



**PURCHASE ORDER
COUNTY OF LAKE
COURT HOUSE
255 N. FORBES ST.
LAKEPORT, CA 95453**

DATE: July 15, 2022

Purchase
Order Number 9872-MH-2021

Reference Vendor 31194

This is an original order

Department No. 4014

Adventist Health St. Helena and Vallejo
1509 Wilson Terrace
PMT Building, Ste. 215
Glendale, CA 91206

Delivery Date completed

Delivery Point 255 N. Forbes St.
Lakeport, CA 95453

Quantity	Description	Unit Cost	Total
	48200752756	\$179.00	
	74908 (Bed days)	\$11,888.00	
	48200797317	\$1,276.00	
	48200779823	\$1,740.00	
	48200790521	\$1,392.00	
	48200767288	\$5,452.00	
	48200830944	\$696.00	
	48200841134	\$696.00	
	48200844575	\$1,160.00	
	48200844110	\$1,624.00	
	48200841490	\$696.00	
	48200827538	\$580.00	
	48200828752	\$1,044.00	
	48200827175	\$1,392.00	
	48700322942	\$812.00	
	48200828445	\$2,088.00	
	48200828469	\$1,624.00	
	48200841304	\$1,508.00	
	48200842198	\$348.00	
	48700330911	\$464.00	
	48700315146	\$696.00	
	48200819813	\$928.00	
	48200822084	\$232.00	
	48200824463	\$1,740.00	
	48200815410	\$928.00	
	48200809203	\$348.00	
	48200816168	\$1,160.00	

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48200812021	\$1,044.00
48700313836	\$812.00
48200807617	\$812.00
48200803116	\$1,044.00
48200802377	\$1,276.00
48200805167	\$1,740.00
48200818699	\$928.00
48200757763	\$2,668.00
48200743553	\$12,724.00
48200775388	\$1,392.00
48200771718	\$580.00
48200819524	\$812.00
48200828871	\$580.00
(Assistant) Purchasing Agent	TOTAL
	Signature:
	Name: Todd Metcalf, MPA
	Title: Director LCBHS

\$69,103.00

GENERAL CONDITIONS

The following provisions are hereby made a part of the Purchase Order contract and Vendor by his acceptance of this order agrees thereto:

1. No alteration in any of the terms, conditions, delivery, price quality, quantities, or specifications of this order will be effective without prior consent of the Purchasing Agent of the County of Lake.
2. No charges will be allowed for packing, wrapping bags, containers, reels, etc., unless otherwise specified.
3. Time of delivery is part of the essence of this contract and the order is subject to cancellation for failure to deliver on time.
4. For any exception to the delivery date as specified on this purchase order, the vendor shall give prior notification and obtain approval thereto from the Purchasing Agent of the County of Lake.
5. Materials purchased are subject to the approval of the County of Lake and if rejected are held subject to the Vendor's risk and expenses incurred for their return.
6. PURCHASE ORDER NUMBER MUST appear on all invoices, packing lists, packages, shipping notices, instruction manuals, and any correspondence.
7. ITEMIZED PACKING LIST shall be enclosed in each box or package.
8. All specifications and plans referred to in this order shall form a part of the contract.
9. The vendor warrants articles supplied under this contract to conform to specifications herein, to be fit and sufficient for the purpose manufactured, merchantable, of good material and workmanship, and free from defect.
10. Contractor's work under this Purchase Order shall be held in confidence and not disclosed by Contractor to any outside party.
11. The County of Lake must pay California state and local sales tax, unless purchase order specifically indicates exemption.
12. The County of Lake is exempt from Federal Excise and Transportation taxes, Exemption certificate will be furnished upon request.
13. Liens, Vendor, by accepting this purchase order, warrants and represents that the goods, wares or merchandise ordered herein are free and clear from all claims and liens of whatsoever nature.

Vendor provides acute inpatient psychiatric hospital services and professional services associated with acute inpatient psychiatric hospitalizations to clients referred by County. These services are provided pursuant to the laws and regulations of the State of California governing such programs. These services are provided at Vendor's facility, hereinafter called "Facility", and located at the following address: "7700 Folsom Blvd, Sacramento, CA 95826-2608."

Vendor provides staffing at the Facility twenty-four (24) hours per day, seven (7) days per week, and staffing will include all legally required care for clients, all in accordance with laws and regulations outlined in California Code of Regulations (CCR), Title 22, Divisions 2, and 6.

The following services listed under "Included Services" are included in the per diem rates, while services listed under "Non-Covered Services" are excluded from the per diem rates.

Included Services	Non-Covered Services
Clinical Laboratory Services	Ambulance Services
Dietary Services and Consultations	Autism/gram
Drug Screening	Bed/Bunkbed
Educational Services	Brain Mapping
Family Therapy	CAT Scan
Group Therapy	Chem X-ray
Involuntary Patient Care	Electrocardiography
Medical History and Physical Exam (Tech Comp)	Imitation Therapy
Pharmacy Services	MRI
Psychiatric Nursing Services	Psychological Testing
Recreation Services	Psychologist Services
Seclusion Rooms w/Special Observation	Psychiatrist
Social Services	Speech and Language
Urinalysis	Electroconvulsive Therapy
	Neurological Testing
	Electroencephalography