agenda should be forward looking, concentrating on strategic matters.
- Ensuring that the directors receive accurate, complete, timely and clear information, and are advised of all likely future developments and trends, to enable the board to take sound decision and promote the success of the company.

Directors

- Facilitating the effective contribution of directors and encouraging active engagement by all members of the board.
- Ensuring constructive relations among the directors and between the directors and management.
- Building and maintaining an effective competency based and complementary board, and with the Nomination Committee, initiating change and planning succession in board appointments subject to the bylaws and board approval.

Induction, Development and Performance Evaluation

- Ensuring new directors are oriented, and provided adequate opportunity to on-board.
- Ensuring that the development needs of directors are identified and met. The directors should be able to continually update their skills, knowledge, and familiarity with the company.
- In conjunction with the Vice Chair, identifying the development needs of the board as a whole to enhance its overall effectiveness as a team and to ensure it receives board education consistent with industry standards for a system of the size and scope of Newco.

- Ensuring the performance of the board, its committees and individual directors is evaluated periodically through the Board Governance Committee, and acting on the results of such evaluation.

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Relations with Stakeholders

- Ensuring effective communication with all stakeholders, financial institutions, the public and government/regulatory agencies. Serve as the Chief Spokesperson for the Organization with appropriate delegation of authority to the CEO on operational matters.
- Representing Newco to Federal, State and local governing bodies and, either in person or through a designee, serve as Chief Spokesperson and advocate for the interests of Newco and on healthcare issues in general.
- Maintaining and promoting Newco's public image and reputation.

Direct Reports

The direct reports to the Executive Chairman/President include:

- Chief Executive Officer
- Compliance and Audit (dual reporting responsibility to the Executive Chairman/President and also to Chair of Audit Committee)
- General Counsel (dual reporting to the Executive Chairman/President and to the board.
- Corporate Communications
- System Development/Philanthropy
- Strategic Planning

Other Responsibilities

The Executive Chairman/President shall:

- Uphold the highest standards of integrity.
- Ensuring effective implementation of board decisions.
- Ensuring the long-term sustainability of the business through coordination with Newco Board and Management Team.

The Executive Chairman/President is accountable to, and reports to the Newco Board.

The Executive Chairman/President is also responsible for the following:

- Enhancement of external affiliations and relationships.
- Implementing and oversight of compliance with Certificate of Public Advantage or other regulatory agreements.
- Regular review of the operational performance of the company.
- Responsible to the Newco Board for ensuring the provision of the highest quality of patient care and customer service in all Newco facilities and business units.
- Responsible for management of the organization's debt.
- Aligning the organization: continuing to drive the integration of Newco to create a cohesive, responsive organization by eliminating redundancies, capitalizing on economies of scale, and fostering a system mentality.

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Exhibit D

Description of the Chief Executive Officer Position

Chief Executive Officer

Leadership

- The Chief Executive Officer of Newco reports to the Executive Chairman/President and is the senior executive in charge of all business operations of the Newco organization. This executive position requires a combination of operational excellence and system administrative skills and must be attentive to enhanced financial performance in a physician-empowered culture. It is expected that the CEO is adroit in physician relations, physician recruitment and retention.

- This position requires visionary leadership and plays a vital role in creating, implementing and executing the strategy in conjunction with the Executive Chairman/President. Of paramount importance, this position requires the incumbent to establish credibility with employees, physicians, payors, providers and community leaders. The CEO is expected to raise the health system's visibility and reputation in the communities it serves in conjunction with the Executive Chairman/President.

- The CEO position serves as the principal operational leader for the organization and is responsible for driving forward Newco's vision to be the best healthcare delivery system in the region in conjunction with the Executive Chairman/President. This position is the champion for Newco's continued emphasis on "systemness" across the care delivery continuum, to achieve not only its quality and safety goals, but also to increase operational efficiency and provide a consistent point of service contact for its patients.

Major Responsibilities

- Possess a professional and personal adherence to the values, mission and philosophy of the Newco organization.

- Expand on the legacy of the quality and safety of patient care services across the system.

- Working closely with the Executive Chairman/President to lead the ongoing review of the current strategic plan and development of future strategic plans; ensure the plan supports the organization's goal of clinical excellence, while at the same time considers the appropriate business model for the medical staff and strategic service opportunities for growth and addresses revenue generation to sustain ongoing growth. Realize the goal of an integrated health system that leverages the advantages of a multi-state and multimarket health.

- In conjunction with the Executive Chairman/President, build a high performance culture characterized by decisiveness, accountability and compassion.

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Direct Reports

- Chief Operating Officer
- Chief Financial Officer

And the following subject to development of a final organizational chart.

- Chief Medical Officer
- Vice President of Human Resources
- President of Physician Organization

EXHIBIT T-4A

BILL GARRETT, Davidson County
Trans:T20150077661 CHARTER
Recvd: 09/11/15 15:50 5 pgs
Fees:7.00 Taxes:0.00
20150911-0092693

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Newco, Inc.
STE 800
211 COMMERCE ST
NASHVILLE, TN 37201-1817

September 11, 2015

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control # :	**000814276**	Formation Locale:	TENNESSEE
Filing Type:	Nonprofit Corporation - Domestic	Date Formed:	09/11/2015
Filing Date:	09/11/2015 3:14 PM	Fiscal Year Close:	12
Status:	Active	Annual Report Due:	04/01/2016
Duration Term:	Perpetual	Image # :	B0126-8290
Public/Mutual Benefit:	Public		
Business County:	DAVIDSON COUNTY		

Document Receipt

Receipt # : 002230945	Filing Fee:	$100.00
Payment-Check/MO - BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, NASHVILI		$100.00

Registered Agent Address:
CLAIRE C. HALTOM
STE 800
211 COMMERCE ST
NASHVILLE, TN 37201-1817

Principal Address:
STE 800
211 COMMERCE ST
NASHVILLE, TN 37201-1817

Congratulations on the successful filing of your **Charter** for **Newco, Inc.** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and recieve it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

Processed By: Kelli Wiggins

ARTICLES OF INCORPORATION

FILED

OF

NEWCO, INC.

The undersigned nonprofit corporation acting pursuant to the provisions of the Tennessee Nonprofit Corporation Act, Tennessee Code Annotated, Section 48-51-101, et seq. (the "Act"), adopts the following Articles of Incorporation pursuant to Tennessee Code Annotated, Section 48-52-102:

ARTICLE I.

CORPORATE NAME

The name of the corporation is Newco, Inc. (the "Corporation").

ARTICLE II.

TYPE OF CORPORATION

The Corporation is a public benefit corporation.

ARTICLE III.

INCORPORATOR

The name, address and zip code of the incorporator is Claire C. Haltom, 211 Commerce Street, Suite 800, Nashville, TN 37201.

ARTICLE IV.

REGISTERED AGENT AND OFFICE

The registered office of the Corporation is 211 Commerce Street, Suite 800, Nashville, Tennessee 37201, Davidson County, and its registered agent at that address is Claire C. Haltom.

ARTICLE V.

PRINCIPAL OFFICE

The street address and zip code of the principal office of the Corporation is 211 Commerce Street, Suite 800, Nashville, Tennessee 37201.

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ARTICLE VI.

NONPROFIT STATUS

The Corporation is not for profit.

ARTICLE VII.

MEMBERS

The Corporation will not have members.

ARTICLE VIII.

PURPOSES

The purposes for which this Corporation is organized are as follows:

(a) It is intended that the Corporation will qualify at all times as an organization exempt from federal income tax under Sections 501(a) and 501(c)(3) of the Internal Revenue Code of 1986, including any amendments that may be made from time to time (the "Code"), and that it will qualify at all times as an organization to which deductible contributions may be made pursuant to Sections 170, 642, 2055 and 2522 of the Code. The Corporation is organized and will be operated exclusively for charitable, scientific, and educational purposes within the meaning Section 501(c)(3) of the Code, including the business of developing, owning and operating inpatient hospitals, clinics, physician practices, other healthcare services, and other services, businesses and activities for the overall purpose of promoting health and providing quality health care services to a broad cross section of the community. In accomplishment of such purposes, the Corporation shall be organized, and at all times operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the not for profit corporations of which it is a member, provided that such not for profit corporations (i) qualify at all times as organizations exempt from federal income tax under Section 501(c)(3) of the Code and (ii) are described in Section 509(a)(1) or 509(a)(2) of the Code.

(b) Notwithstanding the other provisions of these Articles of Incorporation, the Corporation shall only conduct or carry on activities permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Code, and by any organization contributions to which are deductible under Section 170(c)(2) of the Code.

(c) The Corporation may do any and all things hereinabove set forth, and all things usual, necessary or proper in furtherance of or incidental to the purposes of the Corporation.

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ARTICLE IX.

LIMITATIONS ON POWERS

As a means of accomplishing the purposes for which it is organized, the Corporation shall have the rights and powers now or later conferred upon corporations not for profit by the Act and the laws of the State of Tennessee, limited in certain respects as follows:

(a) The Corporation shall neither have nor exercise any power, nor shall it directly or indirectly engage in any activity, that would (1) prevent it from obtaining and maintaining exemption from federal income taxation as a corporation described in Section 501(c)(3) of the Code, (2) prevent it from obtaining and maintaining the status of a corporation contributions to which are deductible under Section 170(c)(2) of the Code, or (3) cause it to lose such exemption or status.

(b) The Corporation shall not be operated for the primary purpose of carrying on a trade or business for profit.

(c) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its corporate purposes.

(d) Except as may be permitted from time to time under Section 501 of the Internal Revenue Code, no substantial part of the activities of the Corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation; nor shall it in any manner or to any extent participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office; nor shall the Corporation engage in any activities that are unlawful under applicable federal, state, or local laws.

ARTICLE X.

LIMITATION OF DIRECTOR LIABILITY

To the fullest extent that the laws of the State of Tennessee as it exists on the date hereof permits the limitation or elimination of the liability of directors, no director of the Corporation shall be personally liable to the Corporation for monetary damages for breach of fiduciary duty as a director. If the Act is amended after approval of these Articles of Incorporation to authorize corporate action further eliminating or limiting personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the Act, as amended, without the requirement for further amendment of these Articles of Incorporation.

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ARTICLE XI.

DISSOLUTION

Upon the dissolution of the Corporation, and pursuant to the laws of the State of Tennessee:

(a) All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provisions shall be made therefore; and

(b) All remaining assets of the Corporation shall be distributed to one or more charitable, scientific, literary or educational organizations which are not for profit, and which qualify under the provisions of Section 501(c)(3) of the Code, and which, if practical, are engaged in affairs substantially similar to those of the Corporation, or to the State of Tennessee or any governmental subdivision thereof exclusively for public purposes all as shall be determined by the Board of Directors of the Corporation. In default of any such determination, all remaining assets shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the Corporation is then located exclusively for charitable, scientific, literary, or educational purposes, or to one or more organizations that are organized and operated exclusively for such purposes, as such court determines.

CERTIFICATION

IN WITNESS WHEREOF, these Articles of Incorporation are hereby executed and filed with the Secretary of State of the State of Tennessee, as of September 11, 2015, to be effective immediately.

Claire C. Haltom, Incorporator

EXHIBIT T-4B

INITIAL/PRE-CLOSING BYLAWS
DRAFT FOR DISCUSSION PURPOSES
Monday, October 26, 2015

BYLAWS

OF

NEWCO, INC.

ARTICLE I
NAME, PURPOSE, AND PRINCIPAL PLACE OF BUSINESS

Section 1. **Name.** The name of this Corporation is Newco, Inc. (hereinafter referred to as the "Corporation").

Section 2. **Purposes**. It is intended that the Corporation will qualify at all times as an organization exempt from federal income tax under Sections 501(a) and 501(c)(3) of the Internal Revenue Code of 1986, including any amendments that may be made from time to time (the "Code"), and that it will qualify at all times as an organization to which deductible contributions may be made pursuant to Sections 170, 642, 2055 and 2522 of the Code. The Corporation is organized and will be operated exclusively for charitable, scientific, and educational purposes within the meaning Section 501(c)(3) of the Code, including the business of developing, owning and operating inpatient hospitals, clinics, physician practices, other healthcare services, and other services, businesses and activities for the overall purpose of promoting health and providing quality health care services to a broad cross section of the community. In accomplishment of such purposes, the Corporation shall be organized, and at all times operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the not for profit corporations of which it is a member, provided that such not for profit corporations (i) qualify at all times as organizations exempt from federal income tax under Section 501(c)(3) of the Code and (ii) are described in Section 509(a)(1) or 509(a)(2) of the Code.

ARTICLE II
MEMBERS

The Corporation shall have no members.

ARTICLE III
BOARD OF DIRECTORS

Section 1. **Duties**. The business and affairs of the Corporation shall be governed exclusively by its Board of Directors. The Board of Directors shall be responsible for ensuring high quality delivery of health care and human services to the communities served by the Corporation and the Corporation's subsidiaries. The Board of Directors may delegate certain authorities to subsidiary boards. Any authorities not specifically delegated are reserved to the Board of Directors of the Corporation.

Section 2. **Composition**. The Corporation's Board of Directors shall consist of four (4) directors, two (2) of whom shall be appointed by Mountain States Health Alliance, ("MSHA"), and two (2) of whom shall be appointed by Wellmont Health System ("Wellmont"); provided, however, that all Directors shall be persons who are deemed to be independent community directors in accordance with Internal Revenue Service guidance for organizations that are exempt from federal income tax under Code Section 501(c)(3) and which provide hospital services or other health care services or serve as supporting organizations to tax exempt health care services providers; provided, further, in order to satisfy the requirements for an organization supervised or

controlled in connection with organizations described in Code Section 509(a)(1) or (2), as described in Code Section 509(a)(3)(B)(ii), at all times all of the Corporation's directors will also be directors of MHSA and directors of Wellmont.

Section 3. **Terms**.

The Directors shall serve for a term of two (2) years commencing immediately following his or her respective appointment and continuing until their respective successors shall have been appointed and qualified.

Section 4. **Vacancies.** Vacancies arising in positions on the Board of Directors (whether by resignation, death, expiration of term of office, termination, removal, increase in Board size, or other reason) shall be filled by the corporation which appointed the Director vacating the position.

Section 5. **Removal**. Directors may be removed without cause by the corporation which appointed the Director to be removed.

Section 6. **Resignation**. A director may resign at any time by delivering written notice of resignation to the Corporation's Secretary. Resignation is effective when notice is delivered unless the notice specifies a later effective date, in which case such date shall be the effective date.

Section 7. **Confidentiality and Fiduciary Duty of Loyalty, Care and Obedience.**. Each director shall maintain the strict confidentiality of all information discussed or received in connection with any meeting of the Board of Directors and any committee meeting, whether such information is oral, written or preserved in any other form. No Director shall use any information gained through or in connection with his or her capacity as a director in any manner which might create, directly or indirectly, any form of personal benefit unless such usage is consistent with and done in compliance with the Corporation's policies regarding Conflicts of Interest. Each Director shall, at all times, exercise loyalty, care and obedience to the fiduciary responsibilities entrusted to the Director on behalf of the Corporation.

ARTICLE IV
OFFICERS OF THE CORPORATION

Section 1. **Officers**. The officers of the Corporation shall consist of a President, a Secretary, and a Treasurer. Except as provided below, all officers of the Corporation shall be elected by, and shall serve at the pleasure of, the Board of Directors. A duly appointed officer may appoint one (1) or more officers or assistant officers.

Section 2. **Resignation**. An officer may resign at any time by delivering written notice of resignation to the Corporation's President or Secretary. Resignation is effective when the notice is delivered unless the notice specifies a later effective date, in which case such date shall be the effective date.

ARTICLE V
POWERS AND DUTIES OF THE OFFICERS.

Section 1. **President**. Subject to the oversight of the Board of Directors, the President of the Corporation shall have general supervision, direction and control of the business and affairs of the Corporation and shall have the general powers and duties of management usually vested in persons in similar positions. In such capacity, the President shall report to the Board of Directors. The President, or his/her designee, may execute all promissory notes, mortgages, deeds, contracts and other instruments. The President shall have such other duties and authority as may be prescribed elsewhere in these Bylaws or from time to time by the Board of Directors.

Section 2. **Secretary**. The Secretary shall cause to be kept the minutes of all meetings of the Board of Directors and of any committee. He or she shall cause to be given all notices provided for in these Bylaws. He or she shall have custody of the seal of the Corporation and shall affix the same, attested by his or her signature, to all instruments required to be under the seal of the Corporation. He or she shall have the duties, power and responsibilities of the secretary of a Corporation under the laws of the State of Tennessee and shall perform such other duties as may be prescribed by the Board of Directors.

Section 3. **Treasurer**. The Treasurer shall be the official custodian of all funds and securities of the Corporation, and shall deposit, or cause to be deposited, same in such banks or other depositories as the Board of Directors may designate or approve. He or she shall have the duties, power and responsibilities of the treasurer of a Corporation under the laws of the State of Tennessee and shall perform such other duties as may be prescribed by the Board of Directors.

ARTICLE VI
MISCELLANEOUS

Section 1. **Corporate Seal**. The Board of Directors may provide a seal for the Corporation in the form approved by the Board of Directors.

Section 2. **Fiscal Year**. The fiscal year of the Corporation shall begin on the first day of July of each year.

ARTICLE VII
NOTICE

Whenever under the provisions of the Act, the Charter, or these Bylaws notice is required to be given to any director, officer, or committee member of the Corporation, it shall not be construed to require personal notice, but such notice, unless required to be in writing, may be given by telephone or electronic mail and, if given in writing, may be given either personally or by facsimile, or by depositing the same in a post office or letter box in a postpaid, sealed wrapper., in either case addressed to such director, officer, or committee member at his or her address as the same appears in the records of the Corporation; and the time when the same shall be so mailed or faxed, shall be deemed to be the time of the giving of such notice.

ARTICLE VIII
INDEMNIFICATION

Section 1. **Indemnification of Officers and Directors**. The Corporation shall indemnify an individual made a party to a proceeding, criminal or civil, because he or she is or was an officer or director (whether voting or non-voting) of the Corporation against liabilities and expenses incurred in the proceeding to the fullest extent permitted by the Act. The Corporation shall make advances for expenses incurred or to be incurred in the proceeding as provided for in the Act.

Section 2. **Indemnification of Employees and Agents**. The Corporation may indemnify an individual made a party to a proceeding, criminal or civil, because he or she is or was an employee or agent of the Corporation against liabilities and expenses incurred in the proceeding to the extent determined appropriate by the Board of Directors consistent with the provisions of the Act. The Corporation may make advances for expenses incurred or to be incurred in the proceeding to the extent determined appropriate by the Board of Directors consistent with the provisions of the Act.

Section 3. **Insurance**. The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee, or agent of another Corporation, partnership, joint venture, trust, or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his or her status as such, whether or not the Corporation would have the power or would be required to indemnify him or her against such liability under the provisions of this Article.

Section 4. **Nonexclusivity**. The rights of indemnification and advancement of expenses granted pursuant to this Article shall not be deemed exclusive of any other rights to which an officer, director, employee, or agent seeking indemnification or advancement of expenses may be entitled, pursuant to the Act, Tennessee statutory or case law, the Corporation's Charter, these Bylaws, a resolution of the Board of Directors, or an agreement or arrangement providing for indemnification; provided, however, that no indemnification may be made to or on behalf of any officer, director, employee, or agent, if a judgment or other final adjudication establishes that such indemnification is prohibited by Section 48-58-502 of the Act or any successor statutory provision.

Section 5. **Statutory Immunities**. Nothing contained in this Article VIII shall be construed to prejudice or otherwise diminish the limitations, immunities and other protections available to the directors and officers of the Corporation (including a director of a Hospital Board) pursuant to Section 48-58-601 of the Act or any successor statutory provision.

ARTICLE IX
CONFLICTS OF INTEREST

The Board of Directors shall adopt and maintain a Conflict of Interest Policy applicable to all members of the Board, Board Committees, officers of the Corporation, and key management personnel. The policy shall require the annual completion and submission of an acknowledgement and disclosure statement, as well as a confidentiality agreement applicable to all business of the Board of Directors.

EXHIBIT T-4C

FINAL

AMENDED AND RESTATED

BYLAWS

OF

NEWCO, INC.

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ARTICLE I
NAME AND PURPOSE,

Section 1. **Name.** The name of this Corporation is Newco, Inc. (hereinafter referred to as the "Corporation").

Section 2. **Purposes.** It is intended that the Corporation will qualify at all times as an organization exempt from federal income tax under Sections 501(a) and 501(c)(3) of the Internal Revenue Code of 1986, including any amendments that may be made from time to time (the "Code"), and that it will qualify at all times as an organization to which deductible contributions may be made pursuant to Sections 170, 642, 2055 and 2522 of the Code. The Corporation is organized and will be operated exclusively for charitable, scientific, and educational purposes within the meaning Section 501(c)(3) of the Code, including the business of developing, owning and operating inpatient hospitals, clinics, physician practices, other healthcare services, and other services, businesses and activities for the overall purpose of promoting health and providing quality health care services to a broad cross section of the community. In accomplishment of such purposes, the Corporation shall be organized, and at all times operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the not for profit corporations of which it is a member, provided that such not for profit corporations (i) qualify at all times as organizations exempt from federal income tax under Section 501(c)(3) of the Code and (ii) are described in Section 509(a)(1) or 509(a)(2) of the Code.

ARTICLE II
MEMBERS

The Corporation shall have no members.

ARTICLE III
BOARD OF DIRECTORS

Section 1. **Duties**. The business and affairs of the Corporation shall be governed exclusively by its Board of Directors. The Board of Directors shall be responsible for ensuring high quality delivery of health care and human services to the communities served by the Corporation and the Corporation's subsidiaries, with such responsibilities including, but not being limited to:

(a) the establishment, approval and review of policies necessary for the governance of the Corporation, including delegations of authority, establishment and Board approval of the strategic plan, the provision of quality patient care and the appropriate allocation of personnel, resources and assets;

(b) the establishment, approval and review of policies and procedures, or the appropriate delegation of authority for such policies and procedures, for the effective delivery of healthcare services within the Corporation's affiliated Hospitals and ancillary facilities including appropriate Medical Staff bylaws and competency standards, nursing practice standards, and regulatory standards for care delivery;

(c) the approval of the Corporation's annual operating budget;

(d) the approval of long-term capital expenditure budgets which address the Corporation's anticipated capital needs;

(e) the regular review of the Corporation's financial performance vis-a-vis its annual operating budgets and capital budgets, and the adjustment or modification of such budgets from time to time as circumstances require;

(f) the establishment of policies sustaining performance improvement, risk management and quality programs with appropriate assessment of effectiveness of each program;

(g) the regular review of the Corporation's Corporate Compliance Plan, its implementation, and observance;

(h) the oversight of fulfillment of the community benefit purpose of the Corporation;

(i) at the end of the Integration Period, conduct a review to determine whether retaining the Executive Chair/President and Vice Chair/Lead Independent Director structure, or converting to an independent Chair and Chief Executive Officer structure, is necessary or desirable in the best interest of the Corporation and its mission and purpose.

The Board of Directors may delegate certain authorities to subsidiary boards. Any authorities not specifically delegated are reserved to the Board of Directors of the Corporation.

The Board of Directors, in fulfilling its governance role, will ensure meaningful participation by management, clinical and physician leadership and any advisors deemed appropriate by the Board of Directors. The Board of Directors shall require the implementation of such systems and procedures as will foster effective communication by and among the administrative and departmental staffs, the Medical Staffs, and the Board of Directors.

At least one (1) time each fiscal year, the Board of Directors shall meet to assess the performance of the Board of Directors and the Corporation's progress toward executing its strategic plan and achieving its stated goals and objectives. Where appropriate, such review process shall include an assessment and adjustment of the Corporation's long-range, strategic, and operational plans and policies, as well as the Corporation's budget, fiscal position, and allocation of resources, in light of the Corporation's stated business purposes and mission statement.

(j) **Composition (Integration Period)**. During the Integration Period, the Corporation's Board of Directors shall consist of not more than seventeen (17) voting directors, sixteen (16) of whom shall be appointed on the Closing Date. Two of the voting directors shall be the Executive Chair/President of the Corporation and the Chief Executive Officer of the Corporation, each of whom who shall serve as a voting ex-officio director, subject in the case of the Chief Executive Officer, to the limitations in Sections 2 and 3 below. The voting directors who are not serving ex officio shall be and are divided into two (2) Category J Directors, six (6) Category W Directors and six (6) Category M Directors. The voting directors who are not serving ex officio shall be and are divided further into three classes, designated Class I, Class II and Class III. Class I and Class II initially each shall consist of two (2) Category M Directors and two (2) Category W Directors. Class III initially shall consist of two (2) Category J Directors, two (2) Category M Directors, and two (2) Category W Directors. At least two (2) Category M Directors and two (2) Category W Directors shall be physicians who are members of the active medical staff of at least one of the

Corporation's affiliated Hospitals; provided, however, that, at all times, the majority of the Board of Directors shall consist of members who are deemed to be independent community directors in accordance with Internal Revenue Service guidance for organizations that are exempt from federal income tax under Code Section 501(c)(3) and which provide hospital services or other health care services or serve as supporting organizations to tax exempt health care services providers; provided, further, in order to satisfy the requirements for an organization supervised or controlled in connection with organizations described in Code Section 509(a)(1) or (2), as described in Code Section 509(a)(3)(B)(ii), at all times all of the Corporation's directors will also be directors of Mountain States Health Alliance and directors of Wellmont Health System. In addition, the person serving from time to time as the President of East Tennessee State University shall serve as a non-voting ex-officio director.

(k) **Composition (Post-Integration Period)**. Except for the purposes of Section 3(b)(ii) below, upon the expiration of the Integration Period the division of the Board of Directors into Categories J, M and W shall cease, but the terms and the designation into Classes of the persons then serving as Directors shall not be affected thereby. After the expiration of the Integration Period the Corporation's Board of Directors shall consist of not more than seventeen (17) voting directors, one of whom shall be the Executive Chair/President of the Corporation who shall serve as a voting ex-officio director. The sixteen (16) voting directors who are not serving ex officio shall be and are divided into three classes, designated: Class I, Class II and Class III; provided, in order to satisfy the requirements for an organization supervised or controlled in connection with organizations described in Code Section 509(a)(1) or (2), as described in Code Section 509(a)(3)(B)(ii), at all times all of the Corporation's directors will also be directors of Mountain States Health Alliance and directors of Wellmont Health System. In addition, the person serving from time to time as the President of East Tennessee State University shall serve as a non-voting ex-officio director.

(l) **Qualifications.** In the selection of directors, appropriate consideration shall be given to an individual's competencies, skills and perspectives and the individual's ability to commit the time necessary to devote to a director's duties. Consideration shall also be given to the inclusion of a variety of business, health-related, and consumer perspectives among the various members of the Board of Directors, with a goal of achieving (i) a geographic and demographic diversity among the members and (ii) a mix of competencies, skills and perspectives as determined by the Board from time to time to be necessary or desirable

(m) **Orientation.** The Board shall adopt a policy ensuring appropriate orientation of new Board and Board Committee members.

(n) **Additional Independent Director.** During the Integration Period, the Board of Directors may choose to elect a person to serve as the Additional Independent Director, who may be in addition to the sixteen (16) persons appointed on the Closing Date. If elected, the Additional Independent Director will be a Category J Director and appointed to Class III.

Section 2. Terms.

Generally, each director shall serve for a term of three (3) years ending on the date of the third annual meeting of directors following the annual meeting of directors at which such director was elected. For purposes of this section, the Closing Date shall be deemed the date of the initial annual meeting and initial election of directors. Notwithstanding the generally applicable terms of office, each director initially appointed to Class I shall serve for an initial term expiring at the

Corporation's second annual meeting of directors following the Closing Date; each director initially appointed to Class II shall serve for an initial term expiring at the Corporation's third annual meeting of directors following the Closing Date; and each director initially appointed to Class III (including the Additional Independent Director, if elected) shall serve for an initial term expiring at the Corporation's fourth annual meeting of directors following the Closing Date; provided, that the term of each director shall continue until the election and qualification of a successor and be subject to such director's earlier death, resignation or removal. Ex-officio directors shall serve for a term that is commensurate with their term of office in the ex-officio position which creates membership on the Corporation's Board of Directors, except that the Chief Executive Officer of the Corporation shall cease to serve as a voting ex-officio director on the second anniversary of his or her initial appointment.

Elected directors may serve no more than two (2) consecutive three (3) year terms. An initial appointment as a Class I, Class II, or Class III Director shall be deemed a 3-year term for the purpose of this consecutive term limitation.

Section 3. Vacancies.

(a) In General. Except as set forth in subsection (b) of this Section 3, vacancies arising in positions on the Board of Directors (whether by resignation, death, expiration of term of office, termination, removal, increase in Board size, or other reason) shall be filled by the Board of Directors based upon nominations presented by the Governance/Nominating Committee. In submitting its nominations, the Governance/Nominating Committee shall endeavor to propose nominees who possess the skill sets identified in Article III, Section 1 of these Bylaws taking into account the skill mix of the persons then serving on the Board of Directors.

(b) Integration Period and Initial Vacancies.

(i) During the Integration Period, any vacancy among the Category M Directors or Category W Directors shall be filled by a vote of the majority of the remaining Category M or Category W Directors, as the case may be. During the Integration Period, any vacancy among the Category J Directors, including the Additional Independent Director, if nominated by the Governance/Nominating Committee, shall be filled by a person approved by the vote of a majority of each of the Category M Directors and the Category W Directors, voting as two classes.

(ii) Notwithstanding Section 1(k) above, after the Integration Period, and until the fourth anniversary of the closing of the affiliation transaction between Wellmont Health System and Mountain States Health Alliance, any vacancy among the Category M Directors or Category W Directors shall be filled by a vote of the majority of the Board of Directors upon the nomination of a replacement by the remaining Category M or Category W Directors, as the case may be, and shall consider the appropriate competencies determined to be desirable by the Board of Directors.

(iii) The Category W Directors shall appoint, by majority vote, a person to serve as a Class I, Category W Director to replace the Chief Executive Officer of the Corporation when he or she shall cease to serve as a voting ex-officio director as provided in Section 2 above.

(iv) In the event of a separation between the Corporation and the Executive Chair/President during the Integration Period:

A. The Category M Directors shall nominate one Director to serve as the Acting Chair of the Board of Directors, which nominee shall be subject to election by a majority vote of the Board of Directors. The Acting Chair shall assume the powers and responsibilities of the Executive Chair/President as Chair of the Board of Directors and will not have operating responsibilities.

B. The Chief Executive Officer shall immediately become a non-voting ex-officio director.

C. The Board may choose to appoint an interim President to assume the management responsibilities of the Executive Chair/President. The Board shall follow industry best practices in developing a process for selection of a permanent replacement for the Executive Chair/President.

D. The Board shall conduct a review to determine whether retaining the Executive Chair/President and Vice Chair/Lead Independent Director structure, or converting to an independent Chair and Chief Executive Officer structure, is necessary or desirable in the best interest of the Corporation and its mission and purpose.

Section 4. **Removal**. Voting and non-voting directors may be removed by a majority vote (as described below in Section 5) of the Board of Directors only for cause. For purposes of these Bylaws, "for cause" shall mean: (i) failure to satisfy the attendance requirements for directors set forth below in Section 7; (ii) continuous disruptive behavior as determined by the Board of Directors in its reasonable judgment; (iii) conviction of a felony or a crime of moral turpitude; (iv) incapacity, inability, or unwillingness to perform the duties and responsibilities of a director, as determined by the Board of Directors in its reasonable discretion; (v) engagement by a director in an activity, arrangement, or transaction which would result in a material conflict with his or her position as a director of the Corporation or the Corporation's interests or purposes, as determined by the Board of Directors in its reasonable discretion; (vi) a breach of the duty of confidentiality as such duty is set forth below in Section 9, or as such duty may otherwise be provided for or defined from time to time in the Corporation's internal policies or by action of the Board of Directors, or (vii) such other activity, event, or reason determined to constitute cause by the Board of Directors in its reasonable discretion.

Section 5. **Actions of the Board.**

(a) Majority and Super-Majority Votes. Except as otherwise set forth below, actions of the Board of Directors shall require the affirmative vote of a majority of the voting directors at a meeting at which a quorum is present. For purposes of these Bylaws, a quorum of the Board of Directors shall be a majority of the voting directors. Notwithstanding the foregoing, until the second anniversary of the closing of the affiliation transaction between Wellmont Health System and Mountain States Health Alliance, the following actions may be taken by the Board of Directors only upon the affirmative vote of a majority of the directors then in office, which must include a majority of the Category M Directors and a majority of the Category W Directors, each voting as a class (referred to herein as a "super-majority vote"):

(i) Amendments to the Charter or Bylaws of the Corporation, including amendments to the duties of the Executive Chair/President or the Vice Chair/Lead Independent Director as set forth in these Bylaws.

(ii) Sale or closure of any of the Hospitals;

(iii) Adoption of a plan of dissolution for the Corporation;

(iv) Sale or other transfer of all or substantially all of the Corporation's assets;

(v) Entering into a plan of merger or consolidation of the Corporation with or into an unrelated entity;

(vi) Incurrence of any indebtedness, guarantees, or capital lease obligations exceeding $100 million in the aggregate during any fiscal year, other than trade payables and other short-term liabilities in the ordinary course of business;

(vii) Discontinuation of major service lines where any such discontinuation would render the service unavailable in that community.

(viii) Any decision to file a petition requesting or consenting to an order for relief under the federal bankruptcy laws, or other actions with respect to the Corporation or any member of its obligated group as a result of insolvency or the inability to pay debts generally as such debts become due.

Section 6. **Meetings**. The Board of Directors shall hold an annual meeting in the month of June of each year. The Board shall hold regular meetings on not less than a quarterly basis. Special meetings shall be held as called by the Executive Chair/President or the Vice Chair/Lead Independent Director, or as requested by any three (3) directors in writing to the Secretary of the Corporation. Any actions of the Board of Directors to be taken at a meeting may be taken without a meeting if all voting directors consent in writing (which shall include electronic mail) to taking such action without a meeting. Directors may participate in any meeting of the Board of Directors by means of a conference telephone or similar communications equipment through which all persons participating in the meeting can hear each other. Participation by such means shall constitute presence in person at such meeting.

Section 7. **Attendance Requirements**. Each voting director shall be required to attend at least seventy-five percent (75%) of all scheduled meetings during any fiscal year (annual, regular, or special), unless otherwise excused by the Executive Committee. Failure to attend seventy-five percent (75%) of all scheduled meetings or failure to attend three (3) consecutive meetings shall constitute cause for removal as a voting director.

Section 8. **Resignation**. A director may resign at any time by delivering written notice of resignation to the Corporation's Secretary. Resignation is effective when notice is delivered unless the notice specifies a later effective date, in which case such date shall be the effective date.

Section 9. **Confidentiality and Fiduciary Duty of Loyalty, Care and Obedience.**. Each director shall maintain the strict confidentiality of all information discussed or received in connection with any meeting of the Board of Directors and any committee meeting, whether such

information is oral, written or preserved in any other form. Unless otherwise expressly authorized by Board action or by the Executive Chair/President, or unless disclosure is otherwise made by the Corporation through authorized action such as approved press releases or public statements, no director shall disclose, discuss or otherwise disseminate any information relating to the actions, deliberations and decisions of the Board of Directors and any committee of the Board of Directors. In any situation where comment or discussion is permitted, such comment or discussion shall extend only so far as is consistent with the degree of authorization. Further, no director shall use any information gained through or in connection with his or her capacity as a director in any manner which might create, directly or indirectly, any form of personal benefit unless such usage is consistent with and done in compliance with the Corporation's policies regarding Conflicts of Interest. Each Director shall, at all times, exercise loyalty, care and obedience to the fiduciary responsibilities entrusted to the Director on behalf of the Corporation. Each director shall execute an annual written acknowledgement of his or her duties of confidentiality, loyalty, care and obedience and such acknowledgements shall be kept in the official records of the Corporation.

ARTICLE IV
OFFICERS OF THE CORPORATION

Section 1. **Officers**. The officers of the Corporation shall consist of an Executive Chair/President, a Vice Chair/Lead Independent Director, a Chief Executive Officer (the "CEO"), a Secretary, a Treasurer, and such officers as the Board of Directors shall elect or appoint. The offices of Executive Chair/President, Vice Chair/Lead Independent Director, Secretary, and Treasurer shall be held by directors (collectively, the "Board Officers").

Section 2. **Terms of Office**. Except for the Executive Chair/President and the CEO, who shall each hold their offices for so long as their employment by the Corporation to serve in those positions continues, the Board Officers shall serve two (2) year terms. A Board Officer may serve no more than two (2) consecutive two (2) year terms in the same office. Nothing contained in these Bylaws shall be construed to constitute a contract of employment. Other than the limitations applicable to Board Officers, there shall be no limit as to the number of consecutive terms corporate officers may serve. Each Board officer shall hold office until his or her successor is duly elected and qualified.

Section 3. **Election, Removal and Vacancies**.

(a) Except as provided below, all officers of the Corporation shall be elected by, and shall serve at the pleasure of, the Board of Directors. Nominations for Board Officer positions shall be submitted by the Governance/Nominating Committee. Nominees for Board Officer positions shall be Directors. Removal of any officer shall be without prejudice to the contract rights, if any, of the officer; provided, however, that election of an officer itself shall not create any contractual rights.

(b) During the Integration Period, the successor to the person serving as the initial Vice Chair/Lead Independent Director shall be nominated by a majority vote of the Category W Directors, and elected by the non-management members of the Board of Directors. The individuals elected to serve as Treasurer and Secretary during the Integration Period shall be elected as follows: one from among the Category W members and one from the Category M members.

Section 4. **Resignation**. An officer may resign at any time by delivering written notice of resignation to the Corporation's Secretary. Resignation is effective when the notice is delivered unless the notice specifies a later effective date, in which case such date shall be the effective date.

ARTICLE V
POWERS AND DUTIES OF THE OFFICERS.

Section 1. **Executive Chair/President**. The Executive Chair/President shall have the powers usually vested in the office of Chair of a Board of Directors, the powers usually vested in the office of President of a Corporation, and as the most senior officer of the Corporation, shall have the powers and duties set forth in the written employment agreement entered into by the Corporation with the Executive Chair/President and any amendments thereto. He or she shall preside at all meetings of the Board of Directors, unless he or she is unable to attend. He or she shall see that all orders and resolutions of the Board of Directors are carried into effect. He or she shall perform all other duties required of him or her by the laws of the State of Tennessee. The Board of Directors shall periodically evaluate the performance of the Executive Chair/President in the context of the Corporation's progress toward and attainment of the Corporation's strategic and business goals and objectives as established from time to time by the Board. The Executive Committee, or another committee specifically appointed by the Board, shall conduct such performance reviews. The Executive Chair/President shall, at least annually, evaluate the performance of the CEO and the other officers reporting to him or her.

Section 2. **Vice Chair/Lead Independent Director**. In the absence or disability of the Executive Chair/President, the Vice Chair/Lead Independent Director shall exercise only those powers and shall perform only the duties of the Executive Chair/President with respect to the Executive Chair/President's role as the Chair of the Board of Directors, and not any of the powers and duties of the Executive Chair/President as the President and most senior officer the Corporation. Additionally, he or she shall have the duties set forth in Exhibit A attached hereto.

Section 3. **Chief Executive Officer**. The Chief Executive Officer (the "CEO") shall be appointed by Executive Chair/President. Any employment agreement with respect to the CEO shall be ratified by a majority vote of the Board of Directors. The Chief Executive Officer will report to the Executive Chair/President and shall have the powers and duties set forth in the written employment agreement entered into by the Corporation with the Chief Executive Officer and any amendments thereto. The CEO shall, at least annually, evaluate the performance of the officers reporting to him or her.

Section 4. **Vice Presidents**. To the extent any Vice President is to act as an officer of the Corporation, the Board of Directors shall confirm such responsibilities as an officer of the Corporation through resolution or other form of approval. Each such Vice President shall be responsible for executing and carrying out such duties, instructions, objectives and orders as may be established by the Executive Chair/President or CEO from time to time.

Section 5. **Secretary**. The Secretary shall cause to be kept the minutes of all meetings of the Board of Directors and of the Executive Committee. He or she shall cause to be given all notices provided for in these Bylaws. He or she shall have custody of the seal of the Corporation and shall affix the same, attested by his or her signature, to all instruments required to be under the seal of the Corporation. He or she shall have the duties, power and responsibilities of the secretary

of a Corporation under the laws of the State of Tennessee and shall perform such other duties as may be prescribed by the Board of Directors.

Section 6. **Treasurer**. The Treasurer shall be the official custodian of all funds and securities of the Corporation, and shall deposit, or cause to be deposited, same in such banks or other depositories as the Board of Directors may designate or approve. He or she shall have the duties, power and responsibilities of the treasurer of a Corporation under the laws of the State of Tennessee and shall perform such other duties as may be prescribed by the Board of Directors.

ARTICLE VI
SIGNATURE AND ENDORSEMENTS OF NOTES, CHECKS, ETC.

Section 1. **Signatures**. All notes, checks, bonds, and other promises to pay money shall be signed by an officer or other individual authorized by the Board of Directors.

Section 2. **Endorsements and Sales of Securities**. Checks, drafts, notes, and other negotiable instruments payable to the Corporation or to its order shall be endorsed for collection or deposit by an officer or other individual authorized by the Board of Directors. Stocks, bonds, or other securities owned by the Corporation may be sold or transferred upon signature of an officer or other individual authorized by the Board of Directors.

ARTICLE VII
COMMITTEES

Section 1. **Designation**. The Board of Directors may, from time to time, establish such standing and special committees as it deems advisable and in the best interests of the Corporation. All committee actions are advisory to the Board of Directors, unless the Board of Directors, through resolution, has delegated any authority to a committee it deems advisable; provided, however, that no committee may:

(a) Take any action required by Article III, Section 6, to be taken by a super-majority vote of the Board of Directors;

(b) Authorize distributions; or

(c) Elect, appoint, or remove directors or fill vacancies on the Board of Directors or any committee thereof.

Section 2. **Committee Members**. Other than members of the Executive Committee, whose members shall be members of the Board of Directors, Board committees may be composed of non-directors. Members of a committee may be designated as voting or non-voting ex-officio members. The Executive Chair/President shall recommend committee members, and presiding officers/chairs, for standing committees annually for consideration by the Governance/Nominating Committee. The Governance/Nominating Committee shall consider the recommendations of the Executive Chair/President, and make nominations to the Board of Directors, which shall, by majority vote, elect the committee membership. Each committee member shall serve for a one (1) year term, or on such other basis and for such other terms as set forth by the Board of Directors. The Board of Directors may remove any committee member with or without cause. Vacancies on a committee, due to death, resignation, expiration of term, or removal shall be filled by the Board of

Directors in the manner prescribed in this section. Committee members shall serve until their successors are duly elected and qualified. For the initial committee appointments, the Governance/Nominating Committee shall ensure equal numbers of individuals from existing committees of the Boards of Directors of Wellmont Health Systems and Mountain States Health Alliance. For purposes of this section, initial committee appointments shall mean only the first appointment of the individual selected to serve upon the Closing Date and shall not apply to any vacancies thereafter.

Section 3. **Voting and Quorum Requirements**. Except as otherwise limited by the Board of Directors, all actions of a committee shall require the affirmative vote of a majority of the voting members of the committee at a meeting at which a quorum is present. A majority of the voting members shall constitute a quorum. Any actions of a committee to be taken at a meeting may be taken without a meeting if all voting members of the committee consent in writing, to include electronic mail, to taking such action without a meeting. Members may participate in any meeting of the Committee by means of a conference telephone or similar communications equipment through which all persons participating in the meeting can hear each other. Participation by such means shall constitute presence in person at such meeting. Each Committee shall hold such meetings as it deems appropriate, or as directed by the Board. Each Committee member shall be required to attend seventy-five percent (75%) of all scheduled meetings (regular or special) during any fiscal year, unless otherwise excused by the chair of the Committee. Failure to attend seventy-five percent (75%) of all scheduled meetings or three (3) consecutive scheduled meetings shall constitute cause for removal as a member of such Committee.

Section 4. **Standing Committees**. The Corporation's Board of Directors shall have the following standing committees: Executive; Audit and Compliance; Finance; Quality, Service and Safety, Executive Compensation, Community Benefit, Workforce and Governance/Nominating. The Board of Directors may establish such other committees as it deems necessary or appropriate from time to time. Committee Chairs shall be members of the Board of Directors. The Executive Chair/President and CEO may not serve as Chair of standing committees, except that as provided in subsection (a)(i) below the Executive Chair/President shall serve as the presiding officer of the Executive Committee. Non-voting ex-officio members may serve as Committee Chairs upon the conclusion of the Integration Period. Each standing committee and any committee created by the Board of Directors shall establish and maintain a charter describing its duties in detail, shall regularly review and propose revisions to its charter in light of industry best practices, and shall present such charter and any proposed revisions for review and approval by the Board of Directors.

(a) **Executive Committee**.

(i) **Composition**. The Executive Committee shall be comprised of both voting and non- voting members. The voting members shall be the Executive Chair/President, the Vice Chair/Lead Independent Director, the Treasurer, and the Secretary of the Corporation, and two at-large members. The CEO of the Corporation shall be a non-voting ex-officio member of the Executive Committee. The Executive Chair/President shall serve as the presiding officer of the Executive Committee. The initial at-large members of the Executive Committee serving during the Integration Period shall be one Class W Director and one Class M Director.

(ii) **Powers and Duties**. The Executive Committee shall have and exercise the full authority and have all the powers and duties of the Board of Directors except as otherwise limited by the Act, the Board of Directors, or these Bylaws. The Executive Committee may

transact the business of the Corporation in urgent situations during the periods between meetings of the Board of Directors; provided that any action taken shall not conflict with the policies and expressed wishes of the Board of Directors. Matters of major importance shall be referred to the entire Board of Directors unless the urgency of the situation does not permit delay. The Executive Committee shall report any action taken between meetings to the Board of Directors as soon as practicable.

(iii) **Review of Executive Chair/President.** The Executive Committee, or another committee as expressly determined by the Board of Directors, is charged with the responsibility of evaluating the Executive Chair/President. The Executive Compensation Committee shall be charged with the responsibility of approving the compensation of the Executive Chair/President. The Executive Committee shall provide its evaluation of the Executive Chair/President to the Executive Compensation Committee for its consideration, in addition to any other factors considered by the latter , in setting compensation of the Executive Chair/President. The Lead Independent Director shall ensure a mechanism is established for input by the full Board of Directors on the evaluation of the Executive Chair/President, and that feedback is provided to the Executive Chair/President. As it relates to his or her compensation or performance evaluation, the Executive Chair/President shall not participate in the evaluative deliberations of the Executive Committee or the Executive Compensation Committee other than to provide information, answer questions and receive feedback.

(b) **Audit and Compliance Committee**. The Audit and Compliance Committee shall: (a) ensure the integrity of the Corporation's financial reporting and audit procedures, including engagement of an independent public accounting firm to conduct an annual certified audit and examination of the Corporation's financial reporting and controls; (b) ensure financial controls are adequate to protect the integrity of the Corporation's financial assets; (c) report, as needed, to the Board of Directors, any issues related to financial controls and recommend any changes deemed necessary by the committee; (d) monitor the Corporation's compliance program and make any recommendations related to compliance risk and (e) approve the compliance policies. The Corporation's Chief Compliance Officer and Senior Audit Director shall report jointly to the Executive Chair/President and to the Audit and Compliance Committee, and any reports shall be provided to both. The Audit Committee shall be comprised of membership that includes individuals with audit and public accounting experience. The Governance/Nominating Committee shall seek to nominate a Chair of the Audit and Compliance Committee who is experienced in accounting and audit oversight, subject to the requirement that committee chairs must be members of the Board of Directors. The membership of the Audit and Compliance Committee shall be constituted by individuals who are independent as defined by the IRS Form 990.

(c) **Finance Committee**. The primary responsibilities of the Finance Committee are to develop and recommend operating and capital budgets to the Board of Directors, and to monitor the ongoing financial performance of the Corporation.

(d) **Quality, Service and Safety Committee**.

(i) The Board of Directors has the ultimate responsibility for quality patient care and authority for maintaining a Performance Improvement and Risk Management Program. The Board of Directors may delegate certain functions of this program to the Executive Chair/President, or to the respective community boards of each hospital (the " Community Boards"), together with the authority for action under limitations described in this section. The Quality, Service and Safety

Committee is charged with the responsibility of ensuring these functions are administered, and reporting to the Board of Directors.

A. The Quality, Service and Safety Committee shall require the medical staffs and staffs of the various departments/services of the hospitals to implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems and for identifying opportunities to improve patient care.

B. The Board of Directors, through the Quality, Service and Safety Committee, the Executive Chair/President and CEO, shall fully support performance improvement activities and mechanisms. The Board, through the Executive Chair/President, shall also provide for adequate resources and support systems for the performance improvement functions related to patient care and safety.

C. The Quality, Service and Safety Committee shall assess the effectiveness of the performance improvement program on an annual basis, and shall re-endorse or recommend revisions to the program as necessary. These recommendations shall be made to the Board of Directors, which shall timely consider the recommendations, and either endorse or make changes to the program.

(ii) The Medical Staffs of the various affiliated hospitals, through their elected officers, departments, committees, and individual members shall make a commitment to actively participate in the performance improvement program by developing indicators to be used for screening, evaluating and utilizing clinical judgment concerning identified problems or opportunities to improve care. Findings shall be reported to the Board of Directors through the Quality, Service and Safety Committee. Priority shall be given to those aspects of care which are high-volume, high-risk or problem-prone.

A. Department Chairmen are responsible for assuring the implementation of a planned and systemic process for monitoring and evaluating the quality and appropriateness of the care and treatment of patients served by the departments and the clinical performance of all individuals with clinical privileges in those departments. When important problems in patient care and clinical performance or opportunities to improve care are identified, action shall be taken and the effectiveness of such action taken evaluated.

B. The presidents of the respective medical staffs shall facilitate and coordinate medical staff involvement in the performance improvement program and shall serve as advisor to the respective Community Board on performance improvement matters.

C. The respective Community Boards may delegate oversight of the hospital-wide performance improvement program as it pertains to the medical staff to the executive committee of the medical staff.

(iii) The Executive Chair/President, through the CEO, is responsible for implementation of the performance improvement program as it concerns non-physician professionals and technical staff and patient care units. The Executive Chair/President shall actively support the performance improvement program by the provision of adequate resources.

(iv) The Executive Chair/President may delegate necessary functions to the CEO to ensure, system-wide, that all functions related to performance improvement, risk management and improvement in the clinical aspects of care are prioritized, performed, and that relevant information about the effectiveness of these functions is reported to the Quality, Service and Safety Committee.

(v) At all times during the Integration Period, the Chair of the Quality, Service and Safety Committee shall be a physician member of the Board of the Corporation.

(e) **Executive Compensation.** The Executive Compensation Committee shall be composed of members who are independent in accordance with Internal Revenue Service guidance for organizations that are exempt from federal income tax under Code Section 501(c)(3) and which provide hospital services or other health care services or serve as supporting organizations to tax exempt health care services providers. The Committee shall evaluate and approve compensation, and changes to compensation, for the Executive Chair/President. The Committee shall consider and approve the compensation for the Chief Executive Officer, any executive vice president or senior vice president based upon the recommendation of the Executive Chair/President. Evaluations by the Executive Chair/President or CEO of the performance of any executive vice president or senior vice president shall be made available if requested by the Executive Compensation Committee for its use in consideration of the recommended adjustment to compensation. In evaluating compensation, the committee shall satisfy the Rebuttable Presumption of Reasonableness standards as promulgated by the Internal Revenue Service as amended from time to time.

(f) **Community Benefit and Population Health.** The Community Benefit Committee's responsibilities shall include: (1) extending and strengthening the Corporation's community benefit programs and services, (2) review community benefit strategies and performance to assure adequate financial and human investments are maintained, (3) monitor the community benefit reporting to ensure integrity of the information, (4) ensure compliance with community benefit standards imposed by regulatory agencies, (5) ensure public recognition of community benefit activities and community value through periodic reports to the community, (6) review of population health initiatives, and (7) oversight of compliance by the Corporation with the terms of any Certificate of Public Advantage to which the Corporation is subject. The committee shall report its findings and recommendations to the Board.

(g) **Governance/Nominating Committee.**

(i) The Governance/Nominating Committee shall be responsible for ensuring there is an effective process for filling board and committee positions, and that timely recommendations are made for the Board of Directors to consider. This committee shall also consider, from time to time, issues of governance, including review of bylaws, rules, and regulations, and establishing governance goals. The Governance/Nominating Committee shall also consider and recommend education and other resources for enhancement of Board performance, and shall lead the annual Board self-evaluation. The Executive Chair/President shall be an ex-officio member of the Governance/Nominating committee. Upon the creation of vacancies on the Board or on committees of the Board, the Executive Chair/President shall collaborate with the members of the

Board of Directors to facilitate recommendations to the Governance/Nominating Committee for consideration. The Executive Chair/President shall not vote on matters relating to nominations, but may vote on governance matters.

(ii) At its discretion, the Governance/Nominating Committee shall evaluate the advisability of adding to the Board of Directors one additional voting director, who, among other qualifications as determined by the Governance/Nominating Committee, shall (i) be a nationally recognized, independent health care expert, (ii) not residing in the Northeast Tennessee or Southwest Virginia region, (iii) who provides incremental value to the Board of Directors through competencies or relationships not then available to the Board of Directors, and (iv) who has not been previously engaged by or with Wellmont Health System or Mountain States Health Alliance nor has been involved in a financial, business, investment or family relationship with the Executive Chairman/President or CEO of the health system (the "Additional Independent Director"). If the Governance/Nominating Committee determines that the Additional Independent Director is advisable, it shall undertake a search process to fill that position whose nomination the Governance/Nominating Committee is prepared to submit to the Board of Directors.

(h) **Workforce Committee**. The Workforce Committee shall provide recommendations to the Board of Directors on matters relating to the workforce of the Corporation, including, but not limited to, matters relating to: (1) implementation of workforce plans for recruitment and retention, (2) policies which support the workforce plan, (3) education and professional development of the clinical workforce, (4) competence of the workforce, (5) policies and practices related to a safe and productive workplace, (6) benefits, and (7) any opportunities related to the facilities of the Corporation becoming and remaining the health care workplace of choice.

Section 5. Clinical Council. A physician-led clinical council will be maintained, composed of independent, privately practicing physicians as well as physicians employed by the Corporation or its subsidiaries or affiliates. The Clinical Council will include representatives of management, but the majority will be composed by physicians. The Clinical Council will report to the Chief Medical Officer of the Corporation, or to the senior officer of the Corporation if there is no Chief Medical Officer. The Chair of the Clinical Counsel will be a physician member of the active medical staff(s) of one or more affiliated hospitals, will serve on the Quality, Service and Safety Committee of the Board, and will provide ongoing reports on the activities of the Clinical Council to the Board through the Quality, Service and Safety Committee of the Board. Among other duties assigned to it from time to time, the Clinical Council will endeavor to establish a common standard of care, credentialing standards, consistent multidisciplinary peer review where appropriate and quality performance standards. The Clinical Council will provide input on issues related to clinical integration, and shall support the goals established by the Board of Directors. The Clinical Council members serve at the pleasure of the Board of Directors and may be removed with or without cause.

ARTICLE VIII
MEMBER CORPORATION BOARDS

Section 1. Appointment. The Corporation is the sole member of Mountain States Health Alliance and Wellmont Health System (the "Subsidiary Corporations"). The Corporation's Board of Directors shall also serve as the Board of Directors of each of the Subsidiary Corporations pursuant to the Amended and Restated Bylaws of each Subsidiary Corporation.

Section 2. **Delegation of Authority.** Subject to limitations prescribed exclusively by the Board of Directors, the board of directors of each Subsidiary Corporation shall perform the following duties: (i) oversee the relationship of each Hospital owned by the Subsidiary Corporation with its physicians and other medical providers, including administration of the credentialing and disciplinary process applicable to such Hospital's medical staff, (ii) assure compliance by the Hospitals owned by the Subsidiary Corporation with the accreditation standards promulgated by the Joint Commission, and (iii) govern the business and affairs of the Subsidiary Corporation, subject to the limitations set forth in these bylaws and the Articles of Incorporation the Subsidiary Corporation. The board of directors of each Subsidiary Corporation shall provide reports to the Board of Directors regarding actions taken pursuant to the delegation of duties specified above in a manner prescribed by the Board of Directors. The board of directors of each Subsidiary Corporation is authorized to exercise the powers, authority and responsibilities set forth in this Section 2 pursuant to this delegation by the Board of Directors of the Corporation. Any powers not specifically delegated in this Section 2 are reserved to the Board of Directors of the Corporation.

ARTICLE IX
MISCELLANEOUS

Section 1. **Corporate Seal**. The Board of Directors may provide a seal for the Corporation in the form approved by the Board of Directors.

Section 2. **Fiscal Year**. The fiscal year of the Corporation shall begin on the first day of July of each year.

ARTICLE X
NOTICE

Whenever under the provisions of the Act, the Charter, or these Bylaws notice is required to be given to any director, officer, or committee member of the Corporation, it shall not be construed to require personal notice, but such notice, unless required to be in writing, may be given by telephone or electronic mail and, if given in writing, may be given either personally or by facsimile, or by depositing the same in a post office or letter box in a postpaid, sealed wrapper., in either case addressed to such director, officer, or committee member at his or her address as the same appears in the records of the Corporation; and the time when the same shall be so mailed or faxed, shall be deemed to be the time of the giving of such notice.

ARTICLE XI
INDEMNIFICATION

Section 1. **Indemnification of Officers and Directors**. The Corporation shall indemnify an individual made a party to a proceeding, criminal or civil, because he or she is or was an officer or director (whether voting or non-voting) of the Corporation, including a director of a Hospital Board, against liabilities and expenses incurred in the proceeding to the fullest extent permitted by the Act. The Corporation shall make advances for expenses incurred or to be incurred in the proceeding as provided for in the Act.

Section 2. **Indemnification of Employees and Agents**. The Corporation may indemnify an individual made a party to a proceeding, criminal or civil, because he or she is or was an employee or agent of the Corporation against liabilities and expenses incurred in the proceeding

to the extent determined appropriate by the Board of Directors consistent with the provisions of the Act. The Corporation may make advances for expenses incurred or to be incurred in the proceeding to the extent determined appropriate by the Board of Directors consistent with the provisions of the Act.

Section 3. **Insurance**. The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, or agent of the Corporation (including a director of a Hospital Board), or is or was serving at the request of the Corporation as a director, officer, employee, or agent of another Corporation, partnership, joint venture, trust, or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his or her status as such, whether or not the Corporation would have the power or would be required to indemnify him or her against such liability under the provisions of this Article.

Section 4. **Nonexclusivity**. The rights of indemnification and advancement of expenses granted pursuant to this Article shall not be deemed exclusive of any other rights to which an officer, director, employee, or agent seeking indemnification or advancement of expenses may be entitled, pursuant to the Act, Tennessee statutory or case law, the Corporation's Charter, these Bylaws, a resolution of the Board of Directors, or an agreement or arrangement providing for indemnification; provided, however, that no indemnification may be made to or on behalf of any officer, director, employee, or agent, if a judgment or other final adjudication establishes that such indemnification is prohibited by Section 48-58-502 of the Act or any successor statutory provision.

Section 5. **Statutory Immunities**. Nothing contained in this Article X shall be construed to prejudice or otherwise diminish the limitations, immunities and other protections available to the directors and officers of the Corporation (including a director of a Hospital Board) pursuant to Section 48-58-601 of the Act or any successor statutory provision.

ARTICLE XII
CONFLICTS OF INTEREST

The Board of Directors shall adopt and maintain a Conflict of Interest Policy applicable to all members of the Board, Board Committees, Officers of the Corporation, and key management personnel. The policy shall require the annual completion and submission of an acknowledgement and disclosure statement, as well as a confidentiality agreement applicable to all business of the Board of Directors.

ARTICLE XIII
VOLUNTEER AND AUXILIARY ORGANIZATIONS

Volunteer and Auxiliary organizations may, with the approval of the Board of Directors of the Corporation, perform nonprofessional services within the affiliated entities which further the purposes and interests of the Corporation. Such volunteer organizations, in discharging their functions, shall cooperate closely with management of the affiliated entity and the Board of Directors or its designee. Such cooperation may include a requirement for production of reports or information relevant to the services and benefit being provided. The activities of the volunteer or auxiliary organizations shall, if the Corporation's Board of Directors deems proper and necessary, be carried out under bylaws adopted by such organizations, and such bylaws and any amendments thereto shall be subject to revision by, and approval of, the Board of Directors or its designee. The

Board of Directors may require Board of Directors approval of appointments to the Board of any Volunteer or Auxiliary Organization.

ARTICLE XIV
AMENDMENTS

Section 1. **Periodic Review of Bylaws.** The Board of Directors shall cause these Bylaws to be reviewed annually to determine whether any amendments or revisions are necessary or desirable from a legal, regulatory or operational standpoint when considered in light of best industry or nonprofit organization practices. The Governance/Nominating Committee shall conduct such review and make recommendations to the Board of Directors..

Section 2. **Amendments**. Subject to Article III, Section 5 above, these Bylaws may be altered, amended, or repealed, and new Bylaws may be adopted, by the Board of Directors at any meeting, whether annual, regular, or special, by a majority vote of the voting directors serving on the Board of Directors. A full statement of the proposed amendment, or amendments, to these Bylaws shall be set forth in the notice of each such meeting.

ARTICLE XV
DEFINITIONS

For purposes of these Bylaws, the following terms shall have the following meanings:

"Category J Directors" means those directors initially appointed jointly by Mountain States Health Alliance and Wellmont Health System pursuant to the Master Affiliation Agreement and Plan of Integration dated as of February 15, 2016, by and between Wellmont Health System and Mountain States Health Alliance (the "Affiliation Agreement"), and their successors as appointed in accordance with the Bylaws of the Corporation.

"Category M Directors" means those directors initially appointed by Mountain States Health Alliance pursuant to the Affiliation Agreement, and their successors as appointed in accordance with the Bylaws of the Corporation.

"Category W Directors" means those directors initially appointed by Wellmont Health System pursuant to the Affiliation Agreement, and their successors as appointed in accordance with the Bylaws of the Corporation.

"***Closing Date"*** means of the closing date pursuant to the Affiliation Agreement.

"Integration Period" means the period beginning on the Closing Date and ending on the second anniversary of the Closing Date.

Exhibit A

Description of the Vice Chair/Lead Independent Director Position

Charter of the Vice Chair/Lead Independent Director

The Vice Chair/Lead Independent Director coordinates the activities of the other non-management Directors, and performs such other duties and responsibilities as the Board of Directors may determine.

The specific responsibilities of the Vice Chair/Lead Independent Director are as follows:

Presides at Executive Sessions

- Presides at all meetings of the Board at which the Executive Chair/President is not present, including executive sessions of the independent Directors.

Calls Meetings of Independent Directors

- Has the authority to call meetings of the independent Directors.

Conducts Evaluation of Executive Chair/President

- Ensures the Executive Committee, or another committee as determined by the Board, conducts an annual review of the performance of the Executive Chair/President, with such review being approved by the non-management members of the Board of Directors.
- Ensures annual compensation review of the Executive Chair/President by the Executive Compensation Committee upon the completion of the annual performance review of the Executive Chair/President.

Functions as Liaison with the Executive Chair/President

- Serves as liaison between the independent Directors and the Executive Chair/President.

Approves appropriate provision of information to the Board such as board meeting agendas and schedules

- Approves meeting information sent to the Board relating to agendas and actions items, including the quality, quantity and timeliness of such information.
- Setting the Board's approval of the number and frequency of Board meetings, and approves meeting schedules to assure that there is sufficient time for discussion of all agenda items.

Authorizes Retention of Outside Advisors and Consultants

- Authorizes the retention of outside advisors and consultants who report directly to the Board of Directors on board-wide issues upon approval of the Governance Committee.