

Exhibit “A-1”

Winnie-Stowell Hospital District
Balance Sheet
 As of January 31, 2021

	Jan 31, 21
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	799,359.46
102 Prosperity Bank - CD#0447	109,405.48
104b Allegiance Bank -CD#6434	6,000,000.00
105 TexStar	690,393.14
107 InterBank ICS (Restricted)	8,960,543.93
108 Allegiance Bank NH Combined	4,090,159.72
109 First Financial Bank	
109b FFB #4846 DACA	5,060,536.65
Total 109 First Financial Bank	5,060,536.65
Total Checking/Savings	25,710,398.38
Other Current Assets	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	6,850,645.63
118 Prepaid Expense	321,891.00
119 Prepaid IGT	13,232,827.46
Total Other Current Assets	50,146,443.79
Total Current Assets	75,856,842.17
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	21,700.00
125 Accumulated Depreciation	-140,654.64
Total Fixed Assets	21,700.32
TOTAL ASSETS	75,878,542.49
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	3,482,034.51
201 NHP Accounts Payable	3,640,937.57
210.17a Loan Payable 17a QIPP 4	6,042,712.83
210.17a Loan Payable 17b QIPP 4	6,042,712.83
210.18 Loan Payable 18 QIPP 4	5,609,296.00
210.50 Allegiance Bk Ln 5 QIPP4	5,609,295.47
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	187.76
240 Accounts Payable NH	24,623,817.13
250 Stimulus Funds Flow-Through	620,093.21
Total Other Current Liabilities	55,671,450.62
Total Current Liabilities	55,671,450.62
Total Liabilities	55,671,450.62
Equity	
300 Net Assets, Capital, net of	21,700.00
310 Net Assets-Unrestricted	19,829,049.13
Net Income	356,342.74
Total Equity	20,207,091.87
TOTAL LIABILITIES & EQUITY	75,878,542.49

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
As of January 31, 2021

Accrual Basis

	Jan 21	Budget	\$ Over Budget	% of Budget
Income				
400 Sales Tax Revenue	48,819.69	550,000.00	-501,180.31	8.9%
405 Investment Income	160.84	46,000.00	-45,839.16	0.3%
409 Tobacco Settlement	0.00	13,200.00	-13,200.00	0.0%
415 Nursing Home - QIPP Program	4,083,794.34	49,379,998.72	-45,296,204.38	8.3%
Total Income	4,132,774.87	49,989,198.72	-45,856,423.85	8.3%
Gross Profit	4,132,774.87	49,989,198.72	-45,856,423.85	8.3%
Expense				
500 Admin-Administrative Salary	5,166.67	63,000.00	-57,833.33	8.2%
504 Admin-Administrators PR Tax	395.25	5,500.00	-5,104.75	7.2%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	0.00	360.00	-360.00	0.0%
521 Professional Fees - Acctng	2,343.75	25,000.00	-22,656.25	9.4%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	1,000.00	25,000.00	-24,000.00	4.0%
550 Admin-D&O / Liability Ins.	0.00	9,601.04	-9,601.04	0.0%
560 Admin-Cont Ed, Travel	0.00	5,000.00	-5,000.00	0.0%
561 Admin-Cont Ed-Medical Pers.	150.14	2,000.00	-1,849.86	7.5%
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.	145.83	4,500.00	-4,354.17	3.2%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	212.02	2,776.00	-2,563.98	7.6%
575 Admin-Cell Phone Reimburse	150.00	1,800.00	-1,650.00	8.3%
576 Admin-Telephone/Internet	211.95	3,000.00	-2,788.05	7.1%
591 Admin-Notices & Fees	322.00	2,600.00	-2,278.00	12.4%
592 Admin Office Rent	340.00	4,080.00	-3,740.00	8.3%
593 Admin-Utilities	100.20	3,600.00	-3,499.80	2.8%
594 Admin-Casualty & Windstorm	2,077.52	2,060.00	17.52	100.9%
597 Admin-Flood Insurance	1,431.00	1,282.00	149.00	111.6%
598 Admin-Building Maintenance	400.00	6,000.00	-5,600.00	6.7%
600 East Chambers ISD Partnersh	15,000.00	180,000.00	-165,000.00	8.3%
601 IC-Pmt to Hosp (Indigent)	0.00	550,330.00	-550,330.00	0.0%
602 IC-WCH 1115 Waiver Prog	0.00	75,000.00	-75,000.00	0.0%
603a IC-Pharmaceutical Costs	4,404.38	60,000.00	-55,595.62	7.3%
604a IC-Non Hosp Cost-Other	188.73	65,000.00	-64,811.27	0.3%
604b IC-Non Hosp Costs UTMB	5,827.45	200,000.00	-194,172.55	2.9%
605 IC-Office Supplies/Postage	0.00	500.00	-500.00	0.0%
607 IC-Non Hosp Costs-WSEMS	0.00	223,000.00	-223,000.00	0.0%
608 IC-Non Hosp Costs-Specl Pro	0.00	25,000.00	-25,000.00	0.0%
611 IC-Indigent Care Dir Salary	4,333.33	52,000.00	-47,666.67	8.3%
612 IC-Payroll Taxes -Ind Care	331.50	4,000.00	-3,668.50	8.3%
615 IC-Software	1,109.00	13,308.00	-12,199.00	8.3%
616 IC-Travel	0.00	700.00	-700.00	0.0%
617 IC -Youth Counseling	510.00	6,300.00	-5,790.00	8.1%
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	1,034,778.37	12,647,841.68	-11,613,063.31	8.2%
631 NH Program-IGT	2,014,237.61	24,084,314.36	-22,070,076.75	8.4%
632 NH Program-Telehealth Fees	12,875.07	219,941.65	-207,066.58	5.9%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	9,625.00	220,000.00	-210,375.00	4.4%
635 NH Program-LTC Fees	150,000.00	1,872,000.00	-1,722,000.00	8.0%
637 NH Program-Interest Expense	508,255.36	2,868,496.00	-2,360,240.64	17.7%
638 NH Program-Bank Fees & Misc	0.00	300.00	-300.00	0.0%
639 NH Program-Appraisal	0.00	7,500.00	-7,500.00	0.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
Total Expense	3,776,432.13	43,759,040.73	-39,982,608.60	8.6%
Net Income	356,342.74	6,230,157.99	-5,873,815.25	5.7%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, February 24, 2021				
Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$2,300.33	Prosperity Operating (Unrestricted)	\$839,597.09
Wilcox Pharmacy	Indigent Care	\$1,372.09	Interbank	\$520.00
UTMB at Galveston	Indigent Care	\$1,776.32	Interbank (Restricted)	\$9,290,290.82
UTMB Faculty Group	Indigent Care	\$738.59	First Financial (Restricted)	
Alliance Medical Svcs	Indigent Care	\$140.00	First Financial (Unrestricted)	\$3,137,132.91
Indigent Healthcare Solutions	IC Inv #71298	\$1,109.00	Prosperity CD	\$109,405.48
American Education Services	S Stern-Student Loan	\$150.14	TexStar	\$690,393.14
Penelope (Polly) Butler	Youth Counseling	\$170.00	Allegiance Bank LOC (Available)	\$395,307.26
Nicki Holtzman	Youth Counseling	\$340.00	Cash Position (Less Interbank Restricted)	\$5,171,835.88
Benckenstein & Oxford	Inv #50020 (Nov 2020)	\$12,766.26	Pending Expenses	(\$25,504.43)
Hubert Oxford	Legal Retainer	\$1,000.00	Ending Balance (Less expenses)	\$5,146,331.45
David Sticker	Inv #45	\$1,718.75		
Technology Solutions of Tx	Inv 1529 (IT Services)	\$75.00	Last Month	
Function 4	Inv #83795 (5 Cases paper)	\$169.95	Prosperity Operating (Unrestricted)	\$837,588.56
The Seabreeze Beacon	Inv #4980	\$300.00	Interbank	\$500.00
The Hometown Press	Inv #2865	\$240.00	Interbank (Restricted)	\$6,429,313.16
Felipe Ojedia-Yard Service	Inv #1009	\$300.00	First Financial (Restricted)	
Graciela Chavez-Office Cleaning	Inv #8018593	\$100.00	First Financial (Unrestricted)	\$411,571.15
Riceland Medical Center	Property Lease Workers	\$340.00	Prosperity CD	\$109,405.48
Texas Mutual	Comp Ins	\$398.00	TexStar	\$690,319.35
			Allegiance Bank LOC (Available)	\$390,704.53
Total Pending Expenses		\$25,504.43	Cash Position (Less Interbank Restricted)	\$2,439,589.07
			Pending Expenses	(\$26,810.65)
			Ending Balance (Less expenses)	\$2,412,778.42

First Financial & Interbank Account Reconciliations			
	Balances	Balance Owed	District Receivables/Payables
GIB Balance Feb 22	\$520.00		
FFB Balance Jan 18	\$12,426,903.73		
	\$12,427,423.73		
IGT 7, QIPP Year 4 (Public Only)			
Component 1-Sept.	\$1,875,628.29		
Component 1-Oct.	\$1,893,005.80		
Component 1-Nov.	\$1,845,134.94		
Component 1-Dec.	\$1,936,931.61		
Component 1-Jan.	\$990,381.42	\$835,012.48	\$835,012.48
Total Component 1, IGT 7	\$8,541,082.06	\$835,012.48	\$835,012.48
Loan 17a & 17b Set Aside			
Loan 17a Payment-Sept.	(\$1,875,628.29)		
Loan 17a Payment-Oct.	(\$1,893,005.80)		
Loan 17a Payment-Nov.	(\$1,845,134.94)		
Loan 17b Payment-Dec.	(\$1,936,931.61)		
Loan 17b Payment-Jan.	(\$990,381.42)	(\$835,012.48)	
Total Loan 17a & 17b Set Aside	(\$8,541,082.06)		
Component 2 (Public & Private)			
Y4/Q1-Comp. 2-Jan. due to MGRs.	(\$164,973.88)	\$139,434.09	\$139,848.16
Total Component 2 due to MGRs.	(\$164,973.88)	\$139,434.09	\$139,848.16
Component 3 (Public & Private)			
Y4/Q1-Comp. 3-Jan. due to MGRs.	(\$355,603.95)	\$325,340.30	\$355,603.95
Total Component 3 due to MGRs	(\$355,603.95)	\$325,340.30	\$355,603.95
Variance Payment			
Variance Payment for Jan. 2021 (Adjustment for Lapse Funds for Y4/Q1)	(\$10,721.78)	\$9,851.58	\$10,721.78
Total Variance Payment	(\$10,721.78)	\$985.00	\$10,721.78
Interest Reserves			
Reserve Ln 17a	(\$169,195.96)		
Reserve Ln 17b	(\$169,195.96)		
Reserve Ln 18	(\$235,590.42)		
Allegiance Interest (March 10, 2021)	(\$10,252.54)		
Total Reserves	(\$584,234.88)		

Restricted	\$9,290,290.82		
Unrestricted	\$3,137,132.91		
Total Funds	\$12,427,423.73	\$1,299,786.87	\$0.00

10 Month Outstanding Short Term Revenue Note-Loan 17a						
Loan 17a-Principle	\$6,042,712.83		Reserve	\$422,989.90		
Interest	16.80%	\$845,979.80	Reserve Remaining	\$0		
Fund Received	6/1/2020		Set Aside Post Reserve	\$422,989.90		
	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	\$1,893,005.80	\$1,977,603.78	
7-(Nov. 2020, Comp. 1)	12/31/2020	\$6,042,712.83	\$84,597.98	\$1,845,134.94	\$1,929,732.92	
8-(Dec. 2020, Comp. 1)	1/31/2021	\$6,042,712.83	\$84,597.98	\$428,943.80	\$513,541.78	
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	

8 Month Outstanding Short Term Revenue Note-Loan 17b						
Loan 17b-Principle	\$6,042,712.83		Reserve	\$422,989.90		
Interest	16.80%	\$676,783.84	Reserve Remaining	\$84,597.98		
Fund Received	8/1/2020		Set Aside Post Reserve	\$253,793.94		
	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	\$1,507,987.81	\$1,592,585.79	
7 (Jan. 2021, Comp. 1)	2/28/2021	\$6,042,712.83	\$84,597.98	\$1,825,393.90	\$1,909,991.88	
Reserve		\$6,042,712.83	\$0.00	\$692,525.92	\$692,525.92	
8-(Feb. 2021, Comp. 1)	3/31/2021	\$6,042,712.83	\$84,597.98	\$2,016,805.20	\$2,101,403.18	
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	

11 Month Outstanding Short Term Revenue Note-Loan 18 (Dec. 1, 2020-Nov. 1, 2020)						
Loan 18-Principle	\$5,609,295.47		Reserve	\$392,650.70		
Interest	16.80%					
Fund Received						
	Date	Balance	Interest	Principal Rcvd.	Payment	
1	12/30/2020	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14	
2	1/31/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14	
3	2/28/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14	
4	3/31/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14	
5-(Mar. 2021, Comp. 1)	4/30/2021	\$5,609,295.47	\$78,530.14	\$1,836,933.79	\$1,915,463.93	
6-(Apr. 2021, Comp. 1)	5/31/2021	\$5,609,295.47	\$78,530.14	\$1,842,235.16	\$1,920,765.30	
7-(May 2021, Comp. 1)	6/30/2021	\$5,609,295.47	\$78,530.14	\$1,930,126.52	\$2,008,656.66	
8-(June 2021, Comp. 1)	7/31/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14	
9 (July 2021, Comp. 1)	8/31/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14	
10 (Aug. 2021, Comp. 1)	9/30/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14	
11	10/31/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14	
Amount Paid		\$0.00	\$863,831.54	\$5,609,295.47	\$6,473,127.01	
Amount Due: October 31, 2021			\$863,831.54	\$5,609,295.47	\$6,473,127.01	
Amount Remaining				\$0.00	\$0.00	

Allegiance Bank Line of Credit					
Principle (IGT 8)	\$5,609,295.47	Principle Balance Owed	\$5,609,295.47		
Interest Rate:	2.35%	LOC Funds Available	\$390,704.53		
	Date	Balance	Interest	Principal Revd.	Payment
1	1/10/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
2	2/10/2021	Interest Payment	\$11,351.04	\$0.00	\$11,351.04
3	3/10/2021	Interest Payment	\$10,721.78	\$0.00	\$10,721.78
4	4/4/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
5-(Mar. 2021, Comp. 1)	5/2/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
6-(Apr. 2021, Comp. 1)	5/30/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
7-(May 2021, Comp. 1)	6/27/2021	Interest Payment	\$12,803.16	\$2,452.51	\$15,255.67
8-(June 2020, Comp. 1)	7/31/2021	Interest Payment	\$12,803.16	\$1,979,216.85	\$1,992,020.01
9-(July. 2020, Comp. 1)	8/31/2021	Interest Payment	\$12,803.16	\$1,925,856.68	\$1,938,659.84
10-(August 2021, Comp. 1)	9/30/2021	Interest Payment	\$12,803.16	\$1,701,769.43	\$1,714,572.59
Amount Paid	9/30/2020	\$0.00	\$124,498.10	\$5,609,295.47	\$5,733,793.57
Amount Remaining				\$0.00	

District's Investments					
	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,004,602.73	0.35%	1/1/2021	1/31/2021	Paid Quarterly 4,602.73 Pd Feb 12
CD at Prosperity (Qtr.) C.D. #0447	\$109,405.48	0.4000%	1/1/2021	1/31/2021	Paid \$109.89 Nov 27, 2020
Texstar C.D. #1110	\$690,393.14	0.0676%	1/1/2021	1/31/2021	Paid \$34.14 Jan 2021
TO THE BEST OF MY KNOWLEDGE, THESE					
_____ Edward Murrell, President			_____ Robert "Bobby" Way Treasurer/Investment Officer		
_____ Date			_____ Date		
Italics are Estimated amounts					

02/24/21

Accrual Basis

Winnie-Stowell Hospital District
Check Listing by Bank Account
January 20 through February 24, 2021

Type	Date	Num	Name	Memo	Cir	Amount
100 Prosperity Bank -Checking						
Check	01/20/2021	3166	JS Edwards	Policy NPP8634409 (CGL/Property)	X	-2,077.52
Check	01/20/2021	3167	Brookshire Brothers	IC RXs (Dec 2020)	X	-2,933.92
Check	01/20/2021	3168	Wilcox Pharmacy	IC RXs (Dec 2020)	X	-1,470.46
Check	01/20/2021	3169	UTMB at Galveston	IC Batch Date 12/1/2020	X	-4,152.36
Check	01/20/2021	3170	UTMB Faculty Grou...	IC Batch Date 12/1/2020	X	-1,675.09
Check	01/20/2021	3171	Chambers Co Public...	IC Batch Date 12/1/2020		-188.73
Check	01/20/2021	3172	Indigent Healthcare ...	Inv #71143	X	-1,109.00
Check	01/20/2021	3173	American Education ...	92 5529 5461 S Stern	X	-150.14
Check	01/20/2021	3174	Penelope S Butler, ...	YC Batch Date 12/1/2020	X	-170.00
Check	01/20/2021	3175	Nicki Holtzman MS, ...	YC Batch Date 12/1/2020	X	-340.00
Check	01/20/2021	3176	Benckenstein & Oxf...	Inv #49975 (Oct 2020)	X	-9,625.00
Check	01/20/2021	3177	Hubert Oxford	1/2 Legal Retainer		-500.00
Check	01/20/2021	3178	Josh Heinz	1/2 Legal Retainer	X	-500.00
Check	01/20/2021	3179	David Sticker	Inv #42	X	-2,343.75
Check	01/20/2021	3180	Technology Solution...	Inv #1522	X	-75.00
Check	01/20/2021	3181	Function 4	VOID: 3A0064 Inv #834674 GJE, RGJE...	X	0.00
Check	01/20/2021	3182	Function 4	3A0064 Inv #834674	X	-5.20
Check	01/20/2021	3183	Lisa Rae Photo & W...	Inv #1001	X	-510.00
Check	01/20/2021	3184	The Seabreeze Bea...	Inv #4905	X	-277.00
Check	01/20/2021	3185	Hometown Press	Inv #2794	*	-45.00
Check	01/20/2021	3186	Felipe Ojeda	Inv #1008	X	-300.00
Check	01/20/2021	3187	Graciela Chavez	Inv # 8018592	X	-100.00
Check	01/20/2021	3188	Riceland Medical Ce...	Office Lease property at 520 Broadway	*	-340.00
Check	01/20/2021	9950...	Trinity Bay Conserva...	Draft, Withdrawal, Processed	X	-50.10
Check	01/25/2021		Wright Flood Ins	ACH, Withdrawal, Processed	X	-1,431.00
Check	01/26/2021			ACH, Withdrawal, Processed	X	-4.33
Liability Check	01/28/2021		QuickBooks Payroll ...	Created by Payroll Service on 01/26/2021	X	-7,686.25
Paycheck	01/29/2021	DD1...	Norris, Sherrie	Direct Deposit	X	0.00
Paycheck	01/29/2021	DD1...	Ojeda, Patricia	Direct Deposit	X	0.00
Check	01/29/2021		IRS	ACH, Withdrawal, Processed	X	-84.00
Check	02/10/2021		Alligiance Bank	Interest on LOC Auto Pay for 02.10.2021		-11,351.04
Check	02/10/2021	9950...	ECISD			-15,000.00
Check	02/11/2021		IRS	Payroll Taxes Jan 2021		-2,690.50
Check	02/11/2021	9950...	Trinity Bay Conserva...	13053-1010703000		-31.86
Check	02/17/2021		Funcion 4-Lease fka...			-206.82
Check	02/17/2021		Time Warner Cable	8260170290121119		-211.95
Check	02/24/2021	3189	Brookshire Brothers	IC RXs (Jan 2021)		-2,300.33
Check	02/24/2021	3190	Wilcox Pharmacy	IC RXs (Jan 2021)		-1,372.09
Check	02/24/2021	3191	UTMB at Galveston	IC Batch Date 01.01.2021		-1,776.32
Check	02/24/2021	3192	UTMB Faculty Grou...	IC Batch Date 01.01.2021		-738.59
Check	02/24/2021	3193	Alliance Medical Ser...	IC Batch Date 01.11.2021		-140.00
Check	02/24/2021	3194	Indigent Healthcare ...	Inv #71298		-1,109.00
Check	02/24/2021	3196	Penelope S Butler, ...	YC Batch Date 01.02.2021		-170.00
Check	02/24/2021	3197	Nicki Holtzman MS, ...	YC Batch Date 01.02.2021		-340.00
Check	02/24/2021	3198	Benckenstein & Oxf...	Inv #50020 (Nov 2020)		-12,766.26
Check	02/24/2021	3199	Hubert Oxford	Legal Retainer		-1,000.00
Check	02/24/2021	3200	David Sticker	Inv #45		-1,718.75
Check	02/24/2021	3201	Technology Solution...	Inv #1529		-75.00
Check	02/24/2021	3202	Function 4	3A0064 Inv # 837905		-169.95
Check	02/24/2021	3203	The Seabreeze Bea...	Inv #4980		-300.00
Check	02/24/2021	3204	Hometown Press	Inv #2865		-240.00
Check	02/24/2021	3205	Felipe Ojeda	Inv #1009		-300.00
Check	02/24/2021	3206	Graciela Chavez	Inv #8018593		-100.00
Check	02/24/2021	3207	Texas Mutual	Policy 000130975 renewal		-398.00
Check	02/24/2021	3195	American Education ...	92 5529 5461 S Stern		-150.14
Check	02/24/2021	3208	Riceland Medical Ce...	Office Property Lease 520 Broadway (F...		-340.00
Total 100 Prosperity Bank -Checking						-93,140.55
107 InterBank ICS (Restricted)						
107.01b GIB 0228 DACA						
Check	02/05/2021			Wire Payment InterBank 135314 WINN...	M	-9,529,184.79
Check	02/05/2021			Wire Payment InterBank 135313 WSH...	M	-12,048.00
Check	02/05/2021			Wire Fee InterBank 135314 WINNIE-S...	M	-20.00
Check	02/05/2021			Wire Fee InterBank 135313 WSHD NH ...	M	-20.00
Total 107.01b GIB 0228 DACA						-9,541,272.79
Total 107 InterBank ICS (Restricted)						-9,541,272.79
109 First Financial Bank						
109b FFB #4846 DACA						
Check	01/29/2021		Salt Creek Capital L...	ACH PaymenSalt Creek CapitCCD 161...	X	-78,530.14
Check	01/29/2021		Salt Creek Capital L...	ACH PaymenSalt Creek CapitCCD 161...	X	-84,597.98
Check	01/29/2021		Salt Creek Capital L...	ACH PaymenSalt Creek CapitCCD 161...	X	-84,597.98
Check	02/04/2021			TEXNET STATE COMPTLR CCD 01...	M	-24,146.30
Check	02/05/2021				M	-15.00
Check	02/08/2021		LTC Group	ACH PaymenLTC Group CCD 1611500...	M	-150,000.00
Check	02/08/2021			ACH PaymenWSHD AB NH HoldiCCD ...	M	-3,547,322.38
Total 109b FFB #4846 DACA						-3,969,209.78
Total 109 First Financial Bank						-3,969,209.78
TOTAL						-13,603,623.12

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 01/04/21-01/04/21

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,300.33
Expenditures		2,300.33
Reimb/Adjustments		
Grand Total		2,300.33

61 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1019*65460*73	WSHD	01/15/2021	13.51	13.51
1019*65460*74	WSHD	01/15/2021	9.74	9.74
1019*65460*75	WSHD	01/15/2021	8.76	8.76
1019*65460*76	WSHD	01/15/2021	10.64	10.64
1019*65460*77	WSHD	01/15/2021	12.39	12.39
1049*65460*75	WSHD	12/30/2020	9.22	9.22
1049*65460*76	WSHD	01/25/2021	9.22	9.22
1049*65460*77	WSHD	01/25/2021	11.04	11.04
1049*65460*78	WSHD	01/14/2021	15.60	15.60
1049*65460*79	WSHD	01/08/2021	10.08	10.08
1091*65460*50	WSHD	01/12/2021	490.10	490.10
1091*65460*51	WSHD	01/04/2021	18.50	18.50
1091*65460*52	WSHD	01/04/2021	20.14	20.14
1091*65460*53	WSHD	01/04/2021	13.51	0.00
1096*65460*36	WSHD	01/27/2021	35.46	35.46
1096*65460*37	WSHD	01/27/2021	12.19	12.19
1096*65460*38	WSHD	01/27/2021	10.70	10.70
1096*65460*39	WSHD	01/27/2021	19.49	19.49
1096*65460*40	WSHD	01/14/2021	11.04	11.04
1103*65460*13	WSHD	01/20/2021	14.20	14.20
1103*65460*14	WSHD	01/20/2021	11.07	0.00
1103*65460*15	WSHD	01/20/2021	11.07	11.07
1103*65460*16	WSHD	01/15/2021	110.26	110.26
1103*65460*17	WSHD	01/08/2021	10.14	10.14
1108*65460*21	WSHD	01/14/2021	427.77	427.77
1108*65460*22	WSHD	01/08/2021	17.97	17.97
1108*65460*23	WSHD	01/08/2021	56.72	56.72
1111*65460*16	WSHD	01/25/2021	12.32	12.32
1111*65460*17	WSHD	01/25/2021	9.95	9.95
1114*65460*11	WSHD	01/28/2021	8.76	8.76
1122*65460*24	WSHD	01/21/2021	10.14	10.14
1122*65460*25	WSHD	01/21/2021	9.43	9.43
1122*65460*26	WSHD	01/04/2021	11.04	11.04
1122*65460*27	WSHD	01/04/2021	10.27	10.27

GL Totals

Issued 02/10/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 01/04/21-01/04/21Brookshire Bros. Phar. (Winnie)
P.O. Box 2058
Lufkin, TX 75904

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1128*65460*37	WSHD	01/04/2021	15.33	15.33
1128*65460*38	WSHD	01/04/2021	13.11	13.11
1128*65460*39	WSHD	01/02/2021	44.62	44.62
1134*65460*43	WSHD	01/04/2021	18.96	18.96
1134*65460*44	WSHD	01/04/2021	10.45	10.45
1134*65460*45	WSHD	01/03/2021	12.59	12.59
1134*65460*46	WSHD	01/03/2021	10.42	10.42
1134*65460*47	WSHD	01/03/2021	12.51	12.51
1134*65460*48	WSHD	01/03/2021	19.03	19.03
1140*65460*33	WSHD	01/15/2021	9.47	9.47
1151*65460*33	WSHD	01/27/2021	8.46	8.46
1151*65460*34	WSHD	01/27/2021	9.74	9.74
1151*65460*35	WSHD	01/27/2021	10.20	10.20
1199*65460*6	WSHD	01/13/2021	540.08	540.08
1199*65460*7	WSHD	01/13/2021	9.03	9.03
1199*65460*8	WSHD	01/13/2021	40.58	40.58
1201*65460*1	WSHD	01/26/2021	14.08	14.08
1201*65460*2	WSHD	01/26/2021	16.18	16.18
1201*65460*3	WSHD	01/26/2021	8.19	8.19
1201*65460*4	WSHD	01/23/2021	8.97	8.97
2475*65460*11	WSHD	01/12/2021	9.27	9.27
2475*65460*12	WSHD	01/12/2021	11.20	11.20
2815*65460*32	WSHD	01/31/2021	11.18	0.00
2815*65460*33	WSHD	01/31/2021	10.58	0.00
2815*65460*34	WSHD	01/31/2021	16.71	0.00
2815*65460*35	WSHD	01/31/2021	13.51	0.00
2815*65460*36	WSHD	01/31/2021	10.64	0.00
61 invoices, 61 line items	***		2,387.53	2,300.33
Grand Totals			2,387.53	2,300.33

61 total invoices
61 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 01/03/21-01/03/21

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,372.09
Expenditures		1,372.09
Reimb/Adjustments		
Grand Total		1,372.09

45 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1040*18651*52	01/11/2021	9.22	9.22
1093*18651*46	01/28/2021	14.35	14.35
1093*18651*47	01/25/2021	18.78	18.78
1093*18651*48	01/01/2021	105.55	105.55
1093*18651*49	01/04/2021	11.73	0.00
1095*18651*41	01/29/2021	11.61	11.61
1095*18651*42	01/26/2021	9.37	9.37
1107*18651*5	01/27/2021	9.38	9.38
1107*18651*6	01/27/2021	9.26	9.26
1107*18651*7	01/21/2021	11.04	11.04
1107*18651*8	01/04/2021	11.04	11.04
1157*18651*39	01/11/2021	10.46	10.46
1158*18651*24	01/08/2021	17.53	17.53
1158*18651*25	01/08/2021	9.10	9.10
1158*18651*26	01/08/2021	9.96	9.96
1159*18651*13	01/05/2021	10.72	10.72
1159*18651*14	01/05/2021	10.55	10.55
1159*18651*15	01/05/2021	8.71	8.71
1159*18651*16	01/05/2021	10.33	10.33
1160*18651*16	01/11/2021	16.00	16.00
1160*18651*17	01/11/2021	11.47	11.47
1160*18651*18	01/12/2021	15.20	15.20
1181*18651*74	01/11/2021	10.63	10.63
1181*18651*75	01/11/2021	8.37	8.37
1181*18651*76	01/11/2021	9.10	9.10
1181*18651*77	01/11/2021	8.99	8.99
1181*18651*78	01/11/2021	9.88	9.88
1181*18651*79	01/11/2021	13.75	13.75
1181*18651*80	01/11/2021	11.90	11.90
1181*18651*81	01/11/2021	8.98	8.98
1181*18651*82	01/11/2021	9.79	9.79
1185*18651*24	01/04/2021	23.76	23.76
1185*18651*25	01/26/2021	31.63	31.63
1185*18651*26	01/26/2021	11.76	11.76

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GL Totals
Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 01/03/21-01/03/21

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

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1188*18651*6	WSHD	01/16/2021	24.42	24.42
1188*18651*7	WSHD	01/29/2021	24.42	24.42
1191*18651*14	WSHD	01/21/2021	10.94	10.94
1191*18651*15	WSHD	01/04/2021	21.85	21.85
1191*18651*16	WSHD	01/04/2021	13.51	13.51
1191*18651*17	WSHD	01/04/2021	583.38	583.38
2942*18651*13	WSHD	01/12/2021	146.31	146.31
2994*18651*6	WSHD	01/29/2021	9.87	9.87
2994*18651*7	WSHD	01/29/2021	10.43	10.43
2994*18651*8	WSHD	01/11/2021	10.02	10.02
2994*18651*9	WSHD	01/11/2021	18.77	18.77
45 invoices, 45 line items			1,383.82	1,372.09
Grand Totals			1,383.82	1,372.09

45 total invoices
45 total line items

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 01/01/21-01/01/21

Vendor #: 63614

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

GL #	Description	Amount
WSHD	Wshd	1,776.32
	Expenditures	1,776.32
	Reimb/Adjustments	
	Grand Total	1,776.32

5 total invoices

**GL Totals Detail
 Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1019*63614*4	WSHD	12/08/2020	291.00	69.84
1040*63614*39	WSHD	12/14/2020	323.00	77.52
1096*63614*9	WSHD	12/22/2020	593.00	142.32
1096*63614*9	WSHD	12/22/2020	391.00	93.84
1157*63614*9	WSHD	12/07/2020	5,542.37	1,330.16
1188*63614*1	WSHD	12/08/2020	261.00	62.64
5 invoices, 6 line items	***		7,401.37	1,776.32
Grand Totals			7,401.37	1,776.32

5 total invoices
 6 total line items

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 01/01/21-01/05/21

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

Vendor #: 63615
 NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	738.59
Expenditures		738.59
Reimb/Adjustments		
Grand Total		738.59

6 total invoices

**GL Totals Detail
 Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1157*63615*8	12/07/2020	560.00	362.93
1157*63615*9	12/07/2020	647.00	91.42
1157*63615*10	12/07/2020	47.00	0.00
1157*63615*11	12/07/2020	294.00	181.46
1188*63615*1	12/08/2020	273.00	51.69
1191*63615*1	12/28/2020	273.00	51.09
6 invoices, 6 line items		2,094.00	738.59
Grand Totals		2,094.00	738.59

6 total invoices
 6 total line items

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 Issued 02/08/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 01/11/21-01/11/21

Vendor #: 90003

Alliance Medical Services
 3440 College St
 Beaumont, TX 77701

GL #	Description	Amount
WSHD	Wshd	140.00
	Expenditures	140.00
	Reimb/Adjustments	
	Grand Total	140.00

1 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1128*90003*1	WSHD	01/06/2021	140.00	140.00
1 invoices, 1 line items	***		140.00	140.00
Grand Totals			140.00	140.00

1 total invoices
 1 total line items

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

Invoice # 71298

Phone # (800) 834-0560

Fax # (936) 756-6741

Date: 2/1/2021

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

RECEIVED FEB - 1 2021

Terms: Net receipt of invoice

Professional services for the month of March 2021

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

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 Issued 02/08/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 01/02/21-01/02/21

Vendor #: 13632

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

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*17	01/15/2021	85.00	85.00
YC17*13632*17	01/29/2021	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

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 Issued 02/08/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 01/02/21-01/02/21

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

3 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC01*90007*5	WSHD	01/26/2021	85.00	85.00
YC22*90007*3	WSHD	01/11/2021	85.00	85.00
YC22*90007*3	WSHD	01/25/2021	85.00	85.00
YC24*90007*5	WSHD	01/11/2021	85.00	85.00
3 invoices, 4 line items	***		340.00	340.00
Grand Totals			340.00	340.00

3 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
TELEPHONE:(409) 833-9182
FAX: (409) 833-8819

hoxfordiv@benoxford.com

February 23, 2021

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

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

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for November 2020. This invoice is for \$13,766.26 but the amount due is \$12,766.26 after reducing the invoice by \$1,000.00 for the monthly retainer already paid.

In November, we spent time working with Salt Creek Capital to relocate accounts from Interbank to First Financial Bank. As a result, we had to prepare and approve new bank documents and resolutions as well as revise and prepare new loan documents for Loans 17a, 17b, and 18.

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 \$12,766.26 representing the balance owed for November 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

February 23, 2021

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

INVOICE #: 50020 HOIV
Billed through: November 30, 2021
Client/Matter #: WSHD 87250

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

10/29/20	HOIV	Received, reviewed, and responded to e-mail from Hospital Staff regarding DY10 Uncompensated Care estimate.	0.30 hrs
11/02/20	HOIV	Read, reviewed and responded to five (5) e-mails regarding provider Relief Fund Nursing Home Distribution and the status of the payments to the Nursing Homes.	0.60 hrs
11/02/20	HOIV	Read, reviewed and approved Regency UHC Quality Bilateral Agreements.	0.40 hrs
11/02/20	HOIV	Received e-mail from staff with request from Auditor; located documents requested and submitted to staff in an e-mail with an explanation.	0.70 hrs
11/02/20	HOIV	Continued preparing and revising Loan 18 documents; submitted to Lender for review; and made changes per the Lender's request.	2.00 hrs
11/03/20	HOIV	Read, reviewed and responded to e-mail from Staff regarding proposed changes to the District's website.	0.20 hrs
11/04/20	HOIV	Reviewed Prescription Pharmacy Agreements and requested changes by pharmacies; made the change; and submitted to Indigent Care Director for review.	0.40 hrs
11/04/20	HOIV	Received and reviewed personal property tax statement for Willowbrook and exchanged nine (9) e-mails with HMG regarding Chambers County's authority to tax property not within the County.	0.80 hrs
11/04/20	HOIV	Received QIPP Model 8 spreadsheet from LTC Group that accounts for Year 3 IGT Reconciliation and Q4 Supplemental Payment; and Year 4, Comp 1, 2, and 4 payment modifications and the modified interest expense calculation for Loan 18; and then modified cash flow to account for the changes.	2.80 hrs
11/05/20	HOIV	Reviewed Pharmacy Service Agreement and compared to form submitted by Brookshire Brothers in lieu of the and exchanged five (5) e-mails with staff regarding the same.	0.80 hrs
11/09/20	HOIV	Prepared extensive e-mail to First Financial Bank to introduce the District and to provide draft Bank Signatory Resolutions, DAISA and DACA; and then participated in two (2) conference calls with Salt Creek Capital and seven (7) e-mails regarding the documents submitted and the status of LTC signatures on the District's accounts.	2.70 hrs

11/10/20	HOIV	Continued preparing and modifying multiple documents in anticipation of: 1) closing Interbank Account; 2) opening accounts at First Financial; 3) increasing Line of Credit; 4) amending Loan 17a and 17b DACA agreements; 5) Modifying the Fourth Amended Transfer Policy; 6) finalizing Loan 18 documents; and participated in conference calls with Lender and Allegiance Bank about recommended changes to the documents.	6.50 hrs
11/10/20	HOIV	Prepared draft resolution to increase line of credit and CD at Allegiance Bank.	0.70 hrs
11/11/20	HOIV	Continued to draft documents necessary for approval during the November 18, 2020 Regular Meeting; organizing the documents into a Binder for the Board to review; and submitted Version 1 of the Binder to the Board along with a final draft agenda to approve.	3.00 hrs
11/12/20	HOIV	Conference call with First Financial Bank, Lender, and staff to discuss process and documents necessary to establish banks at First Financial Bank.	0.80 hrs
11/12/20	HOIV	Prepared requested changes by Salt Creek Capital to DACA and DAISA agreements between Salt Creek Capital, First Financial Bank and the District for Loans 17a, 17b, and 18.	1.20 hrs
11/12/20	HOIV	Exchanged five (5) e-mails with First Financial Bank ("FFB") to submit the District's creation documents and to receive and reviewed proposed Collateral Security Agreements for the Public Funds Investment Act and proposed DACA and DAISA agreements prepared by the FFB.	1.70 hrs
11/13/20	HOIV	Receipt and review of e-mail and attachment from Indigent Care Director regarding County's request for van to assist in transporting the indigent.	0.30 hrs
11/16/20	HOIV	Worked on updating cash availability report for Hospital District and drafted e-mails to Hospital to inquire about the status of payment for the ventilators.	2.10 hrs
11/16/20	HOIV	Prepared and submit public notice for December 2020 Budget hearing.	0.30 hrs
11/16/20	HOIV	Read, reviewed, and forwarded Deerbrook deficiency notice to HMG for comment and to address.	0.60 hrs
11/17/20	HOIV	Read and reviewed final Bank Depository Agreement; TMSA Procedures Terms and Conditions; Collateral Security Agreement; and attachments and submitted to staff for signature at the upcoming Regular Meeting.	1.30 hrs
11/17/20	HOIV	Made final revisions to Loan 17a, 17b, and 18 documents per instructions from Salt Creek counsel and exchanged seven (7) e-mails regarding the same with counsel.	0.90 hrs
11/18/20	HOIV	Prepare for and attend Regular Monthly Meeting.	3.50 hrs
11/18/20	HOIV	Exchanged ten (10) e-mails with Salt Creek Capital counsel verifying the correct documents were going to be considered by Board and all the changes he requested were made.	0.70 hrs
11/18/20	HOIV	Worked with staff to complete the Treasurer's report and to prepare Board binder for upcoming meeting.	2.60 hrs

11/18/20	HOIV	Read, reviewed, and responded to eight (8) e-mails with First Financial Bank, staff, and LTC regarding questions about the proposed Agent Addendum and the scope of authority granted in the Addendum.	1.30 hrs
11/19/20	HOIV	Conference call with County Purchasing agent and exchanged four (4) e-mails to provide him with proposals for generator requested by Hospital and van requested by County.	1.10 hrs
11/20/20	HOIV	Prepared and responded to fifteen (15) e-mails with Salt Creek Capital; and First Financial Bank to distribute documents approved by the Board and to respond to questions.	1.30 hrs
11/23/20	HOIV	Received e-mail from First Financial Bank with changes to the proposed DACA and DAISA agreements for Loan 18; made the changes and then incorporated the changes to Loan 17a and 17b DACAs and submitted to First Financial Bank and lender for approval.	2.50 hrs
11/23/20	HOIV	Read, reviewed, and responded to six (6) e-mails between staff and Brookshire Brothers regarding form agreement proposed by Brookshire Brothers.	0.40 hrs
11/23/20	HOIV	Worked with staff, Salt Creek Capital, LTC Group to reconcile accounts and to prepare the transfer funds from Allegiance Bank and Interbank to First Financial Bank prior to December 1, 2020 by reviewing multiple spreadsheets; participating in multiple phone conferences; and e-mails.	3.20 hrs
11/24/20	HOIV	Sent Line of Credit and CD agreements to Allegiance Bank and exchanged ten (10) e-mails with the Bank and Staff as well as multiple conference calls with Bank and Staff to ensure funds were available by the end of the month.	2.30 hrs
11/25/20	HOIV	Continued working with staff, Salt Creek Capital, LTC Group to reconcile accounts and to prepare the transfer funds from Allegiance Bank and Interbank to First Financial Bank prior to December 1, 2020 by reviewing multiple spreadsheets; participating in multiple phone conferences; and e-mails.	2.40 hrs
11/30/20	HOIV	Prepared and responded to twelve (12) e-mails and multiple phone conferences to discuss and address confusion between Salt Creek Capital, the District, and LTC as to the correct account to deposit nursing home loan proceeds.	2.20 hrs
		Total fees for this matter	\$13,650.00

DISBURSEMENTS

12/22/20	Invoice # FedEx	98.62
11/30/21	Copy Expense	17.64
	Total disbursements for this matter	\$116.26

BILLING SUMMARY:

Oxford, IV Hubert	54.60 hrs @	\$250.00 /hr	\$13,650.00
TOTAL FEES			\$13,650.00

TOTAL DISBURSEMENTS	\$116.26
TOTAL CHARGES FOR THIS INVOICE	\$13,766.26
RETAINER	\$1,000.00 CR
TOTAL BALANCE NOW DUE	\$12,766.26

Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt

Please Reference Invoice Number on Your Check

BENCKENSTEIN & OXFORD, L.L.P.

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

Hubert Oxford, IV

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

hoxfordiv@benoxford.com

February 15, 2021

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 January 20, 2021; Our File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on January 20, 2021. 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 January 2021. We would request that you put this invoice in line for payment at the February 17, 2021 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for January 2021.

If you concur, please draft a check in the amount of \$1,000.00 to Hubert Oxford, IV. Please note, this is different than past months and years as Josh and I have made adjustments between ourselves.

With best wishes, I am

Sincerely,
BENCKENSTEIN & OXFORD, L.L.P.

Hubert Oxford, IV

David B Sticker & Company PC2180 Eastex Freeway
Beaumont, TX 77703**Invoice**

Invoice #: 45
Invoice Date: 02/10/2021
Due Date: 02/10/2021
Project:
P.O. Number:

Bill To:

Winnie Stowell Hospital District
 PO Box 1997
 Winnie, TX 77665

Date	Description	Amount
01/18/2021	Review QBook reports, and begin adjustments. 1.00 Hrs	
01/19/2021	Make adjustments, record budget amendments, review bank recs, run 12-31-2020 reports. 5.00 Hrs	
01/20/2021	Prepare for and attend Board meeting via zoom. 2.50 Hrs	
01/21/2021	Discuss reports and submission deadline. .75 Hrs	
01/28/2021	Prepare payroll quarterly reports(941 & TWC) Prepare payroll annual reports(W-2s and 940) Prepare 1099s & mail out. File reports on line with agencies. 4.50 Hrs	
01/31/2021	13.75 Hrs @ \$125.00	1,718.75

Total	\$1,718.75
--------------	-------------------

Payments/Credits	\$0.00
-------------------------	---------------

Balance Due	\$1,718.75
--------------------	-------------------

Technology Solutions of Texas,
L.L.C.

Invoice 1529

TECHNOLOGY
SOLUTIONS-TX

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

RECEIVED FEB 08 2021

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

DATE
02/15/2021

PLEASE PAY
\$75.00

DUE DATE
02/15/2021

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

TOTAL DUE

\$75.00

THANK YOU.

RECEIVED FEB - 1 2021

Invoice No: INV837905

Date: 1/29/2021

Account No: 3A0064

Bill To: Winnie - Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Ship To: Winnie - Stowell Hospital District
Attn: Sherrie Norris
520 Broadway
Winnie, TX 77665

Sales Order No	P. O. Number	Ship Method	Payment Terms	Payment Due					
SO116754		OT	Net 30	2/28/2021					
Remarks				Sales Person					
				Brian Wolfe					
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
5008	8.5 X 11 Copy Paper - 20lb White		5.0	5.0	0.0	CASE	\$33.99		\$169.95



Log in to sign up at function-4.com/paperless

Please include invoice number on payment.

Remit Payment To:
Function 4, LLC
12560 Reed Rd, Ste 200
Sugar Land, TX 77478


Subtotal	\$169.95
Discount	\$0.00
Freight	\$0.00
Sales Tax	\$0.00
Invoice Total	\$169.95
Balance Due	\$169.95


3A0064

INV837905

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

The Seabreeze Beacon

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

409-296-2102 Office 1354 SH 124, Winnie, TX 409-296-2104 Fax
 seabreezebeacon@gmail.com (Behind Dairy Queen) Like us on Facebook 

INVOICE

RECEIVED FEB - 4 2021

BILL TO

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

INVOICE # 4980
DATE 02/04/2021
DUE DATE 02/19/2021
TERMS Net 15

ACTIVITY	QTY	RATE	AMOUNT
Display Ad Display Ad 1/4 Page Part-Time Position 1/26, 2/2	2	150.00	300.00

*Monthly invoices will be mailed the third week of the month.

*Invoice dates will be the last day of the month with a due date 15 days later.

BALANCE DUE

\$300.00

Please call our office at 409-296-2102 if you have any questions or concerns about your invoice.

The Hometown Press

RECEIVED FEB 08 2021

Invoice

P.O.Box 801
Winnie, TX 77665

Date	Invoice #
2/2/2021	2865

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

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
2	Display ad in The Hometown Press the size of 3 columns X 8 inches for the weeks of 01-27 & 02-03-2021(Help Wanted)	120.00	240.00
Total			\$240.00

Yard Service Invoice

Felipe Ojeda

Invoice# 1009

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

DATE February 12, 2021

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

Description	AMOUNT
Yard Maintenance completed 01/04/21	\$ 125.00
Yard Maintenance completed 01/20/21	\$ 125.00
Trash Service	\$ 50.00
TOTAL	\$ 300.00

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

THANK YOU FOR ALLOWING ME TO PROVIDE YARD SERVICES FOR YOUR BUSINESS!

RECEIVED FEB 23 2021

DATE 2-23-21 NO. 08018593

CUSTOMER'S ORDER NO.						
NAME <u>Graciela Chavez</u>						
ADDRESS <u>220 8TH ST</u>						
CITY, STATE, ZIP <u>Winnie TX 77865</u>						
SOLD BY	CASH	C.O.D	CHARGE	ONACCT.	MDSE.RETD	PAID OUT
			<input checked="" type="checkbox"/>			

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	<u>OFFICE</u>		
2			
3	<u>Clennig</u>	<u>\$ 100</u>	
4			
5	<u>Feb 2</u>		
6			
7	<u>Feb 23</u>		
8			
9			
10		<u>Total 100</u>	
11			
12			

RECEIVED BY

KEEP THIS SLIP FOR REFERENCE

Renewal Invoice Summary

2/9/21

WINNIE STOWELL HOSPITAL DISTRICT
PO BOX 1997
WINNIE TX 77665-1997

Regarding
WINNIE STOWELL HOSPITAL DISTRICT

Renewal of policy no.
0001302975
Quote no.
Q004398320

Renewal coverage period
3/12/21 to 3/12/22

Dear Policyholder,

Thank you for giving us the opportunity to serve as your workers' compensation insurance provider. It's almost time to renew your Texas Mutual Insurance Company policy. This document is a proposal to continue your coverage. To avoid any lapse in coverage, please submit the amount below to Texas Mutual by the due date. This proposal assumes the same payment plan and network selection of your expiring policy. It is not to be used as proof of coverage.

If you have had any operational changes such as payroll updates, or if you have any questions, please contact your agent.

Sincerely,

Underwriting Team



Renewal Invoice Summary

Network selection	In Network
Payment plan	Pay In Full
Total estimated premium	\$398.00
Current amount due	\$398.00
Due date	3/12/21

Please note that if payment is not received by the due date above, your existing policy will end effective 3/12/21.

If anything has changed from last year's policy estimates, please contact your agent immediately for a revised proposal. Additionally, payment received does not guarantee coverage.

Payment options

- 1) Pay at texasmutual.com
 Select "Make a Payment".
 Enter your quote number Q004398320 and your FEIN number.
- 2) Mail a check with this form to
 Texas Mutual Insurance Company
 Attn: Remittance Processing
 PO Box 841843
 Dallas, TX 75284-1843

Your company's dividend history

At Texas Mutual, we reward our policyholder owners for their loyalty and commitment to safety. Since 1999, we have paid more than \$2 billion in dividends to qualifying Texas Mutual policyholders. Below is your company's dividend history:

2020 dividend payout: \$157.96

Total historical dividend payout: \$376.53

Note: Dividends are based on performance and therefore are not guaranteed.

Notice of terrorism insurance coverage

Coverage for acts of terrorism is already included in workers' compensation policies. Losses resulting from certified acts of terrorism, as defined under the Terrorism Insurance Act of 2002, as amended ("the Act"), would be partially reimbursed by the U.S. Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the U.S. Government would pay 80% of our Insured Losses that exceed our Insurer Deductible. The Act provides an annual cap on liability that limits the U.S. Government's payment as well as our liability for any amount of losses from certified acts of terrorism that, in the aggregate for the industry, exceeds \$100,000,000,000 in a calendar year. The portion of your quoted premium that is attributable to coverage for acts of terrorism is \$0 and does not include any charges for the portion of losses covered by the U.S. Government under the Act.

Thank you for your business!



EXHIBIT “B”



WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – 43
- b) Youth Counseling – 5

2) Pharmacy:

- a) Pharmacy expense was **DOWN by \$700, from \$4,404.38**. I have now successfully enrolled **10** clients in the Manufacturer’s Prescription Assistance Program, saving the District **\$4,246.33** for **JAN 2020**, and have **3** more clients pending enrollment.

3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was **UP by \$83, from \$24,374.09**.
- b) They sent **11** Referrals during the month of **JAN**, which were all approved. There were no major expenses from those referrals. There are no surgeries or major procedures scheduled for **JAN**.

4) UTMB Hospital & Clinics:

- a) UTMB expense was significantly **DOWN by \$3.3k from \$24374.09**. This is due to a notable decrease (only 2) in referrals to UTMB for the month of **DEC**.

5) Youth Counseling:

- a) Youth Counseling expense was the same for **JAN** as it was for **DEC**, at \$510.00

6) Our over-all YTD expenditures for 2021:

- a) Total YTD Amount **BILLED** IS \$73,567.72, AND THE Amount **PAID** is **\$31,294.24**. This amount includes a **\$225,810.35** pre-paid credit to Riceland Hospital and Clinic, and of that pre-payment, RMC still has **\$201,353.44** remaining.

7) Source Code Totals for JAN 2021:

- a) **Riceland** was **78%** of the total expenses for **JAN**
- b) **Pharmacy** was **12%** of the total expenses for **JAN**
- c) **UTMB** was **8%** of the total expenses for **JAN**
- d) **Youth Counseling & the Contract C-PAP Provider** comprised the remaining **2%** of total expenses.

8) 2021 YTD Paid Graph:

- a) **Riceland** – is trending as the highest expense for all vendors at **\$24.4K**.
- b) **Pharmacy** – is trending steady at **\$3.6K**.
- c) **UTMB** – is trending lower at **\$2.5K**.
- d) **Youth Counseling** – is trending steady at **\$510.00**.
- e) **Client Count** – Indigent Client count **increased** at **43** from **39**, and Youth Counseling **remained the same** at **5**.

9) Additional Information:

- a) **ICAP Applications**–
 - i) For **JAN**: **29** applications were GIVEN; **15** were APPROVED; **1** was DENIED; **2** RESCHEDULED to **FEB**; **11** did not completed the process.
- b) **Irlen Services** – **No** referrals were received for **JAN**; however, **2** referrals were received for **FEB**.

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

Indigent Clients:
Youth Counseling:

December		
Indigent Clients:	39	
Youth Counseling:	5	

January		
Indigent Clients:	43	
Youth Counseling:	5	

Year to Date		
Clients Enrolled:	43	43
YC Enrolled:	5	5

PROVIDER TOTALS WITH SERVICE BREAKDOWN			
Pharmacy			
Brookshire Brothers Pharmacy Corp	\$2,943.14	\$2,933.92	\$2,933.92
Wilcox Pharmacy	\$1,470.46	\$1,470.46	\$1,470.46
Pharmacy Totals	\$4,413.60	\$4,404.38	\$4,404.38

Billed Amount	Contracted Rate	Actually Paid
\$2,943.14	\$2,933.92	\$2,933.92
\$1,470.46	\$1,470.46	\$1,470.46
\$4,413.60	\$4,404.38	\$4,404.38

Billed Amount	Contracted Rate	Actually Paid
\$1,383.82	\$1,372.09	\$1,372.09
\$2,387.53	\$2,300.33	\$2,300.33
\$3,771.35	\$3,672.42	\$3,672.42

Billed Amount	Contracted Rate	Actually Paid
\$1,383.82	\$1,372.09	\$1,372.09
\$2,387.53	\$2,300.33	\$2,300.33
\$3,771.35	\$3,672.42	\$3,672.42

Winnie Community Hospital			
WCH Clinic	\$5,795.00	\$2,375.95	\$2,375.95
WCH Observation	\$0.00	\$0.00	\$0.00
WCH ER	\$13,748.00	\$5,636.68	\$5,636.68
WCH Lab/Xray	\$19,468.00	\$7,981.88	\$7,981.88
WCH CT Scan	\$15,513.00	\$6,360.33	\$6,360.33
WCH Labs	\$0.00	\$0.00	\$0.00
WCH Xray (MRI)	\$3,420.00	\$1,402.20	\$1,402.20
WCH Lab/Xray Reading	\$795.00	\$325.95	\$325.95
WCH Inpatient	\$0.00	\$0.00	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	\$0.00
WCH Ultrasound	\$710.00	\$291.10	\$291.10
WCH Totals	\$59,449.00	\$24,374.09	\$24,374.09
Balance on Contracted Amount (Lump Sum Payment of \$225,810.35)			
Actual Medicaid Rate Incurred			

Billed Amount	Contracted Rate	Actually Paid
\$5,795.00	\$2,375.95	\$2,375.95
\$0.00	\$0.00	\$0.00
\$13,748.00	\$5,636.68	\$5,636.68
\$19,468.00	\$7,981.88	\$7,981.88
\$15,513.00	\$6,360.33	\$6,360.33
\$0.00	\$0.00	\$0.00
\$3,420.00	\$1,402.20	\$1,402.20
\$795.00	\$325.95	\$325.95
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$710.00	\$291.10	\$291.10
\$59,449.00	\$24,374.09	\$24,374.09

Billed Amount	Contracted Rate	Actually Paid
\$4,298.00	\$1,762.18	\$1,762.18
\$0.00	\$0.00	\$0.00
\$9,520.00	\$3,903.20	\$3,903.20
\$6,276.00	\$2,573.16	\$2,573.16
\$12,707.00	\$5,209.87	\$5,209.87
\$0.00	\$0.00	\$0.00
\$19,363.00	\$7,938.83	\$7,938.83
\$1,827.00	\$749.07	\$749.07
\$0.00	\$0.00	\$0.00
\$2,732.00	\$1,120.12	\$1,120.12
\$2,928.00	\$1,200.48	\$1,200.48
\$59,651.00	\$24,456.91	\$24,456.91

Billed Amount	Contracted Rate	Actually Paid
\$4,298.00	\$1,762.18	\$1,762.18
\$0.00	\$0.00	\$0.00
\$9,520.00	\$3,903.20	\$3,903.20
\$6,276.00	\$2,573.16	\$2,573.16
\$12,707.00	\$5,209.87	\$5,209.87
\$0.00	\$0.00	\$0.00
\$19,363.00	\$7,938.83	\$7,938.83
\$1,827.00	\$749.07	\$749.07
\$0.00	\$0.00	\$0.00
\$2,732.00	\$1,120.12	\$1,120.12
\$2,928.00	\$1,200.48	\$1,200.48
\$59,651.00	\$24,456.91	\$24,456.91

UTMB			
UTMB Physician Services	\$4,521.00	\$1,298.78	\$1,298.78
UTMB Anesthesia	\$854.00	\$376.31	\$376.31
UTMB In-Patient	\$0.00	\$0.00	\$0.00
UTMB Outpatient	\$17,301.49	\$4,152.36	\$4,152.36
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00
UTMB Totals	\$22,676.49	\$5,827.45	\$5,827.45

Billed Amount	Contracted Rate	Actually Paid
\$4,521.00	\$1,298.78	\$1,298.78
\$854.00	\$376.31	\$376.31
\$0.00	\$0.00	\$0.00
\$17,301.49	\$4,152.36	\$4,152.36
\$0.00	\$0.00	\$0.00
\$22,676.49	\$5,827.45	\$5,827.45

Billed Amount	Contracted Rate	Actually Paid
\$1,240.00	\$194.20	\$194.20
\$854.00	\$544.39	\$544.39
\$0.00	\$0.00	\$0.00
\$7,401.37	\$1,776.32	\$1,776.32
\$0.00	\$0.00	\$0.00
\$9,495.37	\$2,514.91	\$2,514.91

Billed Amount	Contracted Rate	Actually Paid
\$1,240.00	\$194.20	\$194.20
\$854.00	\$544.39	\$544.39
\$0.00	\$0.00	\$0.00
\$7,401.37	\$1,776.32	\$1,776.32
\$0.00	\$0.00	\$0.00
\$9,495.37	\$2,514.91	\$2,514.91

Non-Contracted Services			
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00
Chambers Co Public Hosp Distr ER	\$393.18	\$188.73	\$188.73
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$393.18	\$188.73	\$188.73

Billed Amount	Contracted Rate	Actually Paid
\$0.00	\$0.00	\$0.00
\$393.18	\$188.73	\$188.73
\$0.00	\$0.00	\$0.00
\$393.18	\$188.73	\$188.73

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
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00

Youth Counseling			
Nicki Holtzman	\$340.00	\$340.00	\$340.00
Penelope Butler	\$170.00	\$170.00	\$170.00
Youth Counseling Totals	\$510.00	\$510.00	\$510.00

Billed Amount	Contracted Rate	Actually Paid
\$340.00	\$340.00	\$340.00
\$170.00	\$170.00	\$170.00
\$510.00	\$510.00	\$510.00

Billed Amount	Contracted Rate	Actually Paid
\$340.00	\$340.00	\$340.00
\$170.00	\$170.00	\$170.00
\$510.00	\$510.00	\$510.00

Billed Amount	Contracted Rate	Actually Paid
\$340.00	\$340.00	\$340.00
\$170.00	\$170.00	\$170.00
\$510.00	\$510.00	\$510.00

Medical Supplies			
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00
Medial Supplies Total	\$0.00	\$0.00	\$0.00
Grant Totals	\$87,442.27	\$35,304.65	\$35,304.65

Billed Amount	Contracted Rate	Actually Paid
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$87,442.27	\$35,304.65	\$35,304.65

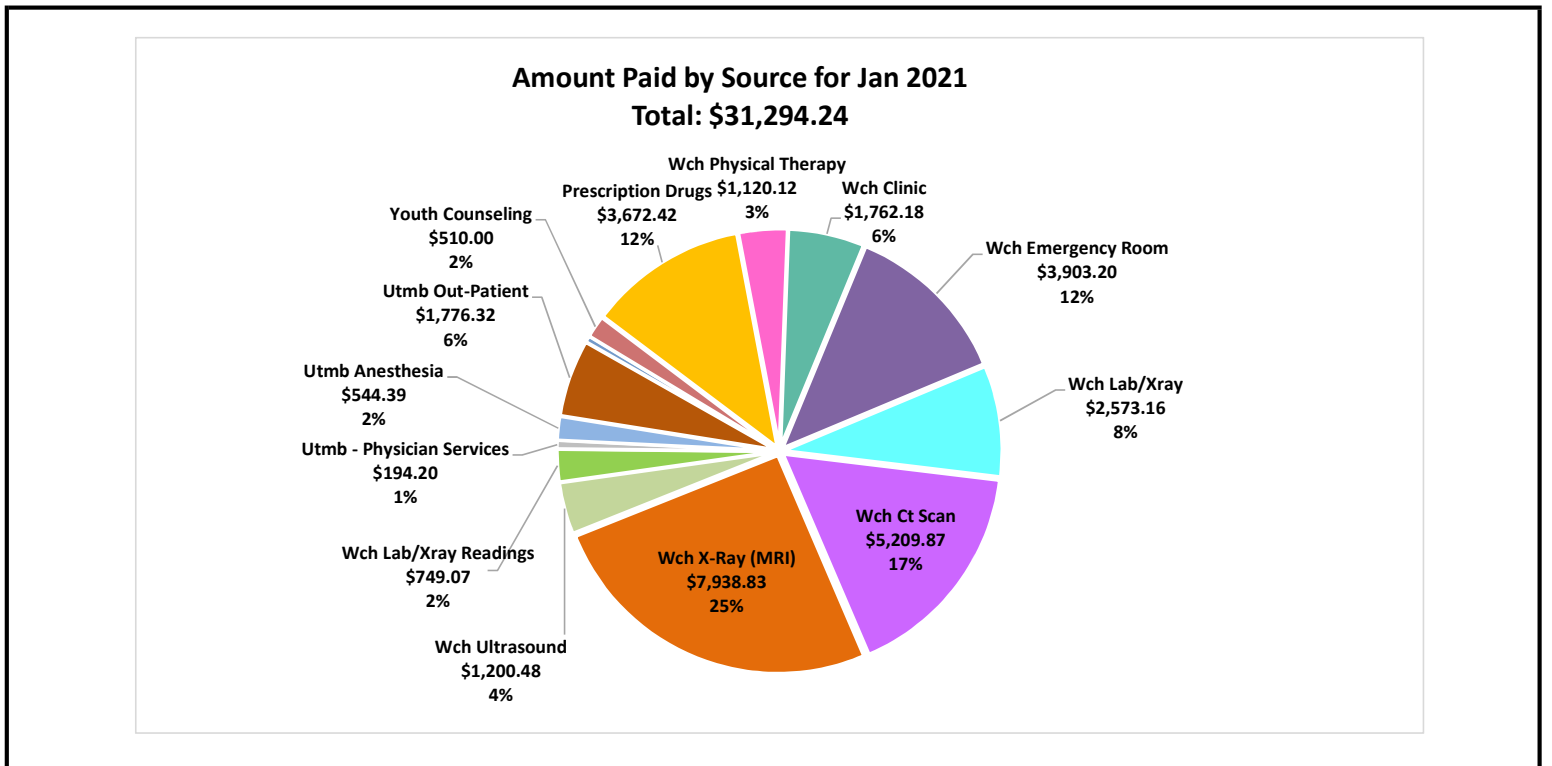
Billed Amount	Contracted Rate	Actually Paid
\$140.00	\$140.00	\$140.00
\$140.00	\$140.00	\$140.00
\$73,567.72	\$31,294.24	\$31,294.24

Billed Amount	Contracted Rate	Actually Paid
\$140.00	\$140.00	\$140.00
\$140.00	\$140.00	\$140.00
\$73,567.72	\$31,294.24	\$31,294.24

WSHD Indigent Care Director Report
Jan 2021 SOURCE CODE REPORT

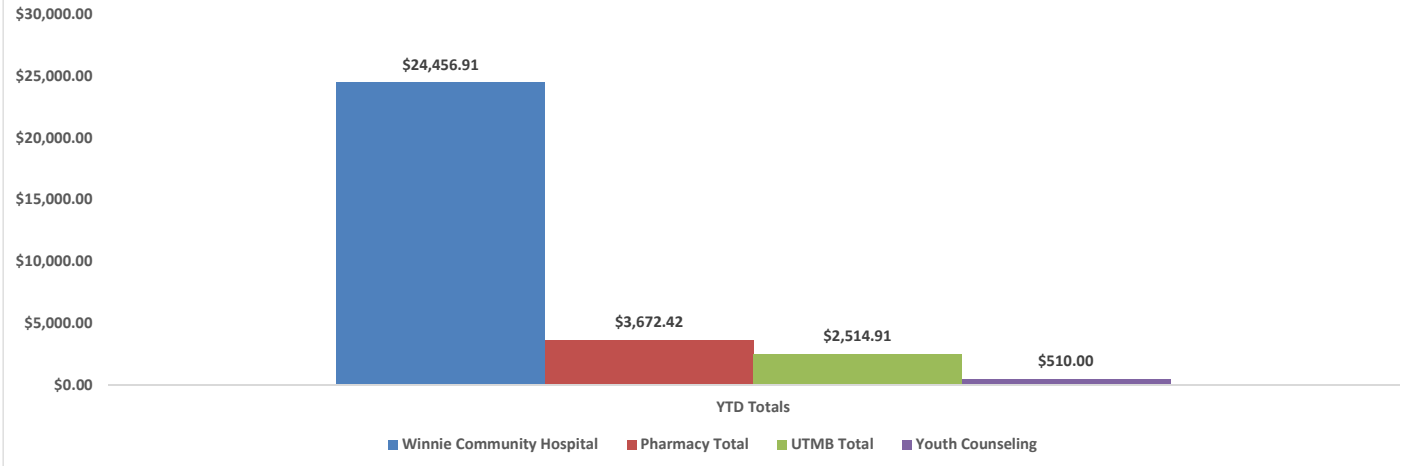
Source Totals for Batch Dates 1/01/2021 through 1/31/2021 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$3,771.35	\$3,672.42	11.74%
20	Wch Physical Therapy	\$2,732.00	\$1,120.12	3.58%
21	Wch Clinic	\$4,298.00	\$1,762.18	5.63%
24	Wch Emergency Room	\$9,520.00	\$3,903.20	12.47%
25	Wch Lab/Xray	\$6,276.00	\$2,573.16	8.22%
26	Wch Ct Scan	\$12,707.00	\$5,209.87	16.65%
28	Wch X-Ray (MRI)	\$19,363.00	\$7,938.83	25%
29	Wch Ultrasound	\$2,928.00	\$1,200.48	4%
44	Wch Lab/Xray Readings	\$1,827.00	\$749.07	2.39%
31	Utmb - Physician Services	\$1,240.00	\$194.20	0.62%
31-1	Utmb Anesthesia	\$854.00	\$544.39	1.74%
34	Utmb Out-Patient	\$7,401.37	\$1,776.32	5.68%
10	Contract Provider(C-PAP Supplies)	\$140.00	\$140.00	0.45%
39	Youth Counseling	\$510.00	\$510.00	1.63%
Expenditures/Reimbursements/Adjustments		\$73,567.72	\$31,294.24	0%
Grand Total		\$73,567.72	\$31,294.24	100%

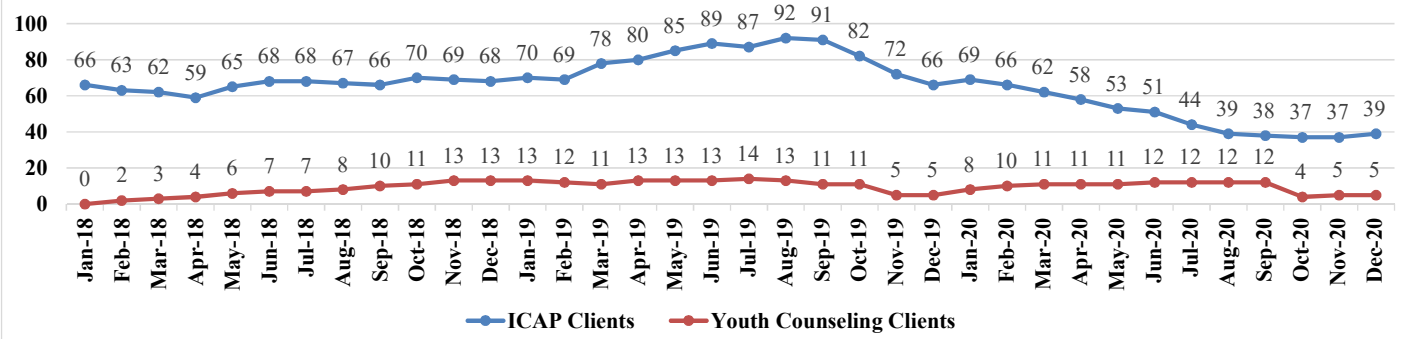


2021 YTD Paid = \$419,328.15

WCH: \$24,456.91 | RX: \$3,672.42 | UTMB: \$2,514.91 | YC:\$510.00



Client Count Trending



PHARMACY SAVINGS TO DATE = \$3,923.83

\$3,923.83

SAVINGS
JAN-21

EXHIBIT “C”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
January 2021			
Facility	Operator		Comments
Deerbrook Skilled Nursing Center	HMG		Current Census: 71. The facility had their annual survey in August 2019, they are currently in their survey window. There were four reportable incidents since the last visit, all have been unsubstantiated following review. The facility is considered to be in an outbreak, there were nine residents that tested positive for COVID at the beginning of January. Following the outbreak, the state conducted an infection control survey, the facility was not cited.
Friendship Haven Healthcare Center	HMG		Current Census: 76. The facility had their annual survey in October 2020, the facility received zero health deficiency tags and four LSC tags. There was one reportable incident since the last visit, the facility was not cited. The facility currently has 32 residents under isolation due to testing positive for COVID. Due to the number of residents in isolation the facility is only allowing closed window visitations.
Park Manor of Cyfair	HMG		Current Census: 94. The facility had their annual survey in November 2020, they received eight tags. The POC was accepted by the state in December 2020. There were two reportable incidents since the last visit, both were unsubstantiated following state review. The facility is having an outbreak of the new COVID strain, it has been traced back to two essential caregivers who took their face shields off.
Park Manor of Cypress Station	HMG		Current Census: 77. The facility had their annual survey in October 2019, they are currently in their survey window. There were on reportable incidents since the last visit. The facility has begun the process of distributing the COVID vaccine to the residents, there is still one more round of vaccines for staff and residents. Of the 14 COVID positive residents at the facility only two contracted COVID while at the facility.
Park Manor of Humble	HMG		Current Census: 88. The facility last had their annual survey in August 2019, they are currently in their survey window. The facility received two tags from an infection control survey, the facility is awaiting the results of the plan of correction. The facility has had a few residents test positive for COVID; they have traced it back to a dialysis center that the residents go to.

Park Manor of Southbelt	HMG		Current Census: 85. The facility had their annual survey in September 2020, they received only minor tags and their POC was accepted by the state. There were no reportable incidents since the last visit. The administrator of the facility has recently come back to the facility following testing positive for COVID; she is not quite back to 100% but she is no longer contagious. The residents and staff have received their COVID vaccinations.
Park Manor of Westchase	HMG		Current Census: 74. The facility is currently in their survey window. The facility has had four reportable incidents since the last visit, the state has not yet investigated. The facility had one resident test positive for COVID in December, the facility believes that the resident contracted the virus while at the hospital. The nurses at the facility decorated the doors for the residents to give them a holiday feel, the residents were very appreciative.
Spring Branch Transitional Care Center	Caring		Current Census: 174. The facility had their annual survey in October 2020, they received 19 tags, all minor in nature. There were no reportable incidents since the last visit. The facility currently has seven residents who are COVID positive, all of the residents came from the hospital. The facility has received the first round of COVID vaccines with the second round coming in a few weeks.

December 2020			
Facility	Operator		Comments
Park Manor of Conroe	HMG		Current Census: 96. The facility is currently in their survey window. There were six reportable incidents since the last visit, all have been cleared following state review. The facility had one staff member test positive in mid-December, so far there have not been any more positive tests. The facility is scheduled to receive the COVID vaccine shortly, they are in the process of getting all staff and residents to sign waivers.
Spindletop Hill	Regency		Current Census: 96. The facility had their annual survey in November 2020, the facility received five tags, the plan of correction was accepted by the state. There were no reportable incidents since the last visit. The families of the residents sent pizza and cookies to the staff as a show of appreciation for the care that the residents have been getting. The facility is trying to hire a beautician to come into the facility, their previous beautician has not come back.

<p>The Woodlands Nursing and Rehab Center</p>	<p>Regency</p>	<p>Current Census: 105. The facility had their annual survey in October 2020, they received five tags. The facility had a complaint survey in October as well and received an additional five tags. The facility has cleared all ten tags from the two surveys. There were twelve reportable incidents since the last visit, the state has not finished investigating the incidents at this time. The facility has closed its COVID unit, any residents who test positive are sent to a sister facility for care and treatment.</p>
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Administrator: Shemika White
Regional Nurse: Ada Fiscu
DON: Lilliana CoVaciuc – started today, the 25th

FACILITY INFORMATION

Deerbrook Skilled Nursing and Rehab Center is a 124-bed facility with a current overall star rating of 3 and a Quality Measures rating of 4. The census given on the date of this Report was 71: (4) PP; (8) MC; (40) MDC; (17) HMO; (2) Hospice.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Regional Director was on the call as the Administrator was out.

The Regional Director reported they are implementing their emergency plan and are following all the state/federal/local mandates. There are 297,629 confirmed cases of COVID_19 in Harris County and 4,013 deaths. The positivity rate in Harris County is over 18%.

Testing is twice per week for staff and employees since they are considered to be in an outbreak. Ms. Fiscu stated at the end of December, two employees tested COVID_19 positive and then on January 4th (9) residents tested positive. The 9 residents were placed in their Hot Zone unit and initially their roommates were placed in the Warm Unit. Thereafter, some of the roommates tested positive and were moved to their Hot Zone Unit. Eleven residents were moved back to the general population from last Friday and currently they still have 13 residents in their Hot Zone. A total of 25 residents so far have been in the Hot Zone Unit. This week, they will be able to move some more residents out to the general population. Three residents needed to be sent out to the hospital due to severe symptoms. One resident had sudden oxygen drops, another had seizure activity that was a new onset and x-rays at the hospital showed entire lung surface was affected. Apparently, all three are stable but 2 of them are still in the ICU as of Friday.

Ms. Fiscu states Deerbrook was actually doing good through this past year and only had one or two residents test positive; nothing like what has been happening currently. Ms. Fiscu reports 15 residents in her Warm Zone at this time. Five of the fifteen are new admissions.

PPE inventory is good. They receive these items by either their vendors, corporate office, SETRAC and even Walmart if available. Full PPE is being worn on both the Hot and Warm Zone by staff. N95 and face shields are being worn in the general population by staff. Residents are wearing either cloth or surgical masks. Contract agency was needed when the outbreak occurred and it was mentioned the DON pretty much walked out on them. Contract agency is used mainly on the Hot Zone and if their own staff work the Hot Zone in which hazard pay of 1 ½ is given. Ms. Fiscu stated the team really came together and helped out; especially on the general population area.

The State did come out on Friday to do their Infection Control survey and they did well – no citations. Essential Caregiver visits continue at Deerbrook and COVID_19 tests have to be provided within 14 days of the visit. Visits are offered 7 days per week and on average, they have 2 per day. If they have a temperature of 100.4, they can not participate in the visit.

Flu shots were given back in October and almost everyone received it. Deerbrook had their first COVID_19 vaccination clinic on December 30th and then the second clinic was on Wednesday, January 20th. Ms. Fiscu felt like 50% to 60% of residents and staff received their vaccine. Many could not due to being COVID_19 positive. Walgreens helped to administer the vaccines and will be back a third time. At this time, all residents eat in their room. Activities are offered either in their rooms or social distancing with a small group of residents.

Ms. Fiscu stated she would have to confirm if a beautician was coming in their building; if so, she or he would have to follow protocols like an essential caregiver. A special Thanksgiving meal for the residents was provided for them and they either could Facetime with their loved one or they could go home with their family member. If they chose the latter, upon return they had to spend 14 days in their Warm Zone, just to be cautious. Christmas for employees was good and all received gifts to show how much they were appreciated. Deerbrook is looking at the future and are discussing the possibility of a dementia unit or COVID unit in which they would receive patients from the hospital who have tested positive COVID_19. The new DON

SURVEY INFORMATION

Deerbrook had their full book survey on August of 2019.

REPORTABLE INCIDENTS

September - 2 falls w/hematoma and a new COVID 19 case (unsubstantiated).

October - New COVID 19 case (unsubstantiated).

November -1 fall w/ hematoma and COVID 19 case (unsubstantiated).

CLINICAL TRENDING

Incidents/Falls:

In **September/October/November**, Deerbrook had 43 total falls, of which 3 resulted in injury, 9 Skin tears, 0 Bruise, 0 Lacerations, 0 Elopements, 0 Fractures, 2 Other, and 6 Behaviors.

Infection Control:

Facility reports 39 total infections in **September/October/November** – 9 UTI's; 12 URIs; 2 GI's; and 16 other infections.

Weight loss:

Weight loss reported in in **September/October/November** – information not provided.

Pressure Ulcers:

In in **September/October/November** – information not provided.

Restraints:

Deerbrook Skilled Nursing & Rehab Center is a restraint free facility.

Staffing:

Facility is currently in need of (3) RN’s; (1) LVN 2p-10p; (1) LVN 10p-6a.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.0%	2.4%	2.2%	
Fall w/Major Injury (L)	4.3%	3.7%	3.6%	
UTI (L)	1.5%	2.1%	2.8%	
High risk with pressure ulcers (L)	17.1%	9.5%	9.1%	
Loss of Bowel/Bladder Control(L)	52.4%	51.3%	47.3%	
Catheter(L)	0.0%	2.1%	2.1%	
Physical restraint(L)	0.0%	0.1%	0.2%	
Increased ADL Assistance(L)	30.8%	20.5%	17.2%	
Excessive Weight Loss(L)	9.4%	7.6%	8.5%	
Depressive symptoms(L)	0.0%	4.9%	7.5%	
Antipsychotic medication (L)	14.5%	12.3%	14.4%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	9/14/2020, 10/15/2020, 11/12/2020	Falls, Weights, Pressure Sores

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	7.3%	7.4%	11.6%	N	
Percent of residents who received an anti-psychotic medication	12%	14.1%	6.8%	Y	
Percent of residents whose ability to move independently has worsened	9.3%	18%	18.5%	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%	2.5%	0.0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	96.3%	96.1%	100%	Y	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Y	Infection Control Policy reviewed. Antibiotic Stewardship Program review and is in place with all components.

Administrator: Raymond Howard
DON: Courtney Robinson
MDS Nurse: Julie Walter

FACILITY INFORMATION

Friendship Haven is a 150-bed facility with a current overall star rating of 5 and Quality Measures star rating of 5. The census on the date of this report was 76: (1) PP; (40) MC, (24), (11) HMO.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator and MDS nurse were on the call. Administrator has been at the facility since 2016.

The Administrator reported they are implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports there are over 28,878 confirmed cases of COVID_19 in Galveston County and 268 deaths. COVID_19 Positivity rate for Galveston County is 15.7%.

Testing is still twice per week for employees and residents. Administrator reports Friendship Haven was COVID_19 negative up until April of 2020. Thereafter, they started having employees test positive who were asymptomatic throughout the following months and then July hit and they had a hard time with an outbreak. After July, things started to slow down and Friendship Haven was doing good but on December 28th, another outbreak came about. Friendship Haven has (2) Covid_19 Unit Hallways which is 200 and 600 Hall. Currently there are 19 residents on one hallway and 13 on the other which totals 32 residents. Most are doing well and are stabilized. A few residents are being monitored closer due to symptoms going up and down Their Warm Zone is on 500 Hall.

Dedicated staff are assigned the Hot and Warm Zones which is mainly their own staff. All who work in those zones wear full PPE. Hazard pay is given in which they receive time and 1/2. Contract agency has been needed but mainly on the general population side. N95 and face shields are being worn on the general population. Residents are wearing cloth masks in their rooms, surgical or N95 masks if they come out of their room and N95 Masks if they go out to a doctor's appointment. PPE inventory is good. Corporate office assists if they have any issues and they utilize their vendors and SETRAC once a month.

Screening for those entering the building have their temperatures (over 100.4 cannot come in) taken as well as the questions mandated by State and CDC as well as providing a negative COVID_19 test. Essential Caregivers follow same guidelines and have to show proof of the negative COVID_19 test if they are wanting to visit in that 14-day window time frame for each visit. They are tracking and trending this information to ensure compliance. Visits are available 7 days a week and on average they have approximately 3 visits each day. Closed window visits are allowed but that is it. At one point in the past, they did have indoor plexiglass visits and out visits with 6 ft distancing but not at this time.

Flu shots were given back in October. The COVID_19 Vaccines clinics were on December 30th and January 21st. For the first clinic, 74 residents and 49 employees took the first dose. For the second clinic, only 32 of the same residents took their 2nd dose as the others had tested positive for COVID_19. Two additional new residents took their first dose. Most employees (44) were able to receive their second dosage and 9 new employees took their first shot. A third clinic is scheduled on February the 8th or 10th, reported the Administrator. No one has had any serious side effects.

Dining services for residents are in their rooms at this time. Activities are also in their rooms but she also tries to coordinates Facetime calls with families for the residents. A beautician was coming into the building but due to the outbreak is not allowed at this time. During the holidays, they played music over the loud speaker to keep spirits up, gift give-a-ways on the Christmas available for the certified nurse aides and thanking them for all they do. Families are some what frustrated due to everything COVID so the Administrator states communication is key. Administrator reported it was understandable as many had not seen their loved one in a long time. Their Social Worker helps out a lot. Administrator mentioned he and his team always try to communicate to the staff to try and support them, especially when the seem them struggling. Administrator stated he always wanted them to know they cared.

SURVEY INFORMATION

Friendship Haven had their annual survey in October of 2020. Their last survey was back in April of 2019 and although State was late, they were surprised they showed up in October. Friendship Haven did extremely well as they received 0 health deficiencies and 4 LSC tags.

REPORTABLE INCIDENTS

In **October/November/December**, the facility had 1 self-report – no citations.

CLINICAL TRENDING

Incidents/Falls:

During **October/November/December** Friendship Haven had 48 total falls, of which 3 resulted in injury, 10 Skin Tears, 1 Fracture, 3 Lacerations, 0 Bruises and 4 Other.

Infection Control:

Friendship Haven reports 81 total infections in **October/November/December** – 36 UTI's; 12 URI's; 3 GI infections; and 30 Other.

Weight loss:

Friendship Haven reported Weight loss in **October/November/December** – 0 resident with 5-10% and 0 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **October/November/December**, Friendship Haven had 15 residents with 18 pressure ulcer sites – 1 acquired in house.

Restraints:

Friendship Haven is a restraint free facility.

Staffing:

Administrator reports the facility is in need of (1) RN on 6a-2p; (2) RN’s 2p-10p; (4) CNA for 6a-2p; (9) CNA for 2p-10p; (1) CNA for 10p-6a.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	2.4	2.2	
Fall w/Major Injury (L)	1.3	3.7	3.6	
UTI (L)	0	2.1%	2.8%	
High risk with pressure ulcers (L)	2.2	9.5	9.1	
Loss of Bowel/Bladder Control(L)	59.5	51.3	47.3	
Catheter(L)	2.9	2.1	2.1	
Physical restraint(L)	0	.1	.2	
Increased ADL Assistance(L)	9.7	20.5	17.2	

Excessive Weight Loss(L)	0	7.6	8.5	
Depressive symptoms(L)	0	4.9	7.5	
Antipsychotic medication (L)	4.1	4.1	12.3	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	9-11-20	Physician orders
	10-09-20	Admission packets
	11-13-20	Administration - Collections

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?	N	

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	7.32	7.51	2.69	Y	
Percent of residents who received an anti-psychotic medication	14.53	12.37	10.57%	Y	
Percent of residents whose ability to move independently has worsened	17.09	18.27	12.50	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	%	%	%		Information not provided.

Percent of residents whose pneumococcal vaccine is up to date.	66.27	63.72	53.06	N	
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.				Y	<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

Administrator: Lisa Arnold
DON: Dee Linden, RN

FACILITY INFORMATION

Park Manor Cyfair is a 120-bed facility with a current overall star rating of 4 and Quality Measures star rating of 3. The census on the date of this report was 94.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports there are over 280,000 confirmed cases of COVID_19 in Harris County and over 3,700 deaths. COVID_19 Positivity rate for Harris County is 18%.

Administrator reported Park Manor of Cyfair is having an outbreak of the new COVID strand. Ms. Arnold stated it started last week and they traced it back to two Essential Caregivers that brought it in the facility and spread it to their 2 residents. Administrator states she believes both Essential Caregivers took off their face shields and that is why her residents got COVID_19. Essential Caregivers are only being tested every 14 days, which is frustrating by the Administrator as her team is tested twice per week. The Administrator states the strand is just quicker and personally experienced it but did not get it. The Administrator explained she had a dinner at her home and screened and took temperatures of all that came. Somehow one of her friends had been exposed a week prior and did not know until the day after. Apparently, her friend's employee went to go get tested on a Friday and didn't tell her friend and the dinner was on Saturday. Sunday morning her friend texted her and her temperature was 99.1. Two more of her friends also had fever and was tested positive for COVID_19. Ms. Arnold stated she and one of her other friends did not get it, thankfully.

Park Manor of Cyfair had their first COVID_19 vaccine clinic on December 31st. Administrator reported those who received the 1st vaccine still tested positive for COVID_19 thereafter. The 1st dose of the vaccine is supposed to be 75% effective reported Ms. Arnold and tomorrow the second dose will be at their facility. The Administrator states that most people do not have any symptoms, maybe a runny nose and then they test positive. Administrator states it doesn't really affect her employees as much as it does her residents it seems; and still most are asymptomatic. The 3rd clinic will be on February the 11th. This will be for first timers and second timers. The Administrator stated she didn't know if they would be coming back a fourth time or not. Park Manor of Cyfair has 75 residents that are signed up for the second dose and fourteen new residents for the first-round tomorrow. There are 37 employees' total signed up. Walgreens told them they were the only facility who did over 100 vaccines, which the Administrator said they did 110 vaccines.

Testing is twice per week for both employees and residents. Administrator explained she had 2 residents in the Hot Zone prior who recovered but now has 4 residents in the Hot Zone. The residents don't even have any symptoms, not even any fever. The State came out last Saturday for an Infection Control survey in which they didn't receive any citations.

PPE inventory is still good. SETRAC continues to supplement their supplies which still is once a month. Employees on the Hot and Warm Zone are wearing full PPE and those working in the general population wear either the K95 or N95 masks plus the face shields; this includes all those that come in the facility. The facility still has their infection preventionist nurse that assists with Infection Control. They also have their sanitation tech and a hospitality aide that cleans high touch areas all day long. The Italian grade steamer, which cleans equipment every day, is still being used.

A beautician has been in their building ever since they were allowed to by State and comes every Monday. Residents are still having to eat in their own rooms. Hallway activities, such as BINGO continues and the NCL "Yellow Rose" provides more crafts for their residents. This National Charity League has been coming to Park Manor of Cyfair for many years and the provide extra items each quarter. Movie time with popcorn in the rooms is also provided and the team pushes hydration 3 times throughout the day. A Thanksgiving and Christmas luncheon was provided for staff and employees but Park Manor of Cyfair really couldn't do any group functions for residents. Drawings for a raffle was given for the employees in which everyone was able to receive a present under the tree. Also, during the Christmas holiday, families gave fruit, sandwiches, cookies, etc... for the employees to show their appreciation. Providers would also sponsor different items such as a lunch or a breakfast or even things for birthdays, which the Administrator said she and her team appreciated it.

SURVEY INFORMATION

Park Manor Cyfair had their annual survey on November 11th. Five Health Deficiencies were given for Quality of Care, Resident Assessment, Resident Rights, Dietary and Pharmacy. Three deficiencies with LSC were given which was cleared on November 20th. Everything was cleared December 8th as the State accepted the Plan of Corrections and did a desk review and said Park Manor of Cyfair was in substantial compliance.

REPORTABLE INCIDENTS

In **October/November/December**, the facility had a couple of self-report on Falls with no citations and COVID positive self-reports.

CLINICAL TRENDING

Incidents/Falls:

During **October/November/December** Park Manor of Cyfair had 48 total falls, of which 1 resulted in injury, and 2 Bruises.

Infection Control:

Park Manor of Cyfair reports 35 total infections in **October/November/December** – 19 UTI’s; 6 URI’s; 2 GI infections; and 3 other.

Weight loss:

Park Manor of Cyfair reported Weight loss in **October/November/December** – 1 resident with 8-10% and 7 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **October/November/December**, Park Manor of Cyfair had 13 residents with 21 pressure ulcer sites – 4 acquired in house.

Restraints:

Park Manor of Cyfair is a restraint free facility.

Staffing:

Administrator reports the facility is in need of RN on all three shifts; (3) CNA for 6a-2p; (1) CNA for 2p-10p; (1) CNA for 10p-6a and (1) dietary aide for 6a-2p.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	2.4%	2.2%	
Fall w/Major Injury (L)	0	3.7%	3.6%	
UTI (L)	0	2.1%	2.8%	
High risk with pressure ulcers (L)	10.6	9.5%	9.1%	
Loss of Bowel/Bladder Control(L)	72.	51%	47.3%	* Part B Evaluation / Toilet Program
Catheter(L)	8.5	2.1%	2.1%	* Work with Physician on removal
Physical restraint(L)	0	0%	0%	

Increased ADL Assistance(L)	10.2	20.5%	17.2%	
Excessive Weight Loss(L)	0	7.6%	8.5%	
Depressive symptoms(L)	1.8	4.9%	7.5%	
Antipsychotic medication (L)	9.1	12.3%	14.4%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	10/15, 11/15, 12/15	Survey POC, Weight loss, Falls

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	9.1%	8%	10.6%	N	
Percent of residents who received an anti-psychotic medication	14.4%	9.1%	9.1%	Y	
Percent of residents whose ability to move independently has worsened	27%	13%	12%	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	0%	0%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	66.61%	38.46%	%	N	Need to do more education on the benefits of the vaccine
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring,				Yes	Infection Control Policy reviewed.

documenting and providing staff feedback.					Antibiotic Stewardship Program review and is in place with all components.
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Administrator: Justin Joy
DON: Mayra Polio, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current star rating of 1 and a Quality Measures rating of 4. The census on the date of this report was 77.

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

The Administrator continues to report implementing their emergency plan and following all the state/federal/local mandates. Administrator reports there are 304,333 confirmed cases of COVID_19 in Harris County and 4,060 deaths. Covid_19 Positivity rate for Harris County is 19%.

Administrator reports they have 5 employees currently out due to being COVID_19 positive. Testing of residents and staff is twice a week. Administrator states they have 14 residents currently in their Hot Zone Unit. The facility is admitting patients from the hospitals who have tested COVID_19 Positive and are brought to Park Manor of Cypress Station. Most of the residents in the COVID unit have symptoms that are mild to moderate. Many are much younger and hoping to go back home, after REHAB. Park Manor of Cypress Station has had (2) COVID_19 deaths. Less than (2) months ago is when Park Manor of Cypress Station started accepting COVID_19 residents. Twelve of the fourteen are new COVID_19 residents and the other two are within their community. Staffing is good in the Hot Zone. Contract agency was needed for a few shifts in the last week but overall, Park Manor Cypress Station is doing fine with staffing. Hazard pay is given to staff which is time and 1/2.

Park Manor of Cypress Station has a Warm Zone Unit in which they had an outbreak a few weeks ago but thankfully, it was contained in that hallway. PPE inventory is still good. Administrator reports staff are wearing N95's, googles or face shields throughout the building and wearing full PPE on Hot and Warm Zones. Residents are wearing cloth or surgical masks.

Flu shots have been completed. Two of the three COVID_19 vaccine clinics have already taken place at Park Manor of Cypress Station. The first clinic was December 30th and 55 residents and 22 employees participated. The second clinic, 6 employees participated for the first time and with the third clinic coming up, more staff are being more open minded. Walgreens is being utilized at this time and it was asked what to do for those who received their 1st vaccines on the third clinic and the Administrator is still awaiting their answer.

The Marketing Director has actually been helping with the hair care needs of the residents as they do not have a beautician in place at this time. The Maintenance Director recently painted the dining room which looks really nice. He also is touching up the rails to keep the building looking good. Education and rounding are still part of infection control processes daily. Essential Caregiver visits

have increased and appears to be going well. They can not have their plexiglass visits but still continuing with closed window visits. Dining services and activities are in the resident's rooms.

Staff received gifts for Christmas and Park Manor of Cypress Station provided special meals for the residents. Employee morale is okay and the Administrator was tired. Consultant mentioned she would hope 2021 would definitely be better for everyone.

SURVEY INFORMATION

Last full book survey was October 8, 2019. A few weeks-ago they had an Infection Control survey with no deficiencies. A month ago, they had an Infection Control survey and they did receive a tag regarding PPE usage.

REPORTABLE INCIDENTS

During **October/November/December** – information not provided.

CLINICAL TRENDING

Incidents/Falls:

During **October/November/December** – information not provided.

Infection Control:

Park Manor Cypress Station did not provide information.

Weight loss:

Park Manor of Cypress Station reported Weight loss was not provided.

Pressure Ulcers:

In **October/November/December**, Park Manor of Cypress Station did not provide information.

Restraints:

Park Manor Cypress Station is a restraint free facility.

Staffing:

Information not provided.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)				Information not provided.
Fall w/Major Injury (L)				
UTI (L)				
High risk with pressure ulcers (L)				
Loss of Bowel/Bladder Control(L)				
Catheter(L)				
Physical restraint(L)				
Increased ADL Assistance(L)				
Excessive Weight Loss(L)				
Depressive symptoms(L)				
Antipsychotic medication (L)				

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting		Information not provided

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

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					Information not provided
Percent of residents who received an anti-psychotic medication					
Percent of residents whose ability to move independently has worsened					

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					Information not provided
Percent of residents whose pneumococcal vaccine is up to date.					
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.					

Administrator: Rodney Lege
DON: Charity Reece, RN

FACILITY INFORMATION

Park Manor Humble is a 125-bed facility with a current overall rating of 1 and a Quality Measures rating of 4. The census on the date of this call was 88: PP 5; MDC 48; MC 17; HMO 15; Hospice 2 which adds up to 87.

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

The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports there are 293,271 confirmed cases of COVID_19 in Harris County and 3,941 deaths. The Covid_19 positivity rate for Harris County is 20%.

Testing is twice per week for employees and residents. Administrator reports they do not test those who already tested positive for 90 days for either both employees and residents following CDC guidelines. Park Manor of Humble recently has had an outbreak and have been working with Harris County Public Health Department. They both believe COVID_19 entered into their building two ways: (1) Essential Caregiver visits and (2) dialysis center. One of the resident's daughters had been visiting, testing negative and being asymptomatic and then tested again and came up positive. Her family thereafter tested positive. Additionally, two of their residents who tested positive go to the same dialysis center and believe there is a connection or correlation in which it entered the building. HHS has been receiving their daily reports.

The Administrator reports 300 Hallway is the Hot Zone and they currently have 11 residents. The number of cases has gone down for both residents and employees and currently have (2) employees testing positive. The DON reports some residents will be discharged on Sunday who are stable and ready to go and believes the other half will be back in the general population on Monday. Two hundred hallway is considered the Warm Zone and currently they have 11 residents in there in which (1) more resident discharging home today.

Nurse Dash, a contract staffing agency, is being utilized at Park Manor of Humble. The Administrator reports they are working towards not needing them, and interviewing nurses daily. Essential Caregivers are still occurring but many decided not to come in due to the outbreak. No Essential Caregivers can visit loved ones that are in the COVID unit. Flu shots have already been given. Two clinics for the COVID_19 Vaccine has already occurred. Twenty residents and employees received their first dosage and for the second clinic, which was on January 19th, four new residents took their shot and nineteen employees had their first shot. The last clinic will be on February 9th. Residents did well and did not have any reverse reactions to the shot. Some of the employees had fever and achiness but recovered quickly.

The Sanitation Tech is still cleaning daily as well as all staff are assisting with high touch areas daily. Park Manor of Humble is doing good with their PPE items and Medline, SETRAC and corporate office is assisting with all of their needs. The Activity Director is back after being hospitalized with COVID_19 and having her baby. She is doing well and her baby just went home this week doing good. Residents are still eating in their room. The beautician will be coming back which means residents will be very happy. Only resident can be seen at a time and no longer than 2 hours each. The ambassador program is still in full force in which the managers round daily and their information is shared when they do the 40-hour care plan. Also, the Administrator wants to implement a calling system for the first 5 business days of new admissions: (1st) day business developer will call; (2nd) day the social worker who will set up the day of care plan; (3rd) day unit manager (4th) day the administrator and (5th) day would be the ambassador to see how things are going. The Administrator believes this will help provide great customer satisfaction.

Residents had a traditional lunch and received gifts from providers for Christmas. Employees also had a social distancing lunch and all received gifts through drawings. The Administrator mentioned how great his teamwork was during the difficult time of their outbreak. Everyone pitched in and it was amazing to observe, exclaimed the Administrator. They are looking at a type of a pulmonary program for future purposes but they really haven't discussed it enough due to COVID and everything that went with it. The Administrator is hopeful that 2021 will be so much better for everyone.

SURVEY INFORMATION

Last August of 2019 was Park Manor of Humble last survey. The Administrator believes the survey's stopped for a while due to the high positivity rate. Complaint investigations never stopped or P1's.

REPORTABLE INCIDENTS

Administrator reports many Infection Control surveys in **October/November/December** due to COVID_19 positives in which all went well with no citations except for one when State showed up on a complaint and they included an Infection Control survey and was cited. Park Manor of Humble was cited on December 12th as observations of (2) rooms had roaches in them and the other was a complaint on ADL's. POC was sent in and the Administrator is awaiting to see if it has been accepted.

CLINICAL TRENDING

Incidents/Falls:

During **October/November/December**, Park Manor of Humble had 47 total falls, of which 15 resulted in injury, 10 Skin tears, 0 Laceration, 5 Bruises, 2 Behaviors, and 0 Others.

Infection Control:

During **October/November/December**, Park Manor of Humble reported 53 infections of which 16 were UTI's, 3 URI's, and 4 GI and 30 Other.

Weight loss:

Park Manor of Humble reported Weight loss in **October/November/December** – 0 residents for 5-10% and 0 for > 10%.

Pressure Ulcers:

In **October/November/December**, Park Manor of Humble had 2 residents with 2 pressure ulcer sites – 2 acquired in house.

Restraints:

Park Manor of Humble is a restraint free facility.

Staffing:

Administrator reports the facility is in need of (1) RN for 2p-10p, (2) LVN 6a-6p; (1) CNA for 2p-10p shift.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	1.4	2.4%	2.2%	
Fall w/Major Injury (L)	7.4	3.7%	3.6%	PIP
UTI (L)	2.5	2.1%	2.8%	
High risk with pressure ulcers (L)	7.1	9.5%	9.1%	PIP
Loss of Bowel/Bladder Control(L)	66.7	51.3%	47.3%	
Catheter(L)	0.0	2.1%	2.1%	
Physical restraint(L)	0.0	0.1%	0.2%	
Increased ADL Assistance(L)	18.2	20.5%	17.2%	
Excessive Weight Loss(L)	0.0	7.6%	8.5%	
Depressive symptoms(L)	0.0	4.9%	7.5%	
Antipsychotic medication (L)	8.7	12.3%	14.4%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	10/20/2020, 11/20/2020, 12/18/2020	Activity assessments and prog notes, Use of incorrect form for in-room activities, 7-day coverage for activities, 5-Star rating, pest control, resident referrals, Post D/C survey, Admission paperwork, Physical Plant inspections, Pressure ulcers, Falls, lost articles, social services assessments and prog notes.

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	No	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	No	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Yes	
Was Workforce Development data submitted q month to QIPP during the quarter?	Yes	

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	7.32%	8.35%	8.79%	No	
Percent of residents who received an anti-psychotic medication	14.24%	14.24%	4.93%	Yes	
Percent of residents whose ability to move independently has worsened	17.09%	18.89%	19.88%	No	

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	2.65%	2.65%	.43%	Yes	
Percent of residents whose pneumococcal vaccine is up to date.	%	%	%		
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					Infection Control Policy reviewed. Antibiotic Stewardship Program review and is in place with all components.

Administrator: Rachel Unverzagt
DON: Tina Cook

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current overall star rating of 3 and Quality Measures star rating of 5. The census on the date of this report was 85: (3) MC; (12) HMO; (13) PP; (55) MDC and (2) MDCP...and will be accepting (3) HMO's today.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call and she just got back from being out for two weeks. Ms. Unverzagt did test positive for COVID_19 and it was especially hard the first week as she has an underlying heart condition. She is better but her energy is low and the doctor said it could take several months to get it back. Ms. Unverzagt has been at the community for the last two years and the DON has been at Park Manor South Belt for twenty years.

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports there are over 297,629 confirmed cases of COVID_19 in Harris County and 4,013 deaths. COVID_19 Positivity rate for Harris County is 18%.

Staff and residents are being tested twice per week. Administrator reports Park Manor of South Belt was Covid_19 free with their residents back at the end of May, beginning of June and in June they started having one to two employees test positive. It wasn't until July they received their first COVID_19 resident. Currently they have (2) residents in the Hot Zone which is 300 Hall. Also, (2) employees have tested COVID_19 positive. Administrator states they are taking new admissions from the hospital who have already tested positive for COVID_19. One of those residents resides in their COVID_19 Unit at this time. The other resident actually tested positive for COVID_19 previously back in July and August and the Administrator mentioned many more residents from this time frame is testing positive again, with no signs or symptoms.

Hot Zone room number's 301 to 304 are set up for Covid_19 residents and from room number 305 to 313 are for residents in the Warm Zone, with a temporary wall. Room numbers 409 to 416 are also used for a Warm Zone for admissions. They are using a contract agency named Nurse Dash, for a couple of shifts for their Hot and Warm Zones. Administrator mentioned they are trying to keep the same staff in their general population.

PPE inventory is very good. SETRAC assists with their needs once a month and they have a list from Medline which is allotted to them at the beginning of the month and a supplement from their corporate office. They also use Direct Supply for gowns when needed. Everyone that comes in the building wears a N95 plus goggles or a face shield. Those who work in the Hot or Warm Zone wear full PPE.

Essential Caregiver visits are in place at Park Manor South Belt and all of them have to go through the training course for Infection Control procedures and how to don and doff their PPE items as well as they sign their contract agreeing to their policies during their training and they do return - demonstration on donning and doffing and washing hands. After this, they can come into the building after screening to visit their loved one. Testing is within 14 days of their visit in which they have an email line they can upload their negative test results. Visits are 7 days per week. On average, they have 4 visits per day in which the visits are for one hour per visit.

Flu shots were given back in October and the COVID_19 vaccine clinics were on January 5th and tomorrow, for their second clinic with Walgreens. The third clinic will be 21 days from the 26th of January. Almost all of their long-term residents were vaccinated during their first clinic but the Administrator had wished for more participation with their employees only having 33 employees. Walgreens actually changed their time that day and made it shorter so 10 employees didn't receive theirs. No major reactions other than a sore arm or a little tired after receiving the shot. Tomorrow, about twenty additional employees will receive their vaccines.

At this time, residents are receiving meals and most activities in their own room. During the holidays, residents enjoyed fun activities in which staff dressed up as reindeers and Christmas trees were in the main areas and residents got out and "shot" them with nerf guns. Administrator stated they had so much fun and it was really cute and everyone enjoyed it. BINGO at the door is also offered at times. Park Manor of South Belt actually has an activity director per hallway, which technically there is (1) activity director, (1) assistant full time assistant and (2) part-time assistant directors. This helps so that cross contamination doesn't occur. Activities is 7 days per week.

A painting schedule has already been put in place in which the color scheme is being changed from the brown tones to the gray tones. This is really making the building look lighter and brighter. Clinically speaking, they have a customer service initiative with their Medical Director who is training with their nurses and CNAs. Communication is always on the forefront for the facility and the Administrator hopes that more programs will come about that won't have to do with COVID_19 issues and infection control issues seeing better things for all.

SURVEY INFORMATION

Park Manor South Belt had their annual survey on September of 2020. No fines were given – nothing in high scope or severity received.

REPORTABLE INCIDENTS

In **September/October/November** – information not provided.

CLINICAL TRENDING

Incidents/Falls:

During **September/October/November** Park Manor of South Belt - information not provided.

Infection Control:

Park Manor of South Belt - information not provided.

Weight loss:

Park Manor of South Belt - information not provided.

Pressure Ulcers:

In **September/October/November** - information not provided.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

Information not provided.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)				information not provided.
Fall w/Major Injury (L)				
UTI (L)				
High risk with pressure ulcers (L)				
Loss of Bowel/Bladder Control(L)				
Catheter(L)				
Physical restraint(L)				

Increased ADL Assistance(L)				
Excessive Weight Loss(L)				
Depressive symptoms(L)				
Antipsychotic medication (L)				

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting		information not provided.

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

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					information not provided.
Percent of residents who received an anti-psychotic medication					
Percent of residents whose ability to move independently has worsened					

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					information not provided.
Percent of residents whose pneumococcal vaccine is up to date.					
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.					
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Cory Thompson-Administrator

Gloria Lopez – Regional Nurse - Clinical Services Director (came end of October - currently looking for DON)

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current overall star rating of 1 and a Quality of Resident Care star rating of 4. The census on the date of the report was 74: 3 PP; 2 MC; 57 MDC; 8 HMO; and 4 Hospice.

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

The administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports there are 274,899 confirmed cases of COVID_19 in Harris County and 3,691 deaths. The Positivity Rate for Harris County is 18%.

The Administrator reported they are testing twice per week and recently had 5 cases of COVID_19 positive. One of the five were residents and the other four employees. Two of those staff members have already returned to work and in all the cases, they were asymptomatic. Administrator believes the resident was exposed at the hospital as the other COVID positive employees were never in contact with him. Two hundred hallway is considered the Hot Zone and Park Manor Westchase has a barrier between the Hot and Warm Zone. At this time, they have 1 resident in the Hot Zone and 6 residents in the Warm Zone. Full PPE, which includes N95, face shields and gowns are being utilized. For the general population, employees are wearing N95 and face shields. Residents are wearing cloth masks. PPE inventory is great as SETRAC, corporate office and their regular vendors keep them supplied for the demands. Sanitization and infection control is taken care of by the team which includes housekeeping, nursing and a sanitation aide staying on top of it every hour. This schedule is 7 days a week.

Flu shots were completed a few months ago and Park Manor Westchase partnered with Walgreens for the COVID_19 vaccine. Administrator reports their first clinic was a couple of weeks ago and next week on Tuesday, they will have their second clinic. For the first clinic, approximately 72 to 73 residents (90%) received their Covid_19 vaccine shots and 30 to 35 employees received their COVID_19 vaccination. Administrator reports more employees signed up for the second clinic. No major side effects came from the first clinic. Administrator stated a Town Hall meeting was prior to the clinic in which the medical director who filled questions for staff which helped out a lot.

Essential Caregiver visits are still occurring at Park Manor Westchase and are provided 7 days a week. On average, 3 to 4 visits occur per day and Park Manor has 4 different time slots. Maximum amount of time for each visit is an hour and negative tests within 14 days of each visit are mandated. Closed window visits are allowed but that is all due to the positivity rate in Harris County.

Administrator mentioned the anxiety level of families continue to lower since they can visit with loved ones. A beautician is back in the building which helps with the hair care needs of the residents. All residents receive their meals in their rooms at this time. Activities are all in-room but sometimes they have hallway BINGO. Staffing was a challenge more so in December who many were PRN and made it challenging, so they used staffing to assist with their holes in their schedule.

A special meal was prepared for the residents for Thanksgiving and Christmas. A Christmas door decoration occurred for the residents in which the staff decorated the doors. Residents were so happy and appreciated their efforts. A social distancing employee Christmas party was held and they had a special catered BBQ meal in which the employees really enjoyed the fellowship.

Administrator mentioned a new nurse who has only been at Park Manor Westchase for a few months in which a resident was exhibiting a lot of anxiety and behaviors while receiving a bed bath and in the nursing documentation she wrote how she held her hand and begin to rub her hand and that immediately caused the resident to calm down. The administrator saw this documentation and saw how the HUMAN TOUCH was so powerful and that medication isn't always necessary to help our residents to calm down. Having compassion for our residents is everything.

SURVEY Information

Administrator states their annual survey probably has been postponed due to the COVID positivity rate in their county.

REPORTABLE INCIDENTS

Last quarter, the administrator reported having (2) outbreaks, one in December and the another in October. They had an allegation of abuse allegations in December and October. State has not come out but (1) resident who frequently alleges abuse was desk reviewed within an hour and no citations.

CLINICAL TRENDING

Incidents/Falls

During **October/November/December** Park Manor Westchase reported 29 total falls without injury, 2 falls with injury, 7 skin tears, 1 fracture, 3 bruises, 2 behaviors, 1 laceration and 4 other.

Infection Control:

During, **October/November/December** Park Manor Westchase reported 53 infections of which 20 were UTI's, 3 were URIs, 18 wound infections and 10 others.

Weight loss:

During **October/November/December**, Park Manor Westchase had 6 residents with 5-10% weight loss in 1 month and 12 with >10% weight loss in 6 months.

Pressure Ulcers:

During, **October/November/December** Park Manor Westchase reported 16 residents with pressure ulcers with 21 sites, 8 of them facility-acquired.

Restraints:

Park Manor Westchase does not use side rails or restraints.

Staffing:

Currently the facility is recruiting for: (1) 6a-2p RN; (1) 10p-6a RN; (3) CNA for 2p-10p and (2) CNA 6a-2p.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	2.4%	2.2%	
Fall w/Major Injury (L)	1.5	3.7%	3.6%	
UTI (L)	1.6	2.1%	2.8%	
High risk with pressure ulcers (L)	3.9	9.5%	9.1%	
Loss of Bowel/Bladder Control(L)	63.0	51.3%	47.3%	
Catheter(L)	1.8	2.1%	2.1%	
Physical restraint(L)	0	0.1%	0.2%	
Increased ADL Assistance(L)	10.9	20.5%	17.2%	
Excessive Weight Loss(L)	5.7	7.6%	8.5%	
Depressive symptoms(L)	0	4.9%	7.5%	
Antipsychotic medication (L)	5.0	12.3%	14.4%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	12/15/20,11/17/20 10/13/20	Pressure Ulcers, Pest Control, Missing Laundry

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	7.3%	6.1%	7.3%		
Percent of residents who received an anti-psychotic medication	1.9%	8.5%	.5%		
Percent of residents whose ability to move independently has worsened	17.1%	18.7%	8.5%		

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	2.6%	2.8%	.3%		

Percent of residents whose pneumococcal vaccine is up to date.	93.9%	100%	99.4%		
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.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

Administrator: Sean Buelow
DON: Linda Obi, RN

FACILITY INFORMATION

Spring Branch Transitional Care Center is managed by Caring Healthcare. They are licensed for 198 beds and are comprised of 5 floors. The CMS overall star rating for the facility is 2 with a 2-star rating in Quality Measures. The facility specializes in Behavioral/psychiatric but also has a wing for Korean residents. The census given on the day of report was 174: 10 MC; 133 MDC; 9 Hospice; 13 MDC pending; 3 PP and 6 HMO.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports there are 269,089 confirmed cases of COVID_19 and 3,658 deaths in Harris County. Facility requires their staff limit to only working at their facility.

Currently, Spring Branch has 7 residents in the Hot Zone Unit for COVID_19 positive. One positive resident will be moving back to their own room today as they have recovered and the other 6 came from the hospital as outside new admissions with a COVID_19 positive test. Four staff members tested COVID_19 positive in the last quarter in which two are considered recovered today and 1 will be tomorrow. The Administrator reported Spring Branch will accept patients from the hospital who are COVID_19 positive and place them in their Hot Zone Unit. A dedicated staff works in the Hot Zone Unit – no contract agency is needed. Hazard pay is given to CNA's of an additional \$5 per hour and an additional \$7 per hour for LVN's. Nursing is working 12- hour shifts.

The Hot Zone Unit can take up to 10 residents and the Administrator is anticipating many more to be able to move in from the hospital soon. The Warm Zone has 8 residents at this time. Residents in the general population are still wearing surgical or cloth masks. All employees are wearing N95 Masks, no matter where they are in the building and full PPE in the Hot and Warm Zone. PPE Inventory is still good through Twin Med and SETRAC.

Flu shots were completed many months ago and at this time, residents are not showing signs or symptoms of having it. COVID_19 Vaccines were given on January 11th and 122 residents and 116 employees received the vaccinations. Administrator believes it went well considering the narrow window they had in receiving them. The Administrator states there were no real side effects from the shots, only a few people were fatigued. The next scheduled clinic will be on February 1st and the third and last will be on February 21st. CVS is helping to administer them. Administrator reported that weight loss has improved in the building.

Essential Caregiver visitors are still coming to visit their loved one and are screened before they enter the facility. COVID_19 test is only requested for the first time they visit their loved one within the 14 days. Thereafter, there is no requirement to be COVID_19 tested again. Visits are no longer than 1 hour and it is normally 5 days out of the week. Daily, they are having on average 6 visits per day. A designated room can be provided or if the resident has a roommate, the roommate will also wear a mask with the curtain closed, dividing them in order to have the visit.

The Administrator discussed they had one resident who died in the building from COVID_19 over the weekend. This resident was expected to pass as she came from the hospital and brought under Hospice. Spring Branch is working with a Hospice company who admits through them and at the end of life and COVID_19 positive.

Sanitizing the building per CDC guidelines continues and every hour they are cleaning high touch areas. The Administrator is still communicating with the Houston Public of Health. HPH came out in May but haven't visited the building since.

The Administrator states the employees are wonderful every day wearing multiple hats and assisting in any way they can. Employees were able to pick up food for takeout during Thanksgiving and received gift cards for turkeys during Christmas. Gifts were given to residents at Christmas and all seemed appreciative and thankful. Spring Branch still has the same activity director of 5 years who works with their Korean population and families love her. Room to room activities are provided at this time and most residents are eating in their room, for the time being. Those residents who require assistance with eating are in the dining room situated 6 ft apart from one another with one-on-one assistance. The Administrator states he is still working on getting a beautician for the facility.

SURVEY Information

Full book survey for Spring Branch was at the end of October 2020 (due in April). No IJ's or Substandard of Quality-of-Care tags were cited for Spring Branch. Administrator states they received 7 Life Safety Code and 12 Health Safety tags. The State came out in November on a complaint in which they were not cited.

REPORTABLE INCIDENTS

Spring Branch self-report on either employees or residents testing COVID_19 positive.

CLINICAL TRENDING

Incidents/Falls:

Information not provided.

Infection Control:

Information not provided.

Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Spring Branch Transitional Care is a restraint free facility.

Staffing:

Currently the facility is doing good with staffing but always are interviewing to stay on top of it.

.Quality Indicators - CASPER Report – Information not provided				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)				Information not provided
Fall w/Major Injury (L)				
UTI (L)				
High risk with pressure ulcers (L)				
Loss of Bowel/Bladder Control(L)				
Catheter(L)				
Physical restraint(L)				
Increased ADL Assistance(L)				
Excessive Weight Loss(L)				
Depressive symptoms(L)				

Antipsychotic medication (L)				
------------------------------	--	--	--	--

QIPP SCORECARD: - information not provided but per Administrator the facility met all four components.

Component 1

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers					Information not provided
Percent of residents who received an anti-psychotic medication					Information not provided
Percent of residents whose ability to move independently has worsened					Information not provided

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					Information not provided
Percent of residents whose pneumococcal vaccine is up to date.					Information not provided
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.				Y	Infection Control Policy reviewed. Yes Antibiotic Stewardship Program review and is in place with all components. Yes

EXHIBIT “D”

2020

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
ER Visits	187	178	193	147	162	166	141	169	190	188	194	168	174	
Conversion to Inpatient/observation	9	14	17	14	10	7	6	17	21	10	14	11	13	
Percentage	5%	8%	9%	10%	6%	4%	4%	10%	11%	5%	7%	7%	7%	
Transferred out	8	14	7	13	16	11	11	8	9	12	17	12	12	
Percentage	4%	8%	4%	9%	10%	7%	8%	5%	5%	6%	9%	7%	7%	
ER shifts covered by doctors	80%	82%	87%	72%	57%	67%	61%	55%	66%	52%	47%	52%	65%	
Number Inpatient days	83	95	69	64	75	74	60	124	90	183	201	257	115	
Number Hospice days	1	17	27	7	1	0	0	4	6	0	0	0	5	
Number Swingbed days	2	7	16	20	99	57	53	43	62	41	48	119	47	
Number Observation days	36	47	21	5	8	11	5	28	33	33	25	26	23	
Total All Inpt. Days	122	166	133	96	183	142	118	199	191	257	274	402	190	
Average Inpatient days per day	3.94	5.72	4.29	3.20	5.90	4.73	3.81	6.42	6.37	8.29	9.13	12.97	6.23	1.63
CTs	56	71	59	39	56	48	46	57	54	80	56	60	57	
Xrays	270	268	185	160	200	169	151	194	248	280	306	305	228	
Ultrasounds	20	20	14	8	5	1	3	2	21	30	44	26	16	
Encounters - Adult Clinic	637	598	591	349	360	452	383	387	524	478	539	447	479	
Encounters - Pediatric Clinic	275	306	221	69	95	168	178	233	279	243	256	190	209	
Behavioral Health patients	45	44	39	0	0	0	0	0	0	0	0	0	11	
Physical Therapy	0	1	2	0	1	0	0	0	0	0	0	0	0	

2021

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
ER Visits	167												167	
Conversion to Inpatient/observation	16												16	
Percentage	10%												10%	
Transferred out	7												7	
Percentage	4%												4%	
ER shifts covered by doctors	74%												74%	
Number Inpatient days	167												167	
Number Hospice days	0												0	
Number Swingbed days	0												0	
Number Observation days	31												31	
Total All Inpt. Days	198												198	
Average Inpatient days per day	6.39												6.39	1.63
CTs	66												66	
Xrays	248												248	
Ultrasounds	30												30	
Encounters - Adult Clinic	409												409	
Encounters - Pediatric Clinic	226												226	
Behavioral Health patients														
Physical Therapy	1												1	

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
- *Continuing to provide Adult and Pediatric clinic services
- *1,300 COVID-19 Tests Performed
- *2,000 COVID-19 Vaccines administered

EXHIBIT “E”

**RESOLUTION BY THE WINNIE STOWELL HOSPITAL DISTRICT CONSENTING
TO HUD LOAN TRANSACTION BETWEEN
DEERBROOK RE, LLC;
SOUTHBELT RE, LLC;
TOMBALL RE, LLC;
THE WOODLANDS RE, LLC; and
MERCHANT’S CAPITAL CORPORATION**

The undersigned, being the Operator of Deerbrook Skilled Nursing and Rehab Center, HMG Park Manor of Southbelt, HMG Park Manor of Tomball, and HMG Park Manor of The Woodlands, (collectively, the “Facilities”), pursuant to the laws of the State of Texas does hereby take the following actions by written consent without a meeting:

WHEREAS, the Facilities are owned by the Prime Landlord, as defined below, and leased as set forth below:

	Prime Landlord	Tenant/Sublandlord	Sub-Tenant and Sub-Sublandlords/Manager Entity
1.	Deerbrook RE, LLC, a Texas limited liability company;	HMG Southtom, LLC	HMG Park Manor of Deerbrook, LLC, a Texas limited liability company
2.	Southbelt RE, L.L.C., a Texas limited liability company	HMG Southtom, LLC	HMG Park Manor of Southbelt, L.L.C., a Texas Limited Liability Company
3.	Tomball RE, LLC, a Texas limited liability company	HMG Southtom, LLC	HMG Park Manor of Tomball, LLC, a Texas Limited Liability Company
4.	The Woodlands RE, LLC, a Texas limited liability company	HMG Southtom, LLC	HMG Park Manor of The Woodlands, LLC, a Texas Limited Liability Company

WHEREAS, with the consent of the Prime Landlords and the Sublandlords, the Winnie Stowell Hospital District (the “District”), has entered into Sub-Subleases with the Managers (i.e., “Sub-Sublandlords”) to sublease the Facilities; and

WHEREAS, the District, as the Sub-Subtenants to the Prime Landlords, desire to execute a written consent in lieu of formal minutes of the February 17, 2021 Regular Meeting of the Winnie Stowell Hospital District; and

WHEREAS, during the February 17, 2021 meeting the District’s Board convened in a duly noticed meetings pursuant to the Chapter 551 of the Texas Government Code and considered the request by HMG Healthcare, LLC to approve the loan applications and loan agreements, which loan will be a HUD-insured loan under Section 232 pursuant to 223(f) of the National Housing

Act (the "**Loan**"); dated on or about _____, 2021 between the Prime Landlords and Merchant's Capital Corp. ("**Lender**"); and

WHEREAS, in connection with the Loan, Lender requires District to execute certain Loan documents; and

WHEREAS, after due deliberation, this request was considered in the best interests of the District and are hereby approved.

NOW THEREFORE, BE IT RESOLVED, that the form, terms and provisions of, and transactions contemplated by, the application to HUD (the "**HUD Application**"), the Loan Agreement and any and all other instruments, agreements and documents required to be delivered under or pursuant to the HUD Application or the Loan Agreement to which the District is a party including, without limitation, the HUD Addendum (all collectively referred to herein as the "**Loan Documents**"), substantially in the form reviewed by the Authorized Officer (as defined below) signing such Loan Documents on behalf of the District, with such changes therein and additions thereto (substantial or otherwise) as may be approved or deemed necessary, appropriate or advisable by the Authorized Officer executing the same on behalf of the District, in such form and upon such terms and conditions as such Authorized Officer may deem necessary, appropriate or advisable, shall be, and they hereby are, approved and adopted in all respects; and

FURTHER RESOLVED, that the Authorized Officer shall be, authorized to execute and deliver in the name and on behalf of the District, each of the Loan Documents in such form and upon such terms and conditions, and with any changes and additions, as the Authorized Officer may deem necessary, appropriate or advisable, the execution thereof the Authorized Officer to be conclusive evidence of the approval by him of such changes and additions; and

FURTHER RESOLVED, that the Authorized Officer shall be authorized and empowered in the name and on behalf of the District, to execute and deliver to the Lender any and all amendments, supplements, extensions, renewals, restatements and modifications to any or all of the Loan Documents from time to time, all as may be approved by such Authorized Officer, the authorization and approval of the District to be conclusively evidenced by the execution of the Authorized Officer thereto, and to do and perform, or cause to be done and performed, all acts, deeds, and things, in the name and on behalf of the District, or otherwise as any such Authorized Officer may deem necessary or appropriate for the foregoing purposes, if and as applicable; and

FURTHER RESOLVED, for purposes of this Consent, the term "Authorized Officer" shall mean Mr. Edward Murrell, as President of the Winnie Stowell Hospital District's Board of Directors, or if President Murrell is inaccessible, Mr. Anthony Stramecki, Vice President of the Winnie Stowell Hospital District's Board of Directors ("Authorized Person").

FURTHER RESOLVED, that all actions of any kind heretofore taken by any officer of the District in connection with the transactions and matters contemplated by the foregoing resolutions are hereby adopted, confirmed, ratified and approved in all respects as the acts and deeds of the District; and

FURTHER RESOLVED, that this Consent may be sent or delivered by facsimile or other electronic transmission and in any number of counterparts, each of which shall be an original, and such counterparts, when taken together, shall constitute one and the same instrument, and shall be legally effective for all purposes.

PASSED AND APPROVED this ___ day of _____, 2021.

WINNIE STOWELL HOSPITAL DISTRICT

Edward Murrell, President

ATTEST:

_____,
Secretary, Jeff Rollo

EXHIBIT “F”



UC DY5 Withheld IGT Notification - Gov. Entity 10 of 11

1 message

HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>

Fri, Feb 12, 2021 at 11:27 AM

To: "sandra.overstreet@co.llano.tx.us" <sandra.overstreet@co.llano.tx.us>, "Villarreal, Sandra" <sandra.villarreal@cosatx.us>, Sara Levinson <Sara.Levinson@utsouthwestern.edu>, "sarah.cook@centralhealth.net" <sarah.cook@centralhealth.net>, "sarita.clark-Leach@ccc-ids.org" <sarita.clark-Leach@ccc-ids.org>, "sbaldridge@hockleycounty.org" <sbaldridge@hockleycounty.org>, "sbriner@sweenyhospital.org" <sbriner@sweenyhospital.org>, "sbrock@lchdhealthcare.org" <sbrock@lchdhealthcare.org>, "scarruth@obmc.org" <scarruth@obmc.org>, Sylvia Cave <scave@texomacc.org>, "scgilmor@mdanderson.org" <scgilmor@mdanderson.org>, "scoleman@ppgh.com" <scoleman@ppgh.com>, "scott.brown@austin.rr.com" <scott.brown@austin.rr.com>, "scott.hickey@mhmraharris.org" <scott.hickey@mhmraharris.org>, "scott.strang@mhmraharris.org" <scott.strang@mhmraharris.org>, "scott.beedy@hchd.net" <scottbeedy@hchd.net>, "scox@permianregional.com" <scox@permianregional.com>, "sean.johnson@thcs.org" <sean.johnson@thcs.org>, Sean Kim <Sean.Kim@theharriscenter.org>, "setexasrhp@harrishealth.org" <setexasrhp@harrishealth.org>, "sfinley@stamfordhosp.com" <sfinley@stamfordhosp.com>, "sgentry@kimblehospital.org" <sgentry@kimblehospital.org>, "sguarte@chambershealth.org" <sguarte@chambershealth.org>, "SHANE.KERNEL@GRAHAMRMC.COM" <SHANE.KERNEL@grahamrmc.com>, "shanna.brown@austintexas.gov" <shanna.brown@austintexas.gov>, "shannon.evans@harrishealth.org" <shannon.evans@harrishealth.org>, "shannon.pierce@thcs.org" <shannon.pierce@thcs.org>, "shannon.sandrea@austintexas.gov" <shannon.sandrea@austintexas.gov>, "Shantia.Mays@ccs1967.org" <Shantia.Mays@ccs1967.org>, "sharon.hunt@dschd.org" <sharon.hunt@dschd.org>, "shaun.suttles@myburke.org" <shaun.suttles@myburke.org>, "sheila.newton@electrahospital.com" <sheila.newton@electrahospital.com>, "shelby.bedwell@unthsc.edu" <shelby.bedwell@unthsc.edu>, "shelley.smith@wtcmhmr.org" <shelley.smith@wtcmhmr.org>, "shena.timberlake@texanacenter.com" <shena.timberlake@texanacenter.com>, Sherri Bohr <SherriB@clplains.org>, "sherrie@wshd-tx.com" <sherrie@wshd-tx.com>, "sherry.moore@christushealth.org" <sherry.moore@christushealth.org>, "sherry@ci.waco.tx.us" <sherry@ci.waco.tx.us>, "sherrym@hcmh.com" <sherrym@hcmh.com>, "sherryw@ci.waco.tx.us" <sherryw@ci.waco.tx.us>, "shirley.mckenzie@thcs.org" <shirley.mckenzie@thcs.org>, "shouse@lockhart-tx.org" <shouse@lockhart-tx.org>, "shunt@pcmhfs.com" <shunt@pcmhfs.com>, "Sidney.burns@co.panola.tx.us" <Sidney.burns@co.panola.tx.us>, "simmonschiro@yahoo.com" <simmonschiro@yahoo.com>, "skennedy@vctx.org" <skennedy@vctx.org>, "sking@copehealthsolutions.com" <sking@copehealthsolutions.com>, "slandrum@grahamrmc.com" <slandrum@grahamrmc.com>, "slayne@ansongh.com" <slayne@ansongh.com>, "smccluskey@tchospital.us" <smccluskey@tchospital.us>, "smendez@brazoscountytexas.gov" <smendez@brazoscountytexas.gov>, "sparker@rcmhospital.org" <sparker@rcmhospital.org>, "sparker@sanmarcostx.gov" <sparker@sanmarcostx.gov>, "sparrish@ych.us" <sparrish@ych.us>, "spuria@gl-law.com" <spuria@gl-law.com>, "sreynolds2@gwhr.org" <sreynolds2@gwhr.org>, "sruiz@co.jim-hogg.tx.us.com" <sruiz@co.jim-hogg.tx.us.com>, "ss_siegert@olneyhh.com" <ss_siegert@olneyhh.com>, "sshaw@acchd.us" <sshaw@acchd.us>, "ssmith@matagordaregional.org" <ssmith@matagordaregional.org>, "sstolz@wacounty.com" <sstolz@wacounty.com>, "ssutton@cuerohospital.org" <ssutton@cuerohospital.org>, "stacey.gerig@steward.org" <stacey.gerig@steward.org>, "Fenter, Stephanie" <Stephanie.fenter@uthct.edu>, "stephen.bowerman@midlandhealth.org" <stephen.bowerman@midlandhealth.org>, "stephen.bowerman@midland-memorial.com" <stephen.bowerman@midland-memorial.com>, "Sterling.lacy@txkusa.org" <Sterling.lacy@txkusa.org>, "sterlingmitchell807@gmail.com" <sterlingmitchell807@gmail.com>, "Schnee, Steven B" <steve.schnee@mhmraharris.org>, "Sukhvir.Sandhu@harrishealth.org" <Sukhvir.Sandhu@harrishealth.org>, "susan.garnett@mhmrtc.org" <susan.garnett@mhmrtc.org>, "susan.rushing@myburke.org" <susan.rushing@myburke.org>, "swarren@bettyhardwick.org" <swarren@bettyhardwick.org>, "t.contreras@mchdep.org" <t.contreras@mchdep.org>, "tanderson@seminolehospitaldistrict.com" <tanderson@seminolehospitaldistrict.com>, "tates@netphd.org" <tates@netphd.org>, "tatyana.johnson@fortbendcountytexas.gov" <tatyana.johnson@fortbendcountytexas.gov>, "tcheaney@chambershealth.org" <tcheaney@chambershealth.org>, "tcobb@chcsbc.org" <tcobb@chcsbc.org>, Theron Cole <tcoble@bettyhardwick.org>, "tcook@hamlinhealth.org" <tcook@hamlinhealth.org>, Ted Debbs <tdebbs@access-center.org>, "tdebbs@accessmhmrc.org" <tdebbs@accessmhmrc.org>, "ted.matthews@emhd.org" <ted.matthews@emhd.org>, "teresa.giddings@communityhealthcore.com" <teresa.giddings@communityhealthcore.com>, "teresia.gibson@thcs.org" <teresia.gibson@thcs.org>, "terrell.thrasher@umchealthsystem.com" <terrell.thrasher@umchealthsystem.com>, "terry.herndon@amarillo.gov" <terry.herndon@amarillo.gov>, "Terry.Scoggin@titusregional.com" <Terry.Scoggin@titusregional.com>, "tfhastings@starcarelubbock.org" <tfhastings@starcarelubbock.org>, "tglisan@martinch.org" <tglisan@martinch.org>, "tgreen@lavacamedcen.com" <tgreen@lavacamedcen.com>, "tgrimert@myfrh.com" <tgrimert@myfrh.com>, "theresa.medina@sanantonio.gov" <theresa.medina@sanantonio.gov>, "thomas.mckinney@christushealth.org" <thomas.mckinney@christushealth.org>, "thomas.sledge@ntmconline.net" <thomas.sledge@ntmconline.net>, "thomasl@txkusa.org" <thomasl@txkusa.org>, "Tiffany.Lawson@UTSouthwestern.edu" <Tiffany.Lawson@utsouthwestern.edu>

Cc: "Brown,Adam (HHSC)" <Adam.Brown04@hhs.texas.gov>, "Jenkins,Brooke (HHSC)" <Brooke.Jenkins01@hhs.texas.gov>, "Chang,Sylvia (HHSC)" <sylvia.chang@hhs.texas.gov>, "Okoniewski,Amanda (HHSC)" <Amanda.Okoniewski01@hhs.texas.gov>, "Wade,Tonika (HHSC)" <Tonika.Wade@hhs.texas.gov>, "Reed,Matt (HHSC)" <Matt.Reed@hhs.texas.gov>, "Anthony,Alan (HHSC)" <Alan.Anthony@hhs.texas.gov>, "Cantu,Rene (HHSC)" <Rene.Cantu@hhs.texas.gov>, "Marquez,Gabriella (HHSC)" <Gabriella.Marquez01@hhs.texas.gov>, "Corzine,Ketha (HHSC)" <Ketha.Corzine@hhs.texas.gov>

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY5 Withheld UC Payment.

Dates pertinent to this payment:

3/2/2021	Last day to submit your IGT into TexNet
3/3/2021	IGT Settlement Date
3/15/2021	UC Transferring Paid
3/30/2021	UC Non-Transferring Paid

Attached to this email are the following documents:

- DY5 Withheld UC Payment Calculation spreadsheet
- DY5 Withheld UC Allocation Form
- Master Affiliation Publication

Attached to this email is the DY 5 withheld UC payment calculation. Providers will find their payment amount in column N of the first "DY5 Withheld Calculation" tab and IGT amounts in column O. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to PFD_UC_Payments@hhs.texas.gov Additionally, you must submit the IGT allocation form with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Payment amounts were calculated in accordance with the methodology adopted for paying the withheld payments in 1 TAC §355.8201. Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY 5 UC reconciliation to ensure providers did not exceed their total eligible UCC.

HHSC has removed providers who are ineligible to receive a payment due to changes of ownership or the hospital closing. The remaining providers are eligible for a DY 5 withheld payment as long as the IGT required to fund that payment is received.

If you have questions regarding the UC payment process, please send an email to PFD_UC_Payments@hhs.texas.gov

If you have questions regarding the payment calculation file, please send an email to uctools@hpsc.state.tx.us

Please note: If you have the old "RAD" email address cached in your email system, there may be issues when trying to reply to PFD_UC_Payments@hhs.texas.gov. Please clear all memorized versions of the former RAD_UC email address and let us know if there are any issues with emails bouncing back.

HHSC Provider Finance Department-Payments

(Formerly Rate Analysis)

Texas Health and Human Services Commission

P.O. Box 149030, Mail Code H-400


Brown-Heatly Building

4900 N. Lamar Blvd.

[Austin, TX 78714-9030](#)

3 attachments

 **DY 5 Withheld Payment-FINAL.xlsx**
1018K

 **Master Affiliation as of 2_11_21 for Publication.xlsx**
85K

 **DY5 Withheld UC Allocation Form.xlsx**
24K

Master TPI	Medicare Number (CCN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	GME Payments	YTD Uncompensated Care Payment	DY5 Withheld Payment	Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
148698701	451328	RICELAND MEDICAL CENTER	\$2,625,206.00	\$0.00	\$0.00	\$0.00	\$702,521.31	\$429.13	\$702,950.44	\$0.00	\$1,922,255.56	\$17.81	\$446.94	\$191.60

\$46,260,009.26

\$58,360.00 \$6,298,464,890.86