

Exhibit “A”

Winnie-Stowell Hospital District

Balance Sheet

As of February 29, 2020

	<u>Feb 29, 20</u>
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	582,909.66
102 Prosperity Bank - CD#0447	108,350.65
104 Allegiance Bank - CD#9053	2,795,928.66
105 TexStar	688,841.73
107 InterBank ICS (Restricted)	
107.01a GIB 1008 DAISA	-0.10
107.01b GIB 0228 DACA	250,000.00
107.01c GIB Collateral Funds	7,718,066.74
Total 107 InterBank ICS (Restricted)	7,968,066.64
108 Allegiance Bank NH Combined	1,809,955.34
Total Checking/Savings	13,954,052.68
Other Current Assets	
110 Sales Tax Receivable	116,206.43
114 Accounts Receivable NH	21,121,021.27
117 NH - QIPP Prog Receivable	6,058,326.32
118 Prepaid Expense	3,775.00
119 Prepaid IGT	7,535,354.01
Total Other Current Assets	34,834,683.03
Total Current Assets	48,788,735.71
Fixed Assets	
120 Equipment	140,654.96
125 Accumulated Depreciation	-113,810.64
Total Fixed Assets	26,844.32
TOTAL ASSETS	48,815,580.03
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	1,810,942.30
190. NH Payable - Accruals	96,535.16
201 NHP Accounts Payable	2,581,411.35
201.1 NH Payable - LTC	132,000.00
210.15 Loan Payable #15 QIPP 3	7,113,077.80
210.16 Loan Payable #16 QIPP 3	5,067,701.53
210.50 Allegiance Bk Ln 4 QIPP3	2,000,000.00
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	2,741.13
240 Accounts Payable NH	19,342,663.01
Direct Deposit Liabilities	-3,353.56
Total Other Current Liabilities	38,144,082.03
Total Current Liabilities	38,144,082.03
Total Liabilities	38,144,082.03
Equity	
300 Net Assets, Capital, net of	59,503.44
310 Net Assets-Unrestricted	4,755,312.01
Retained Earnings	5,707,184.21
Net Income	149,498.34
Total Equity	10,671,498.00
TOTAL LIABILITIES & EQUITY	48,815,580.03

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

As of Feb 29, 2020

Accrual Basis

	Jan - Feb 20	Budget	\$ Over Budget	% of Budget
Income				
400 Sales Tax Revenue	142,754.94	500,000.00	-357,245.06	28.6%
405 Investment Income	13,341.59	46,000.00	-32,658.41	29.0%
409 Tobacco Settlement	0.00	9,800.00	-9,800.00	0.0%
415 Nursing Home - QIPP Program	4,588,902.68	27,533,416.02	-22,944,513.34	16.7%
Total Income	4,744,999.21	28,089,216.02	-23,344,216.81	16.9%
Expense				
500 Admin-Administrative Salary	10,333.33	63,000.00	-52,666.67	16.4%
504 Admin-Administrators PR Tax	791.15	4,800.00	-4,008.85	16.5%
505 Admin-Board Bonds	50.00	250.00	-200.00	20.0%
515 Admin-Bank Service Charges	30.10	360.00	-329.90	8.4%
521 Professional Fees - Acctng	3,656.25	25,000.00	-21,343.75	14.6%
522 Professional Fees-Auditing	23,450.00	25,000.00	-1,550.00	93.8%
523 Professional Fees - Legal	2,000.00	25,000.00	-23,000.00	8.0%
550 Admin-D&O / Liability Ins.	418.00	12,000.00	-11,582.00	3.5%
560 Admin-Cont Ed, Travel	0.00	5,000.00	-5,000.00	0.0%
561 Admin-Cont Ed-Medical Pers.	300.29	5,000.00	-4,699.71	6.0%
562 Admin-Travel&Mileage Reimb.	0.00	1,500.00	-1,500.00	0.0%
569 Admin-Meals	0.00	1,000.00	-1,000.00	0.0%
570 Admin-District/County Prom	0.00	2,500.00	-2,500.00	0.0%
571 Admin-Office Supplies/Post	971.77	6,800.00	-5,828.23	14.3%
572 Admin-Web Site	0.00	1,500.00	-1,500.00	0.0%
573 Admin-Copier Lease/Contract	466.49	2,500.00	-2,033.51	18.7%
575 Admin-Cell Phone Reimburse	300.00	1,800.00	-1,500.00	16.7%
576 Admin-Telephone/Internet	250.84	3,000.00	-2,749.16	8.4%
590 Admin-Election Cost	0.00	5,000.00	-5,000.00	0.0%
591 Admin-Notices & Fees	1,487.06	5,000.00	-3,512.94	29.7%
592 Admin Office Rent	5,250.00	7,080.00	-1,830.00	74.2%
593 Admin-Electric	0.00	1,800.00	-1,800.00	0.0%
594 Admin-Casualty & Windstorm	2,060.10	2,060.00	0.10	100.0%
597 Admin-Flood Insurance	1,282.00	1,235.00	47.00	103.8%
600 East Chambers ISD Partnersh	30,000.00	180,000.00	-150,000.00	16.7%
601 IC-Pmt to Hosp (Indigent)	0.00	140,000.00	-140,000.00	0.0%
602 IC-WCH 1115 Waiver Prog	38,261.49	450,000.00	-411,738.51	8.5%
603a IC-Pharmaceutical Costs	15,572.19	110,000.00	-94,427.81	14.2%
604a IC-Non Hosp Cost-Other	0.00	5,000.00	-5,000.00	0.0%
604b IC-Non Hosp Costs UTMB	15,230.03	250,000.00	-234,769.97	6.1%
605 IC-Office Supplies/Postage	74.16	1,200.00	-1,125.84	6.2%
607 IC-Non Hosp Costs-WSEMS	0.00	1,000.00	-1,000.00	0.0%
611 IC-Indigent Care Dir Salary	7,500.00	45,000.00	-37,500.00	16.7%
612 IC-Payroll Taxes -Ind Care	573.75	3,500.00	-2,926.25	16.4%
615 IC-Software	2,218.00	13,308.00	-11,090.00	16.7%
616 IC-Travel	325.26	550.00	-224.74	59.1%
617 IC -Youth Counseling	595.00	5,000.00	-4,405.00	11.9%
629 - Property Acquisition	106,869.00	150,000.00	-43,131.00	71.2%
630 NH Program-Mgt Fees	1,085,880.22	6,515,281.34	-5,429,401.12	16.7%
631 NH Program-IGT	2,417,142.22	14,502,853.30	-12,085,711.08	16.7%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	32,175.00	190,000.00	-157,825.00	16.9%
635 NH Program-LTC Fees	264,000.00	1,606,000.00	-1,342,000.00	16.4%
637 NH Program-Interest Expense	525,987.17	1,725,490.68	-1,199,503.51	30.5%
638 NH Program-Bank Fees & Misc	0.00	300.00	-300.00	0.0%
639 NH Program-Appraisal	0.00	2,500.00	-2,500.00	0.0%
640 Nursing Home Oper. Expenses	0.00	2,500.00	-2,500.00	0.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
Total Expense	4,595,500.87	26,142,768.32	-21,547,267.45	17.6%
Net Income	149,498.34	1,946,447.70	-1,796,949.36	7.7%

Exhibit “B”

WSHD Treasurer's Report and Supporting Documents

Reporting Date: Tuesday, March 24, 2020

Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$6,300.59	Prosperity Operating	\$609,774.10
Wilcox Pharmacy	Indigent Care	\$1,544.87	Interbank (Restricted-Comp. 1 & Prepaid Int.)	\$7,008,454.98
UTMB at Galveston	Indigent Care	\$15,576.65	Interbank (Unrestricted)	\$2,032,144.82
UTMB Faculty Group	Indigent Care	\$3,076.50	Prosperity CD	\$108,013.91
Indigent Healthcare Solutions	IC Inv #69532	\$1,109.00	TexStar	\$688,841.73
American Education Services	S Stern-Student Loan	\$150.14	Allegiance Bank LOC (Available)	\$785,399.12
Penelope (Polly) Butler	Youth Counseling	\$170.00	Net Cash Position (less Interbank)	\$4,224,173.68
Grace Nichols	Youth Counseling	\$255.00	Pending Expenses	(\$48,843.63)
Benckenstein & Oxford	Inv #49694	\$18,150.00	Ending Balance	\$4,175,330.05
Last Month				
Hubert Oxford	1/2 Legal Retainer	\$500.00	Prosperity Operating	\$664,201.69
Josh Heinz	1/2 Legal Retainer	\$500.00	Interbank-restricted	\$4,784,320.10
David Sticker	Inv #21806	\$1,031.25	Interbank-unrestricted	\$1,747,424.86
Alliance Medical Services	(IC- CPAP Res Air)	\$400.00	Prosperity CD	\$107,875.62
The Seabreeze Beacon	Inv #4141	\$79.63	TexStar	\$687,986.86
Total Pending Expenses		\$48,843.63	Allegiance Bank LOC (Available)	\$785,399.12
			Net Cash Position (less Interbank)	\$3,992,888.15
			Pending Expenses	(\$37,901.18)
			Ending Balance	\$5,157,551.59

Interbank Account Reconciliation

		To be Received	Total Due
GIB Balance 3/23/2020	\$9,040,599.80		
QIPP 3 Sept. Comp. 1	\$1,089,501.13		
QIPP 3 Sept. Comp. 2 District	\$68,222.71		
QIPP 3, Oct. Comp. 1	\$1,107,480.96		
QIPP 3 Oct. Comp. 2 District	\$68,757.12		
QIPP 3 Nov. Comp. 1	\$1,075,928.37		
QIPP 3 Nov. Comp. 2 District	\$71,429.32		
Overage for QIPP 2 Qtr 4	\$23,783.74		
Balance to keep in GIB Loan 16 Accrual	\$70,947.82		
QIPP Y3, Cmps 3, 4 & NonDispersed (Lapse)-District	\$1,455,068.84		
QIPP 3 Dec. Comp. 1	\$1,202,564.62		
QIPP 3 Dec. Comp. 2 District	\$78,093.12		
QIPP 3 Jan. Comp. 1	\$1,254,087.89		
QIPP 3 Jan. Comp. 2 District	\$49,253.35		
QIPP 1 Adjustment District	\$45,607.73		
QIPP 3 Feb. Comp. 1	\$1,019,318.45	\$175,570.64	\$1,194,889.09
QIPP 3 Feb. Comp. 2 District/Variance (Estimate)	\$73,937.12	\$31,385.01	\$235,730.00
Loan 15 Reserve (Estimate)	\$188,625.74		
Balance to keep in GIB (GIB has an Incoming wire fee \$10.00)	\$100.00		
Restricted Loan 15	\$6,937,507.16		
Restricted Loan 16	\$70,947.82		
Restricted Nursing Home	\$0.00		\$130,427.87
Unrestricted	\$2,032,144.82		
Total Funds	\$9,040,599.80	\$206,955.65	\$1,561,046.96

Transactions Since Last Meeting				
Date	To	For	Amount	
2/5/2020	State Comptroller	DY7 UC IGT-WCH	(\$38,261.49)	Wire
2/8/2020	Rollo Brothers	Rent Febrary	(\$750.00)	Check
2/10/2020	NHs	QIPP Y3 Dec 2019	(\$103,198.86)	Wire
2/11/2020	LTC Group	Invs Nov, Dec, Jan	(\$396,000.00)	Wire
2/11/2020	NHs	QIPP Y3 Qtr 1 Distribution	(\$1,455,068.84)	Wire
2/28/2020	Salt Creek Capital	Loan 15 Interest (Jan 2020)	(\$99,583.09)	Wire (8 of 10)
2/28/2020	Salt Creek Capital	Loan 16 Interest (Jan 2020)	(\$70,947.82)	Wire (2 of 10)
Total Transactions Since Last Meeting			(\$2,163,810.10)	

Upcoming Transactions				
Anticipated Date	For	Upcoming Transactions	Income	Expenses
2/28/2020	MCO	QIPP 3, Qtr 1, Jan. Component 1 Payment	\$1,210,236.42	
2/28/2020	MCO	QIPP 3, Qtr. 1 Jan. Comp. 2 Payment	\$123,610.50	
2/28/2020	MCO	QIPP 2, Adjustment 1	\$324,879.00	
2/28/2020	Managers	Payment of Incentive Fees (Comp. 2)		(\$73,805.25)
1/31/2020	Managers	Payment of Yr. 2 Adjustment Pmt.		(\$162,439.50)
1/31/2020	Salt Creek Capital	Loan 15-Interest (Month 8/10)		(\$99,583.09)
1/31/2020	Salt Creek Capital	Loan 16-Interest (Month 2/10)		(\$70,947.82)
2/1/2020	Precision Structions	Inv 35423 balance		(\$13,999.00)
2/1/2020	Allegiance Bank	Loan 16-Interest		(\$5,638.89)
2/1/2020	Rollo Brothers	Rent Feb		(\$750.00)

Outstanding Short Term Revenue Note					
Loan 15-Principle	\$7,113,077.80				
Interest	16.80%	10 Months: \$1,009,253.89		Set Aside: \$504,626.95	
Fund Received	5/29/2019				
	Date	Balance	Interest	Principal Rcvd.	Payment
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	\$1,089,501.13	\$1,189,084.22
6	11/29/2019	\$7,113,077.80	\$99,583.09	\$1,107,480.96	\$1,207,064.05
7	1/2/2020	\$7,113,077.80	\$99,583.09	\$1,075,928.37	\$1,175,511.46
8	1/29/2020	\$7,113,077.80	\$99,583.09	\$1,202,564.62	\$1,302,147.71
Reserve	2/29/2020	\$7,113,077.80	\$0.00	\$188,625.74	\$188,625.74
9	2/28/2020	\$7,113,077.80	\$99,583.09	\$1,254,087.89	\$1,353,670.98
10	3/29/2020	\$7,113,077.80	\$99,583.09	\$1,194,889.09	\$1,294,472.18
Amount Paid	3/29/2020	\$0.00	\$995,830.90	\$7,113,077.80	\$8,108,908.70
Amount Remaining				\$0.00	\$0.00

Outstanding Short Term Revenue Note

Loan 16-Principle	\$5,067,701.53				
Interest	16.80%	10 Months: \$1,009,253.89	\$212,843.46	Set Aside: \$354,739.10	
Fund Received	12/1/2019				
	Date	Balance	Interest	Principal Revd.	Payment
1	1/2/2020	\$5,067,701.53	\$70,947.82	\$0.00	\$70,947.82
2	1/31/2020	\$5,067,701.53	\$70,947.82	\$0.00	\$70,947.82
3	2/28/2020	\$5,067,701.53	\$70,947.82	\$0.00	\$70,947.82
4	3/31/2020	\$5,067,701.53	\$70,947.82	\$0.00	\$70,947.82
5	4/30/2020	\$5,067,701.53	\$70,947.82	\$1,085,546.75	\$1,156,494.57
6	5/31/2020	\$5,067,701.53	\$70,947.82	\$1,088,679.63	\$1,159,627.45
7	6/30/2020	\$5,067,701.53	\$70,947.82	\$1,142,068.88	\$1,213,016.70
8	7/31/2020	\$5,067,701.53	\$70,947.82	\$1,169,629.76	\$1,240,577.58
Reserve	8/31/2020	\$5,067,701.53	\$0.00	\$337,232.65	\$337,232.65
9	8/31/2020	\$5,067,701.53	\$70,947.82	\$244,543.86	\$315,491.68
10	9/30/2020	\$5,067,701.53	\$70,947.82	\$0.00	\$70,947.82
Amount Paid	9/30/2020	\$0.00	\$709,478.20	\$5,067,701.53	\$5,777,179.73
Amount Due: March 29, 2020			\$709,478.20	\$5,067,701.53	\$5,777,179.73
Amount Remaining				\$0.00	\$0.00

Allegiance Bank Line of Credit

Principle	\$2,700,000.00	Principle Balance Owed	\$2,000,000.00		
Interest	3.25%	LOC Funds Available	\$700,000.00		
	Date	Description	Withdrawal / Advance	Principle Payment	Interest
	12/1/2019	Advance	\$2,000,000.00		
	1/7/2020	Interest Payment		\$0.00	(\$8,166.66)
	2/7/2020	Interest Payment		\$0.00	(\$6,027.78)
	2/28/2020	Interest Payment		\$0.00	(\$5,638.89)
	3/31/2020	Interest Payment		\$0.00	(\$5,638.89)
	4/30/2020	Interest Payment		\$0.00	(\$5,638.89)
	5/31/2020	Interest Payment		\$0.00	(\$5,638.89)
	6/30/2020	Interest Payment		\$0.00	(\$5,638.89)
	7/31/2020	Principle Payment		\$0.00	(\$5,638.89)
	8/31/2020	Principle Payment		\$893,552.40	(\$3,909.97)
	9/30/2020	Principle Payment		\$1,106,447.60	(\$1,179.79)
	Balance Due		\$2,000,000.00	\$0.00	(\$310.51)

District's Investments

	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$2,795,928.66	1.50%	2/1/2020	2/29/2020	Paid \$10,529.54 Jan 2020
CD at Prosperity (Qtr.) C.D. #0447	\$108,350.65	1.75%	2/1/2020	2/29/2020	Paid \$475.03 Feb 2020
Texstar C.D. #1110	\$688,841.73	1.56%	2/1/2020	2/29/2020	\$854.87

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

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date

Date

* Estimated amounts

WSD Prosperity Checking Account Register (9409) New
 January 22, 2020 to February 19, 2020

Date	Description	Check No.	Amount	Balance
2/19/2020	ACH Payment LEASE DIRECT WEB PAY 66700237		(\$202.44)	\$664,999.25
2/24/2020	ACH Payment TIME WARNER CABL TW CABLE		(\$40.35)	\$664,958.90
2/24/2020	Check	2976	(\$2,031.25)	\$662,927.65
2/24/2020	Check	2980	(\$418.00)	\$662,509.65
2/24/2020	Check	2967	(\$5,031.44)	\$657,478.21
2/25/2020	Check	2968	(\$1,501.31)	\$655,976.90
2/25/2020	Check	2981	(\$23,450.00)	\$632,526.90
2/25/2020	Check	2972	(\$255.00)	\$632,271.90
2/25/2020	Check	2969	(\$1,109.00)	\$631,162.90
2/25/2020	Check	2971	(\$170.00)	\$630,992.90
2/25/2020	Check	2970	(\$150.15)	\$630,842.75
2/25/2020	Check	2975	(\$500.00)	\$630,342.75
2/25/2020	Check	2973	(\$18,075.00)	\$612,267.75
2/25/2020	Check	2979	(\$47.00)	\$612,220.75
2/26/2020	Check	2964	(\$2,500.00)	\$609,720.75
2/26/2020	Check	2966	(\$1,144.07)	\$608,576.68
2/26/2020	Check	2965	(\$6,968.97)	\$601,607.71
2/26/2020	ACH Payment PROSPERITY BANK VISA PAY		(\$1,938.45)	\$599,669.26
2/27/2020	ACH Payment INTUIT PAYROLL S QUICKBOOKS		(\$7,031.54)	\$592,637.72
2/28/2020	Check	2984	(\$3,900.00)	\$588,737.72
2/29/2020	Accr Earning Pymt Added to Account		\$505.27	\$589,242.99
3/2/2020	ACH Payment TIME WARNER CABL TW CABLE		(\$130.51)	\$589,112.48
3/3/2020	Check	2982	(\$750.00)	\$588,362.48
3/5/2020	Check	2983	(\$750.00)	\$587,612.48
3/9/2020	Check	2985	(\$750.00)	\$586,862.48
3/9/2020	ACH Payment Allegiance Bank AT TRNSFER		(\$5,638.89)	\$581,223.59
3/10/2020	Check	2974	(\$500.00)	\$580,723.59
3/11/2020	ACH Payment IRS USATAXPYMT 270047183069451		(\$2,717.26)	\$578,006.33
3/13/2020	ACH Deposit CPA STATE FISCAL INV-PAYMTS		\$46,970.21	\$624,976.54
3/17/2020	ACH Payment LEASE DIRECT WEB PAY 67084802		(\$202.44)	\$624,774.10
3/18/2020	Check	995011	(\$15,000.00)	\$609,774.10

•IHS
 Issued 03/13/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 03/11/20-03/16/20

Brookshire Bros. Phar. (Winnie)
 P.O. Box 2058
 Lufkin, TX 75904

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	6,300.59
Expenditures		6,300.59
Reimb/Adjustments		
Grand Total		6,300.59

30 total invoices

GL Totals Detail
 Invoice #

GL #	Date in	Amt Billed	Amt Paid
036-2945*65460*13	02/03/2020	51.22	51.22
036-2945*65460*13	02/03/2020	14.66	14.66
036-2945*65460*13	02/11/2020	14.00	14.00
036-2945*65460*13	02/11/2020	20.71	20.71
036-2945*65460*13	02/11/2020	11.38	11.38
036-2945*65460*13	02/11/2020	29.81	28.33
1019*65460*42	02/13/2020	6.74	6.74
1019*65460*42	02/13/2020	5.76	5.76
1019*65460*42	02/13/2020	15.84	15.84
1019*65460*42	02/14/2020	39.28	39.28
1019*65460*42	02/14/2020	56.58	56.58
1031*65460*13	02/06/2020	143.40	143.40
1031*65460*13	02/06/2020	26.35	26.35
1031*65460*13	02/06/2020	29.81	28.33
1044*65460*12	02/21/2020	220.99	220.99
1044*65460*12	02/21/2020	9.37	9.37
1049*65460*35	02/07/2020	40.94	40.94
1055*65460*20	02/17/2020	407.08	407.08
1055*65460*20	02/18/2020	81.12	81.12
1061*65460*18	02/28/2020	97.17	97.17
1081*65460*17	02/11/2020	25.00	25.00
1081*65460*17	02/18/2020	11.38	11.38
1081*65460*17	02/21/2020	5.72	5.72
1081*65460*17	02/21/2020	6.95	6.95
1090*65460*7	02/05/2020	26.66	26.66
1091*65460*24	02/03/2020	51.23	51.23
1091*65460*24	02/03/2020	576.98	483.23
1091*65460*24	02/03/2020	21.82	21.82
1096*65460*21	02/03/2020	41.73	25.57
1107*65460*19	02/12/2020	10.00	10.00
1107*65460*19	02/12/2020	40.94	40.94
1107*65460*19	02/12/2020	27.08	27.08
1108*65460*8	02/04/2020	74.59	74.59
1108*65460*8	02/13/2020	6.47	6.47

Issued 03/13/20

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 03/11/20-03/16/20

Vendor #: 65460

Brookshire Bros. Phar. (Winnie)
P. O. Box 2058
Lufkin, TX 75904

Invoice #	GL #	Date in	Amnt Billed	Amnt Paid
1111*65460*12	WSHD	02/04/2020	478.95	478.95
1114*65460*8	WSHD	02/11/2020	517.36	321.24
1114*65460*8	WSHD	02/13/2020	33.98	33.98
1114*65460*8	WSHD	02/13/2020	233.86	191.58
1122*65460*12	WSHD	02/01/2020	15.00	15.00
1122*65460*12	WSHD	02/03/2020	10.25	10.25
1122*65460*12	WSHD	02/03/2020	607.50	607.50
1128*65460*11	WSHD	02/08/2020	15.57	15.57
1128*65460*11	WSHD	02/08/2020	5.86	5.86
1128*65460*11	WSHD	02/11/2020	52.82	52.82
1131*65460*11	WSHD	02/03/2020	26.25	26.25
1131*65460*11	WSHD	02/03/2020	39.05	20.94
1131*65460*11	WSHD	02/03/2020	11.33	11.33
1131*65460*11	WSHD	02/08/2020	41.45	41.45
1131*65460*11	WSHD	02/08/2020	7.14	7.14
1132*65460*8	WSHD	02/14/2020	14.90	14.90
1134*65460*12	WSHD	02/05/2020	20.00	20.00
1134*65460*12	WSHD	02/06/2020	255.82	255.82
1134*65460*12	WSHD	02/14/2020	120.53	120.53
1137*65460*10	WSHD	02/20/2020	33.23	33.23
1137*65460*10	WSHD	02/20/2020	39.05	20.94
1141*65460*11	WSHD	02/15/2020	7.32	7.32
1141*65460*11	WSHD	02/15/2020	7.18	7.18
1141*65460*11	WSHD	02/15/2020	5.58	4.19
1141*65460*11	WSHD	02/15/2020	12.00	12.00
1141*65460*11	WSHD	02/15/2020	10.44	10.44
1141*65460*11	WSHD	02/15/2020	10.00	10.00
1141*65460*11	WSHD	02/15/2020	5.70	5.70
1149*65460*6	WSHD	02/03/2020	7.83	7.83
1149*65460*6	WSHD	02/20/2020	20.32	20.32
1149*65460*6	WSHD	02/20/2020	27.41	27.41
1167*65460*2	WSHD	02/26/2020	92.26	75.23
1170*65460*2	WSHD	02/01/2020	24.66	24.66
1173*65460*2	WSHD	02/11/2020	27.08	27.08
1173*65460*2	WSHD	02/11/2020	12.00	12.00
1173*65460*2	WSHD	02/11/2020	6.08	6.08
1173*65460*2	WSHD	02/11/2020	6.36	6.36
2458*65460*1	WSHD	02/06/2020	13.75	13.75
2458*65460*1	WSHD	02/06/2020	7.47	7.47
2458*65460*1	WSHD	02/06/2020	10.00	10.00
2458*65460*1	WSHD	02/06/2020	10.00	10.00
2458*65460*1	WSHD	02/06/2020	30.50	30.50
2458*65460*1	WSHD	02/11/2020	25.00	25.00
2458*65460*1	WSHD	02/11/2020	13.75	13.75
2547*65460*1	WSHD	02/14/2020	59.85	59.85
2547*65460*1	WSHD	02/14/2020	40.00	40.00
2547*65460*1	WSHD	02/14/2020	26.66	26.66

GL Totals

GL Totals

Issued 03/13/20

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 03/11/20-03/16/20

Brookshire Bros. Phar. (Winnie)

Vendor #: 65460

P.O. Box 2058

Lufkin, TX 75904

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2815*65460*1	WSHD	02/01/2020	88.93	88.93
2815*65460*1	WSHD	02/01/2020	1,173.43	990.22
2815*65460*1	WSHD	02/03/2020	159.76	159.76
3430*65460*1	WSHD	02/01/2020	84.70	54.42
3430*65460*1	WSHD	02/28/2020	70.81	54.42
3430*65460*1	WSHD	02/28/2020	10.89	10.89
30 invoices, 87 line items			6,936.38	6,300.59
Grand Totals			6,936.38	6,300.59

30 total invoices
87 total line items

Issued 03/12/20

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

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 03/11/20-03/16/20

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,544.87
Expenditures		1,544.87
Reimb/Adjustments		
Grand Total		1,544.87
16 total invoices		
GL Totals Detail		
Invoice #	GL #	Date in

036-3364*18651*70	WSHD	02/24/2020	42.61	24.00	21.19
036-3364*18651*70	WSHD	02/24/2020	23.67	24.00	24.00
036-3364*18651*70	WSHD	02/24/2020	22.87	22.87	12.76
036-3364*18651*70	WSHD	02/24/2020	24.00	24.00	22.87
036-3364*18651*70	WSHD	02/24/2020	24.00	24.00	24.00
036-3464*18651*14	WSHD	02/10/2020	1.33	1.33	1.33
036-3464*18651*14	WSHD	02/20/2020	5.00	5.00	5.00
036-3464*18651*14	WSHD	02/24/2020	40.00	40.00	40.00
036-3464*18651*14	WSHD	02/24/2020	1.60	1.60	1.60
1006*18651*7	WSHD	02/10/2020	53.12	53.12	26.35
1006*18651*7	WSHD	02/10/2020	21.42	21.42	4.06
1007*18651*18	WSHD	02/10/2020	23.78	23.78	23.78
1040*18651*37	WSHD	02/07/2020	27.67	27.67	19.81
1086*18651*21	WSHD	02/07/2020	162.13	162.13	77.02
1093*18651*17	WSHD	02/08/2020	46.24	46.24	22.94
1093*18651*17	WSHD	02/08/2020	25.00	25.00	25.00
1093*18651*17	WSHD	02/20/2020	28.76	28.76	19.50
1093*18651*17	WSHD	02/20/2020	15.66	15.66	15.66
1095*18651*14	WSHD	02/28/2020	48.61	48.61	24.12
1095*18651*14	WSHD	02/15/2020	15.80	15.80	12.36
1095*18651*14	WSHD	02/03/2020	20.83	20.83	11.17
1095*18651*14	WSHD	02/03/2020	20.22	20.22	11.08
1095*18651*14	WSHD	02/03/2020	19.54	19.54	19.54
1095*18651*14	WSHD	02/15/2020	13.78	13.78	7.75
1095*18651*14	WSHD	02/15/2020	11.00	11.00	11.00
1110*18651*17	WSHD	02/10/2020	75.61	75.61	36.94
1110*18651*17	WSHD	02/10/2020	25.98	25.98	25.98
1110*18651*17	WSHD	02/10/2020	14.50	14.50	14.50
1110*18651*17	WSHD	02/10/2020	9.77	9.77	4.19
1115*18651*6	WSHD	02/06/2020	359.95	359.95	227.54
1115*18651*6	WSHD	02/17/2020	76.45	76.45	37.33
1115*18651*6	WSHD	02/06/2020	49.84	49.84	40.01
1144*18651*7	WSHD	02/17/2020	136.76	136.76	65.27
1144*18651*7	WSHD	02/17/2020	51.79	51.79	25.70

Issued 03/12/20

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

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 03/11/20-03/16/20

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1157*18651*6	WSHD	02/07/2020	160.00	116.68
1157*18651*6	WSHD	02/04/2020	104.92	50.53
1157*18651*6	WSHD	02/12/2020	19.50	19.50
1158*18651*3	WSHD	02/19/2020	18.64	10.30
1158*18651*3	WSHD	02/19/2020	14.85	14.85
1158*18651*3	WSHD	02/19/2020	7.21	5.10
1160*18651*4	WSHD	02/10/2020	105.14	50.64
1160*18651*4	WSHD	02/10/2020	134.66	64.30
1160*18651*4	WSHD	02/10/2020	39.98	39.98
1169*18651*3	WSHD	02/03/2020	54.65	45.63
1169*18651*3	WSHD	02/03/2020	25.00	25.00
1169*18651*3	WSHD	02/21/2020	22.00	19.11
1169*18651*3	WSHD	02/21/2020	21.00	21.00
1169*18651*3	WSHD	02/03/2020	26.42	15.67
1177*18651*1	WSHD	02/20/2020	53.12	26.35
1177*18651*1	WSHD	02/19/2020	38.03	19.03
1177*18651*1	WSHD	02/19/2020	81.90	39.85
16 invoices, 51 line items	***		2,466.26	1,544.87
Grand Totals			2,466.26	1,544.87

16 total invoices
51 total line items

•IHS
 Issued 03/05/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 03/05/20-03/09/20

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	15,576.65
	Expenditures	15,576.65
	Reimb/Adjustments	
	Grand Total	15,576.65

21 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
036-2458*63614*3	WSHD	01/06/2020	2,324.06	557.77
036-2547*63614*6	WSHD	01/07/2020	291.00	69.84
036-2547*63614*7	WSHD	01/22/2020	1,170.03	280.81
1007*63614*2	WSHD	01/13/2020	391.00	93.84
1040*63614*16	WSHD	12/30/2019	591.00	141.84
1040*63614*16	WSHD	12/30/2019	499.00	119.76
1091*63614*12	WSHD	12/17/2019	179.00	42.96
1093*63614*7	WSHD	01/08/2020	391.00	93.84
1102*63614*10	WSHD	01/08/2020	1,592.80	0.00
1128*63614*4	WSHD	01/08/2020	323.00	77.52
1131*63614*9	WSHD	12/31/2019	323.00	77.52
1131*63614*10	WSHD	01/17/2020	786.00	188.64
1132*63614*6	WSHD	11/14/2019	323.00	0.00
1132*63614*7	WSHD	01/14/2020	34,675.23	12,829.83
1132*63614*8	WSHD	01/24/2020	323.00	77.52
1137*63614*10	WSHD	12/31/2019	323.00	77.52
1137*63614*11	WSHD	01/08/2020	291.00	69.84
1137*63614*12	WSHD	01/13/2020	323.00	77.52
1144*63614*6	WSHD	01/22/2020	323.00	77.52
1170*63614*1	WSHD	01/07/2020	323.00	77.52
1171*63614*1	WSHD	12/30/2019	723.00	173.52
1172*63614*1	WSHD	01/14/2020	1,548.00	371.52
21 invoices, 22 line items	***		48,036.12	15,576.65

Grand Totals

48,036.12 15,576.65

21 total invoices
 22 total line items

GL Totals
 Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 03/05/20-03/09/20

Vendor #: 63615
 NPI: 1942241146

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

Issued 03/06/20

•IHS

GL #	Description	Amount
Wshd		3,076.50
Wshd		3,076.50
	Expenditures	3,076.50
	Reimb/Adjustments	
	Grand Total	3,076.50
		3,076.50

21 total invoices

GL Totals Detail
 Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
036-2458*63615*3	Wshd	01/06/2020	270.00	56.08
036-2458*63615*3	Wshd	01/06/2020	306.00	63.50
036-2458*63615*4	Wshd	01/06/2020	25.00	8.66
036-2547*63615*6	Wshd	01/07/2020	273.00	65.29
036-2945*63615*4	Wshd	01/27/2020	513.00	0.00
1091*63615*14	Wshd	12/17/2019	95.00	26.60
1093*63615*6	Wshd	12/10/2019	270.00	56.08
1093*63615*6	Wshd	12/10/2019	123.00	14.76
1093*63615*6	Wshd	12/10/2019	148.00	36.25
1093*63615*7	Wshd	01/08/2020	270.00	56.08
1131*63615*7	Wshd	12/31/2019	270.00	56.08
1131*63615*8	Wshd	01/17/2020	415.00	95.54
1131*63615*8	Wshd	01/17/2020	35.00	9.80
1132*63615*6	Wshd	11/14/2019	183.00	0.00
1137*63615*6	Wshd	12/31/2019	110.00	26.57
1137*63615*7	Wshd	01/08/2020	273.00	65.29
1137*63615*8	Wshd	01/14/2020	128.00	40.74
1137*63615*8	Wshd	01/14/2020	1,760.00	1,182.21
1144*63615*6	Wshd	01/22/2020	183.00	39.92
1170*63615*1	Wshd	01/07/2020	273.00	65.29
1171*63615*2	Wshd	01/27/2020	23.00	7.70
1171*63615*3	Wshd	01/27/2020	270.00	56.08
1171*63615*3	Wshd	01/27/2020	35.00	9.80
1172*63615*1	Wshd	01/22/2020	1,520.00	941.45
1172*63615*2	Wshd	01/14/2020	273.00	65.29
1172*63615*3	Wshd	01/14/2020	23.00	8.02
1172*63615*3	Wshd	01/14/2020	23.00	7.70
1172*63615*3	Wshd	01/14/2020	23.00	7.70
1172*63615*4	Wshd	01/22/2020	23.00	8.02
Grand Totals			8,136.00	3,076.50

21 invoices, 29 line items

3,076.50

8,136.00

•IHS

Issued 03/06/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 03/05/20-03/09/20

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

Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
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21 total invoices
29 total line items

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

Invoice # 69532

Phone # (800) 834-0560
Fax # (936) 756-6741

RECEIVED
FEB 28 2020

Date: 3/1/2020

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

Terms: Net receipt of invoice

Professional services for the month of April 2020

1,109.00

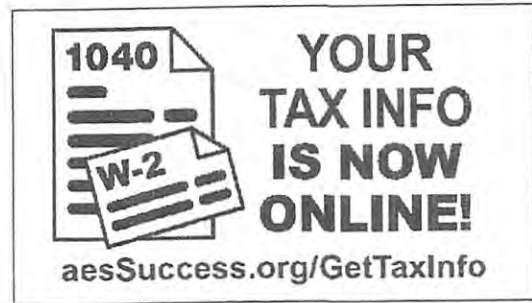
Total

\$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



06404302277401



March 4, 2020

MONTHLY BILL

RECEIVED

MAR 18 2020

Name: SHERRY STERN
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	02/24/2020
Current Payment Due	\$150.14
Total Due by 03/25/2020	\$150.14

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	\$4,977.38	\$4.58	3.750%	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$3,264.42	\$3.01	3.750%	\$59.47	\$59.47

Outstanding interest accrued as of 03/04/2020

*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
04/08/2020	\$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 co-signer 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:

Due Date:

Total Amount Due:

92 5529 5461

03/25/2020

\$

\$150.14

202006401925529546110000150140000000000000000009



#BWNDHKB
#B612 1327 2503 04L8#
SHERRY STERN
9302 EAGLES LNDG
MAGNOLIA TX 77354-6865



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

Would you rather receive this statement electronically?

Sign in to Account Access at aesSuccess.org and update your Account Profile preferences if you would prefer that we send you an email reminder instead of a paper statement.

Total paid since your last statement		\$150.15
Interest Satisfied		\$23.99
Principal Satisfied		\$126.16
Late Fees Paid		\$0.00

As of today, you've paid on your loans		\$16,365.27
Total Interest Satisfied		\$4,896.12
Total Principal Satisfied		\$11,461.65
Total Late Fees Paid		\$7.50

oIHS
 Issued 03/05/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 03/05/20-03/09/20

Penelope (Polly) Butler
 7750 Gladys, Suite B
 Beaumont, TX 77706

Vendor #: 13632

GL #	Description	Amount
WSHD	Wshd	170.00
	Expenditures	170.00
	Reimb/Adjustments	
	Grand Total	170.00

1 total invoices

GL Totals Detail Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*6	WSHD	02/14/2020	85.00	85.00
YC17*13632*6	WSHD	02/28/2020	85.00	85.00
1 invoices, 2 line items		***	170.00	170.00
Grand Totals			170.00	170.00

1 total invoices
 2 total line items

•IHS
 Issued 03/05/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 03/05/20-03/09/20

Grace Nichols
 4347 Phelan Blvd Suite 104
 Beaumont, TX 77707

Vendor #: 63291

GL #	Description	Amount
WSHD	Wshd	255.00
	Expenditures	255.00
	Reimb/Adjustments	
	Grand Total	255.00

2 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC13*63291*1	WSHD	02/07/2020	85.00	85.00
YC13*63291*1	WSHD	02/21/2020	85.00	85.00
YC14*63291*4	WSHD	02/21/2020	85.00	85.00
2 invoices, 3 line items	***		255.00	255.00
Grand Totals			255.00	255.00

2 total invoices
 3 total line items

BENCKENSTEIN & OXFORD, L.L.P.

ATTORNEYS AT LAW
BBVA COMPASS BANK BUILDING
3535 CALDER AVENUE, SUITE 300
BEAUMONT, TEXAS 77706
TELEPHONE:(409) 833-9182
FAX: (409) 833-8819

Hubert Oxford, IV

hoxfordiv@benoxford.com

March 24, 2020

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

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

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for December 2019. This invoice is for \$19,150.00 but the amount due is \$18,150.00 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 \$18,150.00 representing the balance owed for December 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

March 24, 2020

INVOICE #: 49694 **HOIV**
Billed through: December 31, 2019
Client/Matter #: WSHD 87250

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

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

12/02/19	HOIV	Conference call with staff and lender to discuss funding for nursing home operations including QIPP Year 3, IGT 2; and exchanged multiple e-mail with staff, Lender, and LTC regarding the same.	2.50 hrs
12/02/19	HOIV	Submitted Public notices to newspapers as a reminder to make sure the Public Hearing on December 18, 2019 was properly noticed.	0.30 hrs
12/02/19	HOIV	Read and reviewed trace sheets for the District's nursing facilities submitted on behalf of Winnie Stowell Hospital District for the second Year 2, IGT.	0.80 hrs
12/03/19	HOIV	Participated in conference calls with LTC Group and HMG and began researching QAPI Meeting requirements for QIPP Year 3 rules set forth in 1 TAC § 353.1304(c)(1); 42 CFR § 483.75(g); State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities; and documents published by the HHSC.	3.40 hrs
12/04/19	HOIV	Researched 1 TAC § 353.1304(c)(1); 42 CFR § 483.75(g); State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities; and documents published by the HHSC; participated in multiple conference calls with LTC and HMG staff regarding attendance at monthly QAPI meetings; and prepared and revised extensive e-mail to Managers advising of proposed recommendations to be adopted by the District's Board relating to the District's oversight of the QAPI meetings and program for each facility and attendance at the monthly meeting.	7.40 hrs
12/05/19	HOIV	Finalized draft e-mail to Managers regarding QAPI meeting attendance by District and other required staff.	1.50 hrs
12/05/19	HOIV	Exchanged twelve (12) e-mails with Managers responding to QAPI attendance requirement e-mail to discuss each Managers' various procedures and protocols.	1.70 hrs
12/06/19	HOIV	Received request from HMG for creation documents because the THHSC was not accepting documents provided; researched online files with Chambers County; submitted request to County Attorney at the direction of County Clerk for executed minutes of meeting when election for District was canvased; and exchange six (6) e-mails with HMG advising of status of request.	1.30 hrs

Client-	WSHD 87250	Invoice # 49694	PAGE 2
12/09/19	HOIV	Began analysis of QIPP models; worked with LTC to verify information submitted in their revenue forecast; analyzed methodology for 2019 QIPP budget; and began preparing amendments for 2019 budget and proposed budget for 2020.	6.60 hrs
12/09/19	HOIV	Received QIPP Model with Willowbrook facility included and evaluated the increased projected revenue and cost; and merged with larger budget worksheet for 2020.	1.40 hrs
12/10/19	HOIV	Continued review of QIPP payment models; verified formulas in Budget Spreadsheet; and prepared budget amendment recommendations for 2019 and proposed a proposed budget for 2020 along with supporting documents.	6.80 hrs
12/11/19	HOIV	Prepared for Budget Committee Meeting; met with District CPA to review proposed budget amendments for 2019 and the 2020 proposed budget; prepared packets for meeting; and attended Budget Committee meeting.	6.50 hrs
12/12/19	HOIV	Updated budget spreadsheets following Budget Committee Meeting and distributed to Budget Committee for review.	3.00 hrs
12/12/19	HOIV	Exchanged eight (8) e-mails with Charice and Senior Living Properties to receive a copy of their telehealth contract and invoices.	0.70 hrs
12/12/19	HOIV	Read and reviewed e-mail and attachment from staff regarding Marshall Manor fine.	0.30 hrs
12/12/19	HOIV	Read and reviewed eight (8) e-mails and attachments between LTC and Managers regarding October QIPP Component 1 and 2 payments and the shortfall to HMG for two (2) of their facilities.	0.80 hrs
12/12/19	HOIV	Exchanged five (5) e-mails with HMG regarding status of open records request for Chambers County, Texas regarding the District's creation documents.	0.40 hrs
12/13/19	HOIV	Prepared draft set of minutes for the November 20, 2020 Regular Meeting.	3.70 hrs
12/13/19	HOIV	Received and reviewed draft CHOW documents and conveyance documents for Willowbrook facility.	2.80 hrs
12/16/19	HOIV	Read, reviewed, and forwarded to Board in an e-mail the draft 2017-2018 Audit submitted by Durbin and Company.	1.10 hrs
12/17/19	HOIV	Prepared resolution to open depository accounts for Willowbrook facility.	0.80 hrs
12/17/19	HOIV	Worked with staff to make several changes to the Personnel Policy for consideration at the upcoming Regular Meeting.	1.70 hrs
12/18/19	HOIV	Prepared for and attended Public Hearing and Regular Meeting.	3.50 hrs
12/18/19	HOIV	Worked with staff to assist with the preparation of the Treasurer's report to ensure the District's funds are properly reconciled and gather documents for meeting to be assembled and distributed in a Board Binder.	2.80 hrs
12/19/19	HOIV	Received and began initial review of Willowbrook Loan Agreements and Conveyance agreements between the District, Accounts Receivable Lender (CIBC), Landlord, and Allegiance Bank; made suggested changes to the	3.70 hrs

documents; and circulated the changes to all the parties.

12/20/19	HOIV	Continued work and review of Willowbrook Loan Agreements and Conveyance agreements between the District, Accounts Receivable Lender (CIBC), Landlord, and Allegiance Bank; received comments to proposed changes; tracked revisions; and exchanged sixteen (16) e-mails with the parties to the transaction regarding the documents.	7.10 hrs
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12/30/19	HOIV	Received an e-mail from HMG regarding missing documents and information needed to finalize CHOW; and then worked with staff and HMG's Counsel's office to provide the information and documents	2.70 hrs
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12/31/19	HOIV	Received and reviewed prescription drug information from Indigent Care Coordinator for Scriptcare; reviewed the data; and exchanged eight (8) e-mails with Coordinator and Scriptcare regarding the data submitted.	1.30 hrs
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Total fees for this matter	\$19,150.00
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BILLING SUMMARY:

Oxford, IV Hubert	76.60 hrs @	\$250.00 /hr	\$19,150.00
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TOTAL FEES	\$19,150.00
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TOTAL CHARGES FOR THIS INVOICE	\$19,150.00
--------------------------------	-------------

RETAINER	\$1,000.00 CR
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TOTAL BALANCE NOW DUE	\$18,150.00
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Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt

Please Reference Invoice Number on Your Check

BENCKENSTEIN & OXFORD, L.L.P.
ATTORNEYS AT LAW
BBVA COMPASS BANK BUILDING
3535 CALDER AVENUE, SUITE 300

Hubert Oxford, IV

BEAUMONT, TEXAS 77706

hoxfordiv@benoxford.co
m

TELEPHONE:(409) 833-9182

FAX: (409) 833-8819

March 19, 2020

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

Re: Invoice and Draft Minutes for the Regular Meeting on February 19, 2020; Our
File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on February 19, 2020. After you have had a chance to review these minutes, please let me know if there are any changes that need to be made.

Also, please allow this letter to serve as a *partial invoice* for \$1,000.00 representing the retainer for work performed in February 2020. We would request that you put this invoice in line for payment at the March 24, 2020 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for February 2020.

If you concur, please draft a check in the amount of \$500.00 checks payable to Josh Heinz and a second check for \$500.00 to Hubert Oxford, IV.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

Hubert Oxford, IV

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
MAR 23 2020

03/23/2020

Invoice # 21806

Professional Services

	<u>Amount</u>
03/23/20 2-11-20 Work in QBooks and review payroll entries, and make corrections. 1.75 Hrs.	1,031.25
2-13-20 Review FOI request regarding payroll. .50 Hrs.	
2-19-21-20 Make adjustments, run reports and other various accounting issues. Review and approve payrolls during Feb. 3.75 Hrs.	
2-19-20 Prepare for and attend meeting. 2.25 Hrs.	
Total 8.25 Hrs. @ \$125.00 = \$1,031.25	
For professional services rendered	<u>\$1,031.25</u>
Balance due	<u><u>\$1,031.25</u></u>

Invoices Due Upon Receipt

•IHS
 Issued 03/05/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 03/05/20-03/09/20

Alliance Medical Services
 3440 College St
 Beaumont, TX 77701

Vendor #: 90003

GL #	Description	Amount
WSHD	Wshd	400.00
	Expenditures	400.00
	Reimb/Adjustments	
	Grand Total	400.00

1 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
036-2475*90003*1	WSHD	02/03/2020	400.00	400.00
1 invoices, 1 line items	***		400.00	400.00
Grand Totals			400.00	400.00

1 total invoices
 1 total line items

Alliance Medical Services
 3440 COLLEGE
 BEAUMONT, TX 77701-4612
 (409) 347 0173

Invoice

RECEIVED
 MAR - 2 2020

Customer

Client# 036-2475
 winnie, TX 77665

Misc

Print Date 2/12/2020
 First Print 2/12/2020
 Invoice 326621
 Order 53195
 Account No.

Qty	Date	Description	Charges/Debits	Payments/Credits
1	02/03/2020	CPAP RES Air Auto CPAP RESMED Airsense Auto	\$400.00	

Total	\$400.00	\$0.00
Balance	\$400.00	

Payment Cash Check Charge

Comments _____
 Name _____
 CC # _____
 Expires _____

PAY THIS AMOUNT :	\$400.00
--------------------------	-----------------

Patricia Ojeda
Travel Reimbursement Request

Date	Description	Rate	Miles	Total
Jan 27 & 29	Mileage To/From Austin	0.58	496	\$287.68
Mar 11	Mileage To/From Galveston	0.58	112	\$64.96
		0.58		\$0.00
		0.58		\$0.00
		0.58		\$0.00
		0.58		\$0.00
		0.58		\$0.00
		0.58		\$0.00
Total				<u>\$352.64</u>





Patricia Ojeda

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

2934

The Seabreeze Beacon

"News you can use"  "News you can trust"

409-296-2102 Office 1354 SH 124, Winnie, TX 409-296-2184 Fax
seabreezebeacon@gmail.com (Behind Dairy Queen) Like us on Facebook 

INVOICE

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

RECEIVED

MAR - 2 2020

INVOICE # 4141
DATE 12/31/2019
DUE DATE 01/15/2020
TERMS Net 15

DESCRIPTION	QTY	RATE	AMOUNT
Display Ad Display Ad 3col. x 5inches Public Notice 12/3	1	79.63	79.63

BALANCE DUE

\$79.63

Exhibit “C”

Indigent Care YTD Expenditures Worksheet

January				
Clients:	Clients: 69			
Youth Counseling:	Youth Counseling: 8			
	Billed Amount	Medicaid Rate	% of Services	Actually Paid
Summary by Facility				
Winnie Community Hospital	\$68,715.60	\$28,160.44	65.14%	\$0.00
Brookshire Brothers Pharmacy Corp	\$8,175.76	\$6,968.97	16.12%	\$6,968.97
Wilcox Pharmacy	\$1,935.71	\$1,144.07	2.65%	\$1,144.07
Pharmacy Total	\$10,111.47	\$8,113.04	18.77%	\$8,113.04
UTMB Hospital	\$22,257.33	\$5,212.60	12.06%	\$5,212.60
UTMB ER- Barrier Reef Physician	\$0.00	\$0.00	0.00%	\$0.00
UTMB Anesthesia	\$854.00	\$545.42	1.26%	\$545.42
UTMB Lab/Xray	\$126.00	\$35.28	0.08%	\$35.28
UTMB Physician Services	\$3,237.00	\$739.45	1.71%	\$739.45
UTMB Total	\$26,474.33	\$6,532.75	15.11%	\$6,532.75
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	0.00%	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	0.00%	\$0.00
Non-Contract Emergency Services	\$0.00	\$0.00	0.00%	\$0.00
Contract C-Pap Provider	\$0.00	\$0.00	0.00%	\$0.00
Youth Counseling	\$425.00	\$425.00	0.98%	\$425.00
Grand Totals	\$105,726.40	\$43,231.23		\$15,070.79

February				
Clients:	Clients: 66			
Youth Counseling:	Youth Counseling: 10			
	Billed Amount	Medicaid Rate	% of Services	Actually Paid
Summary by Facility				
Winnie Community Hospital	\$56,582.97	\$23,160.41	45.72%	\$0.00
Brookshire Brothers Pharmacy Corp	\$6,936.38	\$6,300.59	12.44%	\$6,300.59
Wilcox Pharmacy	\$2,466.26	\$1,544.87	3.05%	\$1,544.87
Pharmacy Total	\$9,402.64	\$7,845.46	15.49%	\$7,845.46
UTMB Hospital	\$48,036.12	\$15,576.65	30.75%	\$15,576.65
UTMB ER- Barrier Reef Physician	\$0.00	\$0.00	0.00%	\$0.00
UTMB Anesthesia	\$3,280.00	\$2,123.66	4.19%	\$2,123.66
UTMB Lab/Xray	\$0.00	\$0.00	0.00%	\$0.00
UTMB Physician Services	\$5,589.00	\$1,126.64	2.22%	\$1,126.64
UTMB Total	\$56,905.12	\$18,826.95	37.16%	\$18,826.95
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	0.00%	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	0.00%	\$0.00
Non-Contract Emergency Services	\$0.00	\$0.00	0.00%	\$0.00
Contract C-Pap Provider	\$400.00	\$400.00	0.93%	\$400.00
Youth Counseling	\$425.00	\$425.00	0.84%	\$425.00
Grand Totals	\$123,715.73	\$50,657.82		\$27,497.41

Year to Date				
Clients:	Clients: 75			
Youth Counseling:	Youth Counseling: 10			
	Billed Amount	Medicaid Rate	% of Services	Actually Paid
Summary by Facility				
Winnie Community Hospital	\$125,298.57	\$51,320.85	54.90%	\$0.00
Brookshire Brothers Pharmacy Corp	\$15,112.14	\$13,269.56	14.19%	\$13,269.56
Wilcox Pharmacy	\$4,401.97	\$2,688.94	2.88%	\$2,688.94
Pharmacy Total	\$19,514.11	\$15,958.50	17.07%	\$15,958.50
UTMB Hospital	\$70,293.45	\$20,789.25	22.24%	\$20,789.25
UTMB ER- Barrier Reef Physician	\$0.00	\$0.00	0.00%	\$0.00
UTMB Anesthesia	\$4,134.00	\$2,669.08	2.85%	\$2,669.08
UTMB Lab/Xray	\$126.00	\$35.28	0.04%	\$35.28
UTMB Physician Services	\$8,826.00	\$1,866.09	2.00%	\$1,866.09
UTMB Total	\$83,379.45	\$25,359.70	27.13%	\$25,359.70
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	0.00%	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	0.00%	\$0.00
Non-Contract Emergency Services	\$0.00	\$0.00	0.00%	\$0.00
Contract C-Pap Provider	\$400.00	\$400.00	0.93%	\$400.00
Youth Counseling	\$850.00	\$850.00	0.91%	\$850.00
Grand Totals	\$229,042.13	\$93,489.05	100%	\$42,168.20

Summary by Service Provided

	Billed Amount	Medicaid Rate	% of Services	Actually Paid
Prescription Drugs	\$10,111.47	\$8,113.04	18.77%	\$8,113.04
WCH Clinic	\$8,135.60	\$3,322.64	7.69%	\$0.00
WCH Observation	\$0.00	\$0.00	0.00%	\$0.00
WCH ER	\$23,264.00	\$9,538.24	22.06%	\$0.00
WCH Lab/Xray	\$5,059.00	\$2,074.19	4.80%	\$0.00
WCH CT Scan	\$8,547.00	\$3,504.27	8.11%	\$0.00
WCH Labs	\$9,308.00	\$3,816.28	8.83%	\$0.00
WCH Xray	\$11,827.00	\$4,849.07	11.22%	\$0.00
WCH Lab/Xray Reading	\$1,865.00	\$764.65	1.77%	\$0.00
WCH Inpatient	\$0.00	\$0.00	0.00%	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	0.00%	\$0.00
WCH Ultrasound	\$710.00	\$291.10	0.67%	\$0.00
UTMB Physician Services	\$3,237.00	\$739.45	1.71%	\$739.45
UTMB Anesthesia	\$854.00	\$545.42	1.26%	\$545.42
UTMB In-Patient	\$0.00	\$0.00	0.00%	\$0.00
UTMB Outpatient	\$22,257.33	\$5,212.60	12.06%	\$5,212.60
UTMB Lab&Xray	\$126.00	\$35.28	0.08%	\$35.28
UTMB ER Physician-Barrier Reef	\$0.00	\$0.00	0.00%	\$0.00
Non-Contract Emergency Services	\$0.00	\$0.00	0.00%	\$0.00
Youth Counseling	\$425.00	\$425.00	0.98%	\$425.00
Contracted C-Pap Provider	\$0.00	\$0.00	0.00%	\$0.00
Grant Totals	\$105,726.40	\$43,231.23		\$15,070.79

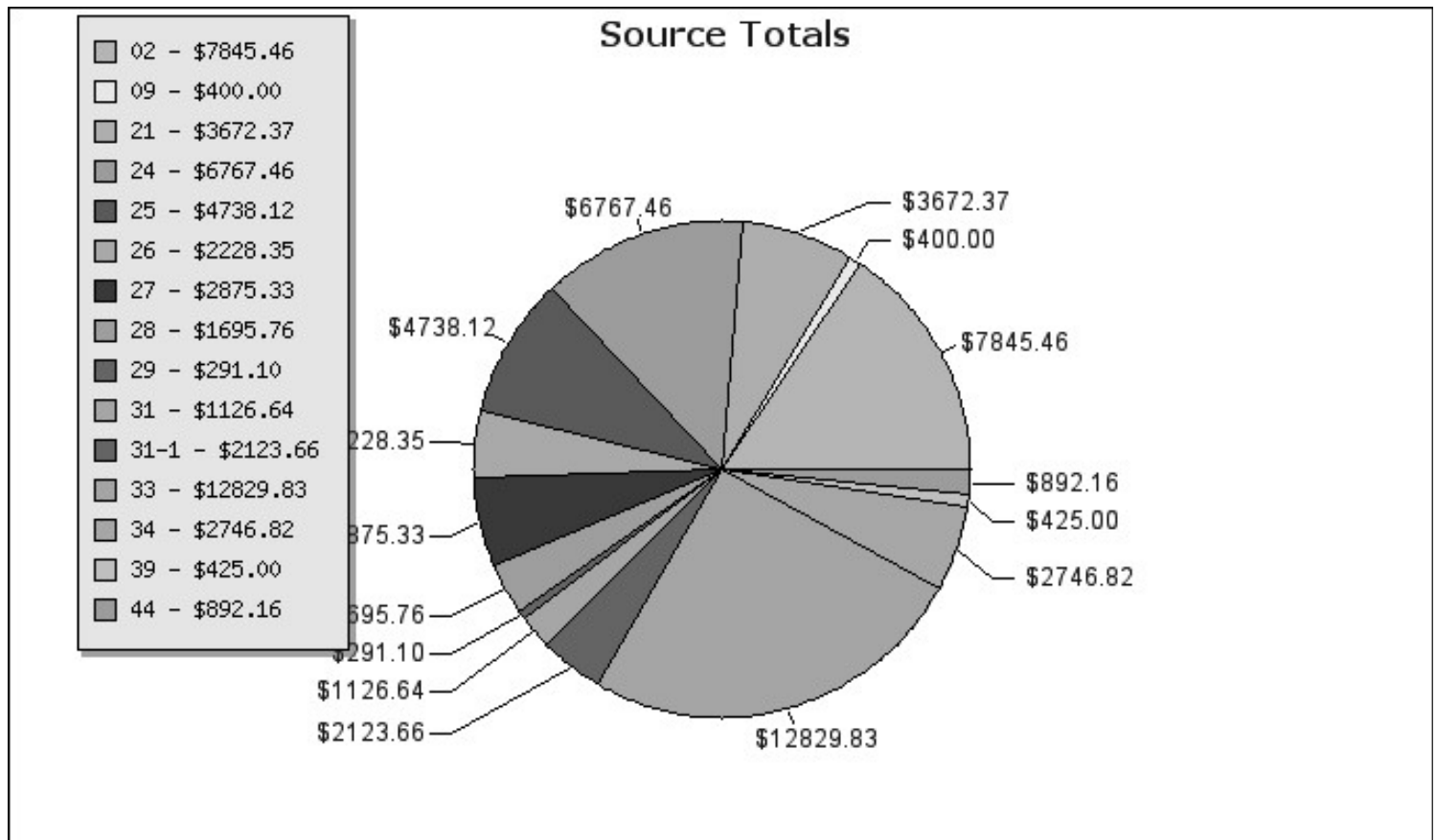
	Billed Amount	Medicaid Rate	% of Services	Actually Paid
Prescription Drugs	\$9,402.64	\$7,845.46	15.49%	\$7,845.46
WCH Clinic	\$9,050.57	\$3,672.37	7.25%	\$0.00
WCH Observation	\$0.00	\$0.00	0.00%	\$0.00
WCH ER	\$16,506.00	\$6,767.46	13.36%	\$0.00
WCH Lab/Xray	\$11,556.40	\$4,738.12	9.35%	\$0.00
WCH CT Scan	\$5,435.00	\$2,228.35	4.40%	\$0.00
WCH Labs	\$7,013.00	\$2,875.33	5.68%	\$0.00
WCH Xray	\$4,136.00	\$1,695.78	3.35%	\$0.00
WCH Lab/Xray Reading	\$2,176.00	\$892.00	1.76%	\$0.00
WCH Inpatient	\$0.00	\$0.00	0.00%	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	0.00%	\$0.00
WCH Ultrasound	\$710.00	\$291.00	0.57%	\$0.00
UTMB Physician Services	\$5,589.00	\$1,126.64	2.22%	\$1,126.64
UTMB Anesthesia	\$3,280.00	\$2,123.66	4.19%	\$2,123.66
UTMB In-Patient	\$34,675.23	\$12,829.83	25.33%	\$12,829.83
UTMB Outpatient	\$13,360.89	\$2,746.82	5.42%	\$2,746.82
UTMB Lab&Xray	\$0.00	\$0.00	0.00%	\$0.00
UTMB ER Physician-Barrier Reef	\$0.00	\$0.00	0.00%	\$0.00
Non-Contract Emergency Services	\$0.00	\$0.00	0.00%	\$0.00
Youth Counseling	\$425.00	\$425.00	0.84%	\$425.00
Contracted C-Pap Provider	\$400.00	\$400.00	0.79%	\$400.00
Grant Totals	\$123,715.73	\$50,657.82		\$27,497.41

	Billed Amount	Medicaid Rate	% of Services	Actually Paid
Prescription Drugs	\$19,514.11	\$15,958.50	17.00%	\$15,958.50
WCH Clinic	\$17,186.17	\$6,995.01	7.45%	\$0.00
WCH Observation	\$0.00	\$0.00	0.00%	\$0.00
WCH ER	\$39,770.00	\$16,305.70	17.37%	\$0.00
WCH Lab/Xray	\$16,615.40	\$6,812.31	7.26%	\$0.00
WCH CT Scan	\$13,982.00	\$5,732.62	6.11%	\$0.00
WCH Labs	\$16,321.00	\$6,691.61	7.13%	\$0.00
WCH Xray	\$15,963.00	\$6,544.85	6.97%	\$0.00
WCH Lab/Xray Reading	\$4,041.00	\$1,656.65	1.76%	\$0.00
WCH Inpatient	\$0.00	\$0.00	0.00%	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	0.00%	\$0.00
WCH Ultrasound	\$1,420.00	\$582.10	0.62%	\$0.00
UTMB Physician Services	\$8,826.00	\$1,866.09	1.99%	\$1,866.09
UTMB Anesthesia	\$4,134.00	\$2,669.08	2.84%	\$2,669.08
UTMB In-Patient	\$34,675.23	\$12,829.83	13.66%	\$12,829.83
UTMB Outpatient	\$35,618.22	\$7,959.42	8.48%	\$7,959.42
UTMB Lab&Xray	\$126.00	\$35.28	0.04%	\$35.28
UTMB ER Physician-Barrier Reef	\$0.00	\$0.00	0.00%	\$0.00
Non-Contract Emergency Services	\$0.00	\$0.00	0.00%	\$0.00
Youth Counseling	\$850.00	\$850.00	0.91%	\$850.00
Contracted C-Pap Provider	\$400.00	\$400.00	0.43%	\$400.00
Grant Totals	\$229,442.13	\$93,889.05		\$42,568.20

Source Totals Report

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 02/01/2020 through 02/29/2020
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	9,402.64	7,845.46
09	Contracted Rates (100%)	400.00	400.00
21	Wch Clinic	9,050.57	3,672.37
24	Wch Er	16,506.00	6,767.46
25	Wch Lab/X-Ray	11,556.40	4,738.12
26	Wch Ct Scan	5,435.00	2,228.35
27	Wch Labs	7,013.00	2,875.33
28	Wch Xray	4,136.00	1,695.76
29	Wch Ultrasound	710.00	291.10
31	Utmb - Physician Services	5,589.00	1,126.64
31-1	Utmb - Anesthesia Services	3,280.00	2,123.66
33	Utmb In-Patient	34,675.23	12,829.83
34	Utmb Out-Patient	13,360.89	2,746.82
39	Youth Counseling	425.00	425.00
44	Lab/Xray Readings	2,176.00	892.16
Expenditures		123,715.73	50,658.06
Reimb/Adjustments			
Grand Total		123,715.73	50,658.06



Indigent Care Committee Meeting Agenda

1. Pharmacy Recommendations

a. Logistical Considerations for Implementation of Program

1. Invoice must be in a format so that WSHD can upload the date into HIS, so it must be an Excel document in the below format:

Client No	Last Name	First Name	Quantity Dispensed	Amount Billed	Status	Date of Service	Rx No	NDC	NPI	Rx Name
Client Number As It's Entered in IHS	Last Name	First Name	Qty	Billed Amt	Pay Status (optional)	DOS	RX #	NDC Code	Pharmacy NPI #	RX Brand Name
2	DOE	JOHN	60	198.45	P	6/15/2009	857034	64764015860	1641238891	TYLENOL

2. There are two options to confirm/verify the true Acquisition Cost for each pharmacy:
 - A. Have the pharmacy submit a copy of their acquisition invoice along with the invoice to WSHD to verify their WAC.
 - B. Once the Medicaid site has the WAC pricing posted, consider the price on the MCAID website to be the true WAC.
3. WSHD needs to coordinate with IHS to configure the system for pricing & payment info according to the new pricing agreement with the pharmacies. This is why we need the true acquisition price. Then, we will need to always pay the exact billed price, and never less.
4. Unless a more efficient method can be identified, client eligibility verification will be completed by WSHD providing an Active Client List to the pharmacies on the 1st day of each *month*, and every time a new client is added. The lists will be sent via email as password protected documents.
5. WSHD should consider using the Medicaid Formulary for covered drugs/pharmaceutical supplies. This would ensure we are not paying for drugs/supplies that are not medically necessary according to the State.
6. Prescriptions will be restricted to a 30-day supply only.
7. WSHD needs to investigate how we can obtain the rebates that we would have gotten using Script Care.

b. Contract/Agreement Terms:

1. What will be the length of the contract/agreement?
2. Fee schedule for reimbursement will remain at Acquisition cost plus \$8?
3. If a formulary is used, then all non-formulary drugs/supplies must have prior approval or will not be paid.
4. What method will be used to block the dispensing of non-covered drugs?
5. Invoices must be submitted for payment no later than the 10th day of the month.
6. Payment will be made to the pharmacies no later than the 30th day of the month.
7. Utilize Patient Assistance Program. Certain District clients qualify for Patient Assistance Programs provided by the drug manufacturer. As the payer of last resort, Clients should be directed to participate in a PAP. The reason this is different than qualifying for insurance or Medicare is because it is at no cost to the client



2. **State Conference Re-Cap:**

- a. Coverage for those who have Medicare or any other insurance: We can/should cover people who have qualify for insurance or Medicare but choose not to utilize those benefits. That is the District cannot require as a prerequisite, clients to sign up for insurance or Medicare before applying for Indigent Care. (See GA-0198-<https://www.texasattorneygeneral.gov/sites/default/files/opinion-files/opinion/2004/ga0198.pdf>).
- b. Need to research purchasing insurance for clients. If we did, we would only pay their monthly insurance premium, not their deductible, co-pays, or co-insurance.
- c. Hospital Districts are NOT mandated to pay the \$30K that the County Indigent Programs are mandated to pay. However, if we agree to pay that amount for one client, we must agree to pay it for all clients. Also, if we go over the \$30K limit for one client, we cannot deny going over the limit for any other client.
- d. Hospital Districts are only required to provide Basic medically necessary Services:
 - 1. Physician Services;
 - 2. Annual Physicals;
 - 3. Immunizations;
 - 4. Medical Screenings;
 - 5. Inpatient and outpatient hospital services;
 - 6. Laboratory & X-rays;
 - 7. Family Planning;
 - 8. Skilled Nursing Facility services; and
 - 9. Three (3) prescriptions per month

See Tex. Health & Safety Code § 61.028 compared to 25 TAC § 14.201, § 14.204.
- e. A minor child IS eligible to be on our Indigent program if they are "categorically" ineligible for Medicaid - Most common is undocumented residents, but since we don't cover undocumented residents, another instance would be if the child's family is over income for Medicaid or CHIPS, but still within our income limits.
- f. We only need the pay stubs for 45 days prior to the interview or case processing date for the initial application. After that, only the last 4 pay stubs (1 month's stubs) received.

3. **Medically Necessary Referrals:** Define criteria for referrals above and beyond the basic services provided by the Hospital. Based on the State's interpretation of Basic Services, the District can no longer refer cases for outpatient care. The only time "Medically Necessary" is mentioned in Chapter 61 is when it refers to Optional Services. In that case, if the District provides Optional Services, the Optional Services must be Medically Necessary.

Exhibit “D”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
February 2020			
Facility	Operator		Comments
Garrison Nursing and Rehab Center	Caring		Census: 84. Facility had their annual survey in November 2019, they received eight health deficiencies and three life-safety tags. There were no reportable incidents since the last visit. The current administrator is set to retire soon, the assistant administrator is training to take over the role. The facility's star rating dropped due to a tag they received in July 2019; it should go back up following their next survey.
Golden Villa	Caring		Census: 98. The facility is currently in their survey window. There were no reportable incidents since the last visit. The facility was nicely decorated for valentine's day. All residents who were observed were well groomed and well dressed. The dining area was very clean, no issues were noticed in the dining or kitchen area. The facility is starting to show its age, maintenance and housekeeping are working to keep the facility appearing nice.
Marshall Manor Nursing and Rehab Center	Caring		Census: 123. The facility will be in their survey window in May 2020. There was one reportable incident since the last visit, a nurse yelled at a resident. The nurse was terminated, the facility is still waiting on final review from state. The outside of the facility is well landscaped. The administrator is very hands on with her staff, she uses every moment as a teaching moment and is very respectful to her staff.
Marshall Manor West	Caring		Census: 70. Facility had their annual survey in January 2020, they received two tags, they are awaiting acceptance of their POC. There were no reportable incidents since the last visit. The facility recently took residents to a gambling boat, they also bought slot machines for the residents to enjoy. The facility was very clean, and no compliance issues were noticed during the visit.
Rose Haven Retreat	Caring		Census: 49. The facility had a complaint survey in January 2020 due to a resident being injured while in bed, the POC was accepted by the state. There were no reportable incidents since the last visit. The facility still has two shower rooms that are unusable due to a plumbing issue, they have not been fixed because of budget concerns. The back patio which used to be used by smokers was very clean and a no smoking sign had been placed in the area.

January 2020			
Facility	Operator		Comments
Park Manor Cypress Station	HMG		Census: 85. Facility had their annual survey in October 2019, there were two LSC citations, there are no outstanding claims regarding the survey. There were no reportable incidents since the last visit. The facility has hired a new DON, an update will be provided at the next visit. The facility is expecting new furniture, this will help to update the facility.
Park Manor Humble	HMG		Census: 92. Facility had their survey in August 2019, they received four citations, all have been cleared. There was a complaint survey, both complaints were unsubstantiated. There were no reportable incidents since the last visit. The maintenance staff is doing a great job taking care of both the inside and outside of the facility. There were no compliance issues noticed during the visit.
Park Manor Cyfair	HMG		Census: NA. The facility had their annual survey in March 2019, they are in their survey window. There were no reportable incidents since the last visit. The facility was still in the process of transitioning from the holiday season, they have planted some nice flowers at the entrance. The facility has a new dietary manager, he is still learning his job but is doing a good job thus far.
Spring Branch Transitional Care Center	Caring		Census: 189. The facility had their survey in March 2019, they are in their survey window. There were no reportable incidents since the last visit. The AC unit in the kitchen had frozen over and the maintenance was letting it defrost, this was creating a puddle in the kitchen which staff quickly cleaned up. Staff at the facility was receiving in-service for abuse/elopement/change of resident condition and bomb threats.
Oak Manor	SLP		Census: 32. The state has not been in the facility since the last survey. There were no reportable incidents since the last visit. The facility has appointed the interim administrator as the permanent administrator, the staff has really taken to her as an administrator. The administrator is close to getting the facility to meet their budgeted targets.

Oakland Manor	SLP		Census: 52. The facility had their annual survey in December 2019, they received seven tags and two life-safety tags, their POC was accepted by the state. There were three reportable incidents since the last visit, all were unsubstantiated following review. The facility has gotten approval for HUD funding, the administrator is putting a priority list together for the things the facility needs most.
Hallettsville Rehabilitation and Nursing Center	Regency		Census: 86. The state has not been in the facility since the annual survey. There were three reportable incidents since the last visit, all three were falls, the facility was not cited for any of the falls. The first phase of the remodel is nearly done with phase two planned to begin at the beginning of 2020. The work that has been done to redo the outside of the facility is very nice.
Monument Rehabilitation and Nursing Center	Regency		Census: 75. Facility had their annual survey in October 2019, they received six tags and three life-safety tags, their POC was accepted by the state. There were no reportable incidents since the last visit. The facility has completed the remodel and the facility looks amazing; they are planning an open house for February. The increase in residents has helped them meet their budgeted targets.

December 2019

Facility	Operator		Comments
Spindletop Hill (Clairmont Beaumont)	Regency		Census: 112. Facility had their annual survey in May 2019, they received fifteen tags and their POC was accepted by the state. There were four reportable incidents since the last visit, all were unsubstantiated following review. The facility was well decorated for the holiday season. The facility was very clean, and no compliance issues were noticed during the visit.
The Woodlands Nursing and Rehabilitation Center	Regency		Census: 156. Facility had their annual survey in March 2019, they received six tags, their POC was accepted by the state. The facility was cited for Care Plans in November. There were thirteen reportable incidents since the last visit, all were unsubstantiated. The facility is expecting the remodel to be done in January 2020, they will be hosting an open house in April. The maintenance department is doing a wonderful job with the outside of the facility.

Park Manor of Conroe	HMG		Census: Facility had their annual survey in June 2019, they received four tags, their POC was accepted by the state. There was one reportable incident since the last visit, it was unsubstantiated. The facility was hosting some local college nursing students, they were receiving training as nursing aides. Housekeeping is doing a great job with the facility, it was very clean and well maintained.
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Administrator: Wanda Hendricks
Assistant Administrator: Josh Havins
DON: Teresa Westmoreland

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area with a current census of 84 with 1 in the hospital: 5 Medicare; 2 HMO; 14 Private Pay; 54 Medicaid and 9 Hospice. The facility currently has an overall star rating of 3 and a star rating in Quality Measures of 4. Administrator reported that the July 2019 survey resulted in a tag that brought down their Star rating and will most likely not go up until after their next full book survey.

The parking lot was free of trash and cigarettes and upon approaching the front door, despite the cold rainy weather, the porch was warm and inviting, with clean well maintained rocking chairs. In honoring one of the residents, a Kansas City Chiefs flag was flying at the front entrance. Main living/lobby area very tastefully decorated and furniture is well maintained.

The administrator provided the tour of the facility. The facility is planning a valentine party to be held Friday, as per activity calendar and decorations being made and displayed throughout facility. Administrator reports she will be retiring soon and the Assistant Administrator is in training and anticipate he will fill the position.

The medication room at front nurses station was very organized and the refrigerator temp logs were current. The nurse's station supply closet was very clean and organized but there were boxes stacked too high on the top shelf and the administrator said she would get maintenance to correct ASAP.

The central shower room was very clean with no odors present and the fire extinguisher had a current inspection. The supply closet in the shower room was neat and clean but also had boxes stacked too high on top shelf that maintenance will address ASAP. Recommended to administrator may want to place tape or line on wall to ensure nothing goes above it. Therapy room very busy with active participation of residents and therapists.

Hall 300 rooms were all clean, with no odors. Room with oxygen had required sign. Activity calendars posted in rooms. Medication and housekeeping carts both locked. Fire extinguisher inspection current. All residents observed were well groomed and staff engaging appropriately. Staff approached were all smiling and very courteous.

QIPP SCORECARD:

Based on QIPP Scorecard for quarter Sept/Oct/Nov, Garrison Nursing and Rehabilitation:

- Component 1 - Met
- Component 2 - Met Metrics 1, 2, 3 and 4
- Component 3 - Met Metrics 1, 2 and 3

Component 4 - Met Metrics 1, 2 and 3

SURVEY INFORMATION

Garrison Nursing Home and Rehabilitation had their full book on November 14, 2019. They received 8 Health deficiencies and 3 Life Safety Code violations.

REPORTABLE INCIDENTS

Information not provided

CLINICAL TRENDING

Incidents/Falls:

Information was not provided

Infection Control:

Information was not provided

Weight loss:

Information was not provided

Pressure Ulcers:

Information was not provided

Restraints:

Information was not provided

Staffing:

Facility is fully staffed and also utilize telehealth with RNs and PAs each month.

Quality Indicators – CMS Compare through 9/30/19				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)	2.3%	1.9%	1.9%	
Fall w/Major Injury (L)	0.7%	3.4%	3.5%	
UTI (L)	1.1%	2.1%	2.7%	
High risk with pressure ulcers (L)	2.5%	8.4%	8.1%	

Loss of Bowel/Bladder Control(L)	26.1%	51.2%	48.1%	
Catheter(L)	3%	2.1%	2.1%	
Physical restraint(L)	0%	0.1%	0.2%	
Increased ADL Assistance(L)	23.6%	17.6%	15%	
Excessive Weight Loss(L)	5.3%	4.4%	5.7%	
Depressive symptoms(L)	0%	3.5%	5.7%	
Antipsychotic medication (L)	10.8%	12.1%	14.2%	

Component 1

Indicator	QAPI Mtg Date	Met Y/N	PIP's Implemented (Name specific PIP's)
QAPI Meeting	Per score card all reports submitted timely	Y	

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	

Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.35%	%		Y	Scorecard indicates measure met but no %results listed
Percent of residents who received an anti-psychotic medication	14.56%	9.45%	6.76	Y	
Percent of residents whose ability to move independently has worsened	17.72%	18.22%	10.64%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.80%	1.84%	10.64	Y	
Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%	100%	Y	

Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					Infection Control Policy reviewed. Yes-per administrator's statement Antibiotic Stewardship Program review and is in place with all components. Yes-per administrator's statement
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Administrator: Taylor Stamp
DON: Brandy Pulliam

FACILITY INFORMATION

Golden Villa is a 111-bed facility with a current overall star rating of 2 and a Quality Measures star rating of 4. The census on the date of this visit was 98 (4 in hospital) and no other breakdown provided.

The administrator provided the tour of the building. The parking lot was free of trash and cigarettes and upon the walkway were bird feeders with birds enjoying the seeds. Tasteful Valentine decorations displayed throughout the facility.

Hallway still somewhat dull as well as in the resident's rooms. The facility was clean and no odors were detected. O2 signs were posted as required.

Med and treatment carts were locked and daily nursing schedule was current. Linen cart observed was covered and no personal items. Medication room was organized and clean, temperature logs for the refrigerator were 2 days behind, the administrator made nurses aware.

Dining Room was clean and residents were eating lunch and conversing with each other. Menus were posted and current with what they had eaten for the day. Activity calendar was posted and was varied. Shower room was clean and no odors detected.

Residents were dressed appropriately and no safety issues observed in any of resident rooms. One resident observed sitting up in room, eating and enjoying lunch of BBQ chicken and scalloped potatoes. Lunch appeared and smelled appetizing. Staff were friendly and greeted consultant.

QIPP SCORECARD:

Based on QIPP Scorecard for quarter Sept/Oct/Nov, Golden Villa:

- Component 1 - Met
- Component 2 - Met Metrics 1, 2, 3 and 4
- Component 3 - Met Metrics 1, 2 and 3
- Component 4 - Met Metrics 1, 2 and 3

SURVEY INFORMATION

The facility is currently in their survey window.

REPORTABLE INCIDENTS

Facility information not provided

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility information not provided

Quality Indicators – CMS Compare through 9/30/19				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)	3.7%	1.9%	1.9%	
Fall w/Major Injury (L)	0.9%	3.4%	3.5%	
UTI (L)	0%	2.1%	2.7%	
High risk with pressure ulcers (L)	3.3%	8.4%	8.1%	
Loss of Bowel/Bladder Control(L)	29.3%	51.2%	48.1%	
Catheter(L)	0.4%	2.1%	2.1%	
Physical restraint(L)	0%	0.1%	0.2%	

Increased ADL Assistance(L)	14.6%	17.6%	15%	
Excessive Weight Loss(L)	8.4%	4.4%	5.7%	
Depressive symptoms(L)	1.2%	3.5%	5.7%	
Antipsychotic medication (L)	5.9%	12.1%	14.2%	

Component 1

Indicator	QAPI Mtg Date	Benchmark Met Y/N	PIP's Implemented (Name specific PIP's)
QAPI Meeting	Information not provided	Y	

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.35%	6.92%	3.64%	Y	
Percent of residents who received an anti-psychotic medication	14.56%	9.45%	3.80%	Y	
Percent of residents whose ability to move independently has worsened	17.72%	18.22%	10.14%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.80%	1.84%	10.14%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%	100%	Y	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					<p>Infection Control Policy reviewed per administrator.</p> <p>Antibiotic Stewardship Program review and is in place with all components per administrator.</p>

Administrator: Linda Benson
DON: Susan Cherry

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current over all star rating of 1 (hoping it will come back up next month) and a Quality Measures rating of 5. The census on the date of this visit was 123, with 17 Private Pay; 63 Medicaid with 4 pending; 26 Medicare; 1 HMO; 13 Hospice.

Ms. Benson, the administrator, provided a tour of facility. Ms. Benson was very attentive and informative during the entire tour and made sure any issues identified were addressed immediately with the staff involved, taking advantage of teaching moments. The outside landscaping was well kept and no observation of trash in the parking lot. Walking up to the front door was warm and inviting despite the rainy cold day. Facility experiencing a lot of water run-off, especially near laundry area from having rain every day for the last week. Special valentine party planned for all residents.

Shower room observed was clean, no odors. An empty soap container was on the floor and the administrator removed and put in trash. The bio-hazard storage room was neat and organized and nothing on floor or stored too high.

The laundry room was organized. There were no lint logs but the dryer lint traps were clean and staff report they are checked after each load. Residents observed throughout the facility were well groomed and their equipment was clean. Medication carts were locked and linen carts did not have personal items on them. One housekeeping cart was found unlocked with a bottle of Pepsi inside and the administrator had staff member remove bottle and lock her cart with explanation of potential for confused resident to gain access.

QIPP SCORECARD:

Based on QIPP Scorecard for quarter Sept/Oct/Nov, Marshall Manor and Nursing Rehab Center:

- Component 1 - Met
- Component 2 - Met Metrics 1, 2, 3 and 4
- Component 3 - Met Metrics 1, 2, and 3
- Component 4 - Met Metrics 1, 2 and 3

SURVEY INFORMATION

Marshall Manor Nursing and Rehab Center survey window will open up in May.

REPORTABLE INCIDENTS

Marshall Manor Nursing and Rehab Center had (1) self-report in the last quarter. A nurse was observed yelling at a resident. The nurse was terminated and the resident had no emotional distress. The facility is waiting on final review determination.

CLINICAL TRENDING

Incidents/Falls:

Facility information not given

Infection Control:

Facility information not given

Weight loss:

Facility information not given

Pressure Ulcers:

Facility information not given

Restraints:

Facility information not given

Staffing:

Facility information not given

Quality Indicators - CASPER Report				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)	11.1%	1.9%	1.9%	1 resident on hospice family refused to change but now trying to gradually reduce dose
Fall w/Major Injury (L)	0%	3.4%	3.5%	
UTI (L)	1.1%	2.1%	2.7%	
High risk with pressure ulcers (L)	1.6%	8.4%	8.1%	

Loss of Bowel/Bladder Control(L)	34.1%	51.2%	48.1%	
Catheter(L)	0%	2.1%	2.1%	
Physical restraint(L)	0%	0.1%	0.2%	
Increased ADL Assistance(L)	14.1%	17.6%	15%	
Excessive Weight Loss(L)	10.8%	4.4%	5.7%	All residents came in from hospital with weight loss, 2 were on physician ordered wt loss programs
Depressive symptoms(L)	2.2%	3.5%	5.7%	
Antipsychotic medication (L)	23.8%	12.1%	14.2%	1 resident on hospice family refused to change but now trying to gradually reduce dose

Component 1

Indicator	QAPI Mtg Date	PIP's Implemented (Name specific PIP's)
QAPI Meeting	Per scorecard all reports submitted timely	

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	

Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.35%	6.92%	2.94%	Y	
Percent of residents who received an anti-psychotic medication	14.56%	9.45%	5.10%	Y	
Percent of residents whose ability to move independently has worsened	17.72%	18.22%		Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.80%	1.84%		Y	

Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%	100%	Y	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					<p>Infection Control Policy reviewed – yes, per administrator.</p> <p>Antibiotic Stewardship Program review and is in place with all components – yes, per administrator.</p>

Administrator: Ken Kale
DON: Lakeisha Owens

FACILITY INFORMATION

Marshall Manor West is a 115-bed facility with a current over all star rating of 4 and a Quality Measures rating of 3. The census on the date of this visit was 70, breakdown not provided.

Mr. Kale, administrator, provided the tour of facility and reports the facility has great opportunities for activities, including a recent trip to the gambling boats and recent purchase of slot machines and lastly the valentine party planned for Friday. The facility had tasteful décor and furniture with seasonal decorations throughout.

Medication room observed was organized and refrigerator temp logs were current. Medication carts checked at nurse's station and on C- wing and were found to be secured and locked. C-wing floors were clean and shiny and fire extinguisher inspection current. Shower room on C-wing was clean and no odors detected with current fire extinguisher inspection. Linen carts looked good with no personal items on them and housekeeping carts had bottles with appropriate labels on them.

Oxygen storage room had one tank not in the canister and the administrator placed it in the canister during the tour. The laundry room was clean and organized, there were no lint trap logs and lint was found on the dryer trap not in use. Laundry staff member reports she was aware and would be cleaning it before placing next load and says the traps are checked every 2 hrs. Residents were appropriately dressed and staff actively engaging with them.

QIPP SCORECARD:

Based on QIPP Scorecard for quarter Sept/Oct/Nov, Marshall Manor West:

- Component 1 - Met
- Component 2 - Met Metrics 1, 2, 3 and 4
- Component 3 - Met Metrics 1, 2 and 3
- Component 4 - Met Metrics 1, 2 and 3

SURVEY INFORMATION

The facility's annual full book survey with federal oversight was conducted on 1/16/2020 in which they received 2 tags and are awaiting acceptance of their POC.

REPORTABLE INCIDENTS

Information not provided.

CLINICAL TRENDING

Incidents/Falls:

Facility information not given.

Infection Control:

Facility information not given.

Weight loss:

Facility information not given.

Pressure Ulcers:

Facility information not given.

Restraints:

Facility information not given.

Staffing:

Facility information not given.

Quality Indicators – CMS Compare through 9/30/19				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)	7%	1.9%	1.9%	
Fall w/Major Injury (L)	1.7%	3.4%	3.5%	
UTI (L)	0.9%	2.1%	2.7%	
High risk with pressure ulcers (L)	7.7%	8.4%	8.1%	
Loss of Bowel/Bladder Control(L)	31.8%	51.2%	48.1%	
Catheter(L)	0.4%	2.1%	2.1%	
Physical restraint(L)	0%	0.1%	0.2%	

Increased ADL Assistance(L)	9.8	17.6%	15%	
Excessive Weight Loss(L)	10.2%	4.4%	5.7%	
Depressive symptoms(L)	55.9%	3.5%	5.7%	
Antipsychotic medication (L)	16.2%	12.1%	14.2%	

Component 1

Indicator	QAPI Mtg Date	PIP's Implemented (Name specific PIP's)
QAPI Meeting	Per scorecard, all reports submitted timely	

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.35%	6.92%	2.56	Y	
Percent of residents who received an anti-psychotic medication	14.56%	9.45%	11.11	Y	
Percent of residents whose ability to move independently has worsened	17.72%	18.22%	2.56	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.80%	1.84%	2.56%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%	100%	Y	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					<p>Infection Control Policy reviewed per administrator</p> <p>Antibiotic Stewardship Program review and is in place with all components per administrator</p>

Administrator: Linda Thurman
DON: Iiesha Taylor

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 1 and a rating of 3 stars in Quality Measures. Current census on the date of the visit was 49 with 2 MC, 0 HMO, 30 MD, 15 PP, and 2 MD pending.

The front lawn was green but the flower bed had several dead flowers that needed to be cleaned out. A bright new flag was flying out in front of the building. The lobby area was clean and well lit.

Tour of the facility was provided by Ms. Thurman, who was very gracious but appeared to be uninformed of some of the building's features such as the housekeeping manager was the one who had to answer why one of the shower rooms had been closed for almost 2 years -due to plumbing issues the budget could not cover (census covered by other shower rooms available).

The floors in the hallways were dull with some muddy footprints due to the rainy weather for the last week. Resident's rooms were neat and clean and the residents appeared to be clean and well groomed.

The Dietary Manager provided a tour of the kitchen. Temperature logs for the refrigerator, freezer and dish machine were all current. Items in the refrigerator were all labeled. The can opener was clean but some of the pans for baking are beginning to show grease build-up and may need to be replaced soon, as budget allows. Bulbs in cooler have been replaced and working. The pantry was organized and ceiling height requirement met. Dirt still showing around the floor of where the bins in main floor area are stored. It was clean behind the stove.

Administrator and consultant walked outside to the laundry room and the area where smoking had occurred on last visit had large no-smoking signs posted and no smokers were observed and no odors detected. Laundry room was neat, MSDS sheets available and the dryer lint trap logs were current with no lint on traps. The storage closet now has everything up on pallets.

Shower room on hall 200 had urine on the floor and maintenance addressed as soon as administrator reported it. The refreshment ice station was clean and free of any other items.

QIPP SCORECARD:

Based on QIPP Scorecard for quarter Sept/Oct/Nov, Rose Haven Retreat:

- Component 1 - Met
- Component 2 - Met Metrics 1, 2, 3 and 4
- Component 3 - Met Metrics 1, 2 and 3

- Component 4 - Met Metrics 1, 2 and 3

SURVEY INFORMATION

The facility had a complaint survey from a self-report (resident injured while in bed/facility had police investigate) on 1/15/2020. The POC has been accepted.

REPORTABLE INCIDENTS

Facility information no provided

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is fully staffed but Administrator concerned about all the "call ins". Facility does utilize telehealth RNs 4-5 times per month.

Quality Indicators – CMS Compare through 9/30/19				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)	Not available	1.9%	1.9%	
Fall w/Major Injury (L)	2%	3.4%	3.5%	

UTI (L)	5.1%	2.1%	2.7%	
High risk with pressure ulcers (L)	4.7%	8.4%	8.1%	
Loss of Bowel/Bladder Control(L)	17%	51.2%	48.1%	
Catheter(L)	1.4%	2.1%	2.1%	
Physical restraint(L)	0%	0.1%	0.2%	
Increased ADL Assistance(L)	16.9%	17.6%	15%	
Excessive Weight Loss(L)	8.3%	4.4%	5.7%	
Depressive symptoms(L)	3.3%	3.5%	5.7%	
Antipsychotic medication (L)	14%	12.1%	14.2%	

Component 1

Indicator	QAPI Mtg Date	Met Y/N	PIP's Implemented (Name specific PIP's)
QAPI Meeting	Per score card all reports submitted timely	Y	

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	

Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Y	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Y	
Was Workforce Development data submitted q month to QIPP during the quarter?	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.35%	6.92%	5.0%	Y	
Percent of residents who received an anti-psychotic medication	14.56%	9.45%	6.82%	Y	
Percent of residents whose ability to move independently has worsened	17.72%	18.22%	10%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.80%	1.84%	10%	Y	Quarterly Metric Results - Pending
Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%	100%	Y	Quarterly Metric Results - Pending
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					<p>Infection Control Policy reviewed – yes, per administrator</p> <p>Antibiotic Stewardship Program review and is in place with all components – yes, per administrator</p>

Exhibit “E”

Census	2018					2019												2020		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Texas Average
ER Visits	234	211	233	217	223	240	183	202	206	198	215	226	202	185	105	127	185	187	178	
Conversion to Inpatient/observation	17	20	18	19	17	20	15	10	10	9	10	9	17	4	0	1	9	9	14	
<i>Percentage</i>	7%	9%	8%	9%	8%	8%	8%	5%	5%	5%	5%	4%	8%	2%	0%	1%	5%	5%	8%	
Transferred out	22	16	13	20	18	16	12	15	11	11	12	10	10	10	0	2	6	8	10	
<i>Percentage</i>	9%	8%	6%	9%	8%	7%	7%	7%	5%	6%	6%	4%	5%	5%	0%	2%	3%	4%	6%	
ER shifts covered by doctors	0%	40%	45%	65%	72%	55%	61%	63%	78%	92%	77%	74%	76%	100%	100%	93%	74%	80%	82%	
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	3.32	3.29	2.33	0.00	0.03	2.35	2.68	4.00	1.63
CTs	75	82	74	71	52	52	35	45	57	46	63	74	79	25	0	5	26	56	71	
Xrays	286	253	295	235	245	257	266	244	239	250	218	294	314	149	0	19	192	270	268	
Ultrasounds	41	34	39	30	32	18	33	28	28	28	23	45	43	18	0	0	16	20	20	
Encounters - Adult Clinic	653	614	789	606	602	673	643	618	635	616	525	557	617	469	483	494	585	638	598	
Encounters - Pediatric Clinic	323	331	425	276	284	334	346	320	341	287	217	235	250	236	154	250	423	274	306	
Behavioral Health patients	78	79	74	65	67	74	76	73	75	75	69	63	60	56	0	19	44	45	44	
Physical Therapy	5	6	7	6	10	8	3	4	6	5	7	9	7	8	0	2	2	0	1	

Additional Items:

1. Dr. Robert Rollo named Chief of Staff
2. Dr. Syed Afzal named Medical Director for ER
3. Coronavirus Covid-19 preparedness update



Formerly Winnie Community Hospital

538 Broadway • Winnie, TX. 77665 • (409) 296-6000 • Fax (409) 296-6326

Update for Hospital District: Hospital Preparations for Covid-19 Healthcare Crisis Coronavirus 2019

We have been closely following all local, state and federal guidelines for corona virus/Covid-19 prevention and preparedness for the safety of our patients, staff and the community since the beginning of this healthcare crisis.

The hospital has implemented multiple measures to ensure that we are prepared to meet the needs of the community and its patients as well as the staff members that are caring for them:

- We have implemented multiple levels of traffic control throughout our facility for patients and visitors including:
 - Limiting vendor traffic down hospital hallway since 3/17/20
 - Limiting visitors initially to now having a NO HOSPITAL visitor policy, as the majority of our admitted patient come from the Nursing Home and Long-Term Care Facilities
 - Limiting ER visitors to 1 per ER patient with no children ER visitors (unless the child is the ER patient). And no ER patient or ER visitors may wander the hospital hallway for any reason.
 - We are no longer taking Hospice Respite admissions at this time (since 3/17/20), so as not to put this vulnerable population at unnecessary risk for exposure to virus or other pathogens during this time.
- We have been emailing daily updates on the State and national statistics of Covid-19 and updated CDC guidelines out to our healthcare nurses & providers.
- We placed several increased stock orders for PPE, cleaning, paper and food supplies early in preparation for increased limitations and allocations that were anticipated to occur the week of 3/6/20.
- We implemented conservative measures with our PPE, cleaning and paper product supplies early to help control usage and maintenance of current stock and supplies.
- We have already been in contact with Chambers County Health Department and SETRAC and submitted our orders for Strategic National Stockpile supplies for PPE for the hospital.
- We are participating daily with State-wide bed and reporting requested by our regional trauma advisory committee (SETRAC) and DSHS.
- Nurse Staffing schedules have been locked and moved to a more rigid staffing structure utilizing pandemic planning guidelines to fill gaps in the schedule. Licensed and certified nursing staff from other departments and organization areas will also be called upon to fill the hospital staffing matrix when necessary as their areas may no longer be regularly working (i.e. Behavioral Health, Surgery Center, Quality Management)
- The hospital has downscaled several departments to move many workers that are able to Work from Home.
- Many departments have also had to shut down completely due to Nursing Home lockdowns and no patient participation for their programs (i.e. Behavioral Health). These employees are being flexed if possible or some are not able to work at all.
- As this healthcare crisis increases this week (3/23/20), we are currently preparing to scale down to essential employees only if required to do so. All other department are flexing hours at this point.

Specific questions posed by District:

1. Testing Kits—Ordered: Currently have 19 kits in the building. None available from CCHD at this time. Cannot get from private companies (Quest, LabCorp, AIT). Calling daily for supplies.
2. Staffing—Addressed above for Nursing. Physicians on staff as normal. Praying no one gets sick because our backup staffing is limited to none.

Exhibit “F”



March 24, 2020

To the Board of Directors and Management
Winnie-Stowell Hospital District
Winnie, Texas

We are pleased to confirm our understanding of the services we are to provide Winnie-Stowell Hospital District (the "District") for the year ended December 31, 2019. We will audit the financial statements of Winnie-Stowell Hospital District, which comprise the statement(s) of net position as of December 31, 2019, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Winnie-Stowell Hospital District's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Winnie-Stowell Hospital District's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

1) Management's Discussion and Analysis.

Audit Objective

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and will include tests of the accounting records and other procedures we consider necessary to enable us to express such opinions. We will issue a written report upon completion of our audit of the District's financial statements. Our report will be addressed to the Board of Directors and Management of the District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or may withdraw from this engagement.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the District or to acts by management or employees acting on behalf of the District.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Audit Procedures—Internal Control

Our audit will include obtaining an understanding of the District and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance, and we will not express such an opinion.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the District, with the oversight of those charged with governance, to ensure that the District's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the

provision of laws and regulations that determine the reported amounts and disclosures in the District's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

Other Services

We will also assist in preparing the financial statements of the District in conformity with U.S. generally accepted accounting principles based on information provided by you. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Management Responsibilities

Management is responsible for designing, implementing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the District from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the District involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the District received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the District complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

You agree to assume all management responsibilities for financial statement preparation services and any other non-attest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

We expect to begin our audit in April 2020 and to issue our reports no later than the August 2020 Board meeting. Tommy L. Davis, CPA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report production, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, not including out-of-pocket costs, will not exceed \$25,000. This fee is based of anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs. Billings are rendered monthly so that you may readily relate our charges to the work performed. In addition to billed charges, billings will include travel, printing, postage, and other out-of-pocket costs. Each invoice is payable upon receipt. Past due invoices must be current before an audit report can be rendered due to possible independence conflicts. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based of anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs. You may request that we perform additional services not addressed in the engagement letter. If this occurs, we will communicate with you regarding the scope of the additional services and the estimated fees. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

We appreciate the opportunity to be of service to Winnie-Stowell Hospital District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,

Durbin & Company, L.L.P.



Tommy L. Davis, CPA
Partner

RESPONSE:

This letter correctly sets forth the understanding of Winnie-Stowell Hospital District.

Management signature: _____

Title: _____

Date: _____

Governance signature: _____

Title: _____

Date: _____

Exhibit “G”



**WINNIE-STOWELL HOSPITAL DISTRICT
INDIGENT HEALTHCARE
POLICY & PROCEDURE STATEMENT**

Adopted June 20, 2019

interview.

- b. In determining eligibility for a prior month, the Household is not eligible if their total countable resources exceed the limit anytime during the prior month.
- c. The applicant must not be eligible or potentially eligible for any other resource. Example: Medicaid, Medicare, Insurance, group health insurance, VA Veteran medical benefits, or any other source. [The District's ICAP program is the](#) is payor of last resort!
- d. Non-Household Members: Resources from disqualified and non-Household members are excluded but may be included if processing an application for a sponsored alien.
- e. Consider a joint bank account with a nonmember is inaccessible if the money in the account is used solely for the nonmember's benefit. The Household must provide verification that the bank account is used solely for the nonmember's benefit and that no Household member uses the money in the account for their benefit. If a Household member uses any of the money for their benefit or if any Household member's money is also in the account, consider the bank account accessible to the Household.

Commented [HO13]: This is not allowed pursuant to GA-0198

B. Types of Resources:

1. Alien Sponsor's Resources (Count):

- a. Calculate the total resources accessible to the alien sponsor's Household according to the same rules and exemptions for income that apply for the sponsored alien Applicant. The total countable resources for the alien sponsor Household will be added to the total countable resources of the sponsored alien applicant.
- b. Per Texas Health and Safety Code, Chapter 61, §61.012. Sec. 61.012 "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.
 - i. If the WSHD provides health care services to a sponsored alien under, the WSHD may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.
 - ii. The WSHD shall notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

Yani Jimenez
Coordinator
Winnie-Stowell Hospital District
P. O. Box 1997,
Winnie, Texas 77665
Ph: 409-296-1003
Fax 409-296-1003
yjimenez@wshd-tx.com

Commented [HO15]: Need to update.

- B. Incompetent Applicant: If the applicant is incompetent, incapacitated, or deceased, someone acting responsibly for the client (a representative) may represent the applicant in the application and the review process, including signing and dating the application on the applicant's behalf. This representative must be knowledgeable about the applicant and his household. Document the specific reason for designating this representation
- C. Complete Application: An application will be considered complete only if it includes the following information:
1. The applicant's full name; physical address, mailing address;
 2. The applicant's social security number;
 3. Proof of income for the past three months to determine gross income;
 4. The names and income of all other Household members and their relationship to the applicant;
 5. Information about all medical insurance, and hospital or health care benefits that Household members may be eligible to receive;
 6. Complete accurate information about the applicant and other Household members gross income including all assets, property, and equity value of any vehicles or property;
 7. Employment status of all individuals in Household;
 8. List of financial resources of all Household members;
 9. The applicant's signature and date completed;
 10. List of qualified dependents; and
 11. All needed verifications and Forms
- D. Incomplete Information: If an application is submitted and it is incomplete, it will be

THIS IS AN ESTIMATE

Subtotal	\$5,290.00
Tax	\$0.00

Disclaimer

Estimate Total	\$5,290.00
-----------------------	-------------------

This estimate is not a bill. It is our best guess at the total price to complete the work stated above based upon our initial inspection. This estimate will expire in 30 days.

Signed: _____

Date: _____

Exhibit “H”

New Office Buildout Quote for *Winnie Stowell Hospital District*

November 15, 2019 | Prepared by: Ronnie Husbands

Prepared for: Sherrie Norris

Needs

New physical structure will require outfitting of network infrastructure and physical plant to support office equipment. This will include installation of network cabling, network infrastructure, and network hardware. Also included in the common area will be a television for 'white noise' to assist with meeting HIPAA guidelines for personnel who are having conversations in office areas. The television will need to be securely mounted in the facility. Office desktop computers for administrative office productivity, including word processing, spreadsheet manipulation, electronic document review and local document storage.

System Specs

- Physical Plant (Network Cabling/Drops)
 - **Cabling** Category 6
 - **Wall Plates** Three Port
 - **Drops/Wall Plate** Two (2)
 - **Conduit** Various Sizes of Conduit to Protect Cabling Under Building

- Physical Plant (Network Facility)
 - **Backer Board** 4' X 4' X 3/4" Plywood Sheet Affixed to wall
 - **Cable Management** Facilities to manage Cable Bundle for Network Runs
 - **Network Patch Panel** 24 Port, 19" rack mountable panel
 - **Power SubSystem** CyberPower Shallow 500VA UPS
 - **Network Router** Ubiquiti Edge Router 4 with Rack Mount Kit
 - **Network Switch** Ubiquiti UniFi SW-24
 - **Wireless Access Point** Ubiquiti UniFi AP-AC-Pro

- Television Mount
 - **LCD Wall Mount** Sanus LCD Mount to support TV (size unknown)
 - **Service Box** Recessed Service Box to provide Power/Signal/Network

Quantity	Unit	Description	Cost	Total
1	each	CyberPower 500VA UPS	156.98	156.98
1	each	Ubiquiti EdgeRouter 4	199.99	199.99
1	each	Ubiquiti Rack Mount Kit (EdgeRouter 4)	19.99	19.99
1	each	Ubiquiti UniFi 24 Port Gigabit Switch	224.99	224.99
1	each	Ubiquiti UniFi Access Point AC Pro	224.99	224.99
1	each	Wall Mount 6RU Secure Network Panel	219.99	219.99
1	each	1U Patch Panel	24.95	24.95
1	each	1U Cable Manager	24.95	24.95
25	each	Black Keystone CAT6 RJ-45 Jacks	1.38	34.50
20	each	White Keystone CAT6 RJ-45 Jacks	1.38	27.60
15	each	Black Keystone Blanks	0.60	9.00
10	each	White Keystone Blanks	0.60	6.00
178	units	Linear Feet Conduit	0.48	85.44
1	each	Wall Mount Bracket for Flat Panel Television	99.99	99.99
1	each	Recessed Media Wall Box (for television)	26.99	26.99
10	each	Short Network Runs - Under Structure	95.00	950.00
5	each	Intermediate Network Runs - Under Structure	125.00	625.00
1	each	Short Network Runs - Under Structure / Shielded	105.00	105.00
			Subtotal	\$ 3,066.35
			Sales Tax	\$ -

Authorization

Printed Name

Email

Signature

Date

New Office Build-Out Quote

1 message

Ronnie Husbands <ronnie@techsol-tx.com>
To: Sherrie Norris <sherrie@wshd-tx.com>

Thu, Feb 6, 2020 at 5:26 PM

Sherrie,

Attached is the quote for the new office network buildout. I have line-itemed each of the pieces. It includes network gear, a place to store/house the network gear, an Uninterrupted Power Supply (UPS) to keep the network going even in a power outage. Because the network cables will run under the building, all network cables will be routed through PVC conduit.

Thanks,

-Ronnie

**TECHNOLOGY
SOLUTIONS-TX**

 **Buildout Quote 2020_02_06.pdf**
267K

1818 Nederland Ave
 Nederland, TX 77627
 www.rjgcomputers.com
 409-727-5440



Winnie-Stowell Hospital District
 520 Broadway Street
 Winnie, TX 77665

Estimate #	3088
Estimate Date	03-09-20
Total	\$5,290.00

Item	Description	Unit Cost	Quantity	Line Total
Security Cameras	Security Cameras (Equipment and Labor) **Equipment** - 8 Channel NVR w/ 4TB HDD - 4 8MP Bullet 120' IR IP Camera **Labor** - Run cables for new IP Cameras, and mount cameras outside - Configure NVR for motion recording, remote viewing and notifications	\$1,950.00	1.0	\$1,950.00
Networking	Networking (Equipment and Labor) **Equipment** - Unifi EdgeRouter 4 - Unifi AP AC Lite - APC 1350VA UPS **Labor** - Install equipment and perform cable management - Run cable from router to AP - Configure router for network - Adopt and configure AP - Enable networking monitoring	\$900.00	1.0	\$900.00
Phones	Phones (Equipment and Labor) **Equipment** - RCA Unison Basestation +2 Wireless handsets - VTech VCS702 Conference call station **Labor** - Run cable to conference table for phone - Run cable to base station	\$825.00	1.0	\$825.00
Audio/Video	Audio/Video (Equipment and Labor) **Equipment** - Samsung 65" 4K TV - Wall mount for TV - HDMI Cables **Labor** - Mount TV to wall - Run HDMI Cables to conference table and closet	\$1,025.00	1.0	\$1,025.00
Electrical	Electrical - Run electrical to floor under conference table - Cut holes in floor for recessed boxes	\$565.00	1.0	\$565.00
Trip Charge	Trip Charge	\$25.00	1.0	\$25.00

Exhibit “I”

UNDERWOOD

GAVIN J. GADBERRY
Phone: 806.379.0329
Fax: 806.379.0316
www.uwlaw.com
Gavin.Gadberry@uwlaw.com

ADDRESS:
500 S. Taylor Street
Suite 1200, LB 233
Amarillo, TX 79101-2446
MAILING ADDRESS:
P.O. Box 9158
Amarillo, TX 79105-9158

March 24, 2020

VIA Electronic Mail:
Laurence.daspit@healthmarkgroup.com

Mr. Laurence Daspit
Park Manor of Westchase
11910 Richmond Ave
Houston, Texas 77082

VIA Electronic Mail:
hoxfordiv@benoxford.com

Mr. Hubert Oxford, IV
Winnie-Stowell Hospital District
c/o Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706

Re: Waiver of potential conflict of interest regarding legal representation provided by Underwood Law Firm, P.C. (the "Firm") to HMG Park Manor of Westchase, LLC and its affiliates ("Westchase") and Winnie-Stowell Hospital District ("Winnie") regarding Park Manor of Westchase (the "Center") regulatory matters

Laurence and Hubert:

The Firm represents Westchase which manages the Center on behalf of Winnie pursuant to an Amended and Restated Management Agreement dated to be effective February 28, 2017 (the "Management Agreement"). Winnie holds the nursing facility license and Medicare/Medicaid certification for the Center. Westchase and Winnie (the "Parties") have asked the Firm to provide legal representation and advice in connection with the Matter, which currently involves proposed federal civil money penalties and state administrative penalties arising out of a February 3, 2020 Texas Health and Human Services Commission survey at the Center (the "Matter").

Westchase has engaged and will pay the Firm to represent Winnie pursuant to Westchase's obligations under the Management Agreement. We believe Winnie and Westchase share a common interest in the outcome of the Matter. We do not believe any conflicts exist and do not anticipate our retention, given the nature of the Matter, will adversely affect our representation of Westchase or Winnie. If penalties are assessed, however, Winnie and Westchase may potentially become adverse and information provided by the Parties to facilitate the Firm's defense of the matter may be confidential. Considering these possibilities, applicable rules of professional conduct require that we obtain Winnie's and Westchase's consent to our mutual representation.

We ask that Westchase and Winnie (the “Parties”) acknowledge their express and informed consent to the Firm’s representation of Winnie in the Matter. Westchase acknowledges that the Firm shall represent Winnie in the Matter and not Westchase; provided however, Winnie acknowledges and agrees that the Firm may consult with Westchase in conjunction with Westchase’s obligations pursuant to the Management Agreement. Privileged or unprivileged confidential information may be disclosed in this process. The Parties agree that confidential information necessary to the defense or settlement of the Matter may be shared with the Parties. If you are concerned that our awareness of such confidential information would work to the disadvantage of either Party in our ongoing representation of both parties, you will immediately identify the confidential information and discuss whether any conflicts of interest involving the use of this information can be waived.

Winnie also acknowledges that the Firm represents other management entities (“Third Parties”) which manage nursing facilities licensed and certified by Winnie. Winnie and Westchase are aware of the general scope of this representation and do not believe conflicts of interest exist as a result of the Firm’s separate representation of the Third Parties. The Parties waive any conflict of interest arising out of the Firm’s ongoing representation of Third Parties.

Westchase will be responsible for any penalties that arise out of the Matter as provided in the Management Agreement. As such, Westchase will control any settlement negotiations but will keep Winnie informed. Settlement of the Matter may create a conflict between the Parties. The Parties consent to the Firm serving as an intermediary after seeking independent advice concerning the advantages and risks involved and the effect on attorney-client privileges before agreeing to the Firm’s representation in the Matter. The Parties believe that they can reach an agreement as to the terms of settlement of the Matter. If they cannot agree to the terms of settlement of the Matter, the Parties consent to the Firm’s withdrawal as counsel in the Matter.

By giving your consent, the Parties acknowledge that the Firm has made full disclosure of the facts and circumstances surrounding any conflict of interest or potential conflict which may exist now or in the future with regard to the Firm’s separate representation of Winnie and Westchase.

Due to the Firm’s separate representation of each Party and Third Parties, the Parties understand that the Firm may receive confidential information in the course of the Firm’s separate representation. The Firm is seeking consent as to the separate representation, not to the disclosure of any confidential information the Firm may have received from either Party unrelated to the Matter.

Despite any such conflict of interest which may exist, the Parties hereby agree to the Firm’s representation of Winnie in the Matter and Westchase in unrelated matters. The Parties further agree to the Firm’s right to withdraw continued representation in the Matter if, in the Firm’s opinion, it might violate applicable rules of professional conduct. In the event of litigation resulting from, or related to, the Matter between the Parties, the Firm will not represent either Winnie or Westchase in such litigation.

Westchase/Winnie Conflict Waiver

March 24, 2020

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We will be pleased to answer any questions you may have concerning this representation or this requested consent. You should consult independent counsel regarding this consent. If you wish to consent, please sign this letter below and return your signature to us by facsimile transmission to 806-379-0316 or via email to gavin.gadberry@uwlaw.com. With best regards, I am

Sincerely,

/s/ Gavin J. Gadberry

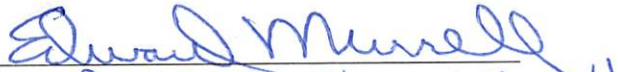
Gavin J. Gadberry

GJG/ab

Waiver of Conflicts of Interest and Potential Conflicts of Interest

The undersigned has read the foregoing and acknowledges that (a) the Firm will represent Winnie only with regard to the Matter; (b) the Firm represents Westchase and Third Parties in matters unrelated to the Matter; and (c) the undersigned acknowledge and waive any and all conflicts of interest and potential conflicts of interest that may arise out of the Matter and consent to the Firm's representation as provided in the foregoing.

Winnie-Stowell Hospital District



By: President Edward Murrell
Title: President.

HMG Park Manor of Westchase, LLC

By: _____
Title: _____



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Dr. Courtney N. Phillips
Executive Commissioner

February 18, 2020

ELECTRONIC MAIL

Administrator
Park Manor Of Westchase

11910 Richmond Ave
Houston TX 77082

Provider #: 676059
Facility ID #:102294

Type: S/NF DP

Dear Administrator:

On February 3, 2020 the Texas Health and Human Services Commission (HHSC) conducted a Health Survey and Life Safety Code Survey to determine if your facility complies with state licensure requirements and federal participation requirements for nursing facilities in the Medicare or Medicaid (or both) programs. This survey found that your facility **does not meet** state licensure requirements and **is not in substantial compliance** with federal participation requirements. We found conditions in the facility that presented **immediate jeopardy** to resident health and safety beginning on November 16, 2019 and ending on February 3, 2020.

References to state statutory requirements contained in this letter are found in Chapter 242 of the Health and Safety Code. Federal regulatory requirements referenced in this letter are found in Title 42, Code of Federal Regulations (CFR).

PLAN OF CORRECTION

You must submit a plan of correction (PoC) for the licensure violations recorded on the enclosed HHSC Form 3724 and certification deficiencies recorded on the enclosed Form CMS-2567. When both licensure violations and certification deficiencies are cited, the PoC must be submitted by the **tenth (10th) calendar day** from your receipt of this letter. Your PoC must contain the following:

- What corrective action will be taken for those residents found to have been affected by the deficient practice;
- How other residents with the potential to be affected by the same deficient practice will be identified;
- What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the system changes; and
- When corrective action will be completed. Completion dates must be acceptable to HHSC.

You are required to record your plan of correction in the appropriate column on the enclosed HHSC Form 3724 and Form CMS-2567. **Sign, date, and indicate your title in the blocks provided on page one of the forms.**

Return the forms with the signed PoC for the Health Survey tags by mail, fax, or email to:

Administrator
Park Manor Of Westchase
February 18, 2020
Page 2

Ugonma Anyanwu, Program Manager
5425 Polk Street, Suite 290, MC 1755
Houston, TX 77023
fax: 713-767-2202 email: ugonma.anyanwu@hhsc.state.tx.us

Return the forms with the signed PoC for the Life Safety Code tags by mail, fax, or email to:

Mark R. Smith, Program Manager
5425 Polk Street, Suite 290, MC 1755
Houston, Tx 77023
fax: 713-767-2210 email: mark.smith@hhsc.state.tx.us

Failure to submit an acceptable PoC for certification deficiencies on Form CMS-2567 by the due date may result in termination of your provider agreement [42 CFR §488.456(b)(II)].

If applicable, other certification deficiencies recorded on the CMS-A Form do not require a PoC [42 CFR §488.402 (d)(2)]. Your facility is expected to correct and maintain correction of all violations/deficiencies.

- Based on deficiencies cited during this survey, and as authorized by Centers for Medicare & Medicaid Services (CMS) Dallas Regional Office, this is formal notification of Optional Denial of Payment for New Admissions (ODPNA). ODPNA will start March 4, 2020. Your State Medicaid Agency will be notified by copy of this letter. The CMS Regional Office will notify your Medicare payer. The Medicare and Medicaid programs will make no payment for residents admitted on or after the ODPNA effective date. ODPNA will continue until your facility achieves substantial compliance or your provider agreement is terminated. [Facilities are prohibited from billing Medicare/Medicaid residents or their responsible parties during the denial period for services normally billed to Medicare or Medicaid.]

CERTIFICATION REMEDIES RECOMMENDED FOR IMMEDIATE IMPOSITION

Based on the deficiencies cited during this survey, we are recommending to the Centers for Medicare & Medicaid Services (CMS) Regional Office or State Medicaid Agency that the following remedy(ies) be imposed:

- Termination of the provider agreement [42 CFR §488.456], effective August 3, 2020, if substantial compliance is not achieved by that time.
- A Per Day Civil Money Penalty [42 CFR §488.430] in the amount of \$10,640 from 11/16/2019 to 2/2/2020 and \$2,630 starting 2/3/2020. The penalty will continue to accrue until all deficiencies are corrected and your facility is found to be in substantial compliance, or your facility's provider agreement is terminated.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement listed above. Should the CMS Dallas Regional Office or the State Medicaid Agency determine that termination of your provider agreement or any other remedy is warranted, CMS or the State Medicaid Agency will provide you with a separate formal notice of that determination.

LICENSURE ACTIONS

Based on the licensing violations cited during this survey, we are recommending that the following

Administrator
Park Manor Of Westchase
February 18, 2020
Page 3

action(s) be taken, pursuant to Chapter 242 of the Health and Safety Code (H&SC):

- A proposed action against the facility license, such as revocation, suspension, or denial of license. [H&SC §242.061].

Please note that this notice does not constitute formal notice of imposition of the licensure action(s). Unless stated differently above, if HHSC imposes the licensure action(s), State Office sends you a separate, written notice that includes your appeal rights.

DETERMINATION OF SUBSTANDARD QUALITY OF CARE IN A CERTIFIED FACILITY

Your facility's noncompliance with 42 CFR §483.25 - **Quality of Care** constitutes Substandard Quality of Care (SQC) as defined at 42 CFR §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR §488.325(h) require the department to notify the attending physician of each resident who was found to have received SQC, and the State board responsible for licensing the facility's nursing home administrator of the SQC.

We are referring Kevin Boisseau to the Texas Health and Human Services Commission, Professional Credentialing Enforcement Unit. After written notice from the Credentialing Department is received, the administrator may submit a written response regarding the SQC finding to: **Texas Health and Human Services Commission, Professional Credentialing Enforcement Unit, P.O. Box 149030, Mail Code E-302, Austin, TX 78714-9030.**

Within **ten (10) working days** of your receipt of this letter, you must provide this agency the name and address of the attending physician for each resident found to have received SQC, as identified by the following resident identifier numbers: CR #107.

Pursuant to 42 CFR §488.325(g), your failure to provide this information in a timely manner will result in termination of participation or imposition of alternative remedies.

APPEAL RIGHTS FOR MEDICARE-ONLY OR DUALY-CERTIFIED FACILITIES

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. **You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than April 18, 2020.** Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to: **Josie Vargas, CMS Enforcement Analyst at email josie.vargas@cms.hhs.gov.**

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than April 18, 2020, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.

Administrator
Park Manor Of Westchase
February 18, 2020
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Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Josie Vargas, CMS Enforcement Analyst at 214-767-4428 or by email at josie.vargas@cms.hhs.gov.

ALLEGATION OF COMPLIANCE

The plan of correction serves as your allegation of compliance until substantiated by a revisit. If, upon the subsequent revisit, your facility has not made substantial corrections to the deficiencies cited during this survey, we will recommend that remedies previously mentioned in this letter continue to be imposed by the CMS Regional Office or State Medicaid Agency until substantial compliance is achieved. In addition, the CMS Regional Office or State Medicaid Agency may impose revised remedies based on changes in the seriousness of the noncompliance at the time of the revisit, as appropriate.

All deficiencies cited in the current Form CMS-2567 or subsequent Form CMS-2567s for this enforcement action must be in substantial compliance before termination of the provider agreement will stop. The Texas Health and Human Services Commission may conduct the first revisit without prior authorization from the CMS Dallas Regional Office. If substantial compliance is not achieved at the first revisit, the CMS Regional Office or State Medicaid Agency may authorize HHSC to conduct an additional revisit prior to the termination date.

INFORMAL DISPUTE RESOLUTION

You have the opportunity to dispute the cited deficiencies/violations through the IDR process in accordance with 42 CFR 488.331 and 531.058 Texas Government Code. Facilities may not use the informal dispute resolution process to challenge scope and severity assessments of deficiencies, with the exception of scope and severity assessments that constitute substandard quality of care or immediate jeopardy (State Operations Manual, section 7212.3[2]).

If you would like to dispute the deficiencies/violations through the IDR process, you must submit an IDR Request Form within 10 calendar days after receiving the Forms 2567/3724 via email to IDR@hhsc.state.tx.us. The IDR Request Form and instructions regarding submitting IDR supporting documentation can be found on the IDR website at:
<https://hhs.texas.gov/doing-business-hhs/vendor-contractor-information/informal-dispute-resolution-process>.

You must also fax a copy of the IDR Request form to the IDR Coordinator at 713-767-2210.

If you have any questions regarding the Health Survey, please contact Ugonma Anyanwu, Program Manager at (713)767-2363.

If you have any questions regarding the Life Safety Code Survey, please contact Mark Smith, Life Safety Code Program Manager at 713-767-2271.

Sincerely,

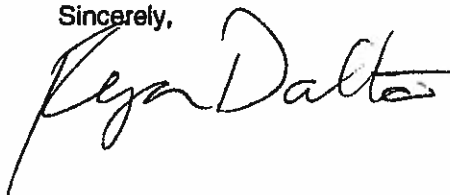


Exhibit “J”

**WINNIE STOWELL HOSPITAL DISTRICT
COVID-19 RESPONSE PLAN
Adopted: March 24, 2020**

The Winnie Stowell Hospital District (“District”) is monitoring the current situation regarding the COVID-19 (Coronavirus) by adhering to Federal, State, and Local guidelines and necessary precautions that need to be taken. As a local critical infrastructure facility, DISTRICT will abide by all mandatory rules as they are promulgated by government officials and will use essential personnel as needed to ensure uninterrupted services to its customers. DISTRICT is also implementing prudent practices that can keep its employees and the facilities safe.

Therefore, the following steps will be implemented immediately and remain in place until further notice:

- All personnel that enter any facility will abide by that facility's specific Coronavirus protocol measures.
- Effective April 2, 2020, the DISTRICT will follow the guidelines set forth by the Department of Labor following the adoption of the temporary rule changes found in the Families First Coronavirus Response Act that makes a number of temporary amendments to the Family and Medical Leave Act.
- If any employee exhibits symptoms that the Center for Disease Control and Prevention (“CDC”) has warned the public to be aware of, he or she will not be allowed to enter into that facility until a Health Care Professional has given the employee clearance to return to work.
- If an employee has a confirmed positive diagnosis for Coronavirus, DISTRICT will notify appropriate personnel at the facility in which that employee had entered. DISTRICT will follow CDC guidelines for risk levels and quarantine.
- Visitors will not be allowed into the premises of DISTRICT while social distancing policies are in place per the CDC.
- Customers are encouraged to conduct business via phone, email, online, or drop box. The customer service window will be closed until further notice. At this time balance inquiries can be done by phone or online. District website www.wshd-tx.com.
- Deliveries will be accepted in designated areas outside of employee work, break, and restroom areas.
- Good hygiene practices that the (“CDC”) issues will be enforced for all employees whether they will enter a facility, or not.
- Staff meetings and outside vendor and contractor meetings are handled via teleconference.
- Routinely submitted paperwork and documents for timekeeping and accounts payable may be scanned and forwarded electronically.
- Work areas are to be separated by distance and varied schedules in the workplace to reduce exposure, so if quarantines are necessary, they will only shut down the department in which the infected/exposed employee works.

- All facilities are sanitizing work areas two (2) times per shift: start of shift, and end of shift.
- Keep distance when interacting with the public.
- All supervisors and employees are encouraged to review and implement the Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic and Risk and Contacts of Laboratory Confirmed Cases. A copy is attached and can be found at <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>. The Guidelines have been updated several times since initially published and management will make its best efforts to keep all of the DISTRICT's employees updated.
- DISTRICT's employer provided health care will cover the cost of testing should it become necessary.

This response plan is a broad guideline developed by the DISTRICT to assist with organization decisions. It is not possible to address every situation or circumstance, and decisions regarding known or possible exposures to the virus may be made on a case-by-case basis. Rest assured, the DISTRICT will make every effort to ensure that all employees are kept informed and safe from Coronavirus exposure. Any questions or comments regarding this policy should be directed to supervision.



Coronavirus Disease 2019 (COVID-19)

Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases

Updated March 7, 2020

Recommendations in this document for actions by public health authorities apply primarily to US jurisdictions that are not experiencing sustained community transmission. CDC will provide separate guidance for US jurisdictions with sustained community transmission.

CDC has provided separate guidance for [healthcare settings](#).

Summary of changes

Revisions were made on March 14, 2020, to reflect the following:

- Updated section on Crews on Passenger or Cargo Flights
- Added section on Personnel in Critical Infrastructure Positions

Revisions were made on March 7, 2020, to reflect the following:

- Definitions for congregate settings and social distancing were revised

Revisions were made on March 5, 2020, to reflect the following:

- Clarified that in jurisdictions without sustained community transmission, decisions for public health action should be based on the priorities of public health authorities (e.g., surveillance, contact tracing). In jurisdictions with sustained community transmission, travelers and other potentially exposed individuals should follow local guidance. Also provided a rationale for these changes.
- Updated definitions for self-observation, self-monitoring, and self-monitoring with public health supervision
- Provided exposure risk definitions and recommended management for countries other than China
- Updated recommendations for Crews on Passenger or Cargo Flights
- Removed Workplace section
- Added links to information on discontinuation of isolation for patients with laboratory-confirmed COVID-19
- Clarified that a potentially exposed person's risk level does not change if symptoms develop
- Reorganized tables

Background

CDC is closely monitoring an epidemic of respiratory illness (COVID-19) caused by a [novel \(new\) coronavirus](#) (SARS-CoV-2) that was first detected in Wuhan, Hubei Province, China. Chinese health officials have reported tens of thousands of illnesses with COVID-19 in China and the virus is spreading from person to person in many parts of that country. Cases of COVID-19 are

COVID-19 in China and the virus is spreading from person-to-person in many parts of that country. Cases of COVID-19 are also being reported in a growing number of [international locations](#), several of which are experiencing sustained community-level or widespread person-to-person transmission. Cases of COVID-19 without direct links to travel have been reported [in the United States](#) and sustained transmission is occurring in some US communities.

Purpose

The purpose of this interim guidance is to provide public health authorities and other partners in US jurisdictions that are not experiencing sustained community transmission of COVID-19 with a framework for assessing and managing risk of potential exposures to SARS-CoV-2 and implementing public health actions based on a person's risk level and clinical presentation. Public health actions may include monitoring or the application of movement restrictions, including isolation and quarantine, when needed to delay the introduction and spread of SARS-CoV-2 in these communities.

The recommendations in this guidance apply to US-bound travelers who may have been exposed to SARS-CoV-2 and people identified through contact investigations of laboratory-confirmed cases. CDC acknowledges that state and local jurisdictions may make risk management decisions that differ from those recommended here. Public health management decisions should be based on the situation in the jurisdiction and the priorities of public health authorities. The guidance will be updated based on the evolving circumstances of the epidemic.

Rationale

The guidance was designed for a "containment" approach in the absence of sustained SARS-CoV-2 transmission in US communities in order to delay introduction and spread of SARS-CoV-2. It focuses on decreasing the risk of unrecognized case importation from international locations with sustained transmission and managing contacts of laboratory-confirmed cases. In US jurisdictions that are not experiencing sustained community transmission, these activities are still important; however, a resource-intensive containment approach that focuses on international travelers poses a risk of diverting public health resources from other priority activities, including surveillance and case finding, contact tracing, and preparing for community mitigation measures. Allowing health departments the flexibility to prioritize public health actions in their jurisdictions enables prudent deployment of public health resources where they can have the most benefit based on the local situation. State and local health departments are best positioned to make such decisions within their jurisdictions.

In US jurisdictions with sustained community transmission, shifting from containment to mitigation conserves public health resources and directs them to where they can have the most benefit. In such jurisdictions, residents may have the same exposure risk as international travelers from countries with sustained transmission; therefore, applying stringent containment measures to international travelers (e.g., staying home for 14 days) no longer has a public health benefit and would be arbitrary in the context of similar risk among others in the community. Applying such containment measures (e.g., asking people to stay home) community-wide would have severe detrimental effects on community infrastructure. When SARS-CoV-2 is spreading in a community, it is also not feasible to identify all people with symptoms compatible with COVID-19 or identify all potentially exposed contacts. Applying stringent containment measures to people who are tested and have laboratory confirmation and their contacts, but not to others who are not tested and their contacts, would have no public health benefit. Such an approach could hamper surveillance efforts and ability of public health authorities to make data-driven decisions for the implementation of community mitigation measures. Separate CDC guidance is in development that harmonizes recommendations for people who are tested and confirmed positive for COVID-19 and others in the community who are symptomatic but not tested, as well as their contacts.

Definitions Used in this Guidance

Symptoms compatible with COVID-19, for the purpose of these recommendations, include subjective or measured fever, cough, or difficulty breathing.

Self-observation means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider

or their local health department to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.

Self-monitoring with public health supervision means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. The ability of jurisdictions to initiate or provide continued oversight will depend on other competing priorities (e.g., contact tracing, implementation of community mitigation strategies). Depending on local priorities, CDC recommends that health departments consider establishing initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing. As resources allow, health authorities may also check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers' final destinations.

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Close contact is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Public health orders are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. The list of [quarantinable communicable diseases](#) for which federal public health orders are authorized is defined by Executive Order and includes "severe acute respiratory syndromes." COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

Isolation means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

Controlled travel involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or [federal public health travel restrictions](#) to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

Congregate settings are crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.

Social distancing means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

Exposure Risk Categories

These categories are interim and subject to change.

CDC has established the following exposure risk categories to help guide public health management of people following potential SARS-CoV-2 exposure in jurisdictions that are not experiencing sustained community transmission. These categories may not cover all potential exposure scenarios. They should not replace an individual assessment of risk for the purpose of clinical decision making or individualized public health management.

All exposures apply to the 14 days prior to assessment.

For country-level risk classifications, see [Coronavirus Disease 2019 Information for Travel](#).

CDC has provided separate guidance for [healthcare settings](#).

Table 1. Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory-confirmed Cases

Risk Level	Geographic (Travel-associated) Exposures*	Exposures Identified through Contact Investigation
High	Travel from Hubei Province, China	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 <i>without using recommended precautions</i> for home care and home isolation
Medium (assumes no exposures in the high-risk category)	<ul style="list-style-type: none"> Travel from mainland China outside Hubei Province or Iran Travel from a country with widespread sustained transmission, other than China or Iran Travel from a country with sustained community transmission 	<ul style="list-style-type: none"> Close contact with a person with symptomatic laboratory-confirmed COVID-19 On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for home care and home isolation

Risk Level	Geographic (Travel-associated) Exposures*	Exposures Identified through Contact Investigation
Low (assumes no exposures in the high-risk category)	Travel from any other country	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
No identifiable risk	Not applicable	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

*In general, geographic exposure categories do not apply to travelers who only transit through an airport.

Recommendations for Exposure Risk Management

State and local authorities have primary jurisdiction for isolation and other public health orders within their respective jurisdictions. Federal public health authority primarily extends to international arrivals at ports of entry and to preventing interstate communicable disease threats.



CDC recognizes that decisions and criteria to use such public health measures may differ by jurisdiction. Consistent with principles of federalism, state and local jurisdictions may choose to make decisions about isolation, other public health orders, and monitoring that exceed those recommended in federal guidance. As the domestic COVID-19 situation evolves, public health authorities should base their decisions about application of individual-level monitoring or movement restrictions on the situation in their jurisdictions, including whether sustained community transmission is occurring and competing priorities.

The issuance of public health orders should be considered in the context of other less restrictive means that could accomplish the same public health goals. People under public health orders must be treated with respect, fairness, and compassion, and public health authorities should take steps to reduce the potential for stigma (e.g., through outreach to affected communities, public education campaigns). Considerable, thoughtful planning by public health authorities is needed to implement public health orders properly. Specifically, measures must be in place to provide shelter, food, water, and other necessities for people whose movement is restricted under public health orders, and to protect their dignity and privacy.

CDC's recommendations for public health management of international travelers with potential exposure to SARS-CoV-2 and people identified through contact investigations of laboratory-confirmed cases, including monitoring and the application of travel or movement restrictions, are summarized in [Table 2](#).

Additional recommendations in specific groups or settings are provided below.

Crews on Passenger or Cargo Flights

CDC and the Federal Aviation Administration have jointly provided [interim health guidance for air carriers and crews](#)  . This FAA-CDC guidance includes recommendations for air crews to self-monitor under the supervision of their employer's occupational health program and to remain in their hotel rooms and practice social distancing while on overnight layovers in the United States (applies to US-based crews and crews based in other countries) or internationally (applies to US-based crews). These recommendations were made because SARS-CoV-2 is spreading in all regions internationally as well as in the United States. Also, the rapidly changing situation means country-level geographic risk assessments cannot be relied on to accurately judge the risk to crewmembers in any given location. As long as they remain asymptomatic, crew members may continue to work on flights into, within, or departing from the United States. Crew members who follow their carrier's occupational health plan as well as the FAA-CDC guidance are not subject to restrictions applied to other travelers. If they develop fever, cough, or difficulty breathing, crew members should self-isolate and be excluded from work on commercial flights immediately, and remain excluded until cleared to work by their occupational health program and public health authorities.

Regardless of residence or travel history, crew members who have known exposure to persons with COVID-19 should be

assessed and managed on a case-by-case basis.

Personnel in Critical Infrastructure Positions

Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to SARS-CoV-2 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic. Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work. Exposed healthcare personnel who are considered part of critical infrastructure should follow [existing CDC guidance](#).

People with Laboratory-Confirmed COVID-19 and Symptomatic People Under Investigation for COVID-19

CDC has established criteria for determining when an individual can be considered non-infectious to guide discontinuation of [transmission-based precautions for hospitalized patients](#) or [home isolation](#). While individuals are considered infectious, local or long-distance travel should occur only by medical transport (e.g., ambulance or air medical transport) or private vehicle. Isolation and travel restrictions are removed upon determination by public health authorities that the person is no longer considered to be infectious.

Symptomatic people who meet CDC's definition of [Persons Under Investigation](#) (PUI) should be evaluated by healthcare providers in conjunction with local health authorities. PUIs awaiting results of [rRT-PCR testing](#) for COVID-19 should remain in isolation at home or in a healthcare facility until their test results are known. Depending on the clinical suspicion of COVID-19, PUIs for whom an initial rRT-PCR test is negative may be candidates for removal of any isolation and travel restrictions specific to symptomatic people, but any restrictions for asymptomatic people according to the assigned risk level should still apply. Management decisions of PUIs who are not tested should be made on a case-by-case basis, using available epidemiologic and clinical information, in conjunction with CDC guidance.

Contacts of Asymptomatic People Exposed to COVID-19

CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2 (such as in a household), i.e., "contacts of contacts;" these people are not considered exposed to SARS-CoV-2.

Table 2. Summary of CDC Recommendations for Management of Exposed Persons with by Risk Level and Presence of Symptoms

The public health actions recommended in the table below apply to people who have been determined to have at least some risk for COVID-19. People who are being managed as asymptomatic in a particular risk level who develop signs or symptoms compatible with COVID-19 should be moved immediately into the symptomatic category in the same risk level and be managed accordingly. The risk level does not change if symptoms develop.

Risk Level	Management if Asymptomatic	Management if Symptomatic ¹
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Risk Level	Management if Asymptomatic	Management if Symptomatic ¹
<p>High risk</p>	<ul style="list-style-type: none"> • Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible based on local priorities • Controlled travel 	<ul style="list-style-type: none"> • Immediate isolation with consideration of public health orders • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC's PUI definition • If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
<p>Medium risk</p>	<p>Close contacts in this category:</p> <ul style="list-style-type: none"> • Recommendation to remain at home or in a comparable setting • Practice social distancing • Active monitoring as determined by local priorities • Recommendation to postpone long-distance travel on commercial conveyances <p>Travelers from mainland China (outside Hubei Province) or Iran</p> <ul style="list-style-type: none"> • Recommendation to remain at home or in a comparable setting • Practice social distancing • Self-monitoring with public health supervision as determined by local priorities • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination <p>Travelers from other country with widespread transmission</p> <ul style="list-style-type: none"> • Recommendation to remain at home or in a comparable setting, • Practice social distancing • Self-monitoring • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination 	<ul style="list-style-type: none"> • Self-isolation • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC's PUI definition • If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.

Risk Level	Management if Asymptomatic	Management if Symptomatic ¹
	Travelers from country with sustained community transmission <ul style="list-style-type: none"> Practice social distancing Self-observation 	
Low risk	<ul style="list-style-type: none"> No restriction on movement Self-observation 	<ul style="list-style-type: none"> Self-isolation, social distancing Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition. Travel on commercial conveyances should be postponed until no longer symptomatic.
No identifiable risk	None	<ul style="list-style-type: none"> Self-isolation, social distancing Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition. Travel on commercial conveyances should be postponed until no longer symptomatic.

EMS = emergency medical services; HCF = healthcare facility; PUI = Person Under Investigation for COVID-19

¹For the purpose of this document: subjective or measured fever, cough, or difficulty breathing.

Note: The public health management recommendations made above are primarily intended for jurisdictions not experiencing sustained community transmission. In jurisdictions not experiencing sustained community transmission, CDC recommends that post-exposure public health management for asymptomatic exposed individuals continue until 14 days after the last potential exposure; however, these decisions should be made based on the local situation, available resources, and competing priorities. These factors should also guide decisions about managing symptomatic exposed individuals.

International travelers and other potentially exposed individuals in jurisdictions experiencing sustained community transmission should follow local guidance.

For country-level risk classifications, see [Coronavirus Disease 2019 Information for Travel](#).

CDC has provided separate guidance for [healthcare settings](#).

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