

Exhibit “A-1”

9:51 AM

Winnie-Stowell Hospital District

Balance Sheet

As of April 30, 2021

05/19/21

Accrual Basis

	Apr 30, 21
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	730,116.64
102 Prosperity Bank - CD#0447	109,515.67
104b Allegiance Bank -CD#6434	6,004,602.73
105 TexStar	690,429.93
107 InterBank ICS (Restricted)	520.00
108 Allegiance Bank NH Combined	1,916,734.52
109 First Financial Bank	
109b FFB #4846 DACA	6,224,012.22
Total 109 First Financial Bank	6,224,012.22
Total Checking/Savings	15,675,931.71
Other Current Assets	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	
117.04 NH QIPP 4	9,143,610.75
Total 117 NH - QIPP Prog Receivable	9,143,610.75
118 Prepaid Expense	33,989.65
119 Prepaid IGT	7,190,114.63
Total Other Current Assets	46,108,794.73
Total Current Assets	61,784,726.44
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	155,897.63
125 Accumulated Depreciation	-140,654.64
Total Fixed Assets	155,897.95
TOTAL ASSETS	61,940,624.39
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	1,916,634.52
201 NHP Accounts Payable	5,722,062.91
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	411.77
240 Accounts Payable NH	21,076,494.75
Total Other Current Liabilities	39,934,558.73
Total Current Liabilities	39,934,558.73
Total Liabilities	39,934,558.73
Equity	
300 Net Assets, Capital, net of	155,897.63
310 Net Assets-Unrestricted	19,766,358.13
Net Income	2,083,809.90
Total Equity	22,006,065.66
TOTAL LIABILITIES & EQUITY	61,940,624.39

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05/19/21

Accrual Basis

Winnie-Stowell Hospital District
Profit & Loss Budget v.s. Actual
January through April 2021

	Jan - Apr 21	Budget	\$ Over Budget	% of Budget
Income				
400 Sales Tax Revenue	198,874.76	650,000.00	-451,125.24	30.6%
405 Investment Income	5,107.08	46,000.00	-40,892.92	11.1%
409 Tobacco Settlement	12,313.73	13,200.00	-886.27	93.3%
415 Nursing Home - QIPP Program	16,335,177.36	49,379,998.72	-33,044,821.36	33.1%
Total Income	16,551,472.93	50,089,198.72	-33,537,725.79	33.0%
Gross Profit	16,551,472.93	50,089,198.72	-33,537,725.79	33.0%
Expense				
500 Admin-Administrative Salary	20,666.68	63,000.00	-42,333.32	32.8%
502 Admin-Administrative Assnt	1,985.50			
504 Admin-Administrative PR Tax	2,064.57	5,500.00	-3,435.43	37.5%
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	7,375.00	25,000.00	-17,625.00	29.5%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	4,000.00	25,000.00	-21,000.00	16.0%
550 Admin-D&O / Liability Ins.	398.00	9,601.04	-9,203.04	4.1%
560 Admin-Cont Ed, Travel	0.00	5,000.00	-5,000.00	0.0%
561 Admin-Cont Ed-Medical Pers.	600.56	5,000.00	-4,399.44	12.0%
562 Admin-Travel&Mileage Reimb.	55.44	1,500.00	-1,444.56	3.7%
569 Admin-Meals	260.63	1,000.00	-739.37	26.1%
570 Admin-District/County Prom	60.94	2,500.00	-2,439.06	2.4%
571 Admin-Office Supp. & Exp.	2,151.57	4,500.00	-2,348.43	47.8%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	1,156.75	2,776.00	-1,619.25	41.7%
575 Admin-Cell Phone Reimburse	600.00	1,800.00	-1,200.00	33.3%
576 Admin-Telephone/Internet	847.80	3,000.00	-2,152.20	28.3%
590 Admin-Election Cost	0.00	0.00	0.00	0.0%
591 Admin-Notices & Fees	862.00	2,600.00	-1,738.00	33.2%
592 Admin Office Rent	1,360.00	4,080.00	-2,720.00	33.3%
593 Admin-Utilities	1,152.35	3,600.00	-2,447.65	32.0%
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	1,600.00	6,000.00	-4,400.00	26.7%
600 East Chambers ISD Partnersh	60,000.00	180,000.00	-120,000.00	33.3%
601 IC-Pmt to Hosp (Indigent)	225,810.35	550,330.00	-324,519.65	41.0%
602 IC-WCH 1115 Waiver Prog	24,337.90	75,000.00	-50,662.10	32.5%
603a IC-Pharmaceutical Costs	12,147.84	60,000.00	-47,852.16	20.2%
604a IC-Non Hosp Cost-Other	1,447.51	5,000.00	-3,552.49	29.0%
604b IC-Non Hosp Costs UTMB	29,091.63	200,000.00	-170,908.37	14.5%
605 IC-Office Supplies/Postage	110.00	500.00	-390.00	22.0%
607 WSHD Non-Hospital - Grants	13,604.91	223,000.00	-209,395.09	6.1%
608 IC-Non Hosp Costs-Specl Pro	500.00	25,000.00	-24,500.00	2.0%
611 IC-Indigent Care Dir Salary	17,333.32	52,000.00	-34,666.68	33.3%
612 IC-Payroll Taxes -Ind Care	994.32	4,000.00	-3,005.68	24.9%
615 IC-Software	4,436.00	13,308.00	-8,872.00	33.3%
616 IC-Travel	21.28	700.00	-678.72	3.0%
617 Youth Programs	2,380.00	6,300.00	-3,920.00	37.8%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date:		Wednesday, May 19, 2021		
Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$1,891.74	Prosperity Operating (Unrestricted)	\$752,424.97
Wilcox Pharmacy	Indigent Care	\$1,426.41	First Financial (Restricted)	\$4,228,734.54
UTMB at Galveston	Indigent Care	\$2,943.84	First Financial (Unrestricted)	\$3,090,131.38
UTMB Faculty Group	Indigent Care	\$1,874.75	Prosperity CD	\$109,515.67
Indigent Healthcare Solutions	IC Inv #71779	\$1,109.00	TexStar	\$690,410.82
American Education Services	S Stern-Student Loan	\$150.14	Allegiance Bank LOC (Available)	\$395,307.26
Penelope (Polly) Butler	Youth Counseling	\$170.00	Cash Position (Less Interbank Restricted)	\$5,037,790.10
Nicki Holtzman	Youth Counseling	\$425.00	Pending Expenses	(\$25,947.88)
Gaudet Solutions	Youth-Irlen	\$1,000.00	Ending Balance (Less expenses)	\$5,011,842.22
Benckenstein & Oxford	Inv #50085	\$11,300.00	Last Month	
Hubert Oxford	Legal Retainer	\$1,000.00	Prosperity Operating (Unrestricted)	\$791,445.82
David Sticker	Inv #52	\$1,750.00	Interbank	\$520.00
Technology Solutions of Tx	Inv # 1580	\$75.00	Interbank (Restricted)	\$246,575.29
Felipe Ojedia-Yard Service	Inv #1012	\$300.00	First Financial (Restricted)	
Graciela Chavez-Office Cleaning	Inv #08018596	\$100.00	First Financial (Unrestricted)	\$2,190,571.88
Texas Hospital Association	Inv# 0900127062	\$432.00	Prosperity CD	\$109,515.67
			TexStar	\$690,410.82
			Allegiance Bank LOC (Available)	\$395,307.26
			Cash Position (Less Interbank Restricted)	\$4,177,251.45
			Pending Expenses	\$64,050.25
			Ending Balance (Less expenses)	\$4,113,201.20
Total Pending Expenses		\$25,947.88		

First Financial & Interbank Account Reconciliations

	Balances	Total Due	Balance Received	Balance Due	Due to District
FFB Balance May 17	\$7,318,865.92				
	\$7,318,865.92				
IGT 8, QIPP Year 4 (Public Only)					
Total Component 1, IGT 8	\$1,741,882.60	\$3,450,587.63	\$1,741,882.60	\$0.00	\$3,450,587.63
Loan 18 Set Aside (Salt Creek & Allegiance)					
Loan 18 Payment-March (3rd Quarter)	\$1,741,882.60	\$1,741,882.60	\$0.00	\$0.00	\$1,741,882.60
Loan 18 Payment-April (3rd Quarter)	\$0.00	\$1,708,705.03	\$0.00	\$0.00	\$1,708,705.03
Total Loan 18 Set Aside	\$1,741,882.60	\$3,450,587.63	\$0.00	\$0.00	\$3,450,587.63
Component 2 (Public & Private)					
Y4/Q3-Comp. 2-March due to MGRs.	\$169,164.31	\$313,204.55	\$313,204.55	\$0.00	\$144,040.24
Y4/Q3-Comp. 2-April due to MGRs.	\$0.00	\$313,852.75	\$0.00	\$313,852.75	\$144,363.51
Total Component 2 due to MGRs.	\$169,164.31	\$627,057.30	\$313,204.55	\$313,852.75	\$288,403.75
Component 3 (Public & Private)					
Y4/Q3-Comp. 3-March due to MGRs.	\$370,505.35	\$741,010.70	\$741,010.70	\$0.00	\$370,505.35
Y4/Q3-Comp. 3-April due to MGRs.	\$0.00	\$732,490.49	\$0.00	\$732,490.49	\$366,245.25
Total Component 3 due to MGRs	\$370,505.35	\$1,473,501.19	\$741,010.70	\$732,490.49	\$736,750.60
Component 4 & Lapse Funds (Public Only)					
Component Y4/Q2 due to MGRs (Dec. 2020-Feb. 2021)	\$639,619.30	\$2,319,458.56	\$2,319,458.56	\$0.00	\$1,679,839.26
Total Component 4 due to MGRs	\$639,619.30	\$2,319,458.56	\$2,319,458.56	\$0.00	\$1,679,839.26
Variance Payment					
Variance Payment for Y4/Q2 2021		(\$2,189.37)	\$0.00	\$0.00	(\$1,094.69)
Variance Payment for Mar. 2021		\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment for Apr. 2021		\$3,225.69	\$0.00	\$0.00	\$1,612.26
Total Variance Payment	\$0.00	\$1,036.32	\$0.00	\$0.00	\$517.57
Payment 1-Line of Credit	\$0.00				
Payment 2-Line of Credit	\$0.00				
Interest Reserves					
Reserve Ln 18	\$471,180.84				
Reserve Ln 19	\$825,031.10				
Allegiance Interest (June 10)	\$11,351.04				
Total Reserves	\$1,307,562.98				
Restricted	\$4,228,734.54				
Unrestricted	\$3,090,131.38				
Total Funds	\$7,318,865.92	\$11,322,228.63	\$5,115,556.41	\$1,046,343.24	\$6,156,098.81
				Comp. 2-4 District's Share	\$2,705,511.18

District's Investments					
	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,009,554.47	0.35%	4/1/2021	4/30/2021	Paid Quarterly \$4,951.74 Pd May 10
CD at Prosperity (Qtr.) C.D. #0447	\$109,515.67	0.4000%	4/1/2021	4/30/2021	Paid Quarterly \$110.19 Feb 27
Texstar C.D. #1110	\$690,410.82	1.000154%	4/1/2021	4/30/2021	Paid \$6.43 Apr 2021
<p>TO THE BEST OF MY KNOWLEDGE, THESE</p>					
Edward Murrell, President			Robert "Bobby" Way Treasurer/Investment Officer		
Date			Date		
Italics are Estimated amounts					

Winnie-Stowell Hospital District

Check Listing by Bank Account

April 21 through May 19, 2021

05/18/21

Accrual Basis

Type	Date	Num	Name	Memo	Clr	Amount
100 Prosperity Bank -Checking						
Check	04/21/2021	3228	Brookshire Brothers	IC RX's (March 2021)	X	-683.79
Check	04/21/2021	3229	Wilcox Pharmacy	IC RX's (March 2021)	X	-1,052.55
Check	04/21/2021	3230	UTMB at Galveston	IC Batch Date 3/1/21	X	-23,763.31
Check	04/21/2021	3231	UTMB Faculty Group Practice	IC Batch Date 3/1/21	X	-3,522.71
Check	04/21/2021	3232	Indigent Healthcare Solutions, LTD	Inv #71617	X	-1,109.00
Check	04/21/2021	3233	American Education Services	92 5529 5461 S Stern	X	-150.14
Check	04/21/2021	3234	Penelope S Butler, MS, LPC	YC Batch Date 3/7/21	*	-85.00
Check	04/21/2021	3235	Nicki Holtzman MS, LPC	YC Batch Date 3/7/21	X	-765.00
Check	04/21/2021	3236	Gaudet Solutions	YSP Batch Date 3/7/21	X	-1,000.00
Check	04/21/2021	3238	Hubert Oxford	Legal Retainer	X	-1,000.00
Check	04/21/2021	3239	David Sticker	Inv #50	X	-1,781.25
Check	04/21/2021	3240	Technology Solutions of Texas, LLC	Inv #s 1563 & 1554	X	-265.00
Check	04/21/2021	3241	Technology Solutions of Texas, LLC	Inv # 1555 (SVDP Inst...	X	-2,655.00
Check	04/21/2021	3242	Felipe Ojeda	Inv # 1011	X	-300.00
Check	04/21/2021	3243	Graciela Chavez	Inv # 8018595	X	-100.00
Check	04/21/2021	3244	Function 4	3A0064 Inv #854087	X	-42.50
Check	04/21/2021	3245	HMG Healthcare, LLC	Inv #0044683 (1/2 VM...	*	-17,175.00
Check	04/21/2021	3237	Benckenstein & Oxford	Inv # 50053	X	-8,600.00
Check	04/26/2021		Prosperity Bank (CC)	ACH, Withdrawal, Pro...	X	-1,271.66
Liability Ch...	04/29/2021		QuickBooks Payroll Service	Created by Payroll Ser...	X	-8,385.67
Paycheck	04/30/2021	DD12...	Norris, Sherrie	Direct Deposit	X	0.00
Paycheck	04/30/2021	DD12...	Ojeda, Patricia	Direct Deposit	X	0.00
Paycheck	04/30/2021	DD12...	Osburn, Jessica L	Direct Deposit	X	0.00
Check	05/10/2021		Allegiance Bank	ACH, Withdrawal, Pro...	M	-10,984.87
Check	05/10/2021		Entergy	ACH, Withdrawal, Pro...	M	-144.30
Check	05/10/2021		IRS	ACH, Withdrawal, Pro...	M	-2,867.10
Check	05/13/2021		Texas Workforce Commission	ACH, Withdrawal, Pro...	M	-327.51
Check	05/14/2021	995048	Trinity Bay Conservation District	Draft, Withdrawal, Pro...	M	-80.46
Check	05/17/2021		Time Warner Cable	ACH, Withdrawal, Pro...	M	-221.95
Check	05/17/2021	995042	ECISD	Draft, Withdrawal, Pro...	M	-15,000.00
Check	05/17/2021	995043	Riceland Medical Center	Draft, Withdrawal, Pro...	M	-340.00
Check	05/18/2021		Funcion 4-Lease fka Star Graphics		*	-206.82
Check	05/19/2021	To Print	Brookshire Brothers	IC RX's (Apr 2021)		-1,891.74
Check	05/19/2021	To Print	Wilcox Pharmacy	IC RX's (Apr 2021)		-1,426.41
Check	05/19/2021	To Print	UTMB at Galveston	IC Batch Date 4/1/2021		-2,943.84
Check	05/19/2021	To Print	UTMB Faculty Group Practice	IC Batch Date 4/1/2021		-1,874.75
Check	05/19/2021	To Print	Indigent Healthcare Solutions, LTD	Inv #71779		-1,109.00
Check	05/19/2021	To Print	Penelope S Butler, MS, LPC	YC Batch Date 4/1/2021		-170.00
Check	05/19/2021	To Print	Nicki Holtzman MS, LPC	YC Batch Date 4/1/2021		-425.00
Check	05/19/2021	To Print	Gaudet Solutions	YP Batch Date 4/1/2021		-1,000.00
Check	05/19/2021	To Print	Hubert Oxford	Legal Retainer		-1,000.00
Check	05/19/2021	To Print	David Sticker	Inv #52		-1,750.00
Check	05/19/2021	To Print	Technology Solutions of Texas, LLC	inv #1580		-75.00
Check	05/19/2021	To Print	Felipe Ojeda	Inv # 1012		-300.00
Check	05/19/2021	To Print	Felipe Ojeda	Inv # 1012		-300.00
Check	05/19/2021	To Print	Graciela Chavez	Inv # 8018596		-100.00
Check	05/19/2021	To Print	Texas Hospital Association	Inv # 900127062		-432.00
Check	05/19/2021	To Print	American Education Services	92 5529 5461 S Stern		-150.14
Total 100 Prosperity Bank -Checking						-118,828.47
107 InterBank ICS (Restricted)						
107.01b GIB 0228 DACA						
Deposit	05/14/2021			Deposit, Processed A...		-520.00
Total 107.01b GIB 0228 DACA						-520.00
Total 107 InterBank ICS (Restricted)						-520.00
109 First Financial Bank						
109b FFB #4846 DACA						
Check	04/29/2021			Transfer to AB NH Hol...	X	-7,325.00
Check	04/30/2021		Salt Creek Capital LLC	ACH PaymenSalt Cre...	X	-78,530.14
Check	05/06/2021		Tx Comptroller	TEXNET STATE COM...	M	-1,618.15
Check	05/07/2021		LTC Group	ACH PaymenLTC Gro...	M	-150,000.00
Total 109b FFB #4846 DACA						-237,473.29
Total 109 First Financial Bank						-237,473.29
TOTAL						-356,821.76

9:54 AM

05/19/21

Accrual Basis

Winnie-Stowell Hospital District
Profit & Loss Budget v.s. Actual
 January through April 2021

	Jan - Apr 21	Budget	\$ Over Budget	% of Budget
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	4,139,113.48	12,647,841.68	-8,508,728.20	32.7%
631 NH Program-IGT	8,056,950.44	24,084,314.36	-16,027,363.92	33.5%
632 NH Program-Telehealth Fees	51,500.28	219,941.65	-168,441.37	23.4%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	44,116.26	220,000.00	-175,883.74	20.1%
635 NH Program-LTC Fees	600,000.00	1,872,000.00	-1,272,000.00	32.1%
636 NH Program-Bonds	0.00			
637 NH Program-Interest Expense	1,115,192.31	2,868,496.00	-1,753,303.69	38.9%
638 NH Program-Bank Fees & Misc	183.89	300.00	-116.11	61.3%
639 NH Program-Appraisal	17,175.00	7,500.00	9,675.00	229.0%
640 Nursing Home Oper. Expenses	0.00	0.00	0.00	0.0%
641 NH-Not On My Watch	0.00	0.00	0.00	0.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
Payroll Expenses	0.00			
Total Expense	14,467,663.03	43,702,040.73	-29,234,377.70	33.1%
Net Income	2,083,809.90	6,387,157.99	-4,303,348.09	32.6%

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GL Totals

Page 1

Issued 05/06/21

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	1,891.74
	Expenditures	1,891.74
	Reimb/Adjustments	
	Grand Total	1,891.74

71 total invoices

**GL Totals Detail
Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1096*65460*46	04/20/2021	10.70	10.70
1096*65460*47	04/19/2021	31.66	31.66
1096*65460*48	04/19/2021	12.76	12.76
1096*65460*49	04/19/2021	18.02	18.02
1096*65460*50	04/13/2021	12.19	12.19
1096*65460*51	04/13/2021	9.66	9.66
1106*65460*16	04/16/2021	10.99	10.99
1108*65460*25	04/21/2021	15.96	15.96
1108*65460*26	04/21/2021	9.95	9.95
1108*65460*27	04/12/2021	9.47	9.47
1108*65460*28	04/12/2021	64.65	64.65
1114*65460*14	04/14/2021	538.72	538.72
1114*65460*15	04/13/2021	418.85	418.85
1114*65460*16	04/01/2021	8.79	8.79
1122*65460*28	04/14/2021	15.27	15.27
1122*65460*29	04/09/2021	8.63	8.63
1122*65460*30	04/09/2021	8.25	8.25
1122*65460*31	04/08/2021	10.27	10.27
1122*65460*32	04/07/2021	11.88	11.88
1122*65460*33	04/08/2021	11.04	11.04
1126*65460*1	04/30/2021	11.43	11.43
1128*65460*53	04/21/2021	8.82	8.82
1128*65460*54	04/14/2021	9.20	9.20
1128*65460*55	04/14/2021	9.36	9.36
1128*65460*56	04/14/2021	12.26	12.26
1128*65460*57	04/10/2021	11.81	11.81
1128*65460*58	04/10/2021	11.44	11.44
1128*65460*59	04/10/2021	8.76	8.76
1128*65460*60	04/10/2021	20.53	20.53
1128*65460*61	04/10/2021	12.37	12.37
1140*65460*39	04/20/2021	9.47	9.47
1151*65460*52	04/05/2021	8.76	8.76
1151*65460*53	04/05/2021	11.89	11.89
1151*65460*54	04/05/2021	10.46	10.46

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GL Totals

Page 2

Issued 05/06/21

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

Vendor #: 65460

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

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1151*65460*55	WSHD	04/05/2021	9.27	9.27
1151*65460*56	WSHD	04/01/2021	8.47	8.47
1151*65460*57	WSHD	04/01/2021	8.46	8.46
1151*65460*58	WSHD	04/01/2021	9.28	9.28
1199*65460*14	WSHD	04/21/2021	16.35	16.35
1199*65460*15	WSHD	04/21/2021	9.14	9.14
1199*65460*16	WSHD	04/21/2021	12.55	12.55
1199*65460*17	WSHD	04/08/2021	26.17	26.17
1199*65460*18	WSHD	04/08/2021	9.14	9.14
1201*65460*9	WSHD	04/16/2021	10.44	10.44
1201*65460*10	WSHD	04/15/2021	8.96	8.96
1201*65460*11	WSHD	04/14/2021	12.65	12.65
1205*65460*4	WSHD	04/30/2021	9.31	9.31
1205*65460*5	WSHD	04/30/2021	9.93	9.93
1214*65460*1	WSHD	04/28/2021	13.29	13.29
1214*65460*2	WSHD	04/14/2021	8.75	8.75
1214*65460*3	WSHD	04/14/2021	8.98	8.98
1214*65460*4	WSHD	04/14/2021	16.79	16.79
1214*65460*5	WSHD	04/07/2021	9.28	9.28
1214*65460*6	WSHD	04/07/2021	15.94	15.94
1214*65460*7	WSHD	04/07/2021	12.89	12.89
1214*65460*8	WSHD	04/07/2021	64.65	64.65
2458*65460*30	WSHD	04/29/2021	8.59	8.59
2458*65460*31	WSHD	04/28/2021	14.64	14.64
2458*65460*32	WSHD	04/22/2021	10.47	10.47
2458*65460*33	WSHD	04/22/2021	13.67	13.67
2458*65460*34	WSHD	04/09/2021	12.10	12.10
2458*65460*35	WSHD	04/09/2021	9.35	9.35
2458*65460*36	WSHD	04/01/2021	25.10	0.00
2815*65460*67	WSHD	04/05/2021	42.13	42.13
2815*65460*68	WSHD	04/01/2021	10.58	10.58
2815*65460*69	WSHD	04/01/2021	10.90	10.90
2815*65460*70	WSHD	04/01/2021	13.11	13.11
2815*65460*71	WSHD	04/01/2021	11.19	11.19
2815*65460*72	WSHD	04/01/2021	10.64	10.64
3400*65460*3	WSHD	04/30/2021	8.32	8.32
3400*65460*4	WSHD	04/30/2021	11.09	11.09
71 invoices, 71 line items	***		1,916.84	1,891.74
Grand Totals			1,916.84	1,891.74

71 total invoices
71 total line items

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Issued 05/11/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/03/21-04/03/21

Vendor #: 18651

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

GL #	Description	Amount
WSHD	Wshd	1,426.41
	Expenditures	1,426.41
	Reimb/Adjustments	
	Grand Total	1,426.41

57 total invoices

**GL Totals Detail
Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1040*18651*55	04/14/2021	9.22	9.22
1093*18651*55	04/29/2021	18.34	18.34
1093*18651*56	04/29/2021	9.08	9.08
1093*18651*57	04/29/2021	9.96	9.96
1093*18651*58	04/19/2021	105.55	105.55
1095*18651*51	04/03/2021	8.92	8.92
1095*18651*52	04/03/2021	10.66	10.66
1107*18651*16	04/29/2021	187.58	187.58
1107*18651*17	04/29/2021	12.16	12.16
1107*18651*18	04/21/2021	18.78	18.78
1107*18651*19	04/21/2021	11.76	11.76
1107*18651*20	04/05/2021	13.76	13.76
1110*18651*20	04/21/2021	14.35	14.35
1110*18651*21	04/21/2021	19.40	19.40
1110*18651*22	04/21/2021	10.02	10.02
1115*18651*20	04/13/2021	19.40	19.40
1115*18651*21	04/13/2021	10.02	10.02
1115*18651*22	04/13/2021	10.66	10.66
1115*18651*23	04/13/2021	14.35	14.35
1115*18651*24	04/08/2021	43.54	43.54
1144*18651*16	04/26/2021	10.79	10.79
1144*18651*17	04/26/2021	15.84	15.84
1144*18651*18	04/06/2021	11.44	11.44
1157*18651*49	04/09/2021	8.71	8.71
1157*18651*50	04/09/2021	21.76	21.76
1157*18651*51	04/09/2021	11.76	11.76
1157*18651*52	04/03/2021	10.46	10.46
1158*18651*32	04/22/2021	9.96	9.96
1158*18651*33	04/06/2021	9.10	9.10
1158*18651*34	04/22/2021	9.10	9.10
1159*18651*17	04/08/2021	8.39	8.39
1159*18651*18	04/08/2021	8.20	8.20
1159*18651*19	04/08/2021	24.42	24.42
1177*18651*7	04/21/2021	9.38	9.38

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Issued 05/11/21

GL TotalsWinnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/03/21-04/03/21

Vendor #: 18651

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

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1177*18651*8	WSHD	04/21/2021	24.42	24.42
1177*18651*9	WSHD	04/14/2021	8.55	8.55
1177*18651*10	WSHD	04/14/2021	9.96	9.96
1181*18651*100	WSHD	04/30/2021	10.63	10.63
1181*18651*101	WSHD	04/30/2021	423.42	423.42
1181*18651*102	WSHD	04/21/2021	11.90	11.90
1191*18651*24	WSHD	04/12/2021	15.75	15.75
1191*18651*25	WSHD	04/30/2021	9.55	9.55
1191*18651*26	WSHD	04/21/2021	16.21	16.21
1191*18651*27	WSHD	04/17/2021	10.94	10.94
1191*18651*28	WSHD	04/12/2021	10.59	10.59
1206*18651*4	WSHD	04/07/2021	10.44	10.44
1206*18651*5	WSHD	04/07/2021	8.62	8.62
2994*18651*13	WSHD	04/28/2021	43.97	43.97
2994*18651*14	WSHD	04/28/2021	10.03	10.03
2994*18651*15	WSHD	04/28/2021	9.84	9.84
3364*18651*20	WSHD	04/16/2021	8.71	8.71
3364*18651*21	WSHD	04/07/2021	9.29	9.29
3364*18651*22	WSHD	04/07/2021	8.73	8.73
3364*18651*23	WSHD	04/07/2021	9.47	9.47
3364*18651*24	WSHD	04/07/2021	8.98	8.98
3364*18651*25	WSHD	04/07/2021	9.81	9.81
3364*18651*26	WSHD	04/06/2021	9.78	9.78
57 invoices, 57 line items			1,426.41	1,426.41
Grand Totals			1,426.41	1,426.41

57 total invoices
57 total line items

© IHS
 Issued 05/11/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/01/21-04/30/21

Vendor #: 63614

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

GL #	Description	Amount
WSHD	Wshd	2,943.84
Expenditures		2,943.84
Reimb/Adjustments		
Grand Total		2,943.84

28 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1019*63614*8	02/02/2021	323.00	0.00
1019*63614*9	02/01/2021	14,600.03	0.00
1019*63614*10	02/23/2021	323.00	0.00
1091*63614*18	12/21/2020	197.00	0.00
1091*63614*19	03/22/2021	197.00	0.00
1093*63614*21	01/28/2021	323.00	0.00
1093*63614*22	03/11/2021	323.00	77.52
1093*63614*23	03/25/2021	916.00	219.84
1093*63614*24	03/25/2021	117.00	28.08
1096*63614*13	01/27/2021	323.00	0.00
1096*63614*14	03/25/2021	616.00	147.84
1103*63614*3	03/17/2021	323.00	0.00
1103*63614*4	02/13/2021	43,085.71	0.00
1107*63614*8	03/09/2021	323.00	77.52
1108*63614*5	03/24/2021	1,063.00	255.12
1115*63614*5	03/01/2021	862.00	206.88
1151*63614*6	03/23/2021	2,739.00	657.36
1159*63614*1	03/24/2021	3,224.00	773.76
1160*63614*5	03/09/2021	887.00	0.00
1181*63614*14	02/01/2021	323.00	0.00
1181*63614*15	01/29/2021	275.00	0.00
1188*63614*2	03/09/2021	323.00	77.52
1188*63614*3	03/17/2021	791.00	189.84
1191*63614*2	03/01/2021	323.00	77.52
1203*63614*2	02/09/2021	391.00	0.00
1205*63614*1	02/24/2021	323.00	77.52
2994*63614*3	03/05/2021	323.00	0.00
3400*63614*1	03/23/2021	323.00	77.52
28 invoices, 28 line items	***	74,159.74	2,943.84

Grand Totals

74,159.74 **2,943.84**

28 total invoices

GL Totals

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Issued 05/11/21

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 04/01/21-04/30/21

Vendor #: 63614

Uthmb At Galveston

P. O. Box 660120 Dept 730

Dallas, TX 75266

Invoice #	GL #	Date in	Amt Billed	Amt Paid
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28 total line items

GL Totals© IHS
Issued 05/12/21Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/01/21-04/30/21Vendor #: 63615
NPI: 1942241146Utmf Faculty Grp Practice
Po Box 650859 Dep 710
Dallas, TX 75265

GL #	Description	Amount
WSHD	Wshd	1,874.75
Expenditures		1,874.75
Reimb/Adjustments		
Grand Total		1,874.75

33 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1093*63615*24	WSHD	03/11/2021	183.00	31.61
1093*63615*25	WSHD	03/25/2021	415.00	87.90
1093*63615*25	WSHD	03/25/2021	80.00	8.66
1096*63615*11	WSHD	03/25/2021	188.00	44.45
1103*63615*8	WSHD	02/17/2021	178.00	53.48
1103*63615*9	WSHD	02/15/2021	98.00	35.28
1103*63615*10	WSHD	02/16/2021	446.00	160.56
1103*63615*11	WSHD	03/17/2021	23.00	0.00
1103*63615*12	WSHD	02/13/2021	498.00	141.29
1103*63615*13	WSHD	03/17/2021	105.00	0.00
1103*63615*14	WSHD	02/13/2021	378.00	136.08
1103*63615*15	WSHD	03/17/2021	118.00	0.00
1103*63615*16	WSHD	02/14/2021	714.00	257.04
1103*63615*17	WSHD	03/17/2021	24.00	0.00
1107*63615*8	WSHD	03/09/2021	273.00	51.69
1108*63615*2	WSHD	03/24/2021	273.00	60.07
1115*63615*9	WSHD	03/01/2021	183.00	31.61
1151*63615*4	WSHD	03/05/2021	705.00	169.20
1151*63615*5	WSHD	03/23/2021	323.00	77.52
1151*63615*6	WSHD	03/05/2021	23.00	0.00
1151*63615*7	WSHD	03/05/2021	415.00	87.90
1151*63615*8	WSHD	03/23/2021	183.00	36.73
1151*63615*9	WSHD	03/23/2021	31.00	0.00
1151*63615*10	WSHD	03/23/2021	158.00	58.06
1159*63615*1	WSHD	03/24/2021	29.00	9.95
1159*63615*2	WSHD	03/24/2021	23.00	8.02
1159*63615*2	WSHD	03/24/2021	23.00	8.02
1159*63615*2	WSHD	03/24/2021	23.00	7.70
1159*63615*2	WSHD	03/24/2021	23.00	7.70
1160*63615*5	WSHD	03/09/2021	270.00	0.00
1188*63615*2	WSHD	03/17/2021	23.00	8.02
1188*63615*2	WSHD	03/17/2021	23.00	7.70
1188*63615*3	WSHD	03/17/2021	273.00	60.07
1188*63615*4	WSHD	03/09/2021	110.00	21.03

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GL Totals

Page 2

Issued 05/12/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/01/21-04/30/21Utmb Faculty Grp Practice
Po Box 650859 Dep 710
Dallas, TX 75265Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1191*63615*2	WSHD	03/01/2021	183.00	31.61
2994*63615*2	WSHD	03/05/2021	110.00	0.00
2994*63615*3	WSHD	02/10/2021	415.00	87.90
3400*63615*1	WSHD	03/23/2021	415.00	87.90
33 invoices, 38 line items			7,958.00	1,874.75
Grand Totals			7,958.00	1,874.75

33 total invoices
38 total line items

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

Invoice # 71779

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

Date: 5/1/2021

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

Terms: Net receipt of invoice

Professional services for the month of June 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
 Issued 05/11/21

GL Totals

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

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 #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*20	WSHD	04/09/2021	85.00	85.00
YC17*13632*20	WSHD	04/23/2021	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 05/11/21

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

Vendor #: 90007

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

GL #	Description	Amount
WSHD	Wshd	425.00
	Expenditures	425.00
	Reimb/Adjustments	
	Grand Total	425.00

3 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
YC01*90007*8	04/13/2021	85.00	85.00
YC01*90007*8	04/29/2021	85.00	85.00
YC24*90007*8	04/19/2021	85.00	85.00
YC29*90007*1	04/05/2021	85.00	85.00
YC29*90007*1	04/19/2021	85.00	85.00
3 invoices, 5 line items	***	425.00	425.00
Grand Totals		425.00	425.00

3 total invoices
 5 total line items

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 Issued 05/11/21

GL Totals
 Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/01/21-04/30/21

Vendor #: 90008

Gaudet Solutions
 1530 Sahara Dr
 Crosby, TX 77532

GL #	Description	Amount
WSHD	Wshd	1,000.00
	Expenditures	1,000.00
	Reimb/Adjustments	
	Grand Total	1,000.00

2 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
IS04*90008*1	WSHD	04/23/2021	500.00	500.00
IS05*90008*1	WSHD	04/28/2021	500.00	500.00
2 invoices, 2 line items	***		1,000.00	1,000.00
Grand Totals			1,000.00	1,000.00

2 total invoices
 2 total line items

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

Hubert Oxford, IV

BEAUMONT, TEXAS 77706

hoxfordiv@benoxford.co
m

TELEPHONE:(409) 833-9182

FAX: (409) 833-8819

May 14 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 April 21, 2021; Our File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on April 21, 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 April 2021. We would request that you put this invoice in line for payment at the May 19, 2021 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for April 2021.

If you concur, please draft a check in the amount of \$1,000.00 to Hubert Oxford, IV.

With best wishes, I am

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

Hubert Oxford, IV

David B Sticker & Company PC
 2180 Eastex Freeway
 Beaumont, TX 77703

Invoice

Invoice #: 52
Invoice Date: 05/14/2021
Due Date: 05/14/2021
Project:
P.O. Number:

Bill To:

Winnie Stowell Hospital District
 PO Box 1997
 Winnie, TX 77665

Date	Description	Amount
04/14/2021	Install 2021 program update for Quickbooks. Work on additional payroll related items. 3.75 Hrs	
04/20/2021	Review books on line and check coding. 1.00 Hrs	
04/20/2021	Go through QIPP reports, make adjustments to receivable amounts and review bank reconciliations. 4.00 Hrs	
04/21/2021	Prepare JEs. Review and process March reports. 3.50 Hrs	
04/30/2021	Prepare quarterly 941 and file. Prepare quarterly Texas Workforce Commission report and file on line. 1.00 Hrs.	
04/30/2021	Approve monthly payroll & payroll tax deposit. .75 Hrs.	
	Total Hrs. 14.00 Hrs @ \$125	1,750.00

Total \$1,750.00

Payments/Credits \$0.00

Balance Due \$1,750.00

Technology Solutions of Texas,
L.L.C.

Invoice 1580

TECHNOLOGY SOLUTIONS-TX

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

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	PLEASE PAY	DUE DATE
05/15/2021	\$75.00	05/15/2021

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

TOTAL DUE	\$75.00
-----------	---------

THANK YOU.

Yard Service Invoice

Felipe Ojeda

Invoice# 1012

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

RECEIVED

DATE May 3, 2021

MAY 03 2021

Property Location:

Winnie-Stowell Hospital District
520 Broadway
Winnie, TX 77665

Description	AMOUNT
Yard Maintenance completed 04/13/21	\$ 125.00
Yard Maintenance completed 04/27/21	\$ 125.00
Trash Service	\$ 50.00
TOTAL	\$ 300.00

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

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

RECEIVED

MAY 18 2021

DATE **5-18-21** NO **08018596**

CUSTOMER'S ORDER NO.

NAME **Graciela Chavez**

ADDRESS **220 BTH ST**

CITY, STATE, ZIP **Winnic TX 77663**

SOLD BY	CASH	C.O.D	CHARGE	ONACCT	MOSE/RETD	PAID OUT
			<input checked="" type="checkbox"/>			

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	OFFICE		
2	cleaning	\$100	
3			
4	May 4		
5			
6			
7	May 18		
8			
9			
10	total	\$100.00	
11			
12			

RECEIVED BY

KEEP THIS SLIP FOR REFERENCE



Texas Hospital Association

1108 Lavaca, Suite 700, Austin, TX, 78701-2180, USA
 Phone: 512/465-1000 Fax: 512/465-1090 Email: info@tha.org

INVOICE

08/19/2020

Winnie Stowell Hospital District
 PO Box 1997
 Winnie, TX 77665

Order Number: 1900094090
 Order Date: 08/10/2020
 Invoice Number : 0900127062

THT Membership Dues

Based on Expenses	Bed Size	Description	Amount
	0	Winnie Stowell Hospital District	\$432.00
THT Membership Dues			\$432.00

TEXAS HEALTHCARE TRUSTEES dues are included in the total amount due, based on licensed beds. THT dues are deductible as an ordinary expense; however, under current federal law, they are not deductible to the extent they support lobbying activities as defined by the law. For 2020-2021, THT lobbying activities are minimal; consequently, THT dues are FULLY DEDUCTIBLE.

Invoice Total \$432.00

REMIT PAYMENT BY CHECK TO:

**Texas Hospital Association
 P.O. Box 95353
 Grapevine, TX 76099-9733**

REMIT PAYMENT BY ACH:

**Texas Hospital Association
 Account No. 0101887890
 ACH or Transit Routing #111900785**

THANK YOU !

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

May 19, 2021

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

Re: Winnie Stowell Hospital District; Billable Invoice for February 2021 Time Entries less Retainer; Our File No. 87250.

Dear President Murrell,

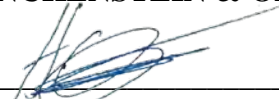
Attached, please find Benckenstein & Oxford's monthly time entry invoice for February 2021. This invoice is for \$13,000.00 but the amount due is \$12,300.00 after reducing the invoice by \$1,000.00 for the monthly retainer already paid.

Will you please review and let me know if there are any questions? If not, we would appreciate your payment of this invoice in the amount of \$12,300.00 representing the balance owed for February 2021.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: 
Hubert Oxford, IV

Enclosure

May 19, 2021**INVOICE #:** 50085 **HOIV**
Billed through: February 28, 2021
Client/Matter #: WSHD 87250Winnie-Stowell Hospital District
P.O. Box 1997
Winnie, TX 77665

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

02/01/21	HOIV	Received e-mail from HMG Healthcare regarding Chambers County personnel property tax invoice for Willowbrook facility; participated in conference call with HMG staff; researched personnel property tax rules; and drafted e-mail to Chambers County Tax Assessor and Chambers County Appraisal District to inquire about the basis of the property tax assessment against facility not located within Chambers County, Texas	2.40 hrs
02/02/21	HOIV	Assisted staff with reconciling accounts in anticipation of Y4/Qtr 1 Comp. 1, 2, 3, and 4 payment; Y4/Qtr 2 December Comp. 2 Payment; and Year 3 Adjustment Payment.	2.70 hrs
02/02/21	HOIV	Received response from Chambers County Appraisal District and Tax Assessor regarding assessment of personnel property tax and then exchanged six (6) e-mails with county officials, HMG, and staff regarding the decision to not assess the tax.	0.70 hrs
02/02/21	HOIV	Worked with staff to reconcile funds in Interbank then determined the transfer amount owed to Nursing facilities and to the District.	2.50 hrs
02/03/21	HOIV	Read and reviewed e-mails from Salt Creek Capital regarding funds in Interbank Account and Salt Creek Capital account and exchanged eight (8) e-mails thereafter explaining the account balances and the District's plan of action to transfer funds.	0.90 hrs
02/03/21	HOIV	Read and reviewed five (5) e-mail from staff regarding: 1) transfers from Interbank and First Financial Bank; and 2) transfer of \$12,048.00 for non-QIPP funds.	0.80 hrs
02/04/21	HOIV	Read and reviewed December 2020 and Y3 Adjustment 1 spreadsheet; and exchanged five (5) e-mails with Managers and LTC to answer questions by Managers.	1.50 hrs
02/05/21	HOIV	Read and reviewed Department of Health and Human Services OFFICE OF INSPECTOR GENERAL ASPECTS OF TEXAS' QUALITY INCENTIVE PAYMENT PROGRAM RAISE QUESTIONS ABOUT ITS ABILITY TO PROMOTE ECONOMY AND EFFICIENCY IN THE MEDICAID PROGRAM; and forwarded to clients with an explanation; and then held conference calls with LTC Group and HMG regarding the outcome of the report.	2.00 hrs

02/05/21	HOIV	Conference call with Allegiance Bank regarding financing of nursing home operations; and prepared extensive e-mail to Mr. Steve Lucas reminding him that the District does not pledge property taxes; must have have sufficient reserves for biannual IGTs; and expected IGTs for QIPP year 5.	1.20 hrs
02/05/21	HOIV	Read and reviewed proposed New Collateral/Collateral Release form submitted by Allegiance Bank; and forwarded the document to the Board with an explanation and request for signature at upcoming meeting.	0.70 hrs
02/05/21	HOIV	Read and reviewed e-mail from LTC Group regarding WSHD NH ACH Transfer from FFB to Allegiance Bank Holding account; verified transfer amounts; replied to original e-mail.	0.80 hrs
02/08/21	HOIV	Read and reviewed purchase agreements, lease agreements, and Management Agreements for the District and ACCEL at College Station; Cimarron Place Health & Rehabilitation Center; and Silver Springs Health & Rehabilitation Center; and updated master nursing home spreadsheet to include the facilities.	4.70 hrs
02/08/21	HOIV	Received e-mail about Provider Relief Fund change of attestation status and exchanged four (4) e-mails with LTC regarding compliance with the attestation change of status.	0.40 hrs
02/08/21	HOIV	Received VMG Healthcare valuation packet for three new nursing facilities (i.e., Round 4) and responded to HMG that the District reserved funds to pay half of the appraisal cost.	0.60 hrs
02/08/21	HOIV	Received and reviewed request for medical records for an indigent care client by Disability Determination Services and discussed with Indigent Care Director that we needed to respond.	0.40 hrs
02/08/21	HOIV	Exchanged three (3) e-mails with staff, HMG, and LTC Group regarding the special audit for the Covid relief funds.	0.30 hrs
02/09/21	HOIV	Read and reviewed Y4Q1 December Distribution spreadsheet; reconciled the spreadsheet; compared to budget estimates; and then exchanged eight (8) e-mails with LTC Group and Managers to raise questions for LTC and then answer questions by Managers.	2.80 hrs
02/09/21	HOIV	Received and reviewed HMG CHOW applications for Cimarron Place, College Station, and Silver Springs; and then exchanged eight (8) e-mails with counsel for HMG regarding the deadline for having the documents executed.	1.50 hrs
02/10/21	HOIV	Conference call with Tommy Davis, District's CPA, to confirm that his office is going to perform Covid Relief Funds audit and conveyed information to LTC Group and staff.	0.80 hrs
02/11/21	HOIV	Prepared e-mail to Board advising of the upcoming meeting and i	0.20 hrs
02/11/21	HOIV	Conference call with Board President and then reviewed constitution, statutes, prior communications, and draft declaratory judgment petition to enjoin Chambers Health from opening and FQHC within the District's Boundaries.	3.00 hrs
02/12/21	HOIV	Received notice of December Infection Control Nursing Facilities stimulus funding and exchanged three (3) e-mails with staff, LTC, and Regency	0.40 hrs

regarding the same.

02/12/21	HOIV	Received e-mail about Provider Relief Fund Nursing Home Distribution and infectious disease programs; then drafted extensive e-mail to LTC Group and staff to clarify and question payment amounts and whether the grant payments were going to be included with payments for the QIPP Year 4, Component 4 payment; and read and reviewed six (6) e-mails regarding the same.	1.60 hrs
02/12/21	HOIV	Received and reviewed e-mail from State of Texas regarding DY5 Withheld IGT Notification; and forwarded e-mail to staff and Hospital personnel advising of the impending deadlines and the need to add this IGT to the upcoming meeting agenda.	0.80 hrs
02/12/21	HOIV	Began preparing draft set of minutes for the January Regular Meeting.	2.40 hrs
02/15/21	HOIV	Continued drafting January 2021 Regular Minute meetings; made changes to minutes and circulated for review.	2.00 hrs
02/15/21	HOIV	Prepared e-mail to Director Stramecki and staff requesting that Director Stramecki prepare and submit a Conflict of Interest statement in order to be in compliance with the Texas Government Code.	0.70 hrs
02/22/21	HOIV	Read, reviewed, and revised proposed materials for Indigent Care Committee Meeting and exchanged three (3) e-mails with Indigent Care Director regarding the narrative.	0.40 hrs
02/22/21	HOIV	Read and reviewed updated signature packets for Cimmarron, College Station, and Silver Springs facilities in anticipation of the upcoming regular meeting on February 24, 2021.	1.60 hrs
02/23/21	HOIV	Received and responded to e-mail from Indigent Care Director asking questions about proposed optical and dental agreements to be discussed at upcoming meeting.	0.30 hrs
02/23/21	HOIV	Worked with staff to update and finalize Treasurer's report and gathered documents for meeting to prepare board binder.	2.60 hrs
02/24/21	HOIV	Prepared for and attended February 24, 2021 Regular Meeting.	3.70 hrs
02/24/21	HOIV	Received and reviewed 2021 D&O Insurance application and prior responsive spreadsheet sent by staff.	0.60 hrs
02/24/21	HOIV	Read, reviewed, and responded to four (4) e-mails regarding CMS Medical records request for Southbelt facility.	0.40 hrs
02/25/21	HOIV	Gathered and reviewed documents executed at February 24, 2021 Regular Meeting for three (3) new facilities and Allegiance Bank; and prepared e-mail to HMG and Allegiance Bank to submit the documents.	0.80 hrs
		Total fees for this matter	\$12,300.00

BILLING SUMMARY:

Oxford, IV Hubert

49.20 hrs @ \$250.00 /hr \$12,300.00

TOTAL FEES	\$12,300.00
TOTAL CHARGES FOR THIS INVOICE	\$12,300.00
RETAINER	\$1,000.00 CR
TOTAL BALANCE NOW DUE	\$11,300.00

Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt

Please Reference Invoice Number on Your Check

EXHIBIT “A-3”

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

May 19, 2021

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

Re: Winnie Stowell Hospital District; Nursing Home Invoice; Our File No. 87847.

Dear President Murrell,


Attached, please find Benckenstein & Oxford's invoice for time spent on the HUD Loans for Deerbrook; Southbelt; Tomball; and the Woodlands. This invoice is for \$6,329.00.

I am asking that the District please review and authorize me to submit this invoice to HMG for payment. If approved, we would request payment of the invoice in the amount of \$6,329.00 once the District is paid by HMG or by HMG directly.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By:  _____

Hubert Oxford, IV

Enclosure

May 19, 2021**INVOICE #:** 50086 **HOIV**
Billed through: February 28, 2021
Client/Matter #: WSHD 87847Winnie-Stowell Hospital District
P.O. Box 1997
Winnie, TX 77665

RE: Winnie-Stowell Hospital District - Nursing Homes

PROFESSIONAL SERVICES RENDERED

01/14/21	HOIV	Received, read and reviewed two (2) Consolidated Certifications – Operator forms for the Deerbrook facility.	0.40 hrs
01/26/21	HOIV	Conference call with HMG regarding upcoming HUD Loan for Deerbrook et al facilities; revised February 17, 2021 Regular Meeting agenda; reviewed November 18, 2020 Minutes and draft HUD Application for Deerbrook; and submitted e-mail to client and HMG advising that the documents could be signed at the upcoming meeting or earlier, if ratified During February 17, 2021 Meeting.	3.30 hrs
02/02/21	HOIV	Prepared Accounts Receivable and HUD Loan application form and packet for Managers' counsel and Lenders' counsel; completed the packet for the upcoming HMG PARK MANOR OF DEERBROOK, LLC HMG PARK MANOR OF SOUTHBELT, LLC; HMG PARK MANOR OF TOMBALL, LLC; and HMG PARK MANOR OF THE WOODLANDS, LLC; and submitted to parties for review.	2.80 hrs
02/02/21	HOIV	Read and reviewed draft Consent of Member and Managers without a Meeting for Deerbrook RE, LLC; Southbelt Re, LLC; Tomball Re, LLC; and The Woodlands RE, LLC.	0.60 hrs
02/02/21	HOIV	Participated in conference call with Lenders counsels and HMG counsel for HMG Southcom HUD Loan transaction.	0.60 hrs
02/04/21	HOIV	Drafted Resolution Consenting to the HUD Loan between Merchant's Capital and Deerbrook et al Landlords.	2.60 hrs
02/09/21	HOIV	Participated in conference call with counsel for HMG and Lenders to discuss HUD Loans for Deerbrook; Southbelt; Tomball; and the Woodlands.	0.70 hrs
02/09/21	HOIV	Following conference call, gathered documents requested during the call and provided to Lender's Counsel; received and reviewed four (4) HUD Consent agreements for Deerbrook, Tomball, Southbelt, and the Woodlands; and received and reviewed proposed District Consent for HUD Loan with Merchants Capital Corp	2.80 hrs
02/25/21	HOIV	Read and reviewed executed Sublease Agreements, Applications, and Resolutions for HUD Loan transaction involving Deerbrook et al facilities and Merchants Capital Corporation and prepared e-mails to interested parties	1.30 hrs

in order to distribute the executed documents.

Total fees for this matter \$6,040.00

DISBURSEMENTS

01/11/21	Federal Express; Invoice # 7-231-22220;	289.00
	12.22.20 - Ms. Shandi Howard	
	12.22.20 - Timothy Hightower	
	12.28.20 - Timothy Hightower	
	12.28.20 - Sharon White	
	12.28.20 - Aubrey Hesla	

Total disbursements for this matter \$289.00

BILLING SUMMARY:

Oxford, IV Hubert	15.10 hrs @	\$400.00 /hr	\$6,040.00
TOTAL FEES			<u>\$6,040.00</u>
TOTAL DISBURSEMENTS			\$289.00
TOTAL CHARGES FOR THIS INVOICE			<u>\$6,329.00</u>

TOTAL BALANCE NOW DUE \$6,329.00

Federal ID# 74-1646478
Invoice Terms: Net 10 Days Upon Receipt
Please Reference Invoice Number on Your Check

EXHIBIT “B”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
April 2021			
Facility	Operator		Comments
Deerbrook Skilled Nursing and Rehabilitation Suites	HMG		Current Census: 67. Facility last had their annual survey in August 2019, they are currently in their survey window. There were nine reportable incidents since the last visit, the facility did not receive any citations. The facility had some minor damage during the snowstorm, all issues have been repaired. The facility lost a lot of employees following the distribution of stimulus checks, they have begun hiring new staff members as the census has increased.
Friendship Haven Healthcare and Rehabilitation	HMG		Current Census: 92. The facility had their annual survey in October 2020, they received four LSC tags. The facility did receive one tag during an infection control survey, the POC has been accepted by the state. There was one reportable incident since the last visit, the facility was not cited. The facility did not receive any damage during the snowstorm, they had supplies to outlast the boil water notice. The facility is planning on beginning group dining in the near future.
Highland Park Rehabilitation and Care Center	Caring		Current Census: 54. The facility is currently in their survey window. There were no reportable incidents since the last visit. The facility lost power during the snowstorm, but the emergency generators worked until the power came back on. The facility had multiple nurses spend the night at the facility to take care of residents. The facility is allowing volunteers help in the facility, this is really enjoyed by the residents and families.
Park Manor of Cyfair	HMG		Current Census: 95. The facility had their annual survey in November 2020. There were two reportable incidents since the last visit, both for COVID positive tests. The facility did not have any issues during the snowstorm, the facility shares a power grid with the local hospital. The facility will need to replant their landscaping as the cold weather killed most of their plants. The facility is seeking approval to give the COVID vaccines the staff members in-house.

Park Manor of Cypress Station	HMG		Current Census: The facility last had an annual survey in October 2019, they are currently in their survey window. There were three reportable incidents since the last visit, the state has not yet investigated. The facility has had to use agency staffing to staff their hot zone. 90% of the residents at the facility have received the COVID vaccine, the facility has applied to give the vaccine themselves.
Park Manor of Humble	HMG		Current Census: NA. The facility last had an annual survey in August 2019, they are currently in their survey window. The only reportable incidents since the last visit were for COVID positive residents. The new administrator started the day before the snowstorm hit the facility. The outgoing administrator stayed at the facility to help deal with the freeze. The facility has hired CNA's and are not having to use agency staffing anymore.
Park Manor of Southbelt	HMG		Current Census: 84. The facility had their annual survey in September 2020, the facility did not receive any tags of high severity. There were five reportable incidents since the last visit, the facility did not receive any citations. The facility lost power for a day during the freeze, but the generators were able to keep the facility operating. The facility is expecting to have their fourth vaccine clinic; almost all residents have been vaccinated.
Park Manor of Westchase	HMG		Current Census: 75. The facility last had their annual survey in February 2020, they are currently in their survey window. There were eight reportable incidents since the last visit, the facility did not receive any citations following state review. The facility is looking to hire new CNA's now that the census is increasing, they are offering a \$1,000 bonus for new CNA's.
Spring Branch Transitional Care Center	Caring		Current Census: 188. The facility last had their annual survey in October 2020. The facility did not have any reportable incidents since the last visit. The facility lost power for three days during the snowstorm, the backup generators and space heaters were able to keep the facility warm. The facility is struggling to find staff members and are offering a \$500 bonus for new hires. The facility is planning a special mother's day ceremony for its residents.

March 2021			
Facility	Operator		Comments

Park Manor of Conroe	HMG		Current Census: 90. The facility last had an annual survey in June 2019, the facility continues to receive infection control surveys due to the COVID positive tests. There were eight reportable incidents since the last visit, one resulted in an IJ which was cleared in February 2021. The facility did well during the storm, several staff stayed at the facility to make sure the residents had care in case the roads became too hazardous to traverse.
Park Manor of the Woodlands	HMG		Current Census: 83. The facility had their annual survey in March 2021, the facility had a deficiency free health survey and received two minor tags in life safety. There were no reportable incidents since the last visit. The facility has had three rounds of vaccinations for residents and staff, they have inquired with the state about a fourth round of vaccines. The facility did not suffer any damage during the storm.
The Woodlands Nursing and Rehabilitation Center	Regency		Current Census: 114. The facility had their annual survey in October 2020, the state was in the facility in February for an unsubstantiated self-report. There were 28 reportable incidents since the last visit, four have been unsubstantiated and the others are still awaiting investigation. The facility had their irrigation line bust during the freeze but otherwise did not suffer any damage from the storm.

Administrator: Shemika White
DON: Liliana Covalui

FACILITY INFORMATION

Deerbrook Skilled Nursing and Rehab Center is a 124-bed facility with a current overall star rating of 4 and a Quality Measures rating of 5. The census given on the date of this Report was 67: (3) PP; (4) MC; (53) MDC; (6) HMO; (1) Hospice. Administrator mentioned the company did an analysis in the area and most nursing homes census had lowered. Many hospitals seem to be keeping their patients longer and it is making a difference with facilities bottom line.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. The positivity rate in Harris County is 7.6%. Testing is once per week for staff every Monday through the health department. Residents who had tested positive and who have passed their 90 days are also being tested. At this time, Deerbrook does not have anyone in their COVID Unit. Administrator reported 5 residents in their Warm Zone and an additionally 1 resident coming today. None of those residents have received their vaccinations, so they have to be quarantined for an appropriate amount of time. On the flip side, if a resident who is newly admitted may go to their Cold Zone, if they are fully vaccinated.

Deerbrook's sprinkler system froze up during the February snow storm and they had to go on a Fire Watch. This lasted from the 15th to the 23rd. Everything has been replaced, including some sprinkler heads and working properly. No water damage occurred when this happened in which the Administrator was thankful. Deerbrook did lose power for two hours but their generator came on with no problems. All air mattresses, concentrators and g-tubes were in red plugs and it went fine. The facility had plenty of food and water. Some staff stayed overnight during the storm and the DON picked up many employees as well to make sure residents were taken care of.

PPE items are either by their vendors, corporate office, SETRAC and Walmart. PPE inventory is good at this time. Full PPE is being worn on the 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.

Deerbrook had their first COVID_19 vaccination clinic on December 30th and then the second clinic on January 20th. Walgreens came out a third time on February 10th and for those who had received their first shot on February 10th had to be taken to Walgreens to ensure they received their second shot. Administrator states 85% of residents received their full vaccinations and only around 25 staff members received theirs. Another clinic is scheduled but the Infection Control nurse with Deerbrook will be giving out additional vaccinations, which will be at the end of this month. The Administrator

stated this should really help and more employees signed up but because John and Johnson paused distribution, so of her staff are questioning if they should take it or not. At this time, most residents eat in their room. Approximately 16 to 17 residents come out to the dining room in which they typically sit with their roommate, socially distancing. Activities are offered either in their rooms or social distancing with a small group of residents.

Administrator stated they still do not have a beautician but currently has an employee who has her license. On her days off, she cuts the residents hair. Deerbrook has hired a lot of new employees as many quit when they received a stimulus check. Deerbrook had a nice Easter for the residents, including the Easter Bunny visiting everyone. Plans for Mother's Day includes roses, cards, fun hats and high tea. Deerbrook also hands out poker chips if employees are able to answer questions related to residents. Great prizes are given for them and ultimately, it helps with resident care.

SURVEY INFORMATION

Deerbrook has not had their full book survey yet – last one was August 2019.

REPORTABLE INCIDENTS

State came out in February for an Infection Control survey and Deerbrook did not receive any deficiencies.

December (5) falls w/hematoma and a new COVID 19 case (unsubstantiated).

January no SRI.

February (2) falls/hematoma, I/C Survey (unsubstantiated).

CLINICAL TRENDING

Incidents/Falls:

In **December/January/February**, Deerbrook had 34 total falls, of which 11 resulted in injury, 8 Skin tears, 0 Bruise, 0 Lacerations, 0 Elopements, 0 Fractures, 5 Other and 1 Behavior.

Infection Control:

Facility reports 42 total infections in **December/January/February** – 13 UTI's; 1 URIs; 4 GI's; and 24 other infections.

Weight loss:

During **January/February/March**, Deerbrook had 9 residents with 5-10% weight loss in 1 month and 6 with >10% weight loss in 6 months.

Pressure Ulcers:

Deerbrook reported 8 residents with pressure ulcers with 14 sites, 4 of them facility-acquired during **January/February/March.**

Restraints:

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

Staffing:

Facility is currently in need of (2) LVN's 10p-6a; (3) LVN's weekend; (3) CNA's 2p-10p; (2) CNA's 10p-6a and (2) CMA.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.0%	2.3%	2.1%	
Fall w/Major Injury (L)	3.5%	3.7%	3.6%	
UTI (L)	1.3%	2.0%	2.8%	
High risk with pressure ulcers (L)	9.5%	9.4%	9.3%	
Loss of Bowel/Bladder Control(L)	N/A	51.6%	47.3%	
Catheter(L)	0.0%	2.1%	2.2%	
Physical restraint(L)	0.0%	0.1%	0.2%	
Increased ADL Assistance(L)	31.2%	20.5%	17.5%	
Excessive Weight Loss(L)	10.7%	7.3%	8.3%	
Depressive symptoms(L)	0.0%	5.0%	7.6%	
Antipsychotic medication (L)	12.7%	12.3%	14.5%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	12/15/2020, 01/14/2021, 02/11/2021	Falls, Skin, Weights Falls, Skin, Weights Skin, Weights

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.	95.5%	94.1%	94.7%	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: 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 92.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was 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 38,647 confirmed cases of COVID_19 in Galveston County and 406 deaths. COVID_19 Positivity rate for Galveston County is 7.08%.

Friendship Haven lost power but their generator took care of their needs. They also went on fire watch as they had to drain their sprinkler system and as a sprinkler head burst. The State was notified and they did come out to check on things. Department heads and staff stayed overnight to help out when needed. Friendship Haven had plenty of supplies during the storm which included food and water. The city was on a water boil order during that week but they still did well with their emergency supply of water and boiling water. The Administrator reported a lot of repairs with sheetrock was needed because of the sprinkler head that busted. Some of the landscaping was affected by the freeze but the facility is monitoring everything and it seems like some of it is coming back.

Testing is once per week for employees only. Administrator reports April of 2021 an employee tested positive who was in their therapy department. After tracing this employee, it seems he may have been exposed through his daughter from school. This employee is being quarantined at home for now until appropriate for his return to work. Friendship Haven has a Warm Unit Hallway on 500 for new admits who are quarantined for 14 days, even if they have been fully vaccinated. The facility wants to be cautious and try and make sure they monitor their new residents closely.

The COVID_19 Vaccine clinics were on December 30th, January 21st and February 8th. A fourth one on April 29th is scheduled through Pharm-Scripts. So far, 65% of employees and 85% of residents have received their vaccination at Friendship Haven. N95 and face shields are being worn in 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.

Dining services for residents will be in small groups starting very soon. Policy and Procedures will need to be updated since the rules changed and they will follow the guidance put forth. Essential

caregiver visits are still ongoing in which (2) are able to come in at the same time. Indoor and outdoor visits are also available for the residents. PPE inventory is good. Corporate office assists if they have any issues and they utilize their vendors and SETRAC once a month. The beautician is back in the building and residents are very happy. Staffing is a challenge and contract agency is available but they haven't used it in two to three months. Hourly rates have gone up in the area and has added to the need. PIPS are in place still for physician orders (follow-up and education), admissions and administration with collections is still in place. Activities are also in their rooms but she also tries to coordinate Facetime calls with families for the residents. Preventative maintenance is ongoing.

SURVEY INFORMATION

Friendship Haven had their annual survey in October of 2020. Friendship Haven did well as they received 0 health deficiencies and 4 LSC tags. An Infection Control tag was cited in February as the State reported an employee didn't sanitize her hands in between patients. Employee said she had a bottle of hand sanitizer on her and felt like State didn't see her. POC already sent in and accepted.

REPORTABLE INCIDENTS

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

CLINICAL TRENDING

Incidents/Falls:

Information not provided.

Infection Control:

Information not provided.

Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Friendship Haven 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.				Y	<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

Administrator: William Hines (started 2 weeks ago)
DON: Wanda Preston (started March 10th)
Regional Nurse: April Champion

FACILITY INFORMATION

Highland Park is a 120-bed facility with a current Overall Star Rating of 2 and a Quality Measures star rating of 5. The census given on the date of this report was 54.

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

There are 387,758 confirmed cases of COVID_19 in Harris County and 6,102 deaths. The Positivity Rate is 7.6% so testing is once per week. Regional nurse believes the rate will rise and they will need to test twice per week soon. Residents are being tested once a month. Only if there is an outbreak would the facility start back to testing the residents. Highland Park accepts new admissions and per company policy, go into the Warm Zone still to be quarantined for 14 days and thereafter, move to the general population.

Screening per CDC guidelines is being followed and Highland Park is following the new HHSC visitation guidelines. The team continues to encourage residents to wear surgical masks but some residents cannot tolerate them and want the cloth masks. Staff as of today are wearing surgical masks unless they are in the Warm Zone, which they wear full PPE items.

Regional Nurse mentioned Highland Park did well during February's storm. The electricity/power did go out but the generator stayed on and there were no issues. Plenty of food and water was on hand and many of the staff slept in the building to make sure care was given to the residents. These employees were paid around the clock for helping out. No issues with pipes breaking or damage to the interior of the building.

At this time, they have 12 residents in the COVID Unknown Unit. Employees still do not receive hazard pay for working in the Warm Zone. Essential Caregiver visits and End of Life Visits are still occurring at Highland Park Care Center. Essential Care visits are Monday through Friday and two can come at the same time. Volunteers just started back (yesterday, the 21st) and residents and families are pleased. Most of these volunteers are from the local churches. PPE inventory is still good and is provided by SE_TRAC and Twin Med.

CVS and their pharmacy company assisted with the administration of the vaccinations and another COVID_19 clinic is planned for the beginning of May. All clinics have been going very well and most all residents have participated and about 75% of employees have received their vaccine. Regional nurse mentioned working on a PIP for wound care and weights were good at Highland Park.

Highland Park is still trying to find a beautician but they still have a certified medication aide who is also certified to cut hair and is tending to the residents. Easter was nice in which a special meal was planned for the residents. Currently, they are working on an event for Mother's Day. Activities are still mostly in individual rooms and dining services are still in resident rooms. Yesterday was assistant administrative day and they provided some gifts for her and also have had some special things for staff for employee morale.

SURVEY INFORMATION

Regional Nurse mentioned she thought the state had come in for the infection control tag received back at the end of January but wasn't sure of its outcome. Annual survey is due from January 2021 and they expect them to come anytime.

REPORTABLE INCIDENTS

Information was not provided.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Highland Park does not use restraints.

Staffing:

Staffing needs – no contract agency at this time.

Quality Indicators - CASPER Report				
Indicator	Facility	State	National	Comments
Self-Reported Mod/Severe Pain (S)				Information not provided
New/Worsened Pressure Ulcers (S)				
New Psychoactive Med Use (S)				
Fall w/Major Injury (L)				
UTI (L)				
Self-Reported Mod/Severe Pain (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:

Component 1

Indicator	QAPI Mtg Date	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

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					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	<p>Infection Control Policy reviewed. Yes</p> <p>Antibiotic Stewardship Program review and is in place with all components. Yes</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 5. The census on the date of this report was 95.

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 over 391,087 confirmed cases of COVID_19 in Harris County and over 6,167 deaths. COVID_19 Positivity rate for Harris County is 7.9%.

Administrator reported Park Manor of Cyfair is COVID_19 free with their residents at this time. Testing is once per week with employees, which started back in April. Two essential caregivers tested COVID_19 positive on January 4th. One had been vaccinated and the other one was not. They also had an employee test positive shortly after but since that time, tests have been negative. 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. Residents are wearing surgical masks.

Park Manor of Cyfair did well during the snow/sleet storm in February. Many employees stayed over starting that Sunday to help take care of the residents. The building never lost power because they are on the same grid as the hospital. The building had plenty of food and water as well. They did need to drain the sprinkler system and was on fire watch for a week. The Administrator self-reported this but State did not come out. The Administrator communicated daily with Program and Life Safety Manager. Much of the landscaping has been pulled out due to the freeze and they are looking at what they need to replace.

Park Manor of Cyfair has had three COVID_19 vaccine clinics. The Administrator wished to have had more clinics and is disappointed with Walgreens as they didn't come back for the second dosage. They are applying to be able to administer the vaccines themselves. Approximately 60% of employees and 76% of residents have received their vaccinations, so far. Park Manor has 2 Units in which both are full for those being quarantined. Visits have picked up since the State opened it up but families still have to schedule the day and time they would like to come in, if available. Some families have been rude thinking they can come and go as they please, and at times, can be a struggle.

The beautician is still coming every Monday. Dining services and activities started opening up in February and the residents are loving it. Park Manor of Cyfair has an IPAD that is hooked up to the TV in which residents have Zoom calls, which also consists of religious and volunteer groups such as the Cypress Youth Club. The facility is planning a Mother's Day High Tea celebration. The ladies will be wearing big hats and receiving flowers and drinking tea. The Administrator mentioned she was always trying to keep the morale up and typically orders food for them. Nurse's Week is coming up and she is putting together a gift basket (everything orange) with some fun items in it. The Administrator stated she also took out her administrative staff to dinner last night to show her appreciation. Administrator reported they are starting up some IV In-service classes for nurses in which 15 signed up. They are also starting a pilot program with "HMG Academy." This is on-line courses to assist with skill levels and to boost confidence with her team.

SURVEY INFORMATION

Park Manor Cy-fair had their annual survey on November 11, 2020.

REPORTABLE INCIDENTS

In **January/February/March**, the facility had self-reports on January 4th due to the (2) COVID_19 positive Essential Caregivers and an employee.

CLINICAL TRENDING

Incidents/Falls:

During **January/February/March** Park Manor of Cyfair had 56 total falls, of which 2 resulted in injury, 1 Skin Tear, 1 Laceration and 1 Bruise.

Infection Control:

Park Manor of Cyfair reports 45 total infections in **January/February/March** – 25 UTI's; 4 GI infections; and 12 Other.

Weight loss:

Park Manor of Cyfair reported Weight loss in **January/February/March** – 4 residents with 5-10% and 4 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **January/February/March** Park Manor of Cyfair had 11 residents with 18 pressure ulcer sites – 1 acquired in house.

Restraints:

Park Manor of Cyfair is a restraint free facility.

Staffing:

Administrator reports the facility is in need of (2) LVN 6a-2p;(1) LVN 2p-10p; (4) CNA for 6a-2p; (4) CNA for 2p-10p; (3) CNA for 10p-6a; (1) hskp. 6a-2p and (1) dietary aide for 6a-2p.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	1.3	2.2%	2.1%	
Fall w/Major Injury (L)	0.0	3.6%	3.5%	
UTI (L)	0	2.1%	2.8%	
High risk with pressure ulcers (L)	6.3	10.0%	9.8%	
Loss of Bowel/Bladder Control(L)	83.3	52.1%	47.6%	Work with Bowel and Bladder Program
Catheter(L)	7.0	2.3%	2.3%	
Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	19.6	21.7%	19%	Work with Therapy for increase of ADL's
Excessive Weight Loss(L)	0	7.4%	8.9%	
Depressive symptoms(L)	1.6	5.2%	7.9%	
Antipsychotic medication (L)	8.5	12.2%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	1/12/21, 2/15/21, 3/15/21	Updated COVID 19 requirements, Visitation Updates

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	Yes, constantly recruiting and hiring
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	9.8%	%	7%	Y	

ulcers; including unstageable ulcers					
Percent of residents who received an anti-psychotic medication	14.6%	%	9.6%	Y	
Percent of residents whose ability to move independently has worsened	31.8%	%	15.2%	Y	Working with Therapy on any residents who have declined

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	2.8%	%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	83.7%	%	99.09%	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: 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 3. The census on the date of this report was 97.

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 391,438 confirmed cases of COVID_19 in Harris County and 6,179 deaths. Covid_19 Positivity rate for Harris County is 8%.

Testing of staff is once a week. March 10th was the last time an employee tested COVID_19 positive who has recovered already. This person worked in the dietary department but isn't sure where he was exposed and it doesn't appear to be from the facility. Park Manor of Cypress Station accepts COVID_19 positive residents from the hospital and other SNF's. Currently, 14 residents reside in the Hot Zone unit. Hall 200 is the Warm Zone and currently they have 11 residents. The Administrator mentioned he did have a resident re-admit from the hospital and was able to go back to his room due to the new State guidelines. Dedicated staff is in each zone. At times, they have contract agency for the Hot Zone (mainly nurses). Administrator reports staff are wearing N95's, goggles or face shields throughout the building and wearing full PPE on Hot and Warm Zones. Residents are wearing cloth or surgical masks. PPE inventory is still good.

Park Manor of Cypress Station did well during the snow/sleet storm in February. The facility never lost power and residents were warm the whole time. The building had to go on fire watch as they needed to drain the sprinkler system. The team had to monitor for fire for almost a week as there was a delay with the Fire Marshall coming out to inspect the system to make sure everything was okay. Luckily, they did not have any leaks once they turned the water back on. Plenty of food and water was always available and no kind of significant damage to the landscaping outside.

Four COVID_19 vaccine clinics have already taken place at Park Manor of Cypress Station. The last clinic was administered by Pharm-Script. Approximately 40% of the employees and 90% of residents have received their vaccine. Park Manor of Cypress Station has put in an application to be able to administer the vaccine themselves in the future.

Essential caregiver and visitor visits have been going well. PIP's are in place for falls, wounds and pressure ulcers. Outside visits are permitted but at this time, no one has scheduled to come. Dining services and activities have begun to open up with social distancing and roommates sitting at the same table. The facility celebrated Valentines and St Patty's Day was celebrated. All residents will be

getting flowers, chocolate with non-alcoholic wine and a manicure for Mother's Day week. The Maintenance Director is always working on improving the looks of the building. Recently, he was working on the lobby tables. At this time, they are not starting up any new programs and are continuing with their pulmonary program.

SURVEY Information

Last full book survey was October 8, 2019. Early March, Park Manor of Cypress Station had an Infection Control survey with no deficiencies.

REPORTABLE INCIDENTS

During **December/January/February**, Park Manor of Cypress Station had 3 self-reports which have not been investigated.

CLINICAL TRENDING

Incidents/Falls:

Park Manor of Cypress Station reported 29 total falls without injury and 2 falls with injury during, **December/January/February** 2 skin tears, 0 bruises, 0 laceration, 2 behaviors and 0 Other.

Infection Control:

Administrator reported 29 infections during, **December/January/February** of which 10 were UTI's, 5 were respiratory infections, 6 GI tract infection, 0 EENT infection, 0 blood infections.

Weight loss:

During **December/January/February**, Park Manor of Cypress Station had 3 residents with 5-10% weight loss in 1 month and 2 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor of Cypress Station reported 2 residents with pressure ulcers with 1 site, 1 of them facility-acquired during **December/January/February**.

Restraints:

Park Manor Cypress Station is a restraint free facility.

Staffing:

Currently the facility is in need of (1) RN 6a-2p; (1) LVN 10p-6a; (1) CNA 2-10p.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	2.2%	2.1%	
Fall w/Major Injury (L)	5.1	3.6%	3.5%	
UTI (L)	0	2.1%	2.8%	
High risk with pressure ulcers (L)	0	10.0%	9.8%	
Loss of Bowel/Bladder Control(L)	91.7	52.1%	47.6%	
Catheter(L)	0	2.3%	2.3%	
Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	38.6	21.7%	19.0%	
Excessive Weight Loss(L)	6.5	7.4%	8.9%	
Depressive symptoms(L)	1.8	5.2%	7.9%	
Antipsychotic medication (L)	10.2	12.2%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	12.18.2020, 1.20.2021, 2.19.2021,	Yes, - collections – physicians orders signatures

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	7.32%	8.95%	7.41%	y	

Percent of residents who received an anti-psychotic medication	14.24%	9.86%	4.55%	y	
Percent of residents whose ability to move independently has worsened	17.09%	11.41%	3.33%	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	17.09%	11.41%	0.0%	y	
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.					<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

Administrator: Craig Cannon – started mid-February
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 call was not given.

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 reports they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports there are 391,438 confirmed cases of COVID_19 in Harris County and 6,179 deaths. The Covid_19 positivity rate for Harris County is 8%.

The Administrator had just started his first day when the snow/sleet storm came about in February. The prior administrator, Rodney, helped out and a lot of staff stayed overnight during the week to help. The sprinkler system was drained and the building was on fire watch for a week. Several managers stayed over as well and monitored the building around the clock. They self-reported to the State and submitted their fire watch logs along with invoices to show proof of everything completed. The State did a desk review and no citations were given. Six to seven leaks in a closet in one room flooded but no resident was in there. Also, a few sprinkler heads cracked but since has been repaired. Park Manor of Humble had plenty of food and only had to deep into their emergency supply a little. The water was never affected and they did not have any issues. They are close to the hospital, so power and water was not affected. Most of the landscaping survived the freeze and they have replanted a few flowers.

Testing is once per week for employees, which is every Tuesday. At this time, they do not need to test residents. The Administrator reported they have had (2) residents that tested COVID_19 positive since he has started. One of the residents they treated them in-house and the other they sent out to a sister facility. The resident they took care of in their COVID Unit did have symptoms such as a cough, shortness of breath, and fever. She did have other underlying conditions such as COPD, but since has recovered. Two hundred hallway is considered the Warm Zone and currently they have 19 residents in there. Since there has been changes with the State, the company is allowing those new admits who have been fully vaccinated move into the general population/Cold Zone.

Park Manor of Humble did not have to use Nurse Dash for a while but recently requested CNA's. A sign on bonus is currently offered for CNA's and a referral bonus is given. The referral bonus is a total of \$500 - \$250 upon hire and \$250 after ninety days. The Administrator stated it has been working well. Most of his team is young and has been working in the building less than a year.

Park Manor of Humble did not have their third clinic in February due to the severe snow/sleet storm. They just had a clinic yesterday through Pharm-Scripts. They had twenty residents and four employees receive their vaccine, which was Pfizer. Just under 50% of employees so far has received their vaccine and 80% of residents has received theirs. PPE inventory is still good – especially with SETRAC. The Administrator was actually going that day to pick up more PPE items. N95 and face shields are being worn by employees in the general population and surgical masks by the residents.

The beautician did not come back and so they are advertising for this position. Essential caregiver visits have been going well. Park Manor of Humble has an online registration in which visitors can submit their requests to the Administrator and receptionist who can make the schedule for the day. Visits are offered from: 11 am to 12 pm; 1pm-2pm; 3pm-4pm; and 6pm-7pm. No more than two visitors on a hallway at a time. Most families are understanding and those who are challenging, are offered outside window visits. Only one family has discharged their loved one wanting more than two visitors at a time but mainly due to her being on Hospice and actively dying.

Customer service with families is a high priority. There are no plans to update the facility as that was done back in 2018 and 2019. Park Manor of Humble did not have a social worker for a long time and now they have one helping out. A couple of events are planned in which Nurses Week and Nursing Home week will be celebrated. Different themes for each day with snacks and activities will correlate with these themes. For Mother's Day, roses will be given to the residents. The facility is expecting a very busy day for visitors on Sunday for Mother's Day.

SURVEY INFORMATION

Last annual survey was August of 2019. The Administrator stated two surveyors came this past Tuesday for a P1 which was unsubstantiated. The State also investigated two self-reports regarding the last positive staff member and an injury of an unknown injury – both substantiated but not cited.

REPORTABLE INCIDENTS

Self-reports due to COVID_19 positive residents.

CLINICAL TRENDING

Incidents/Falls:

Information not provided.

Infection Control:

Information not provided.

Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Park Manor of Humble 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.					<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

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 84: (5) MC; (12) HMO; (13) PP; (45) MDC; (2) Hospice and (18) HMO's.

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 over 390,547 confirmed cases of COVID_19 in Harris County and 6,151 deaths. COVID_19 Positivity rate for Harris County is 8.0%.

The electricity went out during the February snow storm for one full day at Park Manor South Belt. The generator came on and the temperature remained comfortable for the residents. The building didn't have any issues with water or pipes breaking and many staff members, including all department heads slept in the building to care for the residents on rotation. The Administrator not only slept in the building but also went to pick up other staff to bring them in. They did have the water boil ban but had enough water for everything. Plenty of food was also a good thing and it appears most of their landscaping is coming back from the freeze.

Staff and residents are being tested once per week. Administrator reports Park Manor of South Belt is Covid_19 free with their residents but one of their employee's tested positive last Monday. The State came out for an Infection Control survey and for the positive employee and Park Manor did not receive any citations.

Currently they have (9) residents in the PUI Unit which is 300 Hall. Four had been taken off that day and they had stayed in the PUI for 14 days. The bed availability for the general population is limited but if the newly admitted resident is fully quarantined, they do not have to go to the PUI Unit. They also have 4 Transition Rooms (short-term residents) that is available for fully vaccinated residents to stay if the Cold Unit isn't available. If they have a positive resident, they would go to Hall 300 with a fire door that separates them from the others and a plastic barrier can also be used.

PPE inventory is still good. SETRAC and Medline assists with their needs and a supplement from their corporate office keeps them fully stocked. 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 and they change their gowns for every resident.

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.

Park Manor South Belt has had (3) COVID_19 vaccine clinics and expecting one tomorrow. The Administrator reported they are on the waiting list for the NHNS vaccinations and also received a call that SE_TRAC could come in the building and give out vaccines. So far, 60% of employees and 82% of their long-term residents have received their vaccines. Administrator mentioned she has 2 court appointed guardians and they will not approve the vaccines yet for them.

Nurse Dash is used some still at Park Manor South Belt. Residents in Hall 1 and 4 were coming in to the dining room for lunch and Hall 2 for dinner with one resident at each table unless they were roommates, in which they could sit together. Because they received the COVID positive employee, residents are now back in their rooms receiving meals and most activities are back in their own room too. It is felt after 14 days if no one else comes up COVID positive, they can go back to the dining room to eat and have group activities. Park Manor South Belt now has one activity director and two assistant activity directors in which they have activities 7 days a week.

All hallways and the main dining room has been repainted. Now they are working on the lighting, then they will redo all of the trim and handrails down the hallway will be next to complete. The Medical Director is still training their nurses and CNAs and it continues to work out well for all. His training is once a month now instead of once a week because of stability of staff. Weights are stable and falls and wounds have decreased reported the Administrator. Approval for a CNA class has been given to Park Manor South Belt and those caregivers under the waiver will be able to become certified. The facility has also implemented having a lead CNA on each shift and orientation is going back to how they use to have it before pre-COVID. This means an extensive training in the classroom is provided along with meeting all department heads at Park Manor South Belt and they receive a flyer to make it more formal and exciting for them. Mother's Day celebration is planned for the residents in which cake, roses and a special meal will be given to them.

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 **December/January/February** – Park Manor South Belt had one reportable (December), one reportable (January) and three (February) - fire system because they fire watch emptied the wet

system so the pipes wouldn't break. The State came out for three of the self-reports and two visits in which they were not cited for anything. In December, they did receive a deficiency for Infection Control which had to do with screening in the front. The screener didn't ask every question on the log and just asked "do you have any symptoms."

CLINICAL TRENDING

Incidents/Falls:

During **December/January/February** Park Manor of South Belt had 49 total falls, of which 0 resulted in injury, 10 Skin tears, 2 Bruises, 0 Lacerations, 0 Elopements, 0 Fractures, 0 Other and 5 Behavior.

Infection Control:

Park Manor of South Belt reports 70 total infections in **December/January/February** 48 UTI's; 3 URIs; 2 GI's; and 16 other infections.

Weight loss:

Park Manor of South Belt for **December/January/February** had 5 residents with 5-10% weight loss in 1 month and 7 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor South Belt reported 22 residents with pressure ulcers with 18 sites, 9 of them facility-acquired during **January/February/March**.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

Facility is currently in need of (1) RN for 6a-2p; (1) RN for 2p-10p; (3) LVN's for 6a-2p; (2) LVN's for 2p-10p; (1) LVN 10p-6a; (4) CNA's 6a-2p; (3) CNA's 2p-10p; (5) CNA's 10p-6a.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	2.2%	2.1%	
Fall w/Major Injury (L)	2.9	2.9%	3.6%	

UTI (L)	0	2.1%	2.8%	
High risk with pressure ulcers (L)	12	10%	9.8%	
Loss of Bowel/Bladder Control(L)	87.5	52.1%	47.6%	
Catheter(L)	0	2.1%	2.8%	
Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	12.1	21.7%	19%	
Excessive Weight Loss(L)	10	7.4%	8.9%	
Depressive symptoms(L)	1.5	5.2%	7.9%	
Antipsychotic medication (L)	0	12.2%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	1/13/21	Weight loss, Pressure Ulcers, Collections, Admission Paperwork completion timely.
	2/10/21	Pressure Ulcer, Collections, admission paperwork
	3/10/21	Falls, Pressure Ulcer-facility acquired, weight-loss, Completion of paperwork

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	9.8%	9.8%	12%	N	PIP in place
Percent of residents who received an anti-psychotic medication	14.6%	0%	0%	y	
Percent of residents whose ability to move independently has worsened	31.8%	29.4%	10.7%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.8%	2.8%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	%	%	14.29%	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>

Cory Thompson-Administrator
Christina Gibbs-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 75: 4 PP; 4 MC; 56 MDC; 8 HMO; and 3 Hospice.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The administrator and the DON 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 391,438 confirmed cases of COVID_19 in Harris County and 6,179 deaths. The Positivity Rate for Harris County is under 10%.

Park Manor Westchase did well during the February's snow/sleet storm. The building lost power for one and half days but their generator came on. Hallway doors were left open so the heat would disperse throughout the building. The temperature remained at a comfortable level for all residents. The sprinkler system had leaks and so they had to shut it down for a good week. Administrator reported this to the State and they had to keep daily logs of their fire watch. The facility had plenty of water and food to care for their residents. Many department heads are certified nurse aides and so they stayed over during the storm and those who worked the night shift stayed in the building as well. Around day two is when staff could come in without any problems due to the conditions of the roads. Most of the landscaping outside the building survived the freeze.

A one-time bonus of \$1,000 is being offered at this time for CNA's. Once hired, they show appreciation by handing out gift bags. For retention, they are providing food for their employees and they have also asked their staff what would make things better. Many of the staff shared that the contract agency would let them know how much they were receiving and it was frustrating to hear what they said. Based on this information, an increase in hourly rate was given. Some staff had received their income tax return or stimulus check and decided to quit as well. The line of communication is key to trying to keep a positive relationship going with their team. The Administrator reported a CNA with no experience in the past would receive \$10.50 per hour and now they receive \$12. Hopefully, this will help bring in more employees.

Two residents tested positive this last quarter but have already recovered. Administrator reported they are testing twice per week and recently had 5 cases of COVID_19 positive. 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 do not have any residents in the Hot Zone. Contract agency is being used daily for the nursing department. PPE inventory is still very good, no issues.

Administrator reported Park Manor of Westchase has already had three COVID_19 vaccine clinics: December, January and February. Today, they are having another COVID_19 vaccine clinic with Pharm-Script in which their nurses are going to administer them. Approximately 40% of employees and 90% of residents so far have received their vaccines. Staff are wearing N95 and face shields or goggles and residents are wearing surgical masks.

Essential Caregiver visits are still occurring at Park Manor Westchase and two visitors can come at the same time. It has been a little overwhelming with the additional visitors being able to come in but Park Manor of Westchase is managing. Some families do not understand why they have to schedule a visit as they think everything is "opened up" now. The team explains to them it still needs to be scheduled and most families understand. At this time, they have 16 to 17 visits per day which has really cut down on complaints with families.

Park Manor of Westchase started their communal dining a month ago. Social distancing is occurring and usually roommates are together at each table. Activities are in small groups (5 to 6) in the dining room. The challenge has been most of the residents have been accustomed to staying in their rooms so they are trying hard to get them out to participate.

A King and Quenn was announced for Valentines just before the storm hit that Friday. For Mother's Day, many things are planned at Park Manor Westchase but they were still working on the details. Nurse Candice, who was mentioned last quarter going above and beyond, truly caring about a resident, has been promoted as their Infection Preventionist Nurse. The Administrator stated that during the storm, his department heads provided direct care. His admissions director worked around the clock and the central supply business office manager and activity director stepped up and cared for the residents during the crisis which the Administrator thought was a beautiful thing.

SURVEY Information

Last annual survey was February 3rd of 2020 and still waiting for the State to come to the facility.

REPORTABLE INCIDENTS

Last quarter, the administrator reported 8 self-reports for the last Quarter:

1 neglect-daughter alleged physician O2 order not followed, 1 abuse-allegation made by resident, abuse-daughter alleged neglect because O2 wasn't on resident when she arrived for visit, Environmental-sprinkler system failure due to ice storm, COVID Outbreak 1, COVID Outbreak 2, COVID Outbreak 3, Neglect – Resident fell with major injury – no citations.

CLINICAL TRENDING

Incidents/Falls

During **January/February/March**, Park Manor Westchase reported 27 total falls without injury, 6 falls with injury, 3 skin tears, 2 fractures, 0 bruises, 0 behaviors, 0 laceration and 4 Other.

Infection Control:

During **January/February/March**, Park Manor Westchase reported 34 infections of which 13 were UTI’s, 7 were URIs, 19 wound infections.

Weight loss:

During **January/February/March**, Park Manor Westchase had 7 residents with 5-10% weight loss in 1 month and 2 with >10% weight loss in 6 months.

Pressure Ulcers:

During, **January/February/March** Park Manor Westchase reported 23 residents with pressure ulcers with 40 sites, 4 of them facility-acquired.

Restraints:

Park Manor Westchase does not use side rails or restraints.

Staffing:

Currently the facility is recruiting for: (2) LVN’s 6a-2p; (1) 10p-6a; (2) 10p-6a; (5) CNA for 2p-10p and (6) CNA 6a-2p.

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.0	2.1%	2.1%	
Fall w/Major Injury (L)	1.5	3.6%	3.5%	
UTI (L)	0.0	2.1%	2.8%	
High risk with pressure ulcers (L)	0.0	10.0%	9.8%	
Loss of Bowel/Bladder Control(L)	61.9	52.1%	47.6%	
Catheter(L)	0	2.3%	2.3%	
Physical restraint(L)	0	0.1%	0.2%	

Increased ADL Assistance(L)	5.5	21.7%	19.0%	
Excessive Weight Loss(L)	4.5	7.4%	8.9%	
Depressive symptoms(L)	0	5.2%	7.9%	
Antipsychotic medication (L)	3.3	12.2%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	1/14/21,2/23/21, 3/19/21	Pressure Ulcer Reduction & Recruitment & Retention

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	7.9%	2.4%	5.4%	N	PIP in place
Percent of residents who received an anti-psychotic medication	14.2%	6%	4.6%	Y	
Percent of residents whose ability to move independently has worsened	23%	8%	6.5%	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	2.5%	2%	1.1%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	94%	100%	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	<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 3-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 188. The Administrator reported many residents were in the hospital as they were at 193 for census, not too long ago.

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 Harris County's positivity rate was 7.6% and testing is once per week with employees. Residents are not being tested at this time as they are not considered to be in an outbreak status.

Spring Branch Transitional Care had some challenges during the February snow storm as they lost power for 3 days. The generator assisted and Spring Branch also had so portable heaters. Administrator reported they had plenty of food and emergency supply of water and many of the employees spent the night(s) in the facility, including himself. Administrator mentioned all departments were represented staying in the building but housekeeping was a little harder for them to come in. One pipe did break but did not cause any damage to the building and they were able to fix it quickly. Most of the landscaping outside the building was okay and didn't die due to the freeze.

Spring Branch has had all three Covid_19 vaccination clinics with CVS. Spring Branch is now working with their pharmacy, Med-Options, who provided a fourth clinic on March 30th and will be coming back next week (the 27th) for the fifth. So far, 94% of the residents have received their vaccine and approximately 50% of employees have received a full series of vaccinations.

Currently, Spring Branch does not have any residents in the Hot Zone Unit for COVID_19 positive. The Warm Zone has 12 residents at this time. If they have a new admit and that resident is fully vaccinated, they can be in the general population, since the rules changed with HHSC. 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 Warm Zone. PPE Inventory is still good through Twin Med and SETRAC.

The Administrator discussed the facility is still having essential caregiver visitors (two at a time, if resident prefers) and visits have increased since visitation opened up for more individuals. Sanitizing the building per CDC guidelines continues and cleaning high touch areas on a regular basis. Room to

room activities are still provided at this time and most residents are eating in their room to assist with social distancing. The facility has implemented a "red napkin program" so that staff are aware of residents who have lost weight and make extra efforts in encouraging them to eat. The Administrator stated he felt like it was working as their weights are good. The Administrator states he is still working on getting another beautician as the one they had, quit.

The Administrator mentioned staffing was horrible and that many who were initially hired, never show up for orientation. They have a referral bonus in which staff who send them applicants and who stay can receive a total of \$500. Spring Branch continues to repaint areas of the building to give it a fresh look but working on replacing their freight elevator. Activities is planning a special Mother's Day ceremony to acknowledge them.

SURVEY Information

Full book survey for Spring Branch was at the end of October 2020.

REPORTABLE INCIDENTS

Information not provided.

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:

Staffing is a challenge at this time, especially in the nursing department.

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
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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 “C”

Exhibit "B"

**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;
No later than two (2) weeks prior to the funding deadline)

Date: 5-12-2021

Organization/Individual Requesting Grant Funds: East Chambers ISD
 Organization/Individual Address: 216 Champions Loop
Winnie TX 77665
 Contact Person: Katie Sparks
 Title: RN
 Phone Number: 409.296.6806 Fax Number: 409.296.6895
 E-Mail Address: ksparks@eastchambers.net

Name of Project, Program or Event: Welch Allyn SPOT Vision Photoscreener
 Date of Program or Event: n/a

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: \$7,600.00, which includes a 5-year warranty (\$1496 value)

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): to vision screen students, yearly, as required by the Texas Department of State Health Services (DSHS) with equipment that detects more vision problems than standard screening (see attached)

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
- Community Healthcare
- Economic Development
- Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): referrals may justify the need for a vision specialist at our local hospital

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature: [Signature]
 Name: Katie Sparks
 Title: RN



EAST CHAMBERS ISD
Office of the School Nurse
 2045 State Highway 124
 Winnie, Texas 77665



Phone (409) 296-6806

Fax (409) 296-6895

May 2021

Dear Winnie-Stowell Hospital District,

I am submitting this grant proposal, on behalf of East Chambers ISD, for a Welch Allyn SPOT Vision Photoscreener. This proposal is a one-time request for equipment not allocated in the current partnership between ECISD and the Winnie-Stowell Hospital District.

During each school year, the Vision and Hearing Screening Program at the Texas Department of State Health Services (DSHS) requires school districts to screen the vision and hearing of all students in PK, KG, grades 1, 3, 5, and 7, and those students with a need (650+ students at EC). If a student does not pass the school's screening, they are referred to a specialist.

The Welch Allyn SPOT Vision Photoscreener is a handheld, portable device designed to quickly and easily detect vision issues. SPOT screens both eyes at once from a nonthreatening 3-foot distance. The device uses lights and sounds to help engage children, and captures readings 97% of the time, which improves practice efficiency in young patients, those with language barrier difficulties, as well as in developmentally disabled patients. SPOT detects more than the standard eye-chart screening; the device detects the potential indication of common vision problems, such as myopia (nearsightedness), hyperopia (farsightedness), astigmatism (blurred vision), anisometropia (unequal refractive power), strabismus (eye misalignment), and anisocoria (unequal pupil size).

If funding is provided to East Chambers ISD for SPOT, the device may be utilized yearly to vision screen students at all campuses. SPOT is easy to use, easy to implement, and requires no recurring costs. It is adequately powered for mass screening events, the data is easily exported for student referrals, and the results are thorough, objective, and easy to understand. The Welch Allyn SPOT Vision Photoscreener with carrying case and a 5-year warranty is \$7,600.00. If granted, funds would be requested prior to the 2021-22 school year, in order to allot for delivery and the equipment to be available at the beginning of the school year.

Thank you for your consideration.

Sincerely,


 Katie Sparks, RN


 Scott Campbell, Superintendent ECISD



January 1, 2021

To Whom It May Concern,

Hillrom and School Health Corporation are engaged in an arrangement under which School Health is Hillrom's strategic distributor for the Welch Allyn Spot Vision Screener in the U.S. education and non-profit segment. School Health provides customers in this segment with superior training and service, enabling them to protect and preserve the eyesight of children around the country.

School Health is a leader in installation of and training on Spot Vision Screener, with years of experience and a commitment to helping customers in the education and non-profit segment navigate state vision health guidelines. In recognition of the value School Health offers, Hillrom provides School Health with an exclusive part number (VS100SH-B*) for customers in the education and non-profit segment. The exclusive part number includes a complimentary 5-year Welch Allyn Comprehensive Partners in Care support program with every School Health Spot Vision Screener and Early Intervention (Spot & OAE) Kit purchase to ensure your investment is protected. This combination of installation, training, and support services is a core benefit to customers in the education and non-profit segment that only School Health offers.

School Health also maintains robust inventory levels of Spot Vision Screener in order to expedite distribution of large orders. School Health purposely maintains such inventory in order to deliver Spot Vision Screener to customers of any size.

School Health has been appointed Hillrom's strategic distributor of Spot Vision Screener in the education and non-profit segment because it is the largest U.S. provider of medical goods to customers in this segment. School Health understands, and is uniquely capable of meeting, the specific needs of large school systems and non-profit organizations that support vision screening in schools.

Instrument-based vision screening is the first step in detecting vision problems in children. Thank you for your continued dedication to eliminating the leading causes of vision loss and blindness in children.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ryan Raymond', is written over a light grey circular watermark.

Ryan Raymond
Manager Vision Screening & Diagnostics

4341 State Street Road, Skaneateles Falls, NY | Phone 800.535.6663

hillrom.com

*School Health item #52890, #1003001, #1006090, #1007189, #1003012SP and #1035686.



We Supply Your Future™

School Health Corporation
5600 Apollo Drive
Rolling Meadows, Illinois 60008
P(866)323-5465 | F(800)235-1305
schoolhealth.com

QUOTE

Attn: KATIE SPARKS, BSN, RN

Ship To:
EAST CHAMBERS ISD
216 CHAMPIONS LOOP
WINNIE, TX 77665-2382

Table with 3 columns: EXPIRATION DATE, QUOTE NO., DATE, P.O. #, PAGE #. Values include 08/10/21, 3917147-00, 05/12/21, SPOT 05/12/21, 1.

Bill To:
EAST CHAMBERS ISD
216 CHAMPIONS LOOP
WINNIE, TX 77665-2382

Table with 3 columns: QUOTE PREPARED BY, PHONE, EMAIL. Values include Eric Hoysack, 866-323-5465, ehoy sack@schoolhealth.com

Table with 5 columns: INSTRUCTIONS, SHIP POINT, VIA, SHIPPED, TERMS. Values include SCHOOL HEALTH, UPS GROUND, NET 30

Main table with columns: LN, PRODUCT AND DESCRIPTION, QUANTITY ORDERED, QTY. UM, UNIT PRICE, PRICE UM, DISCOUNT MULTIPLIER, AMOUNT (NET). Includes customer note and product details for SPOT VISION SCREENER.

1 Lines Total

Sub Total 7600.00
Invoice Total 7600.00

Continued



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School Health Corporation
 5600 Apollo Drive
 Rolling Meadows, Illinois 60008
 P(866)323-5465 | F(800)235-1305
 schoolhealth.com

QUOTE 02 of 209

Attn: KATIE SPARKS, BSN, RN

Ship To:
 EAST CHAMBERS ISD
 216 CHAMPIONS LOOP
 WINNIE, TX 77665-2382

Bill To:
 EAST CHAMBERS ISD
 216 CHAMPIONS LOOP
 WINNIE, TX 77665-2382

EXPIRATION DATE		QUOTE NO.
08/10/21		3917147-00
DATE	P.O. #	PAGE #
05/12/21	SPOT 05/12/21	2

QUOTE PREPARED BY	PHONE	EMAIL
Eric Hoysack	866-323-5465	ehoysack@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
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Tax ID Number: 36-2425385

To receive an email with tracking information when your order has shipped, please provide your email address when placing your order. Help us also reduce paper usage and become more eco-friendly by providing your email address to send your invoices and order confirmations electronically. Thank you, for the opportunity to work with you and if you have any questions, please contact our Customer Care Department @ 866 323 - 5465.

Exhibit "C"
SAMPLE BUDGET

	Project Expenses*	WSHD Funding †	Other Funding/ In Kind ‡	Comment/Explanation
A.	Department/Agency Personnel:			
	<i>Leader % of time</i>			
	<i>Staff % of time</i>			
B.	Benefits:			
	<i>FICA</i>			
C.	Consultant/Contract Personnel:			
	<i>Evaluator if applicable</i>			
D.	Travel:			
	<i>Local mileage (specify rate)</i>			
E.	Materials/Equipment:	\$ 7,600 ✓		Welch Allyn SPOT Vision Screener + carrying case + 5-year warranty
	<i>Educational materials</i>			
	<i>Promotional materials</i>			
F.	Office/Other Supplies:			
	<i>Copy paper</i>			
	<i>Mailing or printing</i>			
G.	Miscellaneous:			
	<i>Atypical expenses please specify</i>			
	<i>Rent of space</i>			
H.	Indirect Cost:			
	<i>% of administrative cost</i>			
	Total Cost:			

* Items Listed under each category are examples only

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HOME / MEDICAL EQUIPMENT / NEW EQUIPMENT / WELCH ALLYN SPOT VISION SCREENER

On Sale



WELCH ALLYN
Welch Allyn Spot Vision Screener

SKU: VS100S-B

CONDITION: New

\$6,750.00

WAS:
~~\$7,600.00~~

\$148 /mo

QUANTITY:

▼ 1 ▲

ADD TO CART

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[Click Here to Request A Quote](#)



DESCRIPTION

Welch Allyn Spot Vision Screener

Welch Allyn's Spot Vision Screener is a handheld vision screening device that detects vision issues in patients 6 months of age and older. One can screen both eyes simultaneously from a 3-foot distance. With an intuitive touchscreen display, one can easily activate the unit, manage patient data entry, and easily configure for vision testing and auto-refraction applications.

Includes a 1-year warranty.

Features:

- AAP screening guidelines supported
- Simple to use - minimal training required
- 97% reading accuracy
- Lights and sounds to engage children's attention
- Strong battery life
- Wireless printing and WiFi export
- Manual exports available via USB



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Welch Allyn Spot Vision Screener with Case

Item #: RFWA01-000

There are no reviews yet. | [Write a review \(/store/WriteReview.aspx?ProductID=826&ifd=www.veatchinstruments.com\)](/store/WriteReview.aspx?ProductID=826&ifd=www.veatchinstruments.com)



Retail: \$7,600.00

Our Price: \$6,840.00

Quantity:
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As low as \$151/month. [Click to apply](#)

7

WelchAllyn®

[\(/store/m/50-Welch-Allyn.aspx\)](/store/m/50-Welch-Allyn.aspx)
[Description](#)
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The **Welch Allyn Spot Vision Screener** is a user-friendly portable, handheld device used to easily detect vision issues in patients 6 months of age through adulthood. The Spot Vision Screener uses a 3-foot distance to screen both eyes simultaneously. With a touchscreen display, the user can easily manage patient data and configure vision screening and autorefracton applications.

Key Features

- Engages children with lights and sounds
- Minimal training required and simple implementation from ease of use
- Readings captured 97% of the time to assist in otherwise difficult patients
- Can export data over WiFi and print wirelessly
- Can also export manually in situations that do not allow for WiFi
- Accurately detects potential indicators of the following vision problems: Myopia, Hyperopia, Astigmatism, Anisometropia, Strabismus, Anisocoria
- Includes Welch Allyn VS100 Spot Vision Screener, Carrying Case and 8' U.S. Power Cord


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208 of 209
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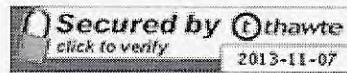


EXHIBIT “D”

The Society of St Vincent de Paul

St Louis Conference, Winnie, Texas



Generator Proposal Bids



**Help Us
Help Others**

Society of St. Vincent De Paul

Society of St. Vincent de Paul - St. Louis Conference Grant Narrative

Organizational Background:

The Society of St. Vincent de Paul - St. Louis Conference (SVdP) is a non-profit organization that serves Chambers County. It is part of a worldwide organization that began in France in 1813 to end poverty through systematic changes that involve solutions that lead to helping individuals journey out of poverty and lead healthier, more productive lives. It has been operating in the United States since 1833 and now has 4,428 local Conferences, 500 Councils, and nearly 100,000 members. The local Conference was founded on May 5, 2002. SVdP provides essential services to the most vulnerable in the community.

Description & Beneficiaries:

The Thrift Store is the main source of funding for many of the programs offered by the assistance center. The operating expenses such as the utilities, mortgage, insurance and building maintenance expenses are also funded by the Thrift Store sales. Area churches and individuals make donations to assist with the food bank funding.

The current programs administered by SVdP include the operations of the food pantry; vouchers for clothing and household items; propane; a prescription drug program; Project Care; payment of water bills; provides medical equipment; blankets and food for homeless; disaster services point of contact and distribution center; emergency gasoline and hotel lodging; rent payments and they offer resources for people transitioning from prison back into the community.

To qualify for the programs, the clients must have a valid ID, proof of residency, proof of income, award letter (Social Security), employment information, number of family members and be within the required 150% of Federal Poverty Level. However, being hungry is the only requirement for the food pantry.

Two devastating storms two years apart caused hardships for many in our community and increased the need for assistance. Both storms brought with them record-breaking rainfall amounts that flooded so many homes. With that also presented the need of a generator. SVdP is one of the first points of contact for disaster services. SVdP is in partnership with the Houston Food Bank to provide food for our community.

This grant request was submitted for consideration to the Winnie - Stowell Hospital District to fund the purchase of a generator and installation of natural gas or propane. This generator would guarantee our ability to provide food for our community during disasters.

Evaluation Grant Request:

This project will have a direct impact on our entire community.

Impact and Sustainability:

Having this generator will allow us to continue to provide and meet the needs of Chambers County. SVdP has limited income so the expenditures that have a direct impact on the health and welfare of the indigents, children and the elderly take priority over the purchase of a generator.

Funding Request:

Because of our limited financial resources we ask the Winnie - Stowell Hospital District to pay for the order directly when finalized.

Timeline:

The time frame is totally at the mercy of the availability of the generator company.

Exhibit "B"

**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;
No later than two (2) weeks prior to the funding deadline)

Date: 5/19/21

Organization/Individual Requesting Grant Funds: St. Vincent de Paul
Organization/Individual Address: 902 3rd Street
P.O. Box 2213 Winnie TX 77665
Contact Person: Annette Rayburn
Title: President
Phone Number: 409 296 2898 Fax Number: 409 296 2656
E-Mail Address: svdpslcc@windstream.net

Name of Project, Program or Event: Generator's
Date of Program or Event: 5/19/21

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
 Public Agency
 Private Healthcare Provider
 None of the above

Dollar Amount or In-kind Services Requested: \$40,000.00

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): Purchase and install generator for use during power outage. St. Vincent de Paul and Houston Food Bank provide food for community.

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
 Community Healthcare
 Economic Development
 Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): Generator will be used to keep food viable for community.

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature: Annette Rayburn
Name: Annette Rayburn
Title: President



PROPOSAL - 30722473

DATE: February 25, 2021
CUSTOMER NAME: St. Vincent de Paul – Annette Rayburn
CUSTOMER PHONE: (409) 781-3352
CUSTOMER EMAIL:
BILLING ADDRESS: 909 3rd St., Winnie, TX 77665
JOB ADDRESS: 909 3rd St., Winnie, TX 77665

SCOPE OF WORK

“TURN-KEY INSTALLATION OF AN OPTIONAL STANDBY GENERATOR”

EQUIPMENT:

- (1) Generac RGO3824 38/38kW liquid-cooled standby generator
- (1) RXSW200A3 service rated transfer switch 200A
- Battery

ORGANIZATION:

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

GROUND WORK:

- Deliver, set and level a generator pad designed for the generator.
- Deliver, set and anchor generator to the pad.
- Remove the existing generator.
- The new generator shall be located in the same general area as the existing generator.
- Provide all trenching required for installation of electrical and plumbing conduit.

ELECTRICAL:

- Install and connect the service rated transfer switch to the electrical meter.
- Install approximately 20' of wire and conduit from the automatic transfer switch to the generator.

- Install battery.
- Install load shed modules as needed.

PLUMBING:

- Install approximately 20' empty plumbing PVC conduit from the LP tank (provided by the owner) to the generator.
- Install a regulator, shut off valve and flex line at the generator.
- Install a second regulator at the gas meter.

START-UP:

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

EXCLUSIONS:

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

NOTES:

- Changes to original "Scope of Work" may increase construction time & cost.
- If concealed, unforeseen or changed conditions are discovered once work has commenced that were not visible at the time proposal was estimated, Customer will be liable for additional costs.
- Requested alterations or changes to the "Scope of Work" require a signed and executed "Work Change Order" prior to any modifications.
- This "Proposal" is valid for 30 days from date of submission.

CONTRACT PRICE IS DISCOUNTED FOR PAYMENT WITH CHECK ONLY:

Total Contract Price **\$ 22,448.32**

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

PAYMENT TERMS/SCHEDULE:

- 50% down-payment
- 50% balance due upon installation
- Payments not received by the due date will be subject to late fees up to 3% of the outstanding balance.
- Price is discounted to payment with cash or check only.

- Any payment with credit card will be charged a 3% processing fee in addition to the total price.

Paul Kloesel

GENRG Power Solutions, LLC dba Generators of Houston

X - Customer Signature

TERMS AND CONDITIONS

CLARIFICATIONS AND CUSTOMER RESPONSIBILITIES:

- It is the responsibility of the Customer to inform Generators of Houston of any deed or noise restrictions that may apply to the installation of a generator.
- Flood Certificate or Elevation Survey for equipment located in a flood zone.
- An engineer stamped survey for the property showing any streets that are adjacent to the customer's property line is the Customer's responsibility if required by jurisdictional authority.
- This proposal is subject to acceptance of the Proposal Scope by the Jurisdictional Authority.
- Any use for a life safety generator.

WORK HOURS:

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

ALTERATIONS:

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

CANCELLATION/TERMINATION:

- Contract may be terminated by Customer only upon payment of cancellation charges which include but not limited to: cost for any materials or equipment purchased or

6106 Milwee St. – Houston, TX 77092

Ph.713-812-7285

3 of 4

ordered, costs to bid the project, mobilization and demobilization costs, anticipated profit on the project, costs for work performed but not paid, overhead costs and winding-down costs.

- Any allegations or claims by Customer must be made in writing and Generators of Houston requires up to 60 days from date received to address any valid issue.

SHIPPING DATES:

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

WARRANTY:

- Installed equipment comes with the Manufacturer's standard warranty unless expressly stated otherwise in the Proposal.
- All other warranties, expressed or implied, including the warranty of merchantability and fitness for a particular purpose are hereby excluded.
- Generators of Houston's warranty for workmanship and materials is for the 12-month period after installation.

MAINTENANCE:

- A one-year Annual Maintenance Agreement with two (2) scheduled visits is included with this purchase.

Sincerely,

Paul Kloesel
713-812-7285(direct)
6106 Milwee Street
Houston TX. 77092
Paul.kloesel@generatorsofhouston.com
www.generatorsofhouston.com

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

Windstream Webmail**svdpslcc@windstream.n**

RE: Saint Vincent De Paul Generator Replacement

From : Paul Kloesel <paul.kloesel@generatorsofhouston.com> Tue, Apr 20, 2021 11:27 AM
Subject : RE: Saint Vincent De Paul Generator Replacement 1 attachment
To : svdpslcc@windstream.net
Cc : dan tragni <dan.tragni@generatorsofhouston.com>

From: svdpslcc@windstream.net [mailto:svdpslcc@windstream.net]
Sent: Tuesday, April 20, 2021 10:32 AM
To: Paul Kloesel <paul.kloesel@generatorsofhouston.com>
Subject: Re: Saint Vincent De Paul Generator Replacement

How long is this proposal good for?

Good morning Annette.

Although the proposal states that it is only good for thirty days, our cost are stable right now so there is no change in prices for the foreseeable future. If we go past 90days I may have to adjust.

The real issue is delivery time from the factory. Which can be up to 14weeks.

Thank You,
Paul

Annette Rayburn

From: "Paul Kloesel" <paul.kloesel@generatorsofhouston.com>
To: svdpslcc@windstream.net
Cc: receptionist@generatorsofhouston.com
Sent: Wednesday, March 17, 2021 10:20:25 AM
Subject: Saint Vincent De Paul Generator Replacement

Mrs. Rayburn,

Attached is our proposal for a 38kW generator for your location

Please accept my apologies for the late delivery and thank you for your patience.

Paul F. Kloesel

H.M.E.L.388
Texas Master Electrician
License # 32635
Generators Of Houston

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

March 12, 2021

St Vincent de Paul
Winnie, Texas

Re: Standby NG or propane Generator & ATS

Base Bid (Option 1): Generac 38kw

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

1. Furnish and install a Generac 38kw Quiet Series liquid cool standby generator powered by natural gas, including a specified battery at phone technology.
2. Furnish and install an automatic transfer switch beside the electrical meter.
3. Install conduit & wiring to connect the ATS to both the meter can, breaker box and the generator.
4. Install a concrete foundation to support the generator behind the garage. The slab is to be doweled into the existing foundation.
5. Provide grounding of the generator and the plumbing line if required.
6. Obtain a city permit and inspection.
7. Anchor the generator to the concrete foundation with 3/8" x 6".
8. Includes the line item bids below, possible cost estimates given by plumber, concrete foundation. The line item estimates can also be performed by the owner or at the direction of the owner.

We include all the above for the cost of:

Misc. Material:	\$ 1,794.00
ATS & Ng Generator:	\$ 18,880.00
Tax:	\$ 1,790.60
Labor:	\$ 2,400.00
*Foundation:	\$ 1,677.00 (can be performed by others)
* Plumbing:	By Others
Total:	\$ 26,541.60

Note: Since we are using propane, the propane dealer will be in charge of making connection.

Qualifications:

The equipment includes a 2-year warranty.

The generator requires a regulator at the unit to operate correctly.

The 3 generator options are all 1800 RPM which equates to less wear on the engine and longer life.

Base Bid (Option 2): KOHLER 38kw

Same as the first option but manufactured by Kohler for the cost of:

Misc. Material:	\$ 1,794.00
ATS & Ng Generator:	\$ 21,660.00
Tax:	\$ 1,934.96
Labor:	\$ 2,400.00
*Foundation:	\$ 1,677.00 (can be performed by others)
* Plumbing:	By Others
Total:	\$ 29,465.96

Base Bid (Option 3): Generac 32kw

Same as the first option but 32kw for the cost of:

Misc. Material:	\$ 1,794.00
ATS & Ng Generator:	\$ 16,704.00
Tax:	\$ 1,526.09
Labor:	\$ 2,400.00
*Foundation:	\$ 1,677.00 (can be performed by others)
* Plumbing:	By Others
Total:	\$ 24,101.09

Please call if you have any questions!

Sincerely,

Mitchell D. Macon
B.C. Miller Electric



Residential
Commercial
Industrial
TECL 18185

2005 Pecos @ Fourth • Beaumont, Texas 77701

May 17, 2021

St. Vincent de Paul
902 3rd St.
Winnie, TX 77665

Re: St. Vincent de Paul

Dear Ms. Lanette Rayburn:

As per your request, we are submitting our quote to provide and install 30KW Generac generator and ATS 200A SE. Our price also includes labor, misc. material, start up, 12" Tall concrete Equipment pad and sales tax. Estimated shipped time is October with 50% down payment on generator, in the amount of \$6,800.

Install	\$ 4,000
20 KW Generator and ATS	<u>\$13,600</u>
	\$17,600

The estimate is based on regular working hours of Monday through Friday from 7:00AM to 3:30PM.

The price excludes utility company charges and propane charges.

Enclosed the Hill Propane estimate.

If you have any questions or comments, please contact the office.

Sincerely,

Gulf Coast Electric Company, Inc.

A handwritten signature in cursive script that reads "Sidney L. Picard".

Sidney L. Picard
President
SLP/em
Cc: Files
IGWT

**Gulf Coast
Electric Co., Inc.**

2005 Pecos @ Fourth • Beaumont, Texas 77701

Residential
Commercial
Industrial
TECL 1818!

May 18, 2021

St. Vincent de Paul
902 3rd St.
Winnie, TX 77665

Re: St. Vincent de Paul

Dear Ms. Annette Rayburn:

As per your request, we are submitting our quote to provide and install 38KW Generac generator and ATS 200A SE. Our price also includes labor, misc. material, start up, 12" Tall concrete Equipment pad and sales tax. A 50% down payment on generator, in the amount of \$7,900 is required.

Install	\$ 4,000
38KW Generator and ATS	<u>\$15,800</u>
	\$19,800

The estimate is based on regular working hours of Monday through Friday from 7:00AM to 3:30PM.

The price excludes utility company charges and propane charges.

Enclosed the Hill Propane estimate.

We accept Cash or Check payments for Generator purchases.

If you have any questions or comments, please contact the office.

Sincerely,

Gulf Coast Electric Company, Inc.

Sidney L. Picard

Sidney L. Picard
President
SLP/em
Cc: Files
IGWT

Hill Butane Company

P. O. Box 85
Stowell, TX 77661
(409) 296-2001

Estimate

Date	Estimate #
5/17/2021	642

Name / Address
SVDP

			Project
Description	Qty	Cost	Total
500 Gallon Tank		2,200.00	2,200.00T
PROPANE PURCHASES	400	2.35	940.00
Regulators	2	50.00	100.00T
Parts		195.00	195.00T
Labor	3.5	125.00	437.50
		Subtotal	\$3,872.50
		Sales Tax (8.125%)	~\$202.72
		Total	\$4,075.22



INSTRUCTIONS INCLUDE REPORTING ON PPP GOVERNMENT GRANTS & PERSON-TO-PERSON VISITS DURING COVID-19

ANNUAL CONFERENCE REPORT

Table with 3 columns: Fiscal year, Deadline, and reporting periods (10/1/2019-9/30/2020, 1/1/2020-12/31/2020)

(ARCH)DIOCESAN COUNCIL: BEAUMONT District Council:

CONFERENCE NAME: ST. LOUIS

ADDRESS: P O BOX 2213 (902 3RD ST) WINNIE TX 77665 409-2962898

REPORTING PERIOD FROM: 10/01/2020 TO 9/30/2020 (12 MONTHS)
FREQUENCY OF MEETINGS (CHECK ONE): WEEKLY EVERY OTHER WEEK MONTHLY X OTHER

Our Conference has formally adopted and is in compliance with the 2019 version of "Document 1: Bylaws for Conferences," which can be found on www.svdpusa.org. Yes X No

Membership*

(*Ethnic breakdown required for government reporting, grant applications, etc. Please assign each member to one category only.)

Table with 8 columns (Asian, Black, Caucasian, Hispanic Latino, Alaskan Native American Indian, Native Hawaiian/ Other Pacific Islander, Mixed/ Other) and 4 rows (Active Full under 19, 19-39, 40+, Total Active Full)

Table with 8 columns (Asian, Black, Caucasian, Hispanic Latino, Alaskan Native American Indian, Native Hawaiian/ Other Pacific Islander, Mixed/ Other) and 4 rows (Associate under 19, 19-39, 40+, Total Associate)

Total Membership

Summary table showing Total Active (Full) 10, Total Associate 4, and TOTAL MEMBERS 14

Comparative Membership table with 3 columns: Comparative Membership, Number, New This Year

Treasurer's Report (includes Receipts and Expenses from Conference, Stores and Special Works)

Summary table for Treasurer's Report: Last Year's Ending Balance (Required) \$40,450.00, Adjustments to Last Year's Ending Balance - attach an explanation TOTAL 2020 FUND TRANSFERS \$+2,563.00, Beginning Balance (Required) \$43,013.00

Receipts (Please round all figures to the nearest dollar)

Table of Receipts with 3 columns: Description, Amount, Total Receipts (1 thru 5E) + \$119,681.00

Expenses (Please round all figures to the nearest dollar)

6. Those We Serve	\$23,495.00		
7. Housing Assistance/Eviction Prevention	\$ 3,000.00		
8. Disaster Contributions	\$ 0.00		
9A Domestic Twinning	\$ 0.00		
9B International Twinning**	\$		
**Attach contact list for International Twinning Partners			
Subtotal (A) (6 thru 9B)		\$ 26,495.00	
10. Solidarity Contributions (Dues/Tithing)	\$ 164.00		
11. Contributions to Upper Councils	\$ 1,938.00		
12A. Operating Expense - Special Works	\$ 0.00		
12B. Operating Expense - Stores	\$69,183.00		
12C. Operating Expense - Special Events	\$ 0.00		
12D. Operating Expense - Other	\$10,746.00		
13. Other	\$13,372.00		
Subtotal (B) (10 thru 13)		\$ 95,403.00	
Total Expenses (Subtotal A + Subtotal B)			- \$121,898.00
Ending Balance: Beginning Balance + Total Receipts – Total Expenses =			\$ 40,796.00

Visits and Services to People

(ALL RESPONSES BELOW INCLUDE CONFERENCE, STORES AND SPECIAL WORKS)

	Column 1	Column 2
Person-to-Person Visits <small>(See instructions for visits during COVID-19)</small>	# of Visits	# of People Helped (Includes In-Kind)
A. Home Visits	19	30
B. Prison/Returning Citizens Visits	0	0
C. Hospital Visits	0	0
D. Eldercare Visits	0	35
E. Other In-Person Visits	722	1,563
Total Visits and Services to People (A thru E)	741	1,628

"In Kind" Services and Goods

	# of Times	"In Kind" Value
"In Kind" Services		
F. Legal	0	0
G. Medical	0	0
H. Dental	0	0
I. Other	9	148.00
Subtotal 1 (F thru I)	9	\$148.00
"In Kind" Goods		
J. Food	237	28,164.00
K. Furniture	4	295.00
L. Clothing	125	3,938.00
M. Other	2	111,844.00
Subtotal 2 (J thru M)	368	\$144,241.00

Total "In Kind" Services and Goods (F thru M)	377	\$144,389.00
------------------------------------------------------	------------	---------------------

TOTAL HOURS OF SERVICE: MEMBERS	7,140
TOTAL HOURS OF SERVICE: NON-MEMBERS	465
ESTIMATED MILES IN VINCENTIAN SERVICES	6,130

Anne He Rayburn
Print Conference President Name

(409) 781 3352
Phone

svdpslcc@windstre
Email

Cynthia D. Dault
Print Conference Treasurer Name

409 296 2898
Phone

svdpslcc@windstre
Email

Job Descriptions

All of the staff are unpaid volunteers and there are no formal job descriptions or resumes. Below is a list of the positions.

Case workers

Receptionist

General manager

Bookkeeper

Retail workers

Social media promoter for retail

Society of St. Vincent de Paul – St. Louis Conference

Officers

Annette Rayburn, President

Lillian Wilder, Vice-President

Helen Henry, Secretary

Cynthia Devillier, Treasurer

Judy Bartelli, Spiritual Leader

Father Stephen McCrate, Spiritual Advisor

EXHIBIT “E”



05.19.21 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – 52
- b) Youth Counseling – 7
- c) Irlen Services – 5

2) Pharmacy:

- a) Pharmacy expense **was UP by \$1.6K, from \$1,736.34**, due to the addition of 11 clients and subsequent new prescriptions. The Prescription Assistance Program has saved the District **\$5,679.48** for **Apr 2021**.

3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was **UP \$14.4K, from \$10,084.36**, due to almost double the amount of Radiology services.
- b) There were **6** Referrals during the month of **Apr**, of which **all** were Approved. There was **1 Knee Surgery** for **\$5.6K** and **1 Heart Cath Procedure** for **\$5.7K** approved from those referrals, which were done in Apr, but have not yet been billed.

4) UTMB Hospital & Clinics:

- a) UTMB expense was significantly **DOWN by \$23K from 28088.34**. This is due to fewer referrals and no Inpatient or ER charges for Arp 2021.

5) Youth Counseling:

- a) Youth Counseling expense was **DOWN by \$255 from \$850.00** due to clients cancelling their appointments.

6) Irlen Services:

- a) Irlen Services expense was **remained the same at \$1K** due to another new client.

7) Our over-all YTD expenditures for 2021:

- a) Total YTD Amount Paid is **\$138,047.97**. This amount includes **\$253,300.65** pre-paid to Riceland Hospital and Clinic, and of that pre-payment, RMC still has **\$169,028.43 remaining**.

8) Source Code Totals for APR 2021:

- a) **Riceland** was **72%** of the total expenses for **APR**
- b) **UTMB** was **14%** of the total expenses for **APR**
- c) **Everything else** was comparatively non-impressionable in regard to the percentage of total expenses.

9) 2020 YTD Paid Graph:

- a) **Riceland** – is trending as the highest expense for all vendors at **\$84.2K**.
- b) **UTMB** – is trending 2nd at **\$37.1K**.
- c) **Pharmacy** – is trending 3rd at **\$11.3K**.
- d) **Youth Counseling** – is trending higher at **\$2.4K**.
- e) **Irlen Services** – is trending higher at **\$2.5K**
- f) **Client Count** – Indigent Client count **increased by 11** (rom **41** to **52**), Youth Counseling **increased by 1** (from **6** to **7**), and Irlen Services **increased by 2** (from **3** to **5**).

10) Additional Information:

- a) **ICAP Applications**–
 - i) For **APR**: **24** applications were GIVEN; **11** were APPROVED; **1** were DENIED; **8** RESCHEDULED to **MAY**; **4** did not completed the process.
- b) **County Van Report** – There were **1** WSHD Riders, and **1** WSDH related trips for the month of **APR**.

WSHD Indigent Care Director Report
2020 YTD Expenditures Worksheet

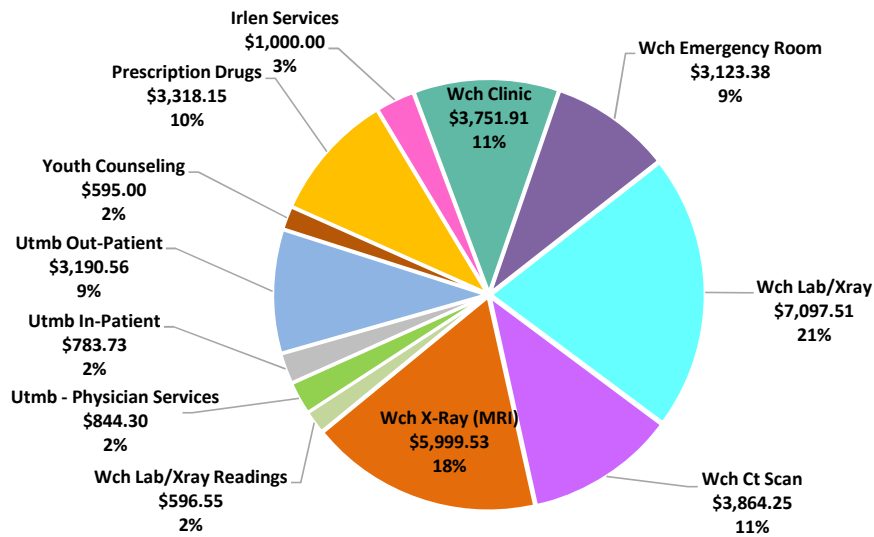
	March			April			Year to Date		
Indigent Clients:	Indigent Clients:	41		Indigent Clients:	52		Clients Enrolled:	62	46
Youth Counseling:	Youth Counseling:	6		Youth Counseling:	7		YC Enrolled:	9	6
Irlen Services:	Irlen Services:	3		Irlen Services:	5		IS Enrolled:	5	3
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
Pharmacy									
Brookshire Brothers Pharmacy Corp	\$683.79	\$683.79	\$683.79	\$1,916.84	\$1,891.74	\$1,891.74	\$6,263.17	\$6,104.92	\$6,104.92
Wilcox Pharmacy	\$1,052.55	\$1,052.55	\$1,052.55	\$1,426.41	\$1,426.41	\$1,426.41	\$5,346.84	\$5,259.64	\$5,259.64
ADJUSTMENTS-Refunds/Credits	Refund		\$302.95						
Pharmacy Totals	\$1,736.34	\$1,736.34	\$1,736.34	\$3,343.25	\$3,318.15	\$3,318.15	\$11,610.01	\$11,364.56	\$11,364.56
Winnie Community Hospital									
WCH Clinic	\$6,100.00	\$2,398.09	\$224.27	\$9,306.00	\$3,815.46	\$3,751.91	\$25,647.00	\$10,412.36	\$8,174.99
WCH Observation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$0.00	\$0.00	\$0.00	\$7,618.00	\$3,123.38	\$3,123.38	\$22,404.00	\$9,185.64	\$9,185.64
WCH Lab/Xray	\$8,113.00	\$3,326.33	\$3,326.33	\$17,311.00	\$7,097.51	\$7,097.51	\$65,746.00	\$26,955.86	\$26,955.86
WCH CT Scan	\$2,979.00	\$1,221.39	\$1,221.39	\$9,425.00	\$3,864.25	\$3,864.25	\$28,090.00	\$11,516.90	\$11,516.90
WCH Labs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Xray (MRI)	\$8,438.00	\$3,459.58	\$3,459.58	\$14,633.00	\$5,999.53	\$5,999.53	\$53,003.00	\$21,731.23	\$21,731.23
WCH Lab/Xray Reading	\$1,469.00	\$602.29	\$602.29	\$1,455.00	\$596.55	\$596.55	\$6,186.00	\$2,536.26	\$2,536.26
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,732.00	\$1,120.12	\$1,120.12
WCH Ultrasound	\$3,050.00	\$1,250.50	\$1,250.50	\$0.00	\$0.00	\$0.00	\$7,442.00	\$3,051.22	\$3,051.22
WCH Totals	\$30,149.00	\$12,258.18	\$10,084.36	\$59,748.00	\$24,496.68	\$24,433.13	\$211,250.00	\$86,509.59	\$84,272.22
ADJUSTMENTS-Refunds/Credits	Credit Adjustment		(\$2,173.82)	Credit Adjustment		(\$63.55)	Credit Adjustment		(\$2,237.37)
Balance on Contracted Amount (Lump Sum Payment of \$253,300.65)		\$193,461.56			\$169,028.43			\$169,028.43	
Actual Medicaid Rate Incurred							\$225,810.35 -	\$17,339.09	\$208,471.26
UTMB									
UTMB Physician Services	\$9,908.00	\$2,370.24	\$2,370.24	\$4,466.00	\$844.30	\$844.30	\$19,033.00	\$4,123.59	\$4,123.59
UTMB Anesthesia	\$2,074.00	\$1,152.47	\$1,152.47	\$0.00	\$0.00	\$0.00	\$2,928.00	\$1,696.86	\$1,696.86
UTMB In-Patient	\$43,085.71	\$15,510.86	\$15,510.86	\$2,312.00	\$783.73	\$783.73	\$45,397.71	\$16,294.59	\$16,294.59
UTMB Outpatient	\$36,956.58	\$9,054.77	\$9,054.77	\$75,339.74	\$3,190.56	\$3,190.56	\$122,914.69	\$14,793.73	\$14,793.73
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,161.02	\$278.64	\$278.64
ADJUSTMENTS-Refunds/Credits	Refund		\$802.32						
UTMB Totals	\$92,024.29	\$28,088.34	\$28,088.34	\$82,117.74	\$4,818.59	\$4,818.59	\$191,434.42	\$37,187.41	\$37,187.41
Non-Contracted Emergency Services									
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,374.00	\$118.78	\$118.78
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,374.00	\$118.78	\$118.78
Youth Counseling									
Nicki Holtzman	\$765.00	\$765.00	\$765.00	\$425.00	\$425.00	\$425.00	\$1,955.00	\$1,955.00	\$1,955.00
Penelope Butler	\$85.00	\$85.00	\$85.00	\$170.00	\$170.00	\$170.00	\$510.00	\$510.00	\$510.00
Youth Counseling Totals	\$850.00	\$850.00	\$850.00	\$595.00	\$595.00	\$595.00	\$2,465.00	\$2,465.00	\$2,465.00
Irlen Services									
Nancy Gaudet	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$2,500.00	\$2,500.00	\$2,500.00
Irlen Services Totals	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$2,500.00	\$2,500.00	\$2,500.00
Medical Supplies									
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.00	\$140.00	\$140.00
Medial Supplies Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.00	\$140.00	\$140.00
Grant Totals	\$125,759.63	\$43,932.86	\$41,759.04	\$146,803.99	\$34,228.42	\$34,164.87	\$421,773.43	\$140,285.34	\$138,047.97

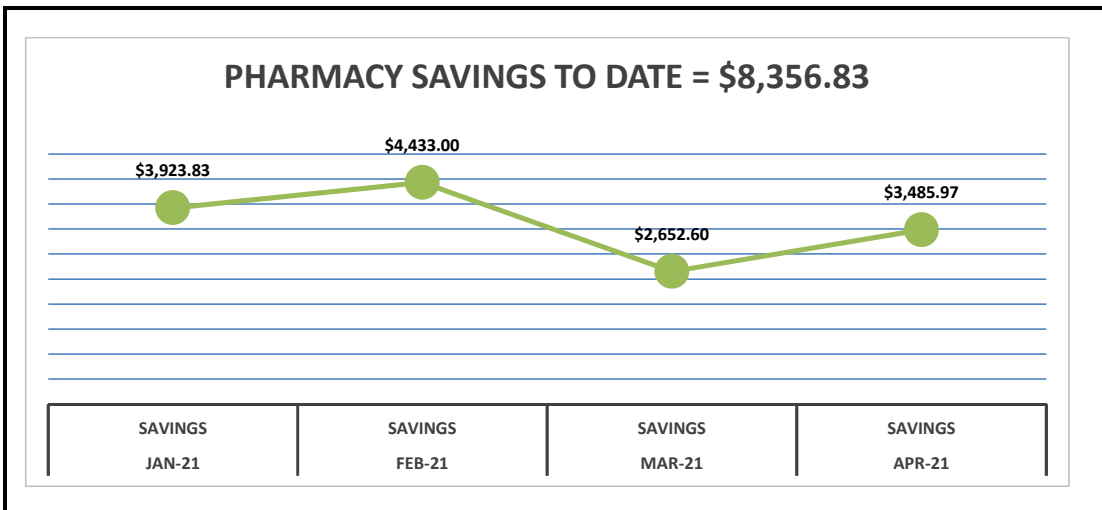
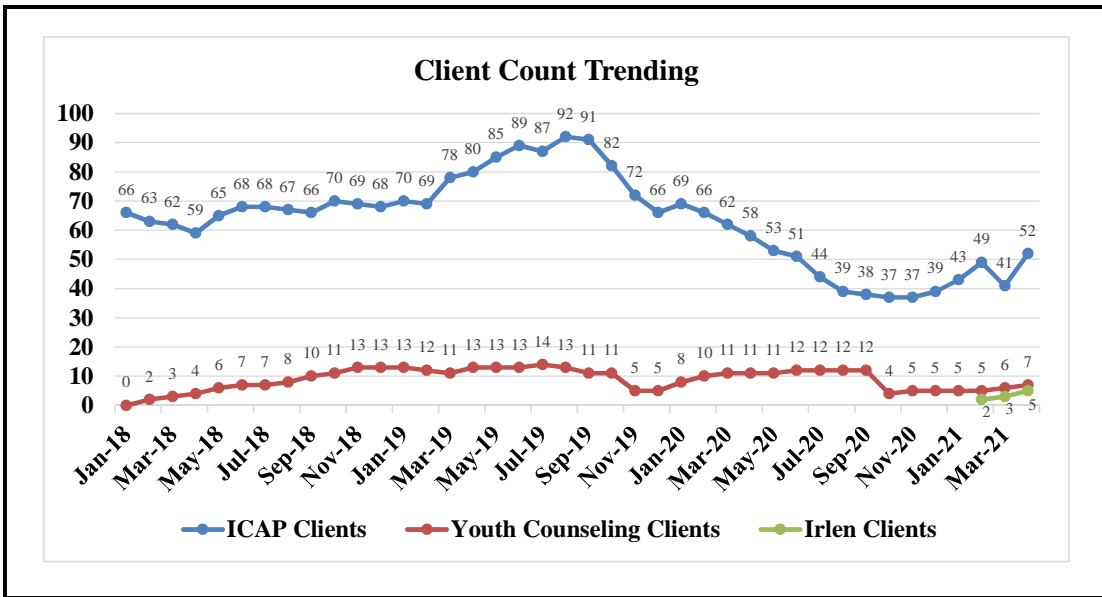
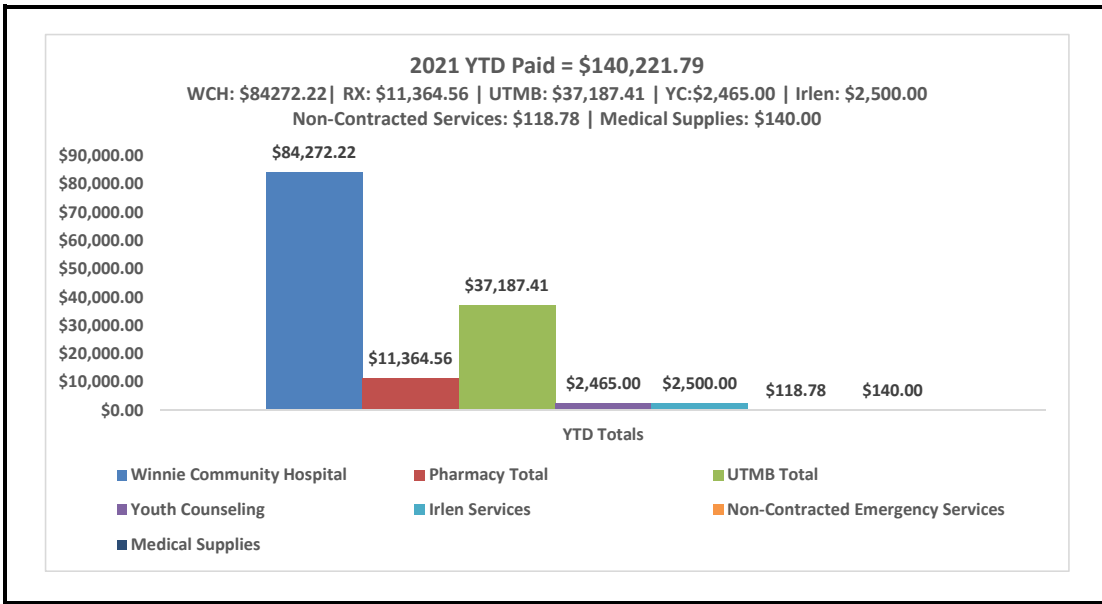
WSDH Indigent Care Director Report
Apr 2021 SOURCE CODE REPORT

Source Totals for Batch Dates 4/01/2021 through 4/30/2021 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$3,343.25	\$3,318.15	9.71%
12	Irlen Services	\$1,000.00	\$1,000.00	2.93%
21	Wch Clinic	\$9,306.00	\$3,751.91	10.98%
24	Wch Emergency Room	\$7,618.00	\$3,123.38	9.14%
25	Wch Lab/Xray	\$17,311.00	\$7,097.51	20.77%
26	Wch Ct Scan	\$9,425.00	\$3,864.25	11.31%
28	Wch X-Ray (MRI)	\$14,633.00	\$5,999.53	18%
44	Wch Lab/Xray Readings	\$1,455.00	\$596.55	1.75%
31	Utmb - Physician Services	\$4,466.00	\$844.30	2.47%
33	Utmb In-Patient	\$2,312.00	\$783.73	2.29%
34	Utmb Out-Patient	\$75,339.74	\$3,190.56	9.34%
39	Youth Counseling	\$595.00	\$595.00	1.74%
Expenditures/Reimbursements/Adjustments		\$146,803.99	\$34,164.87	0%
Grand Total		\$146,803.99	\$34,164.87	100%

Amount Paid by Source for Apr 2021
Total: \$34,164.87





Chambers County East Side Van Monthly Report



Commissioner PCT #1, Jimmy E Gore
 211 Broadway | PO BOX 260
 Winnie, Texas 77665
 409-296-8250

Apr-21

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2514
TOTAL HOURS DRIVEN			122.17
TOTAL EXPENSES FOR MONTH			\$488.83
FUEL COST			\$443.95
REPAIRS & MAINTENANCE COST	wipers		\$44.88
MISC EXPENSES			
TOTAL RIDERS			17
TOTAL WSHD RIDERS			0
TOTAL TRIPS			37
TOTAL TRIPS FOR WSHD RIDERS			0

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			705
TOTAL HOURS DRIVEN			48.75
TOTAL EXPENSES FOR MONTH			\$104.60
FUEL COST			\$104.60
REPAIRS & MAINTENANCE COST			
MISC EXPENSES			
TOTAL RIDERS			19
TOTAL WSHD RIDERS			1
TOTAL TRIPS			40
TOTAL TRIPS FOR WSHD RIDERS			1

VEHICLE #3		VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN			2814
TOTAL HOURS DRIVEN			124.50
TOTAL EXPENSES FOR MONTH			\$314.56
FUEL COST			\$275.05
REPAIRS & MAINTENANCE COST	oil change		\$39.51
MISC EXPENSES			
TOTAL RIDERS			9
TOTAL WSHD RIDERS			0
TOTAL TRIPS			15
TOTAL TRIPS FOR WSHD RIDERS			0

GRAND TOTALS			
MILES DRIVEN			6033
RIDERS			45
WSHD RIDERS			1
TRIPS			92
WSHD TRIPS			1
EXPENSES			\$907.99

EXHIBIT “F”

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	
<i>Percentage</i>	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	
<i>Percentage</i>	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	170	184	225									187	
Conversion to Inpatient/observation	16	17	9	14									14	
<i>Percentage</i>	10%	10%	5%	6%									8%	
Transferred out	7	7	12	8									9	
<i>Percentage</i>	4%	4%	7%	4%									5%	
ER shifts covered by doctors	74%	51%	55%	68%									62%	
Number Inpatient days	167	172	146	117									151	
Number Hospice days	0	13	7	22									11	
Number Swingbed days	0	50	35	20									26	
Number Observation days	31	12	18	33									24	
Total All Inpt. Days	198	247	206	192	0	0	0	0	0	0	0	0	70	
Average Inpatient days per day	9.20	7.43	6.25	8.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.85	1.63
CTs	66	66	60	68									65	
Xrays	248	240	309	292									272	
Ultrasounds	30	42	37	39									37	
Encounters - Adult Clinic	409	368	517	507									450	
Encounters - Pediatric Clinic	226	171	285	279									240	
Behavioral Health patients	0	0	0	0									0	
Physical Therapy	1	0	0	0									0	

Additional Items:

- * Have delivered over 20K Covid Vaccines
- * Generator is on site
- * Communicating with Nursing Homes to open PHP Program. Expecting 1st week of June as start date.
- * New DON has started
- * Preparing for state site inspection

EXHIBIT “G”



May 13, 2021

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

We are pleased to confirm our understanding of the services we are to provide Winnie-Stowell Hospital District (the “District”) for the year ended December 31, 2020. We will audit the financial statements of Winnie-Stowell Hospital District, which comprise the statement of net position as of December 31, 2020, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management’s discussion and analysis (MD&A), to supplement the Districts’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District’s RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

1) Management’s Discussion and Analysis.

We have also been engaged to report on supplementary information other than RSI that accompanies the District’s financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and we will provide an opinion on it in relation to the financial statements as a whole, in a separate written report accompanying our auditor’s report on the financial statements:

1) Schedule of Expenditures of Federal Awards

Winnie-Stowell Hospital District Engagement Letter

Audit Objectives

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. The objective also includes reporting on—

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of accounting records, a determination of major program(s) in accordance with the Uniform Guidance, and other procedures we consider necessary to enable us to express such opinions. We will issue written reports upon completion of our single audit. Our reports will be addressed to be the Board of Directors and Management of the District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain

Winnie-Stowell Hospital District Engagement Letter

reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the District or to acts by management or employees acting on behalf of the District. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

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

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; schedule of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by generally accepted auditing standards.

Audit Procedures—Internal Control

Our audit will include obtaining an understanding of the District and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

Winnie-Stowell Hospital District Engagement Letter

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures—Compliance

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

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the District's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on the District's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the District, with the oversight of those charged with governance, to ensure that the District's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provision of laws and regulations that determine the reported amounts and disclosures in the District's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

Other Services

We will also assist in preparing the financial statements, schedule of federal awards, and related notes of the District in conformity with U.S. generally accepted accounting principles and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement, schedule of federal awards, and related notes services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Winnie-Stowell Hospital District
Engagement Letter

Management Responsibilities

Management is responsible for designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities, to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles, for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with U.S. generally accepted accounting principles, and for compliance with applicable laws and regulations (including federal statutes) and the provisions of contracts and grant agreements (including award agreements).

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, including identification of all related parties and all related-party relationships and transactions, (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under and the Uniform Guidance (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the District from whom we determine it necessary to obtain audit evidence.

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

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the District involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the District received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the District complies with applicable laws, regulations, contracts, agreements, and grants and for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, or grant agreements that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review upon request.

Winnie-Stowell Hospital District
Engagement Letter

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

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

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal awards, and related notes and financial statements preparation services and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, schedule of expenditures of federal awards, and related notes and that you have reviewed and approved the financial statements, schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Winnie-Stowell Hospital District
Engagement Letter

Engagement Administration, Fees, and Other

We understand your accounting personnel will assist us to the extent practical in completing our engagement. We understand that your employees will prepare all cash, legal, debt or other confirmations we may request and will locate any documents selected by us for testing. They will provide us with the detailed trial balances and supporting schedules we deem necessary. Additionally, we may ask them to provide certain reconciliations and statistical data. A list of such schedules will be furnished to you shortly after we begin the engagement.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

We will provide copies of our reports to the District; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Durbin and Company, L.L.P. and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to HRSA Division of Grants Management Operations or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Durbin and Company personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the HRSA Division of Grants Management and Operations. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit in May 2021 and to issue our reports no later than the September 2021 board meeting. Tommy Davis is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report production, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, not including out-of-pocket costs, will not exceed \$25,000, with the exception of the additional procedures required to perform the single audit under the OMB Uniform Guidance.

Winnie-Stowell Hospital District
Engagement Letter

This fee is based of anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

Billings are rendered monthly so that you may readily relate our charges to the work performed. Each invoice is payable on receipt. Past due invoices must be current before an audit report can be rendered due to possible independence conflicts. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. You may request that we perform additional services not addressed in this engagement letter. If this occurs, we will communicate with you regarding the scope of the additional services and the estimated fees. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

Our audit engagement ends on delivery of our audit report. Any follow-up services that might be required will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific engagement letter for that service.

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

Very truly yours,



Tommy L. Davis, CPA
Durbin & Company, L.L.P.
Partner

RESPONSE:

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

Management signature: _____

Title: _____

Date: _____

Governance signature: _____

Title: _____

Date: _____

EXHIBIT “H”

Loan 19
11 MONTH-SHORT TERM COMMERCIAL REVENUE NOTE
June 1, 2021–April 30, 2022

BORROWER INFORMATION

Winnie-Stowell Hospital District
 538 Broadway
 Winnie, Texas 77665

NOTE. This Commercial Promissory Note dated June 1, 2021, will be referred to in this document as the “Note.”

LENDER. “Lender” means Salt Creek Capital, LLC whose address is P. O. Box, 930, 455 Elm Street, Suite 100, Graham, Young County, Texas 76450, its successors and assigns.

BORROWER. The Winnie Stowell Hospital District (“Borrower”) is a Political Subdivision of the State of Texas that was created pursuant to Article IX, Section 9 of the Texas Constitution and Chapter 286 of the Health and Safety Code.

REVENUE NOTE. Both Borrower and Lender agree that Article III, Section 52 of the Texas Constitution, prohibits the Legislature from authorizing any county, city, town or other political corporation or subdivision of the State to lend its credit or to grant public money or thing of value in aid of, or to any individual, association or corporation whatsoever, or to become a stockholder in such corporation, association or company. Both the Borrower and the Lender understand that neither the State of Texas, the Borrower, nor any political corporation, subdivision, or agency of the state, (i.e., Debtor) shall be obligated to pay the same or the interest thereon and that neither the faith and credit nor the taxing power of the state, the unit, or any other political corporation, subdivision, or agency thereof is pledged to the payment of the principal of or the interest on such debt, note, or bonds.

PROMISE TO PAY. For value received, receipt of which is hereby acknowledged, on April 30, 2022, (the Maturity Date), the Borrower promises to pay the principal amount of eleven million seven hundred eighty-six thousand one hundred fifty-eight and 80/100 dollars (\$11,786,158.80) and all interest on the outstanding principal balance and all other charges provided for in this Note, including service charges, to the order of Lender at its office at the address noted above or at such other place as Lender may designate in writing. The Borrower will make all payments in lawful money of the United States of America.

PAYMENT SCHEDULE. This Note will be paid according to the following schedule: 1) Total Interest on this note is calculated by the following formula: $((\text{Principle} \times \text{annual interest}) / 365 \text{ days}) \times (11 \text{ months} / 12)$; 2) to be paid in eleven (11) equal payments of \$165,006.22 on the last day of each month beginning on June 30, 2021 and continuing each month through April 30, 2022 (Maturity Date); and 3) thereafter, any unpaid interest accrued on the unpaid principal balance of this Note and the entire balance of unpaid principal shall be finally due and payable, without notice or demand on the Maturity Date. All payments received by the Lender for application on this Note may be applied to the Borrower’s obligations under this Note in such order and manner as Lender shall determine in its sole discretion.

INTEREST RATE AND SCHEDULED PAYMENT CHANGES. Interest on the principal of this Note from time to time outstanding will begin to accrue on the date of this Note and continue until all principal and accrued interest on this Note shall have been fully paid and satisfied. Before maturity, the interest rate on this Note will be fixed at 16.8% per annum, and all past due principal and interest shall bear interest at a rate per annum equal to the less of 18% per annum or the Highest Lawful Rate. It is the intention of Borrower and Lender to conform strictly to the usury laws in force in the State of Texas and in the United States of America, as applicable. If, for any reason whatsoever, the interest paid or received on this Note shall exceed the Highest Lawful Rate (defined below), the owner or holder of this Note shall credit on the principal hereof, or after all principal has been paid, refund to the payor, such portion of said interest as may be necessary to cause the interest paid on this Note to equal to the Highest Lawful Rate. “Highest Lawful Rate” means the maximum non-usurious rate of interest from time to time permitted by applicable federal or Texas law, whichever permits the higher lawful rate. All sums paid or agreed to be paid to the owner or holder hereof for the use, forbearance or detention of the indebtedness evidenced hereby shall, to the extent permitted

by applicable law, be amortized, prorated, allocated and spread throughout the full term of this Note. To the fullest extent permitted by law, all amounts charged, paid or received hereunder shall be characterized as a fee or an expense and not as interest. In the event any amount is charged, paid or received hereunder which would result in a payment of interest in excess of the Highest Lawful Rate, such overcharged or overpaid amount may, at Lender's or any subsequent owner's or holder's discretion, be applied as a partial prepayment of principal or refunded to Borrower.

LATE PAYMENT CHARGE. If any required payment is more than 10 days late, then at Lender's option, Lender will assess a late payment charge of 5.000% of the amount of the required payment then past due.

SECURITY. This Note is secured by a security agreement dated June 1, 2021, between the Borrower, as debtor, and the Lender, as secured party, covering deposit accounts.

RIGHT OF SET-OFF. To the extent permitted by law, Borrower agrees that Lender has the right to set-off any amount due and payable under this Note, whether matured or unmatured, against any amount owing by Lender to Borrower. Such right of set-off may be exercised by Lender against Borrower or against any assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor of Borrower, or against else claiming through or against Borrower or such assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor, notwithstanding the fact that such right of set-off has not been exercised by Lender prior to the making, filing or issuance or service upon Lender of, or of notice of, assignment for the benefit of creditors, appointment or application for the appointment of a receiver, or issuance of execution, subpoena or order or warrant. Borrower agrees to hold Lender harmless from any claim arising as a result of Lender exercising Lender's right to set-off.

RELATED DOCUMENTS. The words "Related Documents" mean all promissory notes, security agreements, mortgages, deeds of trust, deeds to secure debt, business loan agreements, construction loan agreements, resolutions, guaranties, environmental agreements, subordination agreements, assignments and any other documents or agreements executed in connection with this Note whether now or hereafter existing, including any modifications, extensions, substitutions or renewals of any of the foregoing. The Related Documents are hereby made a part of this Note by reference thereto, with the same force and effect as if fully set forth herein.

DEFAULT. Upon the occurrence of any one of the following events (Each, an "Event or Default" or "default" or "event of default"), Lender's obligations, if any, to make any advances will, at Lender's option, immediately terminate and Lender, at its option, may declare all indebtedness of Borrower to Lender under this Note immediately due and payable without further notice of any kind notwithstanding anything to the contrary in this Note or any other agreement: (a) Borrower's failure to make any payment on time in the amount due; (b) any default by Borrower under the terms of this Note or any other Related Documents executed in connection with this Note; (c) any default by Borrower under the terms of any Related Documents in favor of Lender; (d) the dissolution or termination of existence of Borrower or any guarantor; (e) Borrower is not paying Borrower's debts as such debts become due; (f) the commencement of any proceeding under bankruptcy or insolvency laws by or against Borrower or any guarantor or the appointment of a receiver; (g) any default under the terms of any other indebtedness of Borrower to any other creditor; (h) any writ of attachment, garnishment, execution, tax lien or similar instrument is issued against any collateral securing the loan, if any, or any of Borrower's property or any judgment is entered against Borrower or any guarantor; (i) any part of Borrower's business is sold to or merged with any other business, individual, or entity; (j) any representation or warranty made by Borrower to Lender in any of the Related Documents or any financial statement delivered to Lender proves to have been false in any material respect as of the time when made or given; (k) if any guarantor, or any other party to any Related Documents in favor of Lender entered into or delivered in connection with this Note terminates, attempts to terminate or defaults under any such Related Documents in favor of Lender entered into or delivered in connection with this Note terminates, attempts to terminate or defaults under any such Related Documents; (l) Lender has deemed itself insecure or there has been a material adverse change of condition of the financial prospects of Borrower or any collateral securing the obligations owing to Lender by Borrower. Upon the occurrence of an event of default, Lender may pursue any remedy available under any Related Document, at law or in equity.

GENERAL WAIVERS. To the extent permitted by law, the Borrower severally waives any required notice of presentment, demand, acceleration, intent to accelerate, protest and any other notice and defense due to extensions of time or other indulgence by Lender or to any substitution or release of collateral. No failure or delay on the part of Lender, and no course of dealing between Borrower and Lender, shall operate as a waiver of such power or right, nor

shall any single or partial exercise of any power or right preclude other or further exercise thereof or the exercise of any other power or right.

JOINT AND SEVERAL LIABILITY. If permitted by law, each Borrower executing this Note is jointly and severally bound.

SEVERABILITY. If a court of competent jurisdiction determines any term or provision of this Note is invalid or prohibited by law, that term or provision will be ineffective to the extent required. Any term or provision that has been determined to be invalid or prohibited will be severed from the rest of this Note without invalidating the remainder of either the affected provision or this Note.

SURVIVAL. The rights and privileges of the Lender hereunder shall inure to the benefit of its successors and assigns, and this Note shall be binding on all heirs, executors, administrators, assigns and successors of Borrower.

ASSIGNABILITY. Lender may assign, pledge or otherwise transfer this Note or any of its rights and powers under this Note without notice, with all or any of the obligations owing to Lender by Borrower, and in such event the assignee shall have the same rights as if originally named herein in place of Lender. Borrower may not assign this Note or any benefit accruing to it hereunder or delegate any of its obligations hereunder without the express written consent of the Lender.

GOVERNING LAW. This Note is governed by the laws of the state of Texas except to the extent that federal law controls. Venue shall be deemed to be proper in Young, County, Texas, being the place of payment on this note and the place at which the contract had its inception and is to be performed.

HEADING AND GENDER. The headings preceding text in this Note are for general convenience in identifying subject matter but have no limiting impact on the text which follows any particular heading. All words used in this Note shall be construed to be of such gender or number as the circumstances require.

ATTORNEYS' FEES AND OTHER COSTS. If legal proceedings are instituted to enforce the terms of this Note, Borrower agrees to pay all costs of the Lender in connection therewith, including reasonable attorney's fees, to the extent permitted by law.

ADDITIONAL PROVISIONS. Federal Small Business Certification. Borrower represents, warrants and certifies, that none of the principals of Borrower or Borrower's affiliates have been convicted of, or pleaded nolo contendere to, any offense covered by 42 U.S.C. sec.16911(7). For purposes of this subsection, the term "principal" means: (a) with respect to a sole proprietorship, the proprietor; (b) with respect to a partnership, each managing partner and each partner who is a natural person and holds twenty percent (20.00%) or more ownership interest in the partnership; and (c) with respect to a corporation, limited liability company, association or development company, each director, each of the five most highly compensated executives or officers of the entity, and each natural person who is direct or indirect holder of twenty percent (20.00%) or more of the ownership stock or stock equivalent of the entity.

The loan proceeds are to fund operation of its nursing homes, including Borrower's inter-governmental transfers for Borrower's participation in the Quality Incentive Payment Program for Nursing Facilities provided for and described in Tex. Admin. Code §353.1301 and §353.1303, Borrower and signers, with proper board of director approval and consent, certify the loan proceeds will be used for this sole purpose, and to the best of their knowledge, they are authorized to borrow this loan for this purpose. Borrower agrees to cause all "QIPP capitation rate components" funds ("QIPP Funds") as defined in Tex. Admin. Code §353.1303(g) to be direct deposited by the Managed Care Organizations described in Tex. Admin. Code §353.1303(b)(6) into the Borrower's Government Receivables Account at First Financial Bank, N.A. ("First Financial Bank") in Abilene, Texas. The account number for the Government Receivables Account is XXXXXX4838. Said account shall be subject to a Deposit Account Instruction and Service Agreement ("DAISA") entered between Lender, First Financial Bank, and Borrower that requires all QIPP Funds on deposit to be swept daily into the Borrower's Funding and Disbursement Account, account number XXXXXX4846. The Funding and Disbursement Account shall be subject to a Deposit Account Control Agreement ("DACA") between Lender, First Financial Bank, and Borrower. Except as required in this Agreement, the Borrower agrees to not withdraw any funds defined as "Component 1" funds pursuant to Tex. Admin. Code §353.1303(g)(1) from the Funding

and Disbursement Account before maturity of the Note and such funds will be used to make timely payments on this Note

This Note and the Related Documents constitute the complete and final expression of the parties' loan agreement and may not be amended or modified by oral agreement.

No present or future agreement securing any other debt owed to Salt Creek Capital, LLC will secure the payment of this Loan if, with respect to this loan, Borrower fails to fulfill any necessary requirements or limitations of Sections 19(a), 32 or 35 of Regulation Z or if, as a result, this Loan would become subject to Section 670 of the John Warner National Defense Authorization Act for Fiscal Year 2007. This Note is governed by the laws of Texas and the United States of America, and to the extent required, by the laws of the jurisdiction where the property securing this Note is located, except to the extent such state laws are preempted by federal law. Borrower agrees to supply Salt Creek Capital, LLC with whatever information it reasonably requests. Salt Creek Capital, LLC will make requests for this information without undue frequency and will give Borrower reasonable time in which to supply the information. Unless otherwise required by law, any notice will be given by delivering it or mailing it by email or first-class mail. Notice to one Borrower will be deemed to be notice to all Borrowers. Borrower will inform Salt Creek Capital, LLC in writing of any change in my name, address or other application information and agrees to provide Salt Creek Capital, LLC any correct and complete financial statements or other information it requests. Borrower agrees to sign, deliver, and file any additional documents or certifications that Salt Creek Capital, LLC may consider necessary to perfect, continue, and preserve any obligations under the Loan and to confirm Salt Creek Capital, LLC lien status on any Property. Time is of the essence.

By signing this Note, Borrower acknowledges reading, understanding, and agreeing to all its provisions and receipt of a true and complete copy of this Note.

Borrower: Winnie-Stowell Hospital District

By: _____

Name: _____

Title: _____

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Exhibit "A"
Payment Schedule

LOAN 19
SECURITY AGREEMENT FOR
11 MONTH-SHORT TERM COMMERCIAL REVENUE NOTE
June 1, 2021–April 30, 2022

Effective as of June 1, 2021, WINNIE-STOWELL HOSPITAL DISTRICT, a political subdivision of the State of Texas (“Debtor”), whose address is P.O. Box 1997, Winnie, Texas 77665, and SALT CREEK CAPITAL, LLC (“Secured Party”), a Texas limited liability company whose address is P.O. Box 930, 455 Elm Street, Suite 100, Graham, Texas 76540, agree as follows:

ARTICLE 1
LOAN AGREEMENT

Debtor is a Political Subdivision of the State of Texas that was created pursuant to Article IX, Section 9 of the Texas Constitution and Chapter 286 of the Health and Safety Code. Pursuant to Article III, Section 52 of the Texas Constitution, the Legislature shall have no power to authorize any county, city, town or other political corporation or subdivision of the State to lend its credit or to grant public money or thing of value in aid of, or to any individual, association or corporation whatsoever, or to become a stockholder in such corporation, association or company. Both the Debtor and the Lender understand that neither the State of Texas, the unit, nor any political corporation, subdivision, or agency of the state (i.e., the Debtor) shall be obligated to pay the same or the interest thereon and that neither the faith and credit nor the taxing power of the state, the unit, or any other political corporation, subdivision, or agency thereof is pledged to the payment of the principal of or the interest on such debt, note, or bonds.

Debtor and Secured Party have agreed that Secured Party will from time to time, in its discretion and on an uncommitted basis, fund a loan or loans to Debtor to fund Debtor’s operation of its nursing homes, including Debtor’s inter-governmental transfers for Debtor’s participation in the Quality Incentive Payment Program for Nursing Facilities provided for and described in Tex. Admin. Code §353.1301 and §353.1303, as amended, each such loan to be evidenced by a promissory note (the “Note”), whether one or more) executed or to be executed by Debtor and made payable to the order of Secured Party. Debtor agrees to cause all “QIPP capitation rate components” funds (“QIPP Funds”) as defined in Tex. Admin. Code §353.1303(g) to be direct deposited by the Managed Care Organizations described in Tex. Admin. Code §353.1303(b)(6) into the Debtor’s Government Receivables Account at First Financial Bank in Abilene, Texas. The account number for the Government Receivables Account is XXXXXX4838. Said account shall be subject to a Deposit Account Instruction and Service Agreement (“DAISA”) entered between Secured Party, First Financial Bank, and Debtor that requires all QIPP Funds on deposit to be swept daily into the Debtor’s Funding and Disbursement Account, account number XXXXXX4846. The Funding and Disbursement Account shall be subject to a Deposit Account Control Agreement (“DACA”) between Secured Party, First Financial Bank, and Debtor. The Debtor agrees to not withdraw any funds defined as “Component 1” funds pursuant to Tex. Admin. Code §353.1303(g)(1) from the Funding and Disbursement Account before maturity of the Note.

ARTICLE 2
CREATION OF SECURITY INTEREST

In order to secure the prompt and unconditional payment of the Debt (defined in Section 3.2) and the other obligations of Debtor hereinafter described or referred to, and the performance of the obligations, covenants, agreements and undertakings herein described, and to the extent allowed by the United States Code; Code of Federal Regulations; any rules and regulations promulgated by an agent of the United State of America, including but not limited to, the Center for Medicare and Medicaid Services (“CMS”); Article III, Section 52 of the Texas Constitution; or statutes of the State of Texas, Debtor hereby grants to Secured Party a security interest in and mortgages, assigns, transfers, delivers, pledges, sets over and confirms to Secured Party all of Debtor’s non-Federal, non-Medicaid, or non-Medicare revenues, powers, privileges, rights, titles and interests (including all power of Debtor, if any, to pass greater title than it has itself) of every kind and character now owned or hereafter acquired, created or arising in and to the following:

- (i) Account maintained by the Debtor with First Financial Bank, Abilene, Texas, Account Number: XXXXXX4846, for the purpose of serving as the Debtor’s Funding and Disbursement Account.
- (ii) To the extent allowed by the laws of the United States and the State of Texas, all other bank deposit accounts now owned or hereafter established or acquired by Debtor with First Financial Bank, Abilene, Texas or any other state bank or national banking association; and
- (iii) all interest on the foregoing; all modifications, extensions and increases of the foregoing; all sums now or at any time hereafter on deposit in the foregoing or represented by the foregoing; all shares, deposits, investments and interest of every kind of Debtor at any time evidenced by any deposit account receipt or certificate relating to the foregoing or issued in connection with the foregoing, and all other related property;

together with all accessions, appurtenances and additions to and substitutions for any of the foregoing and all products and proceeds of any of the foregoing, together with all renewals and replacements of any of the foregoing, all accounts, receivables, accounts receivable, instruments, notes, chattel paper, documents, books, records, contract rights and general intangibles arising in connection with any of the foregoing. All of the property and interests described in this Article are herein collectively called the “Collateral.” The inclusion of proceeds does not authorize Debtor to sell, dispose of or otherwise use the Collateral in any manner not authorized by Secured Party in writing. It is expressly contemplated that additional Collateral may from time to time be pledged to Secured Party as additional security for the Debt (hereinafter defined), and the term “Collateral” as used herein shall be deemed for all purposes hereof to include all such Collateral, together with all other property of the types described above related to the Collateral.

Each capitalized term used but not otherwise defined herein shall have the meaning ascribed to such term in the Loan Agreement.

ARTICLE 3
SECURED INDEBTEDNESS

This Security Agreement (this “Agreement”) is made to secure Note, (11 Month) Short Term Commercial Note signed on June 1, 2021 by the Debtor with a term ending April 30, 2022, and all of the following present and future debt and obligations including:

- (a) any and all obligations of Debtor, whether absolute or contingent and howsoever and whensoever arising under the Note or any of them;
- (b) any and all obligations of Debtor evidenced by the Note and the any Related Documents (as defined in the Note, to which reference is here made for all purposes);
- (c) all other obligations incurred by Debtor to Secured Party, if any, described or referred to in any other place in this Agreement; and
- (d) any and all sums and the interest which accrues on them as provided in this Agreement which Secured Party may advance or which Debtor may owe Secured Party pursuant to this Agreement on account of Debtor's failure to keep, observe or perform any of Debtor's covenants under this Agreement.

3.2. The term "Debt" means and includes all debt and obligations of Debtor to Secured Party described or referred to in Section 0. The Debt includes interest and other obligations accruing or arising on the Debt after (a) commencement of any case under any bankruptcy or similar laws by or against any party comprising Debtor or any other person or entity now or hereafter primarily or secondarily obligated to pay all or any part of the Debt (with such parties comprising Debtor and any such other persons and entities being sometimes hereinafter collectively referred to as "Obligors") or (b) the obligations of any Obligor shall cease to exist by operation of law or for any other reason. The Debt also includes all reasonable attorneys' fees and any other expenses incurred by Secured Party in enforcing this Agreement.

ARTICLE 4 REPRESENTATIONS AND WARRANTIES

Debtor represents and warrants as follows:

- (a) Debtor is the legal and equitable owner and holder of good and marketable title to the Collateral free of any adverse claim and free of any security interest or encumbrance except only for the security interest granted hereby in the Collateral. Debtor agrees to defend the Collateral and its proceeds against all claims and demands of any person at any time claiming the Collateral, its proceeds or any interest in either. Debtor has not heretofore granted control of the Collateral to any Person other than Secured Party or signed or authorized the filing of any financing statement directly or indirectly affecting the Collateral or any part of it which has not been completely terminated of record, and no such financing statement signed or authorized by Debtor is now on file in any public office.
- (b) Debtor's execution, delivery and performance of this Agreement has been duly authorized by all necessary action under Debtor's organizational documents and otherwise. Debtor's execution, delivery and performance of this Agreement do not and will not require (i) any consent of any other person or entity or (ii) any consent, license, permit, authorization or other approval (including foreign exchange approvals) of any court, arbitrator, administrative agency or other governmental authority, or any notice to, exemption by, any registration, declaration or filing with or the taking of any other action in respect of, any such court, arbitrator, administrative agency or other governmental authority.
- (c) Neither execution or delivery of this Agreement, nor the fulfillment of or compliance with the terms and provisions hereof will (i) violate any constitutional provision, law or rule, or any regulation,

order or decree of any governmental authority or the basic organizational documents of Debtor or (ii) conflict with or result in a breach of the terms, conditions or provisions of, or cause a default under, any agreement, instrument, franchise, license or concession to which Debtor is a party or bound.

- (d) Debtor has duly and validly executed, issued and delivered this Agreement. This Agreement is in proper legal form for prompt enforcement and is Debtor's valid and legally binding obligation, enforceable in accordance with its respective terms. Debtor does not have any indebtedness other than indebtedness owing to Secured Party and indebtedness specifically disclosed in writing to Secured Party prior to the date hereof.
- (e) Debtor is now solvent, and no bankruptcy or insolvency proceedings are pending or contemplated by or to Debtor's knowledge against Debtor. Debtor's liabilities and obligations under this Agreement do not and will not render Debtor insolvent, because Debtor's liabilities to exceed Debtor's assets or leave Debtor with too little capital to properly conduct all of its business as now conducted or contemplated to be conducted.
- (f) All of Debtor's books and records with regard to the Collateral are maintained and kept at the address of Debtor set forth in this Agreement.
- (g) The liens and security interests of this Agreement will constitute valid and perfected first and prior liens and security interests on the Collateral, subject to no other liens, security interests or charges whatsoever.
- (h) The Collateral is genuine, free from any restriction on transfer, duly and validly authorized and issued, constituting the valid and legally binding obligation of the issuer or issuers thereof, enforceable in accordance with its terms, and fully paid, and is hereby duly and validly pledged and hypothecated to Secured Party in accordance with law.
- (i) There is no action, suit or proceeding pending or, to the best of Debtor's knowledge, threatened against or affecting Debtor or the Collateral, at law or in equity, or before or by any governmental authority, which might result in any material adverse change in Debtor's business or financial condition or in the Collateral or in Debtor's other property or Debtor's interest in it.
- (j) Debtor is not in default with respect to any order, writ, injunction, decree or demand of any court or other governmental authority, in the payment of any debt for borrowed money or under any agreement or other papers evidencing or securing any such debt.
- (k) Debtor is not a party to any contract or agreement which materially and adversely affects its business, property, assets or financial condition.

ARTICLE 5 COVENANTS

5.1. Debtor covenants and agrees with Secured Party as follows:

- (a) Debtor shall furnish to Secured Party such instruments as may be reasonably required by Secured Party to assure Secured Party's control of the Collateral and the transferability of the Collateral when and as often as may be requested by Secured Party.

- (b) If the validity or priority of this Agreement or of any rights, titles, security interests or other interests created or evidenced hereby shall be attacked, endangered or questioned or if any legal proceedings are instituted with respect thereto, Debtor will give prompt written notice thereof to Secured Party and at Debtor's own cost and expense will diligently endeavor to cure any defect that may be developed or claimed, and will take all necessary and proper steps for the defense of such legal proceedings, and Secured Party (whether or not named as a party to legal proceedings with respect thereto) is hereby authorized and empowered to take such additional steps as in its judgment and discretion may be necessary or proper for the defense of any such legal proceedings or the protection of the validity or priority of this Agreement and the rights, titles, security interests and other interests created or evidenced hereby, and all expenses so incurred of every kind and character shall constitute sums advanced pursuant to Section 5.2.
- (c) Debtor will, on request of Secured Party, (i) promptly correct any defect, error or omission which may be discovered in the contents of this Agreement or in any other instrument executed in connection herewith or in the execution or acknowledgment thereof, (ii) execute, acknowledge, deliver and record or file such further instruments (including further security agreements, financing statements and continuation statements) and do such further acts as may be necessary, desirable or proper to carry out more effectively the purposes of this Agreement and such other instruments and to subject to the security interests hereof and thereof any property intended by the terms hereof and thereof to be covered hereby and thereby including specifically any renewals, additions, substitutions, replacements or appurtenances to the then Collateral, and (iii) execute, acknowledge, deliver, procure and record or file any document or instrument (including specifically any financing statement) deemed advisable by Secured Party to protect the security interest hereunder against the rights or interests of third persons, and Debtor will pay all costs connected with any of the foregoing.
- (d) To the extent not prohibited by applicable law, Debtor will pay all out-of-pocket costs and expenses and reimburse Secured Party for any and all expenditures of every character incurred or expended from time to time in connection with enforcing and realizing upon Secured Party's security interests in and liens on any of the Collateral, and all costs and expenses relating to Secured Party's exercising any of its rights and remedies under this Agreement or at law; provided, that no right or option granted by Debtor to Secured Party or otherwise arising pursuant to any provision of this or any other instrument shall be deemed to impose or admit a duty on Secured Party to supervise, monitor or control any aspect of the character or condition of any of the Collateral or any operations conducted in connection with it for the benefit of Debtor or any other person or entity other than Secured Party. Any amount to be paid under this Section by Debtor to Secured Party shall be a demand obligation owing by Debtor to Secured Party and shall bear interest from the date of expenditure until paid at the highest lawful rate permitted by applicable law (the "Past Due Rate").
- (e) Debtor will not sell, lease, exchange, lend, rent, assign, transfer or otherwise dispose of, or pledge, hypothecate or grant any security interest in, or permit to exist any lien, security interest, charge or encumbrance against, all or any part of the Collateral or any interest therein or permit any of the foregoing to occur or arise or permit title to the Collateral, or any interest therein, to be vested in any other party, in any manner whatsoever, by operation of law or otherwise, without the prior written consent of Secured Party.
- (f) Debtor agrees that as part of this Security Agreement, Debtor will comply with the terms of its Fourth Amended Transfer Procedures adopted by the Debtor's Board on November 18, 2020,

including, but not limited, obtaining written consent of the Secured Party before changing the Procedures.

5.2. If Debtor should fail to comply with any of its agreements, covenants or obligations under this Agreement and such failure continues beyond any applicable notice or cure period afforded herein, then Secured Party (in Debtor's name or in Secured Party's own name) may perform them or cause them to be performed for Debtor's account and at Debtor's expense, but shall have no obligation to perform any of them or cause them to be performed. Any and all expenses thus incurred or paid by Secured Party shall be Debtor's obligations to Secured Party due and payable on demand, and each shall bear interest from the date Secured Party pays it until the date Debtor repays it to Secured Party, at the Past Due Rate. Upon making any such payment or incurring any such expense, Secured Party shall be fully and automatically subrogated to all of the rights of the person, corporation or body politic receiving such payment. Any amounts owing by Debtor to Secured Party pursuant to this or any other provision of this Agreement shall automatically and without notice be and become a part of the Debt and shall be secured by this and all other instruments securing the Debt.

ARTICLE 6 EVENTS OF DEFAULT

The occurrence of an Event of Default under any Note shall constitute an Event of Default (herein so called) under this Agreement.

ARTICLE 7 REMEDIES IN EVENT OF DEFAULT

7.1. At any time after the occurrence of an Event of Default:

- (a) Secured Party shall have the option of declaring, without notice to any person, all Debt to be immediately due and payable and take possession of such Debt and all accrued and unpaid interest from any accounts on which secured party has perfected a lien;
- (b) Secured Party shall have all the rights of a secured party after default under the Uniform Commercial Code of Texas and in conjunction with, in addition to or in substitution for those rights and remedies:
 - (i) it shall not be necessary that the Collateral or any part thereof be present at the location of any sale pursuant to the provisions of this Article; and
 - (ii) before application of proceeds of disposition of the Collateral to the Debt, such proceeds shall be applied to the reasonable expenses of retaking, holding, preparing for sale or lease, selling, leasing and the like and the reasonable attorneys' fees and legal expenses incurred by Secured Party, each Obligor, to the extent applicable, to remain liable for any deficiency; and
 - (iii) the sale by Secured Party of less than the whole of the Collateral shall not exhaust the rights of Secured Party hereunder, and Secured Party is specifically empowered to make successive sale or sales hereunder until the whole of the Collateral shall be sold; and, if the proceeds of such sale of less than the whole of the Collateral shall be less than the aggregate

of the Debt, this Agreement and the security interest created hereby shall remain in full force and effect as to the unsold portion of the Collateral just as though no sale had been made; and

- (iv) in the event any sale hereunder is not completed or is defective in the opinion of Secured Party, such sale shall not exhaust the rights of Secured Party hereunder and Secured Party shall have the right to cause a subsequent sale or sales to be made hereunder; and
- (v) any and all statements of fact or other recitals made in any bill of sale or assignment or other instrument evidencing any foreclosure sale hereunder as to nonpayment of any indebtedness or as to the occurrence of any default, or as to Secured Party having declared all of such indebtedness to be due and payable, or as to notice of time, place and terms of sale and the Collateral to be sold having been duly given, as to any other act or thing having been duly done by Secured Party, shall be taken as *prima facie* evidence of the truth of the facts so stated and recited; and
- (vi) Secured Party may appoint or delegate any one or more persons as agent to perform any act or acts necessary or incident to any sale held by Secured Party, including the sending of notices and the conduct of sale, but in the name and on behalf of Secured Party; and
- (vii) demand of performance, advertisement and presence of property at sale are hereby WAIVED by Debtor and Secured Party is hereby authorized to sell hereunder any evidence of debt it may hold as security for the Debt. All demands and presentments of any kind or nature are expressly WAIVED by Debtor. Debtor WAIVES the right to require Secured Party to pursue any other remedy for the benefit of Debtor and agrees that Secured Party may proceed against any Obligor for the amount of the Debt owed to Secured Party without taking any action against Debtor any other Obligor without selling or otherwise proceeding against or applying any of the Collateral in Secured Party's possession.

7.2. All remedies herein expressly provided for are cumulative of any and all other remedies existing at law or in equity and are cumulative of any and all other remedies provided for in any other instrument securing the payment of the Debt, or any part thereof, or otherwise benefiting Secured Party, and the resort to any remedy provided for hereunder or under any such other instrument or provided for by law shall not prevent the concurrent or subsequent employment of any other appropriate remedy or remedies.

7.3. Secured Party may resort to any security given by this Agreement or to any other security now existing or hereafter given to secure the payment of the Debt, in whole or in part, and in such portions and in such order as may seem best to Secured Party in its sole and absolute discretion, and any such action shall not in anywise be considered as a waiver of any of the rights, benefits or security interests evidenced by this Agreement.

7.4. To the full extent Debtor may do so, Debtor agrees that Debtor will not at any time insist upon, plead, claim or take the benefit or advantage of any law now or hereafter in force providing for any appraisalment, valuation, stay, extension or redemption, and Debtor, for Debtor, Debtor's heirs, devisees, executors, administrators, personal representatives, successors, receivers, trustees and assigns, and for any and all persons ever claiming any interest in the Collateral, to the extent permitted by law, hereby WAIVES and releases all rights of redemption, valuation, appraisalment, stay of execution, notice of intention to mature or to declare due the whole of the Debt, notice of election to mature or to declare due the whole of

the Debt and all rights to a marshaling of the assets of Debtor, including the Collateral, or to a sale in inverse order of alienation in the event of foreclosure of the security interest hereby created.

ARTICLE 8 ADDITIONAL AGREEMENTS

8.1. Subject to the automatic reinstatement provisions set forth below, upon full payment and performance of the Debt and final termination of all obligations, if any, of Secured Party to fund loans or provide other financial accommodations to or for Debtor, all rights under this Agreement shall terminate and the Collateral shall thereafter become wholly clear of the security interest evidenced hereby, and upon written request by Debtor such security interest shall be released by Secured Party in due form, at Debtor's cost.

8.2. Secured Party may waive any default without waiving any other prior or subsequent default. Secured Party may remedy any default without waiving the default remedied. The failure by Secured Party to exercise any right, power or remedy upon any default shall not be construed as a waiver of such default or as a waiver of the right to exercise any such right, power or remedy at a later date. No single or partial exercise by Secured Party of any right, power or remedy hereunder shall exhaust the same or shall preclude any other or further exercise thereof, and every such right, power or remedy hereunder may be exercised at any time and from time to time. No modification or waiver of any provision hereof nor consent to any departure by Debtor therefrom shall in any event be effective unless the same shall be in writing and signed by Secured Party and then such waiver or consent shall be effective only in the specific instances, for the purpose for which given and to the extent therein specified. No notice to nor demand on Debtor in any case shall of itself entitle Debtor to any other or further notice or demand in similar or other circumstances. Acceptance by Secured Party of any payment in an amount less than the amount then due on the Debt shall be deemed an acceptance on account only and shall not in any way affect the existence of a default hereunder.

8.3. Secured Party shall not be required to take any steps necessary to preserve any rights against prior parties to any of the Collateral.

8.4. The security interest and other rights of Secured Party hereunder shall not be impaired by any indulgence, moratorium or release granted by Secured Party, including but not limited to (a) any renewal, extension or modification which Secured Party may grant with respect to the Debt, (b) any surrender, compromise, release, renewal, extension, exchange or substitution which Secured Party may grant in respect of any item of the Collateral, or any part thereof or any interest therein, or (c) any release or indulgence granted to any endorser, guarantor or surety of the Debt.

8.5. Debtor hereby authorizes Secured Party to cause all financing statements and continuation statements relating hereto to be recorded, filed, re-recorded and refiled in such manner and in such places as Secured Party shall reasonably elect and will pay all such recording, filing, re-recording, and re-filing taxes, fees and other charges. Debtor also hereby authorizes Secured Party to take such other measures as Secured Party may deem necessary or appropriate to perfect any security interests created hereunder in and to the Collateral.

8.6. In the event the ownership of the Collateral or any part thereof becomes vested in a person other than Debtor, Secured Party may, without notice to Debtor, deal with such successor or successors in interest with reference to this Agreement and to the Debt in the same manner as with Debtor, without in any way vitiating or discharging Debtor's liability hereunder or upon the Debt. No sale of the Collateral, and no

forbearance on the part of Secured Party and no extension of the time for the payment of the Debt given by Secured Party shall operate to release, discharge, modify, change or affect, in whole or in part, the liability of Debtor hereunder for the payment of the Debt or the liability of any other person hereunder for the payment of the Debt, except as agreed to in writing by Secured Party.

8.7. Any other or additional security taken for the payment of any of the Debt shall not in any manner affect the security given by this Agreement.

8.8. If any part of the Debt cannot be lawfully secured by this Agreement, or if the lien, assignments and security interests of this Agreement cannot be lawfully enforced to pay any part of the Debt, then and in either such event, at the option of Secured Party, all payments on the Debt shall be deemed to have been first applied against that part of the Debt.

8.9. This Agreement shall not be changed orally but shall be changed only by agreement in writing signed by Debtor and Secured Party. No course of dealing between the parties, no usage of trade and no parole or extrinsic evidence of any nature shall be used to supplement or modify any of the terms or provisions of this Agreement.

8.10. Any notice, request or other communication required or permitted to be given hereunder shall be given in writing by delivering it against receipt for it, by depositing it with an overnight delivery service or by depositing it in a receptacle maintained by the United States Postal Service, postage prepaid, registered or certified mail, return receipt requested, addressed to the respective parties at the addresses shown herein (and if so given, shall be deemed given when mailed). Debtor's address for notice may be changed at any time and from time to time, but only after thirty (30) days' advance written notice to Secured Party and shall be the most recent such address furnished in writing by Debtor to Secured Party. Secured Party's address for notice may be changed at any time and from time to time, but only after ten (10) days' advance written notice to Debtor and shall be the most recent such address furnished in writing by Secured Party to Debtor. Actual notice, however and from whomever given or received, shall always be effective when received.

8.11. This Agreement shall be binding upon Debtor, and the heirs, devisees, executors, administrators, personal representatives, trustees, beneficiaries, conservators, receivers, successors and assigns of Debtor, including all successors in interest of Debtor in and to all or any part of the Collateral, and shall benefit Secured Party and its successors and assigns.

8.12. Secured Party is hereby authorized at any time and from time to time after the occurrence of an Event of Default, without notice to any person or entity (and Debtor hereby WAIVES any such notice) to the fullest extent permitted by law, to set-off and apply any and all monies, securities and other properties of Debtor now or in the future in the possession, custody or control of Secured Party, or on deposit with or otherwise owed to Debtor by Secured Party including without limitation the Collateral and all other monies, securities and other properties held in general, special, time, demand, provisional or final accounts or for safekeeping or as collateral or otherwise (but excluding those accounts clearly designated as escrow or trust accounts held by Debtor for others unaffiliated with Debtor) against any and all of Debtor's obligations to Secured Party now or hereafter existing, irrespective of whether Secured Party shall have made any demand therefor.

8.13. If any provision of this Agreement is held to be illegal, invalid or unenforceable under present or future laws, the legality, validity and enforceability of the remaining provisions of this Agreement shall not be affected thereby, and this Agreement shall be liberally construed so as to carry out the intent of the

parties to it. Each waiver in this Agreement is subject to the overriding and controlling rule that it shall be effective only if and to the extent that (a) it is not prohibited by applicable law and (b) applicable law neither provides for nor allows any material sanctions to be imposed against Secured Party for having bargained for and obtained it.

8.14. The pronouns used in this Agreement are in the masculine and neuter genders but shall be construed as feminine, masculine or neuter as occasion may require. "Secured Party", "Obligor" and "Debtor" as used in this Agreement include the heirs, devisees, executors, administrators, personal representatives, trustees, beneficiaries, conservators, receivers, successors and assigns of those parties.

8.15. The section headings appearing in this Agreement have been inserted for convenience only and shall be given no substantive meaning or significance whatever in construing the terms and provisions of this Agreement. Terms used in this Agreement which are defined in the Texas Uniform Commercial Code are used with the meanings as therein defined. Wherever the term "including" or a similar term is used in this Agreement, it shall be read as if it were written "including by way of example only and without in any way limiting the generality of the clause or concept referred to."

8.16. This Agreement is performable in Young County, Texas, which shall be a proper place of venue for suit on or in respect of this Agreement. Debtor irrevocably agrees that any legal proceeding in respect of this Agreement shall be brought in the district courts of Young County, Texas or the United States District Court for the Northern District of Texas. Nothing herein shall affect the right of Secured Party to commence legal proceedings or otherwise proceed against Debtor in any jurisdiction or to serve process in any manner permitted by applicable law. Debtor agrees that a final judgment in any such action or proceeding shall be conclusive and may be enforced in other jurisdictions by suit on the judgment or in any other manner provided by law. THIS AGREEMENT SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE APPLICABLE LAWS OF THE STATE OF TEXAS AND THE UNITED STATES OF AMERICA FROM TIME TO TIME IN EFFECT.

8.17. Debtor agrees that, if at any time all or any part of any payment previously applied by Secured Party to the Debt is or must be returned by Secured Party or recovered from Secured Party for any reason (including the order of any bankruptcy court), this Agreement shall automatically be reinstated to the same effect, as if the prior application had not been made, and, in addition, Debtor hereby agrees to indemnify Secured Party against, and to save and hold Secured Party harmless from any required return by Secured Party or recovery from Secured Party of any such payments because of its being deemed preferential under applicable bankruptcy, receivership or insolvency laws, or for any other reason.

8.18. This Agreement embodies the entire agreement and understanding between Secured Party and Debtor with respect to their subject matter and supersedes all prior conflicting or inconsistent agreements, consents and understandings relating to such subject matter. Debtor acknowledges and agrees there is no oral agreement between Debtor and Secured Party which has not been incorporated in this Agreement.

8.19. Provided no default or Event of Default is continuing, cash on deposit comprising the Collateral may be requested by Debtor to pay for customary operating expenses of the Project incurred by Debtor after the date the Evidence of Completion has been delivered to Lender. Such requests shall be accompanied by bills or invoices setting forth in reasonable detail the basis for the expense, the name of the payee, and all relevant payment information.

NOTICE PURSUANT TO TEX. BUS. & COMM. CODE 26.02

THIS AGREEMENT, THE LOAN AGREEMENT AND ANY OTHER RELATED CREDIT DOCUMENTS TOGETHER CONSTITUTE A WRITTEN AGREEMENT AND REPRESENT THE FINAL AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES. THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.

DEBTOR:

WINNIE-STOWELL HOSPITAL DISTRICT

By: _____
Name: Edward Murrell
Title: President, Winnie Stowell Hospital District

SECURED PARTY:

SALT CREEK CAPITAL, LLC

By: _____
Name: Alfred G. Allen, III
Title: President

Loan 19 Blocked Account Control Agreement (“Shifting Control”)

AGREEMENT dated as of June 1, 2021, by and among Winnie Stowell Hospital District, a governmental entity and political subdivision of the State of Texas (“District”), Salt Creek Capital, LLC (“Lender”) and First Financial Bank, N.A. (“Bank”). The parties hereto refer to Account No. XXXXXX4846 (the “Account”) in the name of the District maintained at the Bank and hereby agree as follows:

1. District and Lender notify Bank that by separate agreement District has granted Lender a security interest, attached hereto as **Exhibit A**, in the Account and all funds on deposit from time to time therein. Bank acknowledges being so notified.
2. The purpose of this Agreement is to perfect a lien against the Account in the event the District defaults on the attached 11 Month Short Term Commercial Note No. 19 signed on June 1, 2021 by the District. (See **Exhibit B**)

Prior to the Effective Time (as defined below) Bank shall honor all withdrawal, payment, transfer or other fund disposition or other instructions which the District is entitled to give under the Account Documentation (as hereinafter defined) (collectively, “instructions”) received from the District (but not those from Lender) concerning the Account. On and after the Effective Time (and without District’s consent), Bank shall honor all instructions received from Lender (but not those from District) concerning the Account and District shall have no right or ability to access or withdraw or transfer funds from the Account.

For the purposes hereof, the “Effective Time” shall be the opening of business on the business day next succeeding the business day on which a notice purporting to be signed by Lender in substantially the same form as **Exhibit C**, attached hereto, with a copy of this Agreement attached thereto (a “Shifting Control Notice”), is actually received by Bank; provided that if any such notice is so received after 2:00 PM, Central time, on any business day, the “Effective Time” shall be the opening of business on the second business day next succeeding the business day on which such receipt occurs; and provided further, that a “business day” is any day other than a Saturday, Sunday or other day on which Bank is authorized or required by law to be closed.

Notwithstanding the foregoing: (i) all transactions involving or resulting in a transaction involving the Account duly commenced by Bank or any affiliate prior to the Effective Time and so consummated or processed thereafter shall be deemed not to constitute a violation of this Agreement; and (ii) Bank and/or any affiliate may (at its discretion and without any obligation to do so) (x) cease honoring District’s instructions and/or commence honoring solely Lender’s instructions concerning the Account at any time or from time to time after it becomes aware that Lender has sent to it a Shifting Control Notice but prior to the Effective Time therefor (including without limitation halting, reversing or redirecting any transaction referred to in clause (i) above), or (y) deem a Shifting Control Notice to be received by it for purposes of the foregoing paragraph prior to the specified unit’s actual receipt if otherwise actually received by Bank (or if such Shifting Control Notice does not comply with the form attached hereto as **Exhibit C** or does not attach an appropriate copy of this Agreement), with no liability whatsoever to District or any other party for doing so.

3. This Agreement supplements, rather than replaces, Bank’s deposit account agreement, terms and conditions and other standard documentation in effect from time to time with respect to the Account or services provided in connection with the Account (the “Account Documentation”), which Account Documentation will continue to apply to the Account and such services, and the respective rights, powers, duties, obligations, liabilities and responsibilities of the parties thereto and hereto, to the extent not expressly conflicting with the provisions of this Agreement (however, in the event of any such conflict, the provisions of this Agreement shall control). Prior to issuing any instructions on or after the Effective Time, Lender shall provide Bank with such documentation as Bank may reasonably request to establish the identity and authority of the individuals issuing instructions on behalf of Lender. Lender may request Bank to provide other services (such as automatic daily transfers) with respect to the Account on or after the Effective Time; however, if such services are not authorized or otherwise covered under the Account Documentation, Bank’s decision to provide any such services shall be made in its sole discretion (including without limitation being subject to District and/or Lender executing such Account Documentation or other documentation as Bank may require in connection therewith).
4. Bank agrees not to exercise or claim any right of offset, banker’s lien or other like right against the Account for so long as this Agreement is in effect except with respect to (i) returned or charged-back items, reversals or cancellations of payment orders and other electronic fund transfers or other corrections or adjustments to the Account or transactions therein, (ii) overdrafts in the Account or (iii) Bank’s charges, fees and expenses with respect to the Account or the services provided hereunder.
5. Notwithstanding anything to the contrary in this Agreement: (i) Bank shall have only the duties and responsibilities with respect to the matters set forth herein as is expressly set forth in writing herein and shall not be deemed to be an agent, bailee or fiduciary for any party hereto; (ii) Bank shall be fully protected in acting or refraining from acting in good faith without investigation on any notice (including without limitation a Shifting Control Notice), instruction or request purportedly furnished to it by District or Lender in accordance with the terms hereof, in which case the parties hereto agree that Bank has no duty to make any further inquiry whatsoever; (iii) it is hereby acknowledged and agreed that Bank has no knowledge of (and is not required to know) the terms and provisions of the separate agreement referred to in paragraph 1 above or any other related documentation or whether any actions by Lender (including without limitation the sending of a Shifting Control Notice), District or any other person or entity are permitted or a breach thereunder or consistent or inconsistent therewith, (iv) Bank shall not be liable to any party hereto or any other person for any action or failure to act under or in connection with this Agreement except to the extent such conduct constitutes its own willful misconduct or gross negligence (and to the maximum extent permitted by law, shall under no circumstances be liable for any incidental, indirect, special, consequential

or punitive damages); and (v) Bank shall not be liable for losses or delays caused by force majeure, interruption or malfunction of computer, transmission or communications facilities, labor difficulties, court order or decree, the commencement of bankruptcy or other similar proceedings or other matters beyond Bank’s reasonable control.

6. District hereby agrees to indemnify, defend and save harmless Bank against any loss, liability or expense, including reasonable fees and disbursements of counsel (collectively, “Covered Items”), incurred in connection with this Agreement or the Account (except to the extent due to Bank’s willful misconduct or gross negligence) or any interpleader proceeding relating thereto or incurred as a result of following District’s direction or instruction. Lender hereby agrees to indemnify, defend and save harmless Bank against any Covered Items incurred (i) on or after the Effective Time in connection with this Agreement or the Account (except to the extent due to Bank’s willful misconduct or gross negligence) or any interpleader proceeding related thereto, (ii) as a result of following Lender’s direction or instruction (including without limitation Bank’s honoring of a Shifting Control Notice) or (iii) due to any claim by Lender of an interest in the Account or the funds on deposit therein.
7. Bank may terminate this Agreement (i) in its discretion upon the sending of at least thirty (30) days’ advance written notice to the other parties hereto or (ii) because of a material breach by District or Lender of any of the terms of this Agreement or the Account Documentation, upon the sending of at least five (5) days advance written notice to the other parties hereto. Lender may terminate this Agreement in its discretion upon the sending of at least three (3) days advance written notice to the other parties hereto, provided that Bank may shorten or waive the requirement that Lender’s notice be in advance and any such shortening or waiver shall be binding on all parties. Any other termination or any amendment or waiver of this Agreement shall be effected solely by an instrument in writing executed by all the parties hereto. The provisions of paragraphs 5 and 6 above shall survive any such termination.
8. District shall compensate Bank for the opening and administration of the Account and services provided hereunder in accordance with Bank’s fee schedules from time to time in effect. Payment will be effected by a direct debit to the Account.
9. This Agreement: (i) may be signed in any number of counterparts, each of which shall be an original, with the same effect as if the signatures thereto and hereto were upon the same instrument; (ii) shall become effective when counterparts hereof have been signed by the parties hereto; and (iii) **shall be governed by and construed in accordance with the laws of the State of Texas**. All notices under this Agreement shall be in writing and sent (including via emailed pdf or similar file or facsimile transmission) to the parties hereto at their respective addresses, email addresses or fax numbers set forth below (or to such other address, email address or fax number as any such party shall designate in writing to the other parties from time to time).

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the date first above written.

WINNIE STOWELL HOSPITAL DISTRICT				SALT CREEK CAPITAL, LLC			
By:		Date:	June 1, 2021	By:		Date:	June 1, 2021
Name:	Edward Murrell			Name:	Alfred G. Allen, III		
Title:	President			Title:	Manager		
Address for Notices:	P.O. Box 1997, 538 Broadway			Address for Notices:	P.O. Box 930, 455 Elm Street, Suite 100		
	Winnie, Texas 77665				Graham, Texas 76540		
Fax No.:	(409) 296-6326			Fax No.:	(940) 549-5691		
Email Address:	Murrelledward@yahoo.Com			Email Address:	aga@turnerandallen.com		

FIRST FINANCIAL BANK, N.A.			
By:		Date:	June 1, 2021
Name:	Mr. David Bailey		
Title:	Executive Vice President and Senior Lender for the Abilene Region		
Address for other Notices:		Address for Shifting Control and Termination Notices:	
First Financial Bank 400 Pine Street Abilene, Texas 79601 Email: dbailey@ffin.com Fax No.:(325)627-7187		First Financial Bank 400 Pine Street Abilene, Texas 79601 Attention: Mr. David Bailey Email: dbailey@ffin.com Fax No.: (325) 627-7187	

Exhibit C
SHIFTING CONTROL NOTICE

FIRST NATIONAL BANK, N.A.
Attn: Mr. David Bailey
400 Pine St.,
Abilene, Texas, 79601
Fax No.: (325) 627-7187
Email: fbailey@ffin.com

Re: Deposit Account Instruction and Control Agreement (“Agreement”) dated as of June 1, 2021 among the Winnie Stowell Hospital District (“Debtor”), Salt Creek Capital, LLC (“Secured Party”), and First Financial Bank, N.A. relating to Account(s) XXXXXX4846.

Ladies and Gentlemen:

This constitutes a Shifting Control Notice as referred to in paragraph 2 of the Agreement, a copy of which is attached hereto.

SALT CREEK CAPITAL, LLC
By:

Name: Alfred G. Allen, III
Title: Manager

Date: June 1, 2021

EXHIBIT ‘I’

Hubert Oxford IV

From: Hubert Oxford IV
Sent: Thursday, May 20, 2021 1:06 PM
To: Sherrie Norris
Cc: Anthony Stramecki; Bobby Way; 'mo@starcoimpex.com'; Edward Murrell; David Sticker
Subject: Payment to Hospital
Attachments: Post Meeting Summary of RMC Receipts (2021.5.20).xlsx

Sherrie,

After last night, I went back and double checked the numbers for the amounts owed to Riceland for the beds, Covid testing machine, and the four (ventilators) and figured out the amount approved was slightly less than what is owed. The amount due for the hospital is **\$147,279.03** (see Payment Column in the attached on Page 1 originally \$146,206.26), **not** \$146,822.84 (Invoiced Amount Column as discussed last night). There are three (3) reasons for this change.

1. The basis for the payment amount is the “Payment” column, not the “Invoice Amount” column because the Payment column reflects how much of the total invoice is due to the grant. For example, in the invoice below, Riceland paid \$3,000.00 paid of which \$2,346.12 was assigned to the grant.

Vendor	Description			Invoice No.	Invoice Date	Invoice Amount	P
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$3,000.00	6/19/20	60211	S

2. The amount of the invoice to Artex Group changed slightly from \$1,264.00 to \$1301.00 because the payment was made with an American Express, not a wire transfer. We verified this this morning. When you pay with Amex, they charge the purchase 3%.

Vendor	Description			Invoice No.	Invoice Date	Invoice Amount	P
Artec Group Services	6-Resmed Bipap Bi-level Adapt SV (Ventilator)	20200401	4/1/2020	\$1,264.00			

3. Most importantly, my fault, when I ran the totals formula, the formula did not pick up the invoice for Cardinal Health. This was \$1,072.77.

Cardinal Health	Purell Sanitizer (gel) ES 8	7113153014	3/8/2020	\$1,072.77	4/7/20	Unknown	\$1
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	Healthy Soap & Hand sanitizer instant 8 oz						
--	--------------------------------------------	--	--	--	--	--	--

Therefore, the difference in price as to what was approved last night, in red, versus the correct amount also in red is \$456.19 more than we discussed.

Approved Amount:

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	P
Totals				\$146,822.84	

Updated and Correct Amount:

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	P
Totals				\$147,895.61	

I know we are not talking about a bunch of money but we need to make sure it is correct. We can advise the Board at the next meeting but the \$456.19 is within your spending authority. Plus, Ed, Bobby, and Anthony are copied on this e-mail.

If you have any questions, please call me.

Sincerely,
 Hubert Oxford, IV
 Benckenstein & Oxford, L.L.P.
 3535 Calder Avenue, Suite 300
 Beaumont, Texas 77706
 (409) 951-4721 Direct
 (409) 351-0000 Cell
 (409) 833-8819 Fax

CONFIDENTIAL NOTICE

This e-mail transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by the attorney-client privilege. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this e-mail in error, please immediately send a reply and delete the e-mail promptly. If there is any question or difficulty, please notify us by calling us collect at phone number (409) 833-9182.

List of Documents/Receipts
4/21/2021 from Mo at Riceland Medical Center

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	Payment Date	Ck #/Wire	Payments	Notes	
Medical Equipment Solutions	Stryker Hospital 1 Total Care and 7 Secure Hospital Beds	11737	3/25/2020	\$10,200.00	3/27/20	59603	\$10,200.00	Did we agree to pay for beds?	
Artec Group Servies	6-Resmed Bipap Bi-level Adapt SV (Ventilator)	20200401	4/1/2020	\$1,264.00			\$1,301.00	Invoice on page 6. Paid by Amex.	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$3,000.00	6/19/20	60211	\$2,346.42	See page 10	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$15,000.00	6/26/20	60250	\$15,000.00	See page 11	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$21,528.95	7/1/20	60266	\$21,528.95	See page 12	
				\$39,528.95			\$38,875.37	Ventilator's cost \$35,600 plus \$2,962.79 and \$312.58 in taxes and freight	
CardinalHealth	CV19 Med & Sm Gloves	71133996969	3/25/2020	\$1,786.12	4/24/20	Unknown	\$1,786.12	Proof of payment on page 17 of 40.	
CardinalHealth	Purell Sanitizer (gel) ES 8 Healthy Soap & Hand sanitizer instant 8 oz	7113153014	3/8/2020	\$1,072.77	4/7/20	Unknown	\$1,072.77	Proof of payment on page 22 of 40.	
Medline Industries	4 Patient Monitors and 3 Rollstand w/mounting plate (20,543.77)	1908358982	6/15/2020	\$20,543.77	5/15/20	59957	\$5,543.77	4 monitors for ventilators See page 24 of 40.	
		1908358982	5/19/2020	\$15,000.00	5/19/20	59974	\$5,000.00		
		1908358982	5/27/2020	\$10,000.00	5/27/20	60047	\$5,000.00		
		1908358982	6/2/2020	\$5,000.00	6/2/20	60091	\$5,000.00		
				\$20,543.77			\$20,543.77		
Elite Diagnostics LLC	Consulting Services	\$29,000.00	1532	7/6/2020	\$73,500.00	7/8/20	AM EX 5126	\$36,750.00	See page 33-36
				8/1/2020			Credit	-\$360.00	See page 37
	ABI 7500 (Covid Testing)	\$44,500.00		8/1/2020	\$37,110.00	11/9/20	AM EX 1042	\$18,375.00	See page 37-38
		\$73,500.00	1648	9/1/2020	\$18,735.00	11/9/20	AM EX 1042	\$18,735.00	See page 39-40
				\$73,500.00			\$73,500.00		
Totals					\$147,895.61		\$147,279.03		

**List of Documents/Receipts
4/21/2021 from Mo at Riceland Medical Center**

Vendor	Description	Invoice No.	Invoice Date	Invoice Amount	Payment Date	Ck #/Wire	Payments	Notes	
Medical Equipment Solution	Stryker Hospital 1 Total Care and 7 Secure Hospital Beds	11737	3/25/2020	\$10,200.00	3/27/20	59603	\$10,200.00	Did we agree to pay for beds?	
Artec Group Servies	6-Resmed Bipap Bi-level Adapt SV (Ventilator)	20200401	4/1/2020	\$1,264.00			\$1,264.00	Need proof of payment.	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$3,000.00	6/19/20	60211	\$2,346.42	Venillator's cost \$35,600 plus \$2,962.79 and \$312.58 in taxes and freight.	
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$15,000.00	6/26/20	60250	\$15,000.00		
Medline Industries	Cv19-4 Ventilators	1909509019	4/29/2020	\$21,528.95	7/1/20	60266	\$21,528.95		
				\$39,528.95			\$38,875.37		
CardinalHealth	CV19 Med & Sm Gloves	71133996969	3/25/2020	\$1,786.12	4/24/20	Unknown	\$1,786.12	Proof of payment on page 17 of 40.	
CardinalHealth	Purell Sanitizer (gel) ES 8 Healthy Soap & Hand sanitizer instant 8 oz	7113153014	3/8/2020	\$1,072.77	4/7/20	Unknown	\$1,072.77	Proof of payment on page 22 of 40.	
Medline Industries	4 Patient Monitors and 3 Rollstand w/mounting plate (20,543.77)	1908358982	6/15/2020	\$20,543.77	5/15/20	59957	\$5,543.77	4 monitors for ventillators	
		1908358982	5/19/2020	\$15,000.00	5/19/20	59974	\$5,000.00		
		1908358982	5/27/2020	\$10,000.00	5/27/20	60047	\$5,000.00		
		1908358982	6/2/2020	\$5,000.00	6/2/20	60091	\$5,000.00		
				\$20,543.77			\$20,543.77		
Elite Diagnositcs LLC	Consulting Services	\$29,000.00	1532	7/6/2020	\$73,500.00	7/8/20	AM EX 5126	\$36,750.00	See page 33-36
				8/1/2020			Credit	-\$360.00	See page 37
	ABI 7500 (Covid Testing)	\$44,500.00		8/1/2020	\$37,110.00	11/9/20	AM EX 1042	\$18,375.00	See page 37-38
		\$73,500.00	1648	9/1/2020	\$18,735.00	11/9/20	AM EX 1042	\$18,735.00	See page 39-40
					\$73,500.00			\$73,500.00	
	Totals				\$146,822.84			\$146,169.26	



MedEquipSol.com, LLC

Invoice

Medical Equipment Solutions
110 N 13th St
Beaumont, TX 77702

Date	Invoice #
3/25/2020	11737

Bill To
Winnie Community Hospital, LLC 538 Broadway Winnie, TX 77665

Ship To
Winnie Community Hospital, LLC 538 Broadway Winnie, TX 77665

P. O. Number	Terms	Rep	Ship	Via	F.O.B.
153197	Due on receipt	TLP	3/25/2020	MES Truck	77707

Quantity	Item Code	Description	Serial #	Inventory #	Price Ea	Amount
1	Item	Stryker Total Care Hospital Bed			400.00	400.00
7	Item	Stryker Secure Hospital Bed			1,400.00	9,800.00
		Sales Tax			8.25%	0.00

Phone #		Total	\$10,200.00
409-832-0447	Fax # 409-730-3134 Tanya@medequipsold.com	medequipsold.com	

Office use only:

WINNIE COMMUNITY HOSPITAL, LLC

059603

MEDICAL EQUIPMENT SOLUTIONS			Customer #:	Check #: 59603	Check Date: 03/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/25/20	11737	CV19 HOSPITAL BEDS		10,200.00		10,200.00

	10,200.00	0.00	10,200.00
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WINNIE COMMUNITY HOSPITAL, LLC

059603

MEDICAL EQUIPMENT SOLUTIONS			Customer #:	Check #: 59603	Check Date: 03/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
03/25/20	11737	CV19 HOSPITAL BEDS		10,200.00		10,200.00

	10,200.00	0.00	10,200.00
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WINNIE COMMUNITY HOSPITAL, LLC
 538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
 88-112/1113

059603

TEN THOUSAND TWO HUNDRED AND 00 / 100 Dollars

DATE	AMOUNT
03/27/20	***** 10,200.00

PAY TO THE ORDER OF:

MEDICAL EQUIPMENT SOLUTIONS
 110 N 13TH ST

Beaumont TX 77702

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE

⑈059603⑈ ⑆111301122⑆

⑈125110005126⑈

ORIGINAL DOCUMENT MUST BE KEPT IN ORIGINAL ENVELOPE WITH ORIGINAL SIGNATURES AND DATE



MEDICAL EQUIPMENT

SALES ORDER 20200401

April 1, 2020

To:
 Riceland Healthcare Center
 538 Broadway Ave.
 Winnie, Tx, 77665
 Att. Brittany Givens

From:
 Artec Group Services
 6948 NW 50TH ST
 MIAMI, FL 33166
 (305) 884-4533
 (305) 884-4363

CANT	DESCRIPCION	PRECIO UNITARIO	PRECIO TOTAL
6	Resmed Bipap Bi-level Adapt SV (checked)	US \$199	US\$ 1,194
1	Shipping to Winnie Tx (77665) 55 lbs, Ground 3 busisess day	US\$ 70	US\$ 70
	Fob Miami	TOTAL	US\$ 1,264

How can you pay:

- Wire Transfer
 Citibank account # 3200335552
 Beneficiary: Artec Group Services
 Swift code: citiUS33
 ABA#266086554
- Credit Card + 3%

Artec GROUP SERVICES

6948 NW 50th street – Miami, FL 33166
 Phone: 305-884-4533 – Fax: 305-884-4363 – E-mail: pmichel@teccomusa.com



MEDICAL EQUIPMENT

April 2, 2020

To:
 Riceland Healthcare Center
 538 Broadway Ave.
 Winnie, Tx, 77665
 Att. Brittany Givens
 409-273-9133

FROM:
 ARTEC GROUP SERVICES
 6948 NW 50TH ST
 MIAMI, FL 33166
 (305) 884-4533
 (305) 884-4363

Invoice 20200402

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
6	Resmed Bipap Bi-level Adapt SV (checked) SN/ 20070813394 – 20101241890 – 20070138736 – 20080488771 – 20102057094 - 20090226092	US\$ 199	US\$ 1,194
1	Shipping to Winnie Tx (77665) 55 lbs, Ground 3 busisess day	US\$ 70	US\$ 70
Fob Miami		Total	US\$ 1,264
		Total +3%	US\$ 1,301

Payment:

1. WireTransfer
 BANK NAME: CITIBANK
 ACCOUNT #: 3200335552
 BENEFICIARY: ARTEC GROUP SERVICES
 SWIFT CODE: CITIUS33
 ABA #: 266086554
2. Credit Card + 3%
3. Cash

PAID
2020/04/02

ARTEC GROUP SERVICES
 6948 NW 50th street – Miami, FL 33166
 Phone: 305-884-4533 – Fax: 305-884-4363 – E-mail: pmichel@teccomusa.com

Laura Rodriguez

From: Brittany Givens
Sent: Wednesday, April 1, 2020 2:25 PM
To: Laura Rodriguez
Subject: FW: FW: DOTmed Listing #2043958 Bi-level PAP, ADAPT-SV by RESMED
Attachments: SO Riceland Medical Center 20200401.pdf

I need to pay for this with AMEX.

Thanks,

Brittany Givens

PURCHASING MANAGER

WINNIE COMMUNITY HOSPITAL, DBA RICELAND HEALTHCARE
EMAIL: BGIVENS@RICELANDHEALTHCARE.COM CELL: 409-273-9133
WEB: WWW.RICELANDHEALTHCARE.COM

From: Mo Danishmund <mo@starcoimpex.com>
Sent: Wednesday, April 1, 2020 2:23 PM
To: Brittany Givens <bgivens@ricelandhealthcare.com>
Subject: Re: FW: DOTmed Listing #2043958 Bi-level PAP, ADAPT-SV by RESMED

amex

On Wed, Apr 1, 2020 at 1:32 PM Brittany Givens <bgivens@ricelandhealthcare.com> wrote:

How do we want to pay? Wire transfer or AMEX (3% charge).

Are Julie and Laura working? Need to process this today so we don't lose them.

Thanks,

Brittany Givens

PURCHASING MANAGER

WINNIE COMMUNITY HOSPITAL, DBA RICELAND HEALTHCARE
EMAIL: BGIVENS@RICELANDHEALTHCARE.COM CELL: 409-273-9133
WEB: WWW.RICELANDHEALTHCARE.COM

WINNIE COMMUNITY HOSPITAL, LLC

060211

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60211	Check Date: 06/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/25/20	1909184837	CV PACKS		209.46		209.46
04/29/20	1909509019	CV19- 4 VENTILLATORS		2,346.42		2,346.42
05/20/20	1911583348	TEST, LUNG, LATEX-FREE		130.77		130.77
05/20/20	1911583349	CARDIOVASCULAR, DRAPE		205.34		205.34
05/20/20	1911583350	CATH, CLOSED SUCTION		108.01		108.01
				3,000.00	0.00	3,000.00

WINNIE COMMUNITY HOSPITAL, LLC

060211

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60211	Check Date: 06/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/25/20	1909184837	CV PACKS		209.46		209.46
04/29/20	1909509019	CV19- 4 VENTILLATORS		2,346.42		2,346.42
05/20/20	1911583348	TEST, LUNG, LATEX-FREE		130.77		130.77
05/20/20	1911583349	CARDIOVASCULAR, DRAPE		205.34		205.34
05/20/20	1911583350	CATH, CLOSED SUCTION		108.01		108.01
				3,000.00	0.00	3,000.00

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WINNIE COMMUNITY HOSPITAL, LLC
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
88-112/1113

060211

THREE THOUSAND AND 00 / 100 Dollars

PAY
TO THE
ORDER
OF:

MEDLINE INDUSTRIES INC.
THREE LAKES DRIVE

NORTHFIELD IL 60093

DATE	AMOUNT
06/19/20	***** 3,000.00

VOID IF NOT PRESENTED FOR PAYMENT
WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



060211 111301122 125110005126

WINNIE COMMUNITY HOSPITAL, LLC

060250

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60250	Check Date: 06/26/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		15,000.00		15,000.00

15,000.00	0.00	15,000.00

WINNIE COMMUNITY HOSPITAL, LLC

060250

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60250	Check Date: 06/26/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		15,000.00		15,000.00

15,000.00	0.00	15,000.00

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC
 538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
 88-112/1113

060250

DATE	AMOUNT
06/26/20	***** 15,000.00

FIFTEEN THOUSAND AND 00 / 100 Dollars

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.
 THREE LAKES DRIVE
 NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



⑈060250⑈ ⑆111301122⑆ ⑆125110005126⑈

WINNIE COMMUNITY HOSPITAL, LLC

060266

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60266	Check Date: 07/01/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		21,528.95		21,528.95

	21,528.95	0.00	21,528.95
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WINNIE COMMUNITY HOSPITAL, LLC

060266

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60266	Check Date: 07/01/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/29/20	1909509019	CV19- 4 VENTILLATORS		21,528.95		21,528.95

	21,528.95	0.00	21,528.95
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DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC
 538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
 88-112/1113

060266

TWENTY-ONE THOUSAND FIVE HUNDRED TWENTY-EIGHT AND 95 / 100 Dollars

DATE	AMOUNT
07/01/20	***** 21,528.95

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.
 THREE LAKES DRIVE
 NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



⑈060266⑈ ⑆11301122⑆ ⑆125110005126⑈



www.medline.com

ORIGINAL

INVOICE

CUSTOMER PO # 153184	INVOICE DATE 04/29/2020	INVOICE # 1909509019
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SOLD TO:
RICELAND MEDICAL CENTER
538 BROADWAY
WINNIE, TX 77665-7600

SHIP TO:
RICELAND MEDICAL CENTER
538 BROADWAY
WINNIE, TX 77665-7600

Page 1 of 1

SALES REP# 25	SALES ORDER # 502064861	CARRIER VENDOR	FREIGHT TERMS CUSTOMER	CUSTOMER # 1699070	CURRENCY USD	AMOUNT DUE \$38,875.37
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Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
10	4.00	EA	4.00	SQAK03202056A /VENTILLATOR,LIFECARE PLV-102B,CTM,REFURB			8,900.00	35,600.00



GROSS	TAX AMOUNT	FREIGHT	TOTAL
35,600.00	2,962.79	312.58	38,875.37

**

* Code
TE Tax Exempt
C Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386) INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE. MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Vacant-Tina Ridley x7705324

011560P



www.medline.com

REMITTANCE


REMIT TO:
Medline Industries, Inc.
Dept 1080
PO Box 121080
Dallas, TX 75312-1080

Customer # 1699070
Invoice # 1909509019
Invoice Date 04/29/2020
Sales Rep # 25
Payment Terms Net 30
Amount Due \$38,875.37

BILL TO:

MDG2020 0011560 1 AB 0419 01



 RICELAND MEDICAL CENTER
538 BROADWAY
WINNIE, TX 77665-7600

AMOUNT PAID \$ _____

Detach and return this portion with your payment

Check here for address change.
Indicate changes on the back of this form.

000169907019095090190429202000038875370035912580038562790038875370



ADVANCING
THE HEALTH OF
HEALTHCARE.

Three Lakes Drive, Northfield, IL 60093 | 1.800.MEDLINE (633.5463) | medline.com

Customer Quote

Customer: 0001699070
RICELAND MEDICAL CENTER
538 BROADWAY
WINNIE, TX 77665-7600

Date: 03/24/2020
Sales Rep: Swillinger, Jeremy (0026)
jswillinger@MEDLINE.COM

This pricing is valid until 4/23/2020 unless otherwise specified. Exact freight and tax will be added at the time of invoice.

Product #	Product Family Name	Product Description	Pkg / Order UoM	Related Literature	Pkg Price	Quoted Qty	Extended Price
SQAK03202056A	VENTILLATOR,LIFECARE PLV-102B,CTM,REFURB	VENTILLATOR,LIFECARE PLV-102B,CTM,REFURB	1 EA / EA		\$8,900.00	4	\$35,600.00

In some cases, images may be stock and not representative of final product.

Estimated Total \$35,600.00

CARDINAL HEALTH -WCH 11141838

Customer #:

Check #: 20050457

Check Date: 05/04/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
03/11/20	7113316166	TABLE COVER	33.99		33.99
03/12/20	7113387684	TOWEL, CHLORAPREP, ICE BAG, KE	4,961.51		4,961.51
03/13/20	7113429829	SUCTION TUBING, TEAL PREP, SAL	573.19		573.19
03/13/20	7113429830	22x5 SPINAL NEEDLE	346.12		346.12
03/14/20	7113455853	16FR CATHETER FOLEY	206.70		206.70
03/18/20	7113647392	KERLIX	101.24		101.24
03/18/20	7113647393	SUCTION TUBING	44.90		44.90
03/19/20	7113695008	LACERATION TRAY	79.07		79.07
03/22/20	7113821528	IV STARTER KIT, CONE MASK	103.40		103.40
03/25/20	7113996969	CV19 MED GLOVE, SM GLOVE	1,786.12		1,786.12
03/25/20	7113996970	PURELL HAND SOAP	61.33		61.33
			<hr/>		
			8,297.57	0.00	8,297.57

CARDINAL HEALTH -WCH 11141838

Customer #:

Check #: 20050457

Check Date: 05/04/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
03/11/20	7113316166	TABLE COVER	33.99		33.99
03/12/20	7113387684	TOWEL, CHLORAPREP, ICE BAG, KE	4,961.51		4,961.51
03/13/20	7113429829	SUCTION TUBING, TEAL PREP, SAL	573.19		573.19
03/13/20	7113429830	22x5 SPINAL NEEDLE	346.12		346.12
03/14/20	7113455853	16FR CATHETER FOLEY	206.70		206.70
03/18/20	7113647392	KERLIX	101.24		101.24
03/18/20	7113647393	SUCTION TUBING	44.90		44.90
03/19/20	7113695008	LACERATION TRAY	79.07		79.07
03/22/20	7113821528	IV STARTER KIT, CONE MASK	103.40		103.40
03/25/20	7113996969	CV19 MED GLOVE, SM GLOVE	1,786.12		1,786.12
03/25/20	7113996970	PURELL HAND SOAP	61.33		61.33
			<hr/>		
			8,297.57	0.00	8,297.57

EIGHT THOUSAND TWO HUNDRED NINETY-SEVEN AND 57 / 100 Dollars

05/04/20

*****8,297.57

CARDINAL HEALTH -WCH 11141838
 MEDICAL PRODUCTS AND SERVICES
 PO BOX 730112
 Dallas TX 75373



CardinalHealth

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[Payments](#)
[Address Data](#)
[Bank Data](#)
[Automatic Debit Authorization](#)
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WINNIE COMMUNITY HOSPITAL LLC

Confirmation of payment

You have paid the bills listed. We are debiting your bank account FF - BANK16 by:
USD 8,297.57

To access the open bills, click on [Back to Bill List](#).

Bill Description	Due On	Billed Amount	Open	Payment Amount
Invoice G021383517 of 03/25/2020	Apr 24, 2020	USD 1,786.12	USD 1,786.12	USD 1,786.12
Invoice G021340751 of 03/25/2020	Apr 24, 2020	USD 61.33	USD 61.33	USD 61.33
Invoice G021363582 of 03/22/2020	Apr 21, 2020	USD 103.40	USD 103.40	USD 103.40
Invoice G021366993 of 03/19/2020	Apr 18, 2020	USD 79.07	USD 79.07	USD 79.07
Invoice G021362751 of 03/18/2020	Apr 17, 2020	USD 101.24	USD 101.24	USD 101.24
Invoice G021363582 of 03/18/2020	Apr 17, 2020	USD 44.90	USD 44.90	USD 44.90
Invoice G021119503 of 03/14/2020	Apr 13, 2020	USD 206.70	USD 206.70	USD 206.70
Invoice G021362751 of 03/13/2020	Apr 12, 2020	USD 573.19	USD 573.19	USD 573.19
Invoice G021379558 of 03/13/2020	Apr 12, 2020	USD 346.12	USD 346.12	USD 346.12
Invoice G021363582 of 03/12/2020	Apr 11, 2020	USD 4,961.51	USD 4,961.51	USD 4,961.51
Invoice G021331339 of 03/11/2020	Apr 10, 2020	USD 33.99	USD 33.99	USD 33.99

Grand Total USD 8,297.57

Credits USD 0.00

Total Net Payment Amount USD 8,297.57

[Back to Bill List](#)

[Print](#)

INVOICE
 Cardinal Health 200, LLC
 Fed ID# 36-4095179



CUSTOMER: 11141838		BILL TO: 11141838		DATE: 03/25/2020		INVOICE: 7113996969	
SOLD TO: 11141838 WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600 USA				BILL TO: 11141838 Company WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600			
SHIP TO: 21267383 RICELAND SURGERY CENTER 390 N 11TH ST BEAUMONT TX 77702-1802 USA				ORDER METHOD: WEB ORDER PLACED BY: givens_brittany (409-730-8054-216)			

PO: 153141 DELIVERY: 8124807665
 CARDINAL HEALTH ORDER: G021383517

PO Line	Item	Qty	UM	Material	Material Description	Batch/Serial No.	Tax	Unit Price	Extended Price
3	30	10	CS	V8896NB	GLV EXAM NITRILE NP ESTEEM PF SM		Y	82.500	825.00
4	40	10	CS	V8897NB	GLV EXAM NITRILE NP ESTEEM PF MD		Y	82.500	825.00

SUB TOTAL: 1,650.00

PAYER# 11141838
 PAYMENT TERMS: Net 30 Days
 CUSTOMER SERVICE: (800) 964-5227

MERCHANDISE	:	1,650.00
STATE TAX	:	103.12
LOCAL TAX	:	33.00

REMIT TO:
 CARDINAL HEALTH
 MEDICAL PRODUCTS AND SERVICES
 PO BOX 730112
 DALLAS TX 75373-0080
 USA

TOTAL DUE	:	1,786.12
CURRENCY	:	USD
DATE DUE	:	04/24/2020

*TO PAY BY ELECTRONIC FUNDS TRANSFER, PLEASE CONTACT YOUR COLLECTIONS REPRESENTATIVE.
 *PAST DUE BALANCES ARE SUBJECT TO A LATE PAYMENT CHARGE
 *CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACEUTICAL PRODUCTS PURCHASED FROM CARDINAL HEALTH INTO THE SECONDARY MARKET

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME OF THE PRODUCTS LISTED ON THIS INVOICE MAY BE SUBJECT TO ADDITIONAL DISCOUNTS OR REBATES. PLEASE REFER TO YOUR CONTRACT FOR ANY SPECIFIC ADDITIONAL DISCOUNTS OR REBATES THAT MAY APPLY TO THESE PURCHASES. YOU MAY HAVE AN OBLIGATION PURSUANT TO 42 USC §1320a-7b TO REPORT DISCOUNTS AND REBATES TO MEDICARE, MEDICAID OR OTHER GOVERNMENTAL HEALTH CARE PROGRAMS.

INVOICE
 Cardinal Health 200, LLC
 Fed ID# 36-4095179



CUSTOMER: 11141838	BILL TO: 11141838	DATE: 03/08/2020	INVOICE: 7113153014
SOLD TO: 11141838 WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600 USA		BILL TO: 11141838 Company WINNIE COMMUNITY HOSPITAL LLC RICELAND MEDICAL CENTER 538 BROADWAY WINNIE TX 77665-7600	
SHIP TO: 21267383 RICELAND SURGERY CENTER 390 N 11TH ST BEAUMONT TX 77702-1802 USA		ORDER METHOD: WEB ORDER PLACED BY: givens_brittany (409-730-8054-216)	

PO: 153112 DELIVERY: 8123962013 8123963833
 CARDINAL HEALTH ORDER: G021340751

PO Line	Item	Qty	UM	Material	Material Description	Batch/Serial No.	Tax	Unit Price	Extended Price
1	31	20	CS	7763-02	PURELL SANITIZER - GEL		N	23.220	464.40
2	32	18	CS	7775-02	PURELL ES 8 HEALTHY SOAP ULTRA MILD		Y	28.330	509.94
3	30	2	CS	93060	HAND SANITIZER INSTANT 8 OUNCE		N	28.180	56.36

SUB TOTAL: 1,030.70

PAYER# 11141838
 PAYMENT TERMS: Net 30 Days
 CUSTOMER SERVICE: (800) 964-5227

MERCHANDISE	:	1,030.70
STATE TAX	:	31.88
LOCAL TAX	:	10.19

REMIT TO:
 CARDINAL HEALTH
 MEDICAL PRODUCTS AND SERVICES
 PO BOX 730112
 DALLAS TX 75373-0080
 USA

TOTAL DUE	:	1,072.77
CURRENCY	:	USD
DATE DUE	:	04/07/2020

*TO PAY BY ELECTRONIC FUNDS TRANSFER, PLEASE CONTACT YOUR COLLECTIONS REPRESENTATIVE.
 *PAST DUE BALANCES ARE SUBJECT TO A LATE PAYMENT CHARGE
 *CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACEUTICAL PRODUCTS PURCHASED FROM CARDINAL HEALTH INTO THE SECONDARY MARKET

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE.SOME OF THE PRODUCTS LISTED ON THIS INVOICE MAY BE SUBJECT TO ADDITIONAL DISCOUNTS OR REBATES.PLEASE REFER TO YOUR CONTRACT FOR ANY SPECIFIC ADDITIONAL DISCOUNTS OR REBATES THAT MAY APPLY TO THESE PURCHASES.YOU MAY HAVE AN OBLIGATION PURSUANT TO 42 USC §1320a-7b TO REPORT DISCOUNTS AND REBATES TO MEDICARE. MEDICAID OR OTHER GOVERNMENTAL HEALTH CARE PROGRAMS.

Riceland Healthcare
Paid Invoice Report

Application Code: AP

User Login Name: Imartinez

Vendor Number	Vendor Name	Invoice Number	Invoice Date	Check Number	Check Type	Check Date	Bank Code	Amount Paid	Discount Taken
001764	CARDINAL HEALTH -WCI	7113013340	03/04/20	20040618	C	04/06/20	16	4,785.92	0.00
		7113140465	03/07/20	20040618	C	04/06/20	16	259.77	0.00
		7113153014	03/08/20	20040618	C	04/06/20	16	1,072.77	0.00
		7113153015	03/08/20	20040618	C	04/06/20	16	260.82	0.00
		7113187190	03/09/20	20040618	C	04/06/20	16	243.26	0.00
		Vendor Total:							
Grand Total:								6,622.54	0.00

Report Order: Vendor No. Order

Check Date: From 06/06/54 To: 10/25/28

Check No: From 20040618 To: 20040618

Vendor No: From 000932 To: AR99

Include GL Detail: No



CardinalHealth

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WINNIE COMMUNITY HOSPITAL LLC

Confirmation of payment

You have paid the bills listed. We are debiting your bank account FF - BANK16 by:
USD 6,622.54

To access the open bills, click on [Back to Bill List](#).

Bill Description	Due On	Billed Amount	Open	Payment Amount
Invoice G021366993 of 03/09/2020	Apr 8, 2020	USD 243.26	USD 243.26	USD 243.26
Invoice G021340751 of 03/08/2020	Apr 7, 2020	USD 1,072.77	USD 1,072.77	USD 1,072.77
Invoice 1070751904 of 03/08/2020	Apr 7, 2020	USD 260.82	USD 260.82	USD 260.82
Invoice G021362751 of 03/07/2020	Apr 6, 2020	USD 259.77	USD 259.77	USD 259.77
Invoice G021362751 of 03/04/2020	Apr 3, 2020	USD 4,785.92	USD 4,785.92	USD 4,785.92

Grand Total USD 6,622.54

Credits USD 0.00

Total Net Payment Amount USD 6,622.54

[Back to Bill List](#) [Print](#)

ORIGINAL



www.medline.com

INVOICE

CUSTOMER PO # 153194	INVOICE DATE 04/17/2020	INVOICE # 1908358982
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SOLD TO:
 RICELAND MEDICAL CENTER
 538 BROADWAY
 WINNIE, TX 77665-7600

SHIP TO:
 RICELAND MEDICAL CENTER **
 538 BROADWAY
 WINNIE, TX 77665-7600

Page 1 of 1

SALES REP# 25	SALES ORDER # 502421951	CARRIER VENDOR	FREIGHT TERMS CUSTOMER	CUSTOMER # 1699070	CURRENCY USD	AMOUNT DUE \$20,543.77
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Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
10	4.00	EA	4.00	DRE3286249F /MONITOR,PATIENT,PASSPORT V,CUSTOM,REFUR			4,406.33	17,625.32
20	4.00	EA	4.00	DRE6600RDM /ROLLSTAND,MINDRAY,W/ MOUNTING PLATE			298.19	1,192.76
			GROSS	TAX AMOUNT	FREIGHT	TOTAL		**
			18,818.08	1,565.69	160.00	20,543.77		



** Special Ship-To

* Code
 TE Tax Exempt
 C Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8385) INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE. MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

003041P

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Vacant-Tina Ridley x7705324



www.medline.com

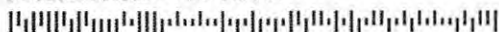
REMITTANCE

REMIT TO:
 Medline Industries, Inc.
 Dept 1080
 PO Box 121080
 Dallas, TX 75312-1080

Customer # 1699070
 Invoice # 1908358982
 Invoice Date 04/17/2020
 Sales Rep # 25
 Payment Terms Net 30
 Amount Due **\$20,543.77**

BILL TO:

MDG2020 0003041 1 MB 0439 01



RICELAND MEDICAL CENTER
 538 BROADWAY
 WINNIE, TX 77665-7600

AMOUNT PAID \$ _____

Detach and return this portion with your payment

Check here for address change.
 Indicate changes on the back of this form.

000169907019083589820417202000020543770018978080020383770020543773

WINNIE COMMUNITY HOSPITAL, LLC

059957

MEDLINE INDUSTRIES INC.

Customer #:

Check #: 59957 Check Date: 05/15/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,543.77		5,543.77
04/21/20	1908582762	CV19 SUCTION ASPIRATOR	769.48		769.48

6,313.25 0.00 6,313.25

WINNIE COMMUNITY HOSPITAL, LLC

059957

MEDLINE INDUSTRIES INC.

Customer #:

Check #: 59957 Check Date: 05/15/20

Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,543.77		5,543.77
04/21/20	1908582762	CV19 SUCTION ASPIRATOR	769.48		769.48

6,313.25 0.00 6,313.25

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

059957



WINNIE COMMUNITY HOSPITAL, LLC
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
88-112/1113

DATE AMOUNT

SIX THOUSAND THREE HUNDRED THIRTEEN AND 25 / 100 Dollars

05/15/20 ***** 6,313.25

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.
THREE LAKES DRIVE

NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



059957 1113011221 125110005126

WINNIE COMMUNITY HOSPITAL, LLC

059974

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 59974	Check Date: 05/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI		5,000.00		5,000.00

	5,000.00	0.00	5,000.00
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WINNIE COMMUNITY HOSPITAL, LLC

059974

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 59974	Check Date: 05/19/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI		5,000.00		5,000.00

	5,000.00	0.00	5,000.00
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DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC
 538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
 88-112/1113

059974

DATE	AMOUNT
------	--------

FIVE THOUSAND AND 00 / 100 Dollars

05/19/20	***** 5,000.00
----------	----------------

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.
 THREE LAKES DRIVE
 NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



⑈059974⑈ ⑆111301122⑆ ⑆125110005126⑈

060047

WINNIE COMMUNITY HOSPITAL, LLC

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60047	Check Date: 05/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI		5,000.00		5,000.00

5,000.00	0.00	5,000.00

WINNIE COMMUNITY HOSPITAL, LLC

060047

MEDLINE INDUSTRIES INC.			Customer #:	Check #: 60047	Check Date: 05/27/20	
Inv. Date	Invoice No	Description		Gross	Discount	Net
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI		5,000.00		5,000.00

5,000.00	0.00	5,000.00

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

060047



WINNIE COMMUNITY HOSPITAL, LLC
 538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
 88-112/1113

	DATE	AMOUNT
--	------	--------

FIVE THOUSAND AND 00 / 100 Dollars

	05/27/20	***** 5,000.00
--	----------	----------------

PAY TO THE ORDER OF:

MEDLINE INDUSTRIES INC.
 THREE LAKES DRIVE
 NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE



⑈060047⑈ ⑆111301122⑆ ⑆125110005126⑈

WINNIE COMMUNITY HOSPITAL, LLC

060091

MEDLINE INDUSTRIES INC.		Customer #:	Check #: 60091	Check Date: 06/02/20	
Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908305201	CV19 OXYGEN FLOWMETER, BYI	1,167.39		1,167.39
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,000.00		5,000.00
			6,167.39	0.00	6,167.39

WINNIE COMMUNITY HOSPITAL, LLC

060091

MEDLINE INDUSTRIES INC.		Customer #:	Check #: 60091	Check Date: 06/02/20	
Inv. Date	Invoice No	Description	Gross	Discount	Net
04/17/20	1908305201	CV19 OXYGEN FLOWMETER, BYI	1,167.39		1,167.39
04/17/20	1908358982	CV19 PASSPORT VITAL MONITOI	5,000.00		5,000.00
			6,167.39	0.00	6,167.39

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX



WINNIE COMMUNITY HOSPITAL, LLC
538 BROADWAY AVENUE • WINNIE, TX 77665

First Financial Bank NA
88-112/1113

060091

SIX THOUSAND ONE HUNDRED SIXTY-SEVEN AND 39 / 100 Dollars

DATE: 06/02/20 AMOUNT: ***** 6,167.39

PAY TO THE ORDER OF: MEDLINE INDUSTRIES INC.
THREE LAKES DRIVE
NORTHFIELD IL 60093

VOID IF NOT PRESENTED FOR PAYMENT
WITHIN 180 DAYS FROM DATE HEREOF

AUTHORIZED SIGNATURE

⑈060091⑈ ⑆111301122⑆ ⑆125110005126⑈



Medline Industries Inc.
 Three Lakes Drive
 Northfield, IL 60093
 1-800-MEDLINE
 www.medline.com

Account #	1699070
Name	Riceland Health Care
Address	
City, State	
Medline Rep	Jeremy Swillinger
Quote Date	March 25, 2020
QUOTE IS VALID FOR 30 DAYS	

Item Number	Description	Qty	UOM	Sell Price	Extended Sell
TBD - DRE3286249F	Option 3 With Battery Backup and Built-In Non-Proprietary Etco2: Mindray Passport V Patient Monitor With Sidestream Etco2 - Fully Refurbished To Include: ECG/Resp, Masimo Spo2, Nibp, Temp, Pressure and Printer. One Year Mail-In Warranty	4	EACH	\$ 4,406.33	\$ 17,625.33
TBD - DRE6600RDM	Rollstand: Rollstand and Basket With Mindray Mounting Plate	4	EACH	\$ 298.19	\$ 1,192.76
				TOTAL=	\$ 18,818.09
Shipping					
Estimated Shipping - \$165 For 4 Monitors and 4 Rollstands		1	EACH	TBD	TBD
Notes					

I have carefully reviewed the summary above and agreed that the configurations and pricing are correct and as agreed upon. This Agreement may be signed in counterparts and may be amended only by a writing signed by both parties. The commercial terms of Customer's purchases, including price, shall be separately negotiated and agreed to by the parties. This agreement is binding on and inures to the benefit of each party's successors and assigns. This agreement is governed by Illinois law.

PO Number:	Customer Name:	Customer Signature:	Date:

REFURBISHED CAPITAL - TERMS AND CONDITIONS

Customer acknowledges and agrees as follows:

No-Return Policy

The products on this quote are "custom" products, meaning, they have been specified by Customer and/or they have been specially ordered and/or built by Medline for Customer, and there is no other readily available market or purchaser for them. Once Customer places a purchase order for the custom products, such orders are non-cancellable/non-returnable and Customer shall have a binding obligation to take and pay for the custom products, except for any such product that is defective. The Customer is responsible for noting any damages and/or shortages on the delivery receipt and must contact Medline Return Goods Dept within 48hrs of the delivery date. Without limiting the generality of the foregoing, Customer must take and pay for custom product ordered according to obsolete specification, if Customer approved and ordered according to those specifications.

Delivery Policy

All shipments are FOB, Customer is responsible and will be billed separately for freight costs, unless otherwise noted. Standard lead times are 2 to 3 weeks based on availability of materials. Medline shall not be responsible for custom product unavailability and backorders, even if orders for such products have been accepted by Medline. Medline will provide non-binding estimates of delivery dates and will use commercially reasonable efforts to satisfy those dates

Freight Estimate Policy

Estimated delivered prices are contingent on actual transportation quotes and are estimated based on best information available. Liftgate and inside services are available at an additional charge. Customer is responsible for notifying Medline of all shipping requirements. All freight quotes are ESTIMATES ONLY and are subject to vary when product actually ships. All orders are C Freight, invoiced as a separate line item, unless requested otherwise.

Other documentation

The customer is responsible for all permit and/or approval requirements that may apply to installation. Medline makes no representations or warranties concerning permits, approvals or other legal requirements.



Riceland

HEALTHCARE™

PURCHASE ORDER

Vendor Name:

MEDLINE INDUSTRIES INC.

Bill To :

Riceland Healthcare, 538 Broadway Ave, Winnie TX 77665

Ship To :

RICELAND MEDICAL CENTER, 538 BROADWAY AVE., WINNIE TX 77665

Department/Location:

ADMINISTRATION

DATE: 3/24/2020
PO #: 153192

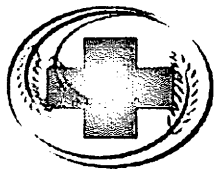
SUBTOTAL \$5,779.56
DISCOUNT
SHIPPING
SALES TAX
TOTAL \$5,779.56

(APPROVAL STAMP HERE)

(APPROVAL STAMP HERE)

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
4	715-PM60	Precision Medical Portable Suction Machine	\$249.49	\$997.96
6	36-19912	Gibeck HME (25/CS)	\$286.15	\$1,716.90
2	108-2208A007	Avanos Medical In-line Suction Catheter (20/CS)	\$815.73	\$1,631.46
2	301-TA3001EA	Ventilator Circuit (20/CS)	\$186.34	\$372.68
2	70-46440LH	Smiths Blood gas kit	\$158.04	\$316.08
4	792-4-0050-50	Sun Medical Test Lung	\$30.20	\$120.80
4	203-R127P35	Maxtec 15' Oxygen Hose	\$119.57	\$478.28
4	21-15002-03	Oxygen Flow meter w 50psi PTO	\$36.35	\$145.40
		(For the four ventilators)		\$0.00





Riceland

HEALTHCARE™

PURCHASE ORDER

Order Has Been Placed

On: 3/11/2020

By: lcook@ricelandhealthcare.com

Total Items Ordered 25

Total Items Received 25

All Items Received

Vendor Name:

MCKESSON MEDICAL SURGICAL -
RLH 54575237

Bill To :

Riceland Healthcare, 538 Broadway Ave, Winnie TX 77665

Ship To :

RICELAND REGENTS PARK CLINIC, 85 IH 10 N, SUITE 112, BEAUMONT TX
77707

Department/Location:

ADMINISTRATION

DATE: 3/6/2020
PO #: 153113

SUBTOTAL \$696.88
DISCOUNT
SHIPPING
SALES TAX
TOTAL \$696.88

(APPROVAL STAMP HERE)

(APPROVAL STAMP HERE)

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL	QTY RECVD	RECVD DATE
6	928733	SANI-WIPES XLG	\$35.53	\$213.18	6	3/11/2020
<input checked="" type="checkbox"/> 2	297456	SANI-WIPES	\$59.69	\$119.38	2	3/11/2020
<input checked="" type="checkbox"/> 2	1103353	GERMICIDE CLEANER	\$57.39	\$114.78	2	3/11/2020
<input checked="" type="checkbox"/> 1	567815	FACIAL TISSUE	\$39.77	\$39.77	1	3/11/2020
<input checked="" type="checkbox"/> 1	60594	FACIAL TISSUE	\$30.50	\$30.50	1	3/11/2020
<input checked="" type="checkbox"/> 4	895545	SMALL NITRILE GLOVES	\$13.79	\$55.16	4	3/9/2020
<input checked="" type="checkbox"/> 4	895546	MED NITRILE GLOVES	\$13.79	\$55.16	4	3/10/2020
<input checked="" type="checkbox"/> 4	895547	LARGE NITRILE GLOVES	\$13.79	\$55.16	4	3/13/2020
<input checked="" type="checkbox"/> 1	895548	XL NITRILE GLOVES	\$13.79	\$13.79	1	3/10/2020



Elite Diagnostics LLC
 9731 Southern Pine Blvd
 Charlotte, NC 28273 US
 980-365-8761
 www.elitediagnostics.com

Contract Overview



ADDRESS

Hemarani Sivarajan
 Winnie Community Hospital, LLC

Contract #	DATE
1011	07/24/2020

DATE	ACTIVITY	QTY	RATE	AMOUNT
	Consulting Services	1	29,000.00	29,000.00
	Pre-owned ABI 7500 (inc. Shipping, Install, IQ/OQ and 1 year service plan)	1	44,500.00	44,500.00
TOTAL				\$73,500.00

Fw: Invoice 1532 from Elite Diagnostics LLC

Noushad Hussain <noushad@ricelandhealthcare.com>

Wed 7/8/2020 10:12 AM

To: Julie Haire <jhaire@ricelandhealthcare.com>

Cc: Zara Jiwani <zjiwani@ricelandhealthcare.com>; Julie Melancon <jmelancon@ricelandhealthcare.com>

📎 1 attachments (36 KB)

Invoice_1532_from_Elite_Diagnostics_LLC.pdf;

Hi Julie

Please pay the attached invoice today.

Thank you

Noushad

From: Elite Diagnostics LLC <quickbooks@notification.intuit.com>

Sent: Monday, July 6, 2020 10:25 AM

To: Hemarani Sivarajan <hsivarajan@ricelandhealthcare.com>

Subject: Invoice 1532 from Elite Diagnostics LLC

INVOICE 1532



ELITE DIAGNOSTICS
YOUR PRACTICE. YOUR LAB

Elite Diagnostics LLC

Dear Hemarani Sivarajan,

Here's your invoice! We appreciate your prompt payment.

Thanks for your business!

Elite Diagnostics LLC

DUE 08/01/2020

\$36,750.00

Review and pay

Powered by QuickBooks

Elite Diagnostics LLC

9731 Southern Pine Blvd Charlotte, NC 28273 US

980-365-8761 www.elitediagnostics.com

Elite Diagnostics LLC
 9731 Southern Pine Blvd
 Charlotte, NC 28273 US
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Invoice



BILL TO
Hemarani Sivarajan Winnie Community Hospital, LLC

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1532	07/06/2020	\$36,750.00	08/01/2020	Due on receipt	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Validation Consulting and Equipment Sale	1	36,750.00	36,750.00

BALANCE DUE **\$36,750.00**



Payment receipt

You paid \$36,750.00

to Elite Diagnostics LLC on 7/8/2020

Invoice no.	1532
Invoice amount	\$36,750.00
Total	\$36,750.00

Payment method	*****5126
Transaction ID	AOCGUMWT



Elite Diagnostics LLC

980-365-8761

www.elitediagnostics.com |
mark.roth@elitediagnostics.com

9731 Southern Pine Blvd, Charlotte, NC 28273

Elite Diagnostics LLC
 9731-J Southern Pine Blvd
 Charlotte, NC 28273 US
 +1 9803658794
 www.elitediagnostics.com

Invoice



BILL TO
 Hemarani Sivarajan
 Winnie Community Hospital, LLC

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1565	08/01/2020	\$18,375.00	08/31/2020	Net 30	

DATE	ACCOUNT SUMMARY	AMOUNT
07/06/2020	Balance Forward	36,750.00
08/01/2020	Payments and credits already applied to this invoice	-360.00
	Other payments and credits after 07/06/2020 through 07/31/2020	-36,750.00
08/01/2020	Other invoices from this date	0.00
	New charges (details below)	18,735.00
	Total Amount Due	18,375.00

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Validation Consulting and Equipment Sale (Installment 2 of 3)	1	18,735.00	18,735.00

TOTAL OF NEW CHARGES 18,735.00
BALANCE DUE \$18,375.00

Sum! Dan!



Payment receipt

You paid \$18,375.00

to Elite Diagnostics LLC on November 9, 2020

Invoice no.	1565
Invoice amount	\$18,735.00
Total	\$18,375.00

Payment method	AMEX****1042
Authorization ID	PH0060609796

 **ELITE DIAGNOSTICS**
YOUR PRACTICE. YOUR IAG.
Elite Diagnostics LLC

1 9803658794

www.elitediagnostics.com |
brendan.bioren@elitediagnostics.com

9731-J Southern Pine Blvd, Charlotte, NC
28273

Elite Diagnostics LLC
 9731-J Southern Pine Blvd
 Charlotte, NC 28273 US
 +1 9803658794
 www.elitediagnostics.com

Invoice



BILL TO
 Hemarani Sivarajan
 Winnie Community Hospital, LLC

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1648	09/01/2020	\$37,110.00	10/01/2020	Net 30	

DATE	ACCOUNT SUMMARY	AMOUNT
08/01/2020	Balance Forward	18,735.00
	Other payments and credits after 08/01/2020 through 08/31/2020	0.00
09/01/2020	Other invoices from this date	0.00
	New charges (details below)	18,375.00
	Total Amount Due	37,110.00

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Validation Consulting and Equipment Sale (Installment 3 of 3)	1	18,375.00	18,375.00

TOTAL OF NEW CHARGES 18,375.00
 BALANCE DUE **\$37,110.00**



Payment receipt

You paid \$18,375.00

to Elite Diagnostics LLC on November 9, 2020

Invoice no.	1648
Invoice amount	\$18,375.00
Total	\$18,375.00

Payment method	AMEX****1042
Authorization ID	PH0060609998

 **ELITE DIAGNOSTICS**
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Elite Diagnostics LLC

1 9803658794

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