

EXHIBIT “A-1”

Winnie-Stowell Hospital District
Balance Sheet
As of September 30, 2020

	Sep 30, 20
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	86,993.87
102 Prosperity Bank - CD#0447	109,295.59
104 Allegiance Bank - CD#9053	2,816,822.43
105 TexStar	690,198.39
107 InterBank ICS (Restricted)	6,551,850.45
108 Allegiance Bank NH Combined	4,621,966.51
Total Checking/Savings	14,877,127.24
Other Current Assets	
110 Sales Tax Receivable	116,206.43
114 Accounts Receivable NH	25,111,997.27
117 NH - QIPP Prog Receivable	5,797,528.27
118 Prepaid Expense	257,105.00
119 Prepaid IGT	10,355,115.40
Total Other Current Assets	41,637,952.37
Total Current Assets	56,515,079.61
Fixed Assets	
120 Equipment	140,654.96
125 Accumulated Depreciation	-113,810.64
Total Fixed Assets	26,844.32
TOTAL ASSETS	56,541,923.93
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	3,318,035.49
201 NHP Accounts Payable	3,232,946.29
210.17a Loan Payable 17a QIPP 4	6,042,712.83
210.17a Loan Payable 17b QIPP 4	6,042,712.83
210.50 Allegiance Bk Ln 4 QIPP3	2,000,000.00
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
240 Accounts Payable NH	19,342,663.01
250 Stimulus Funds Flow-Through	208,664.82
Total Other Current Liabilities	40,188,098.58
Total Current Liabilities	40,188,098.58
Total Liabilities	40,188,098.58
Equity	
300 Net Assets, Capital, net of	59,503.44
310 Net Assets-Unrestricted	4,755,312.01
Opening Balance Equity	3,353.56
Retained Earnings	9,697,766.09
Net Income	1,837,890.25
Total Equity	16,353,825.35
TOTAL LIABILITIES & EQUITY	56,541,923.93

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
As of Sept. 30, 2020

Accrual Basis

	Jan - Sep 20	Budget	\$ Over Budget	% of Budget
Income				
400 Sales Tax Revenue	510,974.55	500,000.00	10,974.55	102.2%
405 Investment Income	37,830.03	46,000.00	-8,169.97	82.2%
409 Tobacco Settlement	13,221.78	9,800.00	3,421.78	134.9%
415 Nursing Home - QIPP Program	22,439,405.06	34,690,788.07	-12,251,383.01	64.7%
Total Income	23,001,431.42	35,246,588.07	-12,245,156.65	65.3%
Expense				
500 Admin-Administrative Salary	46,213.37	63,000.00	-16,786.63	73.4%
504 Admin-Administrators PR Tax	4,319.76	4,800.00	-480.24	90.0%
505 Admin-Board Bonds	50.00	250.00	-200.00	20.0%
515 Admin-Bank Service Charges	50.20	360.00	-309.80	13.9%
521 Professional Fees - Acctng	15,156.25	25,000.00	-9,843.75	60.6%
522 Professional Fees-Auditing	23,450.00	25,000.00	-1,550.00	93.8%
523 Professional Fees - Legal	9,000.00	25,000.00	-16,000.00	36.0%
550 Admin-D&O / Liability Ins.	9,601.04	9,331.00	270.04	102.9%
560 Admin-Cont Ed, Travel	200.00	5,000.00	-4,800.00	4.0%
561 Admin-Cont Ed-Medical Pers.	1,201.13	5,000.00	-3,798.87	24.0%
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 Supp. & Exp.	4,591.68	6,800.00	-2,208.32	67.5%
572 Admin-Web Site	485.00	1,500.00	-1,015.00	32.3%
573 Admin-Copier Lease/Contract	2,146.67	2,500.00	-353.33	85.9%
575 Admin-Cell Phone Reimburse	1,350.00	1,800.00	-450.00	75.0%
576 Admin-Telephone/Internet	2,111.13	3,000.00	-888.87	70.4%
590 Admin-Election Cost	0.00	5,000.00	-5,000.00	0.0%
591 Admin-Notices & Fees	2,526.69	5,000.00	-2,473.31	50.5%
592 Admin Office Rent	7,500.00	7,080.00	420.00	105.9%
593 Admin-Utilities	849.88	1,800.00	-950.12	47.2%
594 Admin-Casualty & Windstorm	2,060.10	2,060.00	0.10	100.0%
597 Admin-Flood Insurance	1,282.00	1,282.00	0.00	100.0%
598 Admin-Building Maintenance	1,575.00			
600 East Chambers ISD Partnersh	135,000.00	180,000.00	-45,000.00	75.0%
601 IC-Pmt to Hosp (Indigent)	196,669.36	196,669.36	0.00	100.0%
602 IC-WCH 1115 Waiver Prog	108,791.10	102,657.38	6,133.72	106.0%
603a IC-Pharmaceutical Costs	56,937.99	110,000.00	-53,062.01	51.8%
604a IC-Non Hosp Cost-Other	518.78	5,000.00	-4,481.22	10.4%
604b IC-Non Hosp Costs UTMB	120,012.98	250,000.00	-129,987.02	48.0%
605 IC-Office Supplies/Postage	129.16	1,200.00	-1,070.84	10.8%
607 IC-Non Hosp Costs-WSEMS	0.00	1,000.00	-1,000.00	0.0%
611 IC-Indigent Care Dir Salary	34,036.87	45,611.15	-11,574.28	74.6%
612 IC-Payroll Taxes -Ind Care	2,952.20	3,500.00	-547.80	84.3%
615 IC-Software	9,981.00	13,308.00	-3,327.00	75.0%
616 IC-Travel	1,161.15	550.00	611.15	211.1%
617 IC -Youth Counseling	4,420.00	5,000.00	-580.00	88.4%
629 - Property Acquisition	131,232.65	150,000.00	-18,767.35	87.5%
630 NH Program-Mgt Fees	5,378,299.25	8,752,055.52	-3,373,756.27	61.5%
631 NH Program-IGT	11,682,806.49	17,590,711.32	-5,907,904.83	66.4%
632 NH Program-Telehealth Fees	115,563.43	154,500.82	-38,937.39	74.8%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	257,519.52	190,000.00	67,519.52	135.5%
635 NH Program-LTC Fees	1,206,000.00	1,692,000.00	-486,000.00	71.3%
637 NH Program-Interest Expense	1,585,789.34	2,109,782.67	-523,993.33	75.2%
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%
641 NH-Not On My Watch	0.00	110,000.00	-110,000.00	0.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
Total Expense	21,163,541.17	31,909,509.22	-10,745,968.05	66.3%
Net Income	1,837,890.25	3,337,078.85	-1,499,188.60	55.1%

EXHIBIT “A-2”

WSHD Treasurer's Report and Supporting Documents

Reporting Date: Wednesday, October 21, 2020					
Pending Expenses		For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care		\$5,571.49	Prosperity Operating	\$1,334,590.61
Wilcox Pharmacy	Indigent Care		\$1,095.21	Interbank (Restricted)	(\$1,516,708.57)
UTMB at Galveston	Indigent Care		\$33,357.40	Interbank (Unrestricted)	\$3,367,313.24
UTMB Faculty Group	Indigent Care		\$10,134.30	Prosperity CD	\$109,295.59
Indigent Healthcare Solutions	IC Inv #70662		\$1,109.00	TexStar	\$690,122.41
American Education Services	S Stern-Student Loan		\$150.14	Allegiance Bank LOC (Available)	\$2,563,305.35
Penelope (Polly) Butler	Youth Counseling		\$170.00	Net Cash Position (less Interbank)	\$8,064,627.20
Grace Nichols	Youth Counseling		\$170.00	Pending Expenses	(\$62,703.79)
Nicki Holtzman	Youth Counseling		\$340.00	Ending Balance	\$8,001,923.41
Benckenstein & Oxford	Inv # 49885		\$7,750.00	Last Month	
Hubert Oxford	1/2 Legal Retainer		\$500.00	Prosperity Operating	\$127,828.24
Josh Heinz	1/2 Legal Retainer		\$500.00	Interbank-restricted	(\$6,371,323.47)
David Sticker	Inv #22287		\$1,281.25	Interbank-unrestricted (Adjusted)	\$4,867,568.79
Technology Solutions of Texas	Inv #1491		\$75.00	Prosperity CD	\$109,209.59
Felipe Ojedia-Yard Service	Inv #10004		\$300.00	TexStar	\$690,122.41
Graciela Chavez-Office Cleaning	Inv #		\$100.00	Allegiance Bank LOC (Available)	\$816,822.43
Carrol R Hand Ins	Inv #16034 Bond B Way		\$50.00	Net Cash Position (less Interbank)	\$6,611,551.46
Carrol R Hand Ins	Inv #16035 Bond A Stramecki		\$50.00	Pending Expenses	(\$33,003.36)
Total Pending Expenses			\$62,703.79	Ending Balance	\$6,578,548.10

Interbank Account Reconciliation			
		To be Received	Total Due
GIB Balance 10/20		\$4,884,021.80	
Line of Credit			
Payment 1-Line of Credit		(\$256,002.05)	
Total Owed to Line of Credit		(\$256,002.05)	
Component 2			
Component 2-June due to MGRs.		(\$120,114.87)	
Component 2-July due to MGRs.		(\$100,445.84)	
Component 2-Aug due to MGRs.		(\$82,968.32)	
Total Component 2 due to MGRs.		(\$303,529.03)	
Component 3			
Component 3-June due to MGRs.		(\$224,931.51)	
Component 3-July due to MGRs.		(\$207,240.28)	
Component 3-Aug. due to MGRs.		(\$164,593.91)	
Total Component 3 due to MGRs		(\$596,765.70)	
IGT Excess Payments-IGT 5			
Due to MGRs.		(\$22,019.87)	
Interest Reserves			
Reserve Ln 17a		(\$84,597.98)	
Reserve Ln 17b		(\$253,793.94)	
Total Reserves		(\$338,391.92)	
Restricted		(\$1,516,708.57)	
Unrestricted		\$3,367,313.24	
Total Funds		\$4,884,021.80	\$0.00
			\$0.00

Cash Availability Report-October 2020 to January 2021			
Date	Transaction	Notes	Actual
October 2020			
	Cash Available	DOES NOT INCLUDE PROSPERITY CD &	\$7,265,209.20
July 15, 2020	Hospital Assitance	Pending	(\$167,000.00)
October 31, 2020	QIPP Year 4, Component 2 Funds	September Component 2 Funds Received	\$305,930.04
October 31, 2020	QIPP Year 4, Component 2	Component 2 Payment to MGRs	(\$152,965.02)
October 31, 2020	Operating Expenses	Recurring monthly (Monthly Avg. per Budget)	(\$71,016.50)
October 31, 2020	Component 1 Payment	September Component 1 Payment	\$1,875,628.29
October 31, 2020	Principle Payment-Loan 17a	Payment 5/10 for Loan 17a	(\$1,875,628.29)
October 31, 2020	QIPP Year 3, Qtr. 4 Component 4 and Lapsing Fund	Based on QIPP Year 3, QTR 4 Component 4 and	\$1,502,469.81
October 31, 2020	Payment to Manager Component 4	Payment to Manager Component 4	(\$751,234.91)
CA October 31, 2020			\$7,931,392.62

November 2020			
November 1, 2020	Payment to East Chambers	Recurring monthly	(\$15,000.00)
November 15, 2020	Sales Tax Revenue Estimate	Recurring monthly (Monthly Avg. per Budget)	\$41,666.67
November 30, 2020	LTC Payment	December	(\$150,000.00)
November 30, 2020	Interest-Loan 17a (6/10)	Recurring through 9/30/2020	(\$84,597.98)
November 30, 2020	Component 2 Funds	October Component 2 Funds Received	\$314,857.85
November 30, 2020	QIPP Year 3, Component 2	Component 2 Payment to MGRs	(\$157,428.93)
November 30, 2020	Operating Expenses	Recurring monthly (Monthly Avg. per Budget)	(\$71,016.50)
November 30, 2020	Component 1 Payment	October Component 1 Payment	\$1,893,738.55
November 30, 2020	Principle Payment-Loan 17a	Payment 6/10 for Loan 17a	(\$1,893,738.55)
CA November 30, 2020			\$7,809,873.73

December 2020			
December 1, 2020	QIPP Year 4, IGT 2 Line of Credit Payment	Use \$6,000,000 of LOC	(\$6,000,000.00)
December 1, 2020	Interest Set Aside-Loan 18	One time payment for Interest 12/1/2020-	(\$425,979.00)
December 1, 2020	Payment to East Chambers	Recurring monthly	(\$15,000.00)
December 15, 2020	Sales Tax Revenue Estimate	Recurring monthly (Monthly Avg. per Budget)	\$41,666.67
December 31, 2020	LTC Payment	January	(\$150,000.00)
December 31, 2020	Interest-Loan 17a (7/10)	Recurring through 9/30/2020	(\$84,597.98)
December 31, 2020	QIPP Year 4, Component 2	Estimate based on IGT	\$314,091.29
December 31, 2020	QIPP Year 4, Component 2	Component 2 Payment to MGRs	(\$157,045.64)
December 31, 2020	Operating Expenses	Recurring monthly (Monthly Avg. per Budget)	(\$71,016.50)
December 31, 2020	Component 1 Payment	November Component 1 Payment	\$1,842,479.88
December 31, 2020	Principle Payment-Loan 17a	Payment 7/10 for Loan 17a	(\$1,842,479.88)
CA December 31, 2020			DOES NOT INCLUDE PROSPERITY CD & TEXSTAR \$1,261,991.77

January 2021			
January 1, 2021	Payment to East Chambers	Recurring monthly	(\$15,000.00)
January 7, 2021	Allegiance Bank	Interest Payment	(\$6,700.00)
January 15, 2021	Sales Tax Revenue Estimate	Recurring monthly (Monthly Avg. per Budget)	\$41,666.67
January 31, 2021	LTC Payment	November, December, January	(\$150,000.00)
January 31, 2021	Interest-Loan 17a (8/10) and Interest-17b (6/10)	Recurring through 9/30/2020	(\$422,989.90)
January 31, 2021	QIPP Year 4, Component 2	Estimate based on IGT	\$342,034.59
January 31, 2021	QIPP Year 4, Component 2	Component 2 Payment to MGRs	(\$171,017.29)
January 31, 2021	Operating Expenses	Recurring monthly (Monthly Avg. per Budget)	(\$71,016.50)
January 31, 2021	Component 1 Payment	December Component 1 Payment	\$2,056,326.98
January 31, 2021	Principle Payment-Loan 17a (8/10)	Payment 8/10 for Loan 17a	(\$430,866.11)
January 31, 2021	Principle Payment-Loan 17b (7/8)	Payment 7/8 for Loan 17b	(\$1,625,460.87)
January 31, 2021	QIPP Year 4, Qtr. 1 Component 3, 4, and Lapsing Fund	Based on 75%	\$4,292,323.62
January 31, 2021	QIPP Year 4, Qtr. 1 Component 3, 4, and Lapsing Fund	Payment to Facilities	(\$2,146,161.81)
January 31, 2021	Principle Payment-Loan 17b-Reserve	Reserve for Loan 17a & b	(\$363,249.34)
CA January 31, 2021			\$2,591,881.80

Outstanding Short Term Revenue Note-Loan 17a					
Loan 17a-Principle	\$6,042,712.83		Reserve	\$422,989.90	
Interest	16.80%	\$845,979.80			
Fund Received	6/1/2020				
	Date	Balance	Interest	Principal Rcvd.	Payment
1	6/30/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
2	7/31/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
3	8/31/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
4	9/30/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
5-(Sept. 2020, Comp. 1)	10/31/2020	\$6,042,712.83	\$84,597.98	\$1,875,628.29	\$1,960,226.27
6-(Oct. 2020, Comp. 1)	11/30/2020	\$6,042,712.83	\$84,597.98	\$1,893,738.55	\$1,978,336.53
7-(Nov. 2020, Comp. 1)	12/31/2020	\$6,042,712.83	\$84,597.98	\$1,842,479.88	\$1,927,077.86
8-(Dec. 2020, Comp. 1)	1/31/2021	\$6,042,712.83	\$84,597.98	\$430,866.11	\$515,464.09
Reserve		\$6,042,712.83	\$0.00	\$0.00	\$0.00
9 (Jan. 2021, Comp. 1)	2/28/2021	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
10 (Feb. 2021, Comp. 1)	3/31/2021	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
Amount Paid	3/31/2021	\$0.00	\$845,979.80	\$6,042,712.83	\$6,888,692.63
Amount Due: March 31, 2021			\$845,979.80	\$6,042,712.83	\$6,888,692.63
Amount Remaining				\$0.00	\$0.00

Outstanding Short Term Revenue Note-Loan 17b					
Loan 17b-Principle	\$6,042,712.83		Reserve	\$422,989.90	
Interest	16.80%	\$676,783.84			
Fund Received	8/1/2020			\$845,979.80	
	Date	Balance	Interest	Principal Rcvd.	Payment
1	8/31/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
2	9/30/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
3	10/31/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
4	11/30/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
5	12/31/2020	\$6,042,712.83	\$84,597.98	\$0.00	\$84,597.98
6 (Dec. 2020, Comp. 1)	1/31/2021	\$6,042,712.83	\$84,597.98	\$1,625,460.87	\$1,710,058.85
Reserve	1/31/2021	\$6,042,712.83		\$363,249.34	\$363,249.34
7 (Jan. 2021, Comp. 1)	2/28/2021	\$6,042,712.83	\$84,597.98	\$2,049,810.68	\$2,134,408.66
8-(Feb. 2021, Comp. 1)	3/31/2021	\$6,042,712.83	\$84,597.98	\$2,004,191.94	\$2,088,789.92
Amount Paid	3/31/2021	\$0.00	\$676,783.84	\$6,042,712.83	\$6,719,496.67
Amount Due: March 31, 2021			\$676,783.84	\$6,042,712.83	\$6,719,496.67
Amount Remaining				\$0.00	\$0.00

Outstanding Short Term Revenue Note-Loan 18					
Loan 18-Principle	\$6,085,425.68		Reserve	\$425,979.80	
Interest	16.80%	\$937,155.55			
Fund Received					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	12/30/2020	\$6,085,425.68	\$85,195.96	\$0.00	\$85,195.96
2	1/31/2021	\$6,085,425.68	\$85,195.96	\$0.00	\$85,195.96
3	2/28/2021	\$6,085,425.68	\$85,195.96	\$0.00	\$85,195.96
4	3/31/2021	\$6,085,425.68	\$85,195.96	\$0.00	\$85,195.96
5-(Mar. 2021, Comp. 1)	4/30/2021	\$6,085,425.68	\$85,195.96	\$1,856,232.12	\$1,941,428.08
6-(Apr. 2021, Comp. 1)	5/31/2021	\$6,085,425.68	\$85,195.96	\$1,861,589.19	\$1,946,785.15
7-(May 2021, Comp. 1)	6/30/2021	\$6,085,425.68	\$85,195.96	\$1,952,882.20	\$2,038,078.16
8-(June 2021, Comp. 1)	7/31/2021	\$6,085,425.68	\$85,195.96	\$414,722.17	\$499,918.13
Reserve		\$6,085,425.68		\$0.00	\$0.00
9 (July 2021, Comp. 1)	8/31/2020	\$6,085,425.68	\$85,195.96	\$0.00	\$85,195.96
10 (Aug. 2021, Comp. 1)	9/30/2020	\$6,085,425.68	\$85,195.96	\$0.00	\$85,195.96
11	10/31/2020	\$6,085,425.68	\$85,195.96	\$0.00	\$85,195.96
Amount Paid		\$0.00	\$937,155.55	\$6,085,425.68	\$7,022,581.23
Amount Due: October 31, 2021			\$937,155.55	\$6,085,425.68	\$7,022,581.23
Amount Remaining				\$0.00	\$0.00

Allegiance Bank Line of Credit					
Principle (IGT 6)	\$2,819,307.40	Principle Balance Owed	\$256,002.05		
Interest	3.25%	LOC Funds Available	\$2,563,305.35		
	Date	Balance	Interest	Principal Rcvd.	Payment
1	1/7/2020	Interest Payment	\$8,166.66	\$0.00	\$8,166.66
2	2/7/2020	Interest Payment	\$6,027.78	\$0.00	\$6,027.78
3	3/7/2020	Interest Payment	\$5,638.89	\$0.00	\$5,638.89
4	4/7/2020	Interest Payment	\$6,027.78	\$0.00	\$6,027.78
5 - (March 2020, Comp. 1)	5/7/2020	Interest Payment	\$5,833.33	\$0.00	\$5,833.33
6 - (April 2020, Comp. 1)	6/7/2020	Interest Payment	\$6,027.78	\$0.00	\$6,027.78
7 - (June 2020, Comp. 1)	7/16/2020	Interest Payment	\$5,883.32	\$0.00	\$5,883.32
8-(July 2020, Comp. 1)	8/7/2020	Interest Payment	\$3,616.68	\$808,011.47	\$811,628.15
9-(Aug. 2020, Comp. 1)	9/7/2020	Interest Payment	\$3,616.66	\$935,986.48	
	10/7/2020	Interest Payment	\$3,500.00		
	10/19/2020	Principle Payment		\$1,743,997.95	
	11/7/2020	Interest Payment	\$3,616.67		
Balance Due	9/30/2020	Interest Payment	\$0.00	\$256,002.05	\$256,002.05
Amount Paid	9/30/2020	\$0.00	\$57,955.55	\$3,743,997.95	\$855,233.69

District's Investments

	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$2,819,307.40	1.40%	9/1/2020	9/30/2020	Paid Quarterly Oct 6 Pd 2,484.97
CD at Prosperity (Qtr.) C.D. #0447	\$109,295.59	0.40%	9/1/2020	9/30/2020	Paid \$478.68 August 27, 2020
Texstar C.D. #1110	\$690,198.39	0.20%	9/1/2020	9/30/2020	Paid \$75.98 August 2020

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

Italics are Estimated amounts

Winnie-Stowell Hospital District
Check Listing by Bank Account
September 2020

10/21/20
 Accrual Basis

Type	Date	Num	Name	Memo	Amount
100 Prosperity Bank -Checking					
Check	09/08/2020		Allegiance Bank		-3,616.66
Check	09/10/2020		ECISD		-15,000.00
Check	09/11/2020		Entergy		-44.09
Check	09/11/2020		IRS		-2,485.24
Check	09/15/2020		Trinity Bay Conservation District	13053-1010703000	-47.89
Check	09/16/2020	3091	Brookshire Brothers	IC RXs Aug 2020	-655.14
Check	09/16/2020	3092	Wilcox Pharmacy	IC RXs Aug 2020	-434.51
Check	09/16/2020	3093	UTMB at Galveston	IC Batch Date 08....	-9,304.11
Check	09/16/2020	3094	UTMB Faculty Group Practice	IC Batch Date 08....	-1,557.80
Check	09/16/2020	3096	Indigent Healthcare Solutions,...	Inv #70500	-1,109.00
Check	09/16/2020	3097	American Education Services	92 5529 5461 S St...	-150.14
Check	09/16/2020	3098	Grace Nichols, MEd, LPC	IC Batch Date 08....	-255.00
Check	09/16/2020	3099	Benckenstein & Oxford	Inv #49851	-15,325.00
Check	09/16/2020	3100	Hubert Oxford	1/2 Legal Retainer	-500.00
Check	09/16/2020	3101	Josh Heinz	1/2 Legal Retainer	-500.00
Check	09/16/2020	3102	David Sticker	Inv # 22233	-1,531.25
Check	09/16/2020	3103	Technology Solutions of Texa...	Inv #1478	-75.00
Check	09/16/2020	3104	Felipe Ojeda	Inv #10004 (yard s...	-300.00
Check	09/16/2020	3105	Graciela Chavez	Invs 8018586 Aug...	-200.00
Check	09/16/2020	3106	The Seabreeze Beacon	Inv #4656	-360.00
Check	09/16/2020	3107	Hometown Press	Inv #2659	-600.00
Check	09/16/2020	3108	Anthony Stramecki	Expense Reimbur...	-146.41
Check	09/16/2020		Funcion 4-Lease fka Star Gra...	ACH, Withdrawal, ...	-206.82
Check	09/17/2020		Time Warner Cable	ACH, Withdrawal, ...	-211.95
Check	09/28/2020		Prosperity Bank (CC)	ACH, Withdrawal, ...	-181.77
Liability Check	09/29/2020		QuickBooks Payroll Service	Created by Payroll...	-7,263.54
Paycheck	09/30/2020	DD1...	Norris, Sherrie	Direct Deposit	0.00
Paycheck	09/30/2020	DD1...	Ojeda, Patricia	Direct Deposit	0.00
Total 100 Prosperity Bank -Checking					-62,061.32
107 InterBank ICS (Restricted)					
107.01b GIB 0228 DACA					
Check	09/01/2020			Transfer Withdraw...	-16,560.00
Check	09/04/2020			ACH Payment ST...	-397.06
Check	09/17/2020		LTC Group	Wire Payment Inte...	-149,980.00
Check	09/17/2020		LTC Group	Wire Fee InterBan...	-20.00
Check	09/17/2020			Wire Payment Inte...	-16,540.00
Check	09/17/2020			Wire Fee InterBan...	-20.00
Check	09/21/2020			Transfer Withdraw...	-14,413.00
Check	09/23/2020			Transfer Withdraw...	-169,420.66
Check	09/24/2020			Transfer Withdraw...	-626,139.92
Check	09/25/2020			Transfer Withdraw...	-6,935.00
Check	09/30/2020		Salt Creek Capital LLC	Withdrawal	-5,307,845.31
Check	09/30/2020			Wire Payment Inte...	-109,855.00
Check	09/30/2020			Wire Payment Inte...	-21,328.00
Transfer	09/30/2020			Wire Fee	-20.00
Transfer	09/30/2020			Wire Fee-HMG No...	-20.00
Total 107.01b GIB 0228 DACA					-6,439,493.95
Total 107 InterBank ICS (Restricted)					-6,439,493.95
TOTAL					-6,501,555.27

GL Totals

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

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	5,571.49
Expenditures		5,571.49
Reimb/Adjustments		
Grand Total		5,571.49

53 total invoices

**GL Totals Detail
 Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1019*65460*57	09/15/2020	25.54	25.54
1019*65460*58	09/15/2020	24.52	24.52
1019*65460*59	09/15/2020	13.22	13.22
1019*65460*60	09/15/2020	10.28	10.28
1019*65460*61	09/15/2020	15.93	15.93
1044*65460*23	09/14/2020	74.67	74.67
1044*65460*24	09/14/2020	415.54	415.54
1044*65460*25	09/14/2020	17.79	17.79
1044*65460*26	08/10/2020	415.54	415.54
1049*65460*49	09/24/2020	25.23	25.23
1049*65460*50	09/08/2020	17.41	17.41
1049*65460*51	09/08/2020	10.16	10.16
1049*65460*52	09/07/2020	9.36	9.36
1081*65460*27	08/04/2020	19.89	19.89
1081*65460*28	09/17/2020	19.89	19.89
1081*65460*29	09/17/2020	10.14	10.14
1081*65460*30	09/17/2020	11.02	11.02
1081*65460*31	09/03/2020	11.92	11.92
1081*65460*32	09/03/2020	16.51	16.51
1081*65460*33	09/03/2020	9.56	9.56
1091*65460*35	09/05/2020	18.50	18.50
1091*65460*36	09/05/2020	9.84	9.84
1091*65460*37	09/04/2020	462.81	462.81
1091*65460*38	09/04/2020	20.14	20.14
1091*65460*39	08/03/2020	462.81	462.81
1096*65460*25	09/10/2020	21.15	21.15
1096*65460*26	09/08/2020	56.40	56.40
1096*65460*27	09/08/2020	19.49	19.49
1096*65460*28	09/08/2020	57.74	57.74
1122*65460*17	09/28/2020	10.27	10.27
1122*65460*18	09/26/2020	11.04	11.04
1128*65460*22	09/03/2020	18.33	18.33
1128*65460*23	09/03/2020	631.30	631.30
1128*65460*24	09/03/2020	29.99	29.99

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GL Totals

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

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1134*65460*23	WSHD	09/15/2020	11.45	11.45
1134*65460*24	WSHD	09/08/2020	18.96	18.96
1134*65460*25	WSHD	09/03/2020	12.59	12.59
1134*65460*26	WSHD	09/04/2020	12.42	12.42
1140*65460*23	WSHD	09/15/2020	10.87	10.87
1140*65460*24	WSHD	09/15/2020	10.08	10.08
1140*65460*25	WSHD	09/15/2020	11.42	11.42
1167*65460*7	WSHD	09/04/2020	415.54	415.54
1167*65460*8	WSHD	09/04/2020	56.40	56.40
1167*65460*9	WSHD	09/04/2020	15.70	15.70
1189*65460*1	WSHD	09/24/2020	25.23	25.23
2458*65460*14	WSHD	09/02/2020	9.36	9.36
2458*65460*15	WSHD	09/18/2020	15.49	15.49
2458*65460*16	WSHD	09/03/2020	10.47	10.47
2815*65460*12	WSHD	09/02/2020	24.52	24.52
2815*65460*13	WSHD	09/02/2020	942.95	942.95
2815*65460*14	WSHD	09/30/2020	10.58	10.58
2815*65460*15	WSHD	09/01/2020	10.58	10.58
2815*65460*16	WSHD	08/03/2020	942.95	942.95
53 invoices, 53 line items			5,571.49	5,571.49
Grand Totals			5,571.49	5,571.49

53 total invoices
53 total line items

GL Totals

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

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,095.21
Expenditures		1,095.21
Reimb/Adjustments		
Grand Total		1,095.21

54 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1040*18651*46	09/09/2020	9.22	9.22
1040*18651*47	09/03/2020	10.24	10.24
1093*18651*29	09/10/2020	9.92	9.92
1093*18651*30	09/10/2020	9.10	9.10
1093*18651*31	09/22/2020	9.17	9.17
1093*18651*32	09/22/2020	8.95	8.95
1093*18651*33	08/24/2020	105.55	105.55
1095*18651*27	09/23/2020	8.92	8.92
1095*18651*28	09/08/2020	11.61	11.61
1095*18651*29	09/08/2020	11.65	11.65
1157*18651*26	08/04/2020	19.55	19.55
1158*18651*12	09/25/2020	9.96	9.96
1158*18651*13	09/11/2020	9.10	9.10
1160*18651*14	09/05/2020	9.62	9.62
1169*18651*16	09/03/2020	8.91	8.91
1169*18651*17	09/03/2020	41.29	41.29
1169*18651*18	07/29/2020	41.29	41.29
1169*18651*19	07/29/2020	8.91	8.91
1181*18651*35	09/16/2020	9.79	9.79
1181*18651*36	09/16/2020	8.98	8.98
1181*18651*37	09/14/2020	13.75	13.75
1181*18651*38	09/14/2020	9.10	9.10
1181*18651*39	09/14/2020	9.88	9.88
1181*18651*40	09/14/2020	11.90	11.90
1181*18651*41	09/14/2020	8.37	8.37
1181*18651*42	09/01/2020	8.46	8.46
1181*18651*43	09/16/2020	12.00	12.00
1181*18651*44	09/22/2020	30.80	30.80
1181*18651*45	09/22/2020	10.63	10.63
1181*18651*46	09/22/2020	15.27	15.27
1185*18651*9	09/29/2020	15.88	15.88
1185*18651*10	09/17/2020	8.98	8.98
1185*18651*11	09/17/2020	15.88	15.88
1185*18651*12	09/17/2020	32.62	32.62

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GL Totals

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

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

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1185*18651*13	WSHD	09/17/2020	15.69	15.69
1185*18651*14	WSHD	09/14/2020	8.32	8.32
1185*18651*15	WSHD	09/10/2020	10.98	10.98
1185*18651*16	WSHD	09/10/2020	21.13	21.13
1185*18651*17	WSHD	09/09/2020	11.41	11.41
1189*18651*1	WSHD	09/16/2020	28.31	28.31
1189*18651*2	WSHD	09/22/2020	11.68	11.68
1189*18651*3	WSHD	09/22/2020	8.87	8.87
1189*18651*4	WSHD	09/22/2020	25.68	25.68
2942*18651*8	WSHD	09/03/2020	150.16	150.16
2942*18651*9	WSHD	08/14/2020	150.16	150.16
3343*18651*2	WSHD	09/02/2020	10.87	10.87
3343*18651*3	WSHD	09/02/2020	8.98	8.98
3343*18651*4	WSHD	09/02/2020	9.72	9.72
3364*18651*14	WSHD	09/22/2020	9.10	9.10
3364*18651*15	WSHD	09/22/2020	11.60	11.60
3364*18651*16	WSHD	09/22/2020	9.47	9.47
3364*18651*17	WSHD	09/22/2020	8.73	8.73
3364*18651*18	WSHD	09/22/2020	9.29	9.29
3364*18651*19	WSHD	09/22/2020	9.81	9.81

54 invoices, 54 line items

1,095.21

1,095.21

Grand Totals

1,095.21

1,095.21

54 total invoices
54 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 09/01/20-09/30/20

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	33,357.40
Expenditures		33,357.40
Reimb/Adjustments		
Grand Total		33,357.40

32 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1007*63614*5	WSHD	02/19/2020	1,189.00	297.25
1040*63614*25	WSHD	08/24/2020	1,389.00	333.36
1040*63614*26	WSHD	04/24/2020	722.00	180.50
1040*63614*27	WSHD	05/04/2020	523.00	130.75
1044*63614*4	WSHD	08/11/2020	323.00	77.52
1081*63614*20	WSHD	02/10/2020	391.00	97.75
1081*63614*21	WSHD	01/30/2020	5,485.85	1,371.46
1081*63614*22	WSHD	03/09/2020	391.00	97.75
1081*63614*23	WSHD	02/04/2020	523.00	130.75
1091*63614*14	WSHD	06/22/2020	197.00	0.00
1093*63614*13	WSHD	02/20/2020	884.00	221.00
1107*63614*7	WSHD	03/05/2020	424.00	106.00
1108*63614*2	WSHD	07/28/2020	323.00	80.75
1128*63614*10	WSHD	03/19/2020	1,123.00	280.75
1137*63614*26	WSHD	02/19/2020	2,219.00	554.75
1137*63614*27	WSHD	02/24/2020	323.00	80.75
1137*63614*28	WSHD	03/06/2020	1,045.00	261.25
1146*63614*4	WSHD	08/24/2020	10,370.90	2,489.02
1155*63614*5	WSHD	06/19/2020	15,289.19	3,822.30
1157*63614*7	WSHD	02/07/2020	323.00	80.75
1171*63614*4	WSHD	01/27/2020	630.00	157.50
1171*63614*5	WSHD	03/16/2020	630.00	157.50
1172*63614*7	WSHD	06/09/2020	523.00	130.75
1172*63614*8	WSHD	02/04/2020	200.00	50.00
1172*63614*9	WSHD	02/04/2020	323.00	80.75
1172*63614*10	WSHD	03/03/2020	591.00	147.75
1181*63614*4	WSHD	08/11/2020	4,796.42	1,151.14
1185*63614*2	WSHD	08/06/2020	323.00	77.52
1185*63614*3	WSHD	09/08/2020	112,363.05	19,679.71
1185*63614*4	WSHD	09/03/2020	293.00	0.00
2458*63614*2	WSHD	06/17/2020	323.00	80.75
2815*63614*4	WSHD	06/10/2020	3,798.47	949.62

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 09/01/20-09/30/20

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

Vendor #: 63614

Invoice #	GL #	Date in	Amt Billed	Amt Paid
<hr/>				
32 invoices, 32 line items***168,251.8833,357.40				
<hr/>				
Grand Totals			168,251.88	33,357.40
32 total invoices				
32 total line items				

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 09/02/20-09/02/20

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

Vendor #: 63615
NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	10,134.30
Expenditures		10,134.30
Reimb/Adjustments		
Grand Total		10,134.30

49 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1040*63615*26	WSHD	04/24/2020	55.00	20.21
1040*63615*27	WSHD	04/24/2020	63.00	22.13
1040*63615*28	WSHD	05/04/2020	23.00	5.75
1044*63615*8	WSHD	08/11/2020	513.00	118.78
1044*63615*9	WSHD	05/26/2020	24.00	6.00
1044*63615*10	WSHD	05/27/2020	158.00	66.72
1044*63615*11	WSHD	05/27/2020	148.00	36.25
1044*63615*11	WSHD	05/27/2020	73.00	18.25
1081*63615*21	WSHD	01/30/2020	856.00	76.34
1081*63615*22	WSHD	02/04/2020	183.00	39.92
1081*63615*23	WSHD	02/04/2020	23.00	5.75
1081*63615*24	WSHD	02/10/2020	270.00	56.08
1081*63615*25	WSHD	02/24/2020	294.00	172.48
1081*63615*26	WSHD	02/24/2020	560.00	344.96
1081*63615*27	WSHD	02/24/2020	647.00	91.42
1091*63615*16	WSHD	06/22/2020	83.00	0.00
1093*63615*15	WSHD	02/20/2020	415.00	95.54
1093*63615*16	WSHD	02/20/2020	30.00	7.50
1093*63615*16	WSHD	02/20/2020	23.00	5.75
1115*63615*6	WSHD	05/26/2020	270.00	56.08
1128*63615*11	WSHD	03/19/2020	23.00	5.75
1128*63615*11	WSHD	03/19/2020	23.00	5.75
1128*63615*11	WSHD	03/19/2020	23.00	5.75
1128*63615*11	WSHD	03/19/2020	23.00	5.75
1131*63615*11	WSHD	04/22/2020	415.00	95.54
1132*63615*9	WSHD	01/14/2020	2,648.00	886.28
1137*63615*27	WSHD	02/19/2020	328.00	216.19
1137*63615*28	WSHD	02/19/2020	186.00	42.34
1137*63615*29	WSHD	02/24/2020	183.00	39.92
1137*63615*30	WSHD	03/06/2020	273.00	65.29
1137*63615*31	WSHD	03/06/2020	30.00	7.50
1137*63615*31	WSHD	03/06/2020	30.00	7.50
1146*63615*6	WSHD	08/24/2020	1,378.00	239.93
1146*63615*6	WSHD	08/24/2020	1,225.00	189.58

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 09/02/20-09/02/20

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

Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1146*63615*7	WSHD	08/24/2020	640.00	362.93
1146*63615*8	WSHD	08/24/2020	336.00	181.46
1155*63615*10	WSHD	06/19/2020	640.00	388.08
1155*63615*11	WSHD	06/19/2020	663.00	123.82
1157*63615*6	WSHD	02/07/2020	270.00	56.08
1172*63615*10	WSHD	02/04/2020	23.00	5.75
1172*63615*11	WSHD	03/03/2020	23.00	5.75
1172*63615*12	WSHD	06/09/2020	23.00	5.75
1172*63615*13	WSHD	06/09/2020	183.00	39.92
1181*63615*6	WSHD	08/12/2020	98.00	35.93
1181*63615*6	WSHD	08/12/2020	55.00	20.21
1181*63615*7	WSHD	08/11/2020	455.00	127.40
1181*63615*8	WSHD	08/11/2020	73.00	17.52
1185*63615*2	WSHD	09/08/2020	3,273.00	1,202.23
1185*63615*2	WSHD	09/08/2020	3,228.00	1,199.03
1185*63615*2	WSHD	09/08/2020	394.00	0.00
1185*63615*2	WSHD	09/08/2020	2,043.00	765.67
1185*63615*2	WSHD	09/08/2020	6,895.00	366.31
1185*63615*2	WSHD	09/08/2020	590.00	218.44
1185*63615*3	WSHD	09/08/2020	221.00	0.00
1185*63615*3	WSHD	09/08/2020	2,140.00	198.23
1185*63615*4	WSHD	09/08/2020	2,640.00	876.78
1185*63615*4	WSHD	09/08/2020	128.00	33.27
1185*63615*5	WSHD	09/08/2020	1,386.00	438.39
1185*63615*6	WSHD	09/08/2020	20.00	4.80
1185*63615*7	WSHD	09/09/2020	30.00	7.20
2458*63615*3	WSHD	06/17/2020	183.00	39.92
2815*63615*7	WSHD	06/10/2020	210.00	100.61
2815*63615*8	WSHD	06/10/2020	400.00	201.23
2815*63615*9	WSHD	06/10/2020	365.00	52.61
49 invoices, 64 line items	***		39,127.00	10,134.30
Grand Totals			39,127.00	10,134.30

49 total invoices
64 total line items

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

Invoice # 70662

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

Date: 10/1/2020

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

Terms: Net receipt of invoice

Professional services for the month of November 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



RECEIVED

OCT 21 2020

27800101962301

October 4, 2020

MONTHLY BILL

Name: SHERRY STERN
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	09/24/2020
Current Payment Due	\$150.14
Total Due by 10/25/2020	\$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	\$4,446.28	\$4.55	3.750%	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$2,916.07	\$2.98	3.750%	\$59.47	\$59.47

Outstanding interest accrued as of 10/04/2020

*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
11/08/2020	\$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

You may continue to pay the full Monthly Payment amount if your loans are paid ahead (the Current Due is less than the Monthly Payment amount). It may be necessary to continue to pay the full Monthly Payment amount when your loans are paid ahead in order to qualify for benefit programs, such as reduced interest rates or cosigner release, that may be offered by your lenders. Contact us at 800-233-0557 if you do not want overpayments to be applied to future bills and to opt out of paid ahead status.

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

10/25/2020

\$

--	--	--	--	--	--	--	--	--	--

\$150.14

2020278019255295461100001501400000000000000001



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

#BWNDHKB
#B612 1327 2510 04L9#
SHERRY STERN
9302 EAGLES LNDG
MAGNOLIA TX 77354-6865



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

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	\$150.14
Interest Satisfied	\$22.25
Principal Satisfied	\$127.89
Late Fees Paid	\$0.00

As of today, you've paid on your loans	\$17,416.25
Total Interest Satisfied	\$5,067.65
Total Principal Satisfied	\$12,341.10
Total Late Fees Paid	\$7.50

The Total Principal Satisfied includes any payment that satisfies principal (not just payments made by you) and may include consolidation payments, refunds, cancellation payments, returned disbursements, etc.

© IHS
 Issued 10/05/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 09/01/20-09/01/20

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*13	WSHD	09/11/2020	85.00	85.00
YC17*13632*13	WSHD	09/25/2020	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 10/05/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 09/01/20-09/01/20

Grace Nichols
 7750 Gladys, Suite B
 Beaumont, TX 77706

Vendor #: 63291

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
YC13*63291*9	WSHD	09/10/2020	85.00	85.00
YC13*63291*9	WSHD	09/25/2020	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 10/05/20

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 09/01/20-09/01/20

Nicki Holtzman
 5825 Phelan, Ste. 104
 Beaumont, TX 77706

Vendor #: 90007

GL #	Description	Amount
WSHD	Wshd	340.00
	Expenditures	340.00
	Reimb/Adjustments	
	Grand Total	340.00

2 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC01*90007*1	WSHD	09/03/2020	85.00	85.00
YC01*90007*1	WSHD	09/15/2020	85.00	85.00
YC01*90007*1	WSHD	09/30/2020	85.00	85.00
YC24*90007*1	WSHD	09/28/2020	85.00	85.00
2 invoices, 4 line items			340.00	340.00
Grand Totals			340.00	340.00

2 total invoices
 4 total line items

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

October 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 September 16, 2020; Our File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on September 16, 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 September 2020. We would request that you put this invoice in line for payment at the September 16, 2020 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for September 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

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

October 20, 2020

Mr. Edward Murrell
President
Winnie Stowell Hospital District
520 Broadway
Winnie, Texas 77665

Re: Winnie Stowell Hospital District; Billable Invoice for July 2020 Time Entries less Retainer; Our File No. 87250.

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for July 2020. This invoice is for \$8750.00 and the amount due is \$7,750.00 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 \$7,750.00 representing the balance owed for June 2020.

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

October 20, 2020

INVOICE #: 49885 **HOIV**
Billed through: August 31, 2020
Client/Matter #: WSHD 87250

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

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

07/06/20	HOIV	Prepared Loan 17B documents and exchanged four (4) e-mails with Lender regarding the terms in the loan documents.	1.40 hrs
07/06/20	HOIV	Received and exchanged fourteen (14) e-mails with ECISD staff regarding reporting requirements per the Interlocal Agreement; and the adequacy of reports provided.	0.70 hrs
07/07/20	HOIV	Prepared for and attended conference call with LTC to discuss the renewal of their agreement as well as UHRIP program.	2.00 hrs
07/07/20	HOIV	Made revisions to LTC Agreement per conference call and submitted to LTC counsel for review.	0.70 hrs
07/07/20	HOIV	Worked with staff to begin preparing a timeline inside the Treasurer's Report to assist with cash management and submitted to LTC for review and any corrections.	3.80 hrs
07/08/20	HOIV	Prepared chart that compares the rules for UHRIP, Uncompensated Care, and QIPP program; and drafted e-mail to LTC group asking whether the District can receive a return of any of the IGT made for UHRIP based on the rules for each program.	2.80 hrs
07/08/20	HOIV	Exchanged three (3) e-mails with LTC Group regarding a request to receive payments monthly and incorporating the request into the proposed Cash Availability report.	0.70 hrs
07/09/20	HOIV	Began preparation of minutes of the June 17, 2020 Regular Meeting.	3.50 hrs
07/10/20	HOIV	Continued preparation of extensive set of minutes for the June 17, 2020 Regular Meeting.	5.00 hrs
07/10/20	HOIV	Received and forward letter of representation by the Buckley Firm for a potential claim against Spring Branch; forwarded to Caring for review and to receive confirmation that no lawsuit was pending; and exchanged five (5) e-mails with Caring regarding the same.	1.20 hrs
07/13/20	HOIV	Exchanged five (5) e-mails with Hospital Staff regarding the State Office of Rural Health grant.	0.40 hrs
07/13/20	HOIV	Prepared e-mail to Finance Committee explaining payment obligations to	0.40 hrs

Winnie Community Hospital.

07/13/20	HOIV	Exchanged three (3) e-mails with with Hospital and Finance Committee to discuss the upcoming UHRIP request to be considered at the July 15, 2020 Regular Meeting.	0.40 hrs
07/14/20	HOIV	Worked with staff to finalize Treasurer's Report and to prepare Board Binder for upcoming Regular Meeting.	2.60 hrs
07/14/20	HOIV	Prepared and e-mailed an update letter on Hospital obligations to Finance Committee.	0.40 hrs
07/15/20	HOIV	Prepared for and attended Regular Meeting via Zoom.	4.00 hrs
07/15/20	HOIV	Participated in conference call with District Auditor, Hospital staff, District staff regarding UHRIP program; and exchanged six (6) e-mails with Hospital Staff regarding the District's participation in UHRIP IGT.	1.70 hrs
07/20/20	HOIV	Received e-mail from HMG regarding a change in their cost report and responded to staff and HMG that the change was permissible.	0.30 hrs
07/24/20	HOIV	Participated in conference call with LTC Group; updated Cash Availability report; and prepared an e-mail to the Board explaining the changes and accommodations within the report.	1.70 hrs
07/29/20	HOIV	Reviewed draft Election Order and Notice of Election following call with County Clerk; and made revisions to both documents.	1.30 hrs
		Total fees for this matter	\$8,750.00

BILLING SUMMARY:

Oxford, IV Hubert	35.00 hrs @	\$250.00 /hr	\$8,750.00
TOTAL FEES			\$8,750.00
TOTAL CHARGES FOR THIS INVOICE			\$8,750.00
RETAINER			\$1,000.00 CR

TOTAL BALANCE NOW DUE \$7,750.00

Federal ID# 74-1646478

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

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

10/19/2020

Invoice # 22287

Professional Services

	<u>Amount</u>
10/15/20 9-10-2020 Review books, assist in bookkeeping and make adjustments. 4.50 Hrs.	1,281.25
9-16-2020 Bank reconciliations review, prepare and run reports. 2.75 Hrs.	
9-16-2020 Prepare for and attend regular meeting. 2.50 Hrs.	
9-29-2020 Review payroll and payroll deposits. .50 Hrs.	
Total Hours 10.25 @ \$125.00 = \$1,281.25	
For professional services rendered	<u>\$1,281.25</u>
Balance due	<u><u>\$1,281.25</u></u>

Invoices Due Upon Receipt

Technology Solutions of Texas,
L.L.C.

Invoice 1491

TECHNOLOGY
SOLUTIONS-TX

5725 Frost St
Beaumont, TX 77706
4095545953
ronnie@techsol-tx.com
<http://www.techsol-tx.com>

RECEIVED
OCT -7 2020

BILL TO

Sherrie Norris
Winnie Stowell Hospital District
538 Broadway
Winnie, TX 77665
United States

DATE	PLEASE PAY	DUE DATE
10/15/2020	\$75.00	10/15/2020

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	IT Services:MSP-Dsk MSP Support per Desktop	3	25.00	75.00

TOTAL DUE **\$75.00**

THANK YOU.

Yard Service Invoice

Felipe Ojeda

Invoice# 10005

DATE September 25, 2020

558 W.LeBlanc Rd
Winnie, TX 77665
Phone: (409) 466-7105

Property Location:
Winnie-Stowell Hospital District
520 Broadway
Winnie, TX 77665

Description	AMOUNT
Yard Maintenance completed 09/09/20	\$ 125.00
Yard Maintenance completed 09/25/20	\$ 125.00
Trash Service	\$ 50.00
TOTAL	\$ 300.00

If you have any questions concerning this quotation, Contact Felipe Ojeda, (409) 466-7105

I LOOK FORWARD TO PROVIDING YARD SERVICES FOR YOUR BUSINESS!

RECEIVED

OCT 20 2020

DATE 10-6-2020 No. 08018588

CUSTOMER'S ORDER NO.						
NAME Graciela Chavez						
ADDRESS 220 8TH ST						
CITY, STATE, ZIP Winnie Tx 77665						
SOLD BY	CASH	C.O.D	CHARGE	ONACCT.	MDSERETD	PAID OUT
			/			
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1	office					
2	clenning	\$100				
3						
4						
5						
6	October 6					
7						
8	October 20					
9						
10	Total	100				
11						
12						
RECEIVED BY						

KEEP THIS SLIP FOR REFERENCE

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

Date Printed: OCT 15 2020

Invoice Number: 16034
CLIENT#: 2133

Due Date: NOV 20 2020
Total amount due: \$50.00

Remit To:

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

RECEIVED
OCT 19 2020

Amount of remittance: \$ _____

Please return this portion with payment

Invoice Date: NOV 20 2020

Type: A

Invoice # 16034

Trans Code	Coverage Eff Date	Policy#	Line of Business	Description	Amount
RE	NOV 20 2020	TX5141024	Surety Bonds	Renewal Bobby Way Bond	\$50.00

TOTAL AMOUNT DUE: \$50.00

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

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

Date Printed: OCT 15 2020

Invoice Number: 16035
CLIENT#: 2133

Due Date: NOV 23 2020
Total amount due: \$50.00

Amount of remittance: \$ _____

Remit To:

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

RECEIVED
OCT 19 2020

Please return this portion with payment

Invoice Date: NOV 23 2020

Type: A

Invoice # 16035

Trans Code	Coverage Eff Date	Policy#	Line of Business	Description	Amount
RE	NOV 23 2020	TX832807	Surety Bonds	Renewal Anthony Stramecki Bond	\$50.00

TOTAL AMOUNT DUE: \$50.00

Carroll R. Hand Insurance Agency
P O Drawer 1000
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

EXHIBIT “B”

**WSHD Indigent Care Director Report
2020 YTD Expenditures Worksheet**

	August	
Indigent Clients:	Indigent Clients:	39
Youth Counseling:	Youth Counseling:	12

	September	
Indigent Clients:	Indigent Clients:	38
Youth Counseling:	Youth Counseling:	12

	Year to Date	
Clients Enrolled:	91	55
YC Enrolled:	14	11

PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid
Pharmacy			
Brookshire Brothers Pharmacy Corp	\$2,496.33	\$655.14	\$655.14
Wilcox Pharmacy	\$812.19	\$434.51	\$434.51
Pharmacy Totals	\$3,308.52	\$1,089.65	\$1,089.65

Billed Amount	Contracted Rate	Actually Paid
\$5,571.49	\$5,571.49	\$5,571.49
\$1,095.21	\$1,095.21	\$1,095.21
\$6,666.70	\$6,666.70	\$6,666.70

Billed Amount	Contracted Rate	Actually Paid
\$51,105.17	\$44,827.97	\$44,827.97
\$17,751.19	\$11,317.57	\$11,317.57
\$68,856.36	\$56,145.54	\$56,145.54

Winnie Community Hospital			
WCH Clinic	\$1,784.00	\$731.44	\$731.44
WCH Observation	\$0.00	\$0.00	\$0.00
WCH ER	\$9,899.00	\$4,058.59	\$4,058.59
WCH Lab/Xray	\$3,554.00	\$1,457.14	\$1,457.14
WCH CT Scan	\$0.00	\$0.00	\$0.00
WCH Labs	\$579.00	\$237.39	\$237.39
WCH Xray	\$0.00	\$0.00	\$0.00
WCH Lab/Xray Reading	\$108.00	\$44.28	\$44.28
WCH Inpatient	\$15,420.00	\$6,322.20	\$6,322.20
WCH Physical Therapy	\$0.00	\$0.00	\$0.00
WCH Ultrasound	\$0.00	\$0.00	\$0.00
WCH Totals	\$31,344.00	\$12,851.04	\$12,851.04
Balance on Contracted Amount (Lump Sum Payment of \$196,669.30)		\$45,660.40	
Actual Medicaid Rate Incurred		\$6,114.90	

Billed Amount	Contracted Rate	Actually Paid
\$4,131.00	\$1,594.08	\$1,594.08
\$0.00	\$0.00	\$0.00
\$8,577.00	\$3,261.55	\$3,261.55
\$10,026.00	\$4,110.66	\$4,110.66
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$370.55	\$151.93	\$151.93
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$23,104.55	\$9,118.22	\$9,118.22
	\$36,542.18	
	\$4,376.74	

Billed Amount	Contracted Rate	Actually Paid
\$43,989.17	\$17,784.98	\$17,784.98
\$0.00	\$0.00	\$0.00
\$131,828.00	\$53,794.46	\$53,794.46
\$33,600.40	\$13,776.16	\$13,776.16
\$27,611.00	\$11,320.51	\$11,320.51
\$59,677.00	\$24,467.57	\$24,467.57
\$53,747.00	\$22,036.27	\$22,036.27
\$10,698.55	\$4,305.23	\$4,305.23
\$26,500.00	\$10,865.00	\$10,865.00
\$0.00	\$0.00	\$0.00
\$4,334.00	\$1,776.94	\$1,776.94
\$391,985.12	\$160,127.12	\$160,127.12
	\$36,542.18	
\$196,669.30 -	\$59,095.59	\$137,573.71

UTMB			
UTMB Physician Services	\$7,505.00	\$925.37	\$925.37
UTMB Anesthesia	\$2,180.00	\$632.43	\$632.43
UTMB In-Patient	\$0.00	\$0.00	\$0.00
UTMB Outpatient	\$72,138.17	\$9,304.11	\$9,304.11
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00
UTMB Totals	\$81,823.17	\$10,861.91	\$10,861.91

Billed Amount	Contracted Rate	Actually Paid
\$31,353.00	\$6,900.34	\$6,900.34
\$7,234.00	\$3,100.19	\$3,100.19
\$112,363.05	\$19,679.71	\$19,679.71
\$55,888.83	\$13,677.69	\$13,677.69
\$540.00	\$133.77	\$133.77
\$207,378.88	\$43,491.70	\$43,491.70

Billed Amount	Contracted Rate	Actually Paid
\$94,272.00	\$18,487.59	\$18,487.59
\$23,474.00	\$11,162.79	\$11,162.79
\$248,870.47	\$55,473.92	\$55,473.92
\$347,616.26	\$69,403.06	\$69,403.06
\$6,752.00	\$453.59	\$453.59
\$720,984.73	\$154,980.95	\$154,980.95

Non-Contracted Services			
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$0.00	\$0.00	\$0.00

Billed Amount	Contracted Rate	Actually Paid
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00

Billed Amount	Contracted Rate	Actually Paid
\$4,748.00	\$118.78	\$118.78
\$673.05	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$5,421.05	\$118.78	\$118.78

Youth Counseling			
Grace Nichols	\$255.00	\$0.00	\$0.00
Nicki Holtzman			
Penelope Butler	\$0.00	\$255.00	\$255.00
Youth Counseling Totals	\$255.00	\$255.00	\$255.00

Billed Amount	Contracted Rate	Actually Paid
\$170.00	\$170.00	\$170.00
\$340.00	\$340.00	\$340.00
\$170.00	\$170.00	\$170.00
\$680.00	\$680.00	\$680.00

Billed Amount	Contracted Rate	Actually Paid
\$2,550.00	\$2,295.00	\$2,295.00
\$2,040.00	\$2,295.00	\$2,295.00
\$4,590.00	\$4,590.00	\$4,590.00

Medical Supplies			
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00
Medial Supplies Total	\$0.00	\$0.00	\$0.00
Grant Totals	\$116,730.69	\$25,057.60	\$25,057.60

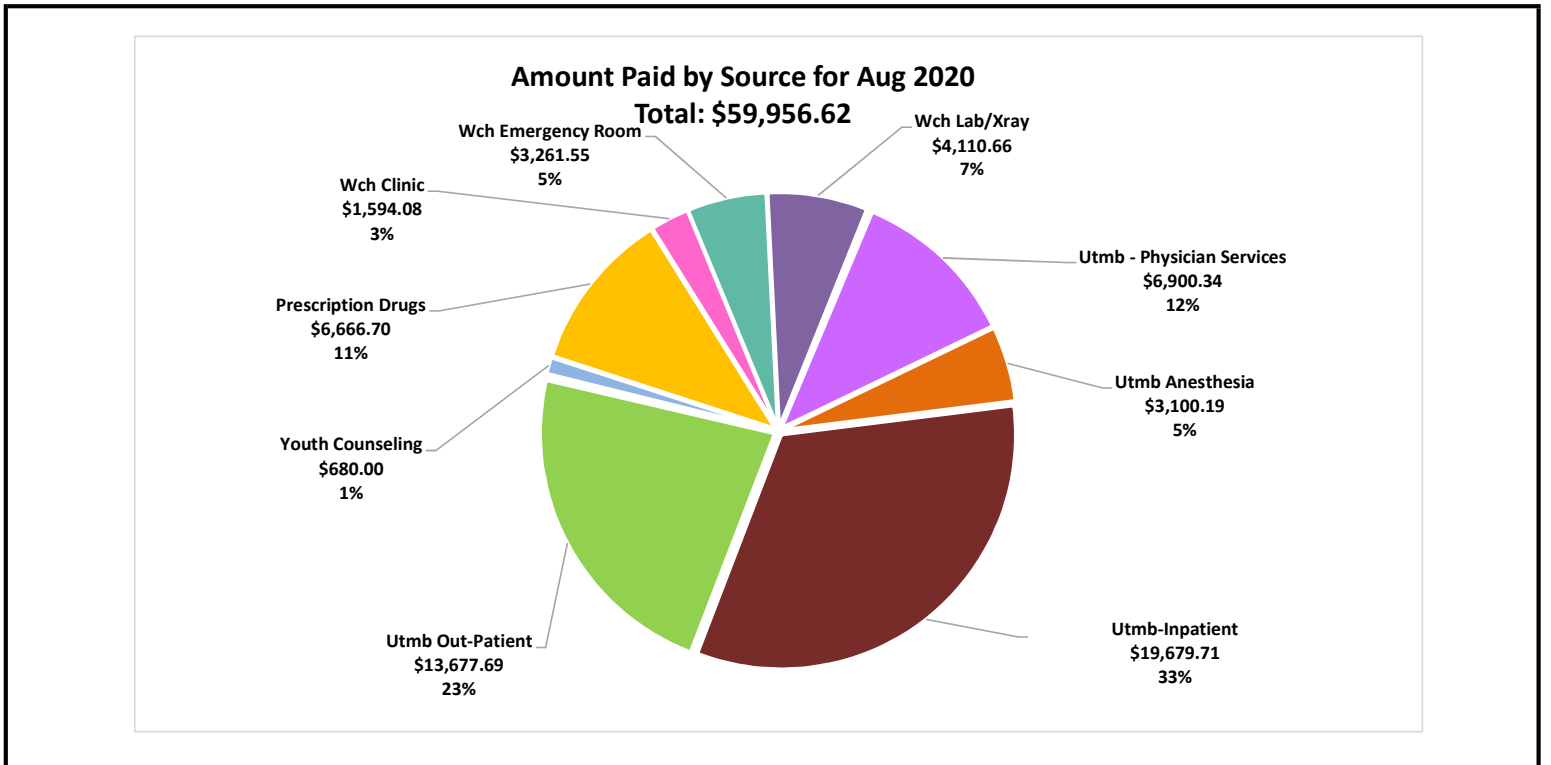
Billed Amount	Contracted Rate	Actually Paid
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$237,830.13	\$59,956.62	\$59,956.62

Billed Amount	Contracted Rate	Actually Paid
\$400.00	\$400.00	\$400.00
\$400.00	\$400.00	\$400.00
\$1,192,637.26	\$376,762.39	\$376,762.39

WSDH Indigent Care Director Report
Sep 2020 SOURCE CODE REPORT

Source Totals for Batch Dates 08/01/2020 through 08/30/2020 for All Vendors

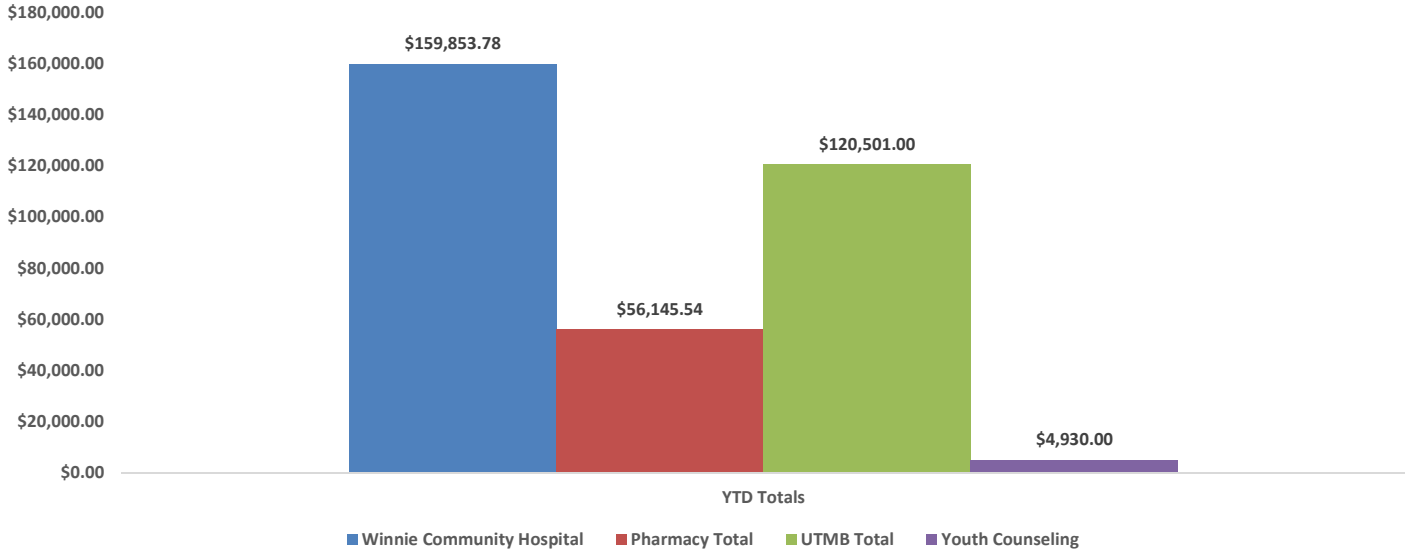
Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$6,666.70	\$6,666.70	11.12%
21	Wch Clinic	\$4,131.00	\$1,594.08	2.66%
24	Wch Emergency Room	\$8,577.00	\$3,261.55	5.44%
25	Wch Lab/Xray	\$10,026.00	\$4,110.66	6.86%
44	Wch Lab/Xray Readings	\$370.55	\$151.93	0.25%
31	Utmb - Physician Services	\$31,353.00	\$6,900.34	11.51%
31-1	Utmb Anesthesia	\$7,234.00	\$3,100.19	5.17%
33	Utmb-Inpatient	\$112,363.05	\$19,679.71	32.82%
34	Utmb Out-Patient	\$55,888.83	\$13,677.69	22.81%
35	Ytmb Lab/X-ray	\$540.00	\$133.77	0.22%
39	Youth Counseling	\$680.00	\$680.00	1.13%
Expenditures/Reimbursements/Adjustments		\$237,830.13	\$59,956.62	0%
Grand Total		\$237,830.13	\$59,956.62	100%



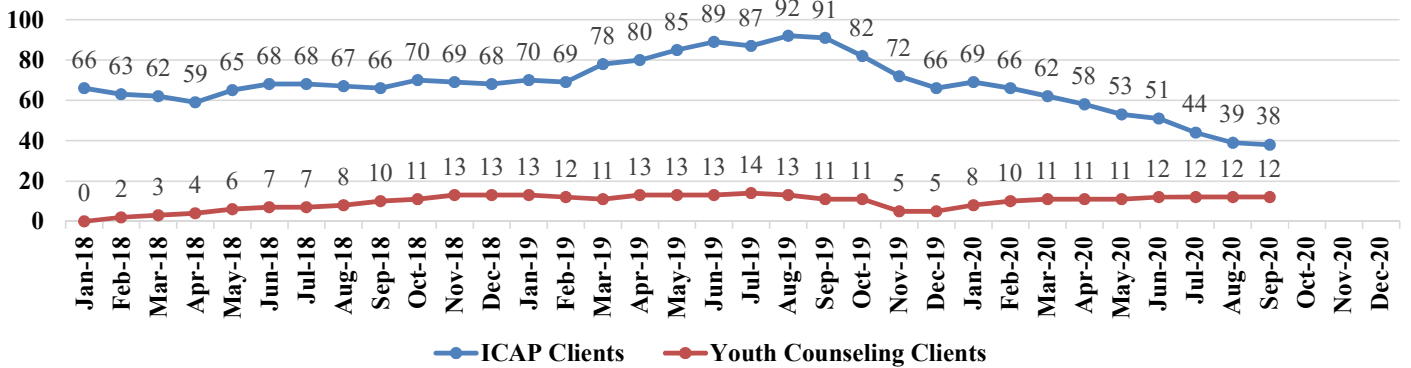
Indigent Care Director Report

Winnie Stowell Hospital District Indigent Healthcare Services

2020 YTD Paid = \$341,430.32
 WCH: \$159,835.78 | RX: \$56,145.54 | UTMB: \$120,501.00 | YC:\$4,930.00

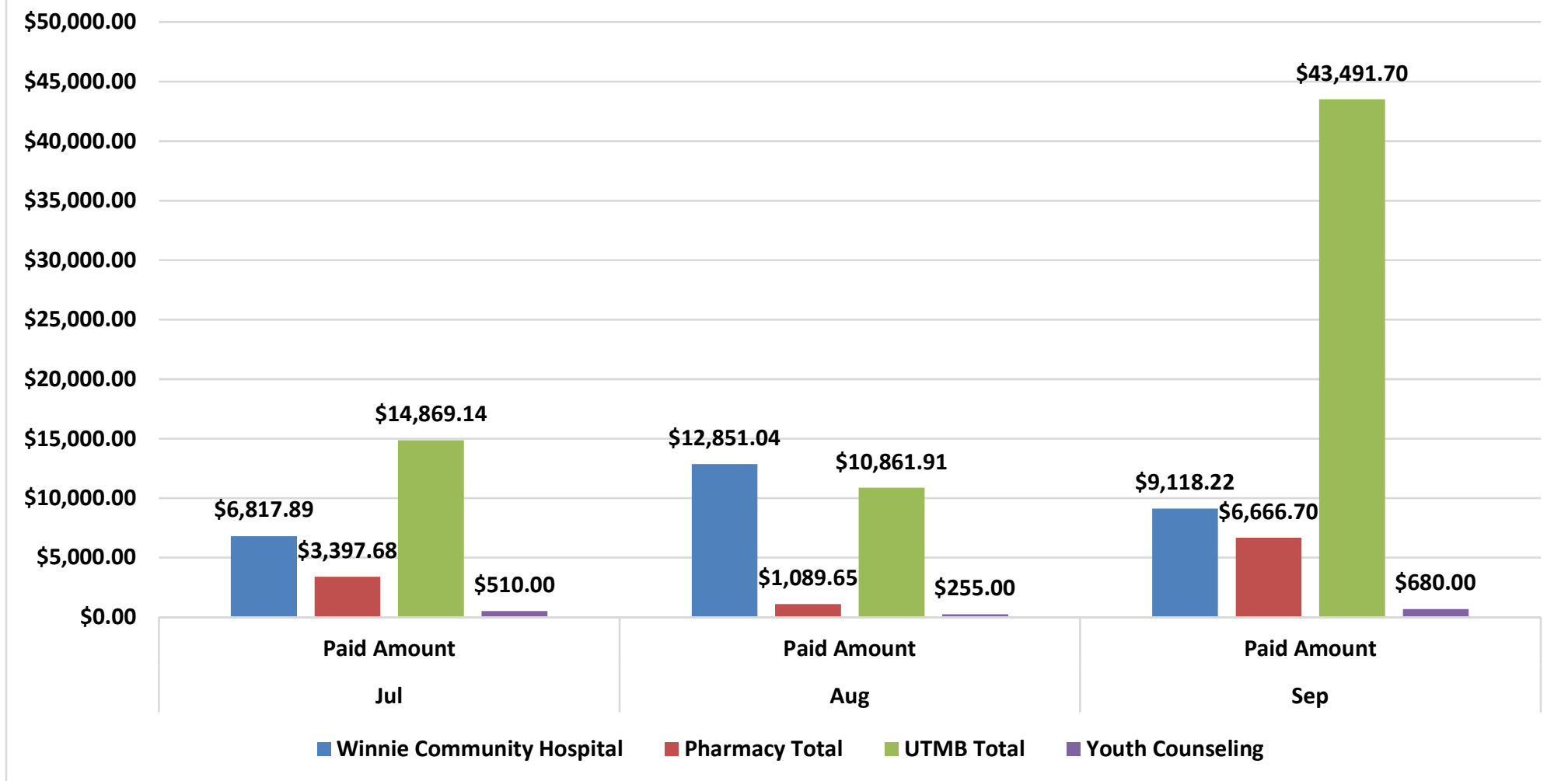


Client Count Trending



WSHD Indigent Care Director Report
2020 YTD Expenditures Worksheet

2020 Q3 Indigent Care Paid Expenses
WCH: \$28,787.15 | RX: \$11,154.03 | UTMB: \$69,622.75 | YC:\$1445



Pharmacy Savings

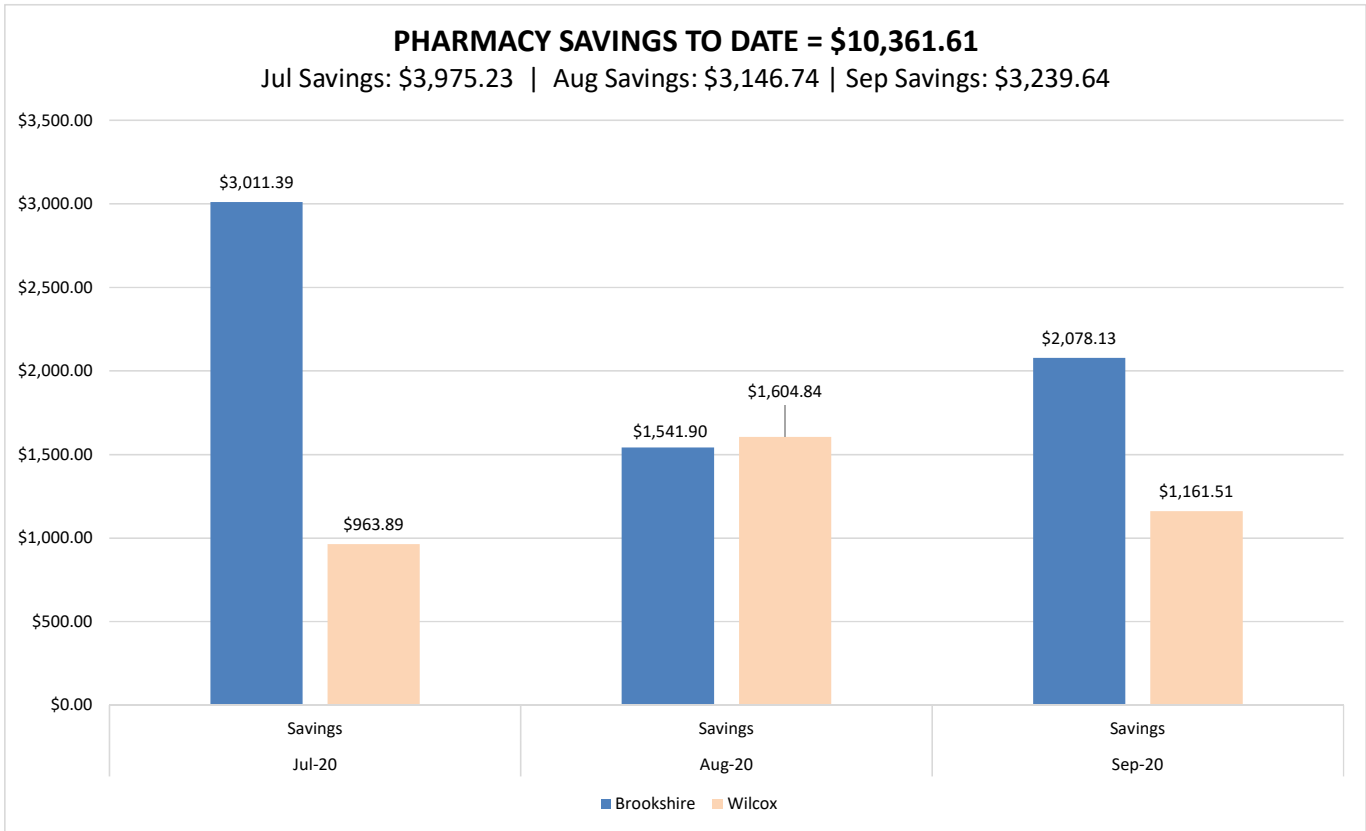


EXHIBIT “C”

Winnie-Stowell Hospital District

Executive Summary of Nursing Home Monthly Site Visits

September 2020

Facility	Operator		Comments
Park Manor of Conroe	HMG		Census: 88. The facility has been in their survey window since March 2020, they did have an infection control survey with nothing cited. There were seven reportable incidents since the last visit, the facility was not cited for anything. The facility was COVID free until September 9 when a new resident tested positive. Since that time several staff have tested positive, but no residents have. Once the facility achieves the required number of days COVID free they will be requesting phase one visitation.
Spindletop Hill	Genesis		Census: 100. The facility has been in their survey window since February 2020, the facility did have a complaint survey in September with no citations. There were no reportable incidents since the last visit. The facility had to evacuate for two days due to Hurricane Laura, the facility did not sustain any damage. The facility tested all staff and residents in September and there were zero positive COVID tests.
The Woodlands	Genesis		Census: 155. The state was in the facility to investigate reportable incidents/complaints in September. The facility has had fifteen incidents/complaints since the last visit, the facility has not been cited. The facility had one staff member test positive for COVID at the beginning of July, no one else at the facility has tested positive. Up to this point the facility is conducting weekly tests on their staff and the facility has not had a single resident test positive.

August 2020

Facility	Operator		Comments
Park Manor of Quail Valley	HMG		Census: 69. The facility had their annual survey in January 2020, all tags have been cleared. There were two reportable incidents since the last visit, the facility is working to clear the incidents. The facility has had a total of 69 staff and residents test positive for COVID-19, as of now there are no positive cases at the facility. The facility has isolated the dialysis patients to their own area since they are immunocompromised.

Garrison Nursing and Rehab	Caring		Census: NA. The facility had two surveys due to COVID-19 self-reports, there were no deficiencies cited from either survey. The facility has had 48 staff and residents test positive for COVID-19, there are no active cases at the facility. The facility is exploring the idea of starting the phase one visitation policy, there are some logistical concerns that still need to be worked out to make sure no one coming into the facility can transmit any viruses.
Golden Villa	Caring		Census: 78. The facility had a COVID-19 survey at the end of July due to a staff member testing positive, the facility was not cited. There were no reportable incidents since the last visit. The staff member that tested positive for COVID-19 is the only person at the facility to test positive. The facility has three I-Pads for residents to be able to facetime their families.
Marshall Manor Nursing and Rehab	Caring		Census: 93. The facility is currently in their survey window. The facility has had five infection control surveys, the facility has not been cited in any of the surveys. There were no reportable incidents since the last visit. The facility has had 110 staff and residents test positive for COVID-19, as of now there is one staff member who is positive. The facility has been doing their best to keep staff morale up by providing incentives to staff who work overtime.
Marshall Manor West	Caring		Census: 51. The facility had an infection control survey in July 2020, there were no deficiencies cited. There were no reportable incidents since the last visit. At this time there are no active COVID-19 cases at the facility. The facility is now able to accept new admissions, those residents are quarantined to an isolation wing for 14 days.
Rose Haven Retreat	Caring		Current Census: 49. The facility is currently in their survey window. The facility had an infection control survey in July 2020, there were no deficiencies cited. At this time the facility does not have any COVID-19 cases. The facility has a dedicated staff to take care of any COVID-19 patients, the facility is offering extra incentives to the staff that care for COVID-19 patients.

Administrator: Kimberly Weathers
DON: Ramona Cain, RN

FACILITY INFORMATION

Park Manor Conroe is a licensed 123- bed facility with an overall star rating of 4. Census given that day was 88: PP (2); MC (11); MCD; (63) and HMO (10).

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The DON was on the call.

The DON reported they have implemented their emergency plan and are following all the state/federal/local mandates. At the time of the call, Montgomery County reports 10,343 confirmed cases of COVID_19 and 151 deaths with a positivity rate under 5%.

From 6/24/2020 through 9/4/2020 the Administrator reports the facility had no COVID_19 positive residents and 4 staff positive for COVID_19. On 9/5/2020 the facility admitted a new resident from the hospital who was asymptomatic and it was the day the facility was testing current residents and her test came back positive for COVID_19. The resident was asymptomatic during time on quarantine and discharged home on 9/16/2020. Additionally 2 staff members were tested last week and results were positive. Administrator reports the facility is using the machine provided by CMS for staff testing (Thursdays) and their own lab is being used for the resident testing (Tuesdays).

DON reports they have a hot zone partitioned off one end of hall 400 (partitioned off with thick paper held up with PVC pipes) that has a separate entrance and are using the room at end of that hall (3 other rooms designated as isolation rooms should they be needed). Two staff (nurse & aide) per 12 hour shifts are designated solely for care of residents. No other staff or services can enter the isolation area. Kitchen staff are called when resident ready to eat and roll out a cart with disposable tray and dishes/utensils and designated staff take to roped-off area and with gloves on, pass over to nurse/aide and none of it goes back to kitchen.

The DON reports the opposite end of hall 400 is the warm zone for new admissions and residents who are out of the facility more than 24 hours and hall 300 can be used as an overflow for the warm zone.

DON reported they are following CMS/CDC/state infection control guidelines for COVID-19. Housekeeping staff have been hired just to do the high touch area disinfecting constantly, every 2 hours and cleaning facility daily as per guidelines. The DON reports the facility has a fogger for use after deep cleaning.

DON reports they have an adequate supply of PPE. Facility is receiving a distribution of PPE every 2 weeks from SET-RAC and still receiving supplies from vendor and corporate. Administrator and

Central Supply are calculating burn rate weekly. All staff are wearing N-95 masks and face shields during direct care, random hand washing check-offs are done every day. Residents are wearing cloth masks if they come out of their room.

No visitors except essential staff and only after they are screened, (temperature above 99.3 no entry) are permitted in building. Facility is now accepting lab, x-ray, physicians/NPs, still no hospice permitted as the facility is able to meet the needs of their residents. If hospice resident is in the active dying stage hospice will use telehealth and family does come in for maximum of 2 hours, only 2 at one time after they are screened, provided hand sanitizer and mask/gown/gloves and escorted directly to and from the resident room. Family instructed to use call system if they need anything. Staff are taking and recording resident full set of vitals every shift.

Facility is performing and documenting the screening of their employees prior to their shift and are currently tested every week. The DON reports the facility is still on 12 hour shifts but they are transitioning to 8 hour shifts for general areas of the building. Hazard pay is being given to staff caring for isolation hall residents. Staff continue to enjoy different theme 'days', as well as holiday meals, Labor Day barbecue, show staff appreciation by giving chips out and they can use the chips to purchase gift cards. The facility is celebrating housekeeping and environmental services day today by providing fresh made cookies.

DON reported the residents are coping as well as can be expected. Residents have now started gaining weight. Staff taking residents to go outside, socially distancing was on hold while on quarantine but will start back up next week. Staff are taking a cart around to each resident for snacks and hydration and they have been playing Hall Bingo with disposable cards. DON reports they are assisting residents with Face Time and playing music throughout building (residents seem to enjoy). The facility had some tablets donated so residents can watch TV and church services and play Bingo in their room. DON reports they will be requesting phase one visitation once COVID_19 free for days.

SURVEY INFORMATION

The facility is currently in their survey window as of 3/26/2020. Infection control survey was conducted 9/5/2020 and no deficiencies cited. DON reports the SICA visit was overwhelming but they did implement their recommendations regarding how to set up their zones.

REPORTABLE INCIDENTS

During **June/July/August 2020** the facility had the following reportable incidents, all not cited, no deficiencies:

- **June** - 1 fall with injury, 2 COVID_19 residents, 2 injury unknown
- **July** - Fall with Injury
- **August** - Fall with injury

CLINICAL TRENDING

Incidents/Falls:

June/July/August 2020, Park Manor of Conroe had 42 total falls without injury, 3 falls with injury, 6 skin tears, 0 elopements, 1 fracture, 2 bruises and 2 behaviors.

Infection Control:

June/July/August 2020, Park Manor of Conroe reported 58 infections during, of which 23 were UTI's, 18 were Respiratory infections (10 URIs), 2 GI tract infections, and 15 others. No trending identified.

Weight loss:

June/July/August 2020, Park Manor of Conroe had 10 residents with 5-10% weight loss in 1 month and 7 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor of Conroe reported 4 residents with pressure ulcers with 15 sites, 1 was facility-acquired during **June/July/August 2020**.

Restraints:

Park Manor of Conroe does not use side rails or restraints.

Staffing:

Currently the facility is in need of: (1) LVN (1) RN on 6a-2p, 2p-10p & (2) LVNs on 10p-6a; (3) CNAs on all shifts.

CASPER REPORT

Previous Quarter Quality Indicators (March, April, May 2020)				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)	0.0%	2.6%	2.0%	
Fall w/Major Injury (L)	0.0%	3.5%	3.5%	
UTI (L)	1.2%	2.1%	2.7%	
High risk with pressure ulcers (L)	6.8%	8.7%	8.8%	

Loss of Bowel/Bladder Control(L)	78.6%	51.1%	47.3%	Working with MDS nurse on B/B programs
Catheter(L)	1.1%	1.9%	2.0%	
Physical restraint(L)	0%	.9%	0.2%	
Increased ADL Assistance(L)	23%	18.3%	16.9%	Related to isolation/quarantine
Excessive Weight Loss(L)	0%	6.1%	7.9	
Depressive symptoms(L)	1.2%	4.7%	7.2%	
Antipsychotic medication (L)	3.4%	12.1%	14.2%	

QIPP Measures – Quarter 4

Component 1

QIPP Component 1 Quality Metric for QTR – (March ,April ,May 2020))				
Indicator	QAPI Mtg Date	Date Report Submitted	Met Y/N	PI Implemented
QAPI Validation Report	6/19/2020	3/20/2020	Yes	Falls, behaviors, ADLs
	7/17/2020	4/17/2020	Yes	Falls, behaviors, ADLs, pressure ulcers
	08/14/2020	5/15/2020	Yes	Behaviors, Pressure Ulcers

Component 2

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

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	8.7%	8.8%	6.8%	Y	
Percent of residents who received an anti-psychotic medication	14.2%	7.29%	3.8%	Y	
Percent of residents whose ability to move independently has worsened	23.3%	17.87%	11.7%	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	2.1%	1.5%	0%	Y	

Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%	98%	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 DON</p> <p>Antibiotic Stewardship Program review and is in place with all components. Yes, per DON</p>

DON: Kerrie Holmes
Administrator: Teresa Parker

FACILITY INFORMATION

Spindletop Hill is a licensed 144- bed facility with an overall star rating of 1 and a rating of 1 star in Quality Measures. Census on day of call was 100: 1 PP; 6 MC; 73 MDC; 13 Hospice and 24 in Memory Care.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call. At the time of the call, Jefferson County reports 7,182 confirmed cases of COVID_19 and 128 deaths and a positivity rate of 9.2%.

The Administrator reported they continue with their emergency plan and are following all the state/federal/local mandates. The Administrator reports the facility had to evacuate the building for 2 days during hurricane Laura. The Administrator reports the facility had an additional 6 residents and 2 staff (both recovered) who tested positive for COVID_19 since the last call. All residents were tested on 9/14/2020 and all were negative and all staff were tested on 9/15-9/16 and all results were negative.

Hall 100 is used for new admissions or residents out of the building over 24 hours, kept in isolation for 14 days. Dialysis residents are screened and masked before and after their return. Facility has spoken to both dialysis centers to ensure they are taking all required precautions.

Administrator reported they are following CMS/CDC/state infection control guidelines for COVID-19. Housekeeping cleaning facility daily as per guidelines, constantly cleaning the high touch areas with disinfectant every 2 hours.

Facility is performing and documenting the screening of their employees at the beginning and end of every shift and all required in-servicing of staff has been completed. Staff are not leaving the facility during their shift and lunch is still being provided. Testing all staff once per week based on positivity rate. Administrator reports the facility had a drawing for a television last week and this week they will provide a 'Fun Day' with prizes and a taco truck. If positive residents, staff will receive hazard pay.

Administrator reports they have adequate supply of PPE as corporate had them order ahead of time. Administrator reports the facility is receiving PPE from their regular vendor, SET_RAC and corporate with ample supply. The Administrator reports they are calculating their burn rate weekly.

No visitors are permitted in building. Essential staff, lab, x-ray, physicians/NPs (several still using telehealth) including hospice nurses are permitted in the building and only after screened and use of hand sanitizer/washing hands and full PPE. If hospice resident is in the active dying stage, family does come in after they are screened, provided hand sanitizer and escorted directly to and from the

resident room (moved to front hallway) wearing full PPE. If essential visitor temperature is above 100.1, they are not permitted in the facility. Resident vitals are taken and recorded 2x per shift.

Administrator reported the residents are coping as well as can be expected. Staff are taking a cart around to each resident for snacks and hydration at 10a, 2p & 6p. All dining room activities have been suspended at this time. Families are being contacted multiple times with all the facility COVID_19 updates. Facility has 3 I-Phones dedicated for residents FaceTiming with family. Still do guardian angel program to include a staff member going into each room every morning. Families are being contacted with any changes, all positive cases, and when testing was being done to provide results. Very few families participate in window visits with the residents. The Administrator reports the facility will be applying for phase one visitation.

SURVEY INFORMATION

The facility is currently in their survey window as of 2/27/2020. The facility had a complaint visit survey last week and it was unsubstantiated. There were no recommendations from the facility's SICA visit in June.

REPORTABLE INCIDENTS

Information not available

CLINICAL TRENDING

Incidents/Falls:

June/July/August 2020-information not available

Infection Control:

June/July/August 2020- Information not available

Weight loss:

June/July/August 2020- Information not available

Pressure Ulcers:

June/July/August 2020 – Information not available

Restraints:

Spindletop Hill does not use side rails or restraints.

Staffing:

Information not available

CASPER REPORT

Information not available

QIPP MEASURES – QUARTER 4

Component 1

Indicator	QAPI Mtg Date	PIP's Implemented (Name specific PIP's)
QAPI Meeting		Information not available

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?		Information not available
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?		Information not available
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?		Information not available
Was Workforce Development data submitted q month to QIPP during the quarter?		Information not available

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%	7.47%%	%		Information not available

Percent of residents who received an anti-psychotic medication	14.56%	7.29%	%		Information not available
Percent of residents whose ability to move independently has worsened	17.72%	17.87%	%		Information not available

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%	4.14%	%		Information not available
Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%			Information not available
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: Catherine Pyle
Assistant Administrator: Jordon Hall
DON: Michelle Riker, RN

FACILITY INFORMATION

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 2 and a rating of 4 stars in Quality Measures. Census given was 155: (7) PP; (10) MC; (101) MCD; (11) HMO; (8) Hospice; (18) VA; and (18) Memory Care.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator and Assistant Administrator were on the call.

The Assistant Administrator reported they have implemented their emergency plan and are following all the state/federal/local mandates. Assistant Administrator reports there are 10,571 confirmed case of COVID_19 with 157 deaths in Montgomery County.

Since the last call the facility has had 1 staff member who tested positive after developing symptoms 1 week after her last shift at the facility (6/26/2020) and the employee has not returned to the facility since then. So far no residents have tested positive. The facility is now testing their staff weekly based on current county positivity rate of 7.5%

New admissions are isolated on the back half of 300 and 400 halls (single rooms) for 14 days. If new admissions, they are tested and if re-admissions they go back to their old room. Facility only has 1 dialysis resident who resides on back half of the 300 hall (currently in hospital) and they are screened and given mask when they leave and when they return.

DON reports owners have satellite sites with PPE stock available for all facilities. PPE supplies are being tracked daily and to date, the facility continues to have ample supply. SET-RAC has been providing distributions every 2 weeks and regular vendor orders are being filled. All staff are wearing surgical masks on long term side of building and staff on 300 and 400 halls are wearing N-95 masks. Residents are wearing cloth masks outside of their room and during direct care.

Assistant Administrator reported they are following CMS/CDC/state infection control guidelines for COVID-19. Housekeeping cleaning facility daily as per guidelines, constantly cleaning the high touch areas with disinfectant every 2 hours.

Facility is performing and documenting the screening of their employees on entrance and exit of the facility (beginning and end of shift or if they leave during shift) and all required in-servicing of staff is being done on-going. Assistant Administrator reports they are keeping the staff up to date with all COVID_19 changes during morning meeting daily ('huddle'). Staff are still being provided meals so they don't have to leave during their shift. DON reports the program for peer to peer recognition is a

success and this week they are also passing out lottery tickets. Gift cards provided to all staff who showed up for testing. If staff care for COVID_19 resident, they are given extra 100.00/wk if no call offs and 5.00/hr more in pay.

No visitors are permitted in building. Essential staff, including lab, x-ray, physicians/NPs and hospice nurses and if during end of life may extend to chaplain, are permitted in the building and only after screened and use of hand sanitizer and they are provided PPE. If hospice resident is in the active dying stage, family (one at a time) could come in after they are screened, provided hand sanitizer, gown, N-95 mask and gloves and escorted directly to and from the resident room (in a single room). Facility staff take and record in EMR, a full set of resident vitals three times per day.

Administrator reported the residents are coping well. Staff are assisting with several activities in hallways, nature walks 6ft apart in courtyards, play hockey from doorway of room, also bought Walkie- talkies to play bingo and providing each resident in their rooms, crossword puzzles, and games. Activity Director goes from room to room checking on each resident. Facility purchased 3 I-phones dedicated for Face time use to contact families. Window visits allowed daily from lobby. Assistant Administrator reports they have noted an increase in weight loss so they opened dining room for residents to sit one per table 6ft apart as well as a separate smaller dining room for residents who need cuing from staff, all 6ft apart and so far believe it is making a difference. Corporate office is reviewing the current new visitation guidelines and will be providing the facility direction in the next week.

SURVEY INFORMATION

Facility had a survey for 3 days last week to investigate self-reports from March to current and they had 5 recommendations/tags and the state still has 3 more to investigate.

REPORTABLE INCIDENTS

In June/July/August 2020, Woodlands Nursing and Rehab had:

Self-Reports

- Neglect – Unsubstantiated
- Neglect – Unsubstantiated
- Neglect – Unsubstantiated
- Physical Abuse – Unsubstantiated
- Verbal Abuse – Unsubstantiated
- Abuse – Unsubstantiated
- Neglect– Unsubstantiated
- Neglect – Unsubstantiated
- Abuse – Unsubstantiated
- Misappropriation – Unsubstantiated

Complaints

- Quality of Care, Quality of Life, Resident Rights – Substantiated (rights) – Not cited
- Neglect, Quality of Life – Unsubstantiated
- Physician services, rights, neglect, environment, quality of care, pharmacy services, Administration personnel – substantiated (rights) – Not cited
- Administration personnel, Abuse, Pharmacy services, Misappropriation, Resident rights – unsubstantiated
- nursing services, pharmacy services, quality of life – unsubstantiated

CLINICAL TRENDING

Incidents/Falls:

During **June/July/August 2020**, there were 95 falls with no injury, 5 falls with injury, 14 skin tears, 1 fracture, 0 elopements, 4 bruises, 0 lacerations, 2 bruises and 1 behavior.

Infection Control:

During **June/July/August 2020**, the facility reported a total of 6 infections: 6 with UTI's.

Weight loss:

During **June/July/August 2020**, (10) total residents had weight lost in which (4) had 5-10% loss and (6) with >10% loss in 6 months.

Pressure Ulcers:

During **June/July/August 2020**, 3 residents had pressure ulcers with 5 sites. Of these, 3 were acquired in house.

Restraints:

The Woodlands does not use side rails or restraints.

Staffing:

The facility currently needs: (1) RN/LVN 6a-6p, (1) RN/LVN 6p-6a; (1) CMA 6a-2p, (2) CMAs 2pm-10pm; (3) CNAs 6a-2p, (8) CNAs 2p-10p & (4) CNAs 10p-6a.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	3.1%	1.9%	1.8%	PIP already in place
Fall w/Major Injury (L)	3.0%	3.4%	3.4%	
UTI (L)	1.4%	2.2%	2.7%	
High risk with pressure ulcers (L)	4.6%	N/A	N/A	
Loss of Bowel/Bladder Control(L)	73.8%	50.9%	48.4%	PIP in place
Catheter(L)	2.9%	1.7%	1.8%	PIP in place
Physical restraint(L)	0%	.1%	.2%	
Increased ADL Assistance(L)	13.0%	17.2%	14.5%	
Excessive Weight Loss(L)	14.8%	4.5%	5.5%	PIP already in place
Depressive symptoms(L)	1.6%	2.9%	5.1%	
Antipsychotic medication (L)	14.1%	12.4%	14.2%	

QIPP Measures – Quarter 4

Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	6/18/2020 7/16/2020 8/20/2020	

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%	7.47%	4.6%	Y	
Percent of residents who received an anti-psychotic medication	14.56%	7.29%	13.1%	Y	
Percent of residents whose ability to move independently has worsened	17.72%	17.87%	14.0%	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%	1.10%	1.4%	Y	Met national benchmark, but not baseline
Percent of residents whose pneumococcal vaccine is up to date.	93.67%	93.67%	95%	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 admin</p> <p>Antibiotic Stewardship Program review and is in place with all components. Yes, per admin</p>

EXHIBIT “D”

2019

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Average	Texas Average
ER Visits	240	183	202	206	198	215	226	202	185	190	
Conversion to Inpatient/observation	20	15	10	10	9	10	9	17	4	10	
<i>Percentage</i>	8%	8%	5%	5%	5%	5%	4%	8%	2%	5%	
Transferred out	16	12	15	11	11	12	10	10	10	10	
<i>Percentage</i>	7%	7%	7%	5%	6%	6%	4%	5%	5%	5%	
ER shifts covered by doctors	55%	61%	63%	78%	92%	77%	74%	76%	100%	79%	
Number Inpatient days	52	76	50	70	59	41	103	102	70	58	
Number Hospice days	0	14	10	14	32	20	17	16	0	12	
Number Swingbed days	6	5	14	18	34	10	54	29	4	16	
Number Observation days	27	12	20	10	21	20	30	43	13	18	
Total All Inpt. Days	85	107	94	112	146	91	204	190	87	104	
Average All Inpt. days per day	2.74	3.82	3.03	3.73	4.71	3.03	6.58	6.13	2.90	3.42	1.63
CTs	52	35	45	57	46	63	74	79	25	42	
Xrays	257	266	244	239	250	218	294	314	149	204	
Ultrasounds	18	33	28	28	28	23	45	43	18	23	
Encounters - Adult Clinic	673	643	618	635	616	525	557	617	469	576	
Encounters - Pediatric Clinic	334	346	320	341	287	217	235	250	236	283	
Behavioral Health patients	74	76	73	75	75	69	63	60	56	57	
Physical Therapy	8	3	4	6	5	7	9	7	8	5	

2020

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Average	Texas Average
ER Visits	187	178	193	147	162	166	141	169	190	170	
Conversion to Inpatient/observation	9	14	17	14	10	7	6	17	21	13	
<i>Percentage</i>	5%	8%	9%	10%	6%	4%	4%	10%	11%	7%	
Transferred out	8	14	7	13	16	11	11	8	9	11	
<i>Percentage</i>	4%	8%	4%	9%	10%	7%	8%	5%	5%	6%	
ER shifts covered by doctors	80%	82%	87%	72%	57%	67%	61%	55%	66%	70%	
Number Inpatient days	83	95	69	64	75	74	60	119	90	81	
Number Hospice days	1	17	27	7	1	0	0	4	6	7	
Number Swingbed days	2	7	16	20	99	57	53	43	62	40	
Number Observation days	36	47	21	5	8	11	5	28	33	22	
Total All Inpt. Days	122	166	133	96	183	142	118	194	191	149	
Average Inpatient days per day	3.94	5.72	4.29	3.20	5.90	4.73	3.81	6.26	6.37	4.91	1.63
CTs	56	71	59	39	56	48	46	57	54	54	
Xrays	270	268	185	160	200	169	151	194	248	205	
Ultrasounds	20	20	14	8	5	1	3	2	21	10	
Encounters - Adult Clinic	638	598	592	349	360	453	384	388	515	475	
Encounters - Pediatric Clinic	274	306	221	69	95	169	178	233	279	203	
Behavioral Health patients	45	44	39	0	0	0	0	0	0	14	
Physical Therapy	0	1	2	0	1	0	0	0	0	0	

Additional Items:

- *Continuing to follow through with protocol set by Chambers County.
- *Doing best we can to keep patients safe and confident while they receive care from our providers
- *COVID-19 analyzer and lab is officially live.

EXHIBIT “E”

Natural Gas

B.C. MILLER ELECTRIC CO.

1504 NEDERLAND AVE. NEDERLAND, TEXAS 77627
PHONE (409) 722-9141 FAX (409) 722-0441 Tex. Lic. TECL17607
E-Mail: mitch@bcmillerelectric.com

September 16, 2020

Riceland Hospital
538 Broadway
Winnie, Texas

Attn: Robert Jacobs

Re: Standby Generator- 250 kw

Base Bid:

We propose to furnish all labor and material to perform the following:

1. Furnish and install a 250 kw 3-phase standby generator adjacent the equipment near the rear of the building
2. A concrete pad is needed to set the new equipment (60" x 120") which is to be performed by others prior to delivery of the generator. Note: we can obtain a subcontractor to perform for an additional: \$6,000.00.
3. Furnish and install an automatic transfer switch located adjacent the equipment to transfer the load and start the generator.
4. Provide all conduit and wiring between the generator, transfer switch, and the equipment, including the battery and trickle charger.
5. Perform start up and testing of the equipment.
6. The fuel supply is not included.

We include all of the above for the cost of: \$147,600.00.

Qualifications:

- Fuel to be provided by others
- Foundation by others or additional cost of \$6,000.00 (tax not included)
- The purchase requires a down payment to order the generator. The remaining cost is to be expected upon completion of start up and testing.
- The generator includes a 2-year warranty

Thank you.

Mitchell D. Macon
B.C. Miller Electric

October 12, 2020

Riceland Healthcare
538 Broadway Ave.
Winnie, TX. 77665

RE: Hospital Generator Budget Pricing

Attn: Steve Deatruck
409-781-0867

As per our onsite visit below is our budget to furnish labor and materials to install new generator and transfer switches per the following options

250 KW Natural Gas Generator

- One (1) 250 KW natural gas generator for the existing chiller
- One (1) 800-amp automatic transfer switch
- One (1) 16' x 6' x 6" concrete pad
- One (1) 4' x 4' x 6" concrete pad
- One (1) 2" poly gas line from main gas service to generator
- One (1) battery charger/block heater circuit
- One (1) awning to cover generator as discussed
- Miscellaneous conduit, fittings, wire, and mounting hardware

Base Bid:	\$ 223,720.00
Crane Budget:	<u>\$ 8,000.00</u>
Total:	\$ 231,720.00



NEWTRON
electrical services

a NEWTRON GROUP company

Qualifications:

1. Based on regular work hours. Monday – Friday 7:00am – 3:30pm
2. Budget valid for 14 days from date of quotation.
3. Permit fees not included.
4. Tax not included
5. Spoil removal not included
6. Landscaping, sod replacement not included
7. Utility fees not included
8. Engineering fees and drawings not included
9. Additional crane and matt rental fees (if applicable) will be invoiced at cost plus 15%
10. Price subject to increase due to current market rates

If you accept the above, please sign below:

Signature: _____ Date: _____
Sincerely

Newtron Electrical Services

Robert Ramer

Robert Ramer

Project Manager



PROPOSAL -29838033

DATE: October 21st, 2020
CUSTOMER NAME: Riceland Medical – Steve Deatrick
CUSTOMER PHONE: (409) 781-0867
CUSTOMER EMAIL: sdeatrick@Ricelandhealthcare.com
BILLING ADDRESS: 538 Broadway Winnie, Texas 77665
JOB ADDRESS: 538 Broadway Winnie, Texas 77665

SCOPE OF WORK

“TURN-KEY INSTALLATION OF AN EMERGENCY STANDBY GENERATOR”

EQUIPMENT:

Quantity 1 - Generac Industrial gaseous engine-driven generator, turbocharged/aftercooled 6 cylinder 14.2L engine, consisting of the following features and accessories:

- Stationary Emergency-Standby rated
- 200 kW Rating, wired for 120/208 VAC three phase, 60 Hz
- Permanent Magnet Excitation
- With upsized K0250124Y21 alternator
- Standard Weather Protective Enclosure, Steel
 - Industrial Grey Baked-On Powder Coat Finish
- UL2200
- EPA Certified
- Power Zone Digital Control Panel for Single or MPS Generators
 - Meets NFPA 99 and 110 requirements
 - Temp Range -40 to 70 degrees C
 - Humidity 2 – 95% (Non Condensing)
 - UL6200
 - C-ETL-US
 - CE
 - FCC
 - IEC801 (Radiated Emissions, Susceptibility, and Surge Immunity)
 - 7” Resistive Color Touchscreen
 - Built-in Wi-Fi, Bluetooth, and Webserver
 - IP65 (front)
 - Auto/Manual/Off key switch, Alarm Indication, Not in Auto Indication, audible alarm, emergency stop switch
 - Dual Core Digital Microprocessor
 - RS485, Ethernet and CANbus ports
 - All engine sensors are 4-20ma for minimal interference

6106 Milwee St. – Houston, TX 77092

Phone: 713-812-7285

- Sensors: Oil Pressure, optional Oil Temp, Coolant Temp and Level, Fuel Level/Pressure (where applicable), Engine Speed, DC Battery Voltage, Run-time Hours, Generator Voltages, Amps, Frequency, Power, Power Factor
 - Alarm Status: Low or High AC Voltage, Low or High Battery Voltage, Low or High Frequency, Pre-low or Low Oil Pressure, Pre-high or High Oil Temp (optional), Low Water Level and Temp, Pre-high or High Engine Temp, High, Low, and Critical-low Fuel Level/Pressure (where applicable), Overcrank, Over and Under Speed, Unit Not in Automatic
 - Programmable I/O
 - Built-in PLC for special applications
 - Engine function monitoring and control:
 - Full range standby operation; programmable auto crank, Emergency Stop, Auto-Off-Manual switch
 - Isochronous Governor
 - 0.25% digital frequency regulation with: soft-start ramping - adjustable, gain - adjustable, overshoot limit - adjustable
 - 3 Phase RMS Voltage Sensing
 - +/-0.5% digital voltage regulation with: soft-start voltage ramping - adjustable, loss of sensing protection - adjustable, negative power limit - adjustable, Hi/Lo voltage limit - adjustable, V/F slope and gain - adjustable, fault protection
 - Service reminders, trending, fault history (alarm log)
 - I2T function for full generator protection
 - Selectable low-speed exercise
 - 2-wire start controls for any 2-wire transfer switch
- 21 Light Annunciator - Surface
- Remote Emergency Stop Switch, Surface-Mount, shipped loose
- Natural Gas fuel system
- 225 AH, 1155 CCA Group 8D Batteries, with rack, installed
- Standard MLCB, 80% rated thermal-magnetic
 - 800 Amp
- Air Filter Restriction Ind
- Battery Charger, 10 Amp, NFPA 110 compliant, installed
- Coolant Heater, 2000W, 240VAC
- AC/DC Enclosure Interior LED Lighting Kit
- 3 Owner's Manuals
- 120V GFCI and 240V Outlet
- Alternator Strip Heater
- Baseframe Bottom Cover Plates, Aluminum, for rodent protection and airflow control
- Flex Fuel Line
- Flush Mount Annunciator Kit
- Oil Temp Sender
- Standard 2-Year Limited Warranty
- SG0200GG20142S18PPYYE

Quantity (1) ASCO Series 300 Non Service Rated Automatic Transfer Switch, 208V 3Ø NEMA3, 4 wire 3 pole

ORGANIZATION:

- Obtain all necessary permits and HOA approvals for installation of the equipment
- Schedule, coordinate & manage work
- Provide necessary specified materials, equipment & labor
- Remove all construction debris and leave site in a "broom clean" state

GROUND WORK:

- Form and pour a concrete generator pad and a concrete transfer pad
- Deliver, set and anchor generator and transfer switch to their pads
- All trenching or boring required for installation of the underground conduits
- Generator is to be located at the edge of the grassy area bordering the parking lot and between the two buildings.

ELECTRICAL:

- Coordinate and schedule an outage on the AC units with the with the customer
- Install 800A 208V 3Ø non-service rated Transfer Switch next to the disconnect and connect to the disconnect and AC load.
- Install approximately 50' of conduit and wire from the transfer switch to the generator.
- Install a breaker on a din rail in the ATS and connect to the load lugs and low voltage requirements in the generator (battery charger and block heater)

PLUMBING:

- Install approximately 360' of 2" gas plumbing conduit from the existing gas meter to the generator.
- Install new shut off valve, regulator, test t, and sediment trap at the generator.

START-UP:

- Perform start-up, testing, calibration and commissioning of equipment.
- Provide Customer orientation of generator system, warranty and maintenance requirements.

EXCLUSIONS:

- Survey or site plan.
- Removal, repair, relocation or replacement of any existing utility, underground line, irrigation, drainage, cable, internet, telecommunication or security systems.
- Removal, repair, relocation or replacement of any guttering, fencing or landscaping.
- Approval, alteration or waiver from HOA for deed, noise or other restrictions.
- Pre-existing electrical or gas problems.

NOTES:

- Changes to original "Scope of Work" may increase construction time & cost.
- If concealed, unforeseen or changed conditions are discovered once work has commenced that were not visible at the time proposal was estimated, Customer will be liable for additional costs.
- Requested alterations or changes to the "Scope of Work" require a signed and executed "Work Change Order" prior to any modifications.

- This "Proposal" is valid for 30 days from date of submission.

CONTRACT PRICE DISCOUNTED FOR PAYMENT WITH CASH OR CHECK ONLY:

Total Contract Price \$129,664.00

- The "Proposal" prices and conditions are satisfactory and are hereby accepted.
- Generators of Houston is authorized to begin work.
- Payment will be made as outlined above.
- Customer has read and agrees to "Terms and Conditions" attached to this "Proposal".

PAYMENT TERMS/SCHEDULE:

- 20% down-payment
40% on release of the Equipment from the factory
40% balance due upon installation
- Payments not received by the due date will be subject to late fees up to 3% of the outstanding balance.
- Any payment made with a credit card will be charged a 3% processing fee.

Dan Tragni

GENRG Power Solutions, LLC dba Generators of Houston

X - Customer Signature

TERMS AND CONDITIONS

CLARIFICATIONS AND CUSTOMER RESPONSIBILITIES:

- Any deed restrictions or noise restrictions are the responsibility of the Customer to notify Generators of Houston prior to submission of permits, HOA approvals and installation.
- Price is contingent upon acceptance of the submitted scope to the jurisdictional authorities.
- Flood Certificate or Elevation Survey for equipment located in a flood zone is the responsibility of the Customer if required by permitting authority.
- Proposal assumes that your existing gas meter has deliverables to add this generator to the service. Any upgrades to the gas meter will be the responsibility of the Owner/Customer

WORK HOURS:

- This Proposal provides for work to be performed during "normal" business hours defined as Monday thru Friday from 8am to 5pm and excluding Federal holidays.
- Any required work performed outside of "normal" business hours will be an additional charge and is excluded from this Proposal.

ALTERATIONS:

- No alterations or changes in "Scope of Work" or equipment specifications may be made without written consent by Customer and Generators of Houston thru a properly executed "Work Change Order".

CANCELLATION/TERMINATION:

- Contract may be terminated by Customer only upon payment of cancellation charges which include but not limited to: cost for any materials or equipment purchased or ordered, costs to bid the project, mobilization and demobilization costs, anticipated profit on the project, costs for work performed but not paid, overhead costs and winding-down costs.
- Any allegations or claims by Customer must be made in writing and Generators of Houston requires up to 60 days from date received to address any valid issue.

SHIPPING DATES:

- Any shipment date given is approximate. Generators of Houston will not be liable for any loss or damage for delays or non-delivery due to acts of civil or military action, acts of the Customer, for reasons of force majeure, inability to secure materials or equipment. Any delay resulting from such causes shall extent the delivery and installation date accordingly.
- Generators of Houston shall not be liable for special, direct, indirect or consequential damages that may or may not arise from delays, irrespective of the reason.
- Receipt of the equipment by Customer shall constitute acceptance of delivery and waiver of any claims due to delays.

WARRANTY:

- Installed equipment comes with the Manufacturers standard 2-year warranty unless expressly stated otherwise in the Proposal
- All other warranties, expressed or implied, including the warranty of merchantability and fitness for a particular purpose are hereby excluded.
- Generators of Houston's warranty for workmanship and materials is for the 12-month period after installation.
- A 10-Year Parts & Labor Factory Warranty is available at an additional \$6,450.00 plus sales tax.

MAINTENANCE:

- Annual Maintenance Agreement with two (2) scheduled visits is available at the time of installation for an additional \$1,095.00

Sincerely,

Dan Tragni 713-485-8916 (direct)
6106 Milwee Street
Houston TX. 77092
Dan.tragni@generatorsofhouston.com
www.generatorsofhouston.com

*T.E.C.L. 32828 Regulated by Texas Department of Licensing and Regulation,
P. O. Box 12157, Austin, Tx 78711, [1-800-803-9202](tel:1-800-803-9202), [512-463-6599](tel:512-463-6599);
www.license.state.tx.us/complaints*

EXHIBIT “F”

WINNIE-STOWELL EMS RICELAND ER TRANSFER PROJECT

September 9, 2020

OVERVIEW

1. Project Background and Description

- Since November 2019, there have been several instances in which Winnie-Stowell Volunteer Emergency Medical Services ("WSEMS") was unable to accommodate a transfer request made by Winnie Community Hospital ER. This was primarily due to limited resources available at WSEMS. Because our primary mission is to provide 911 coverage to this area, historically WSEMS has not had the manpower to fulfil these requests from Winnie Community Hospital ER. As a result, it is our understanding that the hospital reported delayed arrival times of a transfer ambulance to transport these patients.
- After discussions with the WSEMS Board of Directors, we believe that there is opportunity for a better system for our community. WSEMS are proposing to develop a relationship with Winnie Community Hospital ER where WSEMS provides the requested transport services for all outgoing ER transfers.
- The following persons or organizations have been identified to be involved in this project:
 - WSEMS Staff and their Board of Directors
 - Winnie Community Hospital Staff and Board of Directors
 - Texas Department of State Health Services (DSHS)
- The purpose of this project is as follows:
 - Winnie Community Hospital and WSEMS will work together and support each entity to provide a resolution to the issue involving ER transfers from Winnie Community Hospital, which is an identified need in this community.
 - Provide the ER patients needing transport from Winnie Community Hospital to other facilities, quick access to ambulance transportation.
- Benefits of this project:
 - Timely transfer of patients from Winnie Community Hospital to the appropriate facility based on patient need.
 - Create a stronger working relationship between Winnie Community Hospital and WSEMS.
 - Demonstrate to the communities of Winnie, Stowell and East Chambers County that their local hospital and EMS services are ready and available to provide the best care possible, supporting each patient in their time of need.
 - Winnie Community Hospital will enjoy the benefit of having a "dedicated" transfer ambulance located in their community.
 - WSEMS will have a second ambulance available 24/7 for second box needed 911 calls.
 - Further secure both organizations as vital assets in our community.

2. Project Scope

- The scope of this proposal is to provide quick access to ambulance services for patients requiring transfer by an ambulance.
- The patients will have to meet the Medicare/Medicaid guidelines for ambulance needed transport.
- Those patients not meeting these requirements may not qualify to be transported by a WSEMS ambulance.
- WSEMS will not transport patients to and from doctor's appointments or other diagnostic facilities.

- WSEMS will not transfer patients to/from their homes to the hospital for diagnostic testing/ doctor's appointments.

3. High-Level Requirements

- All transfer paperwork must be completed prior to WSEMS transferring the patient.
 - MOT- Memorandum of Transfer
 - PCS- Physician Certification Statement
 - Patient Records
- Transfer Policy/Procedure implementation by WSEMS.
- Training on ESO Patient Care Report software for WSEMS concerning transfer specific information.
- Training with Winnie Community Hospital Staff to ensure Medicare/Medicaid guidelines are known and followed.

4. Affected Parties

- WSEMS will see an increase in call volume with the addition of the transfer calls.
- Increased call volume and ambulance activity will place increased wear and tear on WSEMS' aging ambulance fleet.
 - In the past 3 months, each ambulance has received extensive maintenance/repair work. This work included a new transmission, front end work and patient compartment air conditioner replaced.
 - A new ambulance will have to be purchased to provide the necessary ER transports.
 - A smaller van-based ambulance cost approximately \$86,000.
- WSEMS will incur an increase in payroll expenses with the addition of one extra Basic EMT each day.
 - WSEMS receives a grant each year from Chambers County to cover payroll expenses. These funds are based on our current staffing plan of 2 paramedics and one basic employee each day. The grant money is insufficient to cover the increase in payroll expense of adding the extra person for transfers.
 - The anticipated additional payroll expense of adding one extra person each day.
 - Basic EMT \$14.00 per hour, results in a day rate of \$336.00.
 - Yearly cost is estimated to be \$122,640.00 to have an extra Basic EMT working each day.

5. Affected Business Processes or Systems

- WSEMS will continue to bill the patient's private insurance or Medicaid/Medicare provider for transport services provided.

6. Implementation Plan

- WSEMS is very excited about this project; however, WSEMS requires help in implementing this vision.
 - As noted above in section 4, there are considerable additional expenses involved for WSEMS to provide this service.
 - WSEMS is requesting the following specific help from Winnie Community Hospital District Board of Directors.
 - Donation of a new transfer ambulance. The cost is estimated at \$86,000. This price was provided to WSEMS by a Winnie resident that is employed as a salesperson for Southeastern Ambulance Sales. Southeastern Ambulance Sales has provided WSEMS, Chambers County EMS, Lumberton Fire Department and other departments with quality ambulances throughout the years.

- WSEMS will also need assistance covering the additional expense of adding one extra person each day. As outlined above, this expense is estimated to be a minimum of \$122,640 per year. We are asking for a yearly stipend/donation/fee of \$125,000 to help cover this additional expense.
- WSEMS will amend their State License to include the ability to provide transfers, include the information for the new ambulance and update to any needed policies, procedures and/or protocols.
- The new transfer ambulance will need to be funded, built and delivered prior to beginning the transfers.
- Any needed contracts will be reviewed and approved by each entity's legal counsel

7. High-Level Timeline/Schedule

- Following is a broad overview of a possible timeline for implementation:
 - Funding, building and delivery of transfer ambulance = 4 months depending on factory.
 - Updating DSHS license = Approximately 60 days after receipt of ambulance.
 - Needed training will begin once the project has been approved by both entities and has received the requisite authority to proceed
- Overall, WSEMS believes a feasible timeline for the program to begin is March to April 2021. This time frame will give enough time to work out any unforeseen issues.

APPROVAL AND AUTHORITY TO PROCEED

We, the Winnie-Stowell EMS Board of Directors, approve the project as described above, and authorize the team to proceed.

Name	Title	Date

Approved By _____

Date _____

Approved By _____

Date _____

EXHIBIT “G”

Hubert Oxford IV

From: Chris Rutledge <chris.rutledge@newlighthhealthcare.com>
Sent: Friday, October 16, 2020 3:13 PM
To: Hubert Oxford IV
Cc: Todd F. Biederman; Lee Hughes; David B. Smith
Subject: Re: HMG Directory 11-2-20 additional Fac Winnie.xlsx
Attachments: 101620 Winnie_HMG Analysis.xlsx

Here you go! Laurence got back to me with the Medicaid numbers. I also noticed that I hadn't adjusted a couple of formulas on the preview I sent you earlier. The facilities actually look better than they did before, and I think the margins look more in line. It looks like the three additional facilities could add \$250k per IGT (\$500k per year). And, if they perform like your other HMG facilities, that is probably a conservative number.

Here are the main assumptions:

- Attainment (other than Comp 1) is at 75%
- Interest expense assumes Fred and Rusty at 16.8%
- Assumes HMG adds the 3 homes onto our Telehealth platform (the rest are), which would be \$750 per month (Winnie's share)

Cc: "Gavin Gadberry (Gavin.Gadberry@uwlaw.com)" <Gavin.Gadberry@uwlaw.com>
Subject: HMG Directory 11-2-20 additonal Fac Winnie.xlsx

Hubert,

This might be to late for your board meeting next week, but here is the information on the 3 facilities we want to add with Winnie for QIPP year 5

Thanks

Laurence

<HMG Directory 11-2-20 additonal Fac Winnie.xlsx>

	\$1.1b Funding Level (Financials per IGT)					
	CIMARRON PLACE HEALTH & REHABILITATION CENTER	SILVER SPRING	ACCEL AT COLLEGE STATION	Total New Facilities	Current Winnie Facilities	Total Winnie
QJPP Summary by IGT						
IGT Days	8,679	6,775	9,620	25,073	270,667	305,361
Loan Received	\$387,500	\$302,485	\$429,557	\$1,119,542	\$12,085,426	\$13,204,968
110% IGT Out	(\$387,500)	(\$302,485)	(\$429,557)	(\$1,119,542)	(\$12,085,426)	(\$13,204,968)
Total Component 1 Payments	\$394,676	\$308,087	\$437,511	\$1,140,275	\$12,309,230	\$13,449,504
Loan Repayment	(\$387,500)	(\$302,485)	(\$429,557)	(\$1,119,542)	(\$12,085,426)	(\$13,204,968)
IGT Reconciliation	\$28,704	\$22,406	\$31,819	\$82,929	\$895,217	\$978,146
Component 2 Payment	\$49,246	\$38,441	\$54,590	\$142,277	\$1,535,880	\$1,678,157
Component 3 Payment	\$114,906	\$89,697	\$127,377	\$331,981	\$3,583,720	\$3,915,701
Component 4 Payment	\$114,055	\$89,032	\$126,433	\$329,519	\$3,557,153	\$3,886,672
Lapse Funds	\$55,641	\$43,434	\$61,680	\$160,755	\$1,908,886	\$2,069,641
Gross Revenue/Net Proceeds	\$369,727	\$288,612	\$409,855	\$1,068,194	\$11,704,659	\$12,772,854
Expenses						
1) Nursing Home Expenses						
Nursing Home Component 1 Payment	(\$17,940)	(\$14,004)	(\$19,887)	(\$51,831)	(\$559,510)	(\$611,341)
Nursing Home Component 2 Payment	(\$24,623)	(\$19,221)	(\$27,295)	(\$71,139)	(\$767,940)	(\$839,079)
Nursing Home Component 3 Payment	(\$57,453)	(\$44,848)	(\$63,689)	(\$165,990)	(\$1,791,860)	(\$1,957,850)
Nursing Home Component 4 Payment	(\$57,027)	(\$44,516)	(\$63,217)	(\$164,760)	(\$1,778,576)	(\$1,943,336)
Nursing Home Lapse Funds Payment	(\$27,821)	(\$21,717)	(\$30,840)	(\$80,378)	(\$954,255)	(\$1,034,821)
Nursing Home Telehealth Expenses	(\$4,500)	(\$4,500)	(\$4,500)	(\$13,500)	(\$155,255)	(\$168,755)
Total Nursing Home Expenses	(\$189,364)	(\$148,806)	(\$209,427)	(\$547,597)	(\$6,007,584)	(\$6,555,182)
2) District Expenses						
Interest Expense	(\$54,250)	(\$42,348)	(\$60,138)	(\$156,736)	(\$1,691,960)	(\$1,848,696)
Professional Services	(\$36,000)	(\$36,000)	(\$36,000)	(\$108,000)	(\$900,000)	(\$1,008,000)
Total District Expenses	(\$90,250)	(\$78,348)	(\$96,138)	(\$264,736)	(\$2,591,960)	(\$2,856,696)
Total Expenses	(\$279,614)	(\$227,154)	(\$305,565)	(\$812,333)	(\$8,599,544)	(\$9,411,877)
Total Net Cash to District	\$90,114	\$61,458	\$104,290	\$255,861	\$3,105,115	\$3,360,976
Margin on IGT	23.3%	20.3%	24.3%	22.9%	25.7%	25.5%

Chris Rutledge / CFO / NewLight Healthcare / 7500 Rialto Blvd., Bldg. 1, Suite 250 / Austin, TX 78735

206.465.5882 mobile

On Oct 15, 2020, at 4:35 PM, Hubert Oxford IV <hoxfordiv@benoxford.com> wrote:

See below. Will y'all run the numbers on this and get me something for Wednesday's board meeting?

Hubert Oxford, IV
Cell: 409-351-0000

Begin forwarded message:

From: Laurence Daspit <Laurence.Daspit@healthmarkgroup.com>
Date: October 15, 2020 at 4:28:09 PM CDT
To: Hubert Oxford IV <hoxfordiv@benoxford.com>