

# Exhibit “A”

## Winnie-Stowell Hospital District

## Balance Sheet

As of June 30, 2019

	<u>Jun 30, 19</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	708,495.17
101 Prosperity Bank -Checking	1,289.33
102 Prosperity Bank - CD#0447	106,930.21
104 Post Oak Bank - CD#9053	2,733,749.99
105 TexStar	680,389.90
107 Graham InterBank combined	
107.01b GIB 0228 DACA	250,000.00
107.01c GIB Collateral Funds	3,391,421.40
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Total 107 Graham InterBank combined	3,641,421.40
108 Allegiance Bank NH Combined	5,281,265.48
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Total Checking/Savings	13,153,541.48
<b>Other Current Assets</b>	
110 Sales Tax Receivable	116,206.43
114 Accounts Receivable NH	21,121,021.27
117 NH - QIPP Prog Receivable	
117.02 NH QIPP 2	4,609,107.04
117 NH - QIPP Prog Receivable - Other	1,433,509.52
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Total 117 NH - QIPP Prog Receivable	6,042,616.56
118 Prepaid Expense	3,775.00
119 Prepaid IGT	9,227,224.30
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Total Other Current Assets	36,510,843.56
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Total Current Assets	49,664,385.04
<b>Fixed Assets</b>	
120 Equipment	140,654.96
125 Accumulated Depreciation	-113,810.64
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Total Fixed Assets	26,844.32
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<b>TOTAL ASSETS</b>	<b>49,691,229.36</b>
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<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	5,281,082.44
201 NHP Accounts Payable	2,671,517.36
201.1 NH Payable - LTC	273,620.00
210.14 Loan Payable #14 QIPP 2	4,342,432.85
210.14 Loan Payable #15 QIPP 2	7,113,077.80
210.50 Allegiance Bk Ln 3 QIPP2	2,000,000.00
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	1,783.17
240 Accounts Payable NH	19,342,663.01
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Total Other Current Liabilities	41,026,539.94
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Total Current Liabilities	41,026,539.94
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Total Liabilities	41,026,539.94

# Winnie-Stowell Hospital District Profit & Loss Budget vs. Actual

As of June 30, 2019

Accrual Basis

	Jan - Jun 19	Budget	\$ Over Budget	% of Budget
<b>Income</b>				
400 Sales Tax Revenue	271,662.35	500,000.00	-228,337.65	54.3%
405 Investment Income	11,580.06	10,000.00	1,580.06	115.8%
409 Tobacco Settlement	9,838.50	11,500.00	-1,661.50	85.6%
415 Nursing Home - QIPP Program	12,059,856.00	23,350,738.00	-11,290,882.00	51.6%
<b>Total Income</b>	<b>12,352,936.91</b>	<b>23,872,238.00</b>	<b>-11,519,301.09</b>	<b>51.7%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	31,999.96	52,000.00	-20,000.04	61.5%
504 Admin-Administrators PR Tax	2,628.34	4,500.00	-1,871.66	58.4%
505 Admin-Board Bonds	50.00	250.00	-200.00	20.0%
515 Admin-Bank Service Charges	156.15	360.00	-203.85	43.4%
521 Professional Fees - Acctng	11,187.50	15,000.00	-3,812.50	74.6%
522 Professional Fees-Auditing	24,123.70	25,000.00	-876.30	96.5%
523 Professional Fees - Legal	6,000.00	65,000.00	-59,000.00	9.2%
550 Admin-D&O / Liability Ins.	10,476.00	15,000.00	-4,524.00	69.8%
560 Admin-Cont Ed, Travel	2,136.00	9,100.00	-6,964.00	23.5%
561 Admin-Cont Ed-Medical Pers.	900.90	8,500.00	-7,599.10	10.6%
562 Admin-Travel&Mileage Reimb.	1,238.88	600.00	638.88	206.5%
569 Admin-Meals	0.00	2,500.00	-2,500.00	0.0%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supplies/Post	3,443.86	6,800.00	-3,356.14	50.6%
572 Admin-Web Site	835.00	1,500.00	-665.00	55.7%
573 Admin-Copier Lease/Contract	1,248.28	1,800.00	-551.72	69.3%
575 Admin-Cell Phone Reimburse	900.00	1,800.00	-900.00	50.0%
576 Admin-Telephone/Internet	1,215.39	2,000.00	-784.61	60.8%
590 Admin-Election Cost	3,137.09	1,600.00	1,537.09	196.1%
591 Admin-Notices & Fees	1,671.93	500.00	1,171.93	334.4%
600 East Chambers ISD Partnersh	90,000.00	180,000.00	-90,000.00	50.0%
602 IC-WCH 1115 Waiver Prog	0.00	1,000,000.00	-1,000,000.00	0.0%
603a IC-Pharmaceutical Costs	50,356.15	85,000.00	-34,643.85	59.2%
604 IC-Non Hosp Cost-Other	0.00	10,000.00	-10,000.00	0.0%
604 IC-Non Hosp Costs UTMB	76,472.29	180,000.00	-103,527.71	42.5%
605 IC-Office Supplies/Postage	257.38	1,200.00	-942.62	21.4%
611 IC-Indigent Care Dir Salary	12,845.25	27,000.00	-14,154.75	47.6%
612 IC-Payroll Taxes -Ind Care	130.38	2,400.00	-2,269.62	5.4%
615 IC-Software	6,554.00	12,708.00	-6,154.00	51.6%
616 IC-Travel	114.66	550.00	-435.34	20.8%
617 IC -Youth Counseling	0.00	10,000.00	-10,000.00	0.0%
629 - Property Acquisition	0.00	100,000.00	-100,000.00	0.0%
630 NH Program-Mgt Fees	2,989,203.91	5,450,264.00	-2,461,060.09	54.8%
631 NH Program-IGT	6,505,349.60	12,450,207.00	-5,944,857.40	52.3%
633 NH Program-Acctg Fees	0.00	43,000.00	-43,000.00	0.0%
634 NH Program-Legal Fees	105,475.25	150,000.00	-44,524.75	70.3%
635 NH Program-LTC Fees	820,820.00	1,641,600.00	-820,780.00	50.0%
637 NH Program-Interest Expense	903,865.47	1,515,607.00	-611,741.53	59.6%
638 NH Program-Bank Fees & Misc	46.40			
653 Service Fee	0.00	100.00	-100.00	0.0%
<b>Total Expense</b>	<b>11,664,839.72</b>	<b>23,078,446.00</b>	<b>-11,413,606.28</b>	<b>50.5%</b>
<b>Net Income</b>	<b>688,097.19</b>	<b>793,792.00</b>	<b>-105,694.81</b>	<b>86.7%</b>

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07/16/19

Accrual Basis

Winnie-Stowell Hospital District

**Balance Sheet**

As of June 30, 2019

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	<u>Jun 30, 19</u>
Equity	
300 Net Assets, Capital, net of	59,503.44
310 Net Assets-Unrestricted	4,755,312.01
Retained Earnings	3,161,776.78
Net Income	688,097.19
	<hr/>
Total Equity	8,664,689.42
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<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>49,691,229.36</b>
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# WSHD Treasurer's Report and Supporting Documents

Reporting Date: Wednesday, July 17, 2019

Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$8,589.04	Prosperity Operating	\$716,045.54
Brookshire Brothers-Winnie	Indigent Care Medicare	\$0.00	Interbank (Restricted-Comp. 1 and Prepaid Int.)	\$3,641,321.40
Wilcox Pharmacy	Indigent Care	\$1,363.64	Interbank (Unrestricted)	\$100.00
UTMB at Galveston	Indigent Care	\$7,701.67	Prosperity CD	\$106,930.21
UTMB Faculty Group	Indigent Care	\$2,883.68	TexStar	\$680,389.90
Indigent Healthcare Solutions	IC Inv #68189	\$1,109.00	Allegiance Bank LOC (Available)	\$700,000.00
American Education Services	S Stern-Student Loan	\$150.14	Net Cash Position (less Interbank)	\$2,203,465.65
Benckenstein & Oxford	Inv # 49326	\$17,387.22	Pending Expenses	(\$42,127.96)
Hubert Oxford	1/2 Legal Retainer	\$500.00	Ending Balance	<b>\$2,161,337.69</b>
Josh Heinz	1/2 Legal Retainer	\$500.00	<b>Last Month</b>	
David Sticker	Inv #21286	\$1,656.25	Prosperity Operating	\$792,320.28
Hometown Press	Inv# 2079	\$128.06	Interbank-restricted	\$2,800,320.62
Seabreeze Beacon	Inv# 3720	\$159.26	Interbank-unrestricted	\$100.00
Prosperity Bank	Credit Card (ACH)	\$0.00	Prosperity CD	\$106,930.21
Function 4	Copier	\$0.00	TexStar	\$679,062.27
			Allgeiance Bank LOC (Available)	\$700,000.00
			Net Cash Position (less Interbank)	\$2,278,412.76
			Pending Expenses	(\$83,086.50)
			Ending Balance	<b>\$2,195,326.26</b>
<b>Total Pending Expenses</b>		<b>\$42,127.96</b>		

## Interbank Account Reconciliation

GIB Balance 7/16/2019	\$3,641,421.40
QIPP 2, Qtr 3 CP 1 Mar 2019	(\$1,008,264.45)
QIPP 2, Qtr 3 CP 1 Apr 2019	(\$1,050,964.48)
QIPP 2, Qtr 3 CP 1 May 2019	(\$1,001,377.93)
Accrual for Loan 14 Interest 4 Pmts @ 60,794.06 (June to Sept)	(\$182,382.18)
Accrual for Loan 15 Interest 5 Pmts @ 99,583.09 (June to Oct)	(\$398,332.36)
Balance to keep in GIB	(\$100.00)
	<b>\$0.00</b>

## Transactions Since Last Meeting

Date	To	For	Amount
6/28/2019	Salt Creek Capital	Loan 14-Int (Month 6 of 10)	(\$60,794.06)
6/28/2019	Salt Creek Capital	Loan 15-Int (Month 1 of 10)	(\$99,583.09)
7/7/2019	Allegiance Bank Interest	Interest	(\$5,833.33)
<b>Total Transactions Since Last Meeting</b>			<b>(\$160,377.15)</b>

**Upcoming Transactions**

Anticipated Date	For	Upcoming Transactions	Income	Expenses
7/18/2019-7/31/2019	MCO	QIPP 2, Qtr. 3; June Component 1 Payment	\$992,973.08	
7/18/2019-7/31/2019	MCO	Payment of QIPP 2, Qtr. 3, Component 2, 3, & Lapsing Funds	\$2,686,934.85	
7/18/2019-7/31/2019	Managers	Payment of Incentive Fees		(\$1,343,467.43)
7/31/2019	LTC Group	May, June & July 2019		(\$410,400.00)
7/31/2019	Salt Creek Capital	Loan 14-Interest (Month 8/10)		(\$60,794.06)
7/31/2019	Salt Creek Capital	Loan 15-Interest (Month 2/10)		(\$99,583.09)
8/8/2019	Allegiance Bank Interest			(\$8,533.00)

**Outstanding Short Term Revenue Note**

<b>Loan 14-Principle</b>	\$4,342,432.85				
<b>Interest</b>	16.80%				
<b>Fund Received</b>	11/29/2018				
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	1/2/2019	\$4,342,432.85	\$60,794.06	\$0.00	\$60,794.06
2	1/31/2019	\$4,342,432.85	\$60,794.06	\$0.00	\$60,794.06
3	2/28/2019	\$4,342,432.85	\$60,794.06	\$0.00	\$60,794.06
4	3/31/2019	\$4,342,432.85	\$60,794.06	\$0.00	\$60,794.06
5	4/30/2019	\$4,342,432.85	\$60,794.06	\$1,008,264.45	\$1,069,058.51
6	5/31/2019	\$4,342,432.85	\$60,794.06	\$1,050,964.48	\$1,111,758.54
7	6/30/2019	\$4,342,432.85	\$60,794.06	\$1,001,377.93	\$1,062,171.99
8	7/31/2019	\$4,342,432.85	\$60,794.06	\$992,973.08	\$1,053,767.14
Reserve	7/22/2019-7/31/2019	\$4,342,432.85	\$0.00	\$288,852.91	\$288,852.91
9	8/31/2019	\$4,342,432.85	\$60,794.06	\$0.00	\$60,794.06
10	9/30/2019	\$4,342,432.85	\$60,794.06	\$0.00	\$60,794.06
<b>Amount Paid</b>	9/30/2019	\$0.00	\$607,940.60	\$4,342,432.85	\$4,950,373.45
<b>Amount Remaining</b>				<b>\$0.00</b>	

**Outstanding Short Term Revenue Note**

<b>Loan 15-Principle</b>	\$7,113,077.80				
<b>Interest</b>	16.80%	<b>10 Months: \$1,009,253.89</b>		<b>Set Aside: \$504,626.95</b>	
<b>Fund Received</b>	5/29/2019				
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	6/29/2019	\$7,113,077.80	\$99,583.09	\$0.00	\$99,583.09
2	7/31/2019	\$7,113,077.80	\$99,583.09	\$0.00	\$99,583.09
3	8/29/2019	\$7,113,077.80	\$99,583.09	\$0.00	\$99,583.09
4	9/29/2019	\$7,113,077.80	\$99,583.09	\$0.00	\$99,583.09
5	10/29/2019	\$7,113,077.80	\$99,583.09	\$1,083,931.42	\$1,183,514.51
6	11/29/2019	\$7,113,077.80	\$99,583.09	\$1,090,704.44	\$1,190,287.53
7	12/29/2019	\$7,113,077.80	\$99,583.09	\$1,222,224.71	\$1,321,807.80
8	1/29/2020	\$7,113,077.80	\$99,583.09	\$1,231,424.35	\$1,331,007.44
Reserve	2/29/2020	\$7,113,077.80	\$0.00	\$85,159.65	\$85,159.65
9	2/28/2020	\$7,113,077.80	\$99,583.09	\$1,202,095.44	\$1,301,678.53
10	3/29/2020	\$7,113,077.80	\$99,583.09	\$1,197,537.79	\$1,297,120.88
<b>Amount Paid</b>	3/29/2020	\$0.00	<b>\$995,830.90</b>	<b>\$7,113,077.80</b>	<b>\$8,108,908.70</b>
<b>Amount Remaining</b>				<b>\$0.00</b>	<b>\$0.00</b>

**Allegiance Bank Line of Credit**

<b>Principle</b>	\$2,700,000.00	<b>Principle Balance Owed</b>	\$2,000,000.00		
<b>Interest</b>	3.25%	<b>LOC Funds Available</b>	\$700,000.00		
	<b>Date</b>	<b>Description</b>	<b>Withdrawal / Advance</b>	<b>Principle Payment</b>	<b>Interest</b>
	3/7/2019	Interest Payment			(\$5,444.45)
	4/7/2019	Interest Payment			(\$6,027.78)
	5/7/2019	Interest Payment			(\$5,833.33)
	6/7/2019	Interest Payment			(\$6,027.78)
	7/7/2019	Interest Payment			(\$5,833.33)
	8/7/2019	Interest Payment			
	8/30/2019	Principle Payment		\$1,007,497.35	
	9/7/2019	Interest Payment			
	9/30/2019	Principle Payment		\$992,502.65	

**District's Investments**

	<b>Amount</b>	<b>Percentage</b>	<b>From</b>	<b>To</b>	<b>Interest</b>
*CD at Allegiance Bank C.D. #9503	\$2,733,749.99	1.50%	6/1/2019	6/30/2019	\$33,749.99
CD at Prosperity (Qtr.) C.D. #0447	\$106,930.21	0.75%	6/1/2019	6/30/2019	Paid \$454.35 May 2019
Texstar C.D. #1110	\$680,389.90	1.90%	6/1/2019	6/30/2019	\$1,384.12

TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSDH TREASURER'S REPORT AND SUPPORTING DOCUMENTS CORRECT AND IN COMPLIANCE WITH THE

\_\_\_\_\_  
Edward Murrell,  
President

\_\_\_\_\_  
Robert "Bobby" Way  
Treasurer/Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\* Estimated amounts

WSHD Prosperity Checking Account Register (4431)  
June 19, 2019 to July 16, 2019

Date	Ref/Check	Description	Amount	Balance	Memo	Category
6/17/2019		Daily Ledger Bal		4,312.22		
6/26/2019		ACH Payment PROSPERITY BANK VISA PAY	-3,026.02	1,286.20		
6/26/2019		Daily Ledger Bal		1,286.20		
6/30/2019		Accr Earning Pymt Added to Account	3.13	1,289.33		
6/30/2019		Daily Ledger Bal		1,289.33		

WSHD Prosperity Checking Account Register (9409) New  
May 16, 2019 to June 18, 2019

Date	Ref/Check	Description	Amount	Balance	Memo	Category
				788,008.06		
6/24/2019		Daily Ledger Bal		730,414.26		
6/24/2019	2825	Check	-18,100.00	730,414.26		
6/24/2019	2827	Check	-500.00	748,514.26		
6/24/2019	2821	Check	-6,547.50	749,014.26		
6/24/2019	2820	Check	-32,446.30	755,561.76		
6/25/2019		Daily Ledger Bal		708,635.37		
6/25/2019	2830	Check	-10,034.00	708,635.37		
6/25/2019	2817	Check	-9,369.89	718,669.37		
6/25/2019	2828	Check	-2,375.00	728,039.26		
6/26/2019		Daily Ledger Bal		708,536.20		
6/26/2019	2824	Check	-99.17	708,536.20		
6/27/2019		Daily Ledger Bal		704,522.66		
6/27/2019	2822	Check	-1,109.00	704,522.66		
6/27/2019		ACH Payment INTUIT PAYROLL S QUICKBOX	-2,904.54	705,631.66		
6/28/2019	2823	Check	-150.14	703,872.52		
6/28/2019	2826	Check	-500.00	704,022.66		
6/30/2019		Daily Ledger Bal		704,365.34		
6/30/2019		Accr Earning Pymt Added to Account	492.82	704,365.34		
7/1/2019		Daily Ledger Bal		702,682.24		
7/1/2019	2819	Check	-1,683.10	702,682.24		
7/3/2019	2818	Check	-20.40	696,828.51		
7/3/2019	2832	Check	-5,833.33	696,848.91		
7/4/2019		Daily Ledger Bal		696,828.51		
7/9/2019		Daily Ledger Bal		681,828.51		
7/9/2019	995003	Check	-15,000.00	681,828.51		
7/10/2019		Daily Ledger Bal		680,103.97		
7/10/2019		ACH Payment IRS USATAXPYMT 2709591910	-1,724.54	680,103.97		
7/11/2019		Daily Ledger Bal		677,519.77		
7/11/2019		ACH Payment INTUIT PAYROLL S QUICKBOX	-2,584.20	677,519.77		
7/12/2019		Daily Ledger Bal		716,178.96		
7/12/2019		Deposit	134.87	716,178.96		
7/12/2019		ACH Deposit CPA STATE FISCAL INV-PAYM1	38,524.32	716,044.09		
7/16/2019		Daily Ledger Bal		716,045.54		
7/16/2019		ACH Payment LEASE DIRECT WEB PAY 6400	-133.42	716,045.54		



**GL Totals**

Issued 07/09/19

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 06/30/19-06/30/19

Vendor #: 65460

Brookshire Bros. Phar. (Winnie)

P.O. Box 1359

Winnie, TX 77665

GL #	Description	Amount
WSHD	Wshd	8,589.04
<b>Expenditures</b>		<b>8,589.04</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>8,589.04</b>

44 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
036-2458*65460*4	WSHD	04/29/2019	32.77	32.77
036-2458*65460*4	WSHD	06/03/2019	18.37	18.37
036-2458*65460*4	WSHD	06/06/2019	10.00	10.00
036-2458*65460*4	WSHD	06/29/2019	6.36	6.36
036-2475*65460*28	WSHD	06/29/2019	34.40	34.40
036-2475*65460*28	WSHD	06/29/2019	13.24	11.94
036-2475*65460*28	WSHD	06/29/2019	45.50	45.50
036-2475*65460*28	WSHD	06/29/2019	30.23	30.23
036-2475*65460*28	WSHD	06/29/2019	6.28	5.28
036-2547*65460*13	WSHD	06/05/2019	326.02	326.02
036-2547*65460*13	WSHD	06/06/2019	85.07	85.07
036-2547*65460*13	WSHD	06/05/2019	31.43	31.43
036-2749*65460*44	WSHD	06/08/2019	9.86	9.86
036-2749*65460*44	WSHD	06/08/2019	7.02	4.95
036-2749*65460*44	WSHD	06/10/2019	25.00	25.00
036-2749*65460*44	WSHD	06/11/2019	47.17	47.17
036-2749*65460*44	WSHD	06/11/2019	55.47	55.47
036-2749*65460*44	WSHD	06/01/2019	33.89	33.89
036-2815*65460*23	WSHD	06/01/2019	599.42	505.71
036-2815*65460*23	WSHD	06/01/2019	1,114.14	943.22
036-2945*65460*6	WSHD	06/19/2019	29.81	28.33
036-2945*65460*6	WSHD	06/19/2019	14.73	14.73
036-2945*65460*6	WSHD	06/19/2019	26.35	26.35
036-2945*65460*6	WSHD	06/19/2019	47.91	47.91
036-2945*65460*6	WSHD	06/14/2019	21.31	21.31
036-2945*65460*6	WSHD	06/14/2019	14.66	14.66
036-3213*65460*6	WSHD	06/22/2019	85.92	69.23
036-3213*65460*6	WSHD	06/25/2019	30.44	30.44
036-3213*65460*6	WSHD	06/25/2019	480.38	480.38
036-3430*65460*3	WSHD	06/07/2019	54.42	54.42
036-3432*65460*41	WSHD	06/24/2019	26.54	26.54
036-3432*65460*41	WSHD	06/05/2019	27.58	27.58
036-3432*65460*41	WSHD	06/05/2019	36.32	36.32
036-3432*65460*41	WSHD	06/05/2019	30.00	30.00

**GL Totals**

Issued 07/09/19

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 06/30/19-06/30/19

Vendor #: 65460

Brookshire Bros. Phar. (Winnie)  
P.O. Box 1359  
Winnie, TX 77665

Invoice #	GL #	Date in	Amt Billed	Amt Paid
036-3432*65460*41	WSHD	06/05/2019	6.08	6.08
036-3432*65460*41	WSHD	06/05/2019	6.46	6.46
1019*65460*34	WSHD	06/10/2019	55.59	55.59
1019*65460*34	WSHD	06/10/2019	15.84	15.84
1019*65460*34	WSHD	06/10/2019	12.00	12.00
1019*65460*34	WSHD	06/10/2019	12.00	12.00
1019*65460*34	WSHD	06/10/2019	36.32	36.32
1024*65460*32	WSHD	06/07/2019	21.00	21.00
1024*65460*32	WSHD	06/07/2019	7.14	7.14
1024*65460*32	WSHD	06/07/2019	7.67	7.67
1025*65460*15	WSHD	06/04/2019	161.39	161.39
1025*65460*15	WSHD	06/06/2019	25.00	25.00
1031*65460*12	WSHD	06/20/2019	12.59	12.59
1038*65460*31	WSHD	06/01/2019	231.00	231.00
1038*65460*31	WSHD	06/01/2019	145.07	145.07
1038*65460*31	WSHD	06/01/2019	29.47	19.25
1046*65460*27	WSHD	06/01/2019	33.77	33.77
1046*65460*27	WSHD	06/01/2019	10.00	10.00
1046*65460*27	WSHD	06/01/2019	36.32	36.32
1046*65460*27	WSHD	06/01/2019	34.52	34.52
1046*65460*27	WSHD	06/01/2019	30.84	30.84
1049*65460*27	WSHD	06/05/2019	42.60	42.60
1049*65460*27	WSHD	06/05/2019	6.36	6.36
1055*65460*12	WSHD	06/10/2019	12.95	12.95
1055*65460*12	WSHD	06/19/2019	53.67	53.62
1061*65460*16	WSHD	06/03/2019	7.37	7.37
1061*65460*16	WSHD	06/03/2019	7.14	7.14
1066*65460*9	WSHD	06/14/2019	26.08	26.08
1070*65460*6	WSHD	06/20/2019	8.22	5.40
1081*65460*9	WSHD	06/07/2019	12.00	12.00
1081*65460*9	WSHD	06/07/2019	120.77	120.77
1091*65460*16	WSHD	06/03/2019	541.00	456.05
1091*65460*16	WSHD	06/03/2019	10.96	10.75
1091*65460*16	WSHD	06/07/2019	50.42	50.42
1096*65460*13	WSHD	05/24/2019	15.00	15.00
1096*65460*13	WSHD	05/24/2019	6.10	6.10
1096*65460*13	WSHD	06/18/2019	13.75	13.75
1098*65460*14	WSHD	06/12/2019	33.89	33.89
1098*65460*14	WSHD	06/25/2019	158.00	158.00
1098*65460*14	WSHD	06/13/2019	194.27	91.39
1106*65460*11	WSHD	06/27/2019	12.65	12.65
1106*65460*11	WSHD	06/27/2019	6.56	6.56
1106*65460*11	WSHD	06/27/2019	15.23	15.23
1107*65460*10	WSHD	06/05/2019	5.54	5.54
1107*65460*10	WSHD	06/04/2019	29.40	29.40
1107*65460*10	WSHD	06/04/2019	42.60	42.60
1107*65460*10	WSHD	06/24/2019	30.98	30.98

**GL Totals**

Issued 07/09/19

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 06/30/19-06/30/19

Vendor #: 65460

Brookshire Bros. Phar. (Winnie)  
P.O. Box 1359  
Winnie, TX 77665

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1111*65460*6	WSHD	06/27/2019	110.38	72.33
1111*65460*6	WSHD	06/27/2019	16.58	16.58
1114*65460*6	WSHD	06/28/2019	6.07	6.07
1114*65460*6	WSHD	06/28/2019	17.46	17.46
1117*65460*6	WSHD	06/18/2019	242.50	242.50
1120*65460*4	WSHD	06/05/2019	160.71	160.71
1121*65460*5	WSHD	06/22/2019	15.57	15.57
1121*65460*5	WSHD	06/22/2019	10.26	10.26
1121*65460*5	WSHD	06/22/2019	9.22	9.22
1122*65460*5	WSHD	06/20/2019	5.96	5.96
1122*65460*5	WSHD	06/18/2019	12.00	12.00
1122*65460*5	WSHD	06/18/2019	12.00	12.00
1122*65460*5	WSHD	06/18/2019	25.00	25.00
1123*65460*7	WSHD	06/07/2019	747.54	631.61
1123*65460*7	WSHD	06/07/2019	156.76	156.76
1123*65460*7	WSHD	06/07/2019	96.48	96.48
1128*65460*3	WSHD	06/04/2019	147.11	147.11
1128*65460*3	WSHD	06/04/2019	56.96	56.96
1128*65460*3	WSHD	06/04/2019	10.00	10.00
1129*65460*2	WSHD	06/13/2019	6.20	6.20
1131*65460*4	WSHD	06/18/2019	15.00	15.00
1131*65460*4	WSHD	06/18/2019	12.00	12.00
1131*65460*4	WSHD	06/24/2019	10.63	10.63
1131*65460*4	WSHD	06/29/2019	26.66	26.66
1133*65460*4	WSHD	06/10/2019	29.25	29.25
1133*65460*4	WSHD	06/10/2019	55.59	55.59
1134*65460*4	WSHD	06/06/2019	189.11	181.82
1134*65460*4	WSHD	06/19/2019	20.07	10.52
1134*65460*4	WSHD	06/20/2019	573.83	480.55
1137*65460*4	WSHD	06/25/2019	277.86	277.86
1137*65460*4	WSHD	06/25/2019	12.00	12.00
1137*65460*4	WSHD	06/14/2019	11.53	11.53
1140*65460*3	WSHD	06/26/2019	15.00	15.00
1140*65460*3	WSHD	06/26/2019	20.40	20.40
1140*65460*3	WSHD	06/01/2019	26.68	26.68
1140*65460*3	WSHD	06/01/2019	8.47	5.81
1141*65460*3	WSHD	06/19/2019	10.00	10.00
1141*65460*3	WSHD	06/19/2019	7.32	7.32
1141*65460*3	WSHD	06/19/2019	5.76	4.19
1141*65460*3	WSHD	06/19/2019	12.00	12.00
1141*65460*3	WSHD	06/19/2019	10.96	10.75
1141*65460*3	WSHD	06/19/2019	7.18	7.18
1141*65460*3	WSHD	06/27/2019	7.46	7.46
1141*65460*3	WSHD	06/27/2019	44.23	44.23
1145*65460*2	WSHD	06/04/2019	12.00	12.00
1145*65460*2	WSHD	06/04/2019	25.00	25.00
1145*65460*2	WSHD	06/04/2019	22.06	22.06

**GL Totals**

Issued 07/09/19

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 06/30/19-06/30/19

Brookshire Bros. Phar. (Winnie)  
 P.O. Box 1359  
 Winnie, TX 77665

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1146*65460*1	WSHD	06/05/2019	14.47	14.47
1148*65460*2	WSHD	06/28/2019	137.01	137.01
1148*65460*2	WSHD	06/06/2019	10.00	10.00
<b>44 invoices, 131 line items</b>			<b>9,345.88</b>	<b>8,589.04</b>
<b>Grand Totals</b>			<b>9,345.88</b>	<b>8,589.04</b>

**44 total invoices**  
**131 total line items**

**GL Totals**

Issued 07/15/19

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 06/30/19-06/30/19

Vendor #: 18651

Wilcox Pharmacy  
P. O. Box 1850  
Winnie, TX 77665

GL #	Description	Amount
WSHD	Wshd	1,363.64
<b>Expenditures</b>		<b>1,363.64</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>1,363.64</b>

13 total invoices

**GL Totals Detail**  
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
036-2783*18651*97	WSHD	06/18/2019	50.00	50.00
036-2783*18651*97	WSHD	06/18/2019	50.00	39.84
036-2783*18651*97	WSHD	06/18/2019	25.00	25.00
036-2942*18651*91	WSHD	06/22/2019	389.93	306.35
036-2942*18651*91	WSHD	06/24/2019	38.17	30.37
036-3253*18651*15	WSHD	06/03/2019	4.53	4.53
036-3253*18651*15	WSHD	06/03/2019	5.00	5.00
036-3253*18651*15	WSHD	06/03/2019	14.83	12.88
036-3253*18651*15	WSHD	06/10/2019	10.00	10.00
036-3253*18651*15	WSHD	06/20/2019	5.15	5.15
036-3253*18651*15	WSHD	06/13/2019	19.00	19.00
036-3253*18651*15	WSHD	06/03/2019	14.96	14.96
036-3253*18651*15	WSHD	06/03/2019	4.53	4.53
036-3253*18651*15	WSHD	06/03/2019	54.86	54.86
036-3364*18651*63	WSHD	06/19/2019	42.61	21.19
036-3364*18651*63	WSHD	06/19/2019	24.00	24.00
036-3364*18651*63	WSHD	06/19/2019	23.62	12.76
036-3364*18651*63	WSHD	06/19/2019	27.67	19.81
1040*18651*29	WSHD	06/23/2019	20.36	14.89
1040*18651*29	WSHD	06/28/2019	101.78	46.84
1075*18651*16	WSHD	06/07/2019	429.97	201.02
1075*18651*16	WSHD	06/19/2019	79.50	40.01
1086*18651*15	WSHD	06/27/2019	25.00	25.00
1093*18651*10	WSHD	06/06/2019	11.58	7.00
1093*18651*10	WSHD	06/06/2019	20.09	14.69
1093*18651*10	WSHD	06/06/2019	48.60	24.11
1095*18651*8	WSHD	06/12/2019	31.10	31.10
1095*18651*8	WSHD	06/08/2019	56.11	45.21
1095*18651*8	WSHD	06/07/2019	13.78	7.95
1095*18651*8	WSHD	06/08/2019	75.61	36.94
1110*18651*10	WSHD	06/19/2019	21.42	15.67
1110*18651*10	WSHD	06/05/2019	9.77	4.27
1110*18651*10	WSHD	06/19/2019	15.00	15.00
1110*18651*10	WSHD	06/19/2019	15.00	15.00
1110*18651*10	WSHD	06/05/2019	15.00	15.00

**GL Totals**

Issued 07/15/19

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 06/30/19-06/30/19

Vendor #: 18651

Wilcox Pharmacy  
P. O. Box 1850  
Winnie, TX 77665

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1143*18651*2	WSHD	06/05/2019	55.92	55.92
1143*18651*2	WSHD	06/05/2019	39.87	39.87
1143*18651*2	WSHD	06/05/2019	23.27	12.59
1143*18651*2	WSHD	06/05/2019	10.58	7.00
1143*18651*2	WSHD	06/05/2019	20.09	14.69
1144*18651*2	WSHD	06/20/2019	44.03	21.87
1150*18651*1	WSHD	06/17/2019	6.77	6.77
<b>13 invoices, 41 line items</b>			<b>1,979.06</b>	<b>1,363.64</b>
<b>Grand Totals</b>			<b>1,979.06</b>	<b>1,363.64</b>
<b>13 total invoices</b>				
<b>41 total line items</b>				

**GL Totals**

Issued 07/11/19

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 06/30/19-06/30/19

Vendor #: 63614

Utmh At Galveston  
P. O. Box 660120 Dept 730  
Dallas, TX 75266

GL #	Description	Amount
WSHD	Wshd	7,701.67
<b>Expenditures</b>		<b>7,701.67</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>7,701.67</b>

16 total invoices

**GL Totals Detail**  
**Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
036-2458*63614*2	WSHD	05/13/2019	523.00	125.52
036-2815*63614*9	WSHD	05/16/2019	434.00	104.16
036-2815*63614*9	WSHD	05/22/2019	493.00	118.32
036-3432*63614*2	WSHD	05/20/2019	323.00	77.52
036-3432*63614*2	WSHD	05/08/2019	323.00	77.52
1024*63614*5	WSHD	05/24/2019	637.00	152.88
1025*63614*6	WSHD	05/07/2019	685.00	164.40
1025*63614*6	WSHD	05/02/2019	323.00	77.52
1102*63614*7	WSHD	05/17/2019	2,655.00	637.20
1107*63614*1	WSHD	04/23/2019	666.00	159.84
1110*63614*2	WSHD	05/08/2019	4,504.95	1,081.19
1110*63614*2	WSHD	05/08/2019	341.00	81.84
1110*63614*2	WSHD	05/08/2019	341.00	81.84
1110*63614*2	WSHD	05/06/2019	13,065.66	3,135.76
1114*63614*6	WSHD	05/02/2019	323.00	77.52
1122*63614*2	WSHD	05/24/2019	323.00	77.52
1127*63614*1	WSHD	05/15/2019	2,536.65	608.80
1132*63614*1	WSHD	05/14/2019	684.00	164.16
1137*63614*1	WSHD	05/23/2019	644.00	154.56
1138*63614*2	WSHD	05/09/2019	684.00	164.16
1140*63614*2	WSHD	05/09/2019	1,058.00	253.92
1140*63614*2	WSHD	05/14/2019	523.00	125.52
1147*63614*1	WSHD			

16 invoices, 22 line items

\*\*\*

**32,090.26**

**7,701.67**

**Grand Totals**

**32,090.26**

**7,701.67**

16 total invoices  
22 total line items

**GL Totals**

Issued 07/11/19

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 06/30/19-06/30/19

Utmf Faculty Grp Practice  
Po Box 650859 Dep 710  
Dallas, TX 75265

Vendor #: 63615  
NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	2,883.68
<b>Expenditures</b>		<b>2,883.68</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>2,883.68</b>

17 total invoices

**GL Totals Detail**  
**Invoice #**

GL #	Date in	Amt Billed	Amt Paid
036-2458*63615*2	05/13/2019	25.00	8.66
036-2458*63615*2	05/13/2019	273.00	65.29
036-2815*63615*11	05/16/2019	270.00	56.08
036-3432*63615*2	05/08/2019	270.00	56.08
036-3432*63615*2	05/20/2019	303.00	84.84
1024*63615*5	05/24/2019	23.00	6.44
1024*63615*5	05/24/2019	273.00	65.29
1025*63615*6	05/02/2019	270.00	56.08
1025*63615*6	05/07/2019	445.00	124.60
1091*63615*10	04/23/2019	270.00	56.08
1102*63615*7	05/17/2019	158.00	58.06
1110*63615*2	05/08/2019	48.00	16.68
1110*63615*2	05/08/2019	10.00	2.89
1110*63615*2	05/08/2019	178.00	64.80
1114*63615*6	05/06/2019	480.00	330.00
1114*63615*6	05/06/2019	252.00	252.00
1114*63615*6	05/06/2019	2,075.00	581.00
1121*63615*4	04/10/2019	416.00	157.18
1121*63615*4	04/10/2019	155.00	59.02
1122*63615*2	05/02/2019	270.00	56.08
1127*63615*1	05/24/2019	273.00	65.29
1132*63615*1	05/15/2019	280.00	78.40
1132*63615*1	05/15/2019	183.00	39.92
1132*63615*1	05/15/2019	93.00	35.60
1137*63615*1	05/14/2019	415.00	116.20
1137*63615*1	05/14/2019	30.00	8.12
1137*63615*1	05/14/2019	24.00	8.34
1138*63615*2	05/23/2019	183.00	51.24
1138*63615*2	05/23/2019	415.00	95.54
1140*63615*2	05/09/2019	415.00	116.20
1140*63615*2	05/09/2019	30.00	8.12
1147*63615*1	05/14/2019	23.00	8.02
1147*63615*1	05/14/2019	415.00	95.54



**GL Totals**

Issued 07/11/19

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 06/30/19-06/30/19

Utmf Faculty Grp Practice  
Po Box 650859 Dep 710  
Dallas, TX 75265

Vendor #: 63615  
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
17 invoices, 33 line items			9,243.00	2,883.68
<b>Grand Totals</b>			<b>9,243.00</b>	<b>2,883.68</b>

17 total invoices  
33 total line items

Indigent Healthcare Solutions, Ltd.  
2040 North Loop, 336 West, Suite 304  
Conroe, TX 77304

Invoice # 68189

Phone # (800) 834-0560

Fax # (936) 756-6741

RECEIVED

JUL - 1 2019

Date: 7/1/2019

WINNIE STOWELL HOSPITAL DISTRICT  
P O BOX 1997  
WINNIE, TX 77665

Terms: Net receipt of invoice

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Professional services for the month of August 2019

1,109.00

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Total

\$1,109.00

PLEASE REMIT PAYMENT TO  
INDIGENT HEALTHCARE SOLUTIONS, LTD  
ATTN: KELLEY ASTOLOS  
3011 ARMORY DRIVE, SUITE 190  
NASHVILLE, TN 37204

*THANK YOU FOR YOUR BUSINESS!!!*

**IHS**



18500902720001



July 4, 2019

RECEIVED  
JUL 16 2019

# MONTHLY BILL

Name: SHERRY STERN  
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	06/26/2019
Current Payment Due	\$150.14
<b>Total Due by 07/25/2019</b>	<b>\$150.14</b>

## YOUR LOAN DETAILS

Loan Sequence	Date Disbursed	Loan Program	Original Balance	Current Balance	Outstanding Interest	Interest Rate	Monthly Payment	Current Due
*1002	11/29/2006	SUBCNS	\$13,150.00	\$5,565.50	\$4.57	3.750%	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$3,650.18	\$3.00	3.750%	\$59.47	\$59.47

Outstanding interest accrued as of 07/04/2019

\*Late fees will be assessed in accordance to the requirements set forth by the loan owner. Each unique owner/loan program may have differing late fee requirements. The owner will assess late fees on any loans listed above that are identified with an asterisk. If there are dates listed below the heading 'Received After This Date', which are prior to the date you are making your payment, the following late fee will be assessed.

Received After This Date	Late Fee to be Assessed
08/08/2019	\$7.50

## ADDITIONAL LOAN DETAILS

See below for the Current Owner and Repayment Term for each loan listed.

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

You may be required to remit your full monthly installment amount, even if your loan(s) are paid ahead, in order to maintain reduced interest rate eligibility under any applicable Repayment Incentive Program and to not affect your eligibility for other borrower benefits, such as cosigner release offered by your lender(s). Contact us for details.

**Make checks payable to American Education Services and include your 10 digit account number.**  
**Customer Statement** (IF LATE, SEE ABOVE)

Amount Enclosed: Do not write dollar sign in boxes below or on check.

Account Number:  
92 5529 5461

Due Date:  
07/25/2019

\$

Total Amount Due:  
\$150.14

20191850192552954611000015014000000000000000005

#BWNDHKB  
#B612 1327 2507 04L4#  
SHERRY STERN  
9302 EAGLES LNDG  
MAGNOLIA TX 77354-6865



AMERICAN EDUCATION SERVICES  
P.O. BOX 65093  
BALTIMORE, MD 21264-5093

**David Sticker & Co. P.C.**  
**Certified Public Accountant**  
**2180 Eastex Freeway**  
**Beaumont, TX 77703**  
**(409) 899-3000**

Invoice  
submitted to:

Winnie Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

RECEIVED  
JUL 1 8 2019

07/15/2019

Invoice # 21286

Professional Services

	<u>Amount</u>
07/15/19 6-5-19 Discuss Collateral Bank Account and review accounting entries. .25 Hrs.	1,656.25
6-13-19 Review Books. 1.75 Hrs.	
6-18&19-19 Make adjustments, run reports, and attend meeting. 5.50 Hrs.	
6-25-19 Review audit questions and requests. Review Payroll. 1.25 Hrs.	
6-27-19 Respond to requests for audit data and upload reports and requests. 4.50 Hrs.	
<b>TOTAL HOURS 13.25 @ \$125.00 = \$1,656.25</b>	
For professional services rendered	<u>\$1,656.25</u>
Balance due	<u><u>\$1,656.25</u></u>

***Invoices Due Upon Receipt***



Corporate Number **0007944804800003606**  
 Account Number **0004054699990003606**  
 Statement Closing Date 06/30/2019  
 Days This Period 30  
 Payment Amount Due \$0.00  
 Payment Due Date 07/25/2019

Previous Account Balance \$3,026.02  
 (-) Payments and Credits \$4,734.82  
 (+) Purchases and Debits \$273.76  
 (+) FINANCE CHARGES \$0.00  
 (=) New Ending Balance **-\$1,435.04**  
 Credit Limit: \$10,000.00  
 Available Credit: \$10,000.00



**ACCOUNT SUMMARY**

WINNIE STOWELL HOSPITAL  
 PO BOX 1997  
 WINNIE TX 77665-1997

RECEIVED  
 JUL 09 2019

Interest YTD \$0.00  
 Cycle Days 30  
 Total Number of Disputes 0  
 Total Amount of Disputes \$0.00  
 Total Amount Past Due: \$0.00

**Questions?** View your account information online at [www.prosperitybankusa.com](http://www.prosperitybankusa.com) or call our Customer Service Center toll free at 1-855-340-8771 or 1-301-945-5745.

**Send Billing Inquiries and Correspondence to:** Card Services, P.O. Box 183258, Columbus, OH 43218-3258.

**Mail Payments to:** Prosperity Bank, Department #350, P O Box 21228, Tulsa, Ok 74121-1228.

**ACCOUNT BALANCES AND FINANCE CHARGES**

Plan ID	Plan Description	Previous Balance	Purchases/Debits	Payments/Credits	FINANCE CHARGE	Current Balance
10001	CASH ADVANCE PLAN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10002	PURCHASE PLAN	\$3,026.02	\$273.76	\$4,734.82	\$0.00	-\$1,435.04 CR
10003	BALANCE TRANSFER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Plan ID	Plan Description	Transfer In	Transfer Out	Minimum Payment	Avg Daily Balance	Base Rate	Actuarial APR
10001	CASH ADVANCE PLAN	\$0.00	\$0.00	\$0.00	\$0.00	.0990000	9.90%
10002	PURCHASE PLAN	\$0.00	\$0.00	\$0.00	\$0.00	.0990000	9.90%
10003	BALANCE TRANSFER	\$0.00	\$0.00	\$0.00	\$0.00	.0990000	9.90%

TEAR OFF THIS PAYMENT STUB AND MAIL WITH YOUR CHECK OR MONEY ORDER TO THE ADDRESS BELOW.

Check this box to indicate any ADDRESS CHANGES detailed on back.

PROSPERITY BANK  
 402 CYPRESS ST. SUITE 100  
 ABILENE, TX 79601-5123

ACCOUNT NUMBER	PAYMENT DUE DATE	PLEASE WRITE TOTAL AMOUNT ENCLOSED
0004054699990003606	07/25/2019	
NEW BALANCE	AMOUNT DUE	\$ _____
-\$1,435.04	\$0.00	

MAKE CHECK PAYABLE TO:

>000227 6528093 0001 081020 10Z  
 WINNIE STOWELL HOSPITAL  
 PO BOX 1997  
 WINNIE TX 77665-1997

PROSPERITY BANK  
 DEPARTMENT #351  
 P.O. BOX 21228  
 TULSA, OK 74121-1228



000405469999000360600000000000000001435049



**Important Messages**

A PAYMENT OF \$.00 WILL BE TAKEN FROM YOUR SAVINGS/CHECKING ACCOUNT \*\*\*\*\*9409 ON 07/25/2019  
 THANK YOU FOR CHOOSING PROSPERITY BANK FOR YOUR CREDIT CARD NEEDS.  
 A CREDIT BALANCE CURRENTLY EXISTS ON YOUR ACCOUNT. IF YOU HAVE A QUESTION CONTACT US AT 1-800-531-1401.

**TRANSACTIONS THIS BILLING PERIOD**

Transaction Date	Posting Date	Reference Number	Transaction Description	\$ Amount
TRANSACTIONS				
Account Level				
06/25	06/25	1999999980625995281400	ACH PAYMENT - THANK YOU	\$3,026.02-
Card Number Ending in 1770				
06/02	06/02	VT191533938000010001181	GOOGLE *GSUITE_wshd-tx cc@google.com CA	\$37.94+
06/03	06/04	VT191552512000010000341	VISTAPR*VistaPrint.com 866-8936743 MA	\$66.87+
06/04	06/05	VT191562512000010002561	CHAMBERS CO, TX MAIN O FORT WORTH TX	\$2.74+
06/04	06/05	VT191562512000010002562	CHAMBERS CO, TX MAIN O ANAHUAC TX	\$96.00+
06/06	06/07	VT191582512000010001956	ADOBE *ACROPRO SUBS 800-833-6687 CA	\$16.21+
06/14	06/16	VT191672512000010003018	USPS PO 4898150665 WINNIE TX	\$54.00+
06/24	06/26	VT191772516000010000321	TEXAS HOSPITAL ASSOC 5124651000 TX	\$1,708.80-

**2019 Total Year-to-Date**

Total fees charged in 2019	\$0.00
Total interest charged in 2019	\$0.00

431





Account Number  
XXXXXXXXXXXXXXXX1770



### Important Messages

THANK YOU FOR CHOOSING PROSPERITY BANK FOR YOUR CREDIT CARD NEEDS.

### TRANSACTIONS THIS BILLING PERIOD

Transaction Date	Posting Date	Reference Number	Transaction Description	\$ Amount
------------------	--------------	------------------	-------------------------	-----------

#### 2019 Total Year-to-Date

Total fees charged in 2019	\$0.00
Total interest charged in 2019	\$0.00



The Hometown Press

P.O.Box 801  
Winnie, TX 77665

# Invoice

Date	Invoice #
6/26/2019	2079

<b>Bill To</b>
Winnie Stowell Hospital District Sherrie Norris P.O.Box 1997 Winnie, Texas 77665

RECEIVED  
JUL - 1 2019

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
2	Public Notice in The Hometown Press the size of 2 columns X 6.4028 inches for the weeks of 06-05, & 06-12-2019	64.03	128.06
<b>Total</b>			\$128.06

The Seabreeze Beacon  
PO BOX 814  
WINNIE, TX 77665  
(409)296-2102  
seabreezebeacon@gmail.com



## Invoice

**BILL TO**  
Sherrie Norris  
Winnie-Stowell Hospital District  
PO BOX 1997  
Winnie, TX 77665

RECEIVED  
JUL 08 2019

INVOICE # 3720  
DATE 06/30/2019  
DUE DATE 07/15/2019  
TERMS Net 15

ACTIVITY	QTY	RATE	AMOUNT
Display Ad Display Ad 3col. x 5inches Notice of Second Public Hearing: Proposed Amendments to Indigent Care Policy 6/4, 6/11	2	79.63	159.26

BALANCE DUE

**\$159.26**

**BENCKENSTEIN & OXFORD, L.L.P.**

ATTORNEYS AT LAW  
BBVA COMPASS BANK BUILDING  
3535 CALDER AVENUE, SUITE 300

Hubert Oxford, IV

BEAUMONT, TEXAS 77706  
TELEPHONE:(409) 833-9182  
FAX: (409) 833-8819

hoxfordiv@benoxford.com

July 17, 2019

Mr. Edward Murrell  
President  
Winnie Stowell Hospital District  
825 State Hwy 124  
Winnie Texas 77665

Re: Winnie Stowell Hospital District; Billable Invoice for April 2019 Time Entries  
less Retainer; Our File No. 87250.

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for April 2019. This invoice is for \$18,325.00 but the amount due is \$17,387.22 after reducing the invoice by \$1,000.00 for the monthly retainer already paid.

Will you please review and let me know if there are any questions? If not, we would appreciate your payment of this invoice in the amount of \$17,387.22 representing the balance owed for April 2019.

With best wishes, I am

Sincerely,

**BENCKENSTEIN & OXFORD, L.L.P.**

By: \_\_\_\_\_

Hubert Oxford, IV

Enclosure

# Benckenstein & Oxford, L.L.P.

3535 Calder Avenue, Suite 300  
Beaumont, TX 77706

July 17, 2019

**INVOICE #:** 49326      **HOIV**  
**Billed through:** April 30, 2019  
**Client/Matter #:** WSHD      87250

Winnie-Stowell Hospital District  
P.O. Box 1997  
Winnie, TX 77665

RE: Winnie-Stowell Hospital District

## PROFESSIONAL SERVICES RENDERED

04/01/19	HOIV	Conference call with Interbank to check on the status of the ICS agreement and implementation of the transfers pursuant to the Agreement; and exchanged (3) e-mails with Interbank verifying the agreement was received and implemented.	0.80 hrs
04/01/19	HOIV	Conference call with Allegiance Bank regarding FHL Bank agreement status of implementing the Agreement.	0.60 hrs
04/01/19	HOIV	Conference call with staff regarding Caring Healthcare depositing funds in the incorrect account; researched Management Agreement; and sent e-mail to staff, LTC, Caring instructing that the funds needed to be deposited according to the Agreement.	0.80 hrs
04/01/19	HOIV	Began work on making revisions to the Indigent Care Policy by researching the policies of other Districts in the State of Texas and incorporating into the District's proposed policy.	3.40 hrs
04/02/19	HOIV	Prepared updates for the District's Special Purpose Report and met with the District's CPA to review the updated spreadsheet to confirm they were correct.	4.20 hrs
04/03/19	HOIV	Read, reviewed, and approved VA Agreement for the Woodlands and exchanged ten (10) e-mails with staff and Regency Healthcare regarding the same.	1.20 hrs
04/03/19	HOIV	Worked with staff and LTC to reconcile Component 2, 3, and Lapsing fund payment for QIPP Year 2, 2nd Quarter and Adjustment 1a; and verified the deposit of the funds into the correct accounts.	2.30 hrs
04/03/19	HOIV	Worked with LTC Group and Staff to confirm status of Interbank account and drafted e-mail to attorney for Salt Creek Capital to update him on the status.	1.40 hrs
04/08/19	HOIV	Researched the Indigent Care Policies of several Hospital Districts and Counties; researched Texas Health and Safety Code, Chapter 61; compared other policies to the District's existing policy; and initiated modifying the District's policy to be more comprehensive in anticipation of the upcoming public hearing.	5.40 hrs
04/08/19	HOIV	Sent District Auditor an e-mail requesting the 2018 Engagement Letter;	0.80 hrs

		reviewed and revised the proposed letter; and returned to auditor with requested changes.	
04/08/19	HOIV	Received and reviewed three Request for Qualifications for the District's Youth Counselor.	0.60 hrs
04/08/19	HOIV	Read and reviewed four (4) e-mails with Managers regarding status of QIPP Year 3 applications.	0.30 hrs
04/09/19	HOIV	Continued making extensive revisions and formatting changes to the District's Indigent Care Policy to account for employment requirements; fraud; resources; and other additional criteria.	6.00 hrs
04/09/19	HOIV	Received correspondence from the State of Texas regarding the cancellation of the Surety Bond for Oakland Manor and exchanged five (5) e-mails with counselor for Senior Living Facilities to address the correspondence.	0.40 hrs
04/09/19	HOIV	Prepared extensive e-mail to Board with proposed agenda; documents to be considered for each agenda item; and an explanation of the agenda item.	0.80 hrs
04/10/19	HOIV	Attended meeting of Indigent Care Committee to discuss draft revised Indigent Care Policy.	2.00 hrs
04/10/19	HOIV	Finalized initial draft of revised Indigent Care Agreement.	3.00 hrs
04/11/19	HOIV	Reviewed notes on Indigent Care Policy after meeting with the Indigent Care Committee and made extensive revisions to draft policy to include additional forms prepared for the policy and to clean up the document.	5.50 hrs
04/11/19	HOIV	Worked with Indigent Care Director to address UTMB referrals by the Hospital and emergency services received by UTMB by reviewing the UTMB agreement and drafting an e-mail to the the Director providing recommendations.	0.80 hrs
04/11/19	HOIV	Prepared e-mail to Hospital updating summarizing the proposed changes to the District's Indigent Care Policy and asked for comments.	0.70 hrs
04/12/19	HOIV	Prepared draft set of minutes for the March 20, 2019 Regular Meeting and circulated to the Board for review.	4.50 hrs
04/15/19	HOIV	Prepared extensive e-mail to press and the District's Board to provide them with a copy of the District's Indigent Care Policy and an explanation of the changes in the policy.	1.80 hrs
04/15/19	HOIV	Prepared e-mail to HHSC in order to provide a copy of the District's proposed Indigent Care Policy and a summary of the changes in the policy.	1.20 hrs
04/15/19	HOIV	Exchanged e-mails with ECISD superintendent regarding Youth Counselors.	0.30 hrs
04/15/19	HOIV	Received and reviewed QIPP Year 2, Q2 Component 2, 3, and Lapsing fund score card spreadsheet; and exchanged six (6) e-mails with LTC Group regarding the performance of various facilities.	1.30 hrs
04/16/19	HOIV	Participated in conference call and exchanged four (4) e-mails with NewPath to discuss status of Youth Counseling RFP and to arrange for NewPath to meet with the Indigent Care Committee.	0.80 hrs

04/17/19	HOIV	Worked with LTC to revise and update QIPP Models by exchanging multiple e-mails and conference calls; transferred information from QIPP Model to Treasurer's Report; prepared summary for under payment in the transfer from Prosperity to Interbank following March 20, 2019; and assisted with gathering and preparing final documents for upcoming Regular Meeting.	4.50 hrs
04/17/19	HOIV	Prepared for and attended the April 17, 2019 Regular Meeting.	3.50 hrs
04/18/19	HOIV	Drafted e-mail to NewPath advising them of Board action to accept their proposal and plan of action to negotiate terms of the agreement.	0.60 hrs
04/18/19	HOIV	Conference calls with Board members to answer questions and to discuss issues addressed during the Regular Meeting.	1.30 hrs
04/18/19	HOIV	Prepared e-mail to District Auditor asking to make revision to Engagement Letter.	0.30 hrs
04/18/19	HOIV	Drafted e-mail to Board members regarding transfer fees versus depositing checks with remote deposit capture and cost associated with each method.	0.70 hrs
04/22/19	HOIV	Exchanged four (4) e-mails with staff and LTC to direct Caring Healthcare to make deposits into the correct account as required by the Management Agreement.	0.30 hrs
04/22/19	HOIV	Exchange multiple conference calls and e-mails with staff, District CPA, and Prosperity to address the fraudulent wire transfer attempts; reviewed proposed release prepared by Prosperity; and establish a plan to resolve the problem.	2.70 hrs
04/22/19	HOIV	Read, reviewed, and approved four Section 855 documents for each of the Regency Nursing Facilities; and exchanged five e-mails with staff and Regency after approving the documents.	0.90 hrs
04/23/19	HOIV	Prepared and distributed agenda for Emergency Meeting.	0.40 hrs
04/23/19	HOIV	Prepared Bank Resolution for Signatories to the new account at Prosperity Bank.	0.70 hrs
04/23/19	HOIV	Drafted e-mail to Board advising of the need for an Emergency Meeting, options given to the District by Prosperity Bank; and provided recommendations on path forward.	0.90 hrs
04/23/19	HOIV	Prepared second e-mail to staff, LTC and Caring detailing terms of Management Agreement that require Caring Healthcare to deposit all of the facilities revenues into the District's relevant nursing home accounts.	0.60 hrs
04/24/19	HOIV	Prepare for and attend Emergency Meeting.	1.50 hrs
04/29/19	HOIV	Gathered financial information requested by Allegiance Bank for 2018 and 2019 and submitted the information in an e-mail with an explanation of the documents attached.	0.70 hrs
04/29/19	HOIV	Received updated QIPP Year 3 model from LTC Group; reviewed the models; and prepared modifications to the model in order to project the District's cash flows.	2.80 hrs
		Total fees for this matter	\$18,325.00

**DISBURSEMENTS**

04/22/19	Federal Express; Invoice # 6-525-90992	32.82
04/30/19	Copy Expense	29.40
	Total disbursements for this matter	\$62.22

**BILLING SUMMARY:**

Oxford, IV Hubert	73.30 hrs @	\$250.00 /hr	\$18,325.00
TOTAL FEES			\$18,325.00
TOTAL DISBURSEMENTS			\$62.22
TOTAL CHARGES FOR THIS INVOICE			\$18,387.22
RETAINER			\$1,000.00 CR

**TOTAL BALANCE NOW DUE \$17,387.22**

Federal ID# 74-1646478

**Invoice Terms: Net 10 Days Upon Receipt**  
Please Reference Invoice Number on Your Check

# Exhibit “B”



# Improving The Lives of Children Through Healthcare Services

Report on Partnership Between the Winnie-Stowell Hospital District  
and the East Chambers Independent School District  
To Provide Healthcare Related Services For The 1,530 School-Aged  
Children In The Winnie/Stowell Community



The Winnie Stowell Hospital District Partnership  
continues to make the children of our community safer,  
healthier, and more secure

Presented July 16, 2019  
By Scott Campbell  
Superintendent, ECISD

<b>ECISD/WSHD Partnership</b>					
<b>Category</b>	<b>Description</b>	<b>2015 Budgeted Amount</b>	<b>July-18</b>	<b>July-19</b>	<b>Budget for 2019-2020</b>
Accident Insurance	Coverage all students while at school or at school function.	\$33,685.00	\$42,161.64	\$42,161.64	\$42,000.00
Therapy	Mental health licensed professional counseling services, occupational/speech therapy, physical therapy.	\$60,000.00	\$72,740.00	\$27,625.40	\$5,500.00
Registered Nurse	Health related services including TWO RN salary/benefits, supplies/materials.	\$71,315.00	\$61,260.00	\$108,299.00	\$115,000.00
Medical Screenings	Student health related vision, hearing, scoliosis screenings, lice treatment, preventive care, immunization assistance.	\$15,000.00	\$15,500.00	\$8,416.37	\$15,500.00
Flu Shots		\$0.00	\$84.00	\$156.00	\$2,000.00
<b>Totals</b>		<b>\$180,000.00</b>	<b>\$191,745.64</b>	<b>\$186,658.41</b>	<b>\$180,000.00</b>

Per my conversation with Scott Campbell, he wanted to highlight the following:

- For each category, except insurance, the ECISD spends more than the WSHD funds (i.e., the WSHD only funds a portion of the categories).
- The \$115,000.00 for the Registered Nurse category covers the cost of two (2) nurses. By funding two (2) nurses, the WSHD is servicing more students.
- In exchange, the ECISD request to reduce the amount assigned to Therapy to \$5,500.00 but the ECISD must still provide these services and the services are paid out of a different fund.
- Screenings no longer have to be contracted out because the additional nurse is able to provide these services. Therefore, the amount spent on screenings has gone down.

**ECISD REQUEST:** The ECISD request that the District approve an amendment to the Interlocal Agreement that reflects the allocations for each category are approved annually according to the budget presented to the WSHD.

# ECISD BOARD POLICY

## FFAE (LEGAL)

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- ❧ The District may, if it identifies the need, design a model for the delivery of cooperative health-care programs for students and their families.
- ❧ All health-care programs should be designed to meet the following goals:
  - ❧ Reducing student absenteeism;
  - ❧ Increasing a student's ability to meet the student's academic potential; and
  - ❧ Stabilizing the physical well-being of a student.
  - ❧ Family and home support;
  - ❧ Health care, including immunizations;
  - ❧ Dental health care;
  - ❧ Health education; and
  - ❧ Preventive health strategies.

# East Chambers ISD

## Mission Statement

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- ∞ The mission of East Chambers ISD is to ensure that all East Chambers students have access to a quality education that enables them to work toward their potential and to participate now and in the future in the social, economic, and educational opportunities in our community, state, nation, and world.
- ∞ This mission is grounded in the conviction that a general diffusion of knowledge is essential for the welfare of this community and for the preservation of the liberties and rights of its citizens. It is further grounded in the conviction that a successful school system is directly related to a strong, dedicated, and supportive family.

# Winnie Stowell Hospital District Mission Statement

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- ✧ The mission of the Winnie Stowell Hospital District is to balance the healthcare needs of the community and its needy inhabitants with fiscal responsibility.





- ❧ According the Oxford Dictionary, indigent is defined as being poor or needy.
- ❧ Over 900 (or 63%) of the students attending ECISD meet the definition as determined by children from families with incomes at or below 130% of the poverty level, roughly the \$20,000- \$40,000 range depending on the size of the family.
- ❧ This represents a decrease in numbers as the community continues to heal from Hurricane Harvey.

# Function 33



# ECISD BOARD POLICY

## FFD (LEGAL)

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- ⌘ A board may purchase insurance against bodily injury sustained by students while training for or engaging in interscholastic athletic competition or while engaging in school-sponsored activities. Such insurance shall be purchased from a reliable insurance company authorized to do business in Texas and shall be on forms approved by the commissioner of insurance. The amount shall be in keeping with the financial condition of the district and shall not exceed the amount that the board considers reasonably necessary to afford adequate medical treatment of students so injured.
- ⌘ The cost of student insurance shall constitute a legitimate part of the total cost of operating a district.
- ⌘ The failure of a board to purchase student insurance shall not be construed as placing any legal liability upon the district or its officers, agents, or employees, for any injury that may result. Education Code 38.024
- ⌘ A district is not authorized to spend public funds on insurance to benefit persons to whom it owes no legal duty and shall not expend public funds for that purpose. Unauthorized insurance includes no-fault personal injury protection and uninsured motorist coverage. Tex. Const., Art. 3, Secs. 50-52; Atty. Gen. Op. H-602 (1975)



# ECISD BOARD POLICY

## FFAA (LOCAL)

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- ⌘ A student desiring to participate in the UIL athletic program shall undergo a physical examination in accordance with the required schedule established by the UIL and shall submit a statement from an authorized health-care provider indicating that the student has been examined and is physically able to participate in the athletic program. In years that a physical examination is not required, the student shall complete a medical appraisal form. A student may be required to have a physical examination based on answers to the appraisal form.
- ⌘ The District may provide additional screening as District and community resources permit.
- ⌘ Parents of students identified through any screening programs as needing treatment or further examination shall be advised of the need and referred to appropriate health agencies.
- ⌘ A school nurse or administrator who discovers or becomes aware that a child enrolled in a District elementary school has lice shall provide written or electronic notice to parents within the time frames prescribed in law.

# ECISD BOARD POLICY

## FFAB (LEGAL)

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- ❧ Each student shall be fully immunized against diphtheria, rubeola (measles), rubella, mumps, tetanus, and poliomyelitis.
- ❧ TDSHS requires students in kindergarten through twelfth grade to have the following additional vaccines, according to the immunization schedules set forth in department regulations: pertussis, hepatitis B, hepatitis A (for students attending schools in high incidence geographic areas as designated by the department), and varicella (chickenpox).
- ❧ TDSHS requires students in seventh through twelfth grade to have the meningococcal vaccine, according to the immunization schedules set forth in department regulations.

# ECISD BOARD POLICY

## FFAC (LEGAL)

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- ❧ The school in which a minor student is enrolled may consent to medical, dental, psychological, and surgical treatment of that student, provided all of the following conditions are met:
  - ❧ The person having the power to consent as otherwise provided by law cannot be contacted.
  - ❧ Actual notice to the contrary has not been given by that person.
  - ❧ Written authorization to consent has been received from that person.

# ECISD BOARD POLICY

## FFAC (LOCAL)

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- ☞ Procedures shall be established by the administration to ensure that proper attention is given to any student who becomes ill during the course of a school day.
- ☞ Emergency procedures shall be established by the administration to ensure proper attention for any student injured at school. Records shall be maintained on all accidents that require the attention of a medical doctor.
- ☞ Each year, students and parents shall complete and sign a form that provides emergency information and authorizes school officials to obtain emergency medical treatment, as provided by law.
- ☞ Except as provided below at ADMINISTRATION OF MEDICATION TO ATHLETES, the District shall not purchase nonprescription medication to administer to a student.
- ☞ No employee shall give any student prescription medication, non-prescription medication, herbal substances, anabolic steroids, or dietary supplements of any type, except as provided below.
- ☞ Employees authorized by the Superintendent or designee may administer to students:
  - Provided by Parent
    1. Prescription medication in accordance with legal requirements. [See FFAC(LEGAL)]
    2. Nonprescription medication, upon a parent's written request, when properly labeled and in the original container.
    3. Herbal substances or dietary supplements provided by the parent and only if required by the individualized education program or Section 504 plan of a student with disabilities.
- ☞ The District shall purchase nonprescription medication that may be used to prevent or treat illness or injury in the District's athletic program. Only a licensed athletic trainer or a physician licensed to practice medicine in the state of Texas may administer this medication and may do so only if:
  1. The student's parent has given prior written consent for medication to be administered; and
  2. The administration of a medication by an athletic trainer is in accordance with a standing order or procedures approved by a physician licensed to practice medicine in the state of Texas.
- ☞ Except as permitted by Education Code 38.016, an employee shall not:
  1. Recommend to a student or a parent that the student use a psychotropic drug;
  2. Suggest a particular diagnosis; or
  3. Exclude the student from a class or a school-related activity because of the parent's refusal to consent to psychiatric evaluation or examination or treatment of the student.

# Accident Insurance by Winnie Stowell Hospital District for 1530 Children



Incurred and Pending claims  
for 2018-2019:

Approximately \$30,000.00

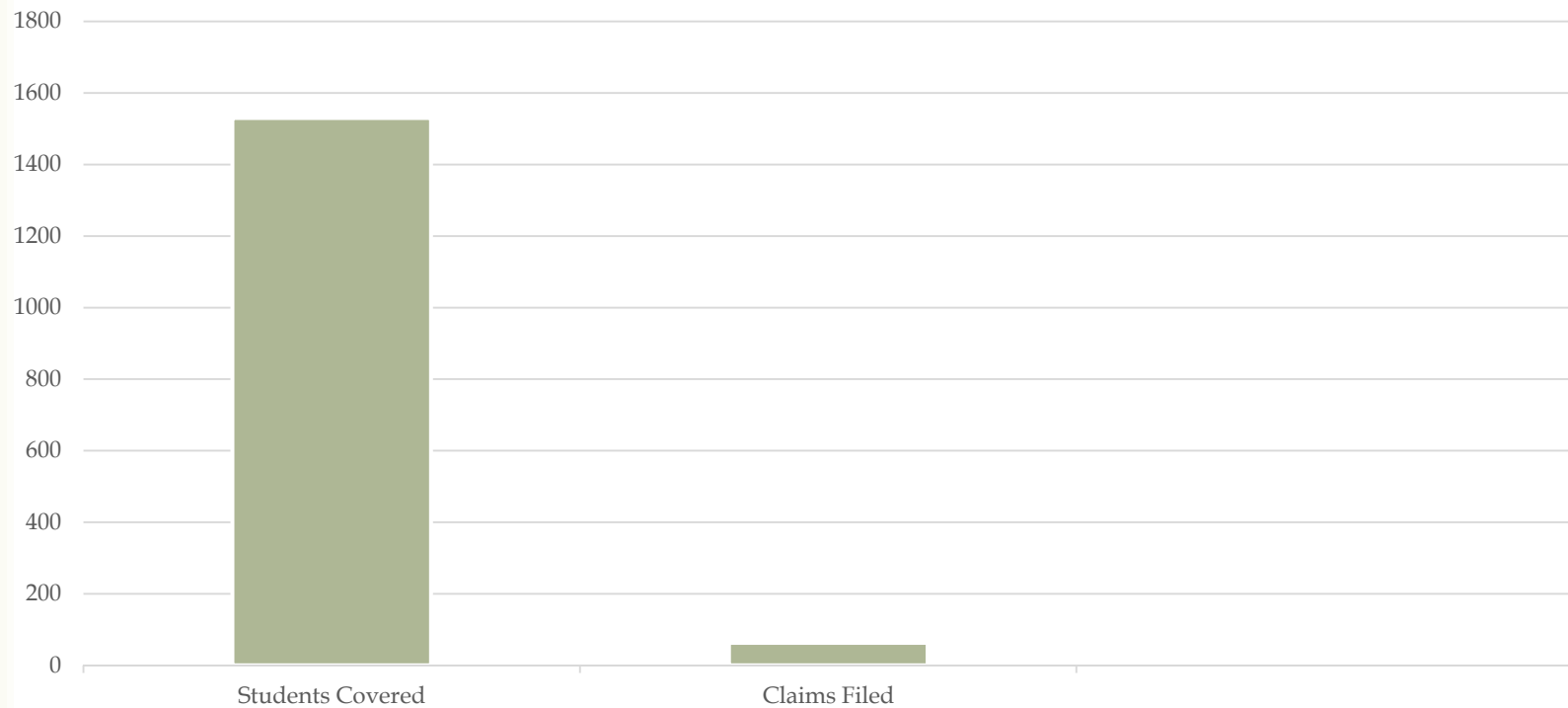
Claims paid in 2017-2018: \$73,261.32



# Student Insurance



WSHD Provided Student Insurance 2018-2019



# 2019 / 2020



- ❧ Premier Plus Plan: \$39,417
- ❧ Catastrophic Coverage: \$2,744.64
- ❧ Total: \$42,161.64
- ❧ While participating in or attending any regularly scheduled and supervised activity of the School, including interscholastic sports and including interscholastic football; or while participating in or attending an authorized and sponsored activities (including after school session or weekends) of the Policyholder on premises designed by the Policyholder. This includes direct and uninterrupted travel to and from such activities in a vehicle designated by the Policyholder and to or from the student's residence to attend regular Policy holder sessions.

# ECISD BOARD POLICY

## FFA (LOCAL)

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- Realizing that healthy students learn better, the District is committed to the promotion of wellness among its students
- The wellness policy was developed under the leadership of the school health advisory council (SHAC).
- Schools will promote nutrition education for all students.
- Schools will encourage and support good nutrition for all students.
- Schools will adopt and implement state standards for physical activity.
- Schools will provide opportunities for every student to develop the knowledge and skills for specific physical activities.
- Schools will provide sanitizers or hand-washing time prior to meal service to help control illness and promote healthy habits.
- Support for the health of all students will be demonstrated by hosting a variety of events that may include: health clinics, health screenings, assistance for enrolling eligible children in Medicaid and/or other available state assistance programs pertaining to children's health.
- The District will provide information and outreach for Women, Infants, and Children (WIC) to students and parents.
- Schools will create a total school environment that is conducive to being physically active.



# ECISD BOARD POLICY

## FFB (LEGAL)

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- ❧ Recommended best practice-based programs in the areas specified below for implementation in public elementary, junior high, middle, and high schools within the general education setting.
  - ❧ Early mental health intervention;
  - ❧ Mental health promotion;
  - ❧ Building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
  - ❧ Substance abuse prevention and intervention;
  - ❧ Suicide prevention
  - ❧ Grief-informed and trauma-informed practices;
  - ❧ Positive behavior interventions and supports and positive youth development; and
  - ❧ Safe, supportive, and positive school climate.

# ECISD BOARD POLICY

## FFC (LEGAL)

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- ✧ The District may establish a school-community guidance center designed to locate and assist children with problems that interfere with their education, including juvenile offenders and children with severe behavioral problems or character disorders.

# ECISD BOARD POLICY

## FFE (LEGAL)

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- ☞ Suicide prevention
- ☞ Chemical addiction or dependency
- ☞ Sexual, physical, or emotional abuse

# Other Health Related treatment provided by partial funding by Winnie Stowell Hospital District:

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- ❧ Outside Licensed Professional Counseling
- ❧ Summer care and treatment
- ❧ Physical, Occupational, and Speech Therapy

# ECISD School Health Advisory Council

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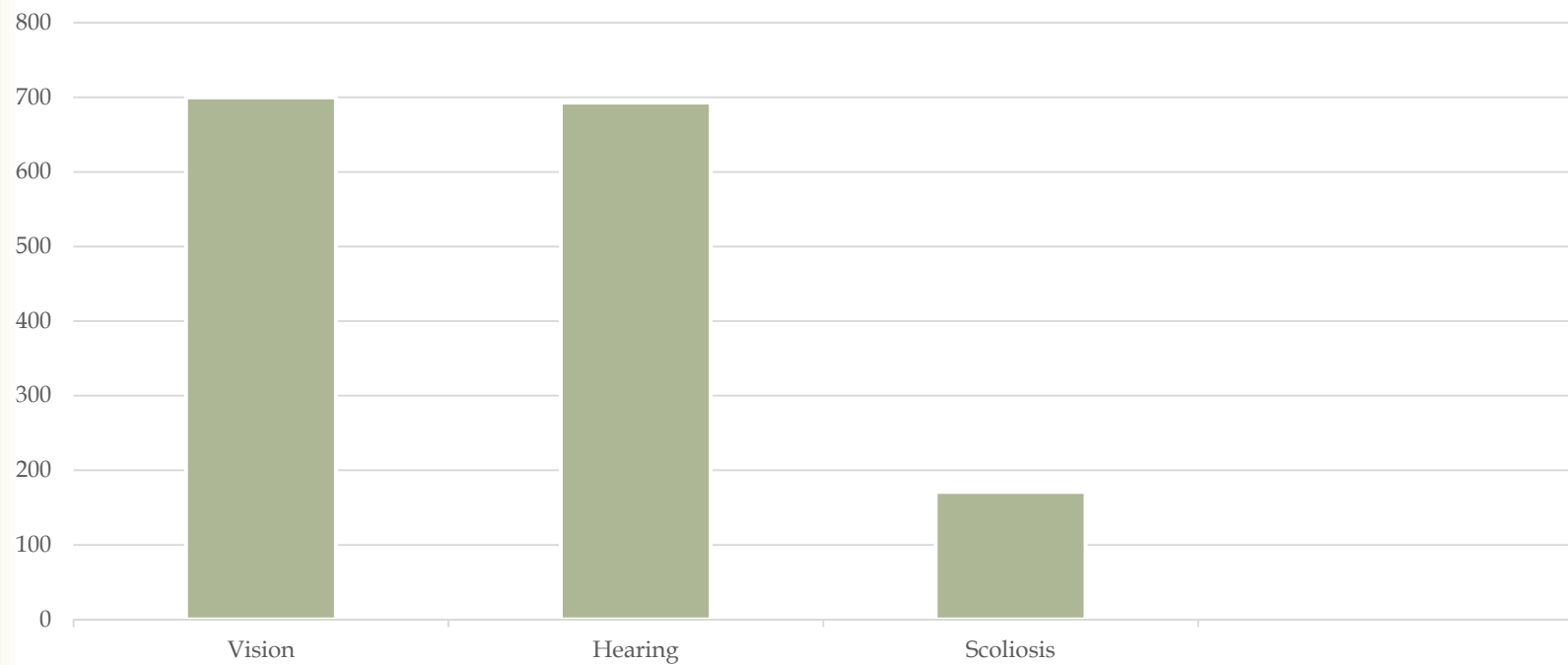


- ❧ The local school health advisory council (SHAC), on behalf of the District, shall review and consider evidence-based strategies and techniques and shall develop nutrition guidelines and wellness goals as required by law. In the development, implementation, and review of these guidelines and goals, the SHAC shall permit participation by parents, students, representatives of the District's food service provider, physical education teachers, school health professionals, members of the Board, school administrators, and members of the public.

# Screenings

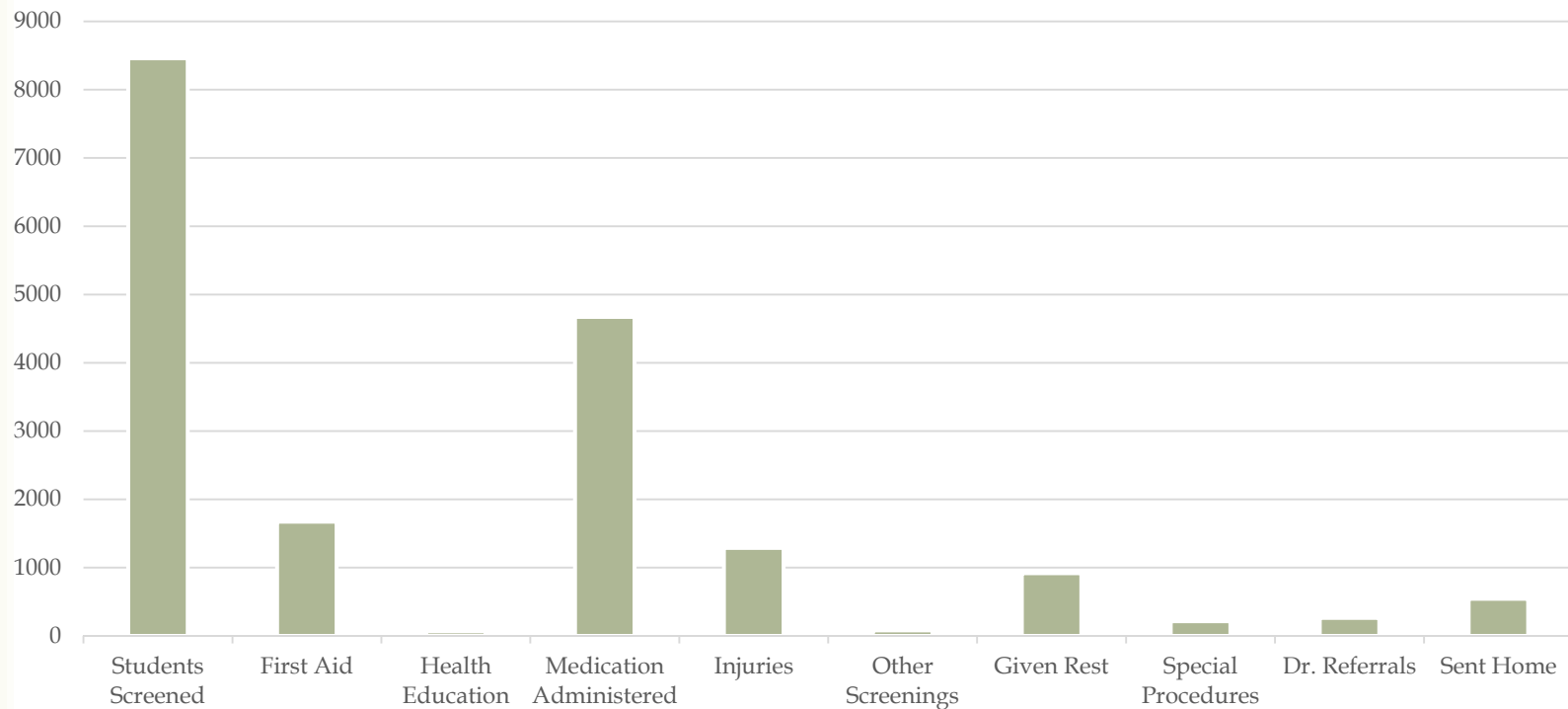


WSHD Provided Screening Services 2018-2019



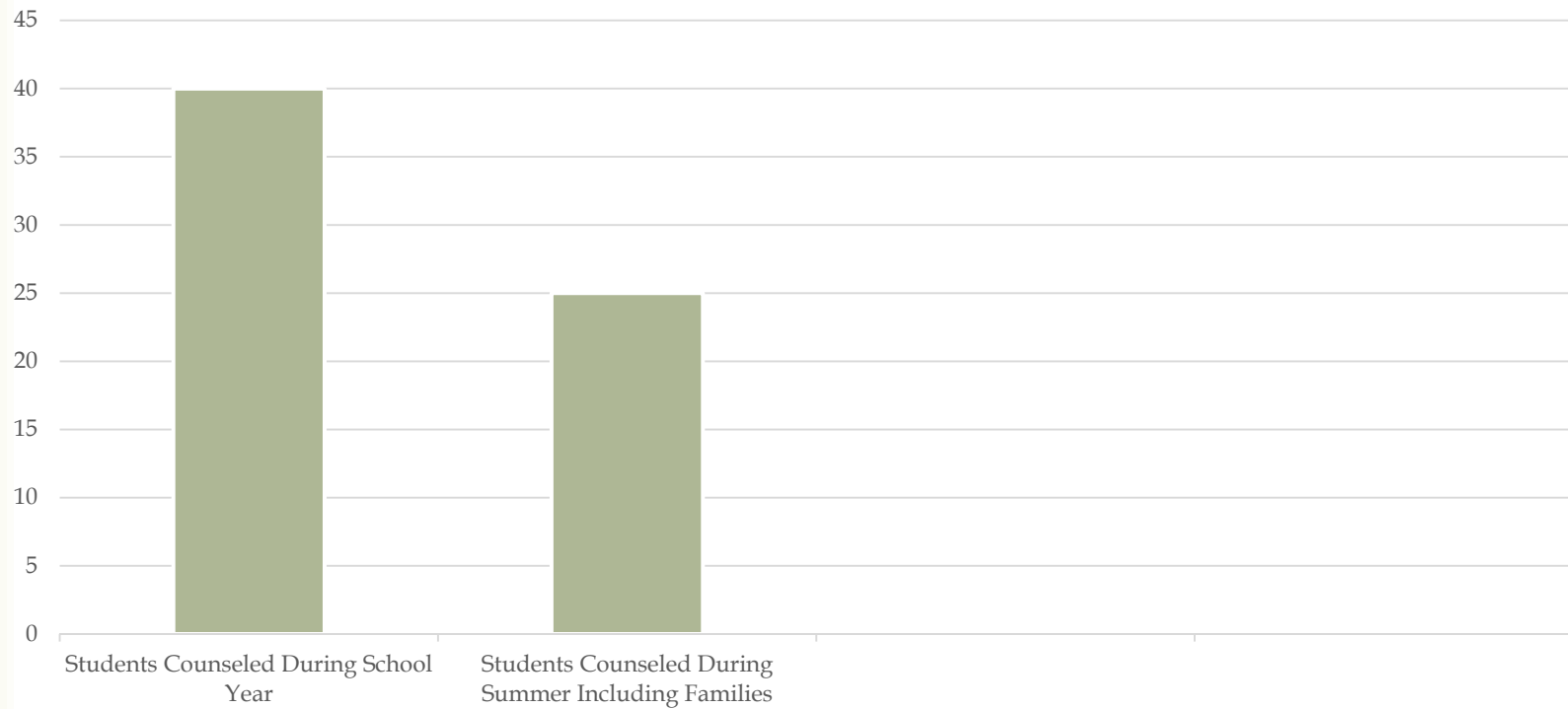
# Services Provided by Nurses Funded by WSHD

WSHD Provided Nurse Services 2018-2019



# School Year and Summer Counseling

WSHD Counseling 2018-2019

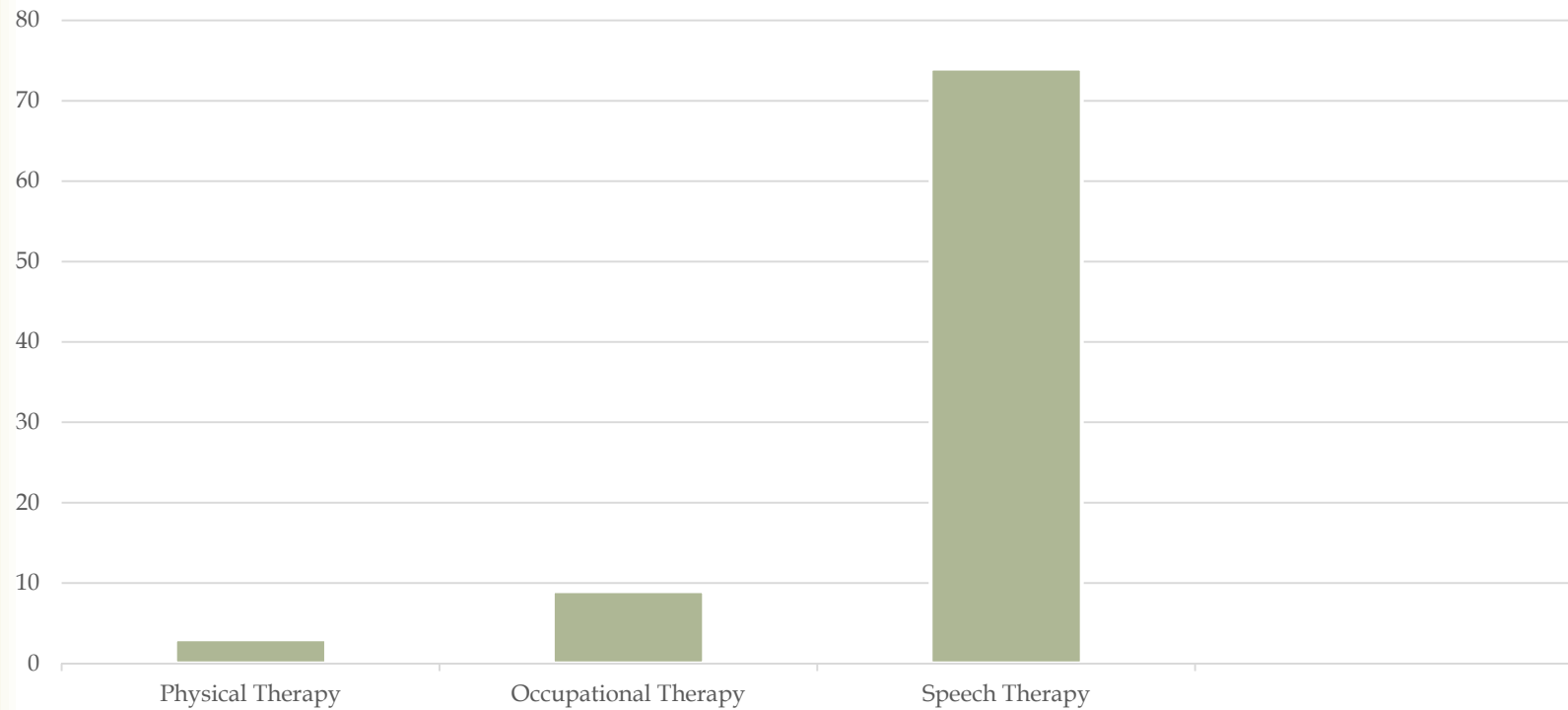




# Therapy Services



WSHD Provided Therapy Services 2018-2019



# Budget 2018-2019 and Expenditures to date

Category	Revenue	Expenditure	Balance
Revenue	\$ 180,000.00	\$ -	
Insurance	\$ -	\$ 42,161.64	\$ (42,161.64)
Contracted Services	\$ -	\$ 27,625.40	\$ (27,625.40)
Nurse Salary/Benefits (2)	\$ -	\$ 108,299.00	\$ (108,299.00)
Nurse Supplies/Expenses	\$ -	\$ 8,416.37	\$ (8,416.37)
Flu Shots	\$ -	\$ 156.00	\$ (156.00)
Totals	\$ 180,000.00	\$ 186,658.41	\$ 6,658.41

# Budget 2019-2020



Category	Revenue	Expenditure	Balance
Revenue	\$ 180,000.00	\$ -	
Insurance	\$ -	\$ 42,000.00	\$ (42,000.00)
Contracted Services	\$ -	\$ 5,500.00	\$ (5,500.00)
Nurse Salary/Benefits (2)	\$ -	\$ 115,000.00	\$ (115,000.00)
Nurse Supplies/Expenses	\$ -	\$ 15,500.00	\$ (15,500.00)
Flu Shots/Immunizations	\$ -	\$ 2,000.00	\$ (2,000.00)
Totals	\$ 180,000.00	\$ 180,000.00	\$ -

# Thank you WSHD



On behalf of the children and families of the Winnie and Stowell communities, we appreciate your continuation of this vital partnership agreement to provide services for the children of our community.

Because of the Winnie Stowell Hospital District's commitment to this partnership, the children in the Winnie Stowell community are safer, healthier, and more secure.

# 2017-2018 ECISD Presentation

Incurred and Pending  
claims for 2016-2018:

\$60,024.20



# Student Insurance



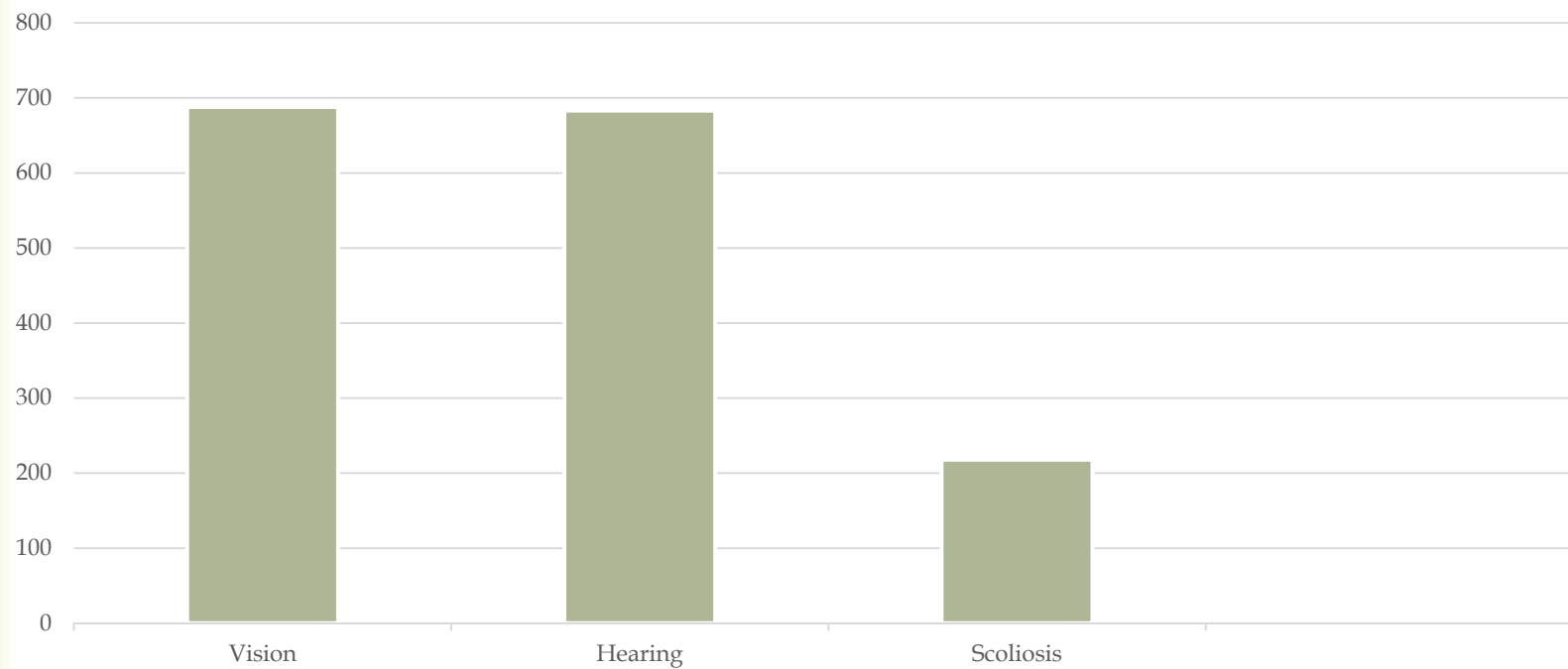
WSHD Provided Student Insurance 2017-2018



# Screenings



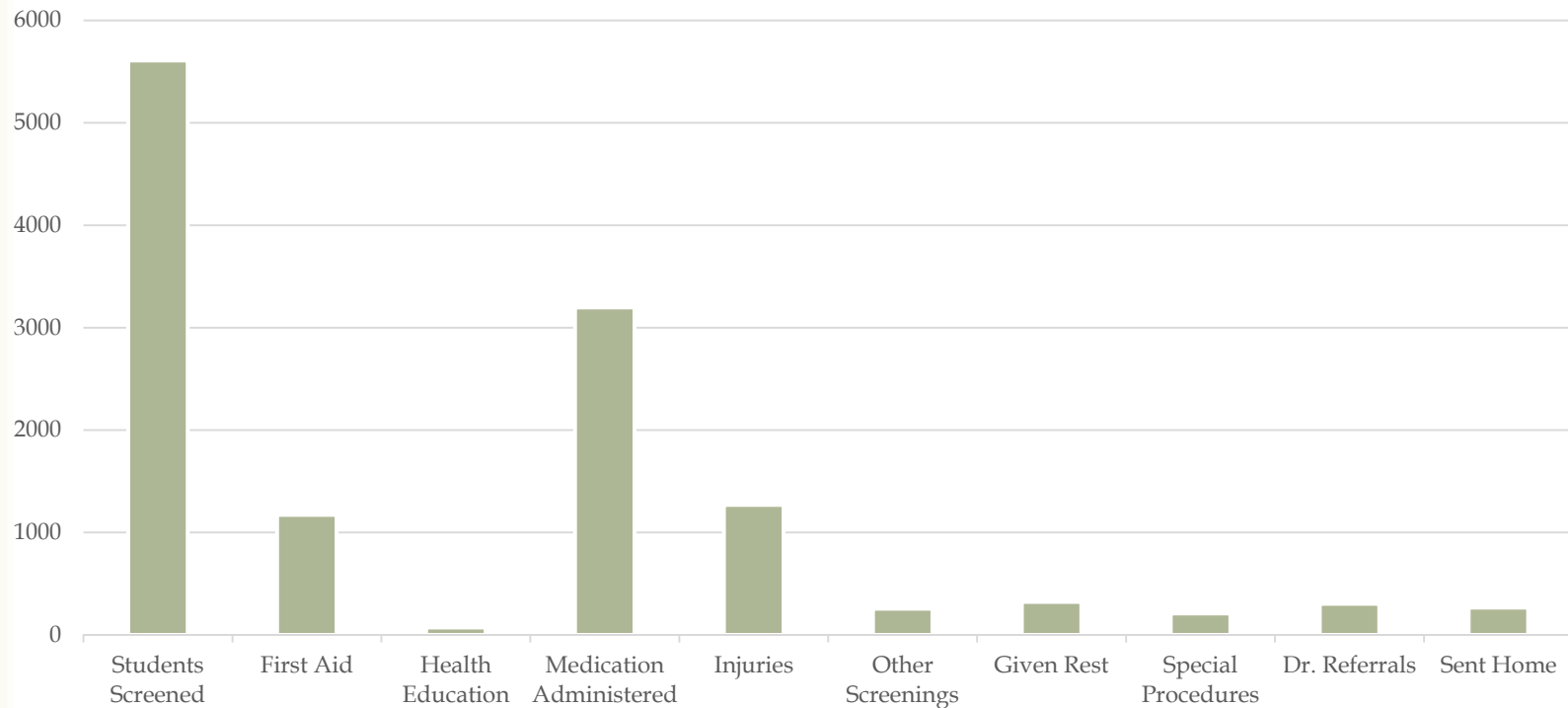
WSHD Provided Screening Services 2017-2018





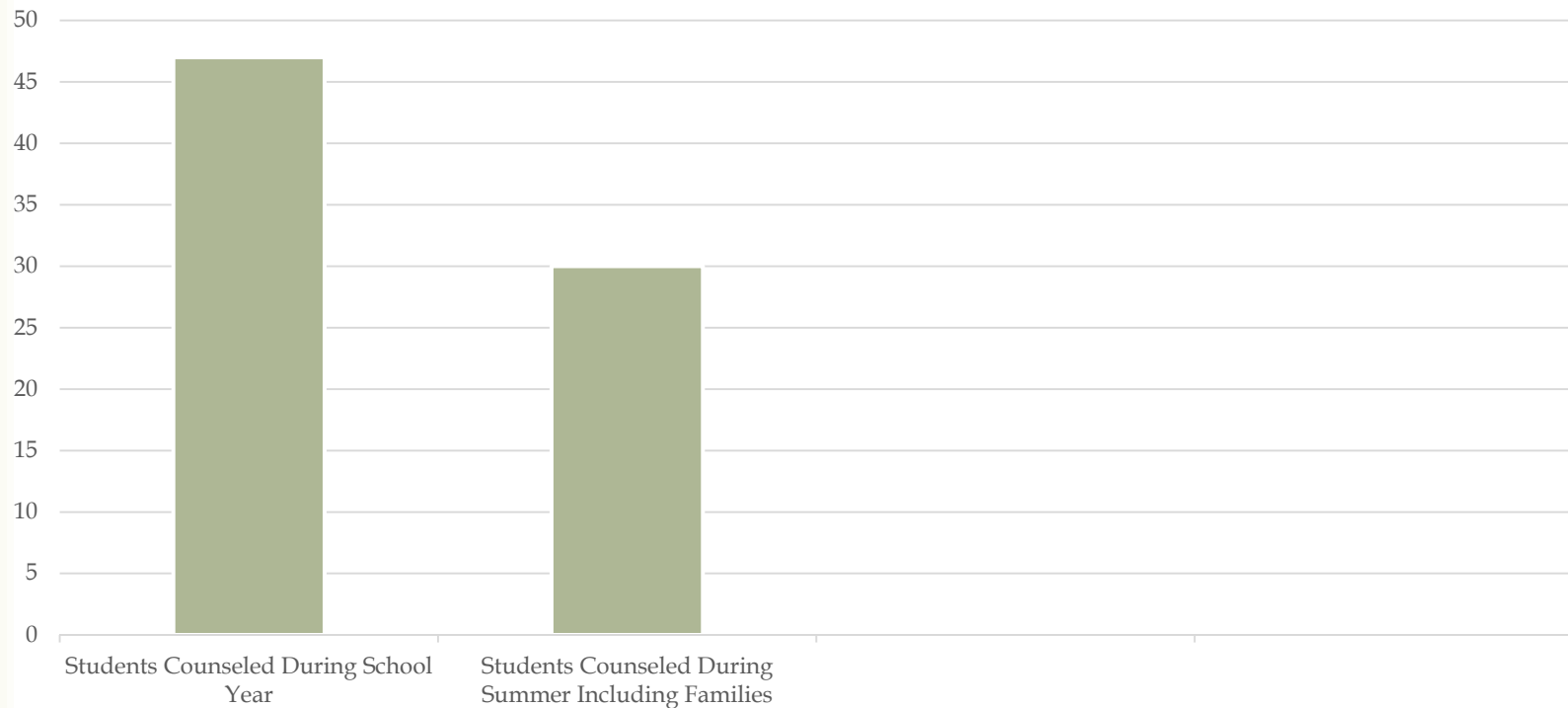
# Services Provided by Nurse

WSHD Provided Nurse Services 2017-2018



# School Year and Summer Counseling

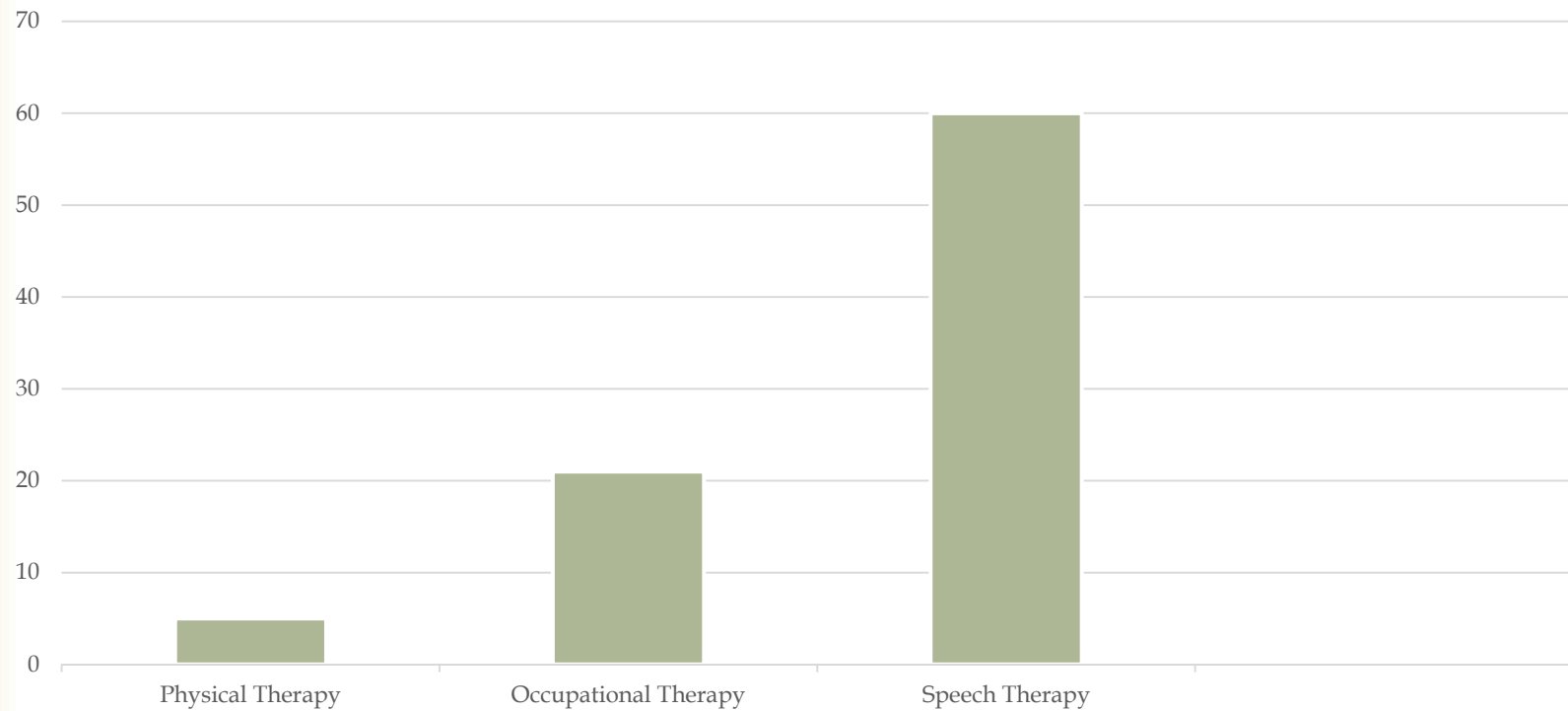
WSHD Counseling 2017-2018



# Therapy Services



WSHD Provided Therapy Services 2017-2018



# Budget 2017-2018 and Expenditures to date

Category	Revenue	Expenditure	Balance
Revenue	\$ 180,000.00	\$ -	
Insurance	\$ -	\$ 42,161.64	\$ (42,161.64)
Contracted Services	\$ -	\$ 72,740.00	\$ (72,740.00)
Nurse Salary/Benefits	\$ -	\$ 61,260.00	\$ (61,260.00)
Nurse Supplies/Expenses	\$ -	\$ 15,500.00	\$ (15,500.00)
Flu Shots	\$ -	\$ 84.00	\$ (84.00)
Totals	\$ 180,000.00	\$ 191,745.64	\$ 11,745.64

# Budget 2018-2019



Category	Revenue	Expenditure	Balance
Revenue	\$ 180,000.00	\$ -	
Insurance	\$ -	\$ 42,161.64	\$ (42,161.64)
Contracted Services	\$ -	\$ 72,740.00	\$ (72,740.00)
Nurse Salary/Benefits	\$ -	\$ 100,000.00	\$ (100,000.00)
Nurse Supplies/Expenses	\$ -	\$ 15,500.00	\$ (15,500.00)
Flu Shots	\$ -	\$ 500.00	\$ (500.00)
Totals	\$ 180,000.00	\$ 230,901.64	\$ 50,901.64

# Exhibit “C”

July 17, 2019

Winnie-Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

Dear WSHD Board Members,

Please accept this letter as formal notification that I am resigning from my position as Indigent Healthcare Director with the Winnie Stowell Hospital District. I intend to work for the remaining 30 days as promised to my Indigent Healthcare Committee. In those 30 days I am willing to train who will replace me if needed.

I am very grateful for the opportunity given to me to help the Winnie-Stowell community and I appreciate the opportunity you all have given to me by trusting me with this position and the development of this program. I have respect and love for what the Indigent Program is and it hurts to have to walk away from something that brings relief to the people that make up what we call our community.

Sincerely,

Deyanira Jimenez

# Exhibit “D”



	June			
<b>Clients:</b>	89			
<b>Children Counseled:</b>	13			
	<b>Billed Amount</b>	<b>Medicaid Rate</b>	<b>% of Services</b>	<b>Actually Paid</b>
<b>Summary by Facility</b>				
Winnie Community Hospital	\$81,544.20	\$33,433.12	61.95%	\$0.00
<b>Pharmacy</b>				
Brookshire Brothers Pharmacy Corp	\$9,345.88	\$8,589.04	15.91%	\$8,589.04
Brookshire Brothers Pharmacy Med	\$0.00	\$0.00	0.00%	\$0.00
Wilcox Pharmacy	\$1,979.06	\$1,363.64	2.53%	\$1,363.64
<b>Pharmacy Total</b>	<b>\$11,324.94</b>	<b>\$9,952.68</b>	<b>18.44%</b>	<b>\$9,952.68</b>
<b>UTMB</b>				
UTMB Hospital	\$32,090.26	\$7,701.67	14.27%	\$7,701.67
UTMB Physician Services	\$9,243.00	\$2,883.68	5.34%	\$2,883.68
<b>UTMB Total</b>	<b>\$41,333.26</b>	<b>\$10,585.35</b>	<b>19.61%</b>	<b>\$10,585.35</b>
<b>Youth Counseling</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0.00%</b>	<b>\$0.00</b>
<b>Grand Totals</b>	<b>\$134,202.40</b>	<b>\$53,971.15</b>		<b>\$20,538.03</b>

	Year to Date			
	<b>Billed Amount</b>	<b>Medicaid Rate</b>	<b>% of Services</b>	<b>Actually Paid</b>
	\$446,941.92	\$183,336.18	58.55%	\$0.00
	\$49,456.83	\$44,520.06	14.22%	\$44,520.06
	\$79.60	\$8.50	0.00%	\$79.60
	\$13,286.83	\$9,168.20	2.93%	\$9,168.20
	<b>\$62,823.26</b>	<b>\$53,696.76</b>	<b>17.15%</b>	<b>\$53,767.86</b>
	\$207,933.11	\$60,439.26	19.30%	\$60,439.26
	\$47,446.00	\$15,672.47	5.00%	\$15,672.47
	<b>\$255,379.11</b>	<b>\$76,111.73</b>	<b>24.31%</b>	<b>\$76,111.73</b>
	<b>\$0.00</b>	<b>\$0.00</b>	<b>0.00%</b>	<b>\$0.00</b>
	<b>\$765,144.29</b>	<b>\$313,144.67</b>		<b>\$129,879.59</b>

**Summary by Service Provided**

Prescription Drugs	\$11,324.94	\$9,952.68	18.44%	\$9,952.68
WCH Clinic	\$9,057.20	\$3,713.45	6.88%	\$0.00
WCH ER	\$30,976.00	\$12,700.16	23.53%	\$0.00
WCH Inpatient	\$0.00	\$0.00	0.00%	\$0.00
WCH Observation	\$0.00	\$0.00	0.00%	\$0.00
WCH Outpatient Surgery	\$0.00	\$0.00	0.00%	\$0.00
WCH Labs	\$3,265.00	\$1,338.65	2.48%	\$0.00
WCH Physical Therapy	\$8,542.00	\$3,502.22	6.49%	\$0.00
WCH Ultrasound	\$4,084.00	\$1,674.44	3.10%	\$0.00
WCH Lab/Xray	\$7,471.00	\$3,063.11	5.68%	\$0.00
WCH CT Scan	\$2,808.00	\$1,151.28	2.13%	\$0.00
WCH Xray	\$10,259.00	\$4,206.19	7.79%	\$0.00
WCH Optical Specialist	\$0.00	\$0.00	0.00%	\$0.00
Lab/Xray readings	\$5,082.00	\$2,083.62	3.86%	\$0.00
UTMB Outpatient	\$32,090.26	\$7,701.67	14.27%	\$7,701.67
UTMB Anesthesia	\$732.00	\$582.00	1.08%	\$582.00
UTMB Physician Services	\$8,511.00	\$2,301.68	4.26%	\$2,301.68
Youth Counseling	\$0.00	\$0.00	0.00%	\$0.00
<b>Grant Totals</b>	<b>\$134,202.40</b>	<b>\$53,971.15</b>		<b>\$20,538.03</b>

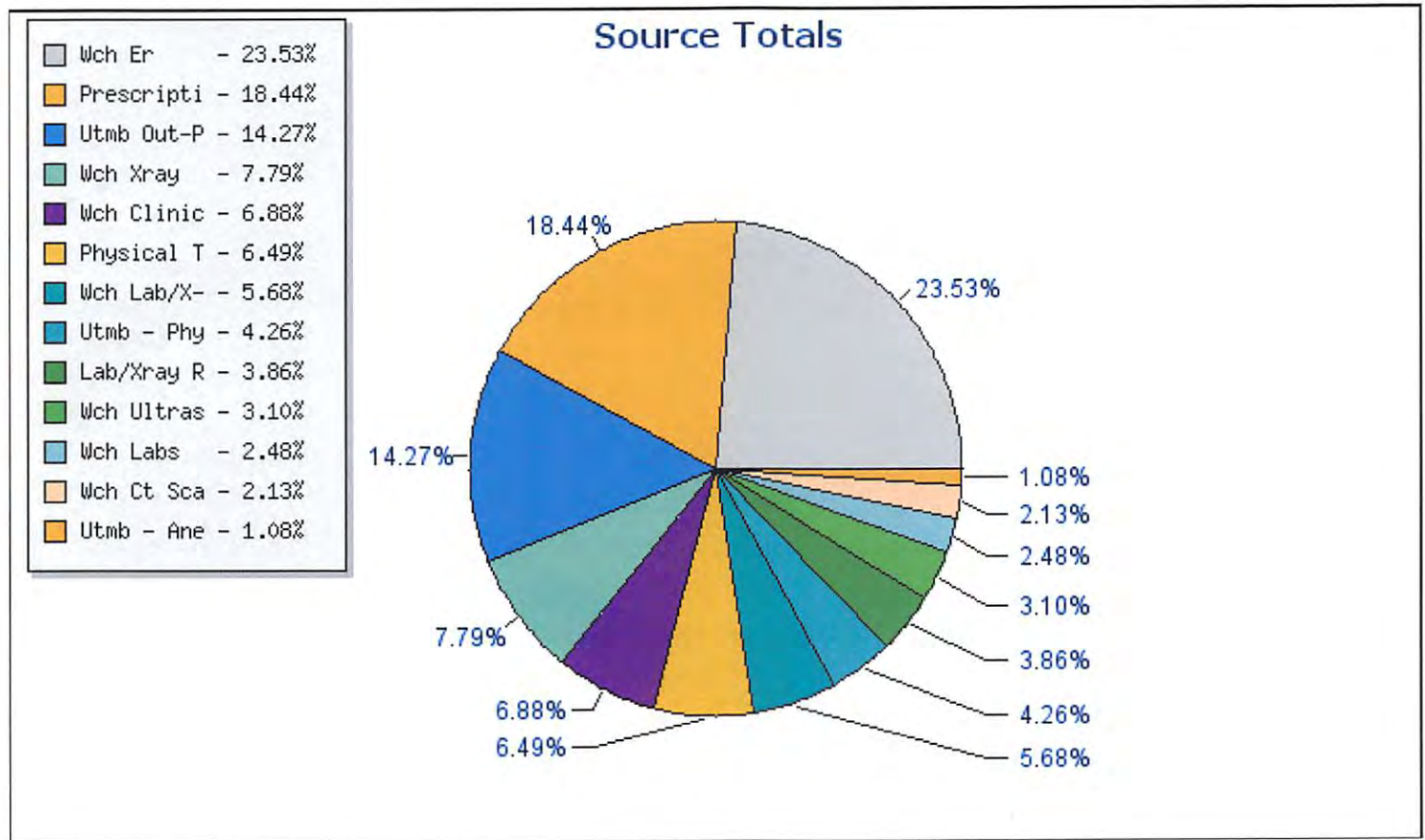
	\$123,544.06	\$78,753.39	23.29%	\$78,753.39
	\$61,321.12	\$25,141.66	7.44%	\$0.00
	\$163,731.00	\$67,129.71	19.85%	\$0.00
	\$0.00	\$0.00	0.00%	\$0.00
	\$10,641.00	\$4,362.81	1.29%	\$0.00
	\$0.00	\$0.00	0.00%	\$0.00
	\$39,656.00	\$16,258.96	4.81%	\$0.00
	\$20,775.00	\$8,517.75	2.52%	\$0.00
	\$5,462.00	\$2,239.42	0.66%	\$0.00
	\$82,261.00	\$33,727.01	9.98%	\$0.00
	\$8,105.00	\$3,323.05	0.98%	\$0.00
	\$38,301.80	\$15,703.73	4.64%	\$0.00
	\$2,920.00	\$1,197.20	0.35%	\$0.00
	\$13,768.00	\$5,644.88	1.67%	\$0.00
	\$207,933.11	\$60,439.26	17.88%	\$60,439.26
	\$5,180.00	\$3,955.00	1.17%	\$3,955.00
	\$42,266.00	\$11,717.47	3.47%	\$11,717.47
	\$0.00	\$0.00	0.00%	\$0.00
	<b>\$825,865.09</b>	<b>\$338,111.30</b>		<b>\$154,865.12</b>

**Source Totals for Batch Dates 06/01/2019 through 6/30/19**

Wch Er	23.53%	\$12,700.16
Prescription Drugs	18.44%	\$9,952.68
Utmb Out-Patient	14.27%	\$7,701.67
Wch Xray	7.79%	\$4,206.19
Wch Clinic	6.88%	\$3,713.45
Physical Therapy	6.49%	\$3,502.22
Wch Lab/X-Ray	5.68%	\$3,063.11
Utmb - Physician Services	4.26%	\$2,301.68
Lab/Xray Readings	3.86%	\$2,083.62
Wch Ultrasound	3.10%	\$1,674.44
Wch Labs	2.48%	\$1,338.65
Wch Ct Scan	2.13%	\$1,151.28
Utmb - Anesthesia Services	1.08%	\$582.00

**Total Expenditures**

**\$53,971.15**



**Entry Statistics for Entry Dates 06/01/2019 through 6/30/19**

Clients Entered	1
Rapid Reg. Entered	3
Vendors Entered	0
Worksheets Entered	16
Invoices Entered	132

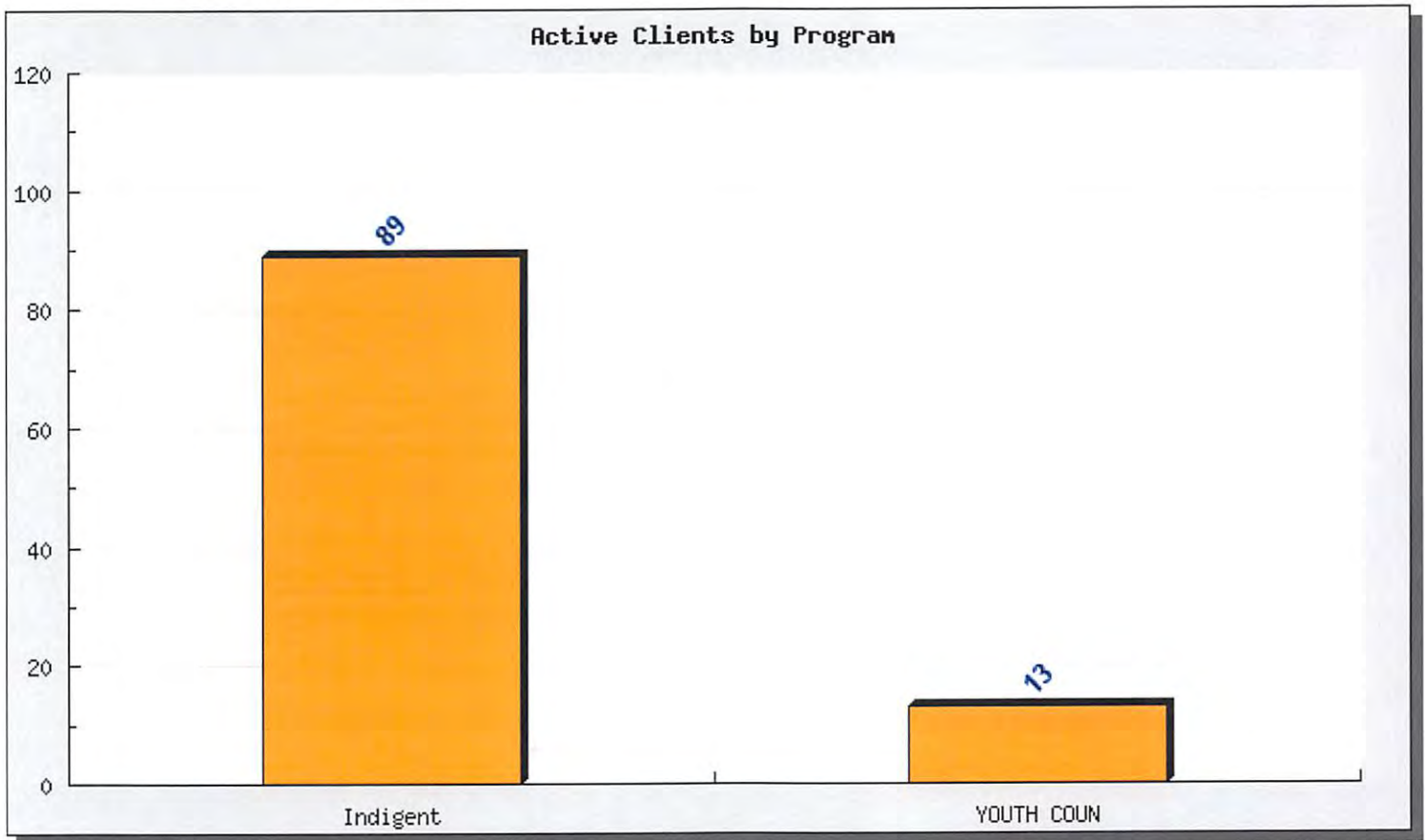
**Void Statistics for Void Dates 06/01/2019 through 6/30/19**

Clients Voided	0
Vendors Voided	0
Rapid Reg. Voided	0
Invoices Voided	0

**Active Clients by Program for Eligibility Dates 06/01/2019 through 6/30/19**

Indigent	89
YOUTH COUNSELING	13

**Total Clients By Program** **102**



**Appointments Scheduled by Type for Appointment Dates 06/01/2019 through 6/30/19**

New Appointment	3
Renewal	18

**Total Appointments Scheduled** **21**

**Source Totals Report**

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 06/30/2019 through 06/30/2019

For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	11,324.94	9,952.68
20	Physical Therapy	8,542.00	3,502.22
21	Wch Clinic	9,057.20	3,713.45
24	Wch Er	30,976.00	12,700.16
25	Wch Lab/X-Ray	7,471.00	3,063.11
26	Wch Ct Scan	2,808.00	1,151.28
27	Wch Labs	3,265.00	1,338.65
28	Wch Xray	10,259.00	4,206.19
29	Wch Ultrasound	4,084.00	1,674.44
31	Utmb - Physician Services	8,511.00	2,301.68
31-1	Utmb - Anesthesia Services	732.00	582.00
34	Utmb Out-Patient	32,090.26	7,701.67
44	Lab/Xray Readings	5,082.00	2,083.62
<b>Expenditures</b>		<b>134,202.40</b>	<b>53,971.15</b>
<b>Reimb/Adjustments</b>			
<b>Grand Total</b>		<b>134,202.40</b>	<b>53,971.15</b>

**Source Totals Report Detail**

Invoice #	Source	DOS	Amount Billed	Amount Paid
036-3430*65460*3	02	06/07/2019	54.42	54.42
1031*65460*12	02	06/20/2019	12.59	12.59
1066*65460*9	02	06/14/2019	26.08	26.08
1070*65460*6	02	06/20/2019	8.22	5.40
1086*18651*15	02	06/27/2019	79.50	40.01
1117*65460*6	02	06/18/2019	242.50	242.50
1120*65460*4	02	06/05/2019	160.71	160.71
1129*65460*2	02	06/13/2019	6.20	6.20
1144*18651*2	02	06/20/2019	44.03	21.87
1146*65460*1	02	06/05/2019	14.47	14.47
1150*18651*1	02	06/17/2019	6.77	6.77
036-2942*18651*91	02	06/22/2019	389.93	306.35
036-2942*18651*91	02	06/24/2019	38.17	30.37
1025*65460*15	02	06/04/2019	161.39	161.39
1025*65460*15	02	06/06/2019	25.00	25.00
1040*18651*29	02	06/23/2019	27.67	19.81
1040*18651*29	02	06/28/2019	20.36	14.89
1049*65460*27	02	06/05/2019	42.60	42.60
1049*65460*27	02	06/05/2019	6.36	6.36
1055*65460*12	02	06/10/2019	12.95	12.95
1055*65460*12	02	06/19/2019	53.67	53.62
1061*65460*16	02	06/03/2019	7.37	7.37
1061*65460*16	02	06/03/2019	7.14	7.14
1075*18651*16	02	06/07/2019	101.78	46.84
1075*18651*16	02	06/19/2019	429.97	201.02
1081*65460*9	02	06/07/2019	12.00	12.00
1081*65460*9	02	06/07/2019	120.77	120.77
1111*65460*6	02	06/27/2019	110.38	72.33
1111*65460*6	02	06/27/2019	16.58	16.58
1114*65460*6	02	06/28/2019	6.07	6.07

1114*65460*6	02	06/28/2019	17.46	17.46
1133*65460*4	02	06/10/2019	29.25	29.25
1133*65460*4	02	06/10/2019	55.59	55.59
1148*65460*2	02	06/28/2019	137.01	137.01
1148*65460*2	02	06/06/2019	10.00	10.00
036-2547*65460*13	02	06/05/2019	326.02	326.02
036-2547*65460*13	02	06/06/2019	85.07	85.07
036-2547*65460*13	02	06/05/2019	31.43	31.43
036-2783*18651*97	02	06/18/2019	50.00	50.00
036-2783*18651*97	02	06/18/2019	50.00	39.84
036-2783*18651*97	02	06/18/2019	25.00	25.00
036-2815*65460*23	02	06/01/2019	33.89	33.89
036-2815*65460*23	02	06/01/2019	599.42	505.71
036-2815*65460*23	02	06/01/2019	1,114.14	943.22
036-3213*65460*6	02	06/22/2019	85.92	69.23
036-3213*65460*6	02	06/25/2019	30.44	30.44
036-3213*65460*6	02	06/25/2019	480.38	480.38
1024*65460*32	02	06/07/2019	21.00	21.00
1024*65460*32	02	06/07/2019	7.14	7.14
1024*65460*32	02	06/07/2019	7.67	7.67
1038*65460*31	02	06/01/2019	231.00	231.00
1038*65460*31	02	06/01/2019	145.07	145.07
1038*65460*31	02	06/01/2019	29.47	19.25
1091*65460*16	02	06/03/2019	541.00	456.05
1091*65460*16	02	06/03/2019	10.96	10.75
1091*65460*16	02	06/07/2019	50.42	50.42
1093*18651*10	02	06/06/2019	25.00	25.00
1093*18651*10	02	06/06/2019	11.58	7.00
1093*18651*10	02	06/06/2019	20.09	14.69
1096*65460*13	02	05/24/2019	15.00	15.00
1096*65460*13	02	05/24/2019	6.10	6.10
1096*65460*13	02	06/18/2019	13.75	13.75
1098*65460*14	02	06/12/2019	33.89	33.89
1098*65460*14	02	06/25/2019	158.00	158.00
1098*65460*14	02	06/13/2019	194.27	91.39
1106*65460*11	02	06/27/2019	12.65	12.65
1106*65460*11	02	06/27/2019	6.56	6.56
1106*65460*11	02	06/27/2019	15.23	15.23
1121*65460*5	02	06/22/2019	15.57	15.57
1121*65460*5	02	06/22/2019	10.26	10.26
1121*65460*5	02	06/22/2019	9.22	9.22
1123*65460*7	02	06/07/2019	747.54	631.61
1123*65460*7	02	06/07/2019	156.76	156.76
1123*65460*7	02	06/07/2019	96.48	96.48
1128*65460*3	02	06/04/2019	147.11	147.11
1128*65460*3	02	06/04/2019	56.96	56.96
1128*65460*3	02	06/04/2019	10.00	10.00
1134*65460*4	02	06/06/2019	189.11	181.82
1134*65460*4	02	06/19/2019	20.07	10.52
1134*65460*4	02	06/20/2019	573.83	480.55
1137*65460*4	02	06/25/2019	277.86	277.86
1137*65460*4	02	06/25/2019	12.00	12.00
1137*65460*4	02	06/14/2019	11.53	11.53
1145*65460*2	02	06/04/2019	12.00	12.00
1145*65460*2	02	06/04/2019	25.00	25.00
1145*65460*2	02	06/04/2019	22.06	22.06
036-2458*65460*4	02	04/29/2019	32.77	32.77
036-2458*65460*4	02	06/03/2019	18.37	18.37
036-2458*65460*4	02	06/06/2019	10.00	10.00

036-2458*65460*4	02	06/29/2019	6.36	6.36
036-3364*18651*63	02	06/19/2019	54.86	54.86
036-3364*18651*63	02	06/19/2019	42.61	21.19
036-3364*18651*63	02	06/19/2019	24.00	24.00
036-3364*18651*63	02	06/19/2019	23.62	12.76
1095*18651*8	02	06/12/2019	48.60	24.11
1095*18651*8	02	06/08/2019	31.10	31.10
1095*18651*8	02	06/07/2019	56.11	45.21
1095*18651*8	02	06/08/2019	13.78	7.95
1107*65460*10	02	06/05/2019	5.54	5.54
1107*65460*10	02	06/04/2019	29.40	29.40
1107*65460*10	02	06/04/2019	42.60	42.60
1107*65460*10	02	06/24/2019	30.98	30.98
1122*65460*5	02	06/20/2019	5.96	5.96
1122*65460*5	02	06/18/2019	12.00	12.00
1122*65460*5	02	06/18/2019	12.00	12.00
1122*65460*5	02	06/18/2019	25.00	25.00
1131*65460*4	02	06/18/2019	15.00	15.00
1131*65460*4	02	06/18/2019	12.00	12.00
1131*65460*4	02	06/24/2019	10.63	10.63
1131*65460*4	02	06/29/2019	26.66	26.66
1140*65460*3	02	06/26/2019	15.00	15.00
1140*65460*3	02	06/26/2019	20.40	20.40
1140*65460*3	02	06/01/2019	26.68	26.68
1140*65460*3	02	06/01/2019	8.47	5.81
036-2475*65460*28	02	06/29/2019	34.40	34.40
036-2475*65460*28	02	06/29/2019	13.24	11.94
036-2475*65460*28	02	06/29/2019	45.50	45.50
036-2475*65460*28	02	06/29/2019	30.23	30.23
036-2475*65460*28	02	06/29/2019	6.28	5.28
036-2749*65460*44	02	06/08/2019	9.86	9.86
036-2749*65460*44	02	06/08/2019	7.02	4.95
036-2749*65460*44	02	06/10/2019	25.00	25.00
036-2749*65460*44	02	06/11/2019	47.17	47.17
036-2749*65460*44	02	06/11/2019	55.47	55.47
1019*65460*34	02	06/10/2019	55.59	55.59
1019*65460*34	02	06/10/2019	15.84	15.84
1019*65460*34	02	06/10/2019	12.00	12.00
1019*65460*34	02	06/10/2019	12.00	12.00
1019*65460*34	02	06/10/2019	36.32	36.32
1046*65460*27	02	06/01/2019	33.77	33.77
1046*65460*27	02	06/01/2019	10.00	10.00
1046*65460*27	02	06/01/2019	36.32	36.32
1046*65460*27	02	06/01/2019	34.52	34.52
1046*65460*27	02	06/01/2019	30.84	30.84
1110*18651*10	02	06/19/2019	75.61	36.94
1110*18651*10	02	06/05/2019	21.42	15.67
1110*18651*10	02	06/19/2019	9.77	4.27
1110*18651*10	02	06/19/2019	15.00	15.00
1110*18651*10	02	06/05/2019	15.00	15.00
1143*18651*2	02	06/05/2019	55.92	55.92
1143*18651*2	02	06/05/2019	39.87	39.87
1143*18651*2	02	06/05/2019	23.27	12.59
1143*18651*2	02	06/05/2019	10.58	7.00
1143*18651*2	02	06/05/2019	20.09	14.69
036-2945*65460*6	02	06/19/2019	29.81	28.33
036-2945*65460*6	02	06/19/2019	14.73	14.73
036-2945*65460*6	02	06/19/2019	26.35	26.35
036-2945*65460*6	02	06/19/2019	47.91	47.91

036-2945*65460*6	02	06/14/2019	21.31	21.31
036-2945*65460*6	02	06/14/2019	14.66	14.66
036-3432*65460*41	02	06/24/2019	26.54	26.54
036-3432*65460*41	02	06/05/2019	27.58	27.58
036-3432*65460*41	02	06/05/2019	36.32	36.32
036-3432*65460*41	02	06/05/2019	30.00	30.00
036-3432*65460*41	02	06/05/2019	6.08	6.08
036-3432*65460*41	02	06/05/2019	6.46	6.46
036-3253*18651*15	02	06/03/2019	4.53	4.53
036-3253*18651*15	02	06/03/2019	5.00	5.00
036-3253*18651*15	02	06/03/2019	14.83	12.88
036-3253*18651*15	02	06/10/2019	10.00	10.00
036-3253*18651*15	02	06/20/2019	5.15	5.15
036-3253*18651*15	02	06/13/2019	19.00	19.00
036-3253*18651*15	02	06/03/2019	14.96	14.96
036-3253*18651*15	02	06/03/2019	4.53	4.53
1141*65460*3	02	06/19/2019	10.00	10.00
1141*65460*3	02	06/19/2019	7.32	7.32
1141*65460*3	02	06/19/2019	5.76	4.19
1141*65460*3	02	06/19/2019	12.00	12.00
1141*65460*3	02	06/19/2019	10.96	10.75
1141*65460*3	02	06/19/2019	7.18	7.18
1141*65460*3	02	06/27/2019	7.46	7.46
1141*65460*3	02	06/27/2019	44.23	44.23

**57 invoices, 172 line items**

	<b>11,324.94</b>	<b>9,952.68</b>
036-2458*63057*4	1,966.00	806.06
1137*63057*4	3,552.00	1,456.32
1140*63057*3	3,024.00	1,239.84

**3 invoices, 3 line items**

	<b>8,542.00</b>	<b>3,502.22</b>
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036-2458*63057*4	21	06/06/2019	236.00	96.76
1137*63057*4	21	06/25/2019	236.00	96.76
1140*63057*3	21	06/26/2019	236.00	96.76
036-3430*63057*4	21	06/07/2019	236.00	96.76
1031*63057*12	21	06/20/2019	113.00	46.33
1038*63057*16	21	05/22/2019	47.20	19.35
1053*63057*5	21	06/04/2019	236.00	96.76
1093*63057*5	21	06/06/2019	589.00	241.49
1095*63057*5	21	06/28/2019	236.00	96.76
1096*63057*15	21	06/18/2019	36.00	14.76
1111*63057*9	21	06/27/2019	158.00	64.78
1114*63057*5	21	06/27/2019	236.00	96.76
1117*63057*6	21	06/18/2019	236.00	96.76
036-3213*63057*12	21	06/22/2019	276.00	113.16
036-3213*63057*12	21	06/25/2019	277.00	113.57
1149*63057*2	21	06/05/2019	82.00	33.62
1149*63057*2	21	06/13/2019	82.00	33.62
1131*63057*4	21	06/18/2019	236.00	96.76
1151*63057*1	21	06/21/2019	277.00	113.57
036-3343*63057*1	21	06/20/2019	356.00	145.96
036-3343*63057*1	21	06/27/2019	281.00	115.21
1143*63057*3	21	06/04/2019	236.00	96.76
1127*63057*4	21	06/25/2019	113.00	46.33
1110*63057*5	21	06/05/2019	236.00	96.76
1110*63057*5	21	06/27/2019	281.00	115.21
1129*63057*2	21	06/13/2019	377.00	154.57



1122*63057*5	21	06/20/2019	191.00	78.31
036-2547*63057*11	21	06/05/2019	236.00	96.76
1145*63057*2	21	06/04/2019	236.00	96.76
1132*63057*3	21	06/10/2019	82.00	33.62
1107*63057*10	21	06/14/2019	158.00	64.78
036-2783*63057*23	21	06/26/2019	236.00	96.76
1123*63057*6	21	06/12/2019	236.00	96.76
1126*63057*2	21	06/04/2019	236.00	96.76
1146*63057*2	21	06/05/2019	236.00	96.76
1040*63057*12	21	06/12/2019	359.00	147.19
1040*63057*12	21	06/28/2019	236.00	96.76
036-2945*63057*5	21	06/19/2019	403.00	165.23
036-2945*63057*5	21	06/25/2019	271.00	111.11
<b>33 invoices, 39 line items</b>			<b>9,057.20</b>	<b>3,713.45</b>
1131*63057*4	24	06/23/2019	1,270.00	520.70
1042*63057*12	24	05/27/2019	2,504.00	1,026.64
1061*63057*13	24	06/01/2019	2,465.00	1,010.65
1121*63057*5	24	06/22/2019	1,593.00	653.13
1107*63057*10	24	06/14/2019	4,859.00	1,992.19
036-2783*63057*23	24	06/16/2019	3,927.00	1,610.07
036-3432*63057*16	24	06/24/2019	6,957.00	2,852.37
1024*63057*29	24	06/06/2019	2,224.00	911.84
1091*63057*13	24	06/23/2019	975.00	399.75
1098*63057*9	24	06/07/2019	4,202.00	1,722.82
<b>10 invoices, 10 line items</b>			<b>30,976.00</b>	<b>12,700.16</b>
1151*63057*1	25	06/21/2019	2,781.00	1,140.21
036-3343*63057*1	25	06/20/2019	2,643.00	1,083.63
036-2783*63057*23	25	06/28/2019	1,893.00	776.13
1123*63057*6	25	05/29/2019	154.00	63.14
<b>4 invoices, 4 line items</b>			<b>7,471.00</b>	<b>3,063.11</b>
1140*63057*3	26	06/24/2019	2,808.00	1,151.28
<b>1 invoices, 1 line items</b>			<b>2,808.00</b>	<b>1,151.28</b>
1143*63057*3	27	06/04/2019	443.00	181.63
1126*63057*2	27	06/04/2019	904.00	370.64
1146*63057*2	27	06/05/2019	190.00	77.90
036-2945*63057*5	27	06/26/2019	1,728.00	708.48
<b>4 invoices, 4 line items</b>			<b>3,265.00</b>	<b>1,338.65</b>
1127*63057*4	28	06/25/2019	2,808.00	1,151.28
1110*63057*5	28	06/05/2019	326.00	133.66
1126*63057*2	28	06/07/2019	689.00	282.49
1126*63057*2	28	06/19/2019	5,297.00	2,171.77
1040*63057*12	28	06/12/2019	652.00	267.32
036-2945*63057*5	28	06/19/2019	326.00	133.66
036-2945*63057*5	28	06/25/2019	161.00	66.01
<b>5 invoices, 7 line items</b>			<b>10,259.00</b>	<b>4,206.19</b>
1110*63057*5	29	06/28/2019	1,378.00	564.98



1129*63057*2	29	06/14/2019	1,378.00	564.98
1122*63057*5	29	06/24/2019	1,328.00	544.48
<b>3 invoices, 3 line items</b>			<b>4,084.00</b>	<b>1,674.44</b>
036-2815*63615*11	31	05/16/2019	270.00	56.08
1091*63615*10	31	04/23/2019	270.00	56.08
1102*63615*7	31	05/17/2019	158.00	58.06
1122*63615*2	31	05/02/2019	270.00	56.08
1127*63615*1	31	05/24/2019	273.00	65.29
1114*63615*6	31	05/06/2019	2,075.00	581.00
036-2458*63615*2	31	05/13/2019	25.00	8.66
036-2458*63615*2	31	05/13/2019	273.00	65.29
036-3432*63615*2	31	05/08/2019	270.00	56.08
036-3432*63615*2	31	05/20/2019	303.00	84.84
1024*63615*5	31	05/24/2019	23.00	6.44
1024*63615*5	31	05/24/2019	273.00	65.29
1025*63615*6	31	05/02/2019	270.00	56.08
1025*63615*6	31	05/07/2019	445.00	124.60
1121*63615*4	31	04/10/2019	416.00	157.18
1121*63615*4	31	04/10/2019	155.00	59.02
1137*63615*1	31	05/14/2019	415.00	116.20
1137*63615*1	31	05/14/2019	30.00	8.12
1138*63615*2	31	05/23/2019	24.00	8.34
1138*63615*2	31	05/23/2019	183.00	51.24
1147*63615*1	31	05/14/2019	23.00	8.02
1147*63615*1	31	05/14/2019	415.00	95.54
1110*63615*2	31	05/08/2019	48.00	16.68
1110*63615*2	31	05/08/2019	10.00	2.89
1110*63615*2	31	05/08/2019	178.00	64.80
1132*63615*1	31	05/15/2019	280.00	78.40
1132*63615*1	31	05/15/2019	183.00	39.92
1132*63615*1	31	05/15/2019	93.00	35.60
1140*63615*2	31	05/24/2019	415.00	95.54
1140*63615*2	31	05/09/2019	415.00	116.20
1140*63615*2	31	05/09/2019	30.00	8.12
<b>17 invoices, 31 line items</b>			<b>8,511.00</b>	<b>2,301.68</b>
1114*63615*6	31-1	05/06/2019	480.00	330.00
1114*63615*6	31-1	05/06/2019	252.00	252.00
<b>1 invoices, 2 line items</b>			<b>732.00</b>	<b>582.00</b>
036-2458*63614*2	34	05/13/2019	523.00	125.52
1024*63614*5	34	05/24/2019	637.00	152.88
1102*63614*7	34	05/17/2019	2,655.00	637.20
1107*63614*1	34	04/23/2019	666.00	159.84
1114*63614*6	34	05/06/2019	13,065.66	3,135.76
1122*63614*2	34	05/02/2019	323.00	77.52
1127*63614*1	34	05/24/2019	323.00	77.52
1132*63614*1	34	05/15/2019	2,536.65	608.80
1137*63614*1	34	05/14/2019	684.00	164.16
1138*63614*2	34	05/23/2019	644.00	154.56
1147*63614*1	34	05/14/2019	523.00	125.52
036-2815*63614*9	34	05/16/2019	434.00	104.16
036-2815*63614*9	34	05/22/2019	493.00	118.32
036-3432*63614*2	34	05/20/2019	323.00	77.52

036-3432*63614*2	34	05/08/2019	323.00	77.52
1025*63614*6	34	05/07/2019	685.00	164.40
1025*63614*6	34	05/02/2019	323.00	77.52
1140*63614*2	34	05/09/2019	684.00	164.16
1140*63614*2	34	05/09/2019	1,058.00	253.92
1110*63614*2	34	05/08/2019	4,504.95	1,081.19
1110*63614*2	34	05/08/2019	341.00	81.84
1110*63614*2	34	05/08/2019	341.00	81.84

16 invoices, 22 line items

**32,090.26**

**7,701.67**

1149*63057*2	44	05/14/2019	51.00	20.91
1149*63057*2	44	05/14/2019	41.00	16.81
1131*63057*4	44	05/09/2019	117.00	47.97
1131*63057*4	44	05/09/2019	53.00	21.73
1143*63057*3	44	05/01/2019	198.00	81.18
1143*63057*3	44	04/25/2019	51.00	20.91
1110*63057*5	44	04/22/2019	175.00	71.75
1110*63057*5	44	05/17/2019	175.00	71.75
1122*63057*5	44	04/24/2019	495.00	202.95
036-2547*63057*11	44	04/10/2019	40.00	16.40
036-2547*63057*11	44	04/10/2019	40.00	16.40
1145*63057*2	44	05/09/2019	201.00	82.41
1145*63057*2	44	05/09/2019	51.00	20.91
1132*63057*3	44	04/17/2019	175.00	71.75
1132*63057*3	44	04/16/2019	40.00	16.40
1132*63057*3	44	04/17/2019	175.00	71.75
036-3432*63057*16	44	05/17/2019	140.00	57.40
1024*63057*29	44	05/09/2019	199.00	81.59
1091*63057*13	44	04/19/2019	43.00	17.63
1098*63057*9	44	06/07/2019	51.00	20.91
1123*63057*6	44	05/29/2019	51.00	20.91
1126*63057*2	44	06/07/2019	198.00	81.18
1146*63057*2	44	05/17/2019	272.00	111.52
1146*63057*2	44	05/17/2019	74.00	30.34
1146*63057*2	44	05/17/2019	116.00	47.56
036-2749*63057*30	44	05/16/2019	115.00	47.15
036-3217*63057*20	44	05/02/2019	41.00	16.81
1019*63057*17	44	05/06/2019	198.00	81.18
1138*63057*3	44	04/09/2019	475.00	194.75
1144*63057*1	44	05/01/2019	53.00	21.73
1075*63057*8	44	05/08/2019	187.00	76.67
1075*63057*8	44	05/21/2019	41.00	16.81
1147*63057*2	44	05/08/2019	51.00	20.91
1147*63057*2	44	05/15/2019	140.00	57.40
1128*63057*4	44	04/30/2019	235.00	96.35
1128*63057*4	44	04/30/2019	41.00	16.81
1128*63057*4	44	04/30/2019	40.00	16.40
1141*63057*3	44	04/11/2019	40.00	16.40
1141*63057*3	44	04/12/2019	43.00	17.63
1141*63057*3	44	05/02/2019	160.00	65.60

24 invoices, 40 line items

**5,082.00**

**2,083.62**

**Grand Totals**

**134,202.40**

**53,971.15**

139 invoices listed.

338 line items listed.

# Exhibit “E”

<b>Winnie-Stowell Hospital District</b>			
<b>Executive Summary of Nursing Home Monthly Site Visits</b>			
<b>June 2019</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Park Manor of Conroe</b>	<b>HMG</b>		Census: 101. Facility had their annual survey in June, they expect zero deficiencies but are waiting on the final report. There were two reportable incidents since the last visit, both were unsubstantiated. The facility appears very well, and all residents were well dressed and groomed. The kitchen at this facility had no compliance issues noticed, HMG is using this kitchen to train the rest of their kitchen staffs.
<b>Clairmont Beaumont</b>	Genesis		Census:106. Last survey was in June 2018, they are in their survey window. There were no reportable incidents since the last visit. The upgrades to the facility have begun, they are in phase one of three. The lobby and administrative offices were being worked on during the visit. The facility is currently looking for a new DON.
<b>The Woodlands</b>	Genesis		Census: 159. The facility had their annual survey in March 2019, their POC was accepted by the state. There were no reportable incidents since the last visit. The facility is undergoing a 1.6 million dollar renovation over the next eleven months, it is much needed. They have updated the dining area with new paint and fixtures, it looks very nice. The facility has a new Administrator and is using a interim DON.

<b>May 2019</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Garrison Nursing Home and Rehabilitation Center</b>	Caring		Census: 79. The facility had their annual survey in July 2018, their POC was accepted by the state. There were no reportable incidents since the last visit. The facility has been focusing on keeping their resident's active, they had a trip to go fishing at the lake, a trip to the zoo, and celebrated nursing home week with a cookout. The facility appeared very nice.
<b>Golden Villa</b>	Caring		Census: 98. The facility had their annual survey in February 2019, they received two minor tags, both for environmental. Their POC was accepted by the state. There were no reportable incidents since the last visit. The renovations to the facility have begun, the facility has been repainted and they are waiting on the new flooring to be put down.
<b>Marshall Manor Nursing and Rehab</b>	Caring		Census: 120. The facility is currently in their survey window. There were two reportable incidents since the last visit, both were for falls. The facility was not cited for either. The facility has gotten a new washer, water heater, and new ventilation in the laundry room to help with CO2 build up. The building appears very well taken care of.
<b>Marshall Manor West</b>	Caring		Census: 68. Facility had their annual survey in February 2019, their POC was accepted by the state. There were no reportable incidents since the last visit. The facility is using their monthly QAPI meetings to focus on pressure ulcers and falls, they have seen a drop in pressure ulcers but a slight increase in falls.
<b>Park Manor of Quail Valley</b>	HMG		Census: 106. The facility had their annual survey in January 2019, they received 5 minor tags. Their POC was accepted by the state. There were no reportable incidents since the last visit. The facility was clean and was well decorated for Memorial Day. The housekeeping staff is doing a good job, the facility was very well taken care of.
<b>Rose Haven Retreat</b>	Caring		Census: 51. Facility had their annual survey in May 2019, they received one tag for failing to report a resident to resident altercation, otherwise all of the tags were minor. They are working on a POC to send to the state. There were no reportable incidents since the last visit. The kitchen in getting better at labeling and organizing the refrigerator and pantry, hopefully next visit it will be error free.

**CONTACT**

Kimberly Weathers, New Administrator  
Ramona Cain, RN, DON

**FACILITY**

Park Manor Conroe is a 125-bed facility with a current CMS overall star rating of 2 and a Quality Measures rating of 5. The census on the date of this visit was 101: Private Pay- 8, HMO- 18, Medicare- 14, Medicaid- 59, and Hospice- 2.

The Director of Nursing and new administrator were present at the site visit and provided clinical information and tour of facility. Walk up curb appeal continues to be well maintained. With a pleasant sitting area outside front entrance, including an ice chest with cold water. The lobby was neat, clean, odor-free and nicely decorated. Residents observed were well-groomed. Their wheelchairs and walkers were clean as well. The survey binder was reviewed and appeared to be missing surveys for 2016 and 2018. The posted staffing was not current (3/20/19). All other required postings were current.

The corridor to 300-Hall was clean, with no safety hazards or odors detected. The rooms were neat and clean with clean, shiny floors. There were no odors. Med carts checked were all locked. The bathrooms were clean and odor-free.

Kitchen was clean and organized with current chemstrip and temperature logs. Dry storage area very organized with all containers dated and turned so the dates are easily visible. This kitchen is used to train other kitchen staff at sister facilities.

**SURVEY**

The facility just had their annual survey exit yesterday and 0 deficiencies were cited.

**REPORTABLE INCIDENTS**

The facility had 1 self-report in April that was not substantiated and 1 complaint in March unsubstantiated.

**CLINICAL TRENDING****Incidents/Falls:**

During March/April/May 2019, there were 100 falls without injury, 5 falls with injury, 20 skin tears, 4 elopements, 5 fractures, 2 bruises, 2 lacerations, 4 behaviors, and 2 others.

**Infection Control:**

Facility reported 83 total infections for March/April/May 2019– 48 UTIs, 20 URIs, 4 GI tract infections, 3 genital infections, and 8 others.

**Weight loss:**

During March/April/May 2019, 18 residents experienced weight loss. 8 residents had 5-10% weight loss in 1 month and 10 residents had > 10% weight loss in 6 months.

**Pressure Ulcers:**

During March/April/May 2019, the facility reported 9 residents with 25 pressure ulcer sites, 1 of which was acquired in-house.

**Restraints:**

Park Manor reported no restraints during the reporting period.

**Staffing:**

Currently, Park Manor has open positions for two 6am-2pm CNA openings, two 2pm-10pm CNA openings, and two 10pm-6am CNA openings.

Quality Indicators from CASPER Report- March/April/May 2019				
Indicator	Facility	State	National	Comments
Self-Reported Mod/Severe Pain (S)	5.7%	9.7%	12%	
New/Worsened Pressure Ulcers (S)	0%	.6%	.7%	
New Psychoactive Med Use (S)	1.3%	2.2%	1.9%	
Fall w/Major Injury (L)	0%	3.5%	3.5%	

UTI (L)	2.7%	2.4%	2.9%	
Self-Reported Mod/Severe Pain (L)	1.6%	5%	6.6%	
High risk with pressure ulcers (L)	3.5%	6.3%	6.2%	
Loss of Bowel/Bladder Control(L)	78.9%	50.8%	48.4%	Working on restorative and rehab with B&B program
Catheter(L)	1.4%	2.4%	2.6%	
Physical restraint(L)	0%	.1%	.3%	
Increased ADL Assistance(L)	13.7%	17.8%	15.2%	
Excessive Weight Loss(L)	0%	4.6%	6.1%	
Depressive symptoms(L)	0.0%	2.8%	4.8%	
Antipsychotic medication (L)	10.7%	12.7%	14.7%	





Park Manor of Conroe  
 1600 Grand Lake Dr., Conroe, TX 77082 Site Visit:  
 6/27/2019

Indicator	QAPI Mtg Date	Date Report Submitted	Met Y/N	PI Implemented
QAPI Validation Report	3/14/19 4/11/19 5/16/19	same	Y	NA

QIPP Component 2 (Modest) Quality Metrics for March/April/May 2019					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	3.35%	1.02%	0%	Y	NA
High Risk W/Pressure Ulcers	8.20%	8.08%	3.51%	Y	Action plan in place
Physical restraints	.53%	0%	0%	Y	NA
Antipsychotic medication	8.5%	13.57%	6.94%	Y	NA

QIPP Component 3 (High) Quality Metrics March/April/May 2019					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	3.35%	1.02%	0%	Y	
High Risk W/Pressure Ulcers	8.20%	8.08%	3.51%	Y	Action plan in place



Park Manor of Conroe  
1600 Grand Lake Dr., Conroe, TX 77082 Site Visit:  
6/27/2019

Physical restraints	.53%	0%	0%	Y	
Antipsychotic medication	8.5%	13.57%	6.54%	Y	



Park Manor of Conroe  
 1600 Grand Lake Dr., Conroe, TX 77082 Site Visit:  
 6/27/2019

QIPP Component 1 Quality Metric for QTR 4-2017 projected				
Indicator	QAPI Mtg Date	Date Report Submitted	Met Y/N	PI Implemented
QAPI Validation Report	7/14, 8/11, 9/14	7/20, 8/20, 9/20	Y	NA

QIPP Component 2 (Modest) Quality Metrics for QTR -1 2018 projected					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	3.35%	1%	1.4%	Y	NA
High Risk W/Pressure Ulcers	5.67%	5.4%	5.3%	Y	NA
Physical restraints	.53%	0%	0%	Y	NA

Antipsychotic medication	16.06%	24.7%	11.4%	Y	NA
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QIPP Component 3 (High) Quality Metrics for QTR – 1 2018 projected					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	3.35%	3.4%	1.4%	Y	NA
High Risk W/Pressure Ulcers	5.67%	5.7%	5.3%	Y	NA
Physical restraints	.53%	0%	0%	Y	NA
Antipsychotic medication	16.06%	16.19%	11.4%	Y	NA

**ADDITIONAL COMMENTS**

The facility’s **Activity Calendar/One on One Process** – Activity Director assesses each resident to determine their preferences for activities and whether or not they desire one on one interaction. Facility holds resident council meeting every month for their input on monthly activities, including what outings they prefer (shopping, eating out, movies, etc.). Calendar is posted on 200 hall and in each resident room. Calendar includes diverse programs, including games, bingo, nail care, outings, church services, etc.

**CONTACT**

Shawn Gallet- Administrator – not available  
DON - vacant

**FACILITY**

Spindletop Hill is a 148-bed facility, with a 2-Star Quality rating overall and a 1-Star rating in Quality Measures. Census on the day of the visit was 106: Medicare- 11, Medicaid- 62, Medicaid Pending- 5, Managed Care- 11, and Hospice- 15. The administrator out of the facility on the day of the visit and the facility currently has no DON. An administrative staff member provided a tour of the facility.

The external grounds were neat and nicely landscaped. The front of the building was being used by construction workers for the building's first of three 6 week on-going upgrade efforts. The therapy gym was clean and organized with therapists actively engaged with residents and no safety hazards identified. The lobby and administrative offices were partially covered in plastic/rearranged as part of the upgrade process. The salon was open with residents getting their hair done.

Station 1 hallway clean and odor free with current inspected fire extinguisher. The nurses' station was neat and well-organized.

During last site visit, in Room 227, items were stacked in the closet within proximity of the sprinkler head and this was still the case on today's visit but was immediately addressed by admin staff member. There was a slight urine odor on hall 200.

The laundry department still appeared to be somewhat disorganized. The lint trap cleaning log was documented as current through yesterday but nothing posted for day of visit; lint traps full of linen but dryers had just stopped and staff preparing to clean.

**SURVEY**

Information not provided.

**REPORTABLE INCIDENTS**

During March/April/May 2019, information not provided.

**CLINICAL TRENDING****Incident Reporting:**

During March/April/May 2019, information not provided.

**Infections:**

During March/April/May 2019, information not provided.

**Pressure Ulcers:**

During March/April/May 2019, information not provided.

**Weight Loss:**

During March/April/May 2019, information not provided.

**Restraints:**

No restraint/side rail use was reported during the reporting period.

**Staffing:**

Information not provided.

Quality Indicators from CASPER Report- March/April/May 2019

Indicator	Facility	State	National	Comments
Self-Reported Mod/Severe Pain (S)	%	9.7%	12%	
New/Worsened Pressure Ulcers (S)	%	.6%	.7%	
New Psychoactive Med Use (S)	%	2.2%	1.9%	
Fall w/Major Injury (L)	%	3.5%	3.5%	
UTI (L)	%	2.4%	2.9%	
Self-Reported Mod/Severe Pain (L)	%	5%	6.6%	
High risk with pressure ulcers (L)	%	6.3%	6.2%	
Loss of Bowel/Bladder Control(L)	%	50.8%	48.4%	
Catheter(L)	%	2.4%	2.6%	

Physical restraint(L)	%	.1%	.3%	
Increased ADL Assistance(L)	%	17.8%	15.2%	
Excessive Weight Loss(L)	%	4.6%	6.1%	
Depressive symptoms(L)	%	2.8%	4.8%	
Antipsychotic medication (L)	%	12.7%	14.7%	

**QIPP Component 1 Quality Metric –March/April/May 2019**

Indicator	QAPI Mtg Date	Date Report Submitted	Met Y/N	PI Implemented
QAPI Validation Report				Information not provided

QIPP Component 2 (Modest) Quality Metrics for March/April/May 2019					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	6.3%	3.5%			Information not provided
High Risk W/Pressure Ulcers	10.5%	8.2%			
Physical restraints	0%	0.1%			
Antipsychotic medication	13.6%	12.7%			

QIPP Component 3 (High) Quality Metrics for March/April/May 2019					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	6.3%	3.5%			Information not provided
High Risk W/Pressure Ulcers	10.5%	8.2%			
Physical restraints	0%	0.1%			
Antipsychotic medication	13.6%	12.7%			



**CONTACT**

Catherine Pyle, LNFA- New Administrator x 60 days  
Director of Nursing- Using Interim currently

**FACILITY**

The Woodlands is a 214-bed facility with a 3-star rating overall and a 5-star rating on Quality Measures. The census on date of visit: Total- 159, Private Pay- 6, Medicaid- 96, Medicaid Pending- 23, Medicare- 6, HMO- 13, and Hospice- 15.

The administrator provided a tour and clinical information. The facility is undergoing a major 1.6 million dollar renovation over the next 11 months with re-painting and new fixtures and furniture. The dining room now has new chandeliers and paint.

The grounds outside were very neat and attractive and the lobby area was well decorated and clean with no odors and all required postings present. Medication carts checked were all locked.

The laundry room was neat and organized with current lint traps and only small amount of lint on traps being cleaned during tour. Resident rooms were clean, no odors or safety hazards detected. Residents were gathered and eating in the dining room and they appeared well-groomed.

**SURVEY**

The annual survey was concluded on 3/22/19.

**REPORTABLE INCIDENTS**

Information not available.

**CLINICAL TRENDING****Incidents:**

During March/April/May 2019, information not provided.

**Infections:**

During March/April/May 2019, information not provided.

**Restraints:**

During March/April/May 2019, the facility did not utilize restraints or side rails.

**Pressure Ulcers:**

During March/April/May 2019, information not provided.

**Weight Loss:**

Information not available.

**Staffing:**

Information not provided.

Quality Indicators from CASPER Report- March/April/May 2019				
Indicator	Facility	State	National	Comments
Self-Reported Mod/Severe Pain (S)	%	9.7%	12%	
New/Worsened Pressure Ulcers (S)	%	.6%	.7%	
New Psychoactive Med Use (S)	%	2.2%	1.9%	
Fall w/Major Injury (L)	%	3.5%	3.5%	
UTI (L)	%	2.4%	2.9%	
Self-Reported Mod/Severe Pain (L)	%	5%	6.6%	
High risk with pressure ulcers (L)	%	6.3%	6.2%	
Loss of Bowel/Bladder Control(L)	%	50.8%	48.4%	
Catheter(L)	%	2.4%	2.6%	



The Woodlands  
4650 S. Panther Creek Dr., Spring, Texas 77381  
Site Visit: 6/27/2019

Physical restraint(L)	%	.1%	.3%	
Increased ADL Assistance(L)	%	17.8%	15.2%	
Excessive Weight Loss(L)	%	4.6%	6.1%	
Depressive symptoms(L)	%	2.8%	4.8%	
Antipsychotic medication (L)	%	12.7%	14.7%	

QIPP Component 1 Quality Metric for March/April/May 2019				
Indicator	QAPI Mtg Date	Date Report Submitted	Met Y/N	PI Implemented



The Woodlands  
 4650 S. Panther Creek Dr., Spring, Texas 77381  
 Site Visit: 6/27/2019

QAPI Validation Report				Information not available
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QIPP Component 2 (Modest) Quality Metrics March/April/May 2019					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	3.37%	3.00%	%		Information not provided
High Risk W/Pressure Ulcers	5.57%	4.10%	%		
Physical restraints	.37%	0%	%		
Antipsychotic medication	15.25%	19.60%	%		

QIPP Component 3 (High) Quality Metrics for March/April/May 2019					PI Implemented
Indicator	Benchmark	Baseline Target	Results	Met Y/N	
Falls W/Major Injury	3.37%	3.00%	%		Information not provided
High Risk W/Pressure Ulcers	5.57%	4.10%	%		

Physical restraints	.37%	0%	%		
Antipsychotic medication	15.25%	19.60%	%		

# Exhibit “F”

Census	2018					2019						Texas Average
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
ER Visits	234	211	233	217	223	240	184	201	205	198	216	
Conversion to Inpatient/observation	17	20	18	19	17	20	15	10	10	9	10	
<i>Percentage</i>	7%	9%	8%	9%	8%	8%	8%	5%	5%	5%	5%	
Transferred out	22	16	13	20	18	16	12	15	11	11	12	
<i>Percentage</i>	9%	8%	6%	9%	8%	7%	7%	7%	5%	6%	6%	
ER shifts covered by doctors	0%	40%	45%	65%	72%	55%	61%	63%	78%	92%	77%	
Average Inpatient days per day	1.61	1.50	3.61	2.60	2.45	1.68	2.71	1.61	2.33	1.90	1.37	1.63
CTs	75	82	74	71	52	52	35	45	57	46	63	
Xrays	286	253	295	235	245	257	266	244	239	250	218	
Ultrasounds	41	34	39	30	32	18	33	28	28	28	23	
Encounters - Adult Clinic	653	614	789	606	602	673	643	618	635	616	525	
Encounters - Pediatric Clinic	323	331	425	276	284	334	346	320	341	287	217	
Behavioral Health patients	78	79	74	65	67	75	77	74	76	76	70	
Physical Therapy	5	6	7	6	10	8	3	4	6	5	7	

**Additional Items:**

\*Hospital administration and medical committee are continuing to review current and new ER physicians

\*Currently in review of new protocol for inpatient

\*Update on Rural Health Clinic State Inspection

# Exhibit “G”



<u>Date</u>	<u>Amount</u>
12/24/2018	\$1,337,375.09
	<b>\$1,337,375.09</b>

ER PHYSICIANS - AMOUNT RESERVED FOR WHOLE YEAR	(788,400.00)
DOCTORS RECRUITING FEES. TRAVEL	(160,000.00)
XRAY MACHINE	(194,256.26)
CPR MACHINE	(15,146.86)
LABDAQ MACHINE - LAB EQUIPMENT AND SOFTWARE	(60,000.00)
	<u>(1,217,803.12)</u>
AMOUNT REMAINING	<b><u><u>\$119,571.97</u></u></b>

Note:

A few weeks ago, the air conditioning system at the hospital went out. The remaining amount is to be used to purchase a generator so that this does not happen again

*new*

# Exhibit “H”

## ALLOCATION OF FUTURE IGT FUNDS

PROJECT/EQUIPMENT	AMOUNT	COMMENTS
Gildascope for intubation (King Vision product preferred)-- Carried by McKesson	\$ 5,000.00	Needed for ED--Will need regular disposable replacements!! Easier visualization for intubation. Currently using old style, metal manual intubation blades.
CPAP/Bipap Machine (Go-Pap with Bountree)	\$ 4,000.00	Needed for ED & Acute Floor. <b>Will need regular disposable replacements</b> --Used for respiratory stabilization BEFORE intubation required. Currently do not have in our ER--EMS used a CPAP style mask capable of stabilization that we could utilize as well to allow us to keep some patients here if stable enough and did not need intubation.
NIO Injectors (Adult & Pediatric)--Individual Disposable Kits	\$ 1,000.00	Pneumatic shot osseous needle systems for emergency bone "IV" access--MUST ORDER INDIVIDUAL DISPOSABLE KITS--WILL NEED REGULAR DISPOSABLE REPLACEMENTS
Capnography Measuring system	\$ 3,000.00	Needed for ED--Helps determine status of respiratory patients. Could potentially keep some patients here if stable enough and did not need intubation.
Bedside ISTAT Machine--ARTERIAL BLOOD GAS CASSETTE	\$ 11,000.00	Needed for ED--Helps determine status of respiratory patients. Could potentially keep some patients here if stable enough and did not need intubation.
Bedside ISTAT Machine--HEMAGLOBIN/HEMATOCRIT	\$ 15,000.00	Needed for ED--Helps determine status of HEMATOLOGY BASICS. Would serve as back up process when Sysmick Hematology machine not functioning well or for patients that are difficult stick waiting on Vascular Access Team.
Bedside ISTAT Machine--BASIC CHEMISTRY CASSETTE	\$ 15,000.00	Needed for ED--Helps determine status of BASIC CHEMISTRY. Would serve as back up process when Integra Roche machine not functioning well or for patients that are difficult stick waiting on Vascular Access Team.
Updated suction equipment--Constant & Intermittent	\$ 10,000.00	Current suction machines are minimum standards and power, need better portable suction power and availability for both ED and Acute Floor Emergencies and Inpatients
Blanket warmer	\$ 2,000.00	Needed for ER and Acute Floor, currently nothing available for rapid warming of patients or infants
IV warmer	\$ 1,500.00	Needed for ER and Acute Floor, currently nothing available for rapid warming of IV fluids for patients
Updated Patient Lift Scale	\$ 6,000.00	Based on previous purchase > 5 years (2014)--needed for safe patient lift handling and transfer in ER, Acute & BH and source for weighing of bed bound patients. Currently sharing same machine for ER, Acute Floor and Behavioral Health departments. Need additional machine for safer patient handling in all areas and more rapid access to all departments for concurrent use.
Patient transfer Dolly	\$ 2,000.00	Safe patient handling and safer patient transferring from bed to chair, innovative system would be nice to have.
Uplifting the front of the hospital	\$ 500,000.00	The front part needs remodelled to uplift the morale of the employees and the community as a whole.
ER Physicians Budget for following year	\$ 788,400.00	
Nurse call system	\$ 80,000.00	Current system functional but not able to update or have system repair or upgrades/updates due to age. Current system is obsolete.
Pyxis system	\$ 250,000.00	Currently do not have any type of electronic delivery system for patient medications in place at hospital. This type of system is typical current mainstream practice in most facilities for patient safety, reduction of errors & cost containment of supplies and pharmaceuticals.

**TOTAL**

**\$ 1,693,900.00**

# Exhibit “I”

**FOURTH AMENDED AND RESTATED PROFESSIONAL SERVICES AGREEMENT**

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THIS FOURTH AMENDED AND RESTATED PROFESSIONAL SERVICES AGREEMENT (“Agreement”) is effective as of September 1, 2019 (“Effective Date”), by and between Winnie-Stowell Hospital District, a governmental entity and body politic established pursuant to Chapter 286 of the Texas Health & Safety Code, as amended (“Operator”), and LTC Group, LLC, a Texas limited liability company (“LTC Group”).

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**RECITALS**

WHEREAS, Operator is engaged in the business of, among other things, operating licensed health care facilities, and LTC Group is engaged in the business of providing certain financial, operational and clinical review and other professional services to licensed health care facilities;

WHEREAS, Operator has entered into leases of the real property (the “Leases”) associated with the licensed health facilities listed in Exhibit A, attached hereto and incorporated herein (each, a “Facility”);

WHEREAS, Operator has entered into management agreements (the “Management Agreements”) with certain entities (each, a “Manager”) under which Manager will manage the Facility on behalf of Operator;

WHEREAS, Operator desires to engage LTC Group to provide certain financial, operational and clinical review services for the Facility on behalf of Operator and LTC Group desires to provide such services for the Facility on behalf of Operator in accordance with the terms and conditions of this Agreement;

WHEREAS, Operator previously engaged LTC Group to provide certain financial, operational and clinical review services for the Facilities on behalf of Operator in accordance with the terms and conditions of Professional Services Agreements for each Facility (the “Original Services Agreements”);

WHEREAS, Operator and LTC Group previously executed a First Amended and Restated Professional Services Agreement (“First Amended Agreement”) a Second Amended and Restated Professional Services Agreement (“Second Amended Agreement”); and Third Amended and Restated Professional Services Agreement (“Third Amended Agreement”)

Deleted: and

WHEREAS, Operator and LTC Group now desire to amend and restate Third Amended Agreement, as hereinafter set forth;

Deleted: the Original Services Agreements, as amended by the First Amended Agreement and the Second

NOW THEREFORE, for and in consideration of the execution of this Agreement and of the mutual covenants and agreements herein contained, the parties hereby enter into this Fourth Amended and Restated Professional Services Agreement and in so doing, completely supersede and replace Third Amended Agreement, and covenant and agree as follows:

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Deleted: the Original Services Agreements, as amended by the First Amended Agreement and the Second Amended Agreement

**ARTICLE 1. DEFINITION OF TERMS**

The following terms when used in this Agreement shall have the meanings indicated:

“Governmental Authority” shall mean any court or any federal, state, or local legislative body or governmental municipality, department, commission, board, bureau, agency or authority, including without limitation, the Centers for Medicare and Medicaid Services (“CMS”), the Texas Health and Human Services Commission (“HHSC”), but not including Operator.

“License” means any license, permit, decree, act, order, authorization or other approval or instrument which is necessary in order to operate the Facility in accordance with legal requirements or otherwise in accordance with this Agreement.

“Term” means the Initial Term plus any Extended Term.

## ARTICLE 2. ENGAGEMENT OF LTC GROUP

### 2.1 Engagement.

2.1.1 Upon the terms and subject to the conditions of this Agreement, Operator hereby engages LTC Group to provide certain financial, operational and clinical review services for the Facility on behalf of Operator commencing on the Effective Date. Said financial, operational and clinical review services are listed and attached hereto as Exhibit B (collectively, the “Services”).

2.1.2 The performance of all activities by LTC Group hereunder shall be on behalf of Operator for the benefit of Operator. By entering into this Agreement, Operator does not delegate to LTC Group any powers, duties or responsibilities that Operator is not authorized by law to delegate. Operator retains all other authority and control that has not been expressly delegated to LTC Group pursuant to this Agreement. Notwithstanding anything in this Agreement to the contrary, LTC Group shall not have the ability, acting alone or in concert with others, to directly or indirectly influence, direct or cause the direction of the management, expenditure of money, or policies of the Facility.

2.2 Authority and Responsibility of LTC Group. In the performance of its duties hereunder, LTC Group shall be and act as an independent contractor, with the sole duty to provide the Services for the benefit of Operator and subject to the ultimate authority and control of Operator and other restrictions described herein. Nothing contained in this Agreement shall be deemed or construed to create a partnership, joint venture, employment relationship, or otherwise to create any liability for one party with respect to indebtedness, liabilities or obligations of the other party except as otherwise may be expressly set forth herein.

2.3 Licenses and Permits. Operator shall at all times from and after the Effective Date and during the Term of this Agreement be solely responsible for obtaining and maintaining all Licenses, permits, qualifications, certifications, and approvals from any applicable governmental agency required for the operation of the Facility. Operator shall be solely responsible for all reporting and other requirements necessary to obtain and maintain all Licenses, permits, qualifications, certifications, and approvals from any applicable governmental agency required for the operation of the Facility.

### 2.4 Representations and Warranties.

2.4.1 Operator represents and warrants to LTC Group as follows:

- (a) Operator is a hospital district established under the laws of the State of Texas.
- (b) Operator has full power and authority to enter into this Agreement and to carry out its obligations set forth herein. Operator has taken all action required by law, its organizational documents, or otherwise to be taken to authorize the execution and delivery of this Agreement and the consummation of the transactions contemplated hereby. This Agreement is a valid and binding agreement of Operator enforceable

in accordance with its terms, except that such enforcement may be subject to bankruptcy, insolvency, reorganization, moratorium or other similar laws now or hereafter in effect relating to creditor's rights, and the remedy of specific performance and injunctive and other forms of equitable relief may be subject to equitable defenses and to the discretion of the court before which any proceeding may be brought.

- (c) Neither the execution and delivery of this Agreement nor the consummation of the transactions contemplated hereby will (i) violate any provision of the organizational documents of Operator; (ii) violate any statute or law, or any judgment, decree, order, regulation or rule of any court or Governmental Authority, or (iii) violate any agreement to which it is bound.

2.4.2 LTC Group represents and warrants to Operator as follows:

- (a) LTC Group is a Texas limited liability company duly organized, validly existing and in good standing under the laws of the State of Texas.
- (b) LTC Group has full power and authority to enter into this Agreement and to carry out its obligations as set forth herein. LTC Group has taken all action required by law, its organizational documents or otherwise to be taken to authorize the execution and delivery of this Agreement and the consummation of the transactions contemplated hereby. This Agreement is a valid and binding agreement of LTC Group enforceable in accordance with its terms, except that such enforcement may be subject to bankruptcy, insolvency, reorganization, moratorium or other similar laws now or hereafter in effect relating to creditor's rights, and the remedy of specific performance and injunctive and other forms of equitable relief may be subject to equitable defenses and to the discretion of the court before which any proceeding therefor may be brought.
- (c) Neither the execution and delivery of this Agreement nor the consummation of the transactions contemplated hereby will (i) violate any provision of the organizational documents of LTC Group; (ii) violate any statute or law, or any judgment, decree, order, regulation or rule of any court or Governmental Authority, or (iii) violate any agreement to which LTC Group is a party or by which LTC Group or any of its properties are bound.

**ARTICLE 3. TERM AND TERMINATION**

3.1 Term. This Agreement shall commence on the Effective Date and, subject to Sections 3.2 and 3.3, shall expire on August 31, 2020 (the "Initial Term"). The term shall be automatically extended for successive one (1) year periods ("Extended Terms") unless (i) Operator provides at least thirty (30) days' written notice prior to the expiration of the Initial Term or any Extended Term, or (ii) the Agreement is terminated in accordance with the provisions of Sections 3.2 through 3.3. At the expiration of the Initial Term or any Extended Term, Operator and LTC Group desire and agree to use good faith efforts to negotiate mutually acceptable and reasonably appropriate modifications to the Agreement to address a change in any law, regulation, rule or reimbursement level, state or federal. Except as otherwise agreed to by the parties, the terms and conditions during any such Extended Term shall be the same as the terms and conditions during the Initial Term, provided that

Deleted: 19

the terms of Article 4 may be modified. Notwithstanding any other provision, this Agreement shall terminate upon the termination of the Management Agreement.

- 3.2 For Cause Termination by Operator. This Agreement may be terminated by Operator as follows:
- 3.2.1 Immediately by Operator upon an Event of Default by LTC Group described in Sections 8.1.1; or
  - 3.2.2 Upon thirty (30) days written notice to LTC Group upon an Event of Default by LTC Group described in Sections 8.1.2 or 8.1.3 that remains uncured;
- 3.3 For Cause Termination by LTC Group. This Agreement may be terminated by LTC Group as follows:
- 3.3.1 Immediately by LTC Group upon an Event of Default by Operator described in Sections 8.2.1; or
  - 3.3.2 Upon thirty (30) days prior written notice to Operator upon an Event of Default by Operator described in Section 8.2.2 or 8.2.3 that remains uncured.
- 3.4 Termination Payment. Upon Termination of this Agreement, Operator shall pay LTC Group all accrued but unpaid Services Fees. The reconciliation and timing of these payments will be completed as soon as practicable after Termination of this Agreement. The provisions of this Section 3.4 shall survive any termination of this Agreement.

#### **ARTICLE 4. COMPENSATION**

- 4.1 Fees and Incentive Fees. In consideration of services to be performed hereunder, LTC Group shall be eligible to receive a Services Fee as described in Exhibit A. The Services Fee shall be payable monthly.
- 4.2 Fair Market Value. The parties agree that the compensation provided herein has been determined in arm's length bargaining and is consistent with fair market value as determined by a third party.

#### **ARTICLE 5. BOOKKEEPING AND BANK ACCOUNTS**

- 5.1 Access to Books and Records.
- 5.1.1 LTC Group agrees to comply with all legal requirements governing the maintenance of documentation to verify the cost of services rendered under this Agreement. Upon the written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, LTC Group and any of its affiliates providing services with a value or cost of \$10,000 or more over a twelve-month period shall make available to the Secretary the contract, books, documents, and records that are necessary to verify the nature and extent of the cost of providing such services. Such inspection shall be available up to four years after the rendering of such services. The Parties agree that any applicable attorney-client, accountant-client, or other legal privilege shall not be deemed waived by virtue of this Agreement. This section is included and is governed by the requirements of 42 U.S.C. Section 1395x(v)(1) and the regulations thereto.



- 5.1.2 LTC Group acknowledges that all records are and shall remain the property of Operator, subject to such access and review by LTC Group as permitted by applicable law.

#### **ARTICLE 6. INSURANCE**

- 6.1 Property and Operational Insurance. During the Term of this Agreement, the Facility, at Operator's or Manager's expense, shall provide, procure and maintain all insurance required by the Management Agreement.

#### **ARTICLE 7. ACCESS AND USE OF FACILITY**

- 7.1 Access. During the Term of this Agreement, LTC Group shall have complete access to the Facility to the extent necessary to perform its obligations under this Agreement.

#### **ARTICLE 8. DEFAULT**

- 8.1 Default and Events of Default by LTC Group. The following shall each constitute a "Default" by, and an "Event of Default" with respect to, LTC Group for purposes of this Agreement:

8.1.1 LTC Group: (i) has become the subject of a decree or order for relief under any bankruptcy, insolvency or similar law affecting creditors' rights now existing or hereafter in effect; (ii) has initiated, either in an original proceeding or by way of answer in any state insolvency or receivership proceeding, an action for liquidation, arrangement, composition, readjustment, dissolution, or similar relief; (iii) has consented to any order for relief entered with respect to the LTC Group under the Federal Bankruptcy Code; or (iv) has failed to cause the dismissal of any proceeding instituted against the party under the Federal Bankruptcy Code, or the removal of any trustee appointed with respect to the party's property under the Federal Bankruptcy Code, within ninety (90) days of the commencement of such proceeding or appointment of such trustee, as the case may be.

8.1.2 LTC Group commits any act or fails to take any action that is specifically identified as a "Default" or an "Event of Default" by LTC Group under any provision of this Agreement that is not cured, in full or in part, for a period of thirty (30) days after written notice thereof by Operator to LTC Group, or if such Default or Event of Default cannot be cured within such thirty (30) day period, then such additional period as shall be reasonable provided LTC Group commences to cure such Default or Event of Default within such thirty (30) day period and proceeds diligently to prosecute such cure to completion.

8.1.3 The failure by LTC Group to keep, observe or perform any covenant, agreement, term or provision of this Agreement and the continuation of such failure, in full or in part, for a period of thirty (30) days after written notice thereof by Operator to LTC Group, or if such default cannot be cured within such thirty (30) day period, then such additional period as shall be reasonable provided LTC Group commences to cure such default within such thirty (30) day period and proceeds diligently to prosecute such cure to completion.

- 8.2 Default and Events of Default by Operator. The following shall each constitute a "Default" by, and an "Event of Default" with respect to, Operator for purposes of this Agreement:

8.2.1 Operator: (i) has become the subject of a decree or order for relief under any bankruptcy, insolvency or similar law affecting creditors' rights now existing or hereafter in effect; (ii) has initiated, either in an original proceeding or by way of answer in any state insolvency

or receivership proceeding, an action for liquidation, arrangement, composition, readjustment, dissolution, or similar relief; (iii) has consented to any order for relief entered with respect to Operator under the Federal Bankruptcy Code; or (iv) has failed to cause the dismissal of any proceeding instituted against the party under the Federal Bankruptcy Code, or the removal of any trustee appointed with respect to the party's property under the Federal Bankruptcy Code, within ninety (90) days of the commencement of such proceeding or appointment of such trustee, as the case may be.

8.2.2 Operator commits any act or fails to take any action that is specifically identified as a "Default" or an "Event of Default" by Operator under any provision of this Agreement that is not cured, in full or in part, for a period of thirty (30) days after written notice thereof by LTC Group to Operator, or if such Default or Event of Default cannot be cured within such thirty (30) day period, then such additional period as shall be reasonable provided Operator commences to cure such Default or Event of Default within such thirty (30) day period and proceeds diligently to prosecute such cure to completion.

8.2.3 The failure by Operator to keep, observe or perform any covenant, agreement, term or provision of this Agreement and the continuation of such failure, in full or in part, for a period of thirty (30) days after written notice thereof by LTC Group to Operator, or if such default cannot be cured within such thirty (30) day period, then such additional period as shall be reasonable provided Operator commences to cure such default within such thirty (30) day period and proceeds diligently to prosecute such cure to completion.

### 8.3 Remedies Upon an Event of Default

8.3.1 Upon the occurrence of an Event of Default, the non-defaulting party shall have the right to pursue any one or more of the following courses of action: (i) to terminate this Agreement as provided in Article 3 and (ii) to institute any and all proceedings permitted by law or at equity, including, without limitation, actions for specific performance and/or damages.

8.3.2 Upon the occurrence of an Event of Default by either party, any amounts owed to the non-defaulting party shall accrue interest at an annual rate of twelve percent (12%), compounded annually, or the maximum non-usurious rate allowed by law, on the principal balance due commencing on the original due date of such payment through the date of payment.

8.3.3 The rights granted hereunder are intended to be cumulative, and shall not be in substitution for, but shall be in addition to, any and all rights and remedies available to the non-defaulting party (including, without limitation, injunctive relief and damages) by reason of applicable provisions of law or equity.

## ARTICLE 9. INDEMNIFICATION AND HOLD HARMLESS

9.1 **INDEMNIFICATION BY LTC GROUP. LTC GROUP SHALL INDEMNIFY AND HOLD HARMLESS OPERATOR, ITS DIRECTORS, OFFICERS, AGENTS, AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, LOSSES, DAMAGES, COSTS, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, RESULTING IN ANY MANNER DIRECTLY OR INDIRECTLY FROM THE GROSS NEGLIGENCE OR INTENTIONAL ACTS OR OMISSIONS OF LTC GROUP.**

9.2 **INDEMNIFICATION BY OPERATOR. TO THE FULLEST EXTENT PERMITTED BY LAW, OPERATOR SHALL INDEMNIFY AND HOLD HARMLESS LTC GROUP, ITS MEMBERS, MANAGERS, SHAREHOLDERS, PARTNERS, DIRECTORS, OFFICERS, AGENTS, AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, LOSSES, DAMAGES, COSTS, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, RESULTING IN ANY MANNER DIRECTLY OR INDIRECTLY FROM THE GROSS NEGLIGENCE OR INTENTIONAL ACTS OR OMISSIONS OF OPERATOR AND ITS SHAREHOLDERS OR PARTNERS, AGENTS, EMPLOYEES, AND CONTRACTORS TO THE EXTENT THEY ARE UNDER THE DIRECTION AND CONTROL OF OPERATOR.**

#### ARTICLE 10. ASSIGNMENT

##### 10.1 Assignment

10.1.1 Neither LTC Group nor Operator shall assign or transfer its interest in this Agreement without the prior written consent of the other party which consent may be withheld in the sole discretion of such other party. For purposes of this Agreement, the following shall be considered an assignment or transfer of this Agreement: (i) any assignment, transfer, sale or disposition of the majority of the ownership interest of LTC Group, voluntarily or involuntarily, by the parties who owned such interest on the Effective Date, (ii) any issuance of ownership interest of LTC Group or other transaction that results in a change in the control of LTC Group or Operator, or (iii) any merger, consolidation or other similar transaction to which LTC Group or Operator is party.

10.1.2 In the event either party consents to an assignment of this Agreement by the other, no further assignment shall be made without the express consent in writing of such party, unless such assignment may otherwise be made without such consent pursuant to the terms of this Agreement. An assignment by either Operator or LTC Group of its interest in this Agreement shall not relieve Operator or LTC Group, as the case may be, from their respective obligations under this Agreement.

#### ARTICLE 11. MISCELLANEOUS

11.1 Further Assurances. Except as specifically provided in this Agreement, Operator or LTC Group, as the case may be, shall cause to be executed and delivered to the other party all such other instruments and shall take or cause to be taken such further or other action as may reasonably and in good faith be deemed by the other party to be necessary or desirable in order to further assure the performance by Operator or LTC Group, as the case may be, of any of their respective obligations under this Agreement.

11.2 Confidentiality. The parties hereto agree that the matters set forth in this Agreement are strictly confidential and other than as may be required by applicable state open records law and/or securities laws and regulations, each party will make every effort to ensure that the information is not disclosed to any outside person or entities (including the press) without the written consent of the other party.

11.3 Consents. Wherever in this Agreement the consent or approval of Operator or LTC Group is required and the same is not expressly indicated to be at the sole discretion of a party, such consent or approval shall not be unreasonably withheld, shall be in writing and shall be executed by a duly authorized officer or agent of the party granting such consent or approval. If either Operator or LTC

Group fails to respond within thirty (30) days to a request by the other party for a consent or approval, such consent or approval shall be deemed to have been given.

- 11.4 Applicable Law. This Agreement shall be construed under and shall be governed by the laws of the State of Texas.
- 11.5 Headings. Headings of Articles and Sections are inserted only for convenience and in no way limit the scope of the particular Articles or Sections to which they refer.
- 11.6 Notices. All notices and other communications given or made pursuant hereto shall be in writing and shall be deemed to have been duly given on the date delivered, if delivered personally, on the fifth (5<sup>th</sup>) business day after being mailed by registered or certified mail (postage prepaid, return receipt requested), in each case, to the parties at the following addresses, or on the date sent and confirmed by electronic transmission to the telecopier number specified below (or at such other address or telecopier number for a party as shall be specified by notice given in accordance with this Section):

If to Operator, to:  
Winnie-Stowell Hospital District  
P.O. Box 1997  
Winnie, Texas 77662  
Attn: President

If to LTC Group:  
LTC Group, LLC  
3267 Bee Caves Road, Ste 107-511  
Austin, TX 78746  
Attn: President

- 11.7 HIPAA Compliance. The parties agree that the services provided under this Agreement will comply in all material respects with all federal and state-mandated regulations, rules, or orders applicable to the services provided herein, including but not limited to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) ("HIPAA") and Title 2, Section I, Chapter 181 of the Texas Medical Records Privacy Act. Furthermore, the parties shall amend this Agreement or execute any additional documentation to amend the Agreement to conform with HIPAA, the Texas Medical Records Privacy Act, or any new or revised legislation, rules, and regulations to which they are subject now or in the future, including, without limitation, the Standards for Privacy of Individually Identifiable Health Information or similar legislation in order to ensure that the parties are at all times in conformance with all such laws.
- 11.8 Entire Agreement. This Agreement, together with other writings signed by the parties which are expressly stated to be supplemental hereto and together with any instruments to be executed and delivered pursuant to this Agreement, constitutes the entire agreement between the parties and supersedes all prior understandings and writings and may be changed only by a writing signed by both parties hereto.
- 11.9 Waiver. The failure of either party to insist upon a strict performance of any of the terms or provisions of this Agreement, or to exercise any option, right or remedy herein contained, shall not be construed as a waiver or as a relinquishment for the future of such term, provision, option, right or remedy, but the same shall continue and remain in full force and effect. No waiver by either

party of any term or provision hereof shall be deemed to have been made unless expressed in writing and signed by such party.

- 11.10 Partial Invalidity. If any portion of this Agreement shall be declared invalid by order, decree or judgment of a court, this Agreement shall be construed as if such portion had not been inserted herein except when such construction would operate as an undue hardship on LTC Group or Operator, or constitute a substantial deviation from the general intent and purpose of said parties as reflected in this Agreement.
- 11.11 Construction. No provisions of this Agreement shall be construed in favor of, or against, any particular party by reason of any presumption with respect to the drafting of this Agreement; both parties, being represented by counsel, having fully participated in the negotiation of this instrument.
- 11.12 Limit on Recourse. Operator's and LTC Group's obligations under this Agreement are not with recourse to any director, manager, officer, employee, member, or agent of Operator or LTC Group, respectively.
- 11.13 Disclaimer. None of the services or assistance offered to Operator by LTC Group, or payments made to the LTC Group, shall in any manner be construed as an inducement for the referral of any patients or for the arrangement of any services covered under a Federal healthcare program. The parties do not intend the terms of this Agreement to provide for, and nothing in this Agreement shall be deemed or in any manner construed to be, the solicitation, receipt, offer or payment of remuneration for the furnishing of any item or service for which payment may be made in whole or in part under a Federal healthcare program, or in return for purchasing, leasing, ordering or arranging for, or recommending purchasing, leasing, ordering, any good, facility, service or item for which payment may be made in whole or in part under a Federal healthcare program. Such services and assistance are wholly intended to improve the delivery of health care services to the population and communities served by the parties, and are provided in a manner so as to confer a benefit on those communities. In the event any state or federal laws or regulations, now existing or enacted or promulgated after the effective date of this Agreement, are interpreted by judicial decision, a regulatory agency or legal counsel in such a manner as to indicate that the structure of this Agreement may be in violation of such laws or regulations, Operator and LTC Group shall attempt in good faith to amend this Agreement as necessary. To the maximum extent possible, any such amendment shall preserve the underlying economic and financial arrangement between Operator and LTC Group.
- 11.14 Authority. Each individual who has signed this Agreement warrants that such execution has been duly authorized by the party for which he or she is signing.
- 11.15 Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original. Executed counterparts may be delivered by facsimile (and/or Adobe ® PDF), and shall be effective when received, with the original copy sent by overnight delivery service. This Agreement shall be of no force or effect unless and until it has been executed and delivered by both parties.
- 11.16 Dispute Resolution. Each party agrees that any dispute between the Parties that arises from this Agreement, or the operation of the Facility, including any action to interpret, construe or enforce this Agreement shall be resolved through binding arbitration in accordance with Chapter 171 of the Texas Civil Practices and Remedies Code and the rules of the American Health Lawyers Association Alternative Dispute Resolution Service then in effect, or other nationally recognized alternative dispute resolution service that is mutually agreeable to the Parties. This provision shall not prohibit either Party from seeking any necessary injunctive relief from a court of competent

jurisdiction in connection with any dispute arising from this Agreement or the operation of the Facility. **THE PARTIES KNOWINGLY AND WILLINGLY WAIVE ANY RIGHTS THEY MAY HAVE TO A JURY TRIAL WITH RESPECT TO ANY AND ALL DISPUTES THAT MAY ARISE FROM THIS AGREEMENT OR THE OPERATION OF THE FACILITY.**

11.17 Change in Law. If there is a change in any law, regulation, rule or reimbursement, state or federal, which adversely affects this Agreement, the Facility or the activities of either party under this Agreement, or any change in the judicial or administrative interpretation of any such law, regulation, or rule, or if any of the provisions of this Agreement are found to be in violation of the laws existing at the time of such determination, and either party reasonably believes in good faith that the change, interpretation or determination will have a substantial adverse effect on that party's business operations or its rights or obligations under this Agreement, then the party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of this Agreement and to take any action necessary to eliminate or reduce the substantial adverse effect on that party .

*Signature Page Follows*

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**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed as of the Effective Date.

**WINNIE-STOWELL HOSPITAL DISTRICT:**

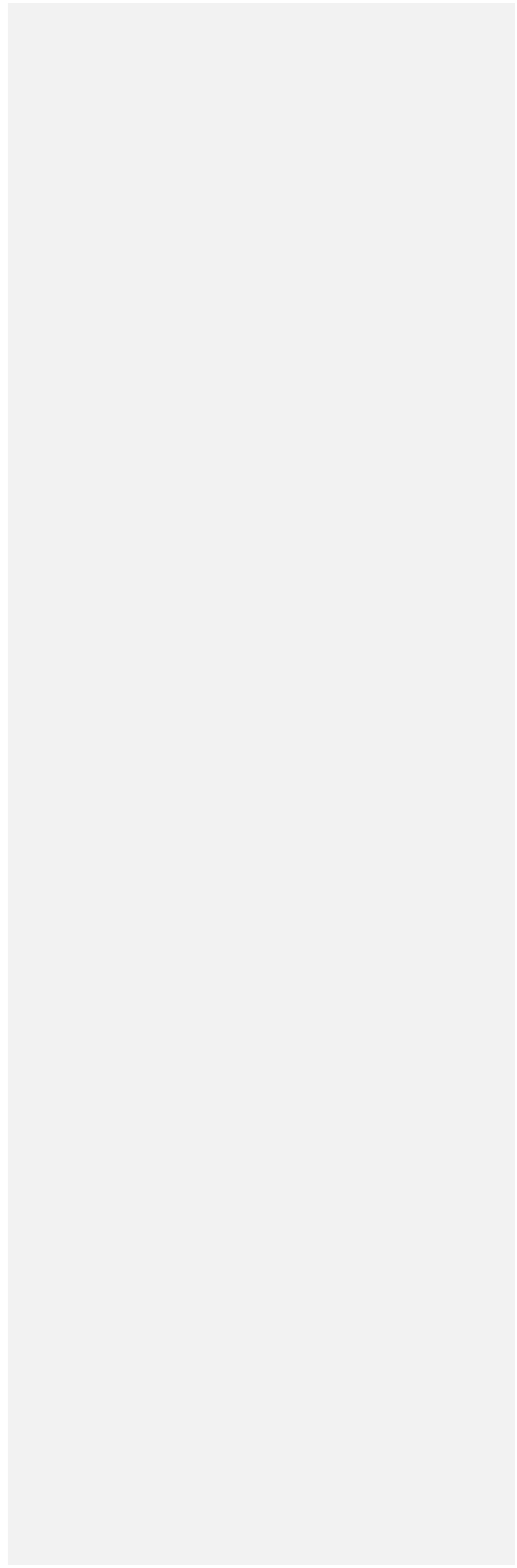
By: \_\_\_\_\_  
Printed:  
Title: President

**LTC GROUP, LLC**

By: \_\_\_\_\_  
Todd Biederman  
for The Sage Group Services, LLC, its Manager

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**EXHIBIT A  
FACILITIES AND SERVICES FEES**

Facility	Address	Service Fee
Park Manor of Cypress Station	420 Lantern Bend Dr, Houston, TX, 77090	\$5,500 per month
Park Manor of Humble	19424 McKay Dr, Humble, TX, 77338	\$5,500 per month
Park Manor of Westchase	11910 Richmond Ave, Houston, TX, 77082	\$5,500 per month
Park Manor of Cyfair	11001 Crescent Moon Dr, Houston, TX, 77064	\$5,500 per month
Park Manor of Quail Valley	2350 FM 1092, Missouri City, TX, 77459	\$5,500 per month
Park Manor of Conroe	1600 Grand Lake Dr, Conroe, TX, 77301	\$5,500 per month
Park Manor of The Woodlands	1014 Windsor Lakes Blvd, The Woodlands, TX, 77384	\$5,500 per month
Park Manor of Tomball	250 School St, Tomball, TX, 77375	\$5,500 per month
Park Manor of Southbelt	11902 Resource Pkway, Houston, TX, 77089	\$5,500 per month
Deerbrook Skilled Nursing	9250 Humble Westfield Rd, Humble, TX, 77338	\$5,500 per month
Friendship Haven Healthcare	1500 Sunset Dr, Friendswood, TX, 77546	\$5,500 per month
Marshall Manor Nursing and Rehabilitation Center	1007 S Washington Ave, Marshall, TX, 75670	\$5,500 per month
Highland Park Care Center	2714 Morrison, Houston, TX, 77009	\$5,500 per month
Marshall Manor West	207 West Merritt St, Marshall, TX, 75670	\$5,500 per month
Golden Villa	1104 S William St, Atlanta, TX, 75551	\$5,500 per month
Rose Haven Retreat	200 Live Oak Street, Atlanta, TX, 75551	\$5,500 per month
Spring Branch Transitional Care Center	1615 Hillendahl Rd, Houston, TX, 77055	\$5,500 per month
Garrison Nursing Home and Rehabilitation Center	333 North FM 95, Garrison, TX, 75946	\$5,500 per month
Clairmont Beaumont	1020 S 23rd St, Beaumont, TX, 77707	\$5,500 per month
The Woodlands Healthcare Center	4650 S Panther Creek Dr, The Woodlands, TX 77381	\$5,500 per month
Monument Rehabilitation and Nursing Center	120 State Loop 92, La Grange, TX, 78945	\$5,500 per month
Oakland Manor Nursing Center	1400 N Main St, Giddings, TX, 78942	\$5,500 per month
Hallettsville Rehabilitation and Nursing Center	825 W Fairwinds, Hallettsville, TX, 77964	\$5,500 per month
Oak Manor Nursing Center	624 N Converse St, Flatonia, TX, 78941	\$5,500 per month

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Exhibit A



**EXHIBIT B  
SERVICES**

LTC Group shall perform the following services subject to Operator's review and oversight:

1. A regular review of the Facility's finances, including, but not limited to, the following:
  - a. Monthly Payor Mix Trending and Analysis;
  - b. Monthly Financial Benchmarking;
  - c. Monthly A/R Review;
  - d. Monthly Bad Debt Review;
  - e. Monthly Budget Review: As necessary, a review of Manager's collection and deposit of all net patient revenue to the depository account and management of the cash flow of the Facility, including, without limitation, billing all patients and governmental or other third-party payors for all services provided by or at the facility, collecting all net patient revenue and paying all operating expenses and other accounts payable related to the operation of the facility;
  - f. As necessary, a review of all books and records relating to the operation of the facility;
  - g. As necessary, a review of all cost, expense and reimbursement reports and related documents relating to services provided to residents, including without limitation the Medicare and Medicaid cost reports and Texas supplemental payment programs;
  - h. As necessary, review of Minimum Data Set ("MDS") and Resident Assessment Protocols ("RAPs") on a schedule and as required by applicable federal regulations, including 42 C.F.R. §483.20;
  - i. LTC Group, as necessary, shall request and review the HHSC annual RUG review/audit; and
  - j. A review of annual operating budget proposed by Manager.
2. A regular review of the Facility's operations, including, but not limited to, the following:
  - a. Daily census tracking and review of monthly occupancy report;
  - b. Quarterly on-site visit with facility administrator;
  - c. Monthly operational compliance monitoring;
  - d. As needed, assist with any survey, inspection or site investigation or accreditation process conducted by a governmental, regulatory, certifying or accrediting entity with authority or jurisdiction over the Facility, and assist with the implementation of any official findings of such reviews;
  - e. Assist Operator with any legal dispute in which Operator is involved relating to the ownership, services or operation of the facility; and
  - f. Assist Operator and its certified public accountants in connection with any audit, review or reports conducted or prepared in connection with the ownership or operation of the Facility.
3. A regular review of the Facility's clinic performance, including, but not limited to, the following:
  - a. Monthly Weight Assessment Review;
  - b. Monthly Skin Assessment Review;
  - c. As necessary, review clinical compliance for facilities;
  - d. As necessary, Annual Clinical Policy Review;
  - e. As needed, a review of the Facility's resident care and health care policies and procedures and general administrative policies and procedures, including, without limitation, policies and procedures for the control of revenue and expenditures, for the purchasing of supplies and services, for the control of credit, and for the scheduling of maintenance;
  - f. As necessary, assist facility in accordance with a quality assessment performance improvement program and a compliance plan; and

**Deleted:** <#>Monthly Incident/Accident Trending & Analysis;¶  
<#>Monthly Infection Control Trending & Analysis;¶

- g. As necessary, as reasonably requested, review and assist with quality assurance committee.
- 4. Upon the request of Operator, attend meetings of Operator's governing board or executive staff to discuss services and other relevant issues.
- 5. Financial services on behalf of the Operator:
  - a. Daily review of accounts for deposits; weekly wire transfers to the operators;
  - b. Review and/or prepare monthly reconciliation of back accounts;
  - c. Prepare month end closing journal entries for Operator financial statements;
  - d. Ensure financial mechanisms are in place to ensure timely distribution of funds to meet obligations;
  - e. Assist with annual Operator audits.

6. Assist the Operator to oversee and assure compliance with the Year 3, Quality Incentive Payment Program Components and Metrics.

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7. Manager will serve as Operator's agent for purposes of demonstrating operator involvement, as delineated in 42 CFR §483.75(f), such as proof of oversight, monitoring, or attendance.

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