SUNSET

HEALTHCARE CONSULTANTS, LLC

SUMMARY FINDINGS

Highlands County Hospital District

August 27, 2026

PREPARED FOR

Jones Walker LLP

on behalf of the Highlands County Hospital District

Sunset Healthcare Consultants, LLC. Summary Findings
re Highlands County Hospital District

Discussions in this report include:

1. Summary of performance indicators (including financial and quality) for HCA Florida Highlands Hospital (the Hospital) compared to similarly situated hospitals, both not-for-profit and for-profit

2. Determining any net benefit to the community to operate the Hospital as a for-profit or not-for-profit entity

3. Analysis of findings from Agency for Health Care Administration (AHCA) relating to hospital matters

4. Core Criteria to evaluate potential lease or sale

1. Summary of performance indicators for HCA Florida Highlands Hospital

An objective operating comparison was performed of the Hospital to other similarly situated hospitals, both for-profit and not-for-profit, which have a similar service mix. This comparison was done to determine whether there is a difference in the overall performance of the Hospital, including the cost of operation. Data was used from several sources including but not limited to, publicly available data provided by AHCA, data provided by the current operator of the Hospital, and the quality metrics identified by the Center for Medicare and Medicaid Services (CMS) Core Measures.

As part of the review to evaluate the current performance of HCA Highlands Hospital, over 25 indicators have been reviewed and presented in the Weaver Report under **Performance Comparison** (Exhibit 1). These indicators were derived from several sources to include: ACHA, CMS, and HCA Audited Financial Reports. Similar sized hospitals, for-profit and not-for\-profit, were used to compare this information. Indicators included: financial indicators (2024), quality comparisons (core quality measures) and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). Exhibit 1, attached to this report, provides a description of the above-referenced indicators. The indicators were based on the most recent data available (mainly 2024).

Conclusions:

Financial Indicators: The overall performance indicators for the Hospital were comparable to the peer group. CMI (case mix index) was the second highest in the peer group. No major differences between for-profit and not-for-profit groups. For-profit hospitals tend to run at a lower cost structure.

Quality Comparisons: Core measures from CMS overall were comparable to peer group and well as Florida averages and national averages.

HCAHPS: These indicators are important for patient satisfaction. The hospital has performed overall at the Florida average for the indicators that were compared. Two driving indicators include: Patients that gave the hospital a 9 or 10 rating and Patients that would definitely recommend the hospital. HCA Highlands Hospital was at the Florida average and slightly above on the second indicator, respectively.

CMS Star rankings: The Hospital star rating for the most recently published data is 3-star out of 5-star rating. There is no difference between for-profit and not-for-profit hospitals in the peer grouping. The group average comparison overall was 3.2. Florida average is 3.1 The hospital ranks in the top half of all hospitals in Florida and has the same ranking as the other hospital in Sebring.

2. Determining any net benefit to the community to operate the Hospital as a for-profit or not-for-profit entity

This section discusses the differences between for-profit and not-for-profit hospitals to include operational, quality and challenges. Extensive review of publications and articles lead to the summary presented below:

Conclusions:

Operational: For-profit hospitals tend to run on a lower cost basis. Typically, not-for-profits provide wider support for community programs. For-profit hospitals typically have broader access to capital for investment. For-profit hospitals typically maintain profitable services and some not-for-profits will maintain services that may have a lower margin or no margin. Regardless of tax status, hospitals face the same reimbursement pressures. Both meet the standards that are set by federal and state requirements. In both the not-for-profit and for-profit hospitals, there is a wide range of outcomes, one significant variable being the focus of the local, regional, and national management teams.

Quality: There can be differences in quality and associated indicators such as HCAHPS scores and CMS star ratings between hospitals. Overall, nationwide, not-for-profit hospitals scored slightly higher on CMS star ratings. Patient satisfaction scores are more dependent on the individual hospital staff and focus, versus tax status. The results for HCA Highlands Hospital are depicted in Exhibit 1. No significant difference is the directional conclusion.

Challenges: Regardless of the tax status, both have similar challenges. They include:

- Reimbursement from federal, state and commercial payers
- Shortages of labor force to include retention
- Thin margins that continue to erode due to inflation, labor costs supply costs, overhead, etc.

Tax status of hospitals cannot guarantee better operational or quality outcomes. However, outcomes can be dependent on the owner/management operating any hospital, regardless of tax status. As to the use of the proceeds from a lease or sale, there is no net benefit whether it is a for-profit or not-for-profit entity.

It is important to note that any organization, not-for-profit or for-profit, must comply with all federal and state laws in connection with any proposed transaction. This would include federal and state anti-trust laws.

3. Analysis of findings from ACHA relating to hospital matters

The Agency for Health Care Administration (AHCA) regulates hospitals in Florida. It oversees licensing and regulatory matters. HCA Highlands Hospital maintains a license in good standing. AHCA performs routine Fire/Life/Safety inspections as well as investigates all complaints filed with the Agency (AHCA) and Centers for Medicare and Medicaid Services (CMS). As it relates to both categories, AHCA will provide and file a report relating to its findings, including whether any deficiencies were found during the survey. In the event deficiencies are found, the hospital files a plan of correction that is reviewed and approved by ACHA. AHCA will also follow up to ensure the plan is implemented. The most recent survey, conducted on July 28, 2026, no deficiencies were found. **Exhibit 2** contains the Summary for the past 5 years for HCA Highlands Hospital for all surveys. For comparison purposes, also included in Exhibit 2 is the other hospital in Sebring.

In addition, a review of the last five years of any AHCA legal actions due to regulatory noncompliance was undertaken. There was a settlement agreement between AHCA and HCA Highlands Hospital resulting in a fine. The date imposed for the settlement agreement was April 14, 2026, relating to AHCA survey date completed on June 23, 2025. In the settlement agreement, the hospital denies the allegations in the “Notice to Impose a Fine” but recognizes that AHCA continues in good faith to assert validity of the allegations raised in the Notice of Intent to impose Fine. **Exhibit 3** contains the Settlement Agreement.

4. Core Criteria

Considering the foregoing information, core criteria were developed for the Highlands County Hospital District to evaluate a potential lease or sale. The criteria were the following:

1. Quality
2. Governance, Compliance and Integrity
3. Services
4. Care Delivery
5. Commitment to Community
6. Employees, Physicians & Community Partners
7. Investment

A more detailed version of each criteria can be found in **Exhibit 4**.

For the services, base line services were developed.

Baseline Services to be Provided at HCH

Services	Description
1. General med/surg	Inpatient Care
2. Critical Care Medicine	ICU Unit
3. Radiology	Biopsy
	Breast Imaging
	CT Scan
	Echocardiogram
	Fluoroscopy
	Interventional Radiology
	MRI
	Nuclear Medicine
	PET/CT Scan
	Ultrasound
	X-Ray

Services	Description
4. Primary Care	Family Practice Internal Medicine
5. Pulmonology	
6. Rehabilitative Services	Occupational Therapy Outpatient Services Physical Therapy Speech Therapy
7. Respiratory Care	
8. Surgical Services	General Vascular ENT Orthopedic Ophthalmology
9. GI Service	
10. Emergency Dept.	
11. Cardiology	Routine Cardiology Cardiac Catheterization
12. Laboratory Services	All to be provided
13. Nephrology	
14. Neurology	Stroke Care
15. Orthopedic Services	
16. Pharmacy	

Based on my professional and reasonable knowledge as well as belief, the content and conclusions contained in the report are true and accurate.

EXHIBIT

1

Performance Comparison

HCA Florida Highlands Hospital

Financial, operating and quality indicators

Exhibit 1

HCA Florida Highlands Hospital

Performance Comparison

weaver
Assurance • Tax • Advisory

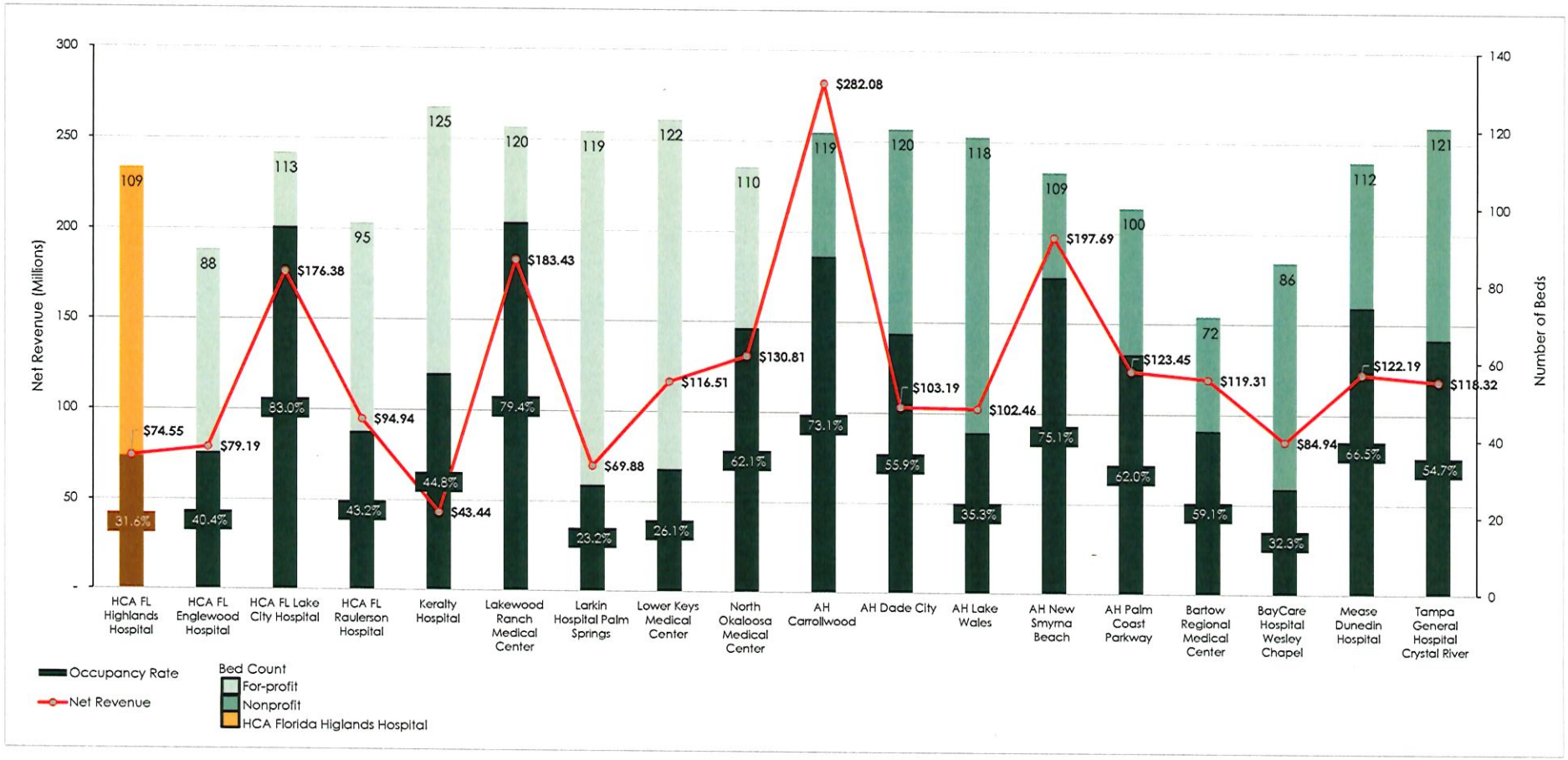
Engagement Overview

Weaver was requested to provide an objective operating comparison of other similarly situated hospitals, both nonprofit and for-profit, which have a similar service mix in order to determine where there is a difference in the cost of operation using, including, but not limited to, publicly available data provided by the Agency for Health Care Administration ("AHCA"), data provided by current operator of the Hospital as requested by the board, and the quality metrics identified by the Centers for Medicare and Medicaid Services ("CMS ") Core Measures.

To complete this assignment, we analyzed the most recent data available (mainly 2024) from the following sources:
(1) American Hospital Directory
(2) HCA Annual Audit Reports
(3) Florida Agency for Health Care Administration
(4) Core Measure Reports from CMS

While no two hospitals are exactly comparable, Weaver selected eight (8) for-profit and nine (9) nonprofit peers that have a reasonable degree of comparability. Weaver selected peers based on size, payor mix, length of stay, service mix, and quality of publicly available data. Please see the following pages for detail.

Hospital Net Revenue vs Occupancy Rate

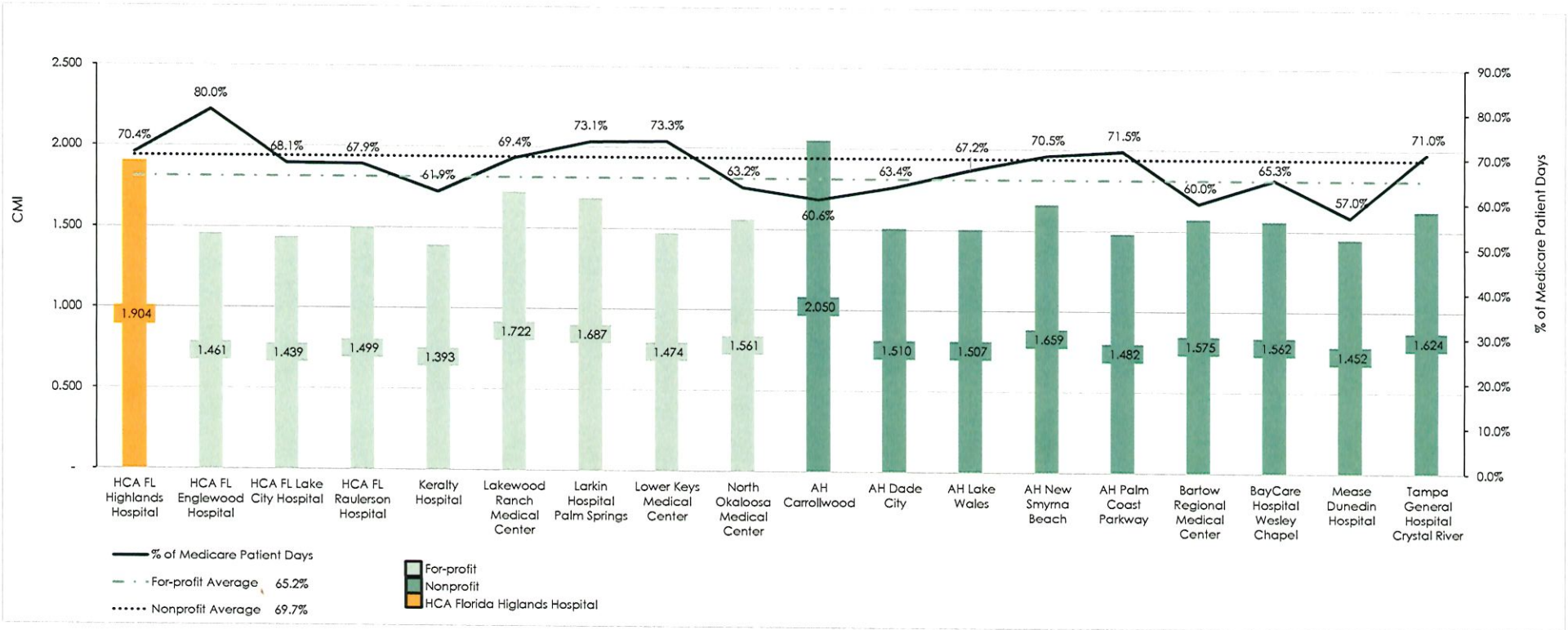


Source: Florida AHCA Financial Data Dashboard (2024)

Notes

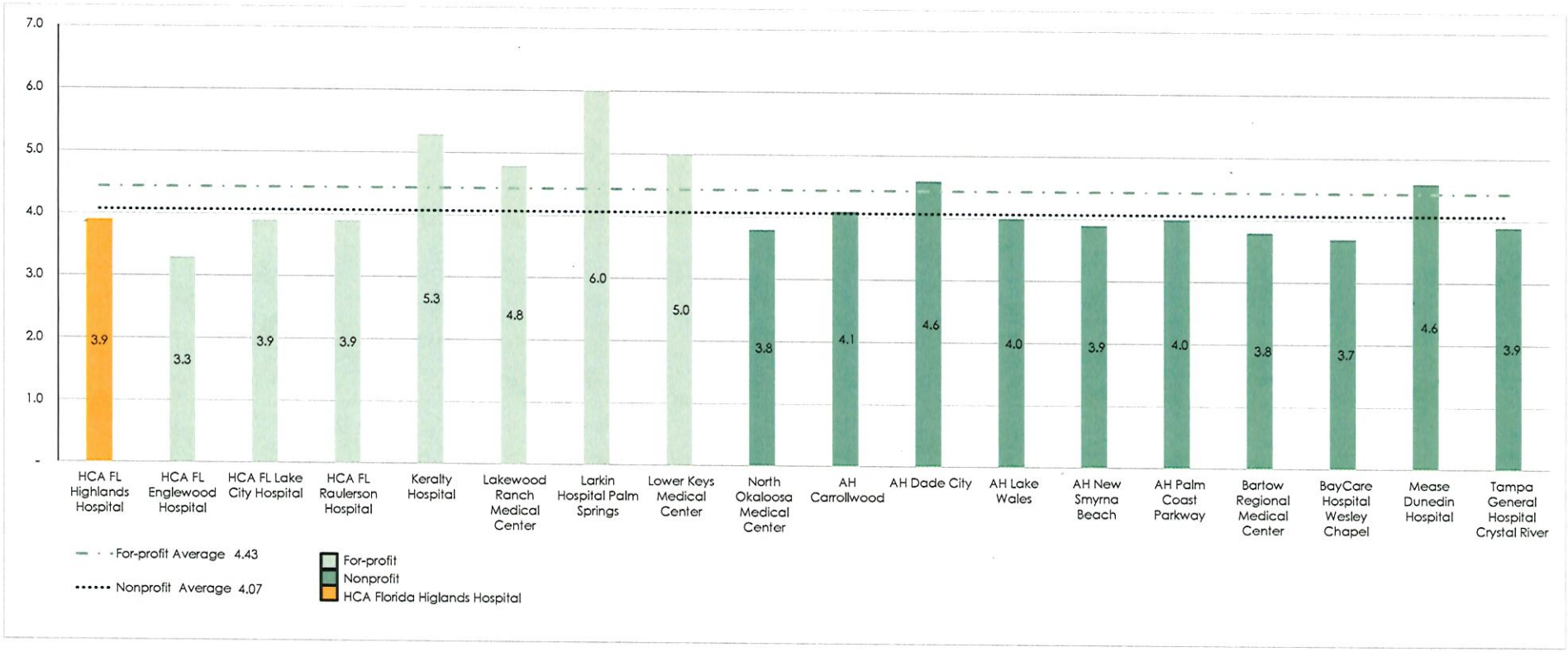
Medicare-certified beds may be different than reported available beds in the data sources. For example, HCA Highlands Hospital has 126 Medicare-certified beds but the data sources indicate 109 (AHD) or 110 (AHCA) available beds. For consistency, available beds is displayed in the above chart.

Case Mix Index ("CMI") vs % of Medicare Patient Days



Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Average Length of Stay ("ALOS")



Source: Florida AHCA Financial Data Dashboard (2024)

Hospital Operating Cost Comparison

To compare if there is a difference in operating cost, Weaver evaluated the Hospital across several cross-sectional metrics relative to various the peers identified. To further increase the comparability of the results, operating expenses were adjusted to exclude rent, bad debt and depreciation.

- The operating expenses were adjusted to exclude rent, bad debt and depreciation ("EBITDAR").
- The operating expenses were adjusted for differences in case mix index ("CMI"). CMI is a measure of resource utilization, a higher case mix equated to a greater amount of resources
- Weaver relied upon *adjusted* patient days and *adjusted* admissions. *The Adjustment Factor is utilized to account for the outpatient component of each hospitals patient mix.*

The following charts were developed:

- Salaries & Wages as a % of Revenue
- Total Operating Costs as a % of Revenue
- EBITDAR as a % of Revenue
- Operating Cost per Adjusted Admission (1)
- Operating Cost per Adjusted Patient Day (1)
- Operating Cost per CMI Adjusted Admission (2)
- Operating Cost per CMI Adjusted Patient Day (2)

Observations:
For-profit hospital operators generally have lower per patient costs than nonprofit hospitals when measured by cost per CMI adjusted admission or CMI adjusted patient day, and the Hospital's per patient cost metrics align with those of for-profit peers.

However, the Hospital's costs account for a larger share of revenue than those of both for-profit and non-profit peers, likely reflecting its relatively smaller revenue base. Although its per patient costs appear low, the Hospital's limited revenue scale means it operates closer to its fixed cost threshold. If revenue were to grow, the Hospital's costs as a percentage of revenue would likely decline toward levels more consistent with its for-profit peers.

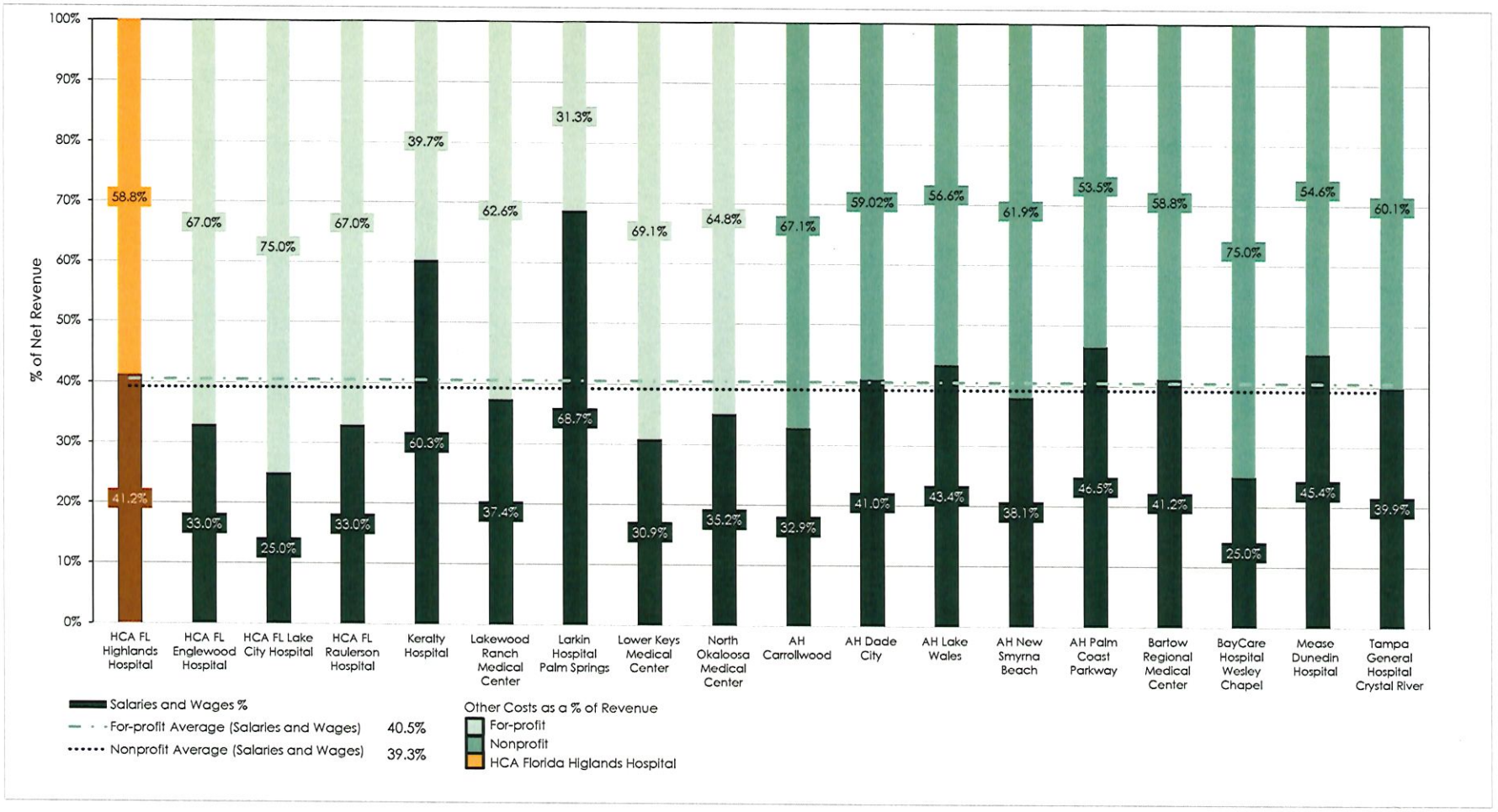
Notes:

1 *An "adjusted admission" represents an inpatient admission plus an equivalent portion of outpatient services, and an "adjusted patient day" represents an actual patient day plus additional days to reflect outpatient care. This single combined measure of total patient workload allows better comparability across metrics.*

2 *Case Mix Index ("CMI") indicates the average clinical complexity and resource intensity of the Medicare patients a hospital treats, usually determined by the combined weights of each patient's Diagnosis-Related Group (DRG) (a standardized severity measure). A higher CMI means a hospital's patients are sicker and require more resources.*

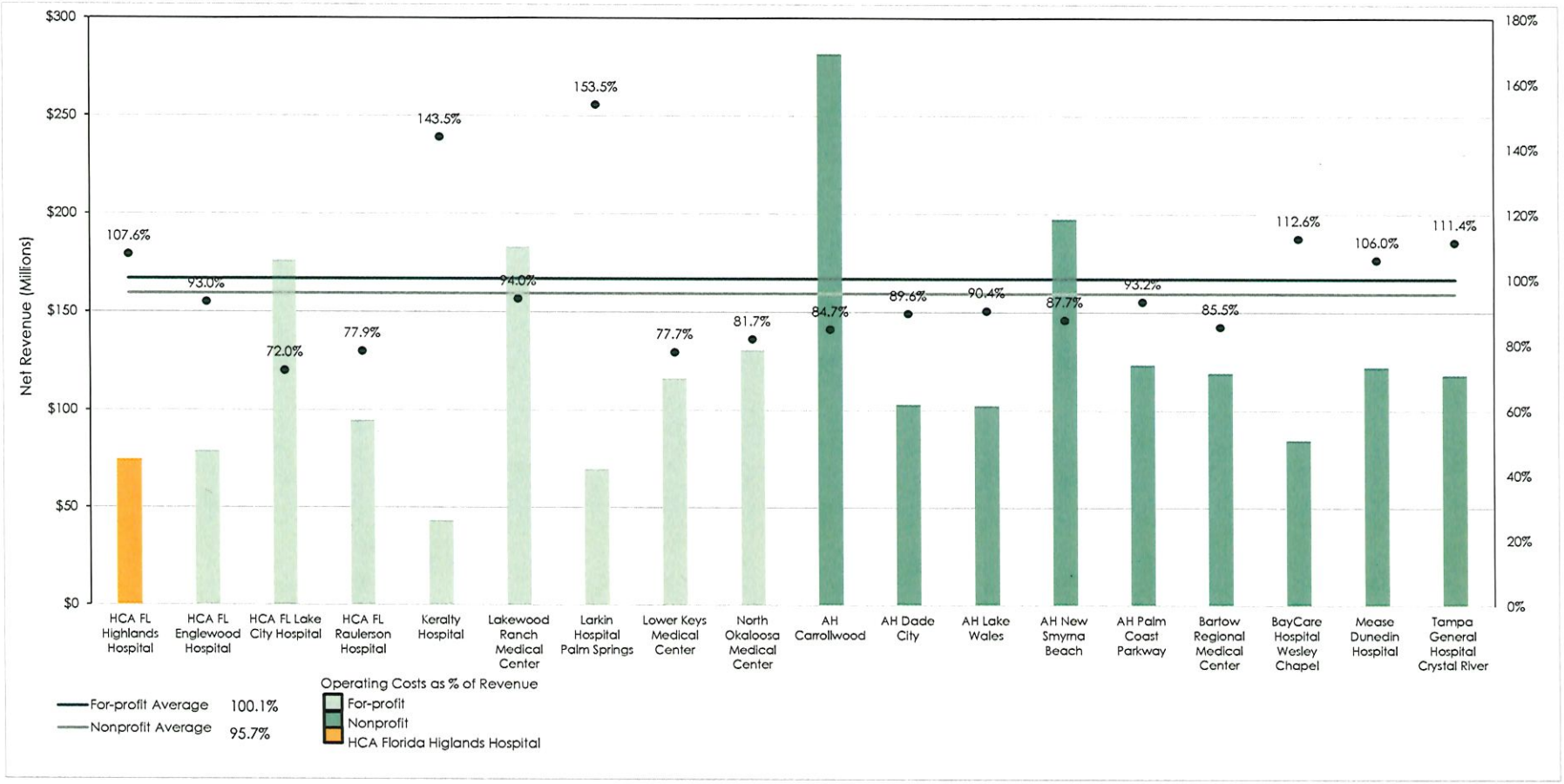
HCA Florida Highlands Hospital
Hospital Operating Cost and Quality Comparison
Exhibit 6

Salaries & Wages vs. Other Costs as % of Net Revenue



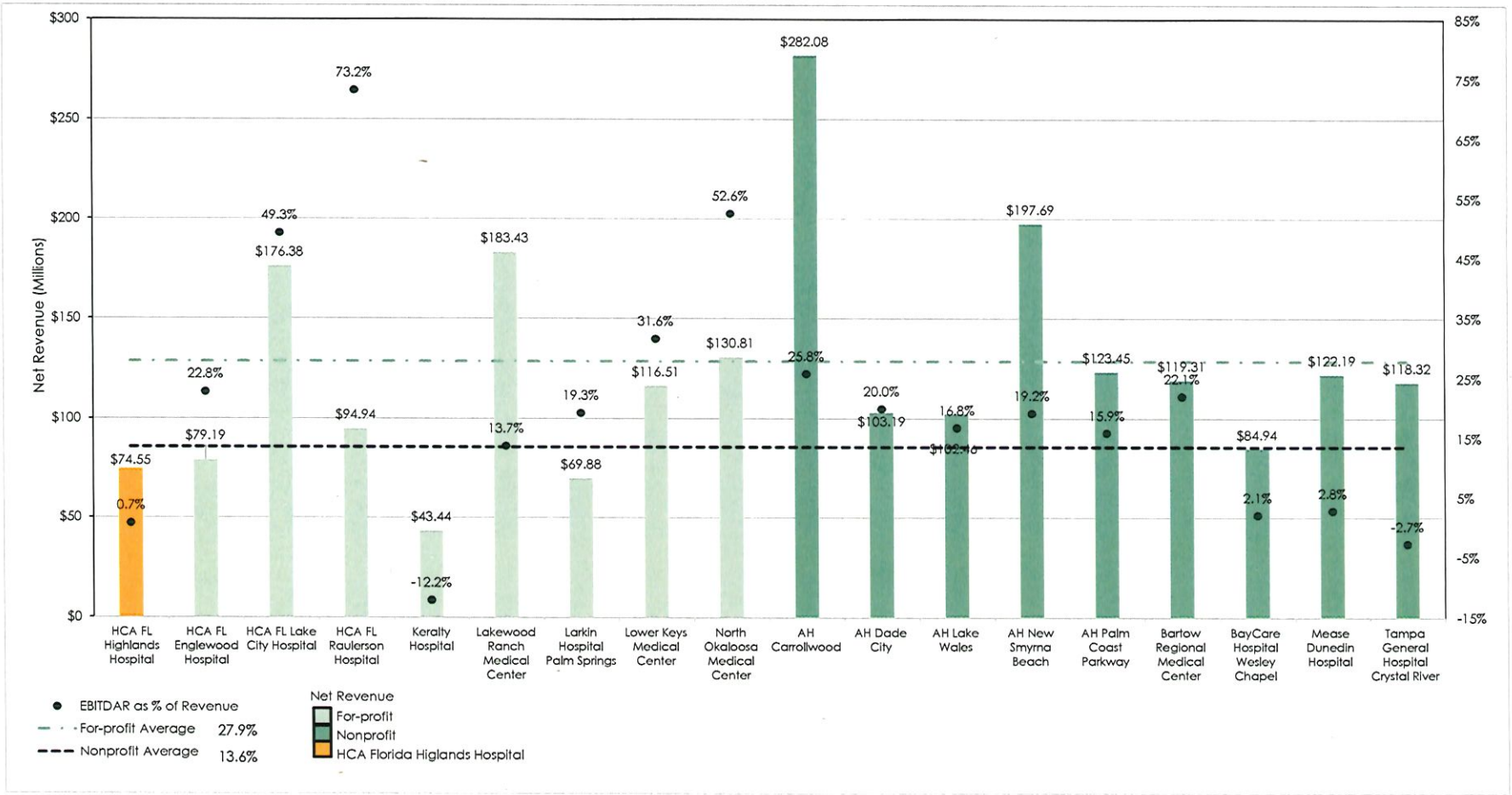
Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Total Operating Cost as % of Net Revenue



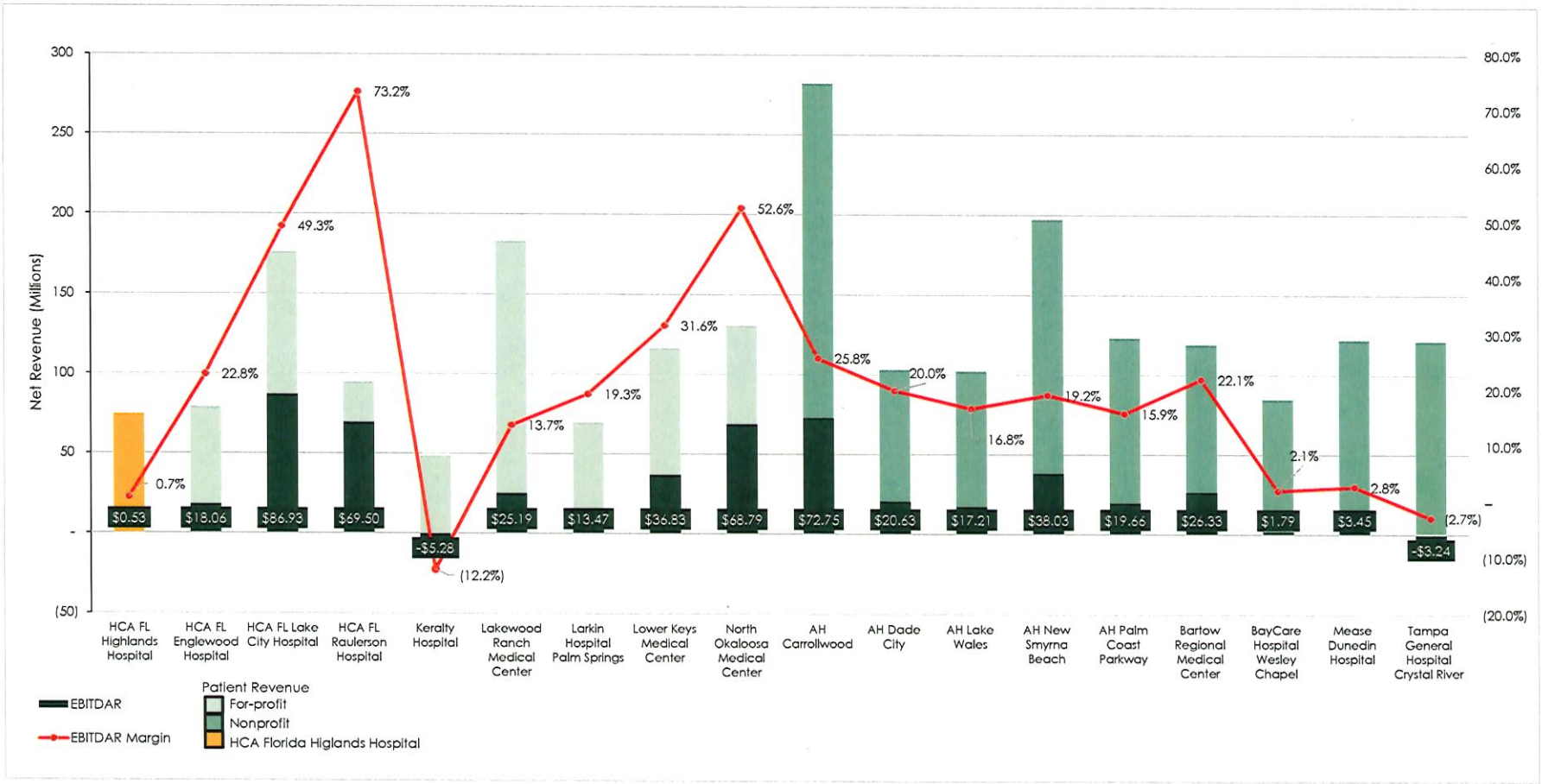
Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

EBITDAR as % of Net Revenue



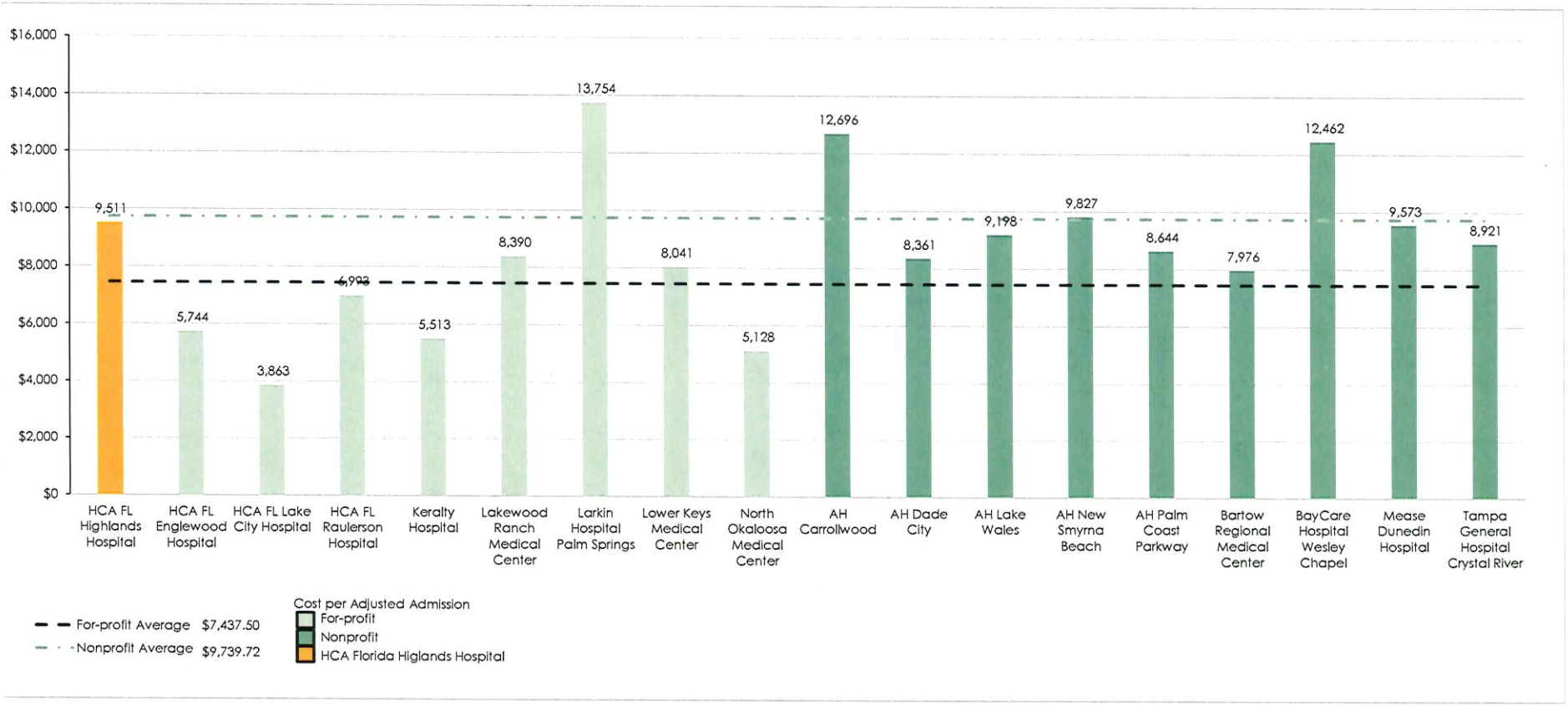
Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Net Patient Revenue & EBITDAR vs EBITDAR Margin



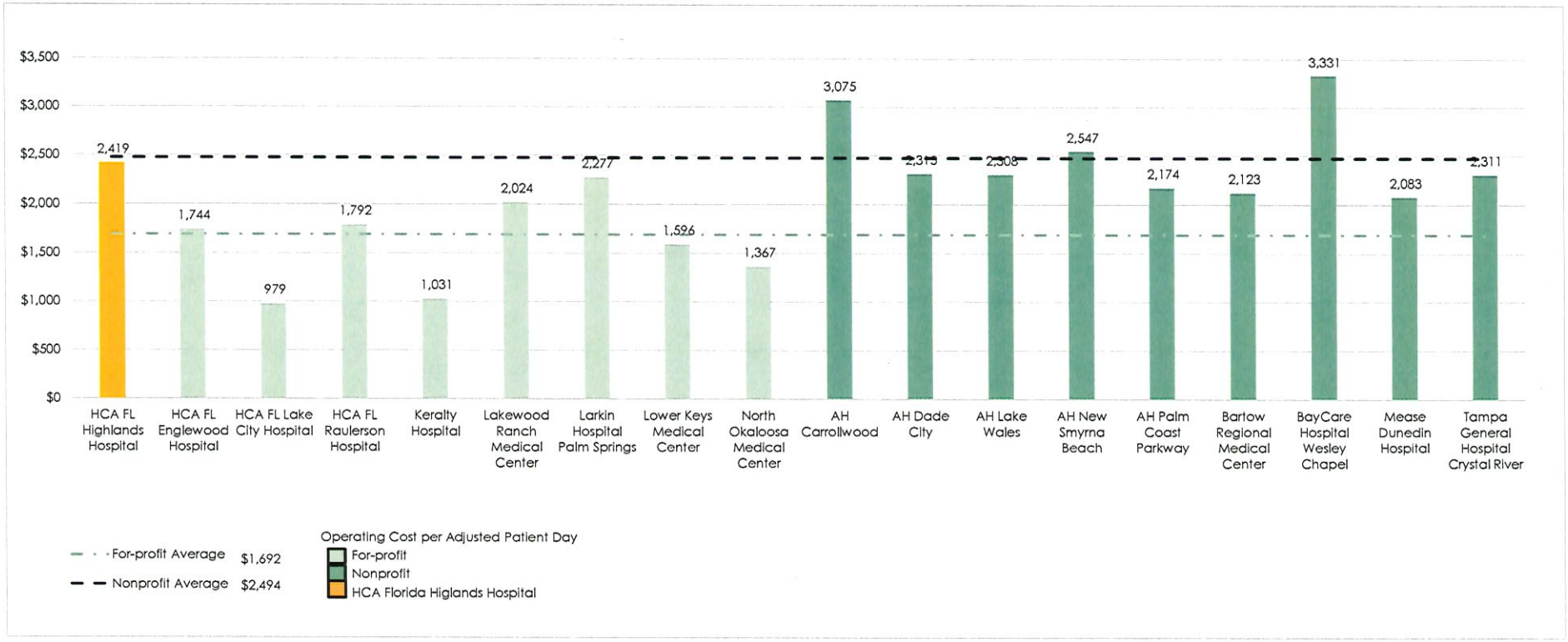
Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Operating Cost per Adjusted Admission (Excluding Bad Debt and Depreciation)



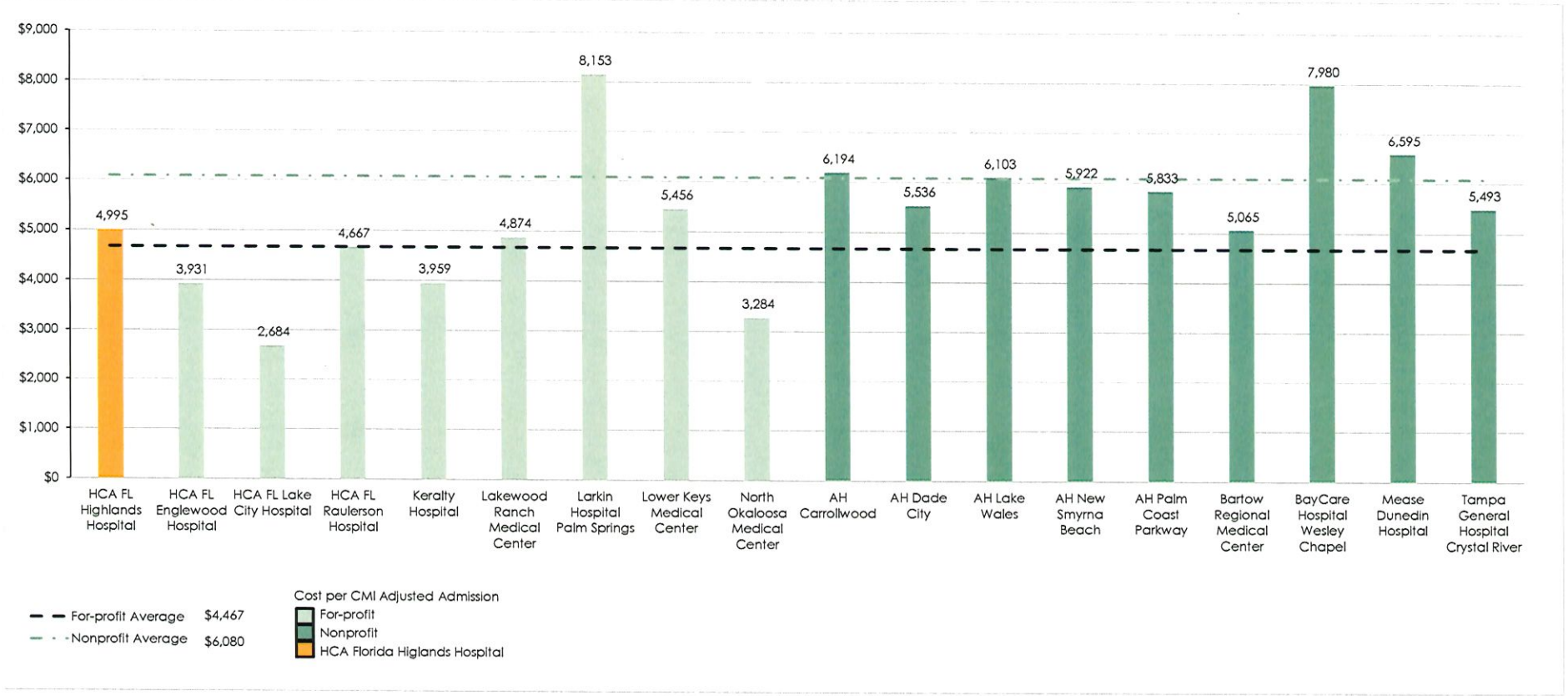
Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Operating Cost per Adjusted Patient Day (Excluding Bad Debt and Depreciation)



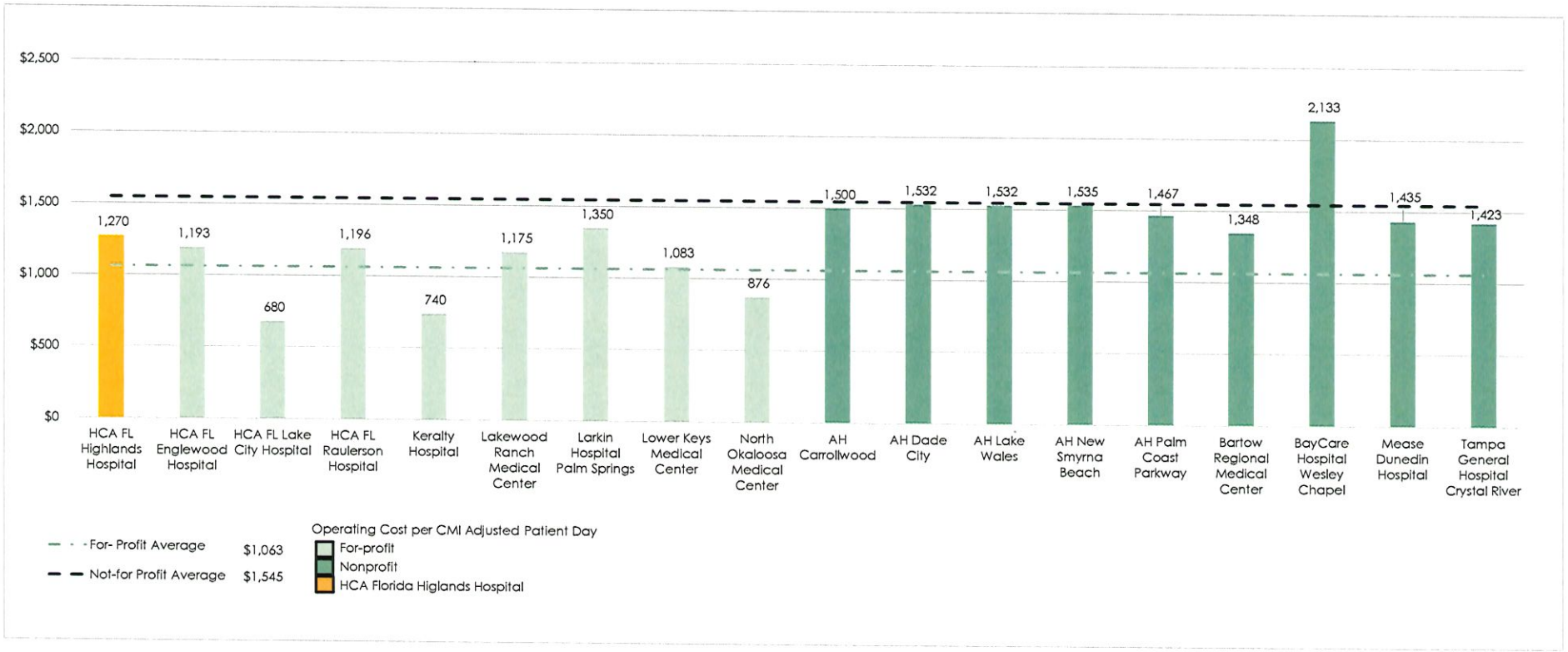
Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Operating Cost per CMI Adjusted Admission (Excluding Bad Debt and Depreciation)



Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Operating Cost per CMI Adjusted Patient Day (Excluding Bad Debt and Depreciation)



Source: Florida AHCA Financial Data Dashboard (2024) & American Hospital Directory (2024)

Hospital Quality Comparison Overview

"Core Quality Measures," as determined by the Centers for Medicare and Medicaid Services ("CMS") quality and outcomes metrics, were used to compare the Hospital with its selected peer group (1). Specific categories within the following Core Measures were selected:

- Process of Care Aggregate Scores
  - Severe Sepsis and Septic Shock
  - Venous Thromboembolism ("VTE") Prophylaxis
  - Stroke Care
  - Timeliness of Care (Emergency Department ("ED")/Outpatient)
  - Opioid Safety
- 30-day Patient Mortality Rates:
  - Hybrid Hospital-Wide All-Cause Risk-Standardized Mortality Rate
  - Stroke
  - Heart Attack
  - Heart Failure
  - Pneumonia
- 30-day Patient Readmission Rates:
  - Heart Attack
  - Heart Failure
  - Pneumonia
- Hospital Consumer Assessment of Healthcare Providers & Systems ("HCAHPS") for key communication and overall satisfaction measures.

Observations:
In aggregate, the Hospital's quality performance is generally consistent with that of for-profit and non-profit peers.

The Hospital outperformed national and state averages, as well as its selected peer group, with respect to sepsis care and emergency department wait times, and performed above national and state averages while remaining generally comparable to peers in opioid safety measures. Performance related to stroke care and venous thromboembolism (VTE) prophylaxis was largely in line with peer benchmarks. Mortality rates were generally below the national average and consistent with peers, with the exception of stroke and heart attack cases; however, the Hospital's relatively smaller sample size should be considered when interpreting these results. Readmission rates were below the national average and comparable to peers, and patient experience, as measured by the reviewed HCAHPS metrics, was generally in line with national and state averages as well as peer performance.

Notes:
(1) See the next page for a more detailed discussion of each Core Measure.

Overview of Quality Metrics

Process of Care

The measures of timely and effective care (also known as "process of care" measures) show how often and how quickly hopsitals provide care that reserach shows get the best results for patients with certain conditions, as well as how hopsitals use outpatient imaging.These measures assess both (1) the percentage of patients who receive recommended, evidence-based treatments for specific conditions or procedures, and (2) the timeliness with which hospitals deliver care, particularly in urgent or emergency situations. The measures only apply to patients for whom the recommended treatment would be appropriate. By law, any measures reported on the Hospital Compare website must reflect accepted standards of care, based on current scientific evidence. These measures reflect evidence-based standards of care and are periodically updated by CMS, with new measures and clinical areas added over time to remain aligned with current medical practice and quality reporting programs.

30-day Mortality Rates

The 30-day death (mortality) measures capture the rate of deaths from any cause within 30 days of a hospital admission, regardless of whether the patient dies during the hospitalization or after discharge, and are reported for patients treated for several key conditions (e.g., heart attack, heart failure, pneumonia, stroke, and COPD) as well as hospital-wide mortality. CMS uses a 30-day timeframe to enable consistent comparisons across hospitals, as length of stay varies by patient and facility, while deaths occurring over longer periods are less likely to be directly attributable to hospital care and more influenced by underlying conditions, patient behavior, or post-acute services. Mortality rates are risk-adjusted to account for patient characteristics such as age, comorbidities, and prior medical history, ensuring fair comparison across hospitals and providing insight into the effectiveness of care, patient safety practices, and the management of complications.

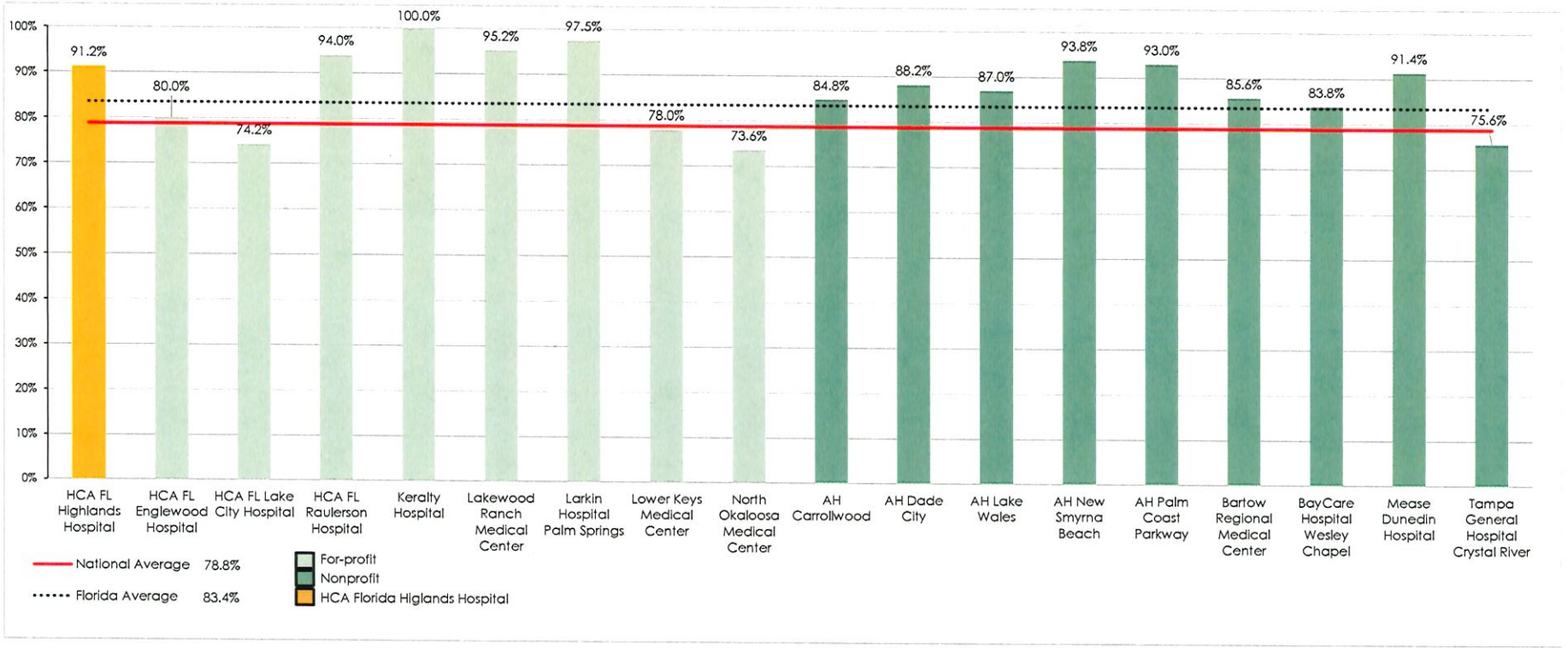
30-day Mortality Rates

The 30-day readmission measures capture the rate of unplanned readmissions for any cause to any acute care hospital within 30 days of discharge, regardless of whether the patient returns to the same hospital or a different facility, and are reported for patients treated for several key conditions (e.g., heart attack, heart failure, pneumonia, COPD) as well as hospital-wide readmissions. These measures include Medicare beneficiaries aged 65 and older, including those discharged to post-acute settings, but exclude patients who transferred to another hospital or left against medical advice. CMS uses a 30-day timeframe to allow consistent comparisons across hospitals, as readmissions over longer periods are more likely influenced by factors outside the hospital's control, such as underlying conditions, patient behavior, or care received after discharge. Readmission rates are risk-adjusted for patient characteristics including age, comorbidities, and prior medical history, providing insight into care coordination, discharge planning, and the effectiveness of transitions of care.

Hospital Consumer Assessment of Healthcare Providers and Systems

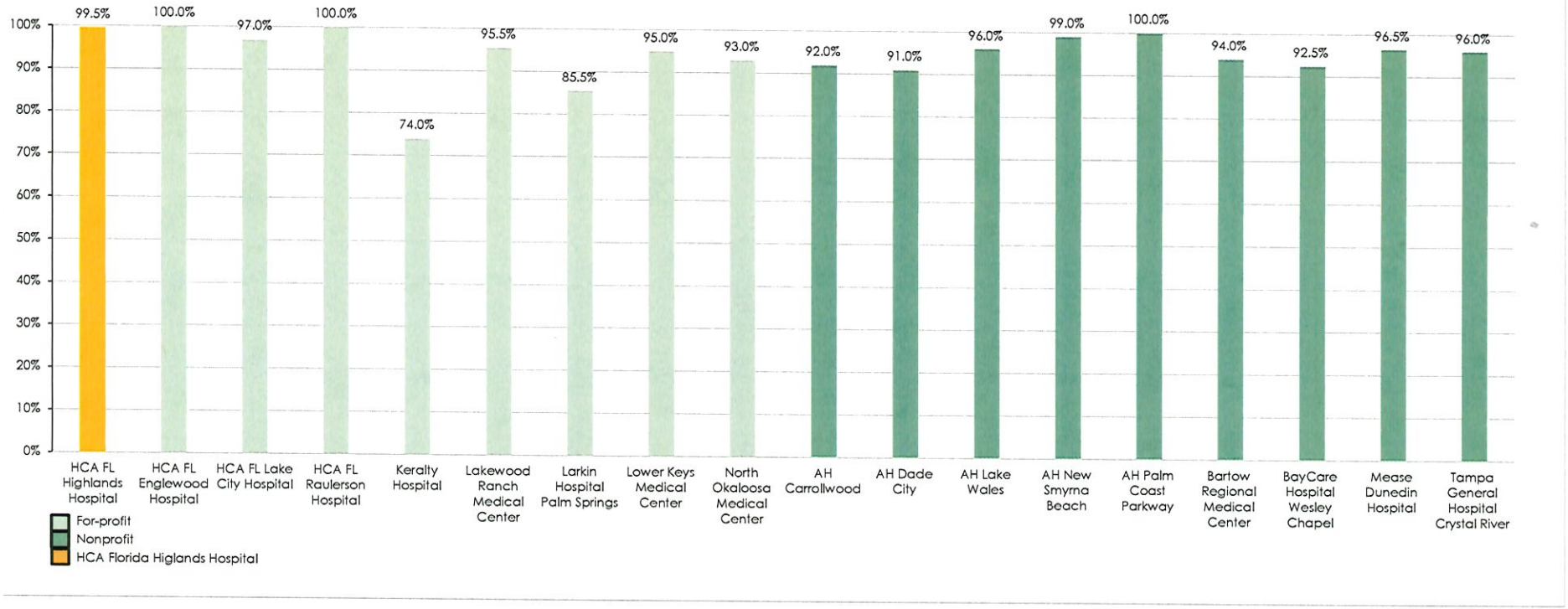
The Hospital Consumer Assessment of Healthcare Providers and Systems("HCAHPS") Survey is a national, standardized, publicly reported survey instrument and data collection methodology used to measure patients' perspectives on hospital care and enable valid comparisons across hospitals. The survey is administered to a random sample of adult patients between 48 hours and six weeks after discharge on a continuous basis throughout the year, and CMS is responsible for cleaning, adjusting, analyzing, and publicly reporting the results. The survey includes approximately 32 questions covering key aspects of the patient experience—such as communication with providers, responsiveness of staff, care coordination, discharge information, and overall hospital rating—as well as screening and demographic items used for patient-mix adjustment and analytical purposes. CMS reports results across multiple domains, including composite, individual, and global measures, which are used for public reporting and value-based purchasing programs.

Process of Care Measures: Severe Sepsis and Septic Shock Aggregate Score



Source: CMS Hospital Timely & Effective Care; data.cms.gov, accessed May 2026

Process of Care Measures: Venous Thromboembolism ("VTE") Prophylaxis Aggregate Score[1]

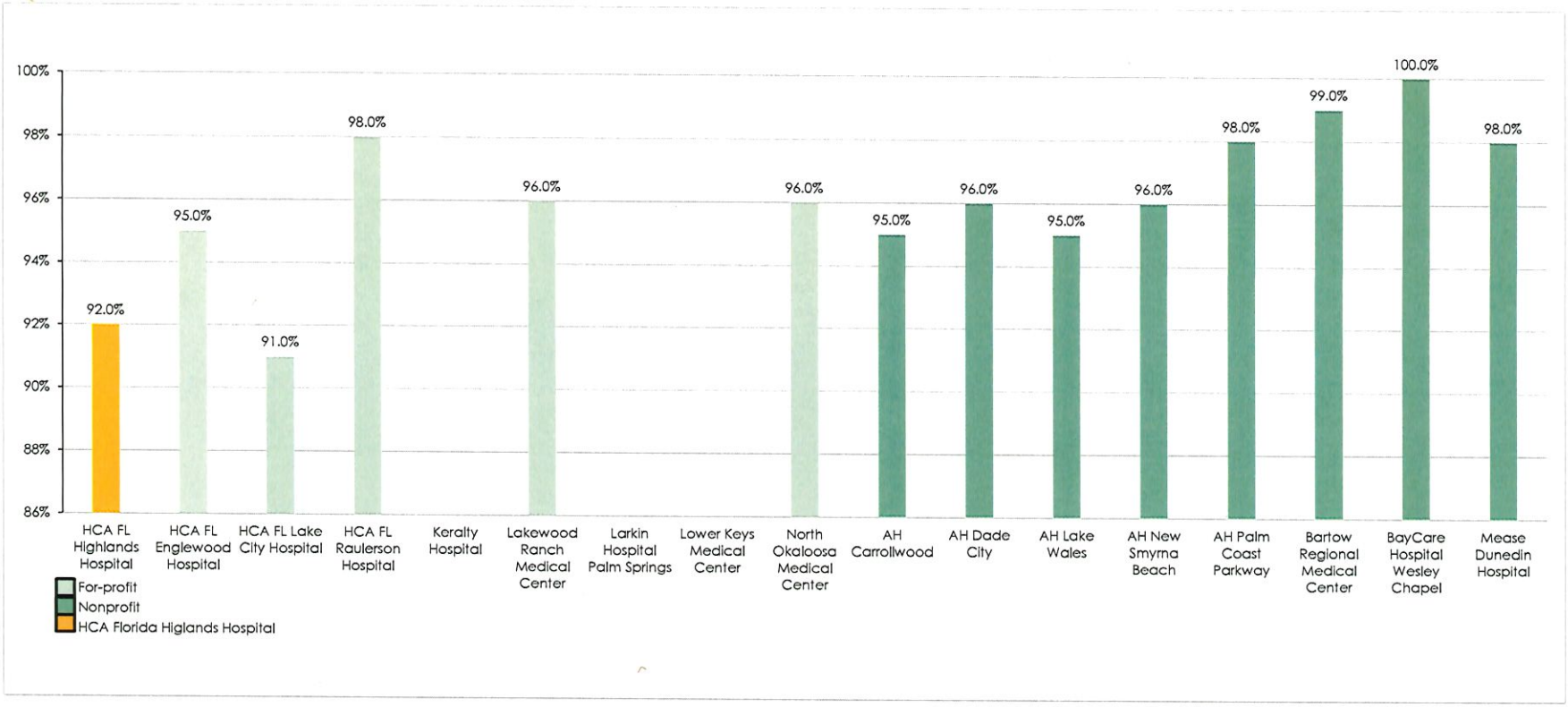


Notes

(1) Aggregate score of percentage of patients who got VTE prophylaxis or have doucmentation why VTE prophylaxis wasn't given the day of or the day after hospital admission or ICU admission or surgery end date for surgeries that start the day of or after the hospital or ICU admission (or transfer)

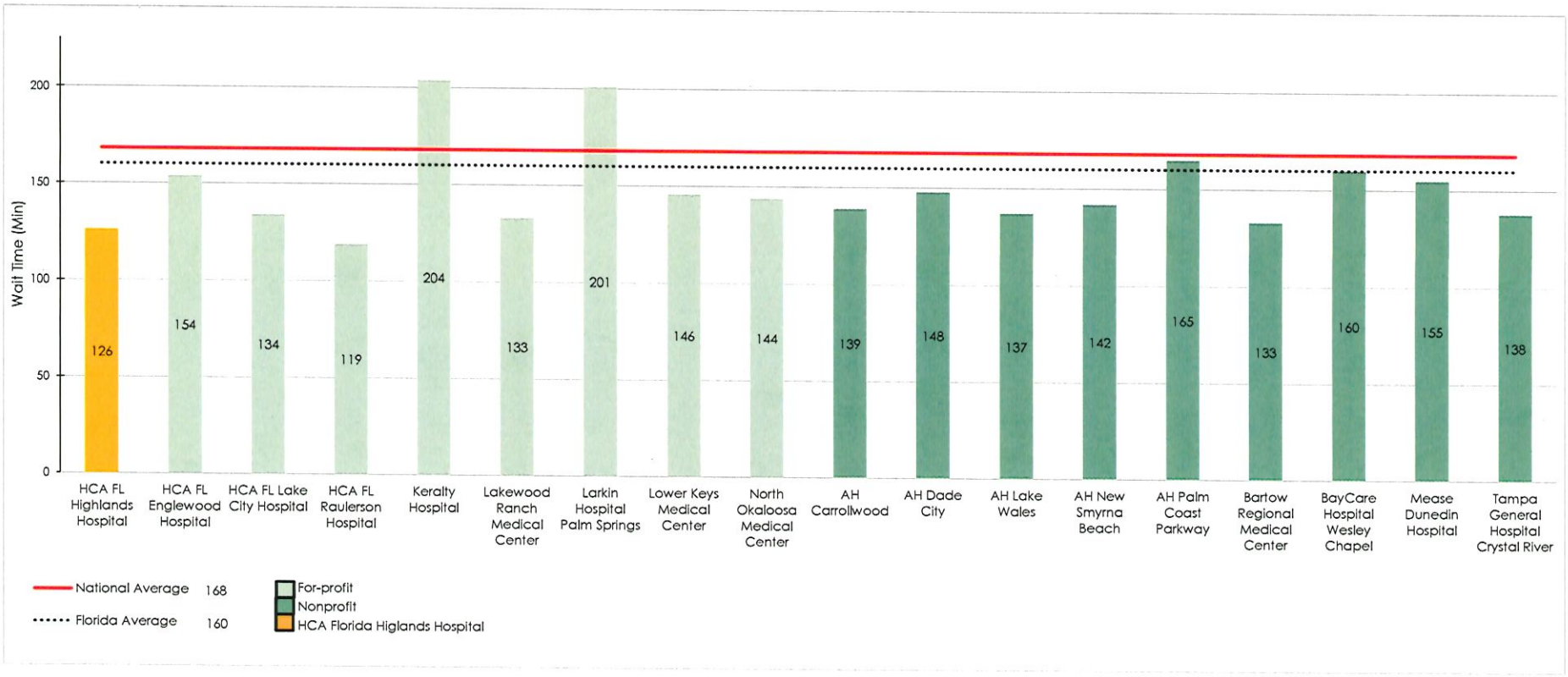
Source: CMS Hospital Timely & Effective Care; data.cms.gov, accessed May 2026

Process of Care Measures: Stroke Care Aggregate Score



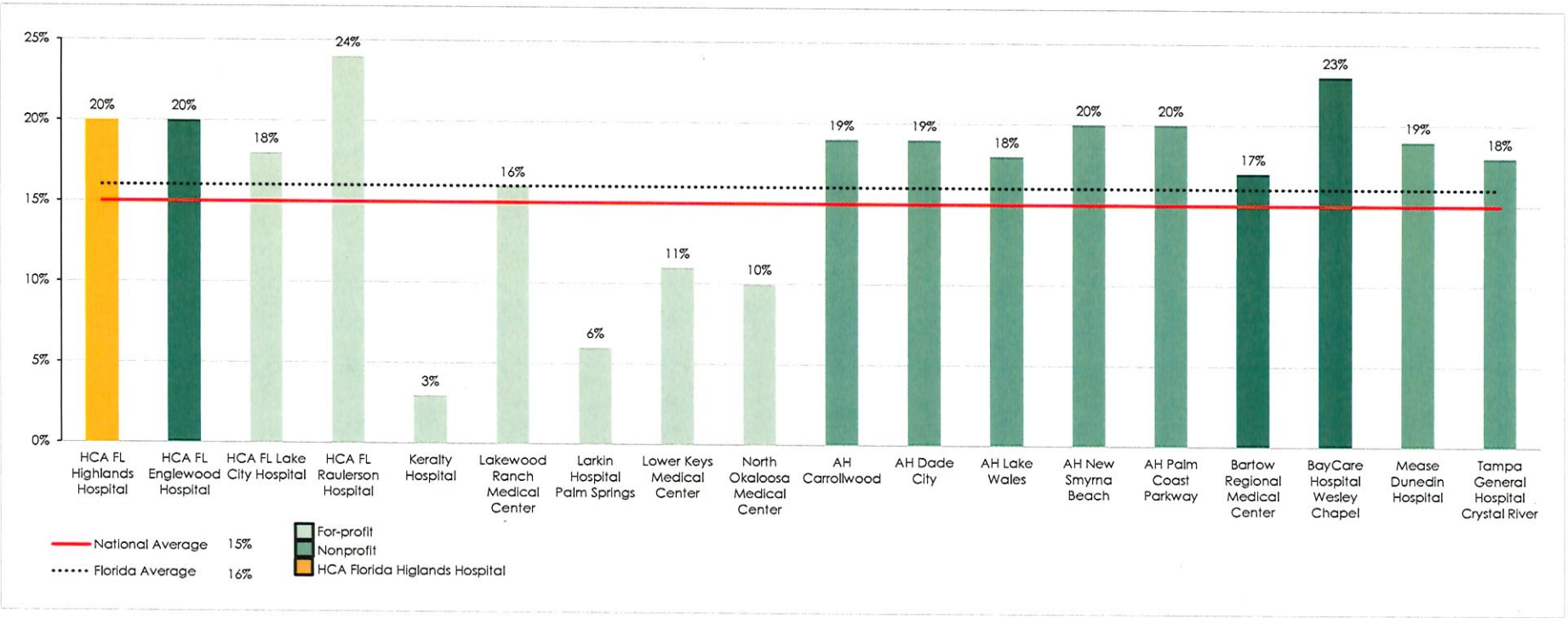
Source: CMS Hospital Timely & Effective Care; data.cms.gov, accessed May 2026

Process of Care Measures: Median ED Wait Time Before Leaving from Visit (All Patients)



Source: CMS Hospital Timely & Effective Care; data.cms.gov, accessed May 2026

Process of Care Measure: Opioid Safety[1]

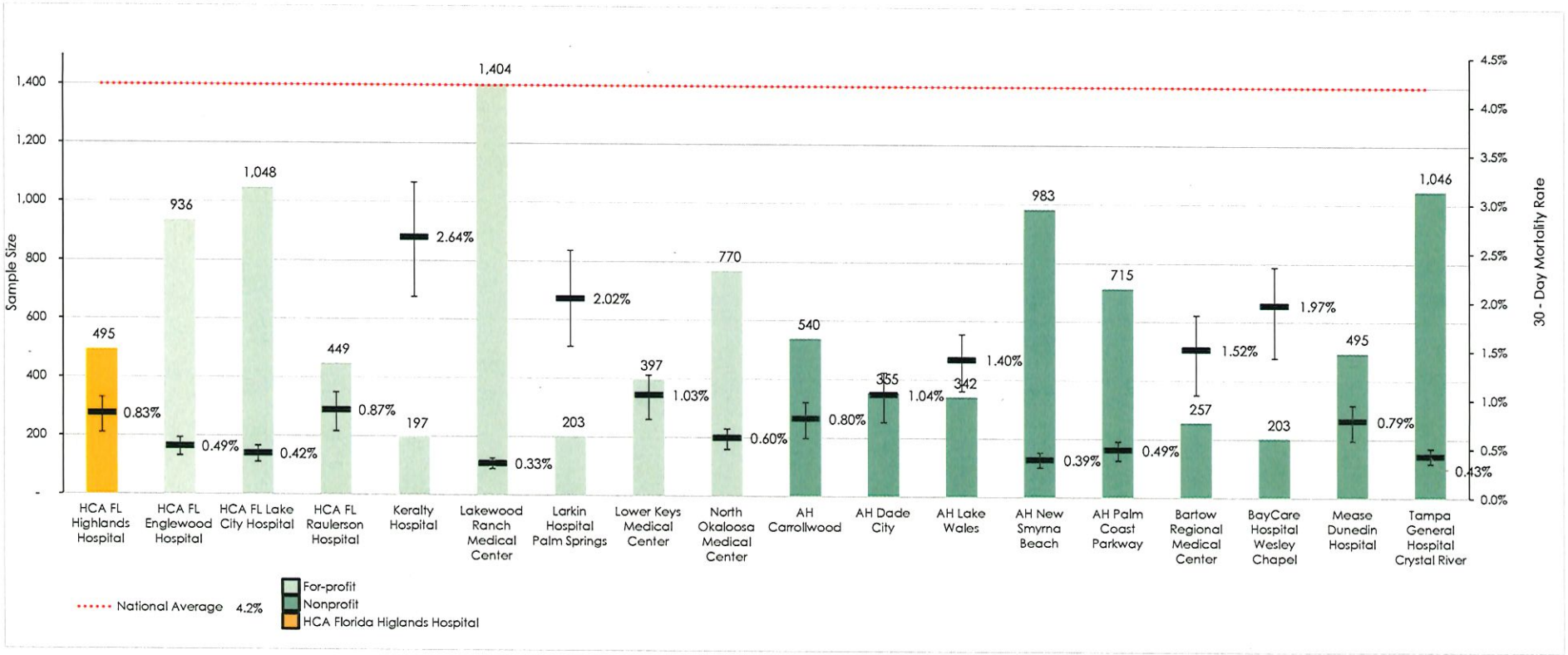


Notes

(1) Percentage of inpatient hospitalizations for patients 18 years of age or older prescribed or continued, 2 or more opioids or an opioid and benzodiazepine concurrently at discharge.

Source: CMS Hospital Timely & Effective Care; data.cms.gov, accessed May 2026

30-Day Mortality Rates: Hybrid Hospital-Wide All-Cause Risk-Standardized Mortality Rate[1]

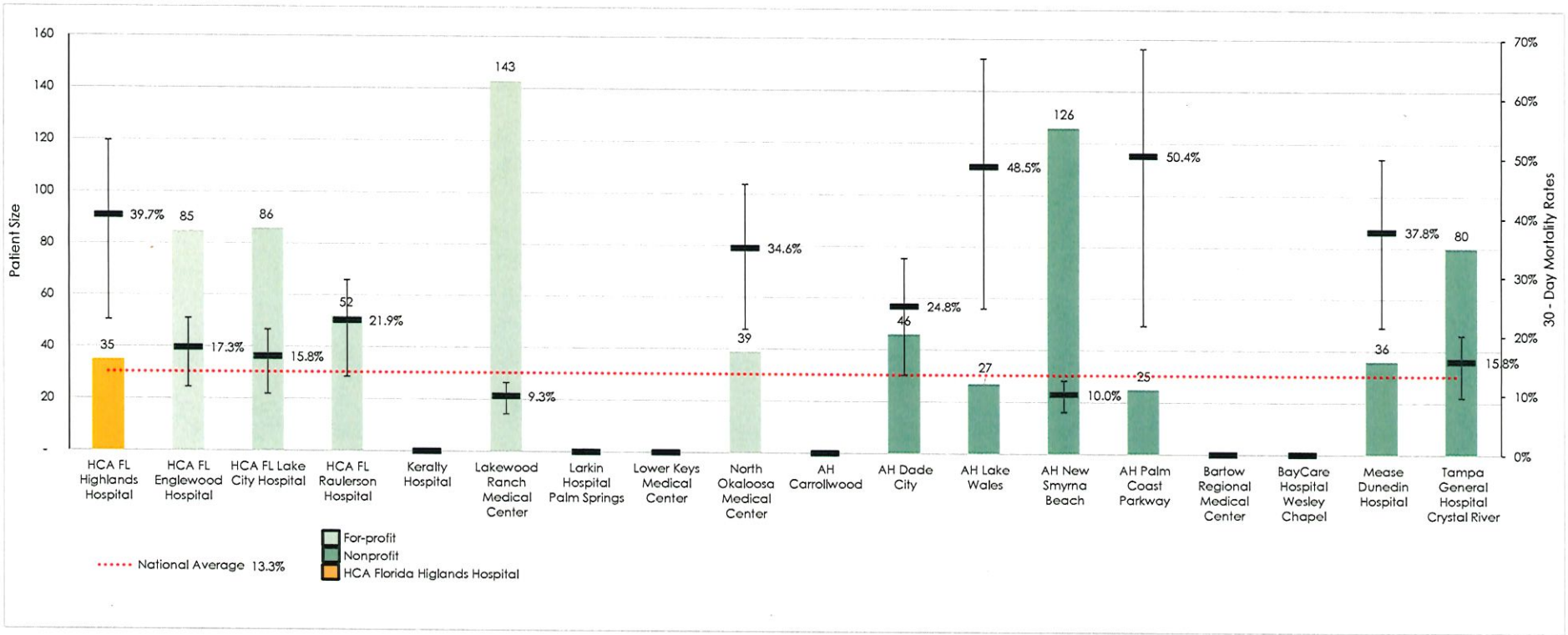


Notes

(1) HWM calculates the risk-adjusted rate of deaths from any cause within 30 days of admission for Medicare patients aged 65–94

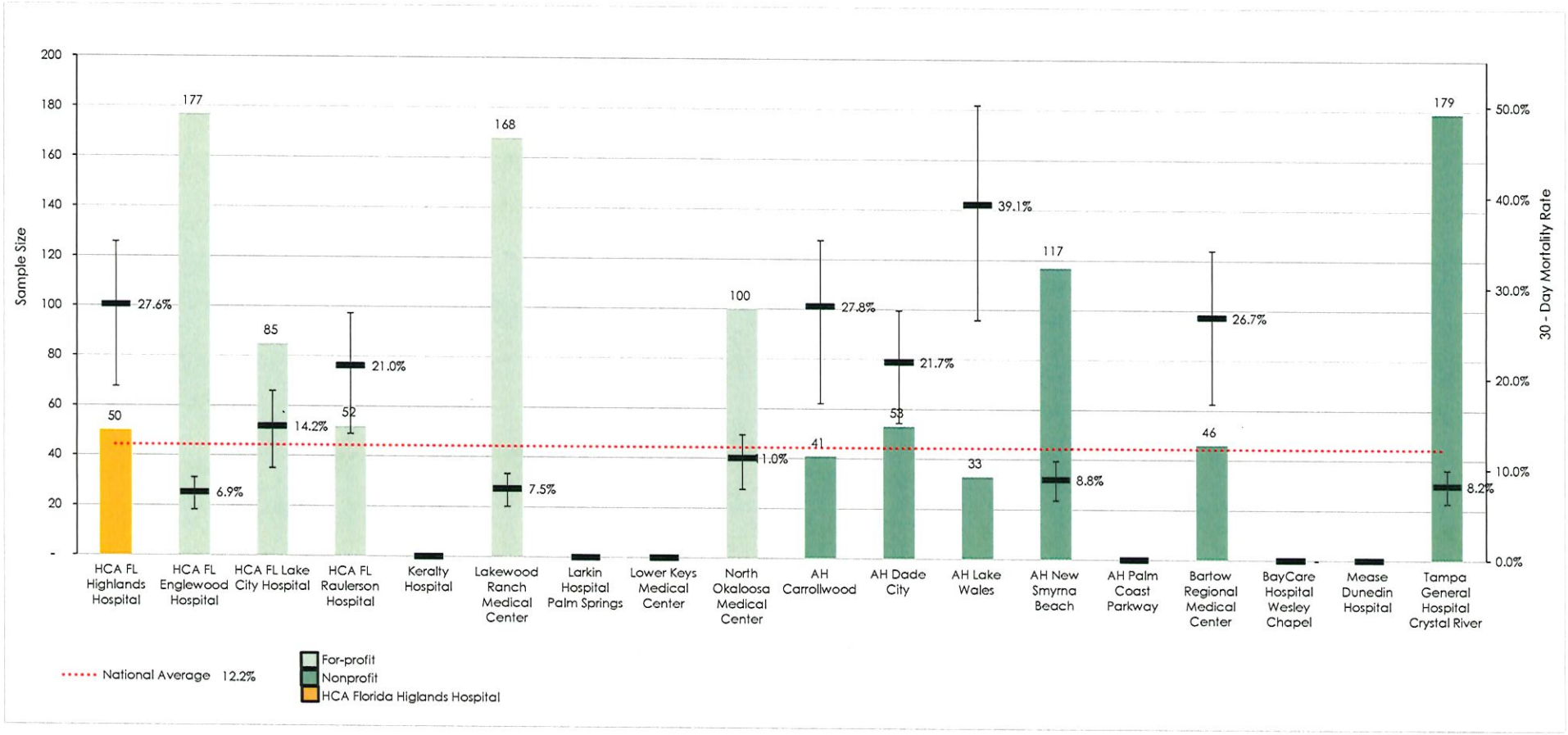
Source: CMS Hospital Complications & deaths; data.cms.gov, accessed May 2026

30-Day Mortality Rates: Mortality Rate for Stroke Patients



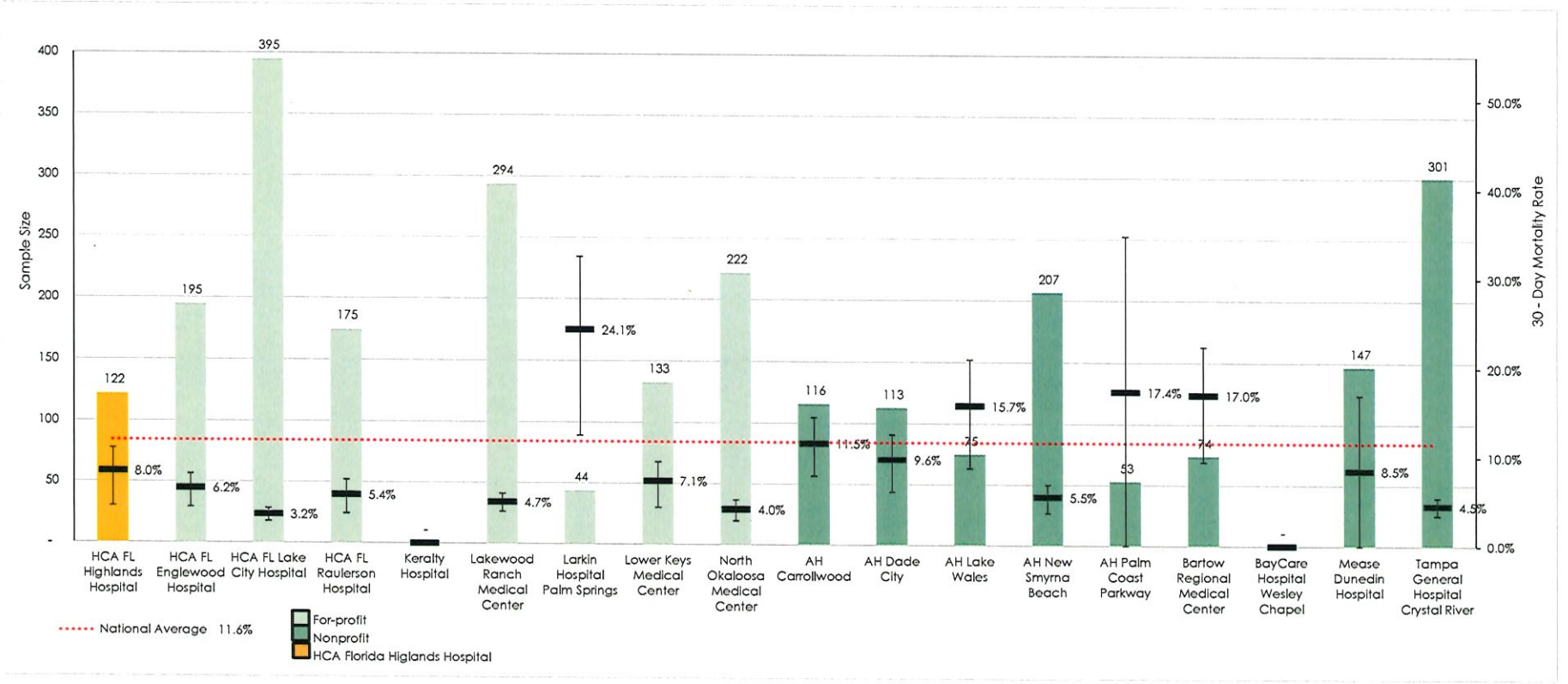
Source: CMS Hospital Complications & deaths; data.cms.gov, accessed May 2026

30-Day Mortality Rates: Mortality Rate for Heart Attack Patients



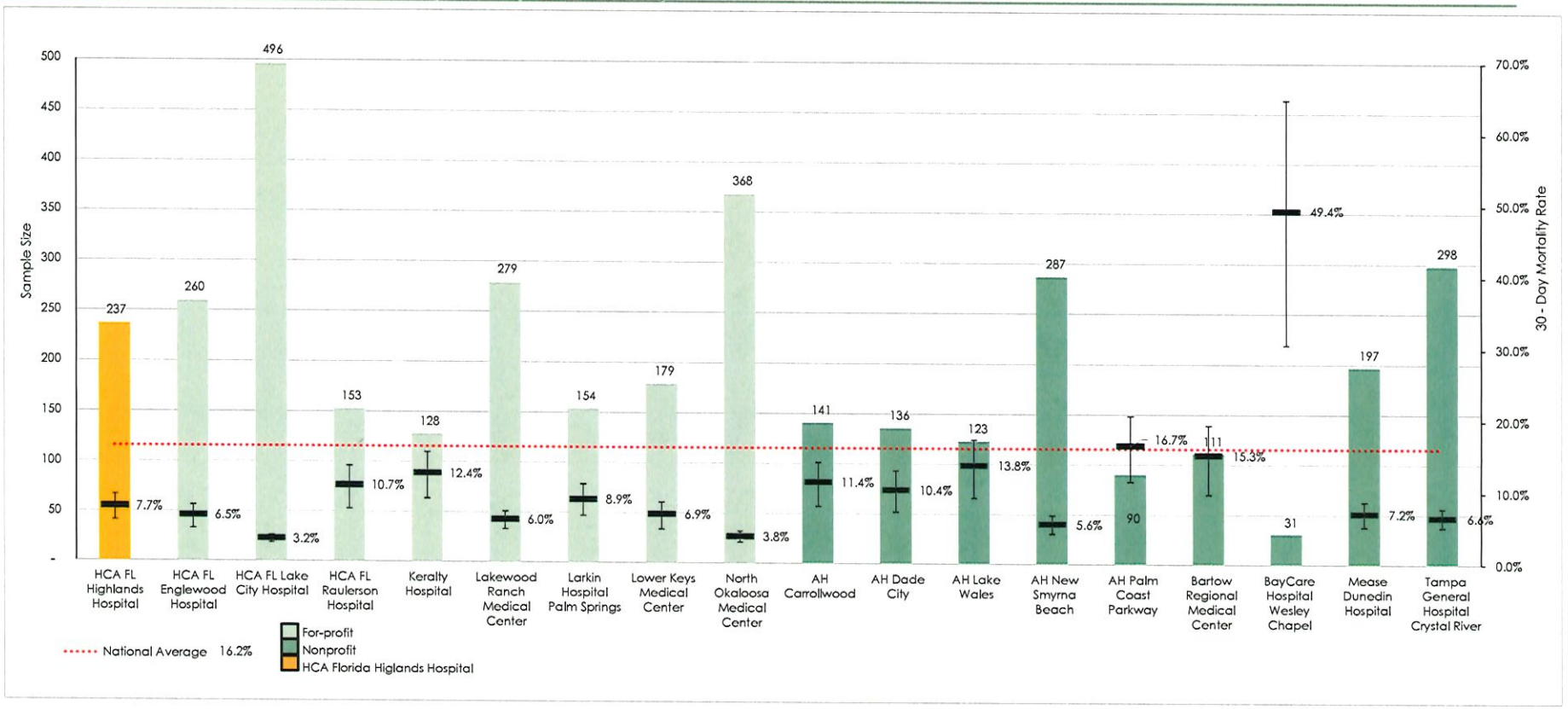
Source: CMS Hospital Complications & deaths; data.cms.gov, accessed May 2026

30-Day Mortality Rates: Mortality Rate for Heart Failure Patients



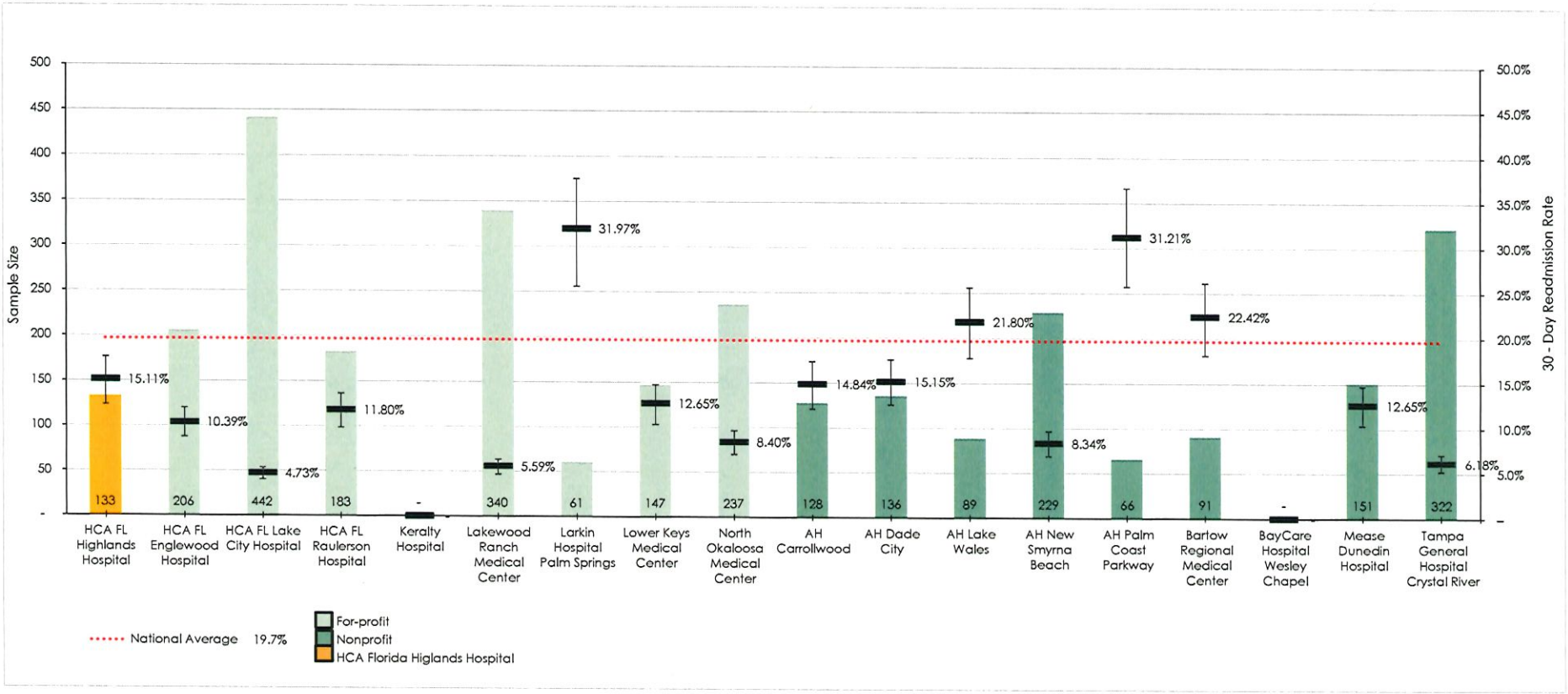
Source: CMS Hospital Complications & deaths; data.cms.gov, accessed May 2026

30-Day Mortality Rates: Mortality Rate for Pneumonia Patients



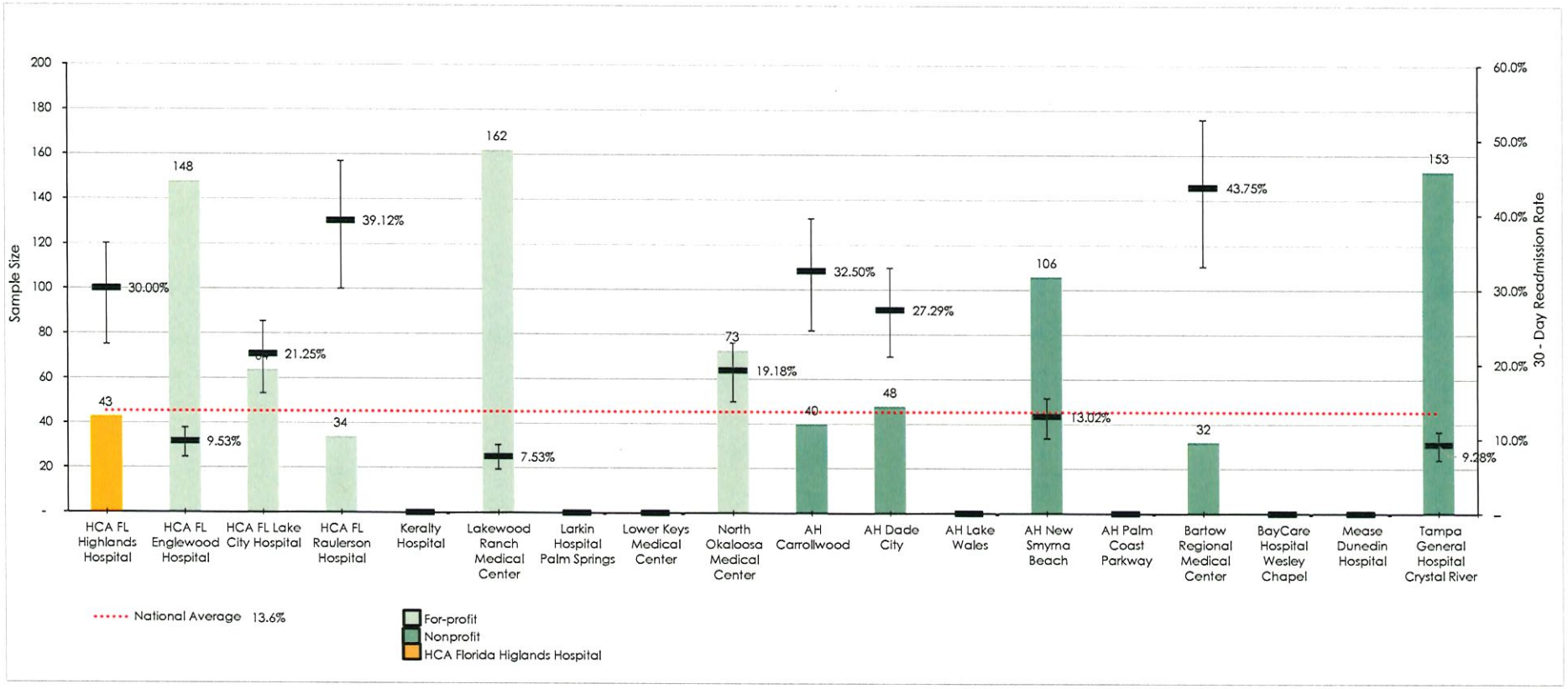
Source: CMS Hospital Complications & deaths; data.cms.gov, accessed May 2026

30-Day Readmission Rates: Readmission Rate for Heart Failure Patients



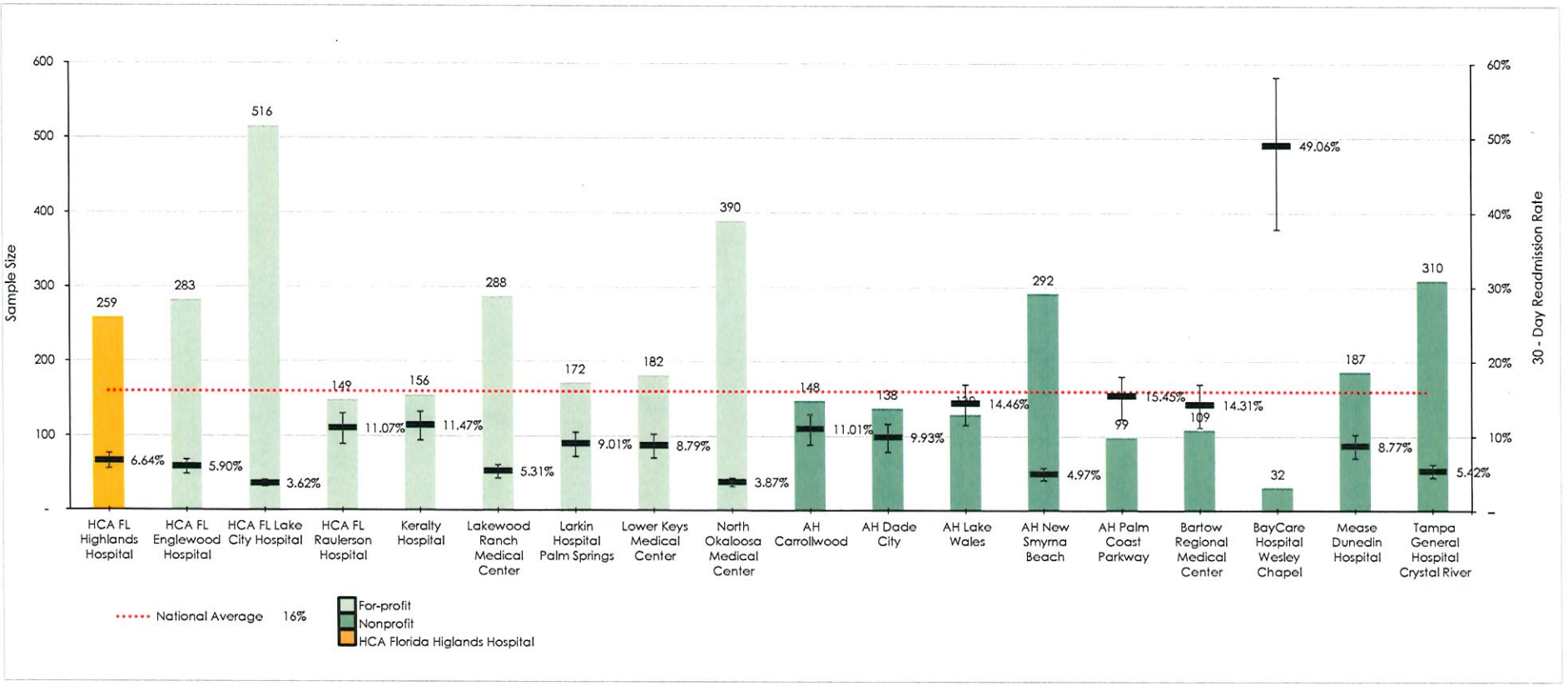
Source: CMS Unplanned Hospital Visits; data.cms.gov, accessed May 2026

30-Day Readmission Rates: Readmission Rate for Heart Failure Patients



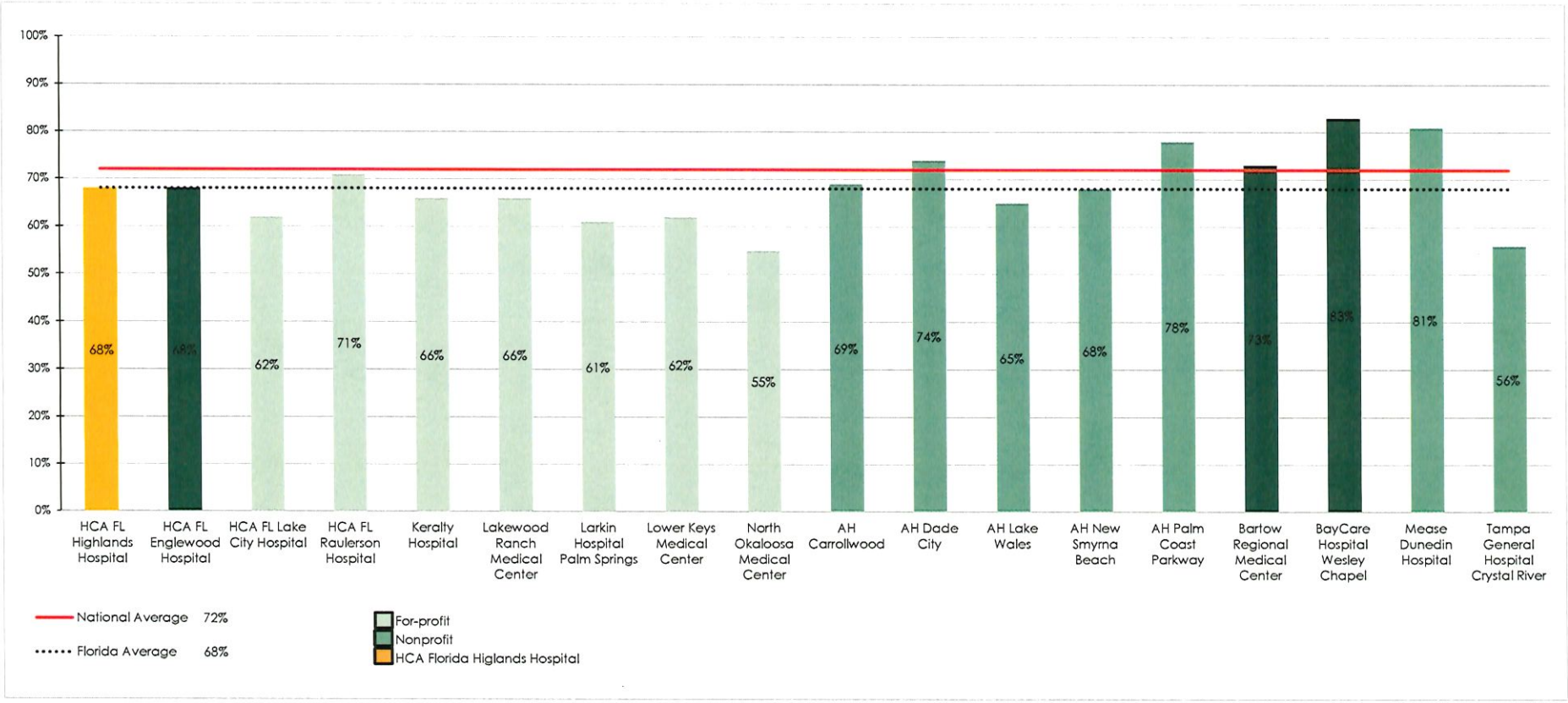
Source: CMS Unplanned Hospital Visits; data.cms.gov, accessed May 2026

30-Day Readmission Rates: Readmission Rate for Pneumonia Patients



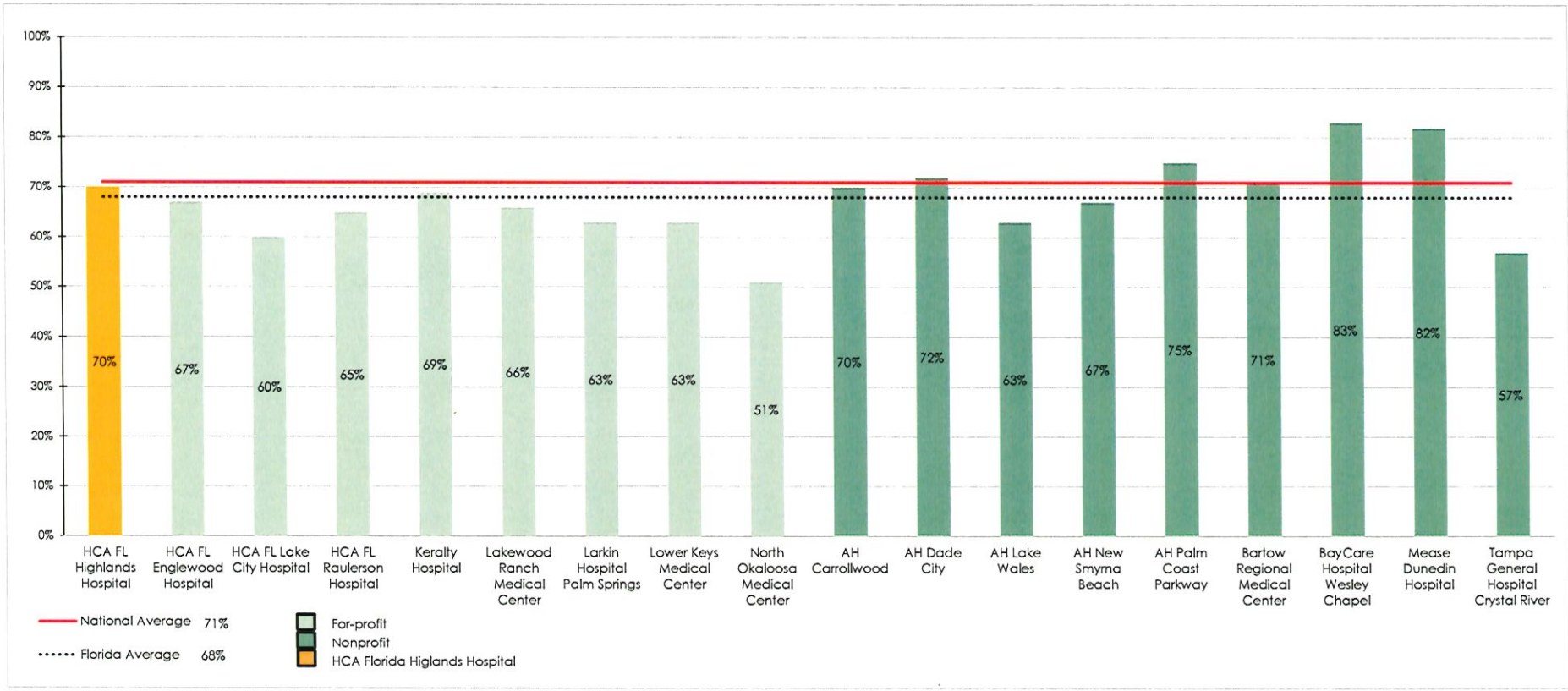
Source: CMS Unplanned Hospital Visits; data.cms.gov, accessed May 2026

HCAHPS: Patients That Gave Hospital a Rating of 9 or 10 (High)



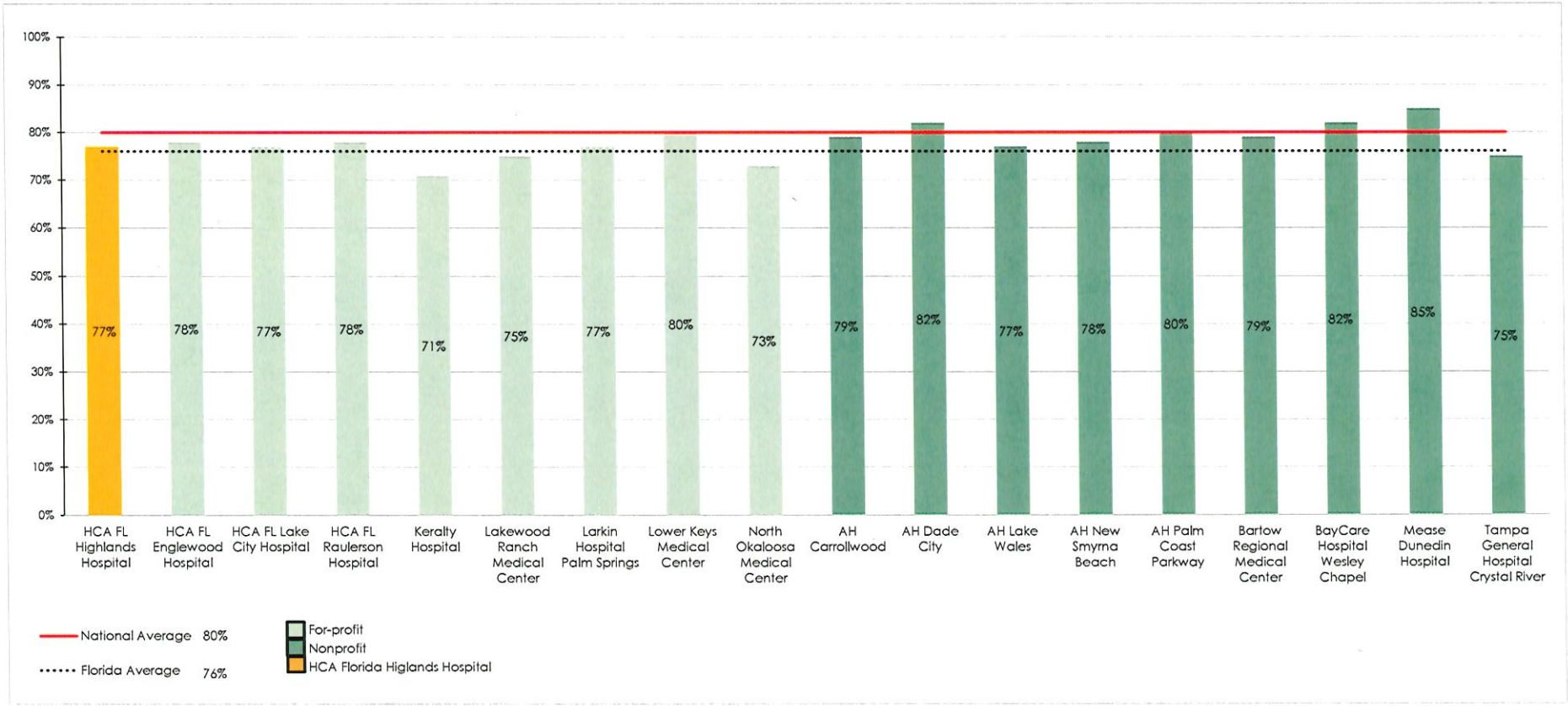
Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

HCAHPS: Patients That Would Definitely Recommend Hospital



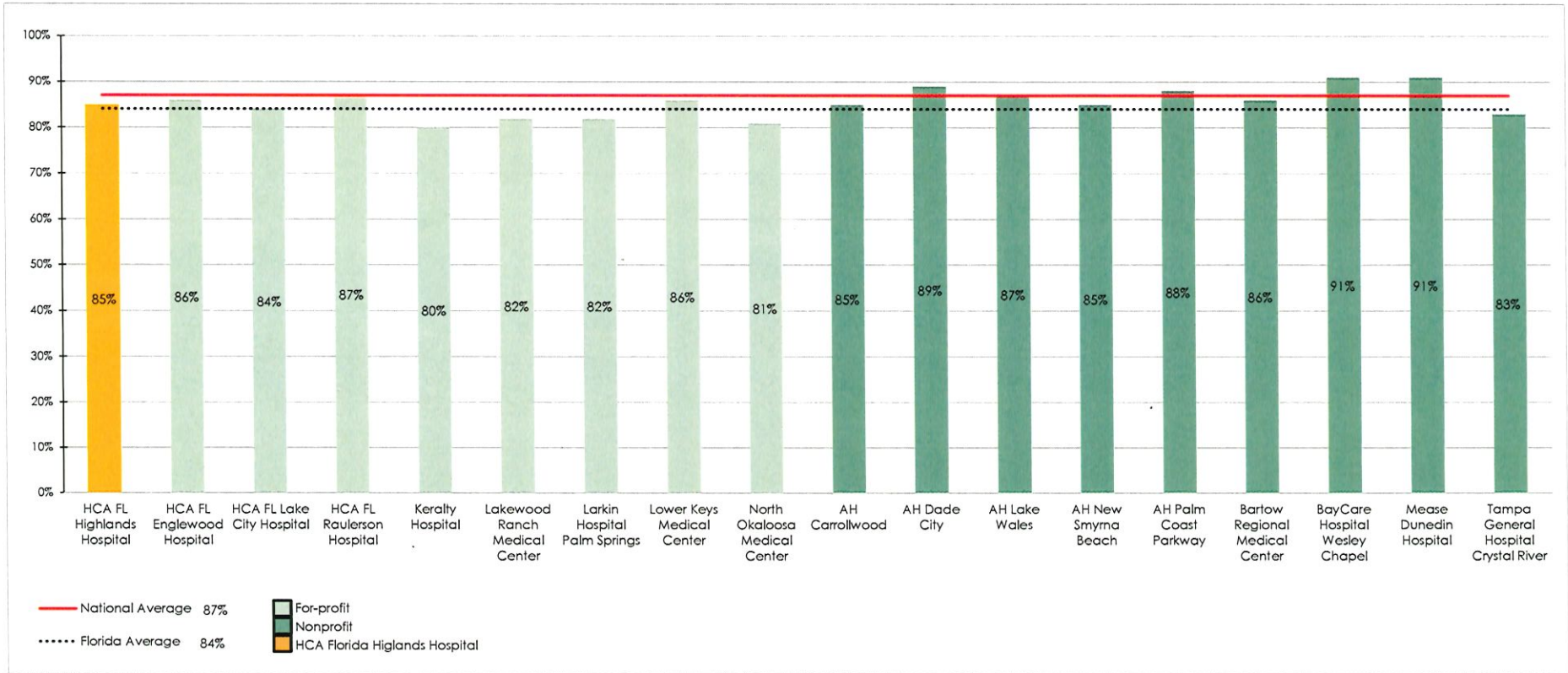
Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

HCAHPS: Nurses Always Communicated Well



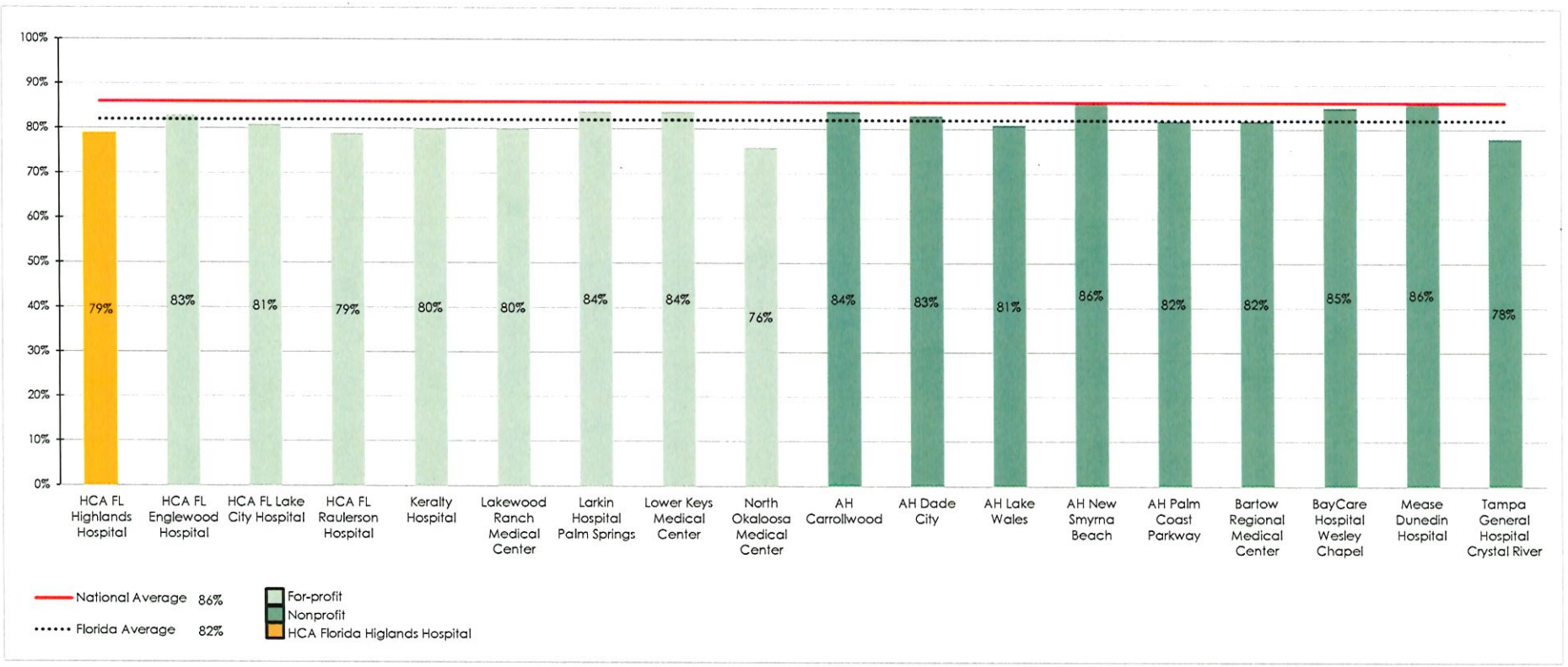
Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

HCAHPS: Nurses Always Treated Patients with Courtesy and Respect



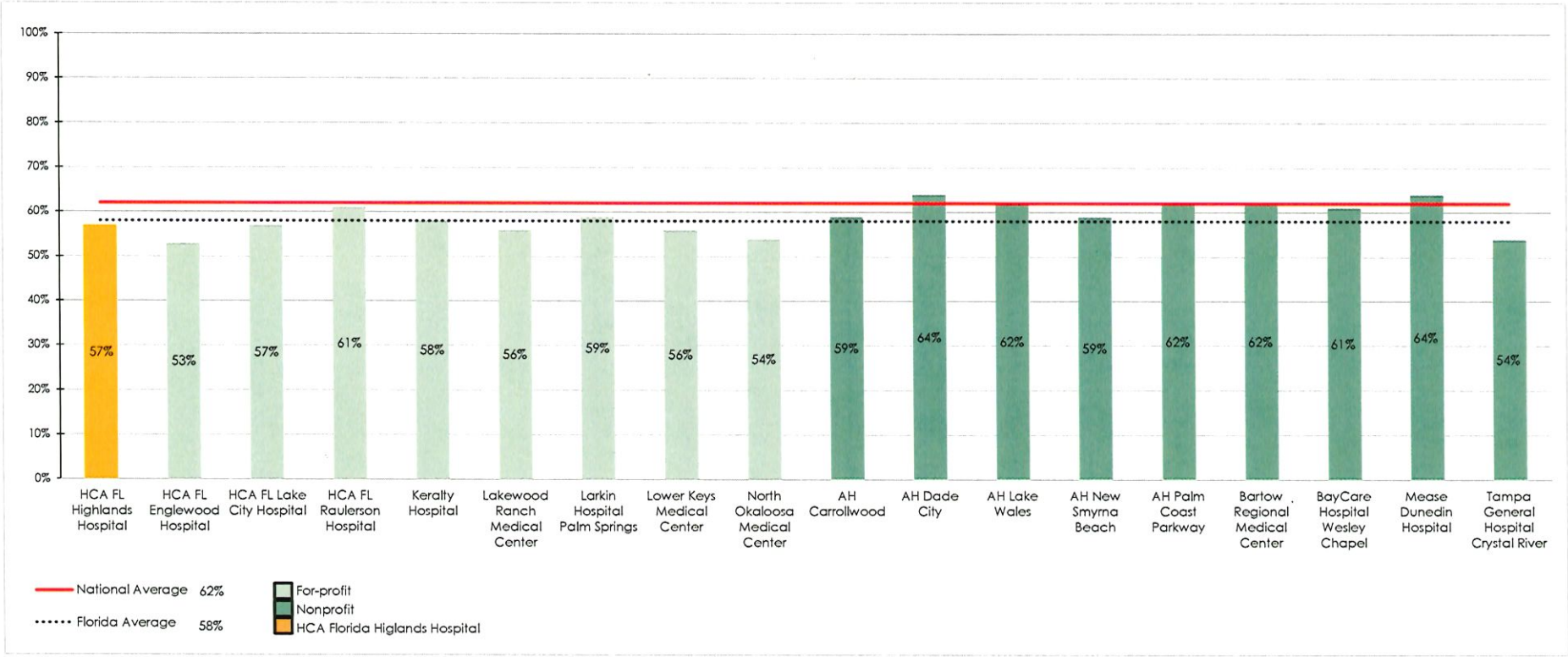
Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

HCAHPS: Doctors Always Treated Patients with Courtesy and Respect



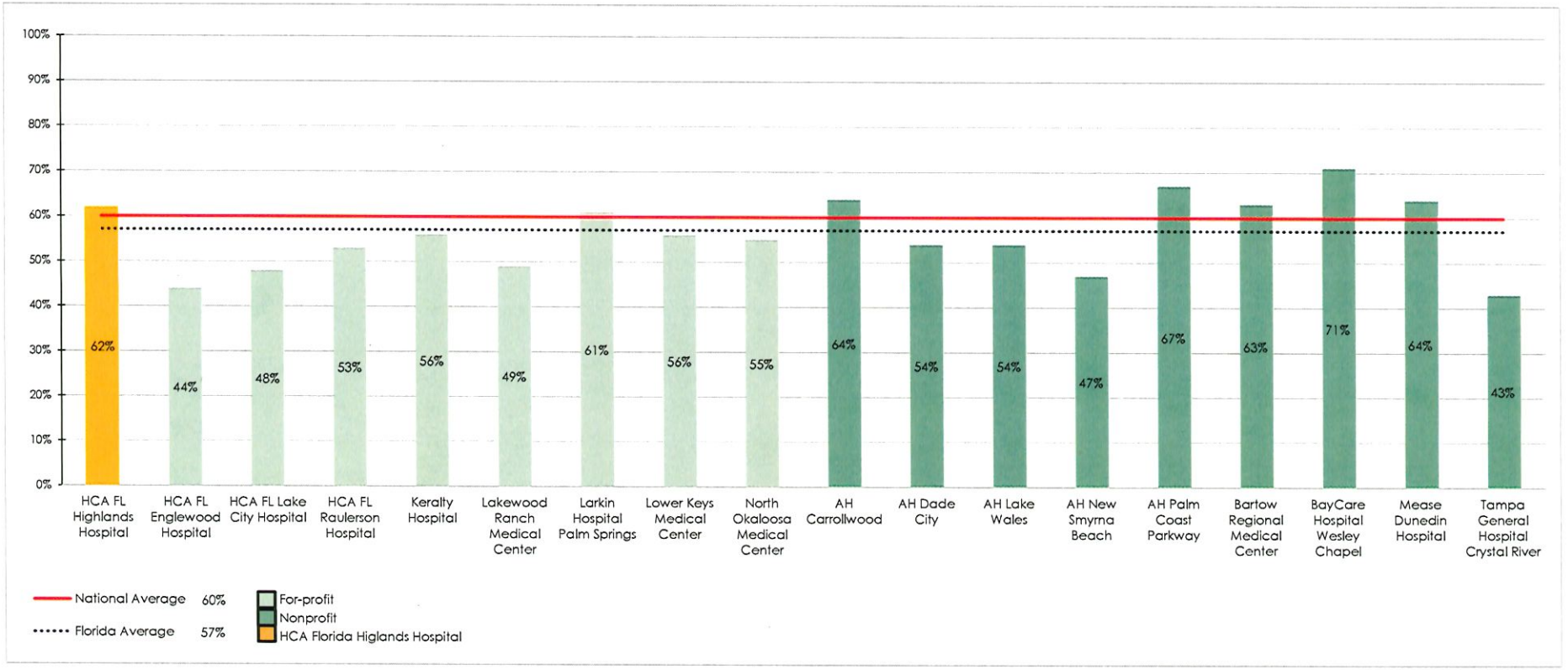
Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

HCAHPS: Staff Always Explained Medicines Before Receiving Them



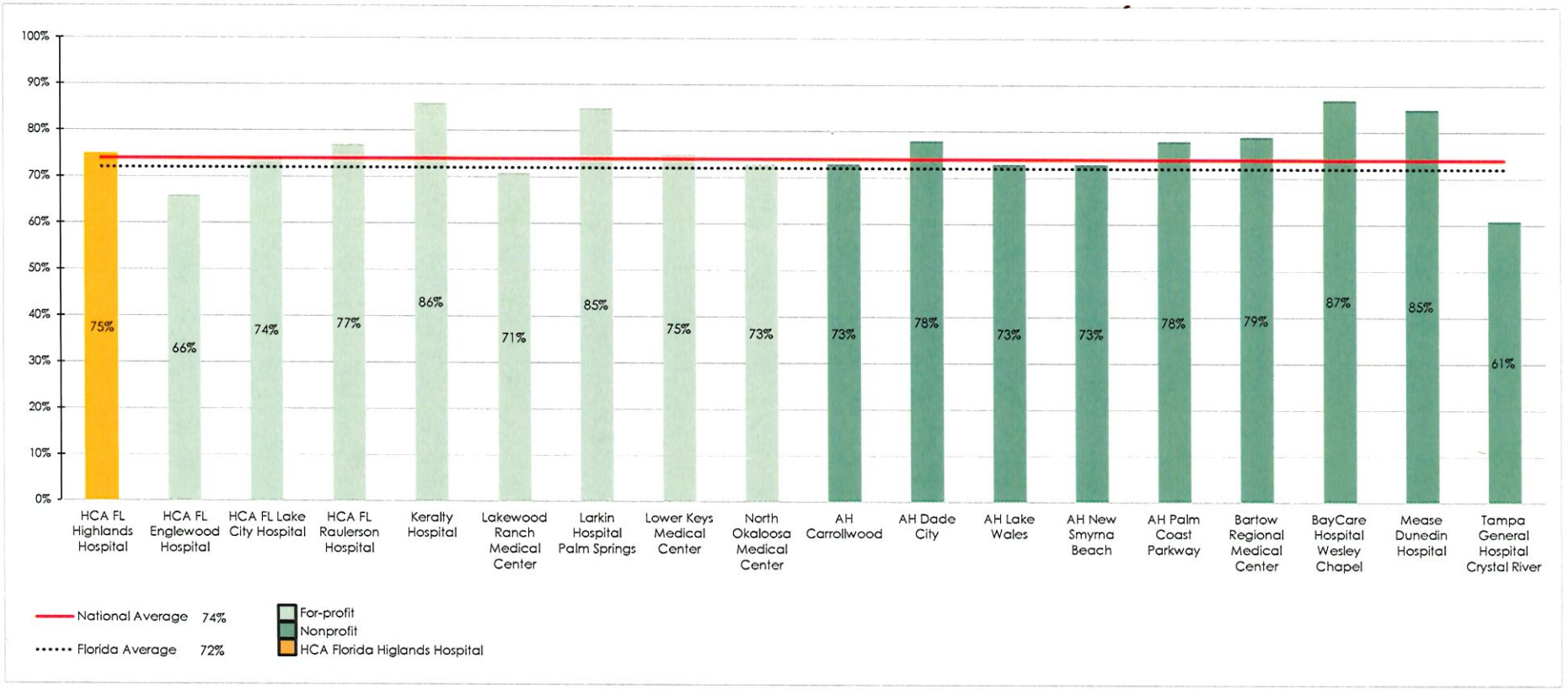
Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

HCAHPS: Patient Room Area was Always Kept Quiet at Night



Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

HCAHPS: Patient Room and Bathroom Always Kept Clean



Source: CMS Survey of patient experience - HCAHPS; data.cms.gov, accessed May 2026

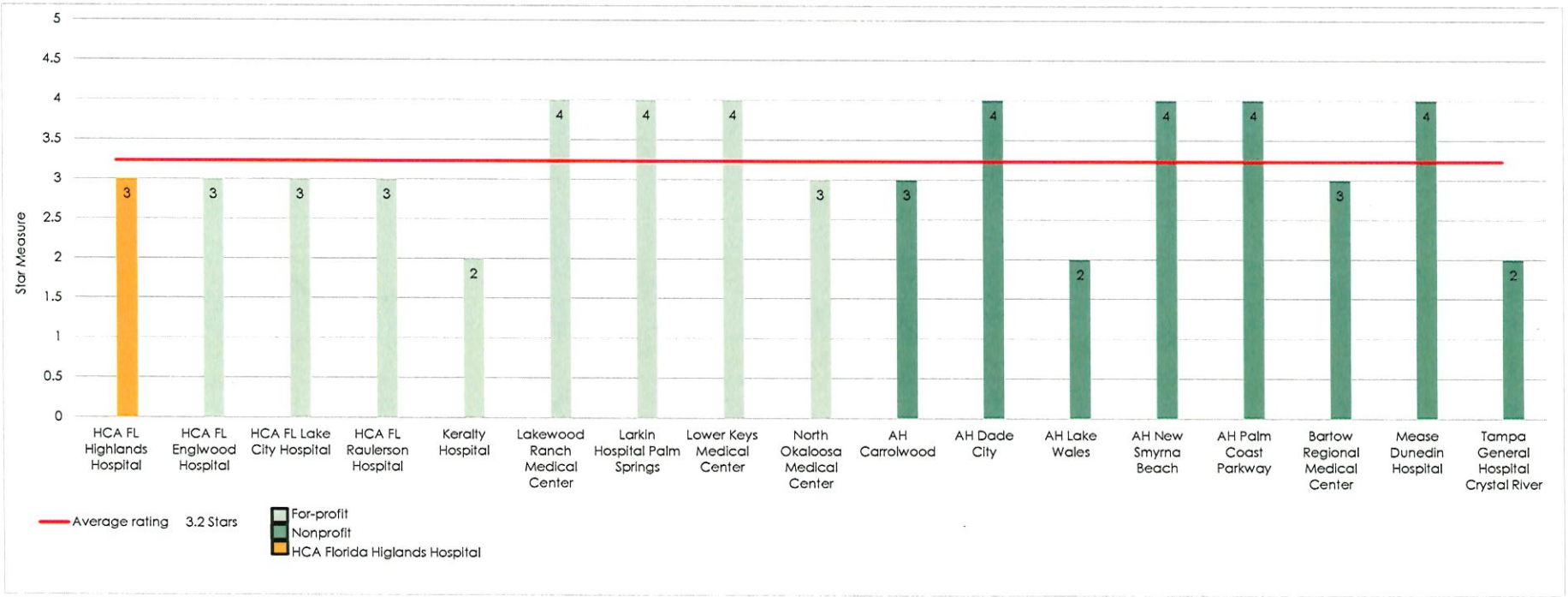
CMS Overall Hospital Rating Comparison

The CMS Overall Hospital Rating is a 1–5 star measure that summarizes a hospital's overall quality and helps patients compare hospitals. Ratings are based on performance across mortality, safety of care, readmissions, patient experience, and timely and effective care, using standardized quality measures reported to the Centers for Medicare & Medicaid Services (CMS). Source: Centers for Medicare & Medicaid Services (CMS), Hospital General Information / Overall Hospital Quality Star Rating (Care Compare & Provider Data Catalog).

Observations:

In aggregate, the Hospital's overall rating is generally consistent with that of for-profit and non-profit peers.

Comparsion of Overall Hospital Ratings



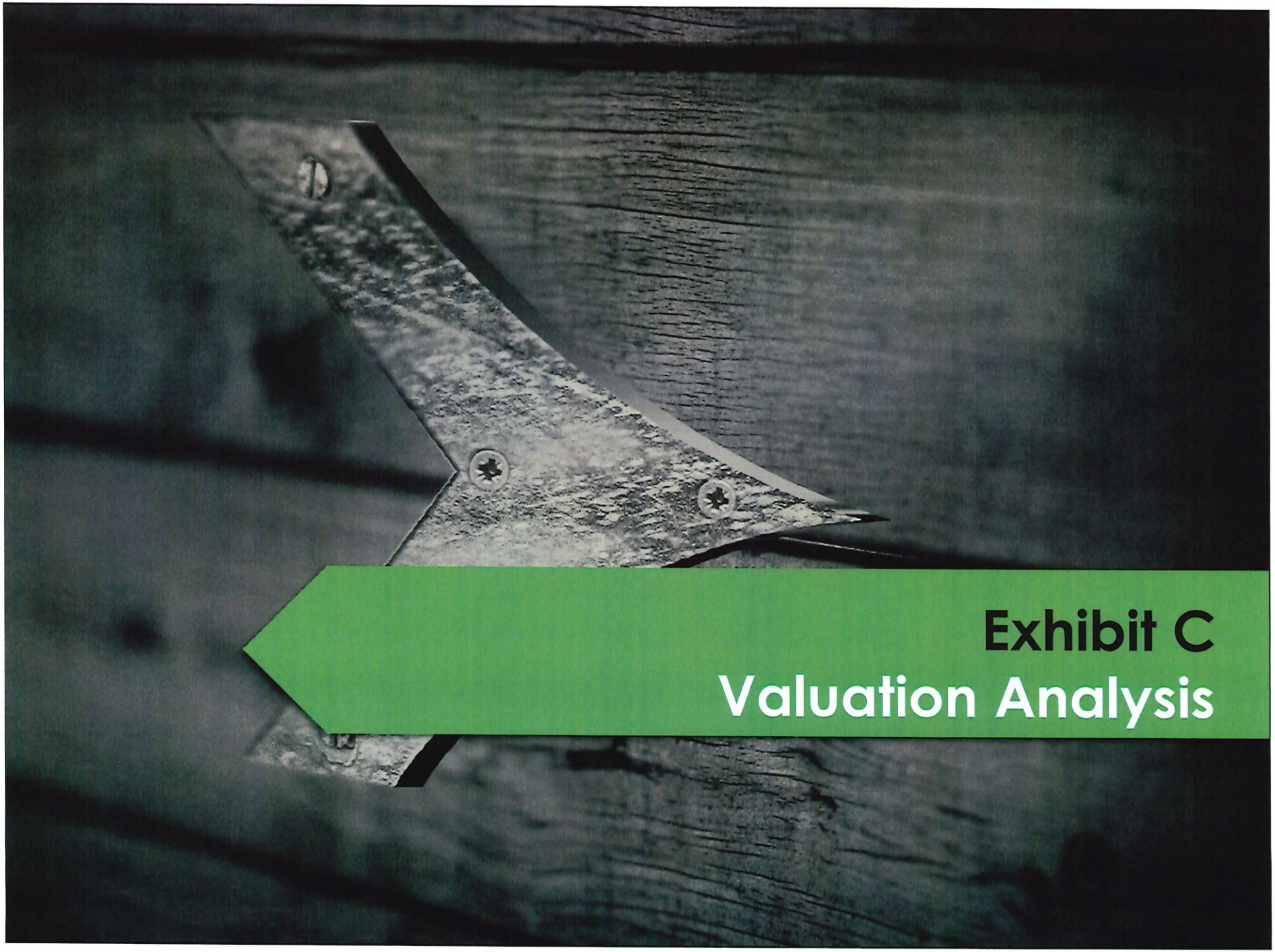


Exhibit C
Valuation Analysis

EXHIBIT

2

AHCA Survey History

HCA Florida Highlands Hospital and AdventHealth Sebring

Summary of routine surveys and complaint inspections

Search Page > Provider Results

Click 'Select' to display a document.

Export Results
Understanding Inspection Reports
Inspection Details for This Provider
(Inspection Data from January 1, 2008 to present)
FloridaHealthFinder Profile

Search Criteria Selected:
Provider Name: HCA FLORIDA HIGHLANDS HOSPITAL
Provider Type: Hospital

This website utilizes popup windows that may not open correctly if blocked.
Please check your browser popup blocker settings if you have trouble viewing documents.

The Statement of Deficiencies Public Record Search displays a complete list of inspections. Documents on this page are redacted per 45 Code of Federal Regulations (CFR) 164.514 through the use of an automated redaction software, which may over-redact to protect from the potential release of confidential information. Manually redacted documents can be obtained by contacting the Public Records Office at PublicRecordsReq@ahca.myflorida.com.

1 2 3 4 5 6

	Inspection Type	Document Type	Visit Date	Pages	Inspection Status
Select	Complaint	Statement of Deficiencies	07/28/2026	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	06/12/2026	2	No Deficiencies
Select	Complaint	Statement of Deficiencies	05/29/2026	1	Deficiencies Corrected
Select	Fire/Life/Safety	Statement of Deficiencies	12/18/2025	2	Deficiencies Corrected
Select	Fire/Life/Safety	Statement of Deficiencies	11/03/2025	4	Deficiencies Cited
Select	Fire/Life/Safety	Statement of Deficiencies	10/07/2025	12	Deficiencies Cited
Select	Complaint	Statement of Deficiencies	08/25/2025	2	Deficiencies Corrected
Select	Complaint	Statement of Deficiencies	07/24/2025	2	No Deficiencies
Select	Complaint	Statement of Deficiencies	06/23/2025	5	Pending
Select	Complaint	Statement of Deficiencies	06/23/2025	2	Deficiencies Corrected

1 2 3 4 5 6

Return to Provider Results

Search Page > Provider Results

Click 'Select' to display a document.

Export Results
Understanding Inspection Reports
Inspection Details for This Provider
(Inspection Data from January 1, 2008 to present)
FloridaHealthFinder Profile

Search Criteria Selected:
Provider Name: HCA FLORIDA HIGHLANDS HOSPITAL
Provider Type: Hospital

This website utilizes popup windows that may not open correctly if blocked.
Please check your browser popup blocker settings if you have trouble viewing documents.

The Statement of Deficiencies Public Record Search displays a complete list of inspections. Documents on this page are redacted per 45 Code of Federal Regulations (CFR) 164.514 through the use of an automated redaction software, which may over-redact to protect from the potential release of confidential information. Manually redacted documents can be obtained by contacting the Public Records Office at PublicRecordsReq@ahca.myflorida.com.

1 2 3 4 5 6

	Inspection Type	Document Type	Visit Date	Pages	Inspection Status
Select	Complaint	Statement of Deficiencies	01/14/2024	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	06/01/2023	1	No Deficiencies
Select	Fire/Life/Safety	Statement of Deficiencies	05/09/2023	1	No Deficiencies
Select	Fire/Life/Safety	Statement of Deficiencies	04/04/2023	1	Deficiencies Corrected
Select	Fire/Life/Safety	Statement of Deficiencies	02/09/2023	5	Deficiencies Cited
Select	Complaint	Statement of Deficiencies	06/24/2021	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	06/24/2021	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	02/10/2021	1	Deficiencies Corrected
Select	Complaint	Statement of Deficiencies	01/07/2021	3	Deficiencies Cited
Select	Fire/Life/Safety	Statement of Deficiencies	12/08/2020	1	No Deficiencies

1 2 3 4 5 6

Return to Provider Results

Click 'Select' to display a document.

Export Results
Understanding Inspection Reports
Inspection Details for This Provider
(Inspection Data from January 1, 2008 to present)
FloridaHealthFinder Profile

Search Criteria Selected:
Provider Name: ADVENTHEALTH SEBRING
Provider Type: Hospital

This website utilizes popup windows that may not open correctly if blocked.
Please check your browser popup blocker settings if you have trouble viewing documents.

The Statement of Deficiencies Public Record Search displays a complete list of inspections. Documents on this page are redacted per 45 Code of Federal Regulations (CFR) 164.514 through the use of an automated redaction software, which may over-redact to protect from the potential release of confidential information. Manually redacted documents can be obtained by contacting the Public Records Office at PublicRecordsReq@ahca.myflorida.com.

1 2 3 4 5 6 7 8

	Inspection Type	Document Type	Visit Date	Pages	Inspection Status
Select	Complaint	Statement of Deficiencies	07/27/2026	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	04/13/2026	1	No Deficiencies
Select	Fire/Life/Safety	Statement of Deficiencies	01/26/2026	1	Deficiencies Corrected
Select	Fire/Life/Safety	Statement of Deficiencies	12/19/2025	2	No Deficiencies
Select	Fire/Life/Safety	Statement of Deficiencies	11/06/2025	5	Deficiencies Cited
Select	Complaint	Statement of Deficiencies	08/02/2024	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	03/13/2024	1	No Deficiencies
Select	Fire/Life/Safety	Statement of Deficiencies	08/17/2023	1	Deficiencies Corrected
Select	Complaint	Statement of Deficiencies	07/18/2023	2	No Deficiencies
Select	Fire/Life/Safety	Statement of Deficiencies	07/06/2023	6	Deficiencies Cited

1 2 3 4 5 6 7 8

Return to Provider Results

Exhibit 2

Click 'Select' to display a document.

Export Results
Understanding Inspection Reports
Inspection Details for This Provider
(Inspection Data from January 1, 2008 to present)
FloridaHealthFinder Profile

Search Criteria Selected:
Provider Name: ADVENTHEALTH SEBRING
Provider Type: Hospital

This website utilizes popup windows that may not open correctly if blocked.
Please check your browser popup blocker settings if you have trouble viewing documents.

The Statement of Deficiencies Public Record Search displays a complete list of inspections. Documents on this page are redacted per 45 Code of Federal Regulations (CFR) 164.514 through the use of an automated redaction software, which may over-redact to protect from the potential release of confidential information. Manually redacted documents can be obtained by contacting the Public Records Office at PublicRecordsReq@ahca.myflorida.com.

1 2 3 4 5 6 7 8

	Inspection Type	Document Type	Visit Date	Pages	Inspection Status
Select	Complaint	Statement of Deficiencies	12/21/2022	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	12/21/2022	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	04/07/2022	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	04/07/2022	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	04/07/2022	1	No Deficiencies
Select	Complaint	Statement of Deficiencies	02/16/2022	2	Deficiencies Cited
Select	Fire/Life/Safety	Statement of Deficiencies	02/10/2022	1	Deficiencies Corrected
Select	Complaint	Statement of Deficiencies	10/07/2021	1	No Deficiencies
Select	Fire/Life/Safety	Statement of Deficiencies	06/22/2021	8	Deficiencies Cited
Select	Complaint	Statement of Deficiencies	04/29/2021	1	No Deficiencies

1 2 3 4 5 6 7 8

Return to Provider Results

EXHIBIT

3

AHCA Settlement Agreement

HCA Florida Highlands Hospital

Final order, notice of intent to impose fine, and settlement agreement

Exhibit 3

Search Page

Click 'Select' to display a document.

Search Criteria Selected:

Document Type: ALL
Party Name: HCA Florida Highlands Hospital

Export Results
FloridaHealthFinder.gov

This website utilizes popup windows that may not open correctly if blocked.
Please check your browser popup blocker settings if you have trouble viewing documents.

	Document Type	Provider	AHCA Case Number	Formal/Informal Case Number	Date_Rendered
Select	Settlement Agreements	HCA Florida Highlands Hospital	2025015921		4/14/2026

Return to Search Page

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA No. 202501592I

SEBRING HEALTH SERVICES, LLC d/b/a HCA FLORIDA HIGHLANDS HOSPITAL,

RENDITION NO.: AHCA-26 - 221 -S-OLC

Respondent.

_____/

FINAL ORDER

THIS CAUSE came on for consideration before the Agency for Health Care Administration ("the Agency"), which finds and concludes as follows:

1. The Agency issued the attached Notice of Intent to Impose Fine and Election of Rights form to the Respondent. (Ex. 1) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)

2. The Respondent shall pay the Agency $14,000.00 within 30 days of the entry of this Final Order. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Central Intake Unit
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 61
Tallahassee, Florida 32308

ORDERED at Tallahassee, Florida, on this 14th day of April, 2026.

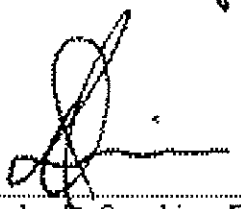
Kimberly R. Smoak, Deputy Secretary
Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 14th day of April, 2026.



Douglas E. Sunshine, B.C.S., Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 3
Tallahassee, Florida 32308
Telephone: (850) 412-3630

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Maurice T. Boetger, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Stephen A. Ecenia, Esquire Rutledge Ecenia, P.A. 119 South Monroe St., Suite 202 Tallahassee, FL. 32301 seecnia@rutledge-ecenia.com (Electronic Mail)

RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

April 8, 2026

ELECTRONIC MAIL
scecnia@rutledge-ecenia.com

Stephen A. Ecenia, Esquire
Counsel for the provider
Rutledge Ecenia, P.A.
119 South Monroe St., Suite 202
Tallahassee, FL 32301

RE: Sebring Health Services, LLC d/b/a
HCA Florida Highlands Hospital
AHCA No. 2025015921

NOTICE OF INTENT TO IMPOSE FINE

Pursuant to Section 395.1041 and/or Section 395.1065, Florida Statutes, a fine of $14,000.00 is imposed on the provider due to the alleged non-compliance with the regulatory requirements as found during a survey on or about May 12-15, 2025. A copy of the survey findings was delivered to the provider shortly after the survey was concluded. During the survey, the Agency surveyors determined that the provider allegedly failed to comply with Florida Administrative Code Rule 59A-3.254(1)(a),(b) (Tag H0019), Florida Administrative Code Rule 59A-3.254(1)(c),(d) (Tag H0020), Florida Administrative Code Rule 59A-3.254(1)(e), (Tag H0021), Section 395.1041(3)(f), Florida Statutes (Tag H0063), Section 395.0197(1)(a), Florida Statutes (Tag H0402), and Section 395.1041(3)(a)-(c), Florida Statutes (Tag H0503).

NOTICE OF RIGHTS

Pursuant to Section 120.569, F.S., any party has the right to request an administrative hearing by filing a request with the Agency Clerk. In order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), F.S., however, a party must file a request for an administrative hearing that complies with the requirements of Rule 28-106.2015, Florida Administrative Code. Specific options for requesting an administrative hearing are set out in the attached Election of Rights form.

The Election of Rights form or request for hearing must be filed with the Agency Clerk for the Agency for Health Care Administration within 21 days of the day that the Notice of Intent is received. If the Election of Rights form or request for hearing is not timely received by the Agency Clerk by 5:00 p.m. Eastern Time by the 21st day, the right to a hearing will be waived. The Election of Rights form shall be addressed to: Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 3, Tallahassee, FL 32308; Telephone (850) 412-3630, Facsimile (850) 921-0158; E-File Website: http://apps.ahca.myflorida.com/Efile.

EXHIBIT "1"

Any party who appears in an Agency proceeding has the right, at the party's own expense, to be accompanied, represented, and advised by counsel or other qualified representative. Mediation under Section 120.573, F.S., is available if the Agency agrees, and if available, the pursuit of mediation will not adversely affect the right to administrative proceedings in the event mediation does not result in a settlement.

PLEASE SEE THE ATTACHED ELECTION OF RIGHTS FORM.

Maurice F. Boetger, Senior Attorney
Office of General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, FL 32308
Telephone: (850) 412-3536
Facsimile: (850) 922-6484
E-Mail: Maurice.Boetger@ahca.myflorida.com

Enclosure

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Sebring Health Services, LLC
d/b/a HCA Florida Highlands
Hospital
AHCA No. 202501592I

ELECTION OF RIGHTS

This Election of Rights form is attached to the Notice of Intent. The Election of Rights form may be returned by mail, facsimile transmission, or electronic filing, but must be received by the Agency Clerk within 21 days, by 5:00 pm, Eastern Time, from the day you received the Notice of Intent. If your Election of Rights form or request for hearing is not received by the Agency Clerk within 21 days from the day you received the Notice of Intent, you will have waived your right to contest the proposed agency action and a Final Order will be issued imposing the fine alleged in the Notice of Intent.

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.) Please return your Election of Rights form to this address:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Telephone: 850-412-3630
Facsimile: 850-921-0158
E-File Website: http://apps.ahca.myflorida.com/Efile

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I waive the right to a hearing to contest the allegations of fact and conclusions of law alleged in the Notice of Intent. I understand that by waiving the right to a hearing, a Final Order will be issued that adopts the allegations of fact and conclusions of law alleged in the Notice of Intent and imposes the fine sought in the Notice of Intent.

OPTION TWO (2) _____ I do not dispute the allegations of fact alleged in the Notice of Intent, but wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed fine is too severe and should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact alleged in the Notice of Intent and request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You must also file a written request for formal hearing in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. The request for formal hearing must be received by the Agency Clerk at the address above within 21 days from the day you received this Notice of Intent. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

(a) The name, address, any e-mail address, telephone number, and facsimile number, if any, of the respondent, if the respondent is not represented by an attorney or qualified representative.
(b) The name, address, e-mail address, telephone number, and facsimile number of the attorney or qualified representative of the respondent, if any, upon whom service of pleadings and other papers shall be made.
(c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.
(d) A statement of when the respondent received notice of the administrative complaint.
(e) A statement including the file number to the administrative complaint.

Licensee Name: .....

Contact Person: ..... Title: .....

Address: .....
Number and Street City Zip Code

Telephone No. ..... Fax No. .....

E-Mail Address: .....

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

vs. AHCA No. 202501592I

SEBRING HEALTH SERVICES, LLC d/b/a HCA FLORIDA HIGHLANDS HOSPITAL,

Respondent.
_____/

SETTLEMENT AGREEMENT

The Petitioner, State of Florida, Agency for Health Care Administration ("the Agency") and the Respondent, Sebring Health Services, LLC d/b/a HCA Florida Highlands Hospital ("the Respondent"), pursuant to Section 120.57(4), Florida Statutes, enter into this Settlement Agreement ("this Agreement") and agree as follows:

WHEREAS, the Agency is the licensing and regulatory authority that oversees hospitals pursuant to Chapters 395 and 408, Florida Statutes, and Chapter 59A-3, Florida Administrative Code; and

WHEREAS, the Respondent was issued a license to operate a hospital in Florida, and

WHEREAS, the Agency served the Respondent a Notice of Intent to Impose Fine seeking to impose a fine of $14,000.00; and

WHEREAS, the parties have negotiated and agreed that the best interest of all the parties will be served by a settlement of this matter; and

NOW THEREFORE, in consideration of these mutual promises and recitals, the parties intending to be legally bound, agree as follows:

EXHIBIT "2"

1. All recitals are true and correct and incorporated into this Agreement.

2. The "whereas" clauses are binding findings on the parties.

3. Upon full execution of this Agreement, the Respondent agrees to waive any and all appeals and proceedings to which it may be entitled, including, but not limited to, an informal proceeding under Section 120.57(2), Florida Statutes, a formal proceeding under Section 120.57(1), Florida Statutes, and appeals under Section 120.68, Florida Statutes, and agrees to waive compliance with the form of the Final Order (findings of fact and conclusions of law) to which it may be entitled. Provided, however, that this Agreement shall not be deemed a waiver by either party of its right to the judicial enforcement of this Agreement.

4. Upon full execution of this Agreement, the Respondent agrees to pay the Agency $14,000.00 within 30 days of the entry of the Final Order adopting this Agreement.

5. Venue for any action brought to enforce or challenge the terms of this Agreement, or the Final Order adopting this Agreement, shall lie solely in the State Circuit Court in Leon County, Florida.

6. By executing this Agreement, the Respondent denies the allegations set forth in the Notice of Intent to Impose Fine but recognizes that the Agency continues in good faith to assert the validity of the allegations raised in the Notice of Intent to Impose Fine. The Agency agrees that it will not impose any further penalty against the Respondent as a result of the survey identified in the Notice of Intent to Impose Fine, however, this Agreement shall not preclude the Agency from imposing a penalty against the Respondent for any deficiency or violation of statute or rule identified in any future survey of the Respondent. Furthermore, this Agreement shall not preclude the Agency from using the deficiencies from the survey identified in the Notice of Intent to Impose Fine in any decision regarding licensure of the Respondent. In the

event the Agency takes such action in the future, nothing in this Agreement shall serve as a waiver of the Respondent's rights under Chapter 120, Florida Statutes, or other applicable law.

7. Upon full execution of this Agreement, the Agency shall enter a Final Order adopting and incorporating the terms of this Agreement and closing the above-styled case.

8. Each party shall bear its own costs and attorney's fees.

9. This Agreement shall become effective on the date upon which it is fully executed by all parties designated below.

10. The Respondent for itself and for its related or resulting organizations, its successors or transferees, attorneys, and heirs, discharges the Agency, its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses, and expenses, of any and every nature whatsoever, arising out of or in any way related to this matter and the Agency's actions, including, but not limited to, any claims that were or may be asserted in any federal or state court or administrative forum, including any claims arising out of this Agreement, by or on behalf of the Respondent or related facilities.

11. This Agreement is binding upon all parties and those identified in the above paragraph of this Agreement.

12. In the event that the Respondent was a Medicaid provider at the subject time of the occurrences alleged in the Notice of Intent to Impose Fine, this Agreement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

13. The undersigned have read and understand this Agreement and have authority to bind their respective principals.

14. This Agreement incorporates the entire understandings and agreements of the

parties. This Agreement supersedes any prior oral or written agreements between the parties. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

15. The parties agree that a facsimile signature suffices for an original signature.

The following representatives acknowledge that they are duly authorized to enter into this Agreement.

Kimberly R. Smoak, Deputy Secretary
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308

DATED: 4/15/2026

Name: Henry Cuesta
Title: CEO
Sebring Health Services, LLC
d/b/a HCA Florida Highlands Hospital

DATED: 4/10/26

Glenn W. Rininger III, Acting General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

DATED: 4/15/2026

Maurice T. Boetger, Senior Attorney
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

DATED: 4/13/26

EXHIBIT

4

Minimum Qualifications, Background and Core Criteria

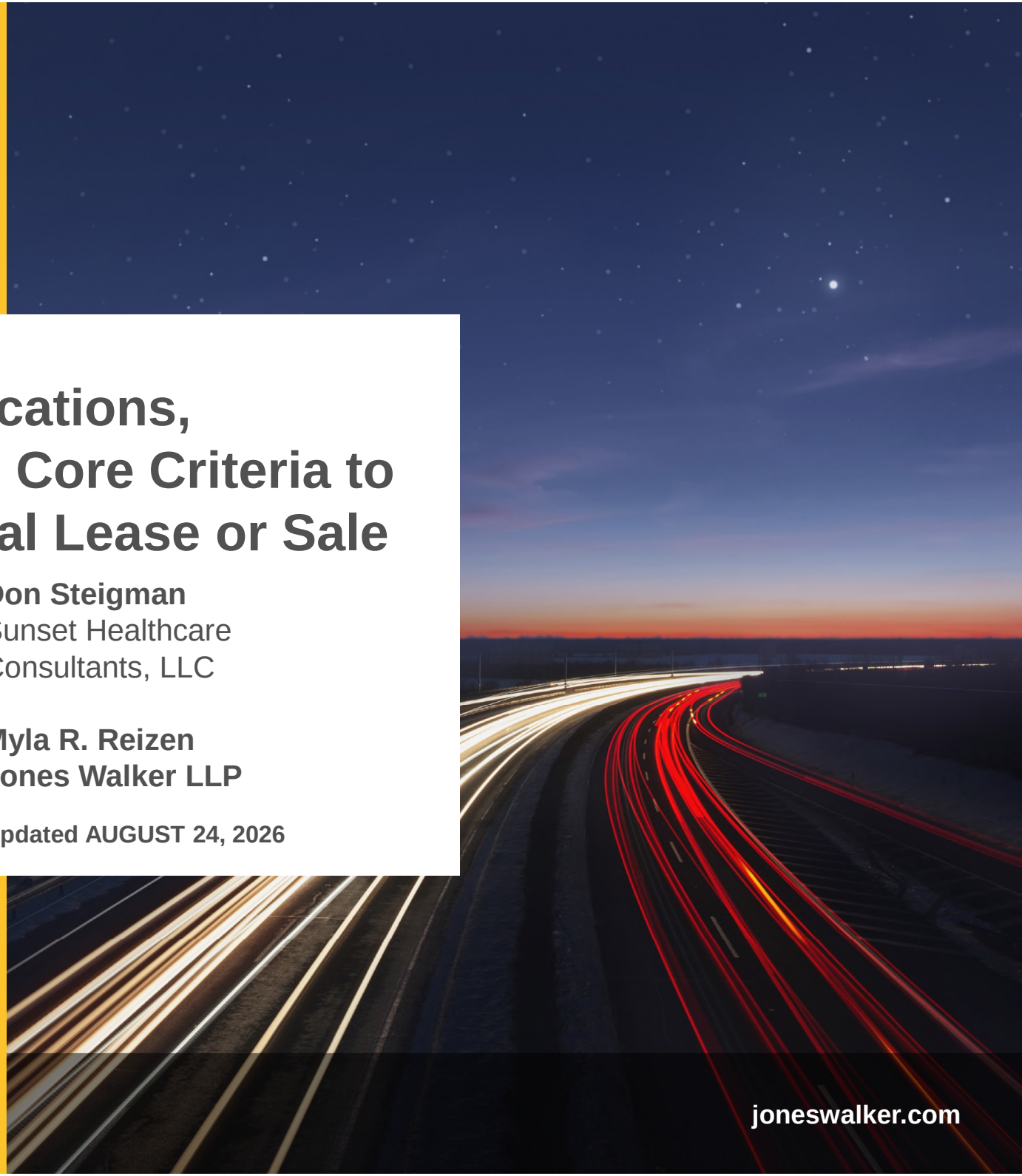
Evaluate Potential Lease or Sale

Prepared by Jones Walker LLP and Sunset Healthcare Consultants, LLC

Exhibit 4

JONES WALKER

Sunset Healthcare Consultants, LLC



Minimum Qualifications, Background and Core Criteria to Evaluate Potential Lease or Sale

Prepared for:
Highlands County Hospital District

Don Steigman
Sunset Healthcare Consultants, LLC

Myla R. Reizen
Jones Walker LLP

Updated AUGUST 24, 2026

Agenda

I. Minimum Qualifications of the Applicant

II. Background to be Completed by the Applicant

III. Core Criteria to Evaluate Potential Lease or Sale

MINIMUM QUALIFICATIONS OF THE APPLICANT

I. Minimum Qualifications of the Applicant

Minimum Qualifications to be demonstrated with the proposal:

- Organization currently operates an acute care hospital in Florida
- Organization has a presence in Florida for over 10 years
- Hospital(s) are licensed by Agency for Health Care Administration
- Hospital(s) are Medicare certified and enrolled with Medicaid
- Hospital(s) are accredited by The Joint Commission on the Accreditation of Healthcare Organizations
- Organization is capable of establishing and maintaining transfer agreements with Level I and/or II trauma center(s)

I. Minimum Qualifications of the Applicant (continuation)

- Proven financial stability with documented capital to successfully operate and invest in a hospital on a long-term basis
- Experience with rural hospital(s)

BACKGROUND TO BE COMPLETED BY THE APPLICANT

II. Background to be Completed by the Applicant

1. Current Organization Overview of the Applicant
2. Interest & Benefit in Proposed Transaction
3. Current Operational Overview of the Applicant.

1. Current Organization Overview of the Applicant

- Overview of organization, including its history, current and future plans
- Location of organization and facilities with a focus on Florida and proximity to HCH
- Depth/breadth of services, including number of acute, post-acute and other providers. For hospitals, include the type of hospital, number of beds, location
- Focus on rural providers, historic and future initiatives
- Top 5 recent Initiatives of organization
- Culture & Mission of organization

2. Interest & Benefit in Proposed Transaction

- Reason for Lease or Purchase of HCH, including benefits to future organization
- Proposed transaction, including Lease or Purchase, and proposed term of Lease
- Proposed integration of HCH into current organization
- Similar transactions for the organization, including type of arrangement, year, services added or eliminated, any access improvements, and success of integration
- Benefits to HCH by transaction proposed above, including enhancement and addition of services and access

3. Current Operational Overview of the Applicant

- Operational metrics, such as Total Net Revenue, Net Patient Revenue, EBIDTA, Operating Income
- Debt rating
- Quality metrics, including CMS and AHCA
- National and regional rankings of organization, including organization and service line
- Community involvement, including community programs

CORE CRITERIA TO EVALUATE POTENTIAL LEASE OR SALE

III. Core Criteria to Evaluate Potential Lease or Sale

1. Quality
2. Governance, Compliance and Integrity
3. Services
4. Care Delivery
5. Commitment to Community
6. Employees, Physicians & Community Partners
7. Investment

1. Quality

- History of quality initiatives for the organization (including results)
- Future quality initiatives for HCH (and any data analysis to determine need)
- Enhance the clinical quality of current services and programs
- Data scores for the organization, including CMS metrics (CMS star ratings, core measure, and HCAHPS scores) and AHCA scores
- Current priorities and accomplishments, including measurement
- Current infrastructure and resources in organization to support quality
- Commitment of infrastructure and resources to Highlands County Hospital

1. Quality (continuation)

- Commitment to specific quality targets and timeframe for commitment
- Collaborative efforts to improve quality in rural settings
- Findings of recent surveys, settlements, state survey results, accreditation survey findings and subsequent resolution of any corrective action plans at rural settings
- Malpractice history
- Settlements (not involving malpractice) for amounts to exceed $50,000 individually and collectively

2. Governance, Compliance and Integrity

- Current governance structure and process
- Proposed governance structure and process in HCH
- Compliance program for the organization, including inception date and quality as an element
- Ethics program for the organization, including inception date
- Privacy and IT Security Program for the organization, including inception date
- Violation of law determined by government entity, AHCA, CMS (materiality)

2. Governance, Compliance and Integrity (continuation)

- Self-disclosures to the government in past 5 years
- Agreements the organization entered into with the government in past 5 years, including Corporate Integrity Agreement(s)
- Awards or accolades associated with compliance, ethics and integrity

3. Services

Baseline Services to be Provided at HCH

Services	Description
General med/surg	Inpatient Care
Critical Care Medicine	ICU Unit
Radiology	Biopsy Breast Imaging CT Scan Echocardiogram Fluoroscopy Interventional Radiology MRI Nuclear Medicine PET/CT Scan Ultrasound X-Ray

3. Services (continuation)

Baseline Services to be Provided at HCH

Services	Description
GI Service	
Emergency Dept.	
Cardiology	Routine Cardiology Cardiac Catheterization
Laboratory Services	All to be provided
Nephrology	
Neurology	Stroke Care
Orthopedic Services	
Pharmacy	

3. Services (continuation)

Baseline Services to be Provided at HCH

Services	Description
Primary Care	Family Practice Internal Medicine
Pulmonology	
Rehabilitative Services	Occupational Therapy Outpatient Services Physical Therapy Speech Therapy
Respiratory Care	
Surgical Services	General Vascular ENT Orthopedic Ophthalmology

3. Services (continuation)

- Proposed services to be provided on-site and/or remote. Specify services that would be provided remotely.
- Proposed services to be provide full-time, part-time, including call coverage
- Commitment to current services and commitment to current access to care
- Potential challenges to address the needs of this service area and plans to address
- Commitment to future growth of services and access to care
- Community Awareness of Hospital and Services for HCH

4. Care Delivery

- Care delivery model, e.g. hub and spoke model
- Proposed telehealth services to be provided to HCH
- Experience with transfers of patients between hospitals in rural markets, include quality outcomes
- Current network in area receiving transfers
- Number of anticipated transfers from HCH
- Relationship with other clinical providers in area, including receiving hospitals in area

4. Care Delivery (continuation)

- Quality of receiving hospitals from HCH, including data scores from Quality Section above
- Experience integrating rural hospitals
- Improvement of delivery of care to HCH by organization
- Emergency Preparedness
- Care coordination among various levels of care

5. Commitment to Community

- History of community involvement in areas where hospital(s) is currently located, including any data analysis to determine a need
- History of community involvement in any rural settings, including any data analysis to determine a need
- Future plans for community involvement to Highlands County Hospital and Highlands County from a long-term commitment perspective and how was it determined
- Commitment to care of indigent patients and charity care in Highlands County; what is the current amount of care that is provided to indigent patients and charity care by the organization; This would include providing a policy for the organization currently and one that would apply to HCH.

5. Commitment to Community (continuation)

- Specialized programs that would be provided to the residents of Highlands County that improve the overall community; what are any specialized programs provided by the organization at this time
- History, including grants or contributions that would be made by the organization to the community; what are any grants or contributions that are currently provided by the organization at this time
- Programs that would provide preventative care to Highlands County; what are any programs currently provided by the organization
- History of community efforts and partnerships to target health outcomes

6. Employees, Physicians & Community Partners

- Commitment to current employees, including position and benefits
- Recruitment and retention of employees
- Development, education and training of employees
- Potential staff and provider shortage in area and steps to address (Commitment to address)
- Employee satisfaction scores
- Physician satisfaction scores
- Employment, retention and recruitment of high quality physicians
- Arrangements with Community Partners (including improvement of care in the community)
- Trends for recruitment and retention in rural markets

7. Investment

- Investment in routine and strategic capital
- Total Capital commitment: Years 1-5, Years 6-10, and Years 10 plus; this would include facilities, equipment, fixtures, IT-related software and hardware
- History of investment in technology, EMR and care coordination
- Proposed investment in technology, EMR and care coordination
- Detailed financial position of organization to support investments above