

Exhibit “A-1”

Winnie-Stowell Hospital District
Balance Sheet
As of June 30, 2021

	Jun 30, 21
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	391,071.64
102 Prosperity Bank - CD#0447	109,622.49
104b Allegiance Bank -CD#6434	6,009,554.47
105 TexStar	690,441.52
108 Allegiance Bank NH Combined	2,843,010.21
109 First Financial Bank	10,539,504.30
Total Checking/Savings	20,583,204.63
Other Current Assets	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	10,541,644.71
118 Prepaid Expense	33,989.65
119 Prepaid IGT	15,236,743.48
Total Other Current Assets	55,553,457.54
Total Current Assets	76,136,662.17
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	76,292,560.12
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	2,850,323.21
201 NHP Accounts Payable	2,335,539.95
210.18 Loan Payable 18 QIPP 4	5,609,296.00
210.19 Loan Payable 19 QIPP 5	11,786,158.80
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	575.70
240 Accounts Payable NH	24,723,140.64
Total Other Current Liabilities	52,914,693.08
Total Current Liabilities	52,914,693.08
Total Liabilities	52,914,693.08
Equity	
300 Net Assets, Capital, net of	155,897.63
310 Net Assets-Unrestricted	19,766,358.13
Net Income	3,455,611.28
Total Equity	23,377,867.04
TOTAL LIABILITIES & EQUITY	76,292,560.12

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

As of June 30, 2021

Accrual Basis

	Jan - Jun 21	Budget	\$ Over Budget	% of Budget
Income				
400 Sales Tax Revenue	310,418.79	650,000.00	-339,581.21	47.8%
405 Investment Income	10,277.95	46,000.00	-35,722.05	22.3%
409 Tobacco Settlement	12,313.73	13,200.00	-886.27	93.3%
415 Nursing Home - QIPP Program	24,502,766.04	49,379,998.72	-24,877,232.68	49.6%
Total Income	24,835,776.51	50,089,198.72	-25,253,422.21	49.6%
Gross Profit	24,835,776.51	50,089,198.72	-25,253,422.21	49.6%
Expense				
500 Admin-Administrative Salary	31,000.02	63,000.00	-31,999.98	49.2%
502 Admin-Administrative Assnt	4,342.50			
504 Admin-Administrative PR Tax	2,892.65	5,500.00	-2,607.35	52.6%
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	10,593.75	25,000.00	-14,406.25	42.4%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	6,000.00	25,000.00	-19,000.00	24.0%
550 Admin-D&O / Liability Ins.	11,863.75	9,601.04	2,262.71	123.6%
560 Admin-Cont Ed, Travel	3,187.00	5,000.00	-1,813.00	63.7%
561 Admin-Cont Ed-Medical Pers.	900.84	5,000.00	-4,099.16	18.0%
562 Admin-Travel&Mileage Reimb.	689.56	1,500.00	-810.44	46.0%
569 Admin-Meals	421.88	1,000.00	-578.12	42.2%
570 Admin-District/County Prom	60.94	2,500.00	-2,439.06	2.4%
571 Admin-Office Supp. & Exp.	4,655.91	4,500.00	155.91	103.5%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	1,570.39	2,776.00	-1,205.61	56.6%
575 Admin-Cell Phone Reimburse	900.00	1,800.00	-900.00	50.0%
576 Admin-Telephone/Internet	1,291.70	3,000.00	-1,708.30	43.1%
591 Admin-Notices & Fees	1,112.00	2,600.00	-1,488.00	42.8%
592 Admin Office Rent	2,040.00	4,080.00	-2,040.00	50.0%
593 Admin-Utilities	1,834.37	3,600.00	-1,765.63	51.0%
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	2,429.00	6,000.00	-3,571.00	40.5%
600 East Chambers ISD Partnersh	90,000.00	180,000.00	-90,000.00	50.0%
601 IC-Pmt to Hosp (Indigent)	482,620.58	550,330.00	-67,709.42	87.7%
602 IC-WCH 1115 Waiver Prog	25,956.05	75,000.00	-49,043.95	34.6%
603a IC-Pharmaceutical Costs	16,154.39	60,000.00	-43,845.61	26.9%
604a IC-Non Hosp Cost-Other	1,447.51	5,000.00	-3,552.49	29.0%
604b IC-Non Hosp Costs UTMB	55,806.13	200,000.00	-144,193.87	27.9%
605 IC-Office Supplies/Postage	110.00	500.00	-390.00	22.0%
607 WSHD Non-Hospital - Grants	22,092.91	223,000.00	-200,907.09	9.9%
608 IC-Non Hosp Costs-Specl Pro	620.00	25,000.00	-24,380.00	2.5%
611 IC-Indigent Care Dir Salary	25,999.98	52,000.00	-26,000.02	50.0%
612 IC-Payroll Taxes -Ind Care	2,127.57	4,000.00	-1,872.43	53.2%
615 IC-Software	6,654.00	13,308.00	-6,654.00	50.0%
616 IC-Travel	63.39	700.00	-636.61	9.1%
617 Youth Programs	4,995.00	6,300.00	-1,305.00	79.3%
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	6,208,670.22	12,647,841.68	-6,439,171.46	49.1%
631 NH Program-IGT	11,796,480.39	24,084,314.36	-12,287,833.97	49.0%
632 NH Program-Telehealth Fees	79,877.46	219,941.65	-140,064.19	36.3%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	91,751.26	220,000.00	-128,248.74	41.7%
635 NH Program-LTC Fees	900,000.00	1,872,000.00	-972,000.00	48.1%
637 NH Program-Interest Expense	1,459,594.72	2,868,496.00	-1,408,901.28	50.9%
638 NH Program-Bank Fees & Misc	163.89	300.00	-136.11	54.6%

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

Accrual Basis

As of June 30, 2021

	Jan - Jun 21	Budget	\$ Over Budget	% of Budget
639 NH Program-Appraisal	17,175.00	7,500.00	9,675.00	229.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
Total Expense	21,380,165.23	43,702,040.73	-22,321,875.50	48.9%
Net Income	3,455,611.28	6,387,157.99	-2,931,546.71	54.1%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, July 28, 2021					
Pending Expenses	For	Amount	Funds Summary		Totals
Brookshire Brothers	Indigent Care	\$1,361.79	Prosperity Operating (Unrestricted)		\$415,422.56
Wilcox Pharmacy	Indigent Care	\$1,672.73	First Financial (Restricted)		\$8,816,355.98
UTMB at Galveston	Indigent Care	\$14,495.22	First Financial (Unrestricted-Still owed \$978,373.36)		\$4,085,616.60
UTMB Faculty Group	Indigent Care	\$3,491.15	Prosperity CD		\$109,622.49
Indigent Healthcare Solutions	IC Inv #72098	\$1,109.00	TexStar		\$690,441.52
American Education Services	S Stern-Student Loan	\$150.14	Allegiance Bank LOC (Available)		\$400,259.00
Nicki Holtzman	Youth Counseling	\$765.00	Cash Position (Less Interbank Restricted)		\$5,701,362.17
Benjamin Odom	Youth Counseling	\$255.00	Pending Expenses		(\$46,162.79)
Chambers Cty PHD#1	IC Dental	\$210.00	Ending Balance (Less expenses)		\$5,655,199.38
Benckenstein & Oxford	Inv #50155	\$13,325.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)		\$12,242,868.21
Hubert Oxford	Legal Retainer	\$1,000.00			
David Sticker	Inv #57	\$1,312.50			
Technology Solutions of Tx	Inv #1603	\$75.00			
Felipe Ojedia-Yard Service	Inv #1014	\$300.00			
Graciela Chavez-Office Cleaning	Inv #	\$100.00			
Function4	Inv #871450	\$249.84			
Bonds & Ellis (Clay Taylor)	Inv #12504 (In re Abri)	\$4,787.50			
Barrier Reef Emergency Physician	Indigent Care	\$214.32			
Dr. June Stansky Optometrist	IC Special Program	\$240.00			
\$25 Optical	IC Special Program	\$175.00			
Bobby Way	Travel Reimb	\$291.20			
Anthony Stramecki	Travel Reimb	\$291.20			
Kasey Vratiss	Travel Reimb	\$291.20			
Total Pending Expenses		\$46,162.79			

Last Month	
Prosperity Operating (Unrestricted)	\$588,068.45
First Financial (Restricted)	\$6,408,340.69
First Financial (Unrestricted)	\$3,440,289.06
Prosperity CD	\$109,515.67
TexStar	\$690,435.82
Allegiance Bank LOC (Available)	\$400,259.00
Cash Position (Less Interbank Restricted)	\$5,228,568.00
Pending Expenses	-\$186,074.24
Ending Balance (Less expenses)	\$5,042,493.76

First Financial Bank Reconciliations

	Balances	Total Due	Balance Received	Balance Due	Due to District
FFB Balance July 26	\$12,901,972.58				
	\$12,901,972.58				
IGT 8, QIPP Year 4 (Public Only)					
Component 1-March (3rd Quarter)	\$1,741,882.60	\$1,741,882.60	\$1,741,882.60	\$0.00	\$1,741,882.60
Component 1-April (3rd Quarter)	\$1,708,705.03	\$1,708,705.03	\$1,708,705.03	\$0.00	\$1,708,705.03
Component 1-May (3rd Quarter)	\$1,698,629.79	\$1,698,629.79	\$1,698,629.79	\$0.00	\$1,698,629.79
Component 1-June (4th Quarter)	\$877,134.89	\$1,584,803.21	\$877,134.89	\$707,668.32	\$1,584,803.16
Total Component 1, IGT 8	\$6,026,352.31	\$6,734,020.63	\$6,026,352.31	\$707,668.32	\$6,734,020.58
Loan 18 Set Aside (Salt Creek & Allegiance)					
Loan 18 Payment-March (3rd Quarter)	\$1,741,882.60	\$1,741,882.60	\$1,741,882.60	\$0.00	\$1,741,882.60
Loan 18 Payment-April (3rd Quarter)	\$1,708,705.03	\$1,708,705.03	\$1,708,705.03	\$0.00	\$1,708,705.03
Loan 18 Payment-May (3rd Quarter)	\$1,698,629.79	\$1,698,629.79	\$1,698,629.79	\$0.00	\$1,698,629.79
Loan 18 Payment-June (4th Quarter)	\$877,134.89	\$1,584,803.21	\$877,134.89	\$707,668.32	\$1,584,803.16
Total Loan 18 Set Aside	\$6,026,352.31	\$6,734,020.63	\$6,026,352.31	\$707,668.32	\$6,734,020.58
Component 2 (Public & Private)					
Y4/Q3-Comp. 2-May due to MGRs.	\$182,685.69	\$312,119.75	\$312,119.75	\$0.00	\$129,434.06
Y4/Q4-Comp. 2-June due to MGRs.	\$161,769.39	\$292,263.75	\$161,769.31	\$130,494.44	\$119,506.07
Total Component 2 due to MGRs.	\$344,455.08	\$604,383.50	\$473,889.06	\$130,494.44	\$248,940.13
Component 3 (Public & Private)					
Y4/Q3-Comp. 3-May due to MGRs.	\$363,910.64	\$727,821.28	\$727,821.28	\$0.00	\$363,910.64
Y4/Q4-Comp. 3-June, July, & Aug. due to MGRs.	-				
Total Component 3 due to MGRs	\$363,910.64	\$727,821.28	\$727,821.28	\$0.00	\$363,910.64
Component 4 & Lapse Funds (Public Only)					
Component 4/Q3 due to MGRs (March-May 2021)	\$1,165,008.78	\$2,330,017.55	\$1,471,150.26	\$858,867.29	\$1,165,008.78
Total Component 4 due to MGRs	\$1,165,008.78	\$2,330,017.55	\$1,471,150.26	\$858,867.29	\$1,165,008.78

Component 3 payments are: 1) going to be paid quarterly; and 2) going to be based on true achievement rates. For the last year, the State has been assigning 100%.

Variance Payments (Deducted from Payments Received)					
Variance Payment for Qtr 3 May. 2021	\$0.00	(\$2,139.10)	\$0.00	(\$2,139.10)	(\$1,069.55)
Variance Payment for Qtr 3 Comp 4	\$0.00	(\$4,877.84)	(\$2,631.81)	(\$4,877.84)	(\$2,438.92)
Variance Payment for June. 2021	\$0.00	(\$5,261.66)	\$0.00	(\$5,261.66)	(\$2,630.83)
Total Variance Payment	\$0.00	(\$12,278.60)	(\$2,631.81)	(\$12,278.60)	(\$6,139.30)
Non-QIPP Funds due to NHs	\$10,029.00				
Line of Credit					
Payment 1-Line of Credit	\$1,124,725.11				
Payment 2-Line of Credit	\$0.00				
Interest Reserves					
Reserve Ln 18	\$235,590.42				
Reserve Ln 19	\$660,024.88				
Allegiance Interest (July)	\$10,984.87				
Total Reserves	\$906,600.17				
Restricted	\$8,816,355.98				
Unrestricted	\$4,085,616.60				
Total Funds	\$12,901,972.58	\$10,396,242.96	\$8,699,212.91	\$1,697,030.05	\$8,511,880.13
				District's Comp. 2-4 Funds Received	\$799,486.19
				District's Comp. 2-4 Funds Outstanding	\$978,373.36
				Comp. 2-4 District's Share	\$1,777,859.55

11 Month Outstanding Short Term Revenue Note-Loan 18 (Dec. 1, 2020-Nov. 1, 2020)					
Loan 18-Principle	\$5,609,295.47		Reserve	\$471,180.84	
Interest	16.80%				
Amortization Table					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	12/30/2020	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
2	1/31/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
3	2/28/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
4	3/31/2021	\$5,609,295.47	\$78,530.14	\$0.00	\$78,530.14
5-(Mar. 2021, Comp. 1)	4/30/2021	\$5,609,295.47	\$78,530.14	\$1,741,882.60	\$1,820,412.74
6-(Apr. 2021, Comp. 1)	5/31/2021	\$5,609,295.47	\$78,530.14	\$1,708,705.03	\$1,787,235.17
7-(May 2021, Comp. 1)	6/30/2021	\$5,609,295.47	\$78,530.14	\$1,698,629.79	\$1,777,159.93
8-(June 2021, Comp. 1)	7/31/2021	\$5,609,295.47	\$78,530.14	\$460,078.05	\$538,608.19
9 (July 2021, Comp. 1)	8/31/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14
10 (Aug. 2021, Comp. 1)	9/30/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14
11	10/31/2021	\$0.00	\$78,530.14	\$0.00	\$78,530.14
Amount Paid		\$0.00	\$863,831.54	\$5,609,295.47	\$6,473,127.01
Amount Due: October 31, 2021			\$863,831.54	\$5,609,295.47	\$6,473,127.01
Amount Remaining				\$0.00	\$0.00

11 Month Outstanding Short Term Revenue Note-Loan 19 (June 1, 2021-Apr. 30, 2022)					
Loan 19-Principle	\$11,786,158.80		Reserve	\$825,031.10	
Interest	16.80%				
Amortization Table					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	6/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
2	7/31/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
3	8/28/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
4	9/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
5-(Mar. 2021, Comp. 1)	10/31/2021	\$11,786,158.80	\$165,006.22	\$1,816,861.30	\$1,981,867.52
6-(Apr. 2021, Comp. 1)	11/30/2021	\$11,786,158.80	\$165,006.22	\$1,846,844.61	\$2,011,850.83
7-(May 2021, Comp. 1)	12/31/2021	\$11,786,158.80	\$165,006.22	\$1,796,855.25	\$1,961,861.47
8-(June 2021, Comp. 1)	1/31/2022	\$11,786,158.80	\$165,006.22	\$2,005,406.93	\$2,170,413.15
9 (July 2021, Comp. 1)	2/28/2022	\$0.00	\$165,006.22	\$1,999,051.99	\$2,164,058.21
10 (Aug. 2021, Comp. 1)	3/31/2022	\$0.00	\$165,006.22	\$1,966,884.41	\$2,131,890.63
Reserve		\$11,786,158.80	\$0.00	\$354,254.31	\$354,254.31
11	4/30/2022	\$0.00	\$165,006.22	\$0.00	\$165,006.22
Amount Paid		\$0.00	\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Due: October 31, 2021			\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Remaining				\$0.00	\$0.00

Allegiance Bank Line of Credit					
Principle (IGT 8)	\$5,609,295.47	Principle Balance Owed	\$5,609,295.47		
Interest Rate:	2.35%	LOC Funds Available	\$400,259.00		
	Date	Balance	Interest	Principal Rcvd.	Payment
1	1/10/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
2	2/10/2021	Interest Payment	\$11,351.04	\$0.00	\$11,351.04
3	3/10/2021	Interest Payment	\$10,721.78	\$0.00	\$10,721.78
4	4/10/2021	Interest Payment	\$11,351.03	\$0.00	\$11,351.03
5-(Mar. 2021, Comp. 1)	5/10/2021	Interest Payment	\$10,984.87	\$0.00	\$10,984.87
6-(Apr. 2021, Comp. 1)	6/10/2021	Interest Payment	\$11,351.04	\$0.00	\$11,351.04
7-(May 2021, Comp. 1)	7/12/2021	Interest Payment	\$10,984.87	\$0.00	\$10,984.87
8-(June 2020, Comp. 1)	7/31/2021	Interest Payment	\$12,803.16	\$1,124,725.11	\$1,137,528.27
9-(July. 2020, Comp. 1)	8/10/2021	Interest Payment	\$11,351.03	\$1,742,094.29	\$1,753,445.32
10-(August 2021, Comp. 1)	9/30/2021	Interest Payment	\$12,803.16	\$1,867,046.53	\$1,879,849.69
Amount Paid	9/30/2020	\$0.00	\$116,505.14	\$4,733,865.93	\$4,850,371.07
Amount Remaining				\$875,429.54	

District's Investments					
	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,009,554.47	0.35%	6/1/2021	6/30/2021	Paid Quarterly \$4,951.74 Pd May 10
CD at Prosperity (Qtr.) C.D. #0447	\$109,622.49	0.4000%	6/1/2021	6/30/2021	Paid Quarterly \$106.82 May 27
Texstar C.D. #1110	\$690,441.52	0.0100%	6/1/2021	6/30/2021	Paid \$5.70 June 2021

TO THE BEST OF MY KNOWLEDGE, THESE

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date

Date

Italics are Estimated amounts

EXHIBIT “A-3”

Winnie-Stowell Hospital District Check Listing by Bank Account

07/28/21

Accrual Basis

June 16 through July 31, 2021

Type	Date	Num	Name	Memo	Clr	Amount
100 Prosperity Bank -Checking						
Check	06/16/2021	3266	Brookshire Brothers	IC RX's May 2021	X	-688.40
Check	06/16/2021	3267	UTMB at Galveston	IC Batch Date 05/01/21	X	-18,016.51
Check	06/16/2021	3268	UTMB Faculty Group Practice	IC Batch Date 05/01/21	X	-3,879.40
Check	06/16/2021	3269	Indigent Healthcare Solutions, LTD	Inv #71941	X	-1,109.00
Check	06/16/2021	3270	American Education Services	92 5529 5461 S Stern	X	-150.14
Check	06/16/2021	3271	Penelope S Butler, MS, LPC	YC Batch Date 05/02/21	X	-170.00
Check	06/16/2021	3272	Nicki Holtzman MS, LPC	YC Batch Date 05/01/21	X	-850.00
Check	06/16/2021	3273	Chambers Cty PHD #1	IC SP Dental Batch Date 05/01/21	X	-120.00
Check	06/16/2021	3274	Benckenstein & Oxford	Inv # 50125 (Mar 2021)	X	-13,600.00
Check	06/16/2021	3275	Hubert Oxford	Legal Retainer	*	-1,000.00
Check	06/16/2021	3276	David Sticker	Inv # 54	X	-1,468.75
Check	06/16/2021	3277	Technology Solutions of Texas, LLC	Inv #1591	X	-75.00
Check	06/16/2021	3278	Felipe Ojeda	Inv #1013	X	-329.00
Check	06/16/2021	3279	Graciela Chavez	Inv # 8018597	X	-100.00
Check	06/16/2021	3280	The Seabreeze Beacon	Inv # 5206	X	-250.00
Check	06/16/2021	3282	Philadelphia Insurance Companies	Inv # 2003346482 (Acct # 8002621...	X	-11,658.00
Check	06/16/2021	3283	Riceland Medical Center	(RMC Grant-Generator)	X	-109,531.20
Check	06/16/2021	3284	Bonds Ellis Eppich Schafer Jones LLP	Inv #12376 (Abri Meditation)	X	-22,735.00
Check	06/16/2021	3281	Edward Murrell	BM-Reimb Mileage (To/From Dallas)	X	-343.84
Check	06/16/2021	995052	Trinity Bay Conservation District	Draft, Withdrawal, Processed	X	-48.44
Check	06/16/2021		Funcion 4-Lease fka Star Graphics	ACH, Withdrawal, Processed	X	-206.82
Check	06/17/2021		Time Warner Cable	ACH, Withdrawal, Processed	X	-221.95
Check	06/18/2021	3285	CenterPoint Energy	SVDP BP #5002480881 Case #24...	*	-588.00
Check	06/28/2021		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	-1,301.62
Liability Check	06/29/2021		QuickBooks Payroll Service	Created by Payroll Service on 06/2...	X	-8,790.67
Paycheck	06/30/2021	DD12...	Osburn, Jessica L	Direct Deposit	X	0.00
Paycheck	06/30/2021	DD12...	Ojeda, Patricia	Direct Deposit	X	0.00
Paycheck	06/30/2021	DD12...	Norris, Sherrie	Direct Deposit	X	0.00
Check	07/09/2021	995049	ECISD	Draft, Withdrawal, Processed	M	-15,000.00
Check	07/09/2021	995050	Riceland Medical Center	Draft, Withdrawal, Processed	M	-340.00
Check	07/12/2021		Entergy	ACH, Withdrawal, Processed	M	-169.91
Check	07/12/2021		IRS	ACH, Withdrawal, Processed	M	-3,016.88
Check	07/12/2021		Allegiance Bank	ACH, Withdrawal, Processed	M	-10,984.87
Check	07/16/2021		Funcion 4-Lease fka Star Graphics	ACH, Withdrawal, Processed	M	-206.82
Check	07/19/2021		Time Warner Cable	8260170290121119		-274.55
Check	07/20/2021	995056	Trinity Bay Conservation District	13053-1010703000		-61.61
Check	07/26/2021	ACH	Prosperity Bank (CC)	2704		-365.64
Check	07/28/2021		Brookshire Brothers	IC RX's June 2021		-1,361.79
Check	07/28/2021	To Pr...	Wilcox Pharmacy	IC RX's May & June 2021		-1,672.73
Check	07/28/2021	To Pr...	UTMB at Galveston	IC Batch Date 6/1/2021		-14,495.22
Check	07/28/2021	To Pr...	UTMB Faculty Group Practice	IC Batch Date 6/1/2021		-3,491.15
Check	07/28/2021	To Pr...	Indigent Healthcare Solutions, LTD	Inv #72098		-1,109.00
Check	07/28/2021	To Pr...	American Education Services	92 5529 5461 S Stern		-150.14
Check	07/28/2021	To Pr...	Nicki Holtzman MS, LPC	YC Batch Date 6/1/2021		-765.00
Check	07/28/2021	To Pr...	Benjamin Odom	YC Batch Date 6/1/2021		-255.00
Check	07/28/2021	To Pr...	Chambers Cty PHD #1	IC SP Dental Batch Date 6/1/2021		-210.00
Check	07/28/2021	To Pr...	Hubert Oxford	Legal Retainer		-1,000.00
Check	07/28/2021	To Pr...	David Sticker	Inv #57		-1,312.50
Check	07/28/2021	To Pr...	Technology Solutions of Texas, LLC	Inv #1603		-75.00
Check	07/28/2021	To Pr...	Felipe Ojeda	Inv #1014		-300.00
Check	07/28/2021	To Pr...	Graciela Chavez	Inv #8018598		-100.00
Check	07/28/2021	To Pr...	Function 4	3A0064 Inv #871450		-249.84
Check	07/28/2021	To Pr...	Bonds Ellis Eppich Schafer Jones LLP	Inv #12504 (Abri Meditation)		-4,787.50
Check	07/28/2021	To Pr...	Barrier Reef Emergency Physician	IC Batch Date 6/1/2021		-214.32
Check	07/28/2021	To Pr...	Dr. June Stansky, Optometrist	IC SP Vision Batch Date 6/1/2021		-240.00
Check	07/28/2021	To Pr...	\$25 Optical	IC SP Vision Batch Date 6/1/2021		-175.00
Check	07/28/2021	To Pr...	Anthony Stramecki	Travel Reimbursement		-291.20
Check	07/28/2021	To Pr...	Kasey Vratiss	Travel Reimbursement		-291.20
Check	07/28/2021	To Pr...	Bobby Way	Travel Reimbursement		-291.20
Check	07/28/2021		Benckenstein & Oxford	Inv # 50155 (April 2021)		-13,325.00
Paycheck	07/30/2021	DD12...	Norris, Sherrie	Direct Deposit	X	0.00
Paycheck	07/30/2021	DD12...	Ojeda, Patricia	Direct Deposit	X	0.00
Paycheck	07/30/2021	DD12...	Osburn, Jessica L	Direct Deposit	X	0.00
Total 100 Prosperity Bank -Checking						-273,814.81
109 First Financial Bank						
109b FFB #4846 DACA						
Check	06/18/2021		AB Holding-QIPP Y4 Mgr Dist	To AB NH Holding - Mgr Dist (QY4...	X	-1,809,433.81
Check	06/30/2021		Salt Creek Capital LLC	SCC Int Pmt Loan 18	X	-78,530.14
Check	06/30/2021		Salt Creek Capital LLC	SCC Int Pmt Loan 19	X	-165,006.22
Check	07/08/2021		LTC Group	ACH PaymenLTC Group CCD 161...	M	-150,000.00

07/28/21

Accrual Basis

Winnie-Stowell Hospital District Check Listing by Bank Account

June 16 through July 31, 2021

Type	Date	Num	Name	Memo	Clr	Amount
			Total 109b FFB #4846 DACA			-2,202,970.17
			Total 109 First Financial Bank			-2,202,970.17
TOTAL						-2,476,784.98

GL Totals

Issued 07/14/21

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 06/04/21-06/04/21

Brookshire Bros. Phar. (Winnie)

Vendor #: 65460

P.O. Box 2058

Lufkin, TX 75904

GL #	Description	Amount
WSHD	Wshd	1,361.79
Expenditures		1,361.79
Reimb/Adjustments		
Grand Total		1,361.79

66 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1044*65460*36	WSHD	06/18/2021	9.36	0.00
1061*65460*24	WSHD	06/24/2021	8.45	8.45
1061*65460*25	WSHD	06/18/2021	8.32	8.32
1061*65460*26	WSHD	06/15/2021	8.16	8.16
1061*65460*27	WSHD	06/11/2021	8.51	8.51
1061*65460*28	WSHD	06/11/2021	10.00	10.00
1096*65460*52	WSHD	06/09/2021	31.66	31.66
1096*65460*53	WSHD	06/09/2021	16.88	16.88
1096*65460*54	WSHD	06/09/2021	12.76	12.76
1096*65460*55	WSHD	06/07/2021	10.69	10.69
1106*65460*20	WSHD	06/29/2021	8.98	8.98
1106*65460*21	WSHD	06/23/2021	10.99	10.99
1106*65460*22	WSHD	06/10/2021	11.07	11.07
1114*65460*19	WSHD	06/16/2021	11.31	11.31
1114*65460*20	WSHD	06/01/2021	8.76	8.76
1116*65460*7	WSHD	06/29/2021	49.92	49.92
1122*65460*36	WSHD	06/22/2021	10.00	10.00
1128*65460*63	WSHD	06/30/2021	11.90	11.90
1128*65460*64	WSHD	06/30/2021	13.11	13.11
1128*65460*65	WSHD	06/30/2021	8.42	8.42
1128*65460*66	WSHD	06/12/2021	8.64	8.64
1140*65460*40	WSHD	06/17/2021	9.47	9.47
1151*65460*65	WSHD	06/08/2021	10.15	10.15
1151*65460*66	WSHD	06/08/2021	9.28	9.28
1151*65460*67	WSHD	06/01/2021	8.42	8.42
1151*65460*68	WSHD	06/01/2021	8.46	8.46
1165*65460*2	WSHD	06/29/2021	12.55	12.55
1165*65460*3	WSHD	06/15/2021	13.02	13.02
1165*65460*4	WSHD	06/15/2021	11.65	11.65
1165*65460*5	WSHD	06/15/2021	39.07	39.07
1165*65460*6	WSHD	06/15/2021	10.88	10.88
1184*65460*1	WSHD	06/28/2021	9.01	9.01
1205*65460*6	WSHD	06/29/2021	9.31	9.31
1205*65460*7	WSHD	06/29/2021	10.05	10.05

Issued 07/14/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/04/21-06/04/21Brookshire Bros. Phar. (Winnie)
P.O. Box 2058
Lufkin, TX 75904

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1205*65460*8	WSHD	06/01/2021	9.31	0.00
1205*65460*9	WSHD	06/01/2021	9.84	0.00
1214*65460*14	WSHD	06/25/2021	49.92	49.92
1214*65460*15	WSHD	06/18/2021	11.51	11.51
1214*65460*16	WSHD	06/14/2021	8.75	8.75
1214*65460*17	WSHD	06/09/2021	9.45	9.45
1214*65460*18	WSHD	06/09/2021	12.00	12.00
1214*65460*19	WSHD	06/04/2021	13.37	13.37
1219*65460*2	WSHD	06/21/2021	21.28	21.28
2458*65460*42	WSHD	06/21/2021	14.64	14.64
2458*65460*43	WSHD	06/19/2021	10.47	10.47
2458*65460*44	WSHD	06/19/2021	12.04	12.04
2458*65460*45	WSHD	06/18/2021	11.51	11.51
2458*65460*46	WSHD	06/18/2021	9.55	9.55
2458*65460*47	WSHD	06/14/2021	9.29	9.29
2458*65460*48	WSHD	06/10/2021	10.92	10.92
2458*65460*49	WSHD	06/10/2021	25.25	25.25
2475*65460*15	WSHD	06/29/2021	8.58	8.58
2475*65460*16	WSHD	06/29/2021	15.87	15.87
2475*65460*17	WSHD	06/17/2021	487.91	487.91
2475*65460*18	WSHD	06/07/2021	15.81	15.81
2815*65460*80	WSHD	06/25/2021	19.05	19.05
2815*65460*81	WSHD	06/25/2021	47.19	47.19
2815*65460*82	WSHD	06/14/2021	11.08	11.08
2815*65460*83	WSHD	06/14/2021	8.98	8.98
2815*65460*84	WSHD	06/03/2021	11.33	11.33
2815*65460*85	WSHD	06/03/2021	10.90	10.90
2815*65460*86	WSHD	06/03/2021	9.81	9.81
2815*65460*87	WSHD	06/03/2021	14.61	14.61
2818*65460*1	WSHD	06/09/2021	9.33	9.33
3363*65460*1	WSHD	06/28/2021	20.45	20.45
3400*65460*5	WSHD	06/04/2021	11.09	11.09
66 invoices, 66 line items			1,390.30	1,361.79
Grand Totals			1,390.30	1,361.79

66 total invoices
66 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,672.73
	Expenditures	1,672.73
	Reimb/Adjustments	
	Grand Total	1,672.73

98 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1040*18651*56	WSHD	05/17/2021	9.22	9.22
1040*18651*57	WSHD	06/17/2021	19.55	19.55
1040*18651*58	WSHD	06/17/2021	8.45	8.45
1040*18651*59	WSHD	06/17/2021	9.22	9.22
1093*18651*59	WSHD	05/03/2021	18.78	18.78
1093*18651*60	WSHD	06/03/2021	9.08	9.08
1095*18651*53	WSHD	06/17/2021	8.92	8.92
1095*18651*54	WSHD	06/17/2021	10.66	10.66
1095*18651*55	WSHD	06/17/2021	9.37	9.37
1107*18651*21	WSHD	06/28/2021	10.02	10.02
1107*18651*22	WSHD	06/11/2021	18.78	18.78
1107*18651*23	WSHD	06/10/2021	13.13	13.13
1107*18651*24	WSHD	06/08/2021	8.23	8.23
1107*18651*25	WSHD	06/03/2021	8.16	8.16
1107*18651*26	WSHD	06/03/2021	8.28	8.28
1107*18651*27	WSHD	06/01/2021	8.97	8.97
1107*18651*28	WSHD	06/01/2021	12.28	12.28
1115*18651*25	WSHD	05/10/2021	43.54	43.54
1115*18651*26	WSHD	05/10/2021	8.46	8.46
1115*18651*27	WSHD	06/24/2021	8.46	8.46
1115*18651*28	WSHD	06/01/2021	10.66	10.66
1157*18651*53	WSHD	05/21/2021	21.76	21.76
1157*18651*54	WSHD	05/21/2021	11.76	11.76
1157*18651*55	WSHD	05/21/2021	8.71	8.71
1157*18651*56	WSHD	05/08/2021	10.46	10.46
1157*18651*57	WSHD	06/29/2021	8.71	8.71
1157*18651*58	WSHD	06/16/2021	8.50	8.50
1157*18651*59	WSHD	06/09/2021	13.13	13.13
1157*18651*60	WSHD	06/09/2021	10.47	10.47
1157*18651*61	WSHD	06/02/2021	11.88	11.88
1157*18651*62	WSHD	06/02/2021	19.55	19.55
1157*18651*63	WSHD	06/02/2021	9.38	9.38
1158*18651*35	WSHD	05/26/2021	9.96	9.96
1158*18651*36	WSHD	05/11/2021	17.53	17.53

GL Totals

Issued 07/14/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/01/21-06/30/21

Vendor #: 18651

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

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1158*18651*37	WSHD	05/04/2021	9.04	9.04
1158*18651*38	WSHD	06/23/2021	9.96	9.96
1158*18651*39	WSHD	06/22/2021	9.87	9.87
1158*18651*40	WSHD	06/05/2021	8.98	8.98
1159*18651*20	WSHD	05/04/2021	20.31	20.31
1159*18651*21	WSHD	05/04/2021	8.46	8.46
1177*18651*11	WSHD	05/27/2021	20.91	20.91
1177*18651*12	WSHD	05/06/2021	311.10	311.10
1177*18651*13	WSHD	06/01/2021	8.68	8.68
1180*18651*1	WSHD	06/22/2021	24.42	24.42
1181*18651*103	WSHD	06/02/2021	6.65	6.65
1181*18651*104	WSHD	06/08/2021	43.97	43.97
1181*18651*105	WSHD	06/08/2021	12.35	12.35
1181*18651*106	WSHD	06/08/2021	15.19	15.19
1181*18651*107	WSHD	06/02/2021	9.59	9.59
1181*18651*108	WSHD	06/02/2021	12.00	12.00
1181*18651*109	WSHD	06/02/2021	8.37	8.37
1181*18651*110	WSHD	06/02/2021	8.52	8.52
1181*18651*111	WSHD	06/02/2021	10.09	10.09
1181*18651*112	WSHD	06/02/2021	9.88	9.88
1181*18651*113	WSHD	06/02/2021	11.59	11.59
1185*18651*32	WSHD	05/08/2021	8.59	8.59
1185*18651*33	WSHD	05/08/2021	23.76	23.76
1185*18651*34	WSHD	05/08/2021	9.25	9.25
1185*18651*35	WSHD	06/21/2021	23.76	23.76
1185*18651*36	WSHD	06/12/2021	8.59	8.59
1191*18651*29	WSHD	05/12/2021	15.75	15.75
1191*18651*30	WSHD	05/29/2021	47.09	47.09
1191*18651*31	WSHD	05/21/2021	10.64	10.64
1191*18651*32	WSHD	05/12/2021	10.59	10.59
1191*18651*33	WSHD	06/21/2021	10.94	10.94
1191*18651*34	WSHD	06/10/2021	15.76	15.76
1191*18651*35	WSHD	06/10/2021	10.59	10.59
1199*18651*1	WSHD	06/10/2021	13.96	13.96
1199*18651*2	WSHD	06/10/2021	10.92	10.92
1206*18651*6	WSHD	06/23/2021	8.87	8.87
1206*18651*7	WSHD	06/22/2021	10.30	10.30
1220*18651*1	WSHD	05/18/2021	18.78	18.78
1220*18651*2	WSHD	05/18/2021	11.76	11.76
1295*18651*1	WSHD	05/18/2021	8.36	8.36
1296*18651*1	WSHD	05/26/2021	11.74	11.74
1296*18651*2	WSHD	05/26/2021	8.98	8.98
1296*18651*3	WSHD	05/19/2021	14.57	14.57
2994*18651*16	WSHD	05/18/2021	22.15	22.15
2994*18651*17	WSHD	05/13/2021	11.01	11.01
2994*18651*18	WSHD	05/13/2021	11.73	11.73
2994*18651*19	WSHD	06/29/2021	16.25	16.25

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	14,495.22
Expenditures		14,495.22
Reimb/Adjustments		
Grand Total		14,495.22

46 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1093*63614*26	05/06/2021	291.00	69.84
1093*63614*27	04/29/2021	323.00	77.52
1093*63614*28	06/03/2021	323.00	77.52
1096*63614*18	06/09/2021	323.00	77.52
1107*63614*11	04/09/2021	1,189.00	285.36
1107*63614*12	06/15/2021	2,024.50	485.88
1107*63614*13	06/10/2021	3,987.51	0.00
1115*63614*6	05/18/2021	12,047.82	2,891.48
1115*63614*7	05/14/2021	393.00	94.32
1115*63614*8	06/22/2021	948.00	227.52
1115*63614*8	06/22/2021	98.00	23.52
1126*63614*1	04/29/2021	550.00	132.00
1128*63614*19	04/19/2021	611.00	0.00
1128*63614*20	05/05/2021	420.00	0.00
1128*63614*21	06/07/2021	323.00	77.52
1157*63614*11	05/13/2021	391.00	93.84
1158*63614*2	06/22/2021	323.00	77.52
1165*63614*1	06/03/2021	291.00	69.84
1177*63614*7	05/05/2021	941.00	225.84
1177*63614*8	05/20/2021	5,307.95	1,273.91
1177*63614*9	05/20/2021	682.00	163.68
1177*63614*10	05/12/2021	1,506.00	361.44
1177*63614*11	05/27/2021	323.00	77.52
1177*63614*12	06/09/2021	843.00	202.32
1177*63614*13	06/01/2021	1,905.00	0.00
1177*63614*13	06/01/2021	0.02	0.00
1177*63614*14	06/04/2021	3,121.00	749.04
1177*63614*15	06/15/2021	323.00	77.52
1188*63614*4	06/24/2021	323.00	77.52
1188*63614*4	06/24/2021	33.00	7.92
1191*63614*3	05/12/2021	323.00	77.52
1191*63614*4	05/13/2021	323.00	77.52
1191*63614*5	06/24/2021	323.00	77.52
1191*63614*6	06/08/2021	769.00	184.56

GL Totals

Issued 07/19/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/01/21-06/30/21

Vendor #: 63614

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

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1201*63614*1	WSHD	04/22/2021	1,694.00	406.56
1206*63614*1	WSHD	05/05/2021	1,336.00	320.64
1206*63614*2	WSHD	05/05/2021	360.00	86.40
1216*63614*1	WSHD	05/14/2021	1,623.00	389.52
1216*63614*2	WSHD	05/28/2021	816.00	195.84
1218*63614*1	WSHD	06/08/2021	10,702.97	3,853.07
2458*63614*4	WSHD	05/19/2021	523.00	125.52
2458*63614*5	WSHD	05/06/2021	440.00	105.60
2458*63614*6	WSHD	05/06/2021	593.00	142.32
2458*63614*7	WSHD	05/27/2021	547.00	0.00
2458*63614*8	WSHD	06/17/2021	3,966.00	0.00
2815*63614*8	WSHD	05/17/2021	839.00	201.36
2815*63614*9	WSHD	06/16/2021	323.00	77.52
2942*63614*3	WSHD	06/15/2021	493.00	118.32
2994*63614*4	WSHD	05/13/2021	323.00	77.52
46 invoices, 49 line items			66,481.77	14,495.22
Grand Totals			66,481.77	14,495.22

46 total invoices
49 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/01/21-06/30/21

Vendor #: 63615
NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	3,491.15
	Expenditures	3,491.15
	Reimb/Adjustments	
	Grand Total	3,491.15

46 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1019*63615*12	03/23/2021	270.00	56.08
1093*63615*27	04/29/2021	270.00	56.08
1093*63615*28	05/06/2021	110.00	21.03
1093*63615*29	06/03/2021	270.00	56.08
1096*63615*15	06/09/2021	270.00	56.08
1107*63615*13	06/15/2021	706.00	99.12
1114*63615*13	04/20/2021	118.00	0.00
1115*63615*10	05/18/2021	720.00	420.42
1115*63615*11	05/18/2021	1,378.00	235.76
1115*63615*11	05/18/2021	898.00	63.99
1115*63615*12	05/18/2021	378.00	210.21
1115*63615*13	05/14/2021	118.00	0.00
1115*63615*14	05/18/2021	558.00	35.60
1115*63615*15	06/22/2021	273.00	65.29
1157*63615*13	05/13/2021	270.00	56.08
1158*63615*3	06/22/2021	270.00	44.39
1165*63615*1	06/03/2021	273.00	65.29
1165*63615*1	06/03/2021	28.00	10.26
1177*63615*9	05/20/2021	178.00	64.80
1177*63615*9	05/20/2021	48.00	16.68
1177*63615*9	05/20/2021	38.00	0.00
1177*63615*9	05/20/2021	10.00	2.89
1177*63615*10	05/20/2021	65.00	0.00
1177*63615*11	05/05/2021	318.00	75.70
1177*63615*11	05/05/2021	73.00	26.63
1177*63615*12	05/12/2021	415.00	75.64
1177*63615*13	05/12/2021	80.00	29.51
1177*63615*14	06/09/2021	270.00	56.08
1177*63615*14	06/09/2021	73.00	25.34
1177*63615*14	06/09/2021	73.00	26.63
1177*63615*15	06/15/2021	188.00	38.26
1177*63615*16	06/01/2021	105.00	0.00
1177*63615*17	05/27/2021	360.00	86.32
1191*63615*3	05/12/2021	415.00	95.54

GL Totals

Issued 07/19/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/01/21-06/30/21Utrmb Faculty Grp Practice
Po Box 650859 Dep 710
Dallas, TX 75265Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1191*63615*4	WSHD	05/13/2021	183.00	31.61
1191*63615*5	WSHD	06/08/2021	155.00	0.00
1191*63615*6	WSHD	06/21/2021	415.00	95.54
1201*63615*1	WSHD	04/22/2021	273.00	51.69
1205*63615*2	WSHD	05/05/2021	415.00	95.54
1216*63615*1	WSHD	05/14/2021	93.00	35.60
1216*63615*2	WSHD	05/14/2021	415.00	95.54
1216*63615*2	WSHD	05/14/2021	280.00	76.02
1216*63615*3	WSHD	05/28/2021	23.00	0.00
1216*63615*3	WSHD	05/28/2021	415.00	95.54
1218*63615*1	WSHD	06/08/2021	498.00	141.29
1218*63615*1	WSHD	06/09/2021	180.00	64.19
1218*63615*1	WSHD	06/08/2021	29.00	9.95
1295*63615*1	WSHD	06/18/2021	273.00	51.69
1296*63615*1	WSHD	05/07/2021	148.00	0.00
1296*63615*1	WSHD	05/07/2021	85.00	0.00
1296*63615*1	WSHD	05/07/2021	85.00	0.00
1296*63615*1	WSHD	05/07/2021	118.00	0.00
2458*63615*5	WSHD	05/19/2021	270.00	56.08
2458*63615*6	WSHD	05/06/2021	270.00	44.39
2458*63615*6	WSHD	05/06/2021	80.00	6.86
2458*63615*7	WSHD	05/19/2021	25.00	8.66
2458*63615*8	WSHD	05/27/2021	270.00	0.00
2458*63615*8	WSHD	05/27/2021	135.00	0.00
2815*63615*14	WSHD	05/17/2021	270.00	56.08
2815*63615*15	WSHD	06/16/2021	513.00	118.78
2942*63615*3	WSHD	06/15/2021	270.00	44.39
2994*63615*4	WSHD	05/13/2021	270.00	44.39
2994*63615*5	WSHD	06/29/2021	415.00	95.54
46 invoices, 63 line items			16,758.00	3,491.15
Grand Totals			16,758.00	3,491.15

46 total invoices
63 total line items

GL Totals

Issued 07/14/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 06/01/21-06/30/21Wilcox Pharmacy
P. O. Box 1850
Winnie, TX 77665

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2994*18651*20	WSHD	06/29/2021	124.77	124.77
2994*18651*21	WSHD	06/11/2021	10.03	10.03
3343*18651*6	WSHD	06/22/2021	11.89	11.89
3364*18651*27	WSHD	05/21/2021	20.82	20.82
3364*18651*28	WSHD	05/20/2021	9.78	9.78
3364*18651*29	WSHD	05/20/2021	9.29	9.29
3364*18651*30	WSHD	05/20/2021	8.73	8.73
3364*18651*31	WSHD	05/20/2021	9.47	9.47
3364*18651*32	WSHD	05/20/2021	8.98	8.98
3364*18651*33	WSHD	05/20/2021	9.81	9.81
3364*18651*34	WSHD	06/28/2021	14.46	14.46
3364*18651*35	WSHD	06/28/2021	9.78	9.78
3364*18651*36	WSHD	06/28/2021	9.29	9.29
3364*18651*37	WSHD	06/28/2021	8.73	8.73
3364*18651*38	WSHD	06/28/2021	9.47	9.47
3364*18651*39	WSHD	06/28/2021	8.98	8.98
3364*18651*40	WSHD	06/28/2021	9.81	9.81
98 invoices, 98 line items	***		1,672.73	1,672.73
Grand Totals			1,672.73	1,672.73

98 total invoices
98 total line items

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

Invoice # 72098

Phone # (800) 834-0560

Fax # (936) 756-6741

RECEIVED
JUN 30 2021

Date: 7/1/2021

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

Terms: Net receipt of invoice

Professional services for the month of August 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



18500101582701



RECEIVED
JUL 13 2021

July 4, 2021

MONTHLY BILL

Name: SHERRY STERN
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	06/21/2021
Current Payment Due	\$150.14
Total Due by 07/25/2021	\$150.14

YOUR LOAN DETAILS

Loan Sequence	Date Disbursed	Loan Program	Original Balance	Current Balance	Outstanding Interest	Interest Rate	Monthly Payment	Current Due
*1002	11/29/2006	SUBCNS	\$13,150.00	\$3,745.22	\$5.00	3.750%	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$2,456.23	\$3.28	3.750%	\$59.47	\$59.47

Outstanding interest accrued as of 07/04/2021

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

Received After This Date	Late Fee to be Assessed
08/08/2021	\$7.50

When remitting a payment amount by mail, phone, or electronic (web or mobile app) that is more or less than the total amount due, if you would like the payment directed to specific loans, please log in to your online account or use our mobile app to provide the necessary information. Additional details about payment instructions can be found on the last page of this statement.

Even if a loan is paid ahead, you must continue making your monthly payment in order to maintain eligibility for certain Repayment Incentive Programs or other benefits offered by your loan owner, such as interest rate reductions or cosigner release. Contact us for details.

Make checks payable to American Education Services and include your 10 digit account number.

Customer Statement (IF LATE, SEE ABOVE)

Amount Enclosed: Do not write dollar sign \$ in boxes below or on check. See last page of statement for details on how to provide payment instructions.

Account Number:	Due Date:	\$	Total Amount Due:
92 5529 5461	07/25/2021		\$150.14

20211850192552954611000015014000000000000000001

#BWNDHKB
#B612 1327 2507 04L4#
SHERRY STERN
538 BROADWAY
WINNIE TX 77665-7600



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

ADDITIONAL LOAN DETAILS

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

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

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

Total paid since your last statement	\$150.14
Interest Satisfied	\$18.21
Principal Satisfied	\$131.93
Late Fees Paid	\$0.00

As of today, the amount paid on your loans	\$18,767.51
Total Interest Satisfied	\$5,258.01
Total Principal Satisfied	\$13,502.00
Total Late Fees Paid	\$7.50

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

© IHS
 Issued 07/12/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

Vendor #: 90007

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

GL #	Description	Amount
WSHD	Wshd	765.00
Expenditures		765.00
Reimb/Adjustments		
Grand Total		765.00

5 total invoices

**GL Totals Detail
 Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC01*90007*10	WSHD	06/10/2021	85.00	85.00
YC24*90007*10	WSHD	06/03/2021	85.00	85.00
YC24*90007*10	WSHD	06/14/2021	85.00	85.00
YC24*90007*10	WSHD	06/28/2021	85.00	85.00
YC28*90007*2	WSHD	06/21/2021	85.00	85.00
YC29*90007*3	WSHD	06/14/2021	85.00	85.00
YC29*90007*3	WSHD	06/28/2021	85.00	85.00
YC30*90007*2	WSHD	06/03/2021	85.00	85.00
YC30*90007*2	WSHD	06/14/2021	85.00	85.00
5 invoices, 9 line items	***		765.00	765.00
Grand Totals			765.00	765.00

5 total invoices
 9 total line items

©IHS
 Issued 07/07/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

Benjamin Odom
 1271 N. Main St.
 Vidor, TX 77662

Vendor #: 90009

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

2 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC31*90009*1	WSHD	05/07/2021	85.00	85.00
YC32*90009*1	WSHD	06/04/2021	85.00	85.00
YC32*90009*1	WSHD	07/02/2021	85.00	85.00
2 invoices, 3 line items	***		255.00	255.00
Grand Totals			255.00	255.00

2 total invoices
 3 total line items

© IHS
 Issued 07/12/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

Vendor #: 90012

Chambers Cnty Phd #1-Dental
 Po Box 398
 Anahuac, TX 77514

GL #	Description	Amount
WSHD	Wshd	210.00
	Expenditures	210.00
	Reimb/Adjustments	
	Grand Total	210.00

3 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1206*90012*1	WSHD	06/17/2021	248.00	70.00
1214*90012*1	WSHD	06/18/2021	172.00	70.00
2458*90012*1	WSHD	06/18/2021	97.00	70.00
3 invoices, 3 line items	***		517.00	210.00
Grand Totals			517.00	210.00

3 total invoices
 3 total line items

BENCKENSTEIN & OXFORD, L.L.P.

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

Hubert Oxford, IV

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

hoxfordiv@benoxford.com

July 20, 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 June 16, 2021; Our File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on June 16, 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 June 2021. We would request that you put this invoice in line for payment at the July 28, 2021 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for June 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

RECEIVED
JUL 20 2021

Invoice #: 57
Invoice Date: 07/20/2021
Due Date: 07/20/2021
Project:
P.O. Number:

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

Date	Description	Amount
06/07/2021	Work in QBooks, review data, make back up. 1.25 Hrs.	
06/08/2021	Go over audit worksheet for 2020 audit requests. 1.00 Hrs.	
06/10/2021	Provide responses to audit questions and complete questionnaires. 2.50 Hrs.	
06/10/2021	Prepare JE's and preliminary Financials for May. 1.75 Hrs.	
06/15/2021	Review recs and balance sheet balances. Finalize May financials. 2.00 Hrs.	
06/22/2021	Create & send requested reports to auditor. 1.25 Hrs.	
06/28/2021	Payroll review and approval. .75 Hrs.	
	10.50 Hrs @ \$125.00 = \$1,312.50	1,312.50

Total \$1,312.50

Payments/Credits \$0.00

Balance Due \$1,312.50

Technology Solutions of Texas,
L.L.C.

5725 Frost St

Beaumont, TX 77706

4095545953

ronnie@techsol-tx.com

http://www.techsol-tx.com

Invoice 1603

TECHNOLOGY
SOLUTIONS-TX

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
07/15/2021

PLEASE PAY
\$75.00

DUE DATE
07/15/2021

DATE	ACTIVITY	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# 1014

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

RECEIVED
JUN 22 2021

DATE June 22, 2021

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

Description	AMOUNT
Yard Maintenance completed 06/08/21	\$ 125.00
Yard Maintenance completed 06/21/21	\$ 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

JUL 20 2021

DATE 7-20-21 NO. 08018598

CUSTOMER'S ORDER NO.						
NAME <u>Graciela Chavez</u>						
ADDRESS <u>220 8TH ST</u>						
CITY, STATE, ZIP <u>Winnie 77665</u>						
SOLD BY	CASH	C.O.D	CHARGE	ONACCT	MOSE.RETD	PAID OUT
			✓			
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1	<u>OFFICE</u>					
2						
3	<u>cleaning</u>	<u>\$100</u>				
4						
5						
6	<u>July 6</u>					
7						
8	<u>July 20</u>					
9						
10						
11	<u>Total</u>	<u>\$100</u>				
12						
RECEIVED BY						

KEEP THIS SLIP FOR REFERENCE



CONTRACT INVOICE

Invoice Number: INV871450

Invoice Date: 07/02/2021

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

Customer: Winnie - Stowell Hospital District
 520 Broadway
 Winnie, TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
3A0064	Net 30	08/01/2021	\$249.84	\$249.84	
Invoice Remarks					
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
7987PTM-01		\$249.84		07/05/2019	10/04/2024
Contract Remarks					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 04/05/2021 to 07/04/2021 overage period	\$249.84 **
	\$249.84

**See overage details below

Detail:

Equipment included under this contract

HP/E57540dn

Number	Serial Number	Base Adj.	Location
3A4114	MXBCM5M00N	\$0.00	Winnie - Stowell Hospital District 520 Broadway Winnie, TX 77665

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
Color	3A4114 - Color	1,843	2,526		683	300	383	\$0.082500	\$31.60
B/W	3A4114 - B/W	50,082	77,118		27,036	9,000	18,036	\$0.012100	\$218.24
									\$249.84

Hello, paperless billing!
CONVENIENCE • SECURITY • ECO-FRIENDLY
 Log in to sign up at function-4.com/paperless

Please include invoice number on payment.
Remit Payment To:
Function 4, LLC
12560 Reed Rd, Ste 200
Sugar Land, TX 77478

3A0064	INV871450
Invoice SubTotal	\$249.84
Tax:	\$0.00
Invoice Total	\$249.84
Balance Due:	\$249.84

BONDS ELLIS EPPICH SCHAFFER JONES LLP
ATTORNEYS & COUNSELORS

Winnie-Stowell Hospital District
c/o Hubert Oxford, IV
Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, TX 77706
Abri Health Services, LLC and Senior Care Centers, LLC

Statement Date: July 8, 2021
Statement No.: 12504
Account No.: 1637.001
Page: 1

Fees through 06/30/2021

			<u>Hours</u>	
06/01/2021	WRH	Review ruling from morning's hearing on Debtors' insurance premium financing motion. Forward to client.	0.10	27.50
06/03/2021	WRH	Review/archive insurance premium financing order.	0.10	27.50
06/04/2021	WRH	Receive TXMS motion for relief from stay and provide copy to client; review & calendar same.	0.30	82.50
	WRH	Incoming call from HO re TXMS lift-stay motion.	0.20	55.00
	CMT	Receipt and review of motion for relief from stay filed by the landlord; send to client with comments.	0.70	315.00
06/07/2021	WRH	Review/archive court filings (amended SOFA, schedules, etc.).	0.10	27.50
06/09/2021	WRH	Review updates re current case status.	0.30	82.50
	WRH	Telephone conference with: HO ... call w/ Hubert to update re today's hr'g result and probably mediation before Judge Hale; text CT re same.	0.10	27.50
	WRH	Plan and prepare: review block times, CT response re same, and confer w/ CT re follow-up.	0.10	27.50
	CMT	Review of report from Subchapter 5 Trustee; receipt of multiple reports of prior status conference hearing and proposed mediation before Judge Hale and related items; confer with HO and WH; draft response to landlord and HMG.	1.80	810.00
06/10/2021	WRH	Receive and review email re 2nd mediation attendance; notice of hr'g re July 7th add-on item; TX Comptroller POC.	0.20	55.00
	CMT	Correspondence with all parties about judge mediation.	1.10	495.00
06/11/2021	WRH	Receive and review emails.	0.10	27.50
06/14/2021	WRH	Communicate with client: emails re upcoming District agenda and confer w/ CT re same.	0.40	110.00
	CMT	Receipt and review of Agenda and summary of the case by HO; provide comments; work on 2nd mediation issue about attendance only when and if		

		<u>Hours</u>	
	asked to join in towards the end of a deal.	1.70	765.00
06/15/2021	WRH Telephone conference with Hubert re Hale decision not to make us attend mediation.	0.10	27.50
	WRH Receive and review emails re second settlement conference.	0.20	55.00
06/16/2021	WRH Review court filings.	0.10	27.50
06/17/2021	CMT Receipt and review of Court mediator instructions.	0.30	135.00
06/18/2021	WRH Review case filings.	0.10	27.50
06/22/2021	WRH Review and analyze: TWC proof of claim.	0.10	27.50
06/25/2021	WRH Review court filings.	0.30	82.50
06/28/2021	WRH Review email status report.	0.10	27.50
	WRH Review/cull court filings.	0.10	27.50
06/29/2021	WRH Emails re Hale mediation and review/cull case filings.	0.20	55.00
	CMT Correspondence with Winnie team and aligned parties.	0.40	180.00
06/30/2021	WRH Emails re Hale mediation and current state of offers.	0.20	55.00
	CMT Extended series of correspondence and calls with Winnie team (.6); larger group of aligned parties and the Debtor; docket Ankura retention hearing (.2); call with HO (.4); call with HMG and TXMS counsel and review of HO correspondence and attachments (1.3).	2.50	1,125.00
	Total Current Fees	<u>12.00</u>	<u>4,787.50</u>

Fee Summary

<u>Timekeeper</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Clay Taylor	8.50	\$450.00	\$3,825.00
William Howell	3.50	275.00	962.50

Total Current Fees and Expenses 4,787.50

Previous Balance \$22,735.00

Payments

06/22/2021 Payment - Thank you -22,735.00

Total Balance Due \$4,787.50

Please Remit \$4,787.50

Winnie-Stowell Hospital District

Statement Date: July 8, 2021
Statement No.: 12504
Account No.: 1637.001
Page: 3

We appreciate your business

Wire/ACH Information

UMB Bank

777 Main Street, Fort Worth Texas 76102

ABA 101000695 Account Number 9872279662



Sherrie Norris <sherrie@wshd-tx.com>

FW: Your statement from Bonds Ellis Eppich Schafer Jones LLP is attached.

1 message

Hubert Oxford IV <hoxfordiv@benoxford.com>

Thu, Jul 8, 2021 at 12:48 PM

To: Sherrie Norris <sherrie@wshd-tx.com>

Cc: Cathy Hodge <cathy.hodge@bondsellis.com>, Clay Taylor <clay.taylor@bondsellis.com>

Sherrie,

Please see attached. I have reviewed the invoice and approve it for payment at our next meeting.

Cathy,

The District pays its bills during their monthly Board meetings. This month, it is on July 28, 2021 because we are going to a conference during the time we are supposed to have the regularly scheduled meeting. Is this ok?

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

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From: Cathy Hodge <cathy.hodge@bondsellis.com>
Sent: Thursday, July 8, 2021 12:13 PM
To: Hubert Oxford IV <hoxfordiv@benoxford.com>
Subject: Your statement from Bonds Ellis Eppich Schafer Jones LLP is attached.

Dear Mr. Oxford, IV,

Attached is our statement dated 07/08/2021 for services rendered in the above matter. Please place in line for payment.

It is a pleasure representing you. If you need anything at all or have any questions, comments or issues, please do not hesitate to contact Clay Taylor.

Sincerely,

Cathy Hodge

Office Manager

BONDS ELLIS EPPICH SCHAFFER JONES LLP

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 Issued 07/21/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

Barrier Reef Emergency Physician
 Po Box 98694
 Las Vegas, NV 89193

Vendor #: 90001
 NPI: 1275761512

GL #	Description	Amount
WSHD	Wshd	214.32
Expenditures		214.32
Reimb/Adjustments		
Grand Total		214.32

4 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1107*90001*2	WSHD	06/09/2021	1,593.00	0.00
1177*90001*1	WSHD	06/04/2021	2,374.00	118.78
1218*90001*1	WSHD	06/08/2021	1,593.00	95.54
1295*90001*1	WSHD	05/07/2021	2,374.00	0.00
4 invoices, 4 line items			7,934.00	214.32
Grand Totals			7,934.00	214.32

4 total invoices

4 total line items

©IHS
 Issued 07/12/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

Vendor #: 90010

\$25 Optical
 545 South 11Th Street
 Beaumont, TX 77701

GL #	Description	Amount
WSHD	Wshd	175.00
	Expenditures	175.00
	Reimb/Adjustments	
	Grand Total	175.00

4 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1128*90010*1	WSHD	06/11/2021	50.00	50.00
1206*90010*1	WSHD	06/30/2021	50.00	50.00
1219*90010*1	WSHD	06/17/2021	50.00	50.00
1296*90010*1	WSHD	06/09/2021	25.00	25.00
4 invoices, 4 line items	***		175.00	175.00
Grand Totals			175.00	175.00

4 total invoices
 4 total line items

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 Issued 07/19/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 06/01/21-06/30/21

Dr. June Stansky, Optometrist
 1008 W. Sterling Ave.
 Baytown, TX 77520

Vendor #: 90011

GL #	Description	Amount
WSHD	Wshd	240.00
	Expenditures	240.00
	Reimb/Adjustments	
	Grand Total	240.00

4 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1128*90011*1	WSHD	06/11/2021	60.00	60.00
1206*90011*1	WSHD	06/30/2021	60.00	60.00
1219*90011*1	WSHD	06/17/2021	60.00	60.00
1296*90011*1	WSHD	06/09/2021	60.00	60.00
4 invoices, 4 line items	***		240.00	240.00
Grand Totals			240.00	240.00

4 total invoices
 4 total line items

**Bobby Way
Travel Reimbursement Request**

Date	Description	Amount		
		Rate	Miles	Total
7/21/2021	Mileage to THT Conference	0.56	260	\$145.60
07/24/21	Mileage from THT Conference	0.56	260	\$145.60
		Total Miles	520.00	
Total Reimbursement	\$291.20			

Bobby Way

Anthony Stramecki
Travel Reimbursement Request

Date	Description	Amount		
		Rate	Miles	Total
7/21/2021	Mileage to THT Conference	0.56	260	\$145.60
07/24/21	Mileage from THT Conference	0.56	260	\$145.60
		Total Miles	520.00	
Total Reimbursement	\$291.20			

 Anthony Stramecki

Kacey Vratis
Travel Reimbursement Request

Date	Description	Amount		
		Rate	Miles	Total
7/21/2021	Mileage to THT Conference	0.56	260	\$145.60
07/24/21	Mileage from THT Conference	0.56	260	\$145.60
		Total Miles	520.00	
Total Reimbursement	\$291.20			

Kacey Vratis

EXHIBIT “B”



07.28.21 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – 58
- b) Youth Counseling – 11
- c) Irlen Services – 5
- d) Dental – 7 clients used the Dental benefits in JUN
- e) Vision – 5 clients used the Vision benefits in JUN

2) Pharmacy:

- a) Pharmacy expense was **UP by \$2.3K, from \$688.40**. The **increase** was largely due to paying Wilcox **\$851.63** for their **MAY** Invoice and **\$821.10** for their **JUN** Invoice in the same month.
- b) **9** clients are currently on the Prescription Assistance Program, which saved the District **\$\$6,582.57** for **JUN 2021**.

3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was **UP by \$1.1K, from \$26,805.80**.
- b) There were **18** Referrals during the month of **JUN**, of which **18** were Approved and **0** Denied. There was **1** major expense from those referrals – an Admit to UTMB resulting in a 2 day stay. **There is 1 referral in JUL for a UTMB Admit which resulted in a 5 day stay, and should be billed in JUL.**

4) UTMB Hospital & Clinics:

- a) UTMB expense was significantly **DOWN by \$3.9k from \$21,895.91**. This is due to a **\$7.3K decrease** in Outpatient services. However, there were a total of **3 ER visits** for **JUN**, of which **1** resulted in a **2 day In-Patient stay** for **\$3,853.07**.

5) Youth Counseling:

- a) Youth Counseling expense was **UP \$170 from \$1020.00** due to **3 new clients**.

6) Irlen Services:

- a) There were no Irlen Services during JUN 2021.

7) Our over-all YTD expenditures for 2021:

- a) Total YTD Amount Paid is **\$239,805.84**. This amount includes **\$225,810.35** pre-paid to Riceland Hospital and Clinic, and of that pre-payment, RMC still has **\$112,245.30 remaining**.

8) Source Code Totals for MON 2021:

- a) **Riceland** was **43%** of the total expenses for **JUN**
- b) **UTMB** was **35%** of the total expenses for **JUN**
- 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 **\$139,041.25K**.
- b) **UTMB** – is trending 2nd at **\$77K**.
- c) **Pharmacy** – is trending 3rd at **\$15K**.
- d) **Youth Counseling** – is trending higher at **\$4.6K**.
- e) **Irlen Services** – is trending higher at **\$2.5K**
- f) **Client Count** – Indigent Client count **increased** at **58**, Youth Counseling **increased** to **11**, and Irlen Services **remained steady** at **5**.

10) Additional Information:

- a) **ICAP Applications**–
 - i) For **JUN**: **18** applications were GIVEN; **8** were APPROVED; **0** were DENIED; **7** RESCHEDULED to **JUL**; **3** did not completed the process.
- b) **County Van Report** – There were **2** WSHD Riders, and **4** WSDH related trips for the month of **JUN**.

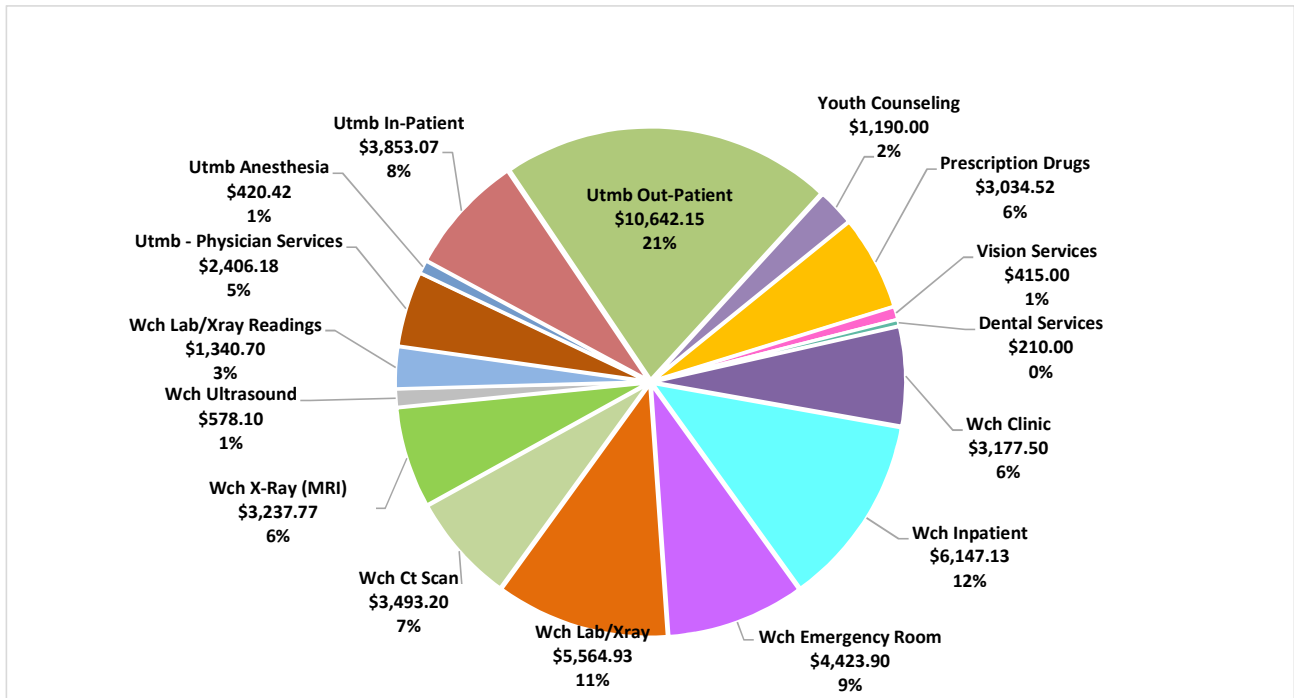
WSHD Indigent Care Director Report
2020 YTD Expenditures Worksheet

	May			June			Year to Date		
Indigent Clients:	Indigent Clients:	52		Indigent Clients:	58		Clients Enrolled:	74	49
Youth Counseling:	Youth Counseling:	8		Youth Counseling:	11		YC Enrolled:	13	6
Irlen Services:	Irlen Services:	5		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	\$697.76	\$697.76	\$688.40	\$1,390.30	\$1,361.79	\$1,361.79	\$8,351.23	\$8,164.47	\$8,155.11
Wilcox Pharmacy	\$0.00	\$0.00	\$0.00	\$1,672.73	\$1,672.73	\$1,672.73	\$7,019.57	\$6,932.37	\$6,932.37
ADJUSTMENTS-Refunds/Credits									
Pharmacy Totals	\$697.76	\$697.76	\$688.40	\$3,063.03	\$3,034.52	\$3,034.52	\$15,370.80	\$15,096.84	\$15,087.48
Winnie Community Hospital									
WCH Clinic	\$7,002.00	\$2,870.82	\$2,870.82	\$8,161.00	\$3,177.50	\$3,177.50	\$40,810.00	\$16,460.68	\$14,223.31
WCH ER	\$9,257.00	\$3,795.37	\$3,795.37	\$10,790.00	\$4,423.90	\$4,423.90	\$42,451.00	\$17,404.91	\$17,404.91
WCH Lab/Xray	\$17,003.00	\$6,971.23	\$6,971.23	\$14,141.00	\$5,564.93	\$5,564.93	\$96,890.00	\$39,492.02	\$39,492.02
WCH CT Scan	\$14,615.00	\$5,992.15	\$5,992.15	\$8,520.00	\$3,493.20	\$3,493.20	\$51,225.00	\$21,002.25	\$21,002.25
WCH Xray (MRI)	\$11,571.00	\$4,333.29	\$4,333.29	\$7,897.00	\$3,237.77	\$3,237.77	\$72,471.00	\$29,302.29	\$29,302.29
WCH Lab/Xray Reading	\$1,828.00	\$749.48	\$749.48	\$3,270.00	\$1,340.70	\$1,340.70	\$11,284.00	\$4,626.44	\$4,626.44
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$14,993.00	\$6,147.13	\$6,147.13	\$14,993.00	\$6,147.13	\$6,147.13
WCH Ultrasound	\$3,660.00	\$1,500.60	\$1,500.60	\$1,410.00	\$578.10	\$578.10	\$12,512.00	\$5,129.92	\$5,129.92
WCH Totals	\$66,382.00	\$26,805.80	\$26,805.80	\$69,182.00	\$27,963.23	\$27,963.23	\$346,814.00	\$141,278.62	\$139,041.25
ADJUSTMENTS-Refunds/Credits									
Balance on Contracted Amount (Lump Sum Payment of \$251,286.55)				<i>Credit Adjustment</i>			<i>Credit Adjustment</i>		<i>(\$2,237.37)</i>
					\$140,208.53			\$112,245.30	
UTMB									
UTMB Physician Services	\$12,351.00	\$3,070.90	\$3,070.90	\$15,660.00	\$2,860.52	\$2,860.52	\$47,044.00	\$10,055.01	\$10,055.01
UTMB Anesthesia	\$1,342.00	\$808.50	\$808.50	\$1,098.00	\$630.63	\$630.63	\$5,368.00	\$3,135.99	\$3,135.99
UTMB In-Patient	\$0.00	\$0.00	\$0.00	\$10,702.97	\$3,853.07	\$3,853.07	\$56,100.68	\$20,147.66	\$20,147.66
UTMB Outpatient	\$75,068.78	\$18,016.51	\$18,016.51	\$53,873.78	\$10,642.15	\$10,642.15	\$251,857.25	\$43,452.39	\$43,452.39
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00	\$1,905.02	\$0.00	\$0.00	\$3,066.04	\$278.64	\$278.64
ADJUSTMENTS-Refunds/Credits									
UTMB Totals	\$88,761.78	\$21,895.91	\$21,895.91	\$83,239.77	\$17,986.37	\$17,986.37	\$363,435.97	\$77,069.69	\$77,069.69
Non-Contracted Emergency Services									
Barrier Reef (UTMB ER Physician)	\$7,934.00	\$214.32	\$214.32	\$7,934.00	\$214.32	\$214.32	\$18,242.00	\$547.42	\$547.42
Non-Contract Services Totals	\$7,934.00	\$214.32	\$214.32	\$7,934.00	\$214.32	\$214.32	\$18,242.00	\$547.42	\$547.42
Youth Counseling									
Benjamin Odom	\$0.00	\$0.00	\$0.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00
Nicki Holtzman	\$850.00	\$850.00	\$850.00	\$765.00	\$765.00	\$765.00	\$3,570.00	\$3,570.00	\$3,570.00
Penelope Butler	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$850.00	\$850.00	\$850.00
Youth Counseling Totals	\$1,020.00	\$1,020.00	\$1,020.00	\$1,190.00	\$1,190.00	\$1,190.00	\$4,675.00	\$4,675.00	\$4,675.00
Irlen Services									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00	\$2,500.00
Irlen Services Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00	\$2,500.00
Indigent Special Services									
Dental Services	\$120.00	\$120.00	\$120.00	\$517.00	\$210.00	\$210.00	\$637.00	\$330.00	\$330.00
Vision Services	\$0.00	\$0.00	\$0.00	\$415.00	\$415.00	\$415.00	\$415.00	\$415.00	\$415.00
Indigent Special Services Totals	\$120.00	\$120.00	\$120.00	\$932.00	\$625.00	\$625.00	\$1,052.00	\$745.00	\$745.00
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	\$164,915.54	\$50,753.79	\$50,744.43	\$165,540.80	\$51,013.44	\$51,013.44	\$752,229.77	\$242,052.57	\$239,805.84

WSHD Indigent Care Director Report
Jun 2021 SOURCE CODE REPORT

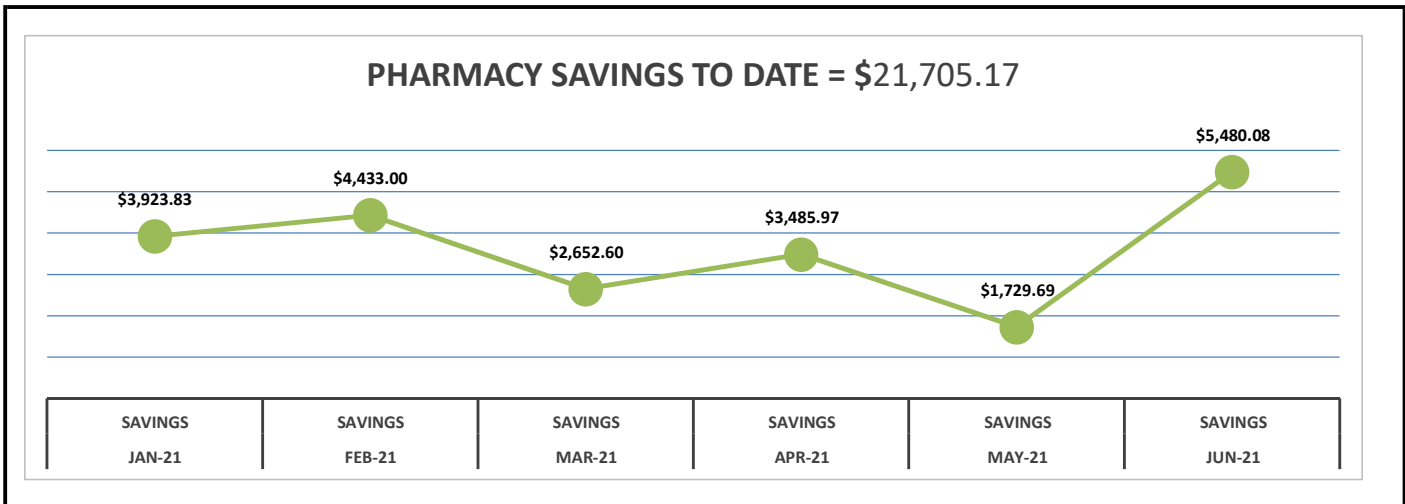
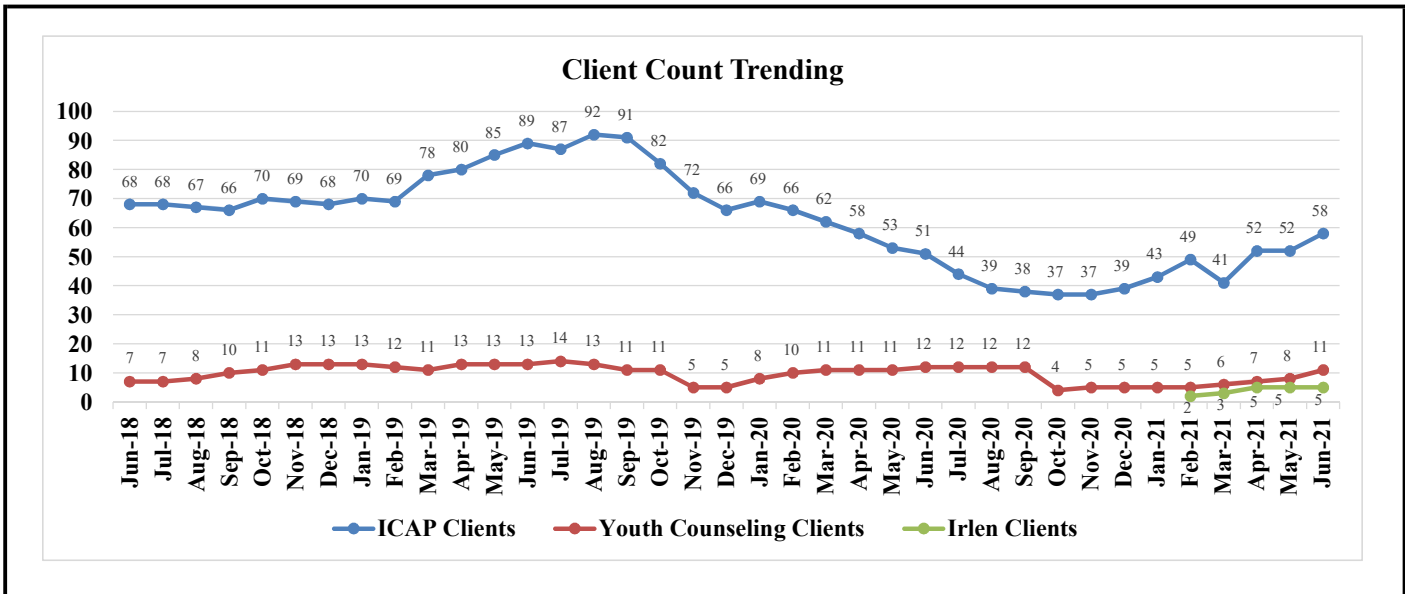
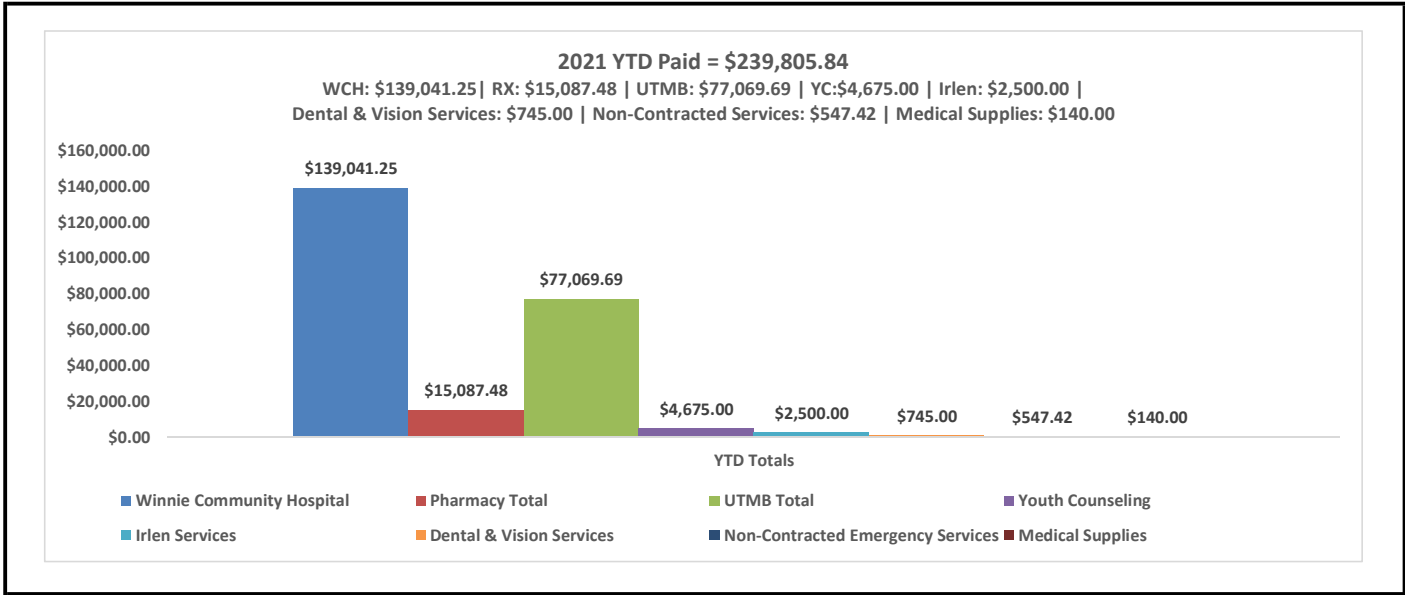
Source Totals for Batch Dates 6/01/2021 through 6/30/2021 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$3,063.06	\$3,034.52	5.95%
13	Vision Services	\$415.00	\$415.00	0.81%
14	Dental Services	\$517.00	\$210.00	0.41%
21	Wch Clinic	\$8,161.00	\$3,177.50	6.23%
23	Wch Inpatient	\$14,993.00	\$6,147.13	12.05%
24	Wch Emergency Room	\$10,790.00	\$4,423.90	8.67%
25	Wch Lab/Xray	\$14,141.00	\$5,564.93	10.91%
26	Wch Ct Scan	\$8,520.00	\$3,493.20	6.85%
28	Wch X-Ray (MRI)	\$7,897.00	\$3,237.77	6.35%
29	Wch Ultrasound	\$1,410.00	\$578.10	1.13%
44	Wch Lab/Xray Readings	\$3,270.00	\$1,340.70	2.63%
31	Utmb - Physician Services	\$13,058.00	\$2,406.18	4.72%
31-1	Utmb Anesthesia	\$720.00	\$420.42	0.82%
31-2	Utmb - Crna Anesthesia Service	\$378.00	\$210.21	0.41%
33	Utmb In-Patient	\$10,702.97	\$3,853.07	7.55%
34	Utmb Out-Patient	\$53,873.78	\$10,642.15	20.86%
34-1	Utmb ER Physicians - Barrier Reef	\$7,934.00	\$214.32	0.42%
35	Utmb Lab/X-Ray	\$1,905.02	\$0.00	0.00%
37	Utmb - Mid-Level Providers	\$2,602.00	\$454.34	0.89%
39	Youth Counseling	\$1,190.00	\$1,190.00	2.33%
Expenditures/Reimbursements/Adjustments		\$165,540.83	\$51,013.44	0%
Grand Total		\$165,540.83	\$51,013.44	100%



WSHD Indigent Care Director Report

YTD Trending



Chambers County East Side Van Monthly Report



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

Jul-21

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			1757
TOTAL HOURS DRIVEN			102.67
TOTAL EXPENSES FOR MONTH			\$350.99
<i>FUEL COST</i>			\$350.99
<i>REPAIRS & MAINTENANCE COST</i>	_____		
<i>MISC EXPENSES</i>	_____		
TOTAL RIDERS			15
<i>TOTAL WSHD RIDERS</i>			1
TOTAL TRIPS			29
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			3

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			693
TOTAL HOURS DRIVEN			45.00
TOTAL EXPENSES FOR MONTH			\$153.73
<i>FUEL COST</i>			\$153.73
<i>REPAIRS & MAINTENANCE COST</i>	_____		
<i>MISC EXPENSES</i>	_____		
TOTAL RIDERS			11
<i>TOTAL WSHD RIDERS</i>			1
TOTAL TRIPS			15
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			1

VEHICLE #3		VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN			1714
TOTAL HOURS DRIVEN			70.75
TOTAL EXPENSES FOR MONTH			\$223.05
<i>FUEL COST</i>			\$223.05
<i>REPAIRS & MAINTENANCE COST</i>	_____		
<i>MISC EXPENSES</i>	_____		
TOTAL RIDERS			12
<i>TOTAL WSHD RIDERS</i>			0
TOTAL TRIPS			22
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			0

GRAND TOTALS			
MILES DRIVEN			4164
RIDERS			38
<i>WSHD RIDERS</i>			2
TRIPS			66
<i>WSHD TRIPS</i>			4
EXPENSES			\$727.77

EXHIBIT “C-1”

2020-2021 LTC SITE SUMMARY

Manager	Nursing Facility	Facility Address	August-20	September-20	October-20	November-20	December-20	January-21	February-21	March-21	April-21	May-21	June-21	July-21	August-21	Totals
CHC	Garrison Nursing Home & Rehabilitation Center, LLC	333 North Fm 95, Garrison, TX 75946	x			x			x			x				4
CHC	Golden Villa Healthcare, LLC	1104 S William St, Atlanta, TX 75551	x			x			x			x				4
CHC	Highland Park Health Center	2714 Morrison Street, Houston, Texas 77009			x						x					2
CHC	Marshall Manor Nursing & Rehabilitation Center	1007 S Washington Ave, Marshall, TX 75670	x			x			x			x				4
CHC	Marshall Manor West	207 W Merritt St, Marshall, TX 75670-6240	x			x			x			x				4
CHC	Rose Haven Retreat	200 Live Oak St, Atlanta, TX 75551	x			x			x			x				4
CHC	Spring Branch Transitional Care Center, LLC	1615 Hillendahl Blvd, Houston, TX 77055			x			x			x					3
HMG	ACCEL at College Station	1500 Medical Avenue College Station, TX 77845														0
HMG	Cimarron Place Health & Rehabilitation Center	3801 Cimarron Blvd Corpus Christi Texas 78414														0
HMG	Silver Springs Health & Rehabilitation Center	1690 N. Treadaway Blvd Abilene, Texas 79601														0
HMG	Deerbrook Skilled Nursing & Rehab Center	9250 Humble-Wesfield Road Humble, TX 77338						x			x					2
HMG	Friendship Haven Healthcare & Nursing Rehabilitation Center	1500 Sunset Drive Friendswood, TX 77546						x			x					2
HMG	Park Manor of Conroe	1600 Grand Lake Drive Conroe, TX 77304		x	x		x			x			x			5
HMG	Park Manor of CyFair	11001 Crescent Moon Drive Houston, TX 77064			x			x			x					3
HMG	Park Manor of Cypress Station	420 Lantern Bend Drive Houston, TX 77090			x			x			x					3
HMG	Park Manor of Humble	19424 McKay Drive Humble, TX 77338			x			x			x					3
HMG	Park Manor of Quail Valley	2350 FM 1092 Missouri City, TX. 77459	x			x			x			x				4
HMG	Park Manor of Southbelt	11901 Resource Pkwy Houston, TX 77089						x			x					2
HMG	Park Manor of Tomball	250 School Street Tomball, TX 77375							x			x				2
HMG	Park Manor of The Woodlands	1014 Windsor Lake Blvd The Woodlands, TX 77384								x			x			2
HMG	Park Manor of Westchase	11910 Richmond Ave Houston, TX 77082			x			x			x					3
HMG	Willowbrook Nursing Center	227 Russell Blvd Nacogdoches, Texas 75965											x			1
RHS	Spindletop Hill	1020 S 23rd St, Beaumont, TX 77707		x			x						x			3
RHS	Hallettsville Rehabilitation and Nursing Center	825 Fairwinds St, Hallettsville, TX 77964			x											1
RHS	LaGrange Rehabilitation and Nursing Center	120 Texas 71, La Grange, TX 78945			x											1
RHS	The Woodlands Healthcare Center	4650 S Panther Creek Dr, Spring, TX 77381		x			x			x			x			4
SLP	Oak Manor Nursing Center	624 N Converse St, Flatonia, TX 78941			x											1
SLP	Oakland Manor Nursing Center	1400 N Main St, Giddings, TX 78942			x											1
Totals			6	3	11	6	3	8	7	3	9	7	5	0	0	

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
May 2021			
Facility	Operator		Comments
Garrison Nursing and Rehabilitation	Caring		Current Census: 73. The facility had their annual survey in December 2020, they received three minor tags, POC was accepted via desk review. There was one reportable incident since the last visit, the facility was not cited. The facility has begun conducting activities in the dining room with 10-15 residents at a time. The residents are enjoying getting to leave their rooms. The facility has used the vacant areas of the facility to make improvements to the floors and getting the residents a new television in the dining room.
Golden Villa	Caring		Current Census: 75. The facility had their annual survey in September 2020, they facility received an IJ tag which was cleared in February. There were several reportable incidents since the last visit, they are awaiting review by the state. The facility has not had many staff take the vaccine as they are skeptical, the administrator is bringing in experts to discuss with the staff. Staffing is good at the facility; they are about to switch from 12 hour shifts back to 8-hour shifts.
Marshall Manor Nursing and Rehabilitation	Caring		Current Census: 84. The facility last had their annual survey in September 2019, they are currently in their survey window. There were two reportable incidents since the last visit, both were unsubstantiated following state review. The facility had a much higher number of visitors on Mother's Day, it was a bit overwhelming for the staff, but they were able to get everyone checked in safely. The facility is looking into partnering with a local college to have the nursing students do clinicals at the facility.
Marshall Manor West	Caring		Current Census: 52. The facility last had their annual survey in January 2020, they are currently in their survey window. There were no reportable incidents since the last visit, the facility is waiting for the state to investigate an incident from November regarding a fracture of unknown origin. The activity director has been taking residents on outings in the facility's bus, the residents are enjoying being able to get out of the facility. The facility has plans to replace the flooring in the near future.

Rose Haven Retreat	Caring		Current Census: 44. The facility had their annual survey in November 2020, all tags have been cleared. The state has cleared most of the reportable incidents via desk review, there are a few incidents still awaiting investigation. The facility had an employee test positive for COVID in April, so far no one else is showing any symptoms. Due to the positive COVID test the facility has not been able to loosen restrictions like other facilities have.
Park Manor of Quail Valley	HMG		Current Census: 70. The facility had their annual survey in January 2020, they are currently in their survey window. There were no reportable incidents since the last visit. The facility was without a sprinkler system until the end of April, it has now been fixed. The facility is planning on updating fixtures and furniture in the common areas over the next months. The facility has had some viruses, all have been investigated by the state and the facility has not been cited.
Park Manor of Tomball	HMG		Current Census: 93. The facility last had their annual survey in the fall of 2020, they are currently in their survey window. The only reportable incidents since the last visit were for COVID positive tests, the facility was not cited. The facility had several residents and staff test positive in the first quarter but have not had a positive test since the beginning of April. The facility is now able to provide group activities and group dining for its residents.

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.

<p>Park Manor of Westchase</p>	<p>HMG</p>	<p>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.</p>
<p>Spring Branch Transitional Care Center</p>	<p>Caring</p>	<p>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.</p>

Administrator: Josh Havins
DON: Teresa Westmoreland

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. Census was at 73 residents. The facility currently has an overall star rating of 4 and a star rating in Quality Measures of 4.

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

Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Garrison Nursing Home and Rehab had 2 new admits (April 28th) that tested COVID_19 positive. Initially, they were quarantined in the Warm Zone and after 7 days, one of the residents started having signs and symptoms of COVID_19. That resident was discharged to the hospital and tested positive. Thereafter, they tested all of those in the Warm Zone and the other resident came up positive. Both have recovered and are in the general population – Cold Zone. Staff are wearing surgical mask in the Cold Zone.

Garrison Nursing and Rehab Center does not have any residents in the Hot Zone at this time, which is at the end of 100 Hallway. If they have any residents testing COVID_19 positive, they will have this hallway prepared. Currently Garrison has (1) resident in their Warm Zone who is a new admit and hasn't been vaccinated. Administrator concluded that if a new admit had been fully vaccinated and did not have any signs or symptoms of COVID_19 and had not been exposed, they could go into the general population upon admission. February 5th was the last time an employee tested COVID_19 positive. PPE inventory is still good, no issues.

Administrator reports Nacogdoches County positivity rate is at 4.5% in which testing of staff by CDC guidelines is once per month but per company policy, they are testing weekly. Staying in the routine of testing seems to work better for all. They do not have to test the residents as they are not in an outbreak status. Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Garrison Nursing and Rehab has had (4) COVID_19 vaccine clinics so far. CVS provided the first two clinics and the last two were their pharmacy, Red River. Approximately 93% of the residents at Garrison Nursing Home and Rehab Center have received their COVID_19 vaccine. Only 33-35% of the employees at Garrison Nursing Home and Rehab Center took the COVID_19 vaccine. The Administrator mentioned that a lot of his staff still do not trust in the information given out and refuses to take the vaccine.

PIP's are in place for skin and wounds and anti-psychotics. Essential Caregiver visits are on-going and on average they have 20 to 30 visitors per day. The Administrator mentioned the death rate had gone down ever since open visitation and believes residents were not as depressed as some seemed to be failure to thrive and nothing to do with COVID_19. Visits are inside and outside. The pavilion is used most of the time as it provides better for social distancing. Inside visits are still in the resident rooms.

Hurricane season is upon Garrison Nursing and Rehab and they are preparing to the best of their ability. For the last couple of months, approximately 5 to 6 residents have been coming into the dining room due to the space and social distancing. Activities are in the dining room in which 10-15 residents are able to partake. Many hospice agencies came in recently to decorate for Mother's Day and even set up a balloon display for picture taking. Church volunteers have also come into the building which has really uplifted the residents. New comforters have been bought for the resident rooms and a new TV for the dining room is in place. Maintenance is also working on the floors to give them a better appearance.

QIPP SCORECARD:

Based on QIPP Scorecard for Garrison Nursing and Rehabilitation:

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

SURVEY INFORMATION

Annual survey was December 2020 for Garrison Nursing and Rehab. No citations on health and 3 for LSC. A desk review was given and all 3 citations with LSC cleared.

REPORTABLE INCIDENTS

SELF-REPORT IN FEBRUARY IN WHICH STATE DID NOT GIVE ANY CITATIONS.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided

Infection Control:

Information was not provided



Weight loss:

Information was not provided

Pressure Ulcers:

Information was not provided

Restraints:

Information was not provided

Staffing:

Facility is fully staffed and Garrison does not need to use contract agency.

Administrator: Linda Benson
DON: Brandy Pulliam

FACILITY INFORMATION

Golden Villa is a 111-bed facility with a current overall star rating of 2 and a Quality Measures star rating of 4. The census on the date of this call was 75 residents.

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 had one area due to the snow storm in February that needs better support. The canopy in the back that goes from the building to the laundry almost collapsed due to the heaviness of the snow. The gutters fell off during the snow storm and need to be placed back on. Because of receiving so much rain lately, the maintenance man has not been able to place them back on. Staff, including the Administrator stayed in the building for 6 days during the snow storm and the Administrator is grateful. The Administrator also mentioned they lost some bushes due to the freeze and they will need to be replaced.

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. At this time, Golden Villa has 3 residents in their Unknown-Warm Zone. The positivity rate for Cass County is 2.2% in which Golden Villa tests staff once a week if they have not been vaccinated. Those who have been vaccinated, do not need to be tested. Approximately 38% of the employees and 88% of the residents have been fully vaccinated. The Administrator reported that more employees are receiving their vaccines but she would like a higher number with them. Golden Villa is still following CMS/CDC/state infection control guidelines for COVID-19.

The last time an employee tested COVID_19 positive was on February 13th. All residents at this time are COVID_19 negative. Golden Villa has had 4 COVID_19 clinics and Red River pharmacy is coming in once per month to provide vaccinations. PPE inventory is still very good and surgical masks are being worn in the general population. Residents are now able to go into the dining room during lunch and supper if they please, (approximately 15 residents) and activities continue in the dining room.

Visitations are still going well. Most are scheduled and designated areas are set up for the visits. Fridays are their busiest days and on average, Golden Villa has 6 to 8 visitors per day. Children over 2 years are coming in as well and wearing smaller masks given to them by the facility. The Administrator reported they were not having any problems with open visitation.

Nurses have been working 12 hour shifts but the Administrator believes they may be able to go back to 8-hour shifts. CNA's are still working 8 hour shifts and Golden Villa is not needing contract agency currently.

The State visited this past Saturday on a complaint regarding administrative personnel, resident rights, abuse and quality of care. A resident called in and said the new Administrator told her she could not talk to anyone but her. The allegation was not cited.

Weight loss has been some concern ever since Covid_19 and at this time are providing a Select Menu for their residents. Weights are increasing and the Administrator mentioned they had an excellent wound care nurse who is doing a great job in decreasing wounds. The beautician is back in the building and has been there for the last three weeks.

Last week was Nurse's Week in which they had a big luncheon catered in for the staff along with a gift to show appreciation. This week is Nursing Home Week and Golden Villa is planning on a lot of activities including a cook out, a visit by a horse, a Michael Jackson impersonator who is 3 years of age, and today is Hawaiian day. Next month will be CNA week and the team is making plans to show appreciation. Mother's Day was a hit and all of the ladies received wrists corsages.

A big event for the community and facility is the Health Fair in October. Facebook is also used to promote events and tours and repairs and touch up painting in the facility is planned. The Administrator mentioned she was putting together an 'Active Shooter' training that would also involve the community in forming stronger relationships. The Administrator stated she just wanted her staff to know how to protect themselves and the residents, if anything such as that is possible. Golden Villa will be having a Car Show for Father's Day and many seem excited about it.

QIPP SCORECARD:

Administrator states they have met all components for the last quarter.

SURVEY INFORMATION

Annual survey was back in September of 2020 – IJ was given for infection control but was cleared in February.

REPORTABLE INCIDENTS

Golden Villa has a few self-reports still outstanding. These reports consist of an allegation of abuse and a couple of injuries of unknown origin.

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided



Golden Villa

1104 South William Street, Atlanta TX 75551

May 11, 2021

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Administrator reported staffing was good.

Administrator: Ross Bradfield – started November 2020
DON: Tameika Sanders, RN – started 4th of July 2020

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current over all star rating of 1 and a Quality Measures rating of 3. The census on the date of this call was 84.

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. The Covid_19 positivity rate in Harrison County is 3.8%. At this time, they are testing once per week for employees who have not been vaccinated. Currently, Marshall Manor Nursing and Rehab is COVID_19 free with no positive residents since January 19th. The last time an employee tested COVID_19 positive was January 14th. Currently, Marshall Manor has 7 residents in the Warm Zone. PPE items are good and they use RAC_G for orders. The Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

The Administrator mentioned the National Guard had given them some extra water during February's snow storm and the team was very grateful. Overall, the building did well, no major issues. The landscaping was a challenge after the freeze as many bushes and shrubs died. Gradually, they have been removing the shrubs and in fact were removing some more today in order to replace. The Administrator reported they were preparing for more storms ahead and was going to be looking at his contracts that are in place in his Emergency Preparedness Binder.

Marshall Manor has had routine COVID_19 clinics every three to four weeks since March. Whenever they have 2 to 3 new residents, their pharmacy Red River or the National Guard will schedule a visit to the facility to provide vaccinations. At this time, 78 out of 84 residents and around 60 employees (60%) have been vaccinated.

Mother's Day was overwhelming reported the Administrator as they had a lot of visitors. Families are encouraged to call for appointments to help with the flow of visitors in the building. Usually, 2 to 3 people come at a time and on average 10 to 15 visitors per day visit loved ones. Marshall Manor has had some birthday celebrations in their conference room to accommodate a larger crowd in which families seem grateful to be able to be with their loved one. Screening is still in place and for the most part, goes well.

Lunch and dinner are being provided in the dining room. Typically, they have two residents to a table. Marshall Manor is starting a modernization project with their elevators starting Monday. Thereafter, they hope to incorporate having breakfast available in the dining room. Activities are going well – typically 10 residents participate at a time. A couple of home health agencies set up a

glamour photo booth for the residents on Mother's Day and all had a good time. A brisket luncheon was also provided in which the residents enjoyed that same day. Nursing Home week is also coming up and the mayor will be coming out to provide a proclamation. The Administrator also discussed working with the activity director and resident council on upcoming holidays. The beautician has been back since last month.

The Administrator mentioned they were trying to get their nurse aides certified and working with a sister company who has an instructor via satellite school. This way they can go through the course and take their exam. The Administrator mentioned a college nearby who wanted their nurses to do their clinicals at their facility. The Administrator mentioned they had an IJ less than two years ago and they may not be able to do it at this time. The Administrator mentioned again how the February snow storm really banded together his team and many went above and beyond to take care of the residents. The Administrator said it was also nice seeing families again and welcoming them back to the facility.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor:

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

SURVEY INFORMATION

Marshall Manor Nursing and Rehab Center is still waiting on their annual survey from 2019 – it will be two years this September.

REPORTABLE INCIDENTS

State was in the building last Thursday regarding two self-reports - allegation of abuse and injury of unknown origin. Both reports were unsubstantiated.

CLINICAL TRENDING

Incidents/Falls:

Facility information not given

Infection Control:

Facility information not given



Weight loss:

Facility information not given

Pressure Ulcers:

Facility information not given

Restraints:

Facility information not given

Staffing:

Facility is currently fully staffed.

Administrator: Ken Kale
DON: Lakeisha Owens

FACILITY INFORMATION

Marshall Manor West is a 118-bed facility with a current over all star rating of 2 and a Quality Measures rating of 3. The census on the date of this call was 52 and 6 Medicare.

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 Harrison's County positivity rate is 4.2% and testing of staff is once per week. If staff have been vaccinated, they do not have to be tested. Administrator reported the building did well during the February storm. No issues afterwards including most of the landscaping came back. Administrator reported during Hurricane season, they usually take in residents but are always trying to be prepared for storms in general.

Marshall Manor West has had 3 COVID_19 vaccine clinics, so far. Only 4 employees were given the vaccines from Walgreens on the third clinic. Red River is assisting now with the vaccinations stated the Administrator. The Administrator reported approximately 66% of his staff have been fully vaccinated, so it's so much easier now. Administrator reported over 90% of Marshall Manor West residents have been fully vaccinated. A few weeks ago, the County Positivity rate was 2%, so the rate did go up this week.

The last time a resident tested COVID_19 was early January during outbreak status. No residents are in the Hot Zone. The Administrator reported it wasn't until the first of May was when his staff went back to wearing surgical masks. Marshall Manor West wanted to wait and be cautious before they started wearing these masks. PPE inventory is still good, no issues. Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Dining services in the dining room started coming back a couple of months ago at Marshall Manor West. Half of the residents are coming into the dining room, in shifts. The Administrator stated most all residents can come to the dining room for at least one meal. Recently, the Activity Director has been able to take residents out on the bus for trips such as a safari in Jefferson. Residents really enjoyed being out since it had been so long. Mother's Day went well and the calendar was full with visitors. On average, Marshall Manor West has 4 to 5 visitors each week. Some volunteers are coming in and help out with BINGO and provide prizes in which the Administrator is grateful for their kindness.

Marshall Manor West does not use contract agency. All staff went to 12 hour shifts during the February storm but everyone is back to an 8-hour shift. At this time, the facility has only one PIP in

place to expand communal activities. Last month, they didn't have any falls and the month prior they only had 5 falls. No renovations are planned at this time but possibly in the summer they may start back up. The lobby, two halls and a common area had been updated and they are hoping to start up again with replacing the flooring.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor West:

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

SURVEY INFORMATION

Full book was in January of 2020 and they are still in their open window.

REPORTABLE INCIDENTS

Administrator reports the last self-report was in November – both for a fracture of unknown origin. State hasn't been out to investigate.

CLINICAL TRENDING**Incidents/Falls:**

Facility information not given.

Infection Control:

Facility information not given.

Weight loss:

Facility information not given.

Pressure Ulcers:

Facility information not given.



Marshall Manor West

207 West Merritt Street, Marshall, TX 75670

May 11, 2021

Restrains:

Facility information not given.

Staffing:

Facility is fully staffed.

Administrator: Belinda Nash

DON: Josh Gore

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. Current census on the date of the call was 44 (16 residents are in the secured community).

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

Administrator reported the Covid_19 Positivity rate for Cass County is at 3.3%. At this time, they are testing employees once a week. Staff are wearing N95 as Rose Haven Retreat is considered in outbreak status as an employee tested COVID_19 positive a few weeks ago. No one else has tested positive and at the end of this week, this employee will be able to come back to work. Last COVID_19 positive resident was back in December.

Contract agency is not needed at this time. Nurses are working 8-hour shifts currently. CVS has provided three COVID_19 Vaccine clinics and the Administrator reported CVS was flexible and works with them daily, even if they only have one person who needs the vaccine. Approximately 50% to 60% of employees and 80% to 90% of the residents have received their vaccinations.

The Administrator reported the city water was turned off at one point during the February's snow storm. The water pressure would go up and down and then water went off completely in which they had to report it to the State. The Administrator mentioned that by the time they turned in the report, the water was back on. Luckily, they had enough emergency water and did not have to boil their water. The building had a busted pipe on the outside water heater which was fixed immediately. The Administrator and her team stayed in the building for six days and the Administrator stated that was where she wanted to be...to take care of the residents.

Essential caregiver visits have slowed down a little bit due to the outbreak. Visitors are being told they have to wear additional PPE items and most are okay with it. Hall Two is considered the Warm Zone and at this time they have one resident. No one is in the Hot Zone at this time. The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates.

Rose Haven has a new Activity Director (last two months) who is getting acclimated with the facility and residents. She has been busy as she had a Rock in Roll dance in April, Mother's Day event and now Nursing Home Week. Administrator states they have had no major weight loss. The Memory

Care Unit was to have a grand reveal on Mother's Day but was cancelled and postponed due to the outbreak. The Administrator mentioned things were getting better and was hopeful for the future.

QIPP SCORECARD:

Administrator believes they have met all components for the last quarter.

SURVEY INFORMATION

The facility had their annual survey in November of 2020 in which they received numerous tags which all have been cleared. Infection Control survey was also done at the same in which Rose Haven did not receive any citations.

REPORTABLE INCIDENTS

Many self-reports have been desk reviewed with no citations. Only a few self-reports are still outstanding.

CLINICAL TRENDING**Incidents/Falls:**

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is fully staffed.



Administrator: Rodney Lege

DON: Susan Joy

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current over all star rating of 4 and Quality Measure of 5. Given census on the date of this call was 70.

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 were still implementing their emergency plan and following all state/federal/local mandates. Administrator reported 10 of their residents recently had a dry cough, 5 with pneumonia, 1 with diarrhea and another resident who had fever. The Health Department stated there was an outbreak in Houston and Park Manor of Quail Valley decided to isolate the residents in their Warm Zone for the time being. The Health Department reported a Nero-virus and a Colo Factor outbreak going around the city. The Administrator made rounds in the kitchen and based off his internal kitchen audit in which everything looked good with no issues. All residents were tested for the Nero-virus and all were fine. This happened on Friday and the State came out on Saturday as a Priority 1. No citations were given.

One resident was discharged with Para-Influenza recently and is at the hospital at this time. The Administrator mentioned this was a respiratory issue and they were going to test their residents as well. The Administrator reported it can be carried by animals and humans with droplets and it can affect a person with upper and lower respiratory problems. This is not related to the flu reported the administrator.

The positivity rate in Fort Bend is below 10%. Residents or employees who are fully vaccinated do not need to be tested and at this time, Park Manor of Quail Valley doesn't have any residents in the COVID-Hot Zone. The last time a resident tested positive was four weeks ago. Administrator reported a total of 13 residents in their isolation/Warm Zone: 3 are new admits that haven't been vaccinated. Face shields or goggles and either a KN95 or N95 masks are being worn in the general population. PPE inventory is still very good, no issues

The Administrator reported all of the sprinkler pipes and heads had been fixed due to the freeze and things were back to normal. Park Manor of Quail Valley was on Fire Watch from February until end of April, which is a long time. They finally received their second tag placed on the fire panel and Life Safety Code inspectors accepted it. Some landscaping was replaced and new growth on the shrubs are coming back. The Administrator mentioned the magnolia trees had the most blooms he had seen in a long time which was nice to see.

Park Manor of Quail Valley has had 4 COVID_19 clinics so far. So far, 100% of their residents have received their vaccine. Park Manor of Quail Valley is still waiting on their data logger to assist with their own COVID_19 vaccines. Issues with the application due to the previous administrator's name slowed things down but last week was told they are changing it to Mr. Lege's name and will be able to log in soon. Due to the outbreak, Hall 100 and 200 are having restricted visits. Hall 300 and 400 are having regular visits in which all of the families are being respectful and understanding of the rules for visitation. The Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Communal dining has started up with social distancing but Hall 100 residents are eating in their room due to the outbreak. Only one seating is needed in the dining room at this time. Park Manor of Quail Valley stills has their beautician coming into the facility. Contract agency is being used for aides and nurses. The Administrator mentioned he heard that the State will wait for at least 30 days of a building being COVID_19 free until they will come back into the building for an annual survey.

Dietary made two different dishes for Mother's Day which was special. Each resident received a gift spa bag in which they appreciated. Holidays coming up such as Memorial Day and Fourth of July will be celebrated with BBQ. The home office approved replacing the chandeliers in the lobby and dining room, buying new lobby furniture and painting accent walls in the dining room and nurse station. The ceiling will also be painted in the dining room and nurse station to give it a fresh look. Also, they will add tablecloths in the dining room and herb garden for aroma therapy and stimulation. They are looking to contract out for the painting of these tasks but the maintenance man will continue painting resident rooms. PIPS are in place for wounds and RCA's at Park Manor of Quail Valley.

SURVEY Information

Park Manor of Quail Valley had their full book survey in January of 2020. Park Manor of Quail Valley has not had their annual survey as of yet.

REPORTABLE INCIDENTS

In **December 2020 and January/February 2021- information was not given.**

CLINICAL TRENDING:

Incidents/Falls:

In **December 2020 and January/February 2021**, Park Manor of Quail Valley had 42 total falls, of which 2 resulted in injury, 7 received skin tears, 0 Fractures, 0 Laceration and 4 had bruises.

Infection Control:

Facility reports 92 total infections in **December 2020 and January/February 2021**– 16 UTI’s; 36 Resp; 15 URIs; 15 wound infections; and 13 Other infections.

Weight loss:

Weight loss information for **December 2020 and January/February 2021** includes 5 residents total with 4 with 5-10% loss and 1 with > 10% loss in 30 days.

Pressure Ulcers:

In **December 2020 and January/February 2021**, there were 7 residents with 14 pressure ulcer sites – 2 acquired in house.

Restraints:

In **December 2020 and January/February 2021**, the facility had 0 residents with restraints.

Staffing:

Facility has openings for (1) RN 6a-2p; (1) LVN & (3) CNAs for 6a-2p & (3) 2p-10p; (1) LVN and (2) CNAs for 10p-6a.

Casper Report

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	4.5%	2.3%	2.1%	
Fall w/Major Injury (L)	3.4%	3.5%	3.5%	
UTI (L)	0%	2.2%	2.7%	

High risk with pressure ulcers (L)	8.1%	10.8%	9.5%	
Loss of Bowel/Bladder Control(L)	42.9%	51.8%	47.6%	
Catheter(L)	2.4%	2.2%	2.2%	
Physical restraint(L)	0%	0%	0.2%	
Increased ADL Assistance(L)	6.5%	21.0%	18.5%	
Excessive Weight Loss(L)	2.6%	7.3%	8.8%	
Depressive symptoms(L)	0%	5.1%	7.7%	
Antipsychotic medication (L)	5.7%	12.3%	14.6%	

QIPP Component 1

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

Component 2

Indicator	Benchmark	Comments
	Met Y/N	
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	7.23%	7.27%	5.56%		Incomplete information given
Percent of residents who received an anti-psychotic medication	14.24%	5.00%	5.77%		

Percent of residents whose ability to move independently has worsened	17.09%	19.34%	11.76%		
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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	2.65%	0.59%	0.00%		Incomplete information given
Percent of residents whose pneumococcal vaccine is up to date.	1.62%	2.09%	1.82%		
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: John Culp
DON: LaTonya Matthews

FACILITY INFORMATION

Park Manor Tomball is a 125-bed facility with a current overall star rating of 3 and Quality Measures star rating of 3. The census on the date of this report was 93: 3 PP; 9 MC; 66 MDC; 10 HMO; 5 Hospice.

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 395,655 confirmed cases of COVID_19 in Harris County and over 6,286 deaths. COVID_19 Positivity rate for Harris County is 7.0%.

The Administrator reported Park Manor of Tomball is currently testing staff once per week. Administrator mentioned it had been a tough back in December and January with residents and employees testing positive for COVID_19 but things were much better. Last employee positive was the Administrator, himself last month on April 12th. Mr. Culp stated he had symptoms but was doing much better. PPE inventory is still good, no issues.

A couple of minor repairs related to busted pipes during February's freeze had to be fixed. A fire watch for this issue had to be called in daily with logs but Park Manor of Tomball was able to stop as the problem was fixed. Additionally, a lot of landscaping had to be replaced due to the freeze but much has been replanted and looks good.

The Administrator reported it had been difficult with all of the new visitation rules. They still have their screener full time during the week but weekends can be challenging. The Administrator reported that Essential Caregivers do not have to schedule appointments to visit and in some ways it was better. The Administrator stated that it took a lot of time for his staff to organize the scheduling and at least now, they do not have to be so preoccupied with these tasks.

COVID_19 Vaccine clinics were on December 29th, January 19th with Walgreens. On February 24th, Park Manor of Tomball received the Moderna vaccine and was able to do it themselves. More clinics on March 10th, March 24th, April 7th, and April 21st was also given. So far, approximately 40% of employees and 90% of residents have received their vaccines. The Administrator reported they have used all of their vaccines and do not see any more future clinics at this time.

The Administrator reported the DON continues to have bi-monthly in-services on fall precautions/preventions, Kardex use and call light response times. The DON is also following up with the Activity Director to ensure implementation of small group activities with no contact to provide

more diversional activities for frequent fallers. The IDT team also reviews all new admissions with diagnosis of frequent falls during morning meeting to ensure appropriate fall prevention measures are in place.

Two months ago, Park Manor of Tomball was able to have their beautician back in the facility as they were no longer in outbreak status. Dining services are now back in the dining room and residents seem happier. Group activities are also available to residents with 6 feet distancing. The Activity Director received donations from the churches for Mother's Day and Park Manor of Tomball also had a special luncheon for the residents. Many families also showed up to visit their loved one. The Administrator reported the lobby had already been painted pre-covid and at this time, there were no plans for new furniture. The Administrator mentioned he did want to start up a cardiac program with HCA of Tomball (hospital) and was trying to get in touch with the CEO. The last time the State had been in the building was about a month and a half ago. These visits were due to self-reports; no citations were given. The Administrator reported that depression of residents had really gone down since visitation had increased. All of the changing regulations and the willingness of his team to push forward was something special that stood out to him.

SURVEY INFORMATION

Park Manor Tomball is past due for their annual survey...it's been close to (2) years.

REPORTABLE INCIDENTS

In **January/February/March 2021**, the facility self-reported on COVID positives for the quarter-no citations given.

CLINICAL TRENDING

Incidents/Falls:

During **January/February/March 2021** Park Manor of Tomball had 72 total falls, of which 5 resulted in injury, 9 Skin Tears, 1 Fracture, 0 Behaviors, 6 Bruises and 7 Other.

Infection Control:

Park Manor of Tomball reports 22 total infections in **January/February/March 2021** – 10 UTI's; 2 URI's; 0 GI infection; and 10 Other.

Weight loss:

Park Manor of Tomball reported Weight loss in **January/February/March 2021** – 0 residents with 5-10% and 0 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **January/February/March 2021**, Park Manor of Tomball had 46 residents with 59 pressure ulcer sites – 13 acquired in house.

Restraints:

Park Manor of Tomball is a restraint free facility.

Staffing:

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

Casper Report:

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	2.2%	2.1%	N/A
Fall w/Major Injury (L)	3.8%	3.6%	3.5%	DON/IDT team to continue to discuss during morning meeting all falls and put in place fall precautions to attempt to prevent injuries
UTI (L)	0%	2.1%	2.8%	N/A
High risk with pressure ulcers (L)	10.8%	10%	9.8%	(see PIP above)
Loss of Bowel/Bladder Control(L)	53.1%	52.1%	47.6%	IDT to review residents triggering for loss of bowel/bladder for appropriateness for toileting program and initiate voiding trial if indicated
Catheter(L)	3.7%	2.3%	2.3%	IDT to discuss during morning meeting all new admissions with foley catheter to determine appropriateness of use and request MD orders for trial discontinuation if indicated
Physical restraint(L)	0%	0%	0%	N/A

Increased ADL Assistance(L)	20.5%	21.7%	19.0%	(See PIP for Move Independently worsens)
Excessive Weight Loss(L)	4.7%	7.4%	8.9%	N/A
Depressive symptoms(L)	0%	5.2%	7.9%	N/A
Antipsychotic medication (L)	12.9%	12.2%	14.6%	N/A

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	5/12/21	Provided May's date

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?	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	6.10%	6.10%	13.0%	N	<p>DON/Wound care nurse to in-services nurse on thorough and accurate skin assessments.</p> <p>Wound care nurse to monitor for completion and accuracy of skin assessments daily and provide disciplinary actions for incomplete or inaccurate documentation as warranted.</p> <p>DON/ADON to in-service staff on turning and repositioning, incontinent care and getting resident's up out of bed.</p> <p>DON/Wound care nurse to make list of residents at high risk for development of pressure ulcers and UMs/ADONs to complete random spot checks throughout shift to ensure wound</p>

					<p>prevention measures are being utilized</p> <p>DON/IDT to continue to discuss all resident's with COC/Functional status and put in place wound prevention/precautions as indicated</p>
Percent of residents who received an anti-psychotic medication	14.4%	14.4%	11.3%	Y	
Percent of residents whose ability to move independently has worsened	18.7%	18.7%	29.17%	N	<p>Re-inservice floor staff on allowing residents to participate in care as much as tolerated to help maintain/improve mobility and on getting residents up out of bed and room and encouraging activities that promote ROM.</p> <p>DON to follow up with activity director to ensure small group/no contact exercise activity is implemented to promote ROM and mobility.</p> <p>DON/IDT team to continue to discuss residents with COC/functional status and refer for</p>

					PT/OT/Restorative program
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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	2.80%	<2.80%	1.00%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	%	100%	58%	N	IP/ADON to conduct audit on residents who has consented to pneumonia vaccine and make schedule for residents to receive vaccine until 100% compliance is met
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.

EXHIBIT “C-2”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
June 2021			
Facility	Operator		Comments
Spindletop Hill	Regency		Current Census: 86. The facility had their annual survey in November 2020. The state came into the facility in early May 2021, the facility received an IJ tag for quality of care. There were three reportable incidents since the last visit, all were unsubstantiated. The facility does not need any nurses, but they have lost their dietary and HR managers recently. The facility has begun to prepare for hurricane season by stoking up on essential items and going over safety measures.
The Woodlands Nursing and Rehabilitation Center	Regency		Current Census: 109. The facility had their annual survey in October 2020. The state came into the facility in April to investigate the pending 36 incidents, all were cleared by the state. The facility has been given permission to administer the vaccine by the state. The facility has finished the renovations to the facility, they have added a bistro café for the residents. The facility has also updated the outside of the facility by adding new fish and turtles to their pond.
Willowbrook Nursing Center	HMG		Current Census: 86. The facility had their annual survey in April 2021, the facility received five health citations, but none were in nursing. The state also followed up on 17 outstanding intakes to investigate, the facility was not cited. There were five reportable incidents since the last visit, two have been cleared and the other three are awaiting state review. Volunteers have been coming to the facility to see the residents, the residents are enjoying seeing some new faces.
Park Manor of Conroe	HMG		Current Census: 90. The facility last had their annual survey in June 2019. There were no reportable incidents since the last visit. The DON had COVID in December 2020, she is still suffering from long-haul side effects of the virus. The residents have not been too eager to begin eating the dining hall again, the staff is working to encourage the residents to be more social. The facility is planning to paint the residents rooms in the near future.

Park Manor of the Woodlands	HMG	<p>Current Census: 88. The facility had their annual survey in March 2021, the facility received two citations for life safety. There was one reportable incident since the last visit for a fall with a fracture, the state has not yet investigated. The facility had a good showing on Father's Day, the residents and families were excited to be able to see each other. The facility is planning a luncheon and gifts for their nurses during CNA week.</p>
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May 2021			
Facility	Operator		Comments
Garrison Nursing and Rehabilitation	Caring		<p>Current Census: 73. The facility had their annual survey in December 2020, they received three minor tags, POC was accepted via desk review. There was one reportable incident since the last visit, the facility was not cited. The facility has begun conducting activities in the dining room with 10-15 residents at a time. The residents are enjoying getting to leave their rooms. The facility has used the vacant areas of the facility to make improvements to the floors and getting the residents a new television in the dining room.</p>
Golden Villa	Caring		<p>Current Census: 75. The facility had their annual survey in September 2020, they facility received an IJ tag which was cleared in February. There were several reportable incidents since the last visit, they are awaiting review by the state. The facility has not had many staff take the vaccine as they are skeptical, the administrator is bringing in experts to discuss with the staff. Staffing is good at the facility; they are about to switch from 12 hour shifts back to 8-hour shifts.</p>
Marshall Manor Nursing and Rehabilitation	Caring		<p>Current Census: 84. The facility last had their annual survey in September 2019, they are currently in their survey window. There were two reportable incidents since the last visit, both were unsubstantiated following state review. The facility had a much higher number of visitors on Mother's Day, it was a bit overwhelming for the staff, but they were able to get everyone checked in safely. The facility is looking into partnering with a local college to have the nursing students do clinicals at the facility.</p>

Marshall Manor West	Caring		Current Census: 52. The facility last had their annual survey in January 2020, they are currently in their survey window. There were no reportable incidents since the last visit, the facility is waiting for the state to investigate an incident from November regarding a fracture of unknown origin. The activity director has been taking residents on outings in the facility's bus, the residents are enjoying being able to get out of the facility. The facility has plans to replace the flooring in the near future.
Rose Haven Retreat	Caring		Current Census: 44. The facility had their annual survey in November 2020, all tags have been cleared. The state has cleared most of the reportable incidents via desk review, there are a few incidents still awaiting investigation. The facility had an employee test positive for COVID in April, so far no one else is showing any symptoms. Due to the positive COVID test the facility has not been able to loosen restrictions like other facilities have.
Park Manor of Quail Valley	HMG		Current Census: 70. The facility had their annual survey in January 2020, they are currently in their survey window. There were no reportable incidents since the last visit. The facility was without a sprinkler system until the end of April, it has now been fixed. The facility is planning on updating fixtures and furniture in the common areas over the next months. The facility has had some viruses, all have been investigated by the state and the facility has not been cited.
Park Manor of Tomball	HMG		Current Census: 93. The facility last had their annual survey in the fall of 2020, they are currently in their survey window. The only reportable incidents since the last visit were for COVID positive tests, the facility was not cited. The facility had several residents and staff test positive in the first quarter but have not had a positive test since the beginning of April. The facility is now able to provide group activities and group dining for its residents.

Administrator: Teresa Parker
DON: Chelsea Music, RN

FACILITY INFORMATION

Spindletop Hill is a licensed 144- bed facility with an overall star rating of 1 and a rating of 1 star in Quality Measures. Census on the given day of call was 86.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call. At the time of the call, Jefferson County reports a positivity rate of 2.5%. Testing is every other week for employees who are not vaccinated.

The Administrator reported they continue implementing their emergency plan and are following all the state/federal/local mandates. February 3rd is still the last time a resident tested COVID_19 positive and January 27th is still the last time an employee tested positive. Staff are wearing surgical masks in the general population. Spindletop Hill is not using contract agency at this time.

The Administrator reported they are preparing for hurricane season. Central Supply has already started gathering supplies since late April into May. The Administrator reported they had plenty of food and water and had bought neon yellow and pink vests for the residents. The Administrator was hoping they would be able to shelter in place but preparing for evacuation if needed.

The Warm Zone has four residents in their unit. These residents have not been vaccinated. Full PPE is worn in the Warm Zone and Spindletop's PPE inventory is still very good. Spindletop Hill receives the Covid tests from SETRAC which will come to an end soon as the agency is stopping distribution for all.

Spindletop Hill had two COVID_19 vaccine clinics and the Administrator reported the turnout was low. The Administrator stated 68% of the residents and 13% of staff have been vaccinated. The Medical Director came out recently trying to educate the staff about the benefits of taking the vaccine and the Administrator is going to have a group meeting next week to see if more staff will take it.

Visits in the building are very busy. Luckily, Spindletop Hill has two receptionists and an aide who is on light duty to screen all of these visitors. Some families are surprised (sometimes irate) with the way their loved ones look as they haven't seen them in over a year. Many are grateful just to be reunited with them. Residents are still hesitant to come out to the dining room to eat and to participate in activities.

The Administrator mentioned her Dietary Manager resigned on June 4th as well as her HR person. The Administrator already has replacements for those positions and is hopeful they will work out. Spindletop Hill is still looking for a beautician. The Administrator reported they were having a party that day for the CNA's to show their appreciation for all of their hard work.

SURVEY INFORMATION

The facility had their annual survey on November 9th through the 13th of 2020. State visited on March 20th and 23rd and received no citations. State also visited on March 31st and April 1st – no citations. State came out on May 8th on an allegation of abuse (DON made resident cry during wound care) and on May 12th of allegation of abuse which both allegations were unfounded. State came in on a complaint on May 12th and Spindletop Hill received an IJ for Quality of Care - treatment of services to prevent and heal pressure ulcers. The Administrator reported they IDR the citation yesterday and hoping for a good outcome for the facility.

The facility also had an OIG audit on March 29th and an OSHA visit on March 30th.

REPORTABLE INCIDENTS

May: (0)

April: (1) allegation of abuse

March: (2) elopements

CLINICAL TRENDING**Incidents/Falls:**

Information not provided.

Infection Control:

Information not provided.

Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Spindletop Hill does not use side rails or restraints.

Staffing:

Information not provided.

CASPER REPORT
Information not given.

Last QTR Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments (PIPs in place)
Self-Reported Mod/Sev Pain (S)				Information not provident
New/Worsened Pressure Ulcers (S)				
New Psychoactive Med Use (S)				
Fall w/Major Injury (L)				
UTI (L)				
Self-Reported Mod/Sev 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 MEASURES

Component 1

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

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

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

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 given
Percent of residents whose pneumococcal vaccine is up to date.	%	%	%		Information not given
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					<p>Infection Control Policy reviewed. Yes, per Administrator</p> <p>Antibiotic Stewardship Program review and is in place with all components. Yes, per Administrator</p>

Administrator: Shana Laughton – leaving in two weeks
DON: Sherri Hunter, RN

FACILITY INFORMATION

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 2 and a rating of 3 stars in Quality Measures. Census given was 109.

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 implement their emergency plan and are following all the state/federal/local mandates.

Administrator did not know the positivity rate for Montgomery County but said they were in the yellow. Testing is once per week for staff who have not been vaccinated. Administrator could not provide information on the last positive resident or employee.

Administrator reports PPE inventory is still good with no issues. All staff are still wearing either a KN95 mask or higher with goggles, gowns and face shields and in the Warm Zone. They are still following CMS/CDC/state infection control guidelines for COVID-19. The facility continues performing and documenting the screening of all employees on entrance and exit of the facility and all required in-servicing of staff is being done on a continuous basis.

Visitations are going good reported the Administrator. Dr. Jeffrey is now providing vaccines to staff or residents if or when needed. Most residents are vaccinated (95%) and half of employees have received theirs.

Administrator stated all renovations looked really great and they have added a Bistro Café which includes a cooler with a lock with individual snacks for the residents. The Administrator also mentioned they had renovated the pond with new fish and turtles and added flowers for the pots outside.

SURVEY INFORMATION

Facility had their annual survey in October of 2020.

REPORTABLE INCIDENTS

Administrator mentioned on her first day of work back in April the State showed up for 36 self-reports – 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:

The Woodlands do not use side rails or restraints.

Staffing:

Administrator stated she would send in information – but did not provide this information.

CASPER REPORT

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?

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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: Jimmy Sanders
DON: Connie Clever
IP Nurse: Yolanda Paige

FACILITY INFORMATION

Willowbrook-Nacogdoches is a licensed 161- bed facility with an overall star rating of 3 and a rating of 3 stars in Quality Measures. The facility reports census of 86: 9 PP; 13 MC; 57 MDC; 1 HMO; 1 Hospice and 16 Memory Care.

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

Administrator mentioned the snow/sleet storm from February was a challenge but was glad it was over. Having water and bringing in staff was the biggest challenges but it all worked out. The landscaping was not harmed too much from the freeze and new plants and flowers have been replanted for Spring. This always helps making the facility look nice.

The Administrator reported they continue with their emergency plan and are following all the state/federal/local mandates. Administrator reports Nacogdoches County positivity rate of 5.8%. Testing of unvaccinated employees is every week (Monday's) and employees who have been vaccinated are tested every quarter. Surgical masks are being worn by employees in the general population at this time as they are not considered in an outbreak status. The last time Willowbrook Nacogdoches had an employee test positive for COVID_19 was on May 17, 2021. This employee was a housekeeper. Due to testing all residents, one resident who was already in the Unknown Status Unit (WarmZone), tested COVID_19 positive and was immediately placed in their COVID Unit. They were able to isolate this one resident and everyone else tested negative. All have recovered and doing fine.

The Unknown Status Unit (Warm Zone) currently has 8 residents and full PPE is worn at all times in that hallway. Seven out of the eight residents are new admissions in which they have not been fully vaccinated. The other resident is a re-admission who is coming off the Unknown Status Unit today to go back to the general population. If a resident who has been fully vaccinated and does not have any symptoms, they can go back to the general population. Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19. PPE inventory is still good.

Visitation has been going smooth. Families have been very understanding and flexible. Screening is still in place at the front and training is on-going, especially if it is a visitors first time. Volunteers have recently (last two weeks) been coming in to Willowbrook Nacogdoches and residents are really happy. Church groups and a volunteer program called "Best Friends" from the Burke Center (mental health facility) are a few of the volunteers that started back up. These volunteers are paired up with

the residents who have some of the same interests. This program is spread throughout the county and has been on-going for many years. The Administrator mentioned these volunteers play a big role in the lives of their residents and even the staff see them as family. The beautician is still coming in once per week.

Walgreens had assisted for the clinics in the past but Willowbrook-Nacogdoches is finally able to order their own vaccines as of today. Approximately 75% of residents and 35% of employees have received their vaccinations. The facility tries to educate the employees about getting the vaccines and even has fun contests, but many still do not want to get them.

The Administrator reported Hall 400 was completely renovated and looked awesome. New flooring, 32" TV's, brand new furniture, blinds and linens were placed in the resident rooms. Those that live in Hall 400 either are private pay patients or short-term patients. The front door was installed and looks amazing stated the Administrator. The facility also had to replace some condensers for two of the air conditioners. CAN week is currently going on and activities are planned each day with a nice luncheon. The Administrator was getting ready to leave to buy forty lottery tickets for the aides and was hoping someone might win big.

SURVEY INFORMATION

Willowbrook-Nacogdoches had their annual survey April of 2021. The facility received five health citations, none of which were nursing: dietary (handwashing/hairnets); environment (pilot light stove); and administration (background checks). The facility received three LSC tags in which all were resolved before the State exited. The Administrator reported the State came in prior to their annual survey with 17 intakes to investigate – none of which they were cited for.

REPORTABLE INCIDENTS

Willowbrook-Nacogdoches self-reported for **March/April/May** 5 self-reports: 2 have been investigated with no citations.

CLINICAL TRENDING

Incidents/Falls:

During **March/April/May**, Willowbrook-Nacogdoches had 13 total falls without injury and 28 falls with injury 13 Skin Tears, 1 Elopement, and 65 Other (no details).

Infection Control:

Willowbrook-Nacogdoches reported 57 infections during **March/April/May**, of which 33 were UTI's, 6 URI's, 1 GI, 9 Resp, 0 Wounds and 18 Other (no details).

Weight loss:

March/April/May, Willowbrook-Nacogdoches had 5 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

March/April/May Willowbrook-Nacogdoches reported 64 residents with pressure ulcers with 73 sites, 12 of them facility-acquired.

Restraints:

Willowbrook-Nacogdoches does not use side rails or restraints.

Staffing:

Willowbrook-Nacogdoches current openings are: (2) LVN 2p-10p; (2) CNA's 6a-2p; (2) CNA's 2p-10p.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	2.33	2.3%	2.2%	
Fall w/Major Injury (L)	2.44	3.5%	3.5%	
UTI (L)	1.43	2.1%	2.7%	
High risk with pressure ulcers (L)	9.76	9.8%	9.7%	
Loss of Bowel/Bladder Control(L)	40.0	51.9%	47.5%	
Catheter(L)	1.09	2.1%	2.1%	
Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	9.23	20%	17.6%	
Excessive Weight Loss(L)	1.52	7%	8.2%	

Depressive symptoms(L)	3.70	4.9%	7.6%	
Antipsychotic medication (L)	10.0	12.2%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	3/12, 4/9, 5/14	Wound Management, Antipsychotic Med (S), Behaviors affecting others

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?	N	Facility continues to procure RN staff
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	6.10%	6.10%	11.64%	N	New Treatment Nurse. Currently 9%
Percent of residents who received an anti-psychotic medication	19.9%	19.9%	15.16%	Y	
Percent of residents whose ability to move independently has worsened	18.70%	%	12.58%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.80%	2.8%	1.54%	Y	

Percent of residents whose pneumococcal vaccine is up to date.	54.22%	54.22%	53.01%	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: Kimberly Weathers
DON: Ramona Cain, RN

FACILITY INFORMATION

Park Manor Conroe is a licensed 123- bed facility with an overall star rating of 2 and Quality of Care of 4. Census given that day was 90: PP (3); MC (14); MCD; (48) Hospice (1) and HMO (21).

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

The DON stated they continue to implement their emergency plan and are following all the state/federal/local mandates. At the time of the call, Montgomery County's positivity rate was 5%. Testing is once a week for staff and the last COVID_19 positive employee back in December was the DON. The DON went through a lot and is doing better but still has the long-haul effects. Ms. Cain lost a lot of weight and still doesn't have a great appetite nor a sense of smell. Ms. Cain is thankful for being able to recover from her own home and not hospital and thankful to be alive. Park Manor of Conroe is considered a "destination facility" in which they would take in residents during a hurricane. The DON mentioned they probably couldn't take in many as they only have eight beds available at this time.

PPE inventory is still very good. Surgical masks are being worn by employees in the general population and full PPE on the Warm Zone. DON stated they still have (2) Warm Zones: one full hallway on 300 and half of hallway on 400.

Visitation is going very well. The DON stated they still have (3) designated areas for these visitations: front porch, lobby and additional room in the building, if there is an overflow. No volunteers are coming into the facility at this time.

Park Manor of Conroe has now become a distributor for the vaccinations in which they have the Moderna vaccine. They just had a clinic a week ago but their statistics are about the same with those who have been fully vaccinated: residents at 75% and less than 40% for staff. PIPS in place are for infection control and falls. Typically, they have the clinic once a month.

The beautician is still working in the building and it is going well. Activities is getting better but they are still having a hard time getting the residents out to eat in the dining room. DON reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

CNA week consists of preparing a nice lunch for them with gifts. The DON mentioned they are still trying to beautify their building such as the common areas. Resident rooms will be next with painting and placing some vinyl up half the wall behind the bed to protect the sheetrock. Park Manor of Conroe is still waiting to have their annual survey.

SURVEY Information

The facility had their last survey at the end of June of 2019 and still expecting state.

REPORTABLE INCIDENTS

During **March/April/May** the facility did not have any self-reports.

CLINICAL TRENDING**Incidents/Falls:**

March/April/May, Park Manor of Conroe had 70 total falls without injury, 3 falls with injury, 4 skin tears, 1 elopement, 3 fractures, 4 bruises, 4 behaviors and 2 Other.

Infection Control:

March/April/May, Park Manor of Conroe reported 42 infections during, of which 20 were UTI's, 9 were URIs; 2 GI tract infections, and 10 others.

Weight loss:

March/April/May, Park Manor of Conroe had 15 residents with 5-10% weight loss in 1 month and 5 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor of Conroe reported 12 residents with pressure ulcers with 12 sites, 6 were facility-acquired during **March/April/May**.

Restraints:

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

Staffing:

Currently the facility is in need of: (2) LVN's for 6a-2p; (1) LVN for 2p-10p; (3) CNA's for 2p-10p; and (3) CNA's for 10p-6a.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.0	2.3%	2.2%	
Fall w/Major Injury (L)	1.8	3.5%	45.7%	
UTI (L)	0.0	2.0%	2.7%	
High risk with pressure ulcers (L)	7.1	9.8%	9.7%	
Loss of Bowel/Bladder Control(L)	85.2	51.9%	47.5%	Bowel and Bladder program in place
Catheter(L)	0.0	2.2%	2.2%	
Physical restraint(L)	0.0	0.0%	0.2%	
Increased ADL Assistance(L)	8.0	20.0%	17.6%	
Excessive Weight Loss(L)	4.0	7.0%	8.0%	
Depressive symptoms(L)	3.8	4.9%	7.6%	
Antipsychotic medication (L)	0.0	12.2%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	March 20, 2021 April 18, 2021 May 18, 2021	

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.32%	5.48%	7.32%	y	

Percent of residents who received an anti-psychotic medication	14.32%	8.61%	14.24%	y	
Percent of residents whose ability to move independently has worsened	17.09%	10.95%	17.09%	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	2.65%	1.98%	2.65%	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: AV Meghani
DON: Julie Slyotsky

FACILITY INFORMATION

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 2 and a rating of 4 stars in Quality Measures. Current census given 88: 6 PP; 28 MC; 33 MCD; 16 HMO; 5 Hospice.

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 continue with their emergency plan and are following all the state/federal/local mandates. Administrator reports Montgomery positivity rate was 5%. At this time, testing of employees is still once a week, per company policy, until it stays under 5% for two weeks. They do not have to test residents at this time. PPE inventory is great with no issues. All employees are wearing surgical masks in the general population. Administrator reports they continue to follow CMS/CDC/state infection control guidelines for COVID-19.

The Administrator reported they are able to allocate vaccinations in-house now and it was working well for everyone. The last employee that tested positive was on February 17, 2021 and State cleared them when they came for their annual survey. Approximately 67% of employees and 80% of residents have been fully vaccinated.

Visitations are still going well at Park Manor Woodlands. The dining room is being used for visitations or they can go into the resident's rooms, depending on the criteria they meet. At this time, Park Manor Woodlands has five residents in their Warm Zone. Either these residents have not been fully vaccinated or who have spent the night in the hospital. To be on the cautious side, Park Manor of Woodlands has these residents quarantined for fourteen days. No contract agency is needed at this time.

CNA's will be receiving a luncheon on Friday to show appreciation for all of their hard work. CNA's will also receive gifts each day of this week because of CNA week. Father's Day weekend went over well too and residents and families seem to be happier with being able to visit more often.

SURVEY INFORMATION

Full book survey was March 2nd-5th, 2021 and they received a deficiency free health survey. Two citations for Life Safety.

REPORTABLE INCIDENTS

Park Manor Woodlands had one self-report for the quarter: fall with fracture on March 6th – State has not come out to investigate.

CLINICAL TRENDING

Incidents/Falls:

During **March/April/May**, Park Manor Woodlands had 17 total falls without injury and 1 fall with injury.

Infection Control:

Park Manor Woodlands reported 51 infections during **March/April/May**, of which 13 were UTI's; 3 Wounds; 29 RESP; 1 Stool; and 0 Other.

Weight loss:

March/April/May, Park Manor Woodlands had 5 residents with 5-10% weight loss in 1 month and 4 with >10% weight loss in 6 months.

Pressure Ulcers:

March/April/May, Park Manor Woodlands reported 14 residents with pressure ulcers with 35 sites, of them 2 facility-acquired.

Restraints:

Park Manor Woodlands does not use side rails or restraints.

Staffing:

Currently, Park Manor Woodlands needs: (2) LVN's 2p-10p; (1) CNA 6a-2p; (1) CNA 2p-10p; (1) CNA 10p-6a.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0	2.3%	2.2%	
Fall w/Major Injury (L)	5.7	3.5%	3.5%	
UTI (L)	0	2.1%	2.7%	
High risk with pressure ulcers (L)	6.9	9.8%	9.7%	
Loss of Bowel/Bladder Control(L)	80.0	51.9%	47.5%	
Catheter(L)	5.0	2.1%	2.1%	
Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	4.2	20%	17.6%	
Excessive Weight Loss(L)	0.0	7.0%	8.2%	
Depressive symptoms(L)	0.0	4.9%	7.6%	
Antipsychotic medication (L)	0.0	7.5%	6.3%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	3-15-2021 4-14-2021 5-10-2021	None

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	9.7%	%	6.9%	Y	
Percent of residents who received an anti-psychotic medication	14.6%	%	7.8%	Y	
Percent of residents whose ability to move independently has worsened	27.7%	%	9.1%	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	2.7%	%	0.0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	%	%	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 Y	Infection Control Policy reviewed. Antibiotic Stewardship Program review and is in place with all components.

EXHIBIT “D-1”

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	231	256							206	
Conversion to Inpatient/observation	16	17	9	14	24	26							18	
<i>Percentage</i>	10%	10%	5%	6%	10%	10%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Transferred out	7	7	12	8	17	13							11	
<i>Percentage</i>	4%	4%	7%	4%	7%	5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
ER shifts covered by doctors	74%	51%	55%	68%	48%	60%							59%	
Number Inpatient days	167	172	146	117	196	135							156	
Number Hospice days	0	13	7	22	7	5							9	
Number Swingbed days	0	50	35	20	83	26							36	
Number Observation days	31	12	18	33	35	32							27	
Total All Inpt. Days	198	247	206	192	321	198	0	0	0	0	0	0	114	
Average Inpatient days per day	6.39	8.52	6.65	6.40	10.35	6.60	0.00	0.00	0.00	0.00	0.00	0.00	7.49	1.63
CTs	66	66	60	68	73	61							66	
Xrays	248	240	309	292	250	305							274	
Ultrasounds	30	42	37	39	37	32							36	
Encounters - Adult Clinic	409	368	517	507	455	552							468	
Encounters - Pediatric Clinic	226	171	285	279	168	179							218	
Behavioral Health patients	0	0	0	0	0	11							2	
Physical Therapy	1	0	0	0	1	0							0	

Additional Items:

1. Intensive Outpatient Therpay (IOP) has 11 patients enrolled
2. IOP will add two additional classes of 10 ea over the next three weeks
3. Inpatient Dialysis Program is moving forward, looking to start in August 2021
4. Laboratory has an accreditation survey in August 2021
5. New Telemetry System is up and working now

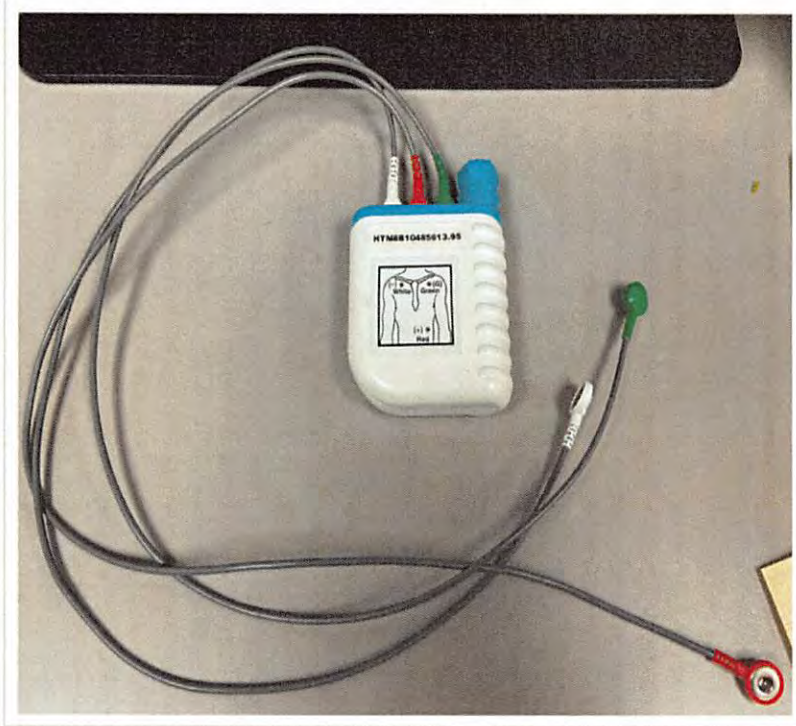
EXHIBIT “D-2”



PATIENT MONITORING TELEMETRY SYSTEM



Previous Telemetry System



- We had a very basic 3 lead ECG (Electrocardiogram) heart monitor.
- There were only 3 devices. So only 3 patients were able to be monitored.
- It was not reliable. (Dead batteries, No solid connections)
- Patient monitoring was very complicated. Monitoring remotely was not an option.
- There was no ability to notify of any patient complications remotely.

Updated Telemetry System



- More advanced 12 lead ECG (Electrocardiogram) heart monitor. Which means we can catch more issues that the 3 leads cannot catch, providing a higher quality of care.
- Patient monitoring will be available remotely at 2 different locations at the same time. 16 devices can be monitored at 1 location (We have 8). Our 2 monitoring stations are the Central Nurses Station & ER.
- We have had 3 ventilation patients on this machine, but it is also used daily for vital signs.
- The machine has the ability to notify medical staff remotely of any major changes or issues.
- Physicians now have the ability to monitor patients from their smartphone.



Riceland
HEALTHCARE™

Device Comparison

Previous System

- 3 Lead ECG
- 1 Device per patient
- Out-of-date technology
- Unreliable
- No remote Monitoring
- No alerts or notifications

VS

New System

- 12 Lead ECG
- Monitoring up to 16 patients
- Up-to-date technology
- Reliable
- Remote & Smartphone Monitoring
- Active alerts & notifications

ricelandhealthcare.com
85 I-10 Frontage Rd Suite 111
Beaumont, Texas 77707



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HEALTHCARE™

A Word from Our MD



Dr. Shushanta K Goswami Internal Medicine

“Not only will this allow us to take
in more patients with heart
conditions, but It will help us
improve the quality of care.”

– Dr. Shushanta K Goswami



ricelandhealthcare.com
85 I-10 Frontage Rd Suite 111
Beaumont, Texas 77707



ADVANCED HEALTHCARE MADE PERSONAL

THANK YOU!

EXHIBIT “E”

RE: WSHD Certificate of Deposit

1 message

Carolee Simon (62) <Carolee.Simon@prosperitybankusa.com>
To: Hubert Oxford IV <hoxfordiv@benoxford.com>
Cc: Sherrie Norris <sherrie@wshd-tx.com>

Mon, Jul 12, 2021 at 4:16 PM

Yes sadly the rates are very low at this point. The account in question is subject to the previously attached agreement, but unfortunately, we are unable to share our rate sheet outside the bank.

Carolee Simon 

AVP|Banking Center Manager | Prosperity Bank

146 Spur 5

Winnie, Tx 77665

ShoreTel Extension 36304

409-296-3000 | 409-296-4585 (fax)

carolee.simon@prosperitybankusa.com



From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Monday, July 12, 2021 3:45 PM
To: Carolee Simon (62) <Carolee.Simon@prosperitybankusa.com>
Cc: Sherrie Norris <sherrie@wshd-tx.com>
Subject: RE: WSHD Certificate of Deposit

Carolee,

I guess nothing. The interest rate is just really low. Is the account in question subject to the attached agreement? If so, will you please send us the rate sheet?

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

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From: Carolee Simon (62) <Carolee.Simon@prosperitybankusa.com>
Sent: Monday, July 12, 2021 3:35 PM
To: Hubert Oxford IV <hoxfordiv@benoxford.com>; Sherrie Norris <sherrie@wshd-tx.com>
Subject: RE: WSHD Certificate of Deposit

What else would you need besides the information I provided? And are you needing it on letterhead?

Carolee Simon 

AVP|Banking Center Manager | Prosperity Bank

146 Spur 5

Winnie, Tx 77665

ShoreTel Extension 36304

409-296-3000 | 409-296-4585 (fax)

carolee.simon@prosperitybankusa.com



From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Monday, July 12, 2021 3:25 PM

To: Sherrie Norris <sherrie@wshd-tx.com>; Carolee Simon (62) <Carolee.Simon@prosperitybankusa.com>
Subject: RE: WSHD Certificate of Deposit

*****Security Note: EXTERNAL EMAIL - Please exercise caution
and DO NOT open attachments or click on links from unknown or unexpected emails.

Carolee,

Sherrie forwarded your e-mail below. Will you send us something in writing so that we can present to the Board?

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

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From: Sherrie Norris <sherrie@wshd-tx.com>
Sent: Monday, July 12, 2021 2:34 PM
To: Hubert Oxford IV <hoxfordiv@benoxford.com>
Subject: Fwd: WSHD Certificate of Deposit

Hubert

See email from Carolee at Prosperity regarding the District's CD Maturity Date--It might be okay to add for the August meeting.

Thank you

Sherrie Norris

WSHD Administrator

409-296-1003 office

409-201-3922 cell

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----- Forwarded message -----
From: **Carolee Simon (62)** <Carolee.Simon@prosperitybankusa.com>
Date: Mon, Jul 12, 2021 at 2:31 PM
Subject: WSHD Certificate of Deposit
To: SHERRIE@WSHD-TX.COM <SHERRIE@wshd-tx.com>

You have a CD that will mature on August 27th this year. Current rate is 0.40% and *at this time*, the renewing rate will be 0.20%. Rates are subject to change. Please let me know if there is any other information you may need to present at your next meeting.

Thank you,

Carolee Simon 

AVP|Banking Center Manager | Prosperity Bank

146 Spur 5

Winnie, Tx 77665

ShoreTel Extension 36304

409-296-3000 | 409-296-4585 (fax)

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