

# **Exhibit “A”**

# Improving The Lives of Children Through Healthcare Services

## Report on Partnership Between the Winnie-Stowell Hospital District and the East Chambers Independent School District To Provide Healthcare Related Services For The 1,530 School-Aged Children In The Winnie/Stowell Community



The Winnie Stowell Hospital District Partnership  
continues to make the children of our community safer,  
healthier, and more secure

Presented 2021-2022  
By Scott Campbell  
Superintendent, ECISD

# ECISD BOARD POLICY

## FFAE (LEGAL)

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- ❧ The District may, if it identifies the need, design a model for the delivery of cooperative health-care programs for students and their families.
- ❧ All health-care programs should be designed to meet the following goals:
  - ❧ Reducing student absenteeism;
  - ❧ Increasing a student's ability to meet the student's academic potential; and
  - ❧ Stabilizing the physical well-being of a student.
  - ❧ Family and home support;
  - ❧ Health care, including immunizations;
  - ❧ Dental health care;
  - ❧ Health education; and
  - ❧ Preventive health strategies.

# East Chambers ISD

## Mission Statement

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- ❧ The mission of East Chambers ISD is to ensure that all East Chambers students have access to a quality education that enables them to work toward their potential and to participate now and in the future in the social, economic, and educational opportunities in our community, state, nation, and world.
- ❧ This mission is grounded in the conviction that a general diffusion of knowledge is essential for the welfare of this community and for the preservation of the liberties and rights of its citizens. It is further grounded in the conviction that a successful school system is directly related to a strong, dedicated, and supportive family.

# Winnie Stowell Hospital District Mission Statement

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✧ The mission of the Winnie Stowell Hospital District is to balance the healthcare needs of the community and its needy inhabitants with fiscal responsibility.



- ❧ According to the Oxford Dictionary, indigent is defined as being poor or needy.
- ❧ Over 900 (or 63%) of the students attending ECISD meet the definition as determined by children from families with incomes at or below 130% of the poverty level, roughly the \$20,000- \$40,000 range depending on the size of the family.
- ❧ This represents a decrease in numbers as the community continues to heal from Hurricane Harvey.

# Function 33



# Health Services

# ECISD BOARD POLICY

## FFD (LEGAL)

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- ❧ A board may purchase insurance against bodily injury sustained by students while training for or engaging in interscholastic athletic competition or while engaging in school-sponsored activities. Such insurance shall be purchased from a reliable insurance company authorized to do business in Texas and shall be on forms approved by the commissioner of insurance. The amount shall be in keeping with the financial condition of the district and shall not exceed the amount that the board considers reasonably necessary to afford adequate medical treatment of students so injured.
- ❧ The cost of student insurance shall constitute a legitimate part of the total cost of operating a district.
- ❧ The failure of a board to purchase student insurance shall not be construed as placing any legal liability upon the district or its officers, agents, or employees, for any injury that may result. Education Code 38.024
- ❧ A district is not authorized to spend public funds on insurance to benefit persons to whom it owes no legal duty and shall not expend public funds for that purpose. Unauthorized insurance includes no-fault personal injury protection and uninsured motorist coverage. Tex. Const., Art. 3, Secs. 50-52; Atty. Gen. Op. H-602 (1975)



# ECISD BOARD POLICY

## FFAA (LOCAL)

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- ❧ A student desiring to participate in the UIL athletic program shall undergo a physical examination in accordance with the required schedule established by the UIL and shall submit a statement from an authorized health-care provider indicating that the student has been examined and is physically able to participate in the athletic program. In years that a physical examination is not required, the student shall complete a medical appraisal form. A student may be required to have a physical examination based on answers to the appraisal form.
- ❧ The District may provide additional screening as District and community resources permit.
- ❧ Parents of students identified through any screening programs as needing treatment or further examination shall be advised of the need and referred to appropriate health agencies.
- ❧ A school nurse or administrator who discovers or becomes aware that a child enrolled in a District elementary school has lice shall provide written or electronic notice to parents within the time frames prescribed in law.

# ECISD BOARD POLICY

## FFAB (LEGAL)

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- ❧ Each student shall be fully immunized against diphtheria, rubeola (measles), rubella, mumps, tetanus, and poliomyelitis.
- ❧ TDSHS requires students in kindergarten through twelfth grade to have the following additional vaccines, according to the immunization schedules set forth in department regulations: pertussis, hepatitis B, hepatitis A (for students attending schools in high incidence geographic areas as designated by the department), and varicella (chickenpox).
- ❧ TDSHS requires students in seventh through twelfth grade to have the meningococcal vaccine, according to the immunization schedules set forth in department regulations.

# ECISD BOARD POLICY

## FFAC (LEGAL)

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- ❧ The school in which a minor student is enrolled may consent to medical, dental, psychological, and surgical treatment of that student, provided all of the following conditions are met:
  - ❧ The person having the power to consent as otherwise provided by law cannot be contacted.
  - ❧ Actual notice to the contrary has not been given by that person.
  - ❧ Written authorization to consent has been received from that person.

# ECISD BOARD POLICY

## FFAC (LOCAL)

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- ❧ Procedures shall be established by the administration to ensure that proper attention is given to any student who becomes ill during the course of a school day.
- ❧ Emergency procedures shall be established by the administration to ensure proper attention for any student injured at school. Records shall be maintained on all accidents that require the attention of a medical doctor.
- ❧ Each year, students and parents shall complete and sign a form that provides emergency information and authorizes school officials to obtain emergency medical treatment, as provided by law.
- ❧ Except as provided below at ADMINISTRATION OF MEDICATION TO ATHLETES, the District shall not purchase nonprescription medication to administer to a student.
- ❧ No employee shall give any student prescription medication, non-prescription medication, herbal substances, anabolic steroids, or dietary supplements of any type, except as provided below.
- ❧ Employees authorized by the Superintendent or designee may administer to students:
  - Provided by Parent
  - 1. Prescription medication in accordance with legal requirements. [See FFAC(LEGAL)]
  - 2. Nonprescription medication, upon a parent's written request, when properly labeled and in the original container.
  - 3. Herbal substances or dietary supplements provided by the parent and only if required by the individualized education program or Section 504 plan of a student with disabilities.
- ❧ The District shall purchase nonprescription medication that may be used to prevent or treat illness or injury in the District's athletic program. Only a licensed athletic trainer or a physician licensed to practice medicine in the state of Texas may administer this medication and may do so only if:
  - 1. The student's parent has given prior written consent for medication to be administered; and
  - 2. The administration of a medication by an athletic trainer is in accordance with a standing order or procedures approved by a physician licensed to practice medicine in the state of Texas.
- ❧ Except as permitted by Education Code 38.016, an employee shall not:
  - 1. Recommend to a student or a parent that the student use a psychotropic drug;
  - 2. Suggest a particular diagnosis; or
  - 3. Exclude the student from a class or a school-related activity because of the parent's refusal to consent to psychiatric evaluation or examination or treatment of the student.

# Accident Insurance by Winnie Stowell Hospital District for 1530 Children



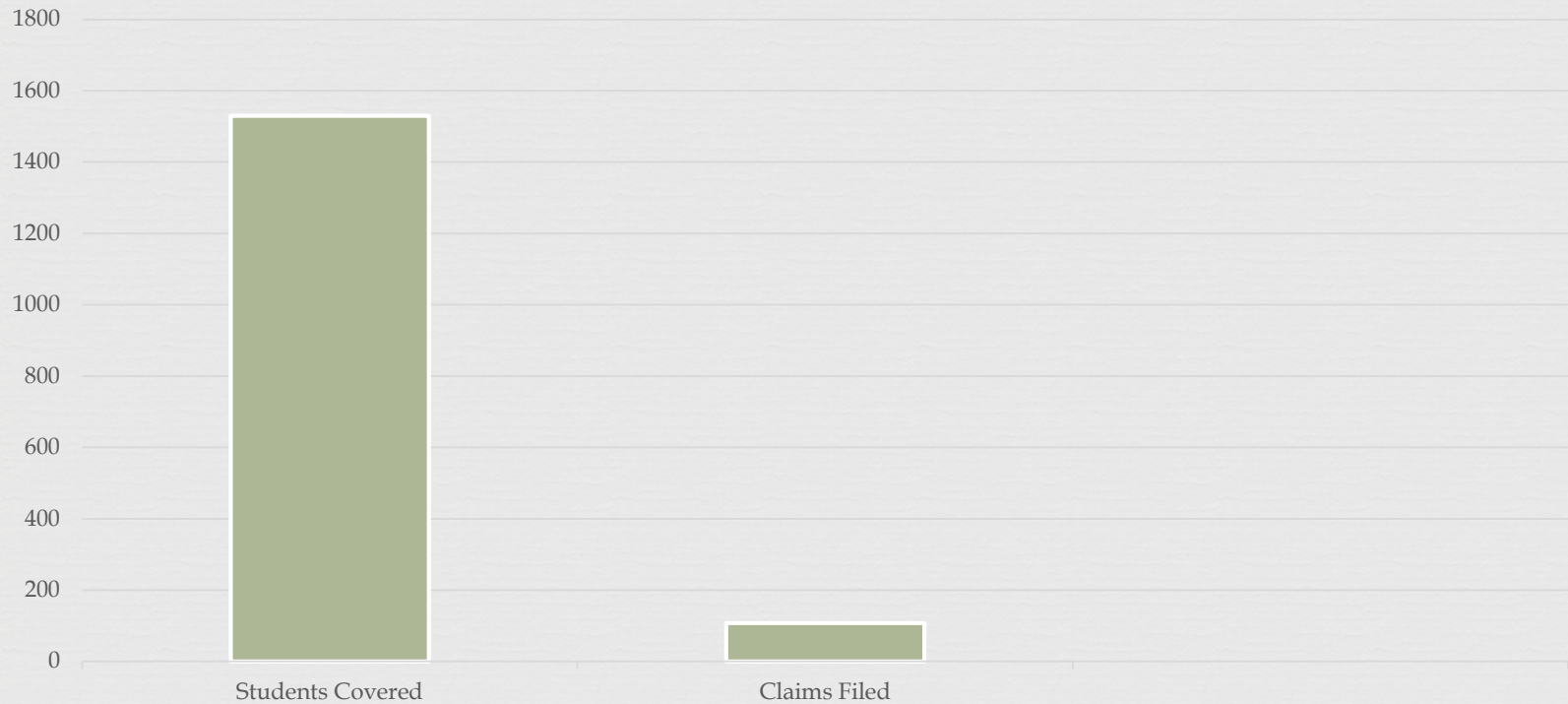
Incurred and Pending claims  
for 2020-2021:  
Approximately \$

Claims paid in 2019-2020: \$73,564.00

# Student Insurance



WSHD Provided Student Insurance 2020-2021



# 2021 / 2022



- œ Premier Plus Plan: \$48,500
- œ Catastrophic Coverage: \$2,827.00
- œ Total: \$51,327.00
- œ While participating in or attending any regularly scheduled and supervised activity of the School.

# ECISD BOARD POLICY

## FFA (LOCAL)

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- Realizing that healthy students learn better, the District is committed to the promotion of wellness among its students
- The wellness policy was developed under the leadership of the school health advisory council (SHAC).
- Schools will promote nutrition education for all students.
- Schools will encourage and support good nutrition for all students.
- Schools will adopt and implement state standards for physical activity.
- Schools will provide opportunities for every student to develop the knowledge and skills for specific physical activities.
- Schools will provide sanitizers or hand-washing time prior to meal service to help control illness and promote healthy habits.
- Support for the health of all students will be demonstrated by hosting a variety of events that may include: health clinics, health screenings, assistance for enrolling eligible children in Medicaid and/or other available state assistance programs pertaining to children's health.
- The District will provide information and outreach for Women, Infants, and Children (WIC) to students and parents.
- Schools will create a total school environment that is conducive to being physically active.



# ECISD BOARD POLICY

## FFB (LEGAL)

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- ❧ Recommended best practice-based programs in the areas specified below for implementation in public elementary, junior high, middle, and high schools within the general education setting.
  - ❧ Early mental health intervention;
  - ❧ Mental health promotion;
  - ❧ Building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
  - ❧ Substance abuse prevention and intervention;
  - ❧ Suicide prevention
  - ❧ Grief-informed and trauma-informed practices;
  - ❧ Positive behavior interventions and supports and positive youth development; and
  - ❧ Safe, supportive, and positive school climate.

# ECISD BOARD POLICY

## FFC (LEGAL)

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- ❧ The District may establish a school-community guidance center designed to locate and assist children with problems that interfere with their education, including juvenile offenders and children with severe behavioral problems or character disorders.

# ECISD BOARD POLICY


## FFE (LEGAL)

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- ☞ Suicide prevention
- ☞ Chemical addiction or dependency
- ☞ Sexual, physical, or emotional abuse

# Other Health Related treatment provided by partial funding by Winnie Stowell Hospital District:

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- ❧ Outside Licensed Professional Counseling
- ❧ Summer care and treatment
- ❧ Physical, Occupational, and Speech Therapy

# ECISD School Health Advisory Council

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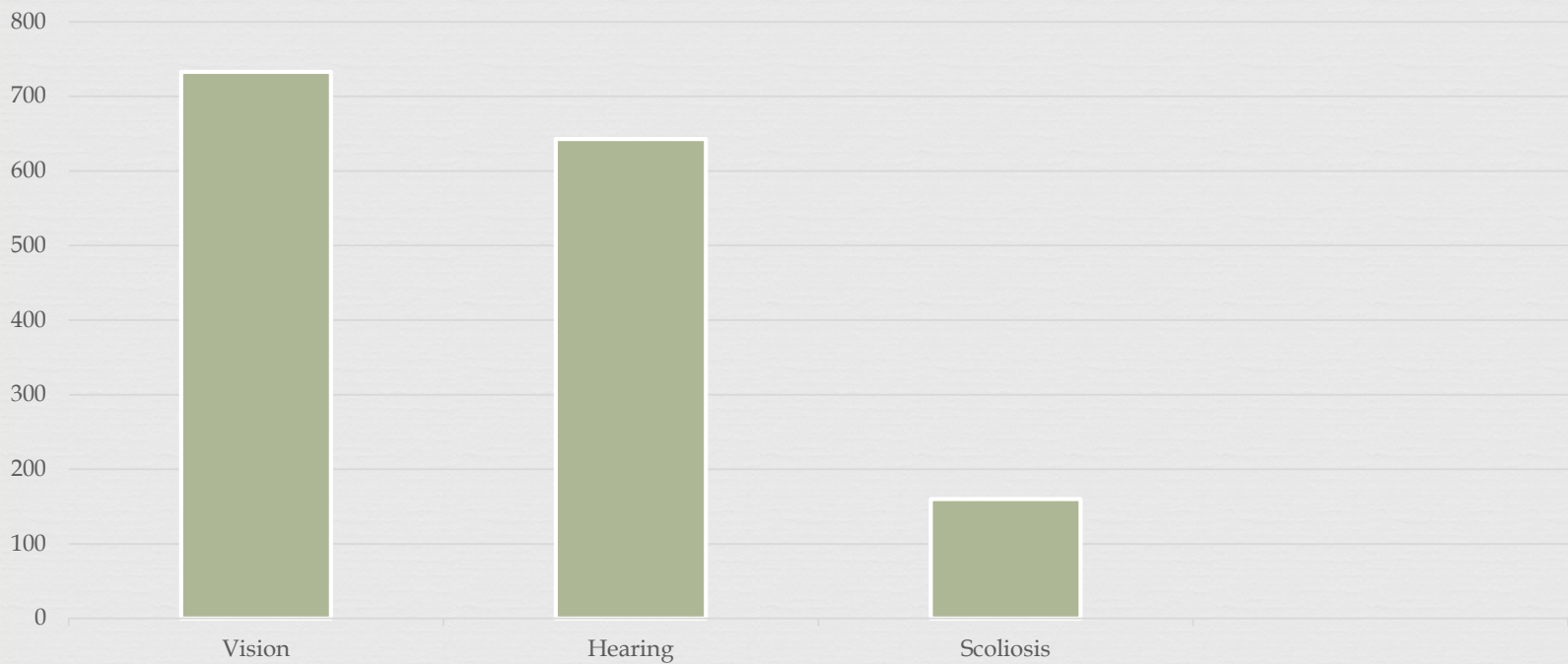


- ❧ The local school health advisory council (SHAC), on behalf of the District, shall review and consider evidence-based strategies and techniques and shall develop nutrition guidelines and wellness goals as required by law. In the development, implementation, and review of these guidelines and goals, the SHAC shall permit participation by parents, students, representatives of the District's food service provider, physical education teachers, school health professionals, members of the Board, school administrators, and members of the public.

# Screenings

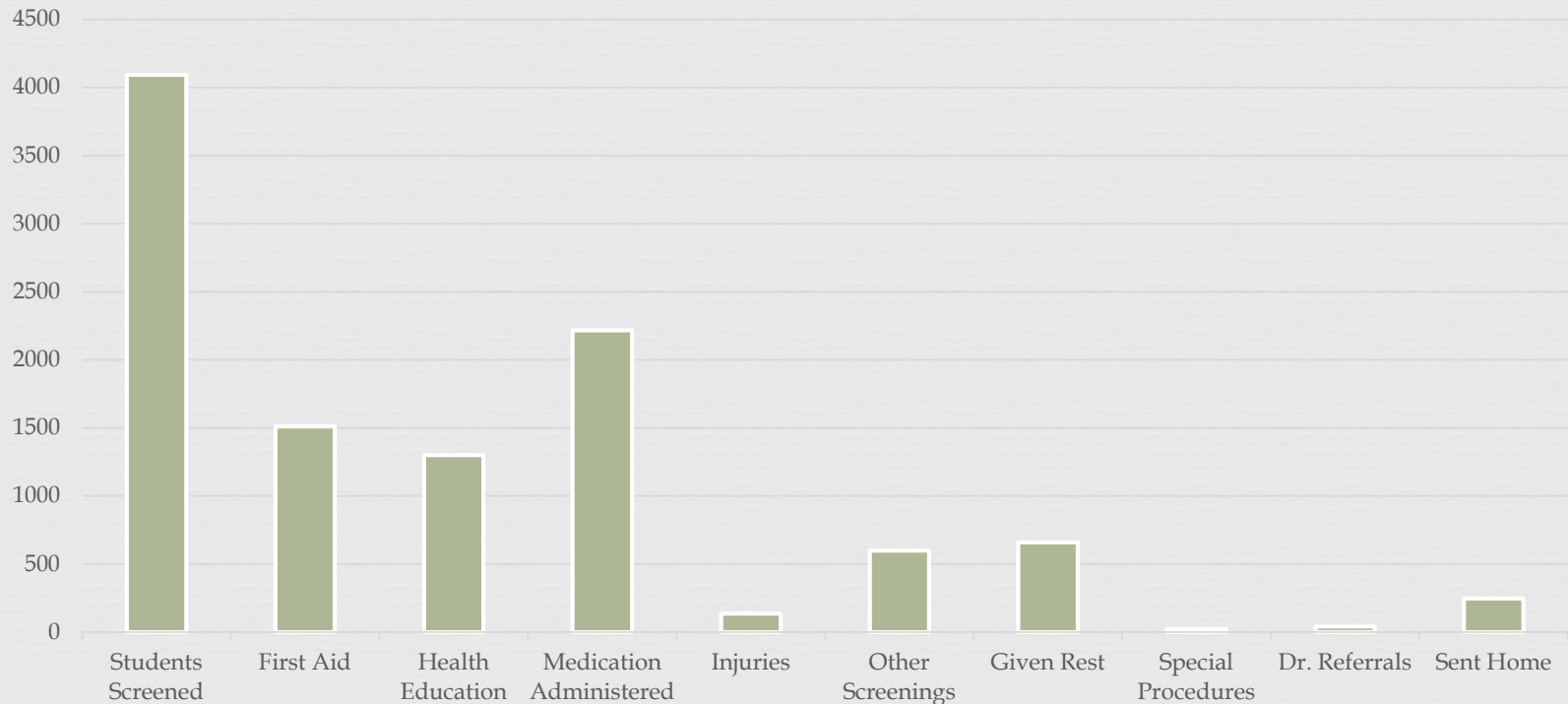


WSHD Provided Screening Services 2020-2021



# Services Provided by Nurses Funded by WSHD

WSHD Provided Nurse Services 2020-2021



# Counseling and Contracted Services

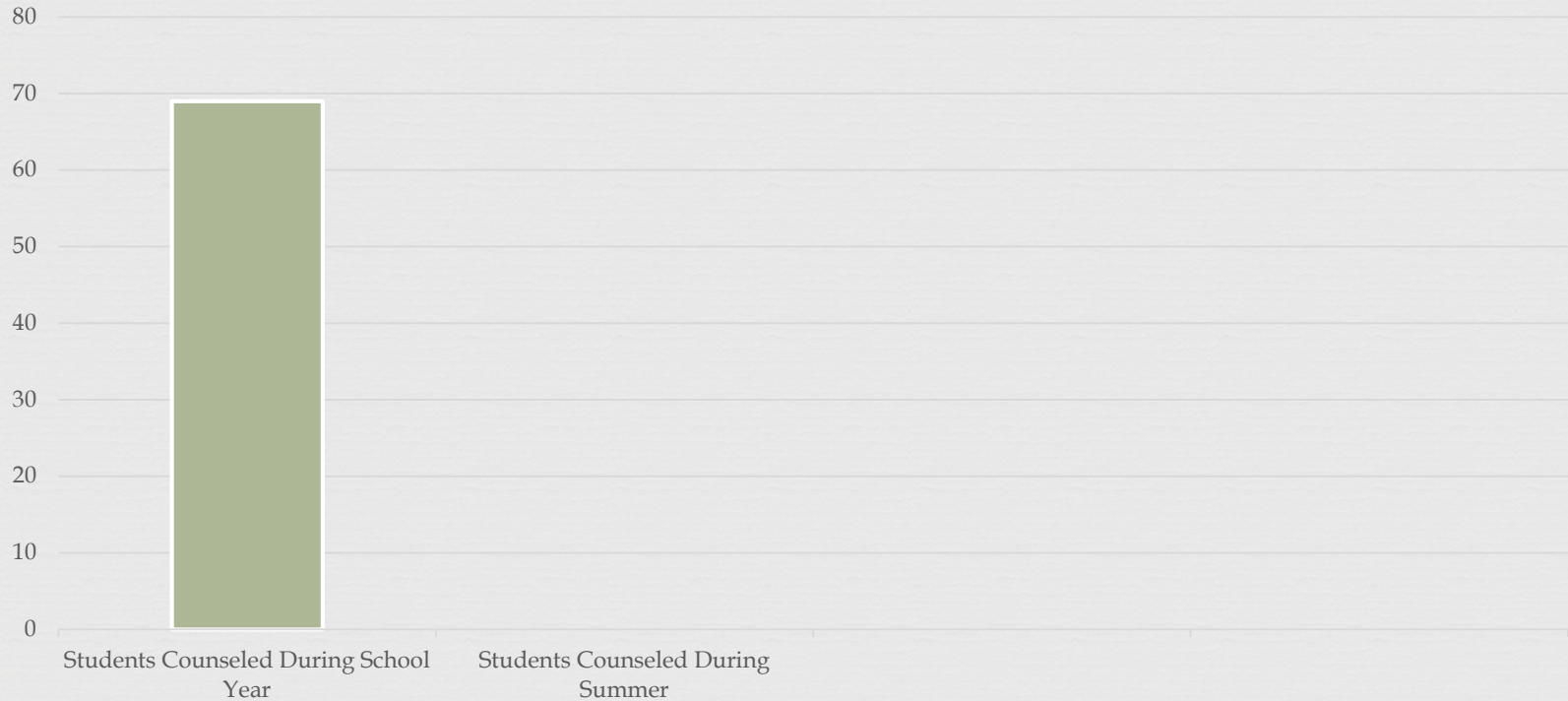


- ❧ Cliff Huebel, LPC is onsite two days a week. He provided services to 69 students during the 2020-2021 school year. Our staff also provides the hospital district contact information for parents as an option.
- ❧ Our diagnostician is fully certified in Irlens screening. When we get the request for a screen, she screens them. If Irlens, we provide parents with the hospital district contact so they may pursue spectral lenses because they are costly. Hospital district utilizes Nancy Gaudet for this process and pays for the lenses if recommended.
- ❧ Our staff also works with Patricia Ojeda for resources needed for our students including indigent care, county van transportation, legal resources for parents, physician referrals for medication purposes and counseling services.



# School Year and Summer Counseling

WSHD Counseling 2020-2021

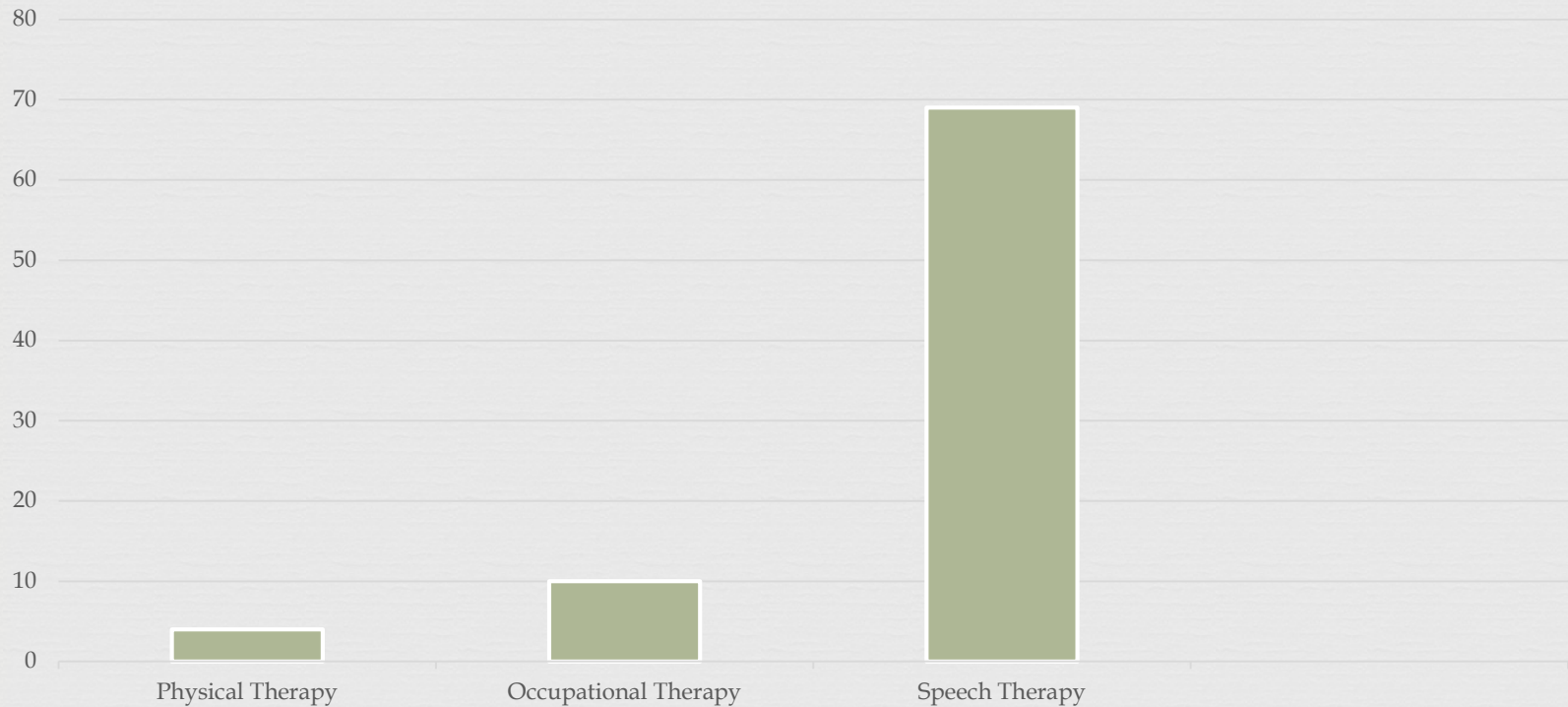


☞ Summer counseling numbers were down both last year and this year due to COVID.

# Therapy Services



WSHD Provided Therapy Services 2020-2021



# Budget 2020-2021

## Expenditures

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Category	Revenue	Expenditure	Balance
Revenue	\$ -	\$ -	
Insurance	\$ 52,000.00	\$ 51,327.00	\$ 673.00
Contracted Services	\$ 2,100.00	\$ 1,260.00	\$ 840.00
Nurse Salary/Benefits (2)	\$ 127,935.00	\$ 129,201.32	\$ (1,266.32)
Nurse Supplies/Expenses	\$ 36,000.00	\$ 23,946.60	\$ 12,053.40
Flu Shots	\$ 100.00	\$ 135.00	\$ (35.00)
Totals	\$ 218,135.00	\$ 205,869.92	\$ 12,265.08

# Budget 2021-2022



Category	Budget	Actual	Balance	
Insurance (partial)	\$ 50,000.00	\$ -	\$ 50,000.00	
Therapy and Related				
Contracted Services (partial)	\$ 9,000.00	\$ -	\$ 9,000.00	
Nurse Salary/Benefits (2) (partial)	\$ 100,000.00	\$ -	\$ 100,000.00	
Nurse Supplies/Expenses (partial)	\$ 20,000.00	\$ -	\$ 20,000.00	
Immunizations (partial)	\$ 1,000.00	\$ -	\$ 1,000.00	
Totals	\$ 180,000.00	\$ -	\$ 180,000.00	

# Thank you WSHD



On behalf of the children and families of the Winnie and Stowell communities, we appreciate your continuation of this vital partnership agreement to provide services for the children of our community.

Because of the Winnie Stowell Hospital District's commitment to this partnership, the children in the Winnie Stowell community are safer, healthier, and more secure.

# **Exhibit ‘B-1’**

## Winnie-Stowell Hospital District

## Balance Sheet

09/22/21

As of August 31, 2021

Accrual Basis

	Aug 31, 21
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	308,586.00
102 Prosperity Bank - CD#0447	109,733.01
104b Allegiance Bank -CD#6434	6,014,856.05
105 TexStar	690,453.30
108 Allegiance Bank NH Combined	4,929,592.90
109 First Financial Bank	
109b FFB #4846 DACA	13,106,678.86
Total 109 First Financial Bank	13,106,678.86
Total Checking/Savings	25,159,900.12
Other Current Assets	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	12,327,823.84
118 Prepaid Expense	33,989.65
119 Prepaid IGT	11,786,158.80
Total Other Current Assets	53,889,051.99
Total Current Assets	79,048,952.11
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
<b>TOTAL ASSETS</b>	<b>79,204,850.06</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	4,938,402.90
201 NHP Accounts Payable	4,231,963.44
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	480.25
240 Accounts Payable NH	23,018,925.55
Total Other Current Liabilities	55,194,885.72
Total Current Liabilities	55,194,885.72
Total Liabilities	55,194,885.72
Equity	
300 Net Assets, Capital, net of	155,897.63
310 Net Assets-Unrestricted	19,766,358.13
Net Income	4,087,708.58
Total Equity	24,009,964.34
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>79,204,850.06</b>

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

Accrual Basis

	Jan - Aug 21	Budget	\$ Over Budget	% of Budget
<b>Income</b>				
400 Sales Tax Revenue	432,034.79	650,000.00	-217,965.21	66.5%
405 Investment Income	15,767.10	46,000.00	-30,232.90	34.3%
409 Tobacco Settlement	12,313.73	13,200.00	-886.27	93.3%
415 Nursing Home - QIPP Program	32,670,354.72	49,379,998.72	-16,709,644.00	66.2%
<b>Total Income</b>	<b>33,130,470.34</b>	<b>50,089,198.72</b>	<b>-16,958,728.38</b>	<b>66.1%</b>
<b>Gross Profit</b>	<b>33,130,470.34</b>	<b>50,089,198.72</b>	<b>-16,958,728.38</b>	<b>66.1%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	41,333.36	63,000.00	-21,666.64	65.6%
502 Admin-Administrative Assnt	6,214.50			
504 Admin-Administrative PR Tax	4,802.43	5,500.00	-697.57	87.3%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	111.48	360.00	-248.52	31.0%
521 Professional Fees - Acctng	13,687.50	25,000.00	-11,312.50	54.8%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	8,000.00	25,000.00	-17,000.00	32.0%
550 Admin-D&O / Liability Ins.	11,873.75	9,601.04	2,272.71	123.7%
560 Admin-Cont Ed, Travel	8,905.15	5,000.00	3,905.15	178.1%
561 Admin-Cont Ed-Medical Pers.	1,201.12	5,000.00	-3,798.88	24.0%
562 Admin-Travel&Mileage Reimb.	1,882.36	1,500.00	382.36	125.5%
569 Admin-Meals	534.88	1,000.00	-465.12	53.5%
570 Admin-District/County Prom	60.94	2,500.00	-2,439.06	2.4%
571 Admin-Office Supp. & Exp.	5,297.14	4,500.00	797.14	117.7%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	2,238.69	2,776.00	-537.31	80.6%
575 Admin-Cell Phone Reimburse	1,200.00	1,800.00	-600.00	66.7%
576 Admin-Telephone/Internet	1,840.80	3,000.00	-1,159.20	61.4%
591 Admin-Notices & Fees	1,112.00	2,600.00	-1,488.00	42.8%
592 Admin Office Rent	2,380.00	4,080.00	-1,700.00	58.3%
593 Admin-Utilities	2,294.42	3,600.00	-1,305.58	63.7%
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	3,229.00	6,000.00	-2,771.00	53.8%
599 FQHC Feasibility Study	6,250.00			
600 East Chambers ISD Partnersh	120,000.00	180,000.00	-60,000.00	66.7%
601 IC-Pmt to Hosp (Indigent)	482,960.58	550,330.00	-67,369.42	87.8%
602 IC-WCH 1115 Waiver Prog	25,956.05	75,000.00	-49,043.95	34.6%
603a IC-Pharmaceutical Costs	21,280.45	60,000.00	-38,719.55	35.5%
604a IC-Non Hosp Cost-Other	3,347.51	5,000.00	-1,652.49	67.0%
604b IC-Non Hosp Costs UTMB	88,726.86	200,000.00	-111,273.14	44.4%
605 IC-Office Supplies/Postage	168.00	500.00	-332.00	33.6%
606 IC-Emergency Rm Pmt	333.10			
607 WSHD Non-Hospital - Grants	22,139.71	223,000.00	-200,860.29	9.9%
608 IC-Non Hosp Costs-Specl Pro	1,565.00	25,000.00	-23,435.00	6.3%
611 IC-Indigent Care Dir Salary	34,666.64	52,000.00	-17,333.36	66.7%
612 IC-Payroll Taxes -Ind Care	2,127.57	4,000.00	-1,872.43	53.2%
615 IC-Software	8,872.00	13,308.00	-4,436.00	66.7%
616 IC-Travel	390.54	700.00	-309.46	55.8%
617 Youth Programs	7,290.00	6,300.00	990.00	115.7%



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

Accrual Basis

	Jan - Aug 21	Budget	\$ Over Budget	% of Budget
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	8,278,226.96	12,647,841.68	-4,369,614.72	65.5%
631 NH Program-IGT	15,247,065.07	24,084,314.36	-8,837,249.29	63.3%
632 NH Program-Telehealth Fees	106,503.28	219,941.65	-113,438.37	48.4%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	149,447.06	220,000.00	-70,552.94	67.9%
635 NH Program-LTC Fees	1,200,000.00	1,872,000.00	-672,000.00	64.1%
637 NH Program-Interest Expense	3,095,928.45	2,868,496.00	227,432.45	107.9%
638 NH Program-Bank Fees & Misc	123.89	300.00	-176.11	41.3%
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%
<b>Total Expense</b>	<b>29,042,761.76</b>	<b>43,702,040.73</b>	<b>-14,659,278.97</b>	<b>66.5%</b>
<b>Net Income</b>	<b>4,087,708.58</b>	<b>6,387,157.99</b>	<b>-2,299,449.41</b>	<b>64.0%</b>

# **EXHIBIT “B-2”**

**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, September 22, 2021</b>				
<b>Pending Expenses</b>	<b>For</b>	<b>Amount</b>	<b>Funds Summary</b>	<b>Totals</b>
Brookshire Brothers	Indigent Care	\$2,658.98	Prosperity Operating (Unrestricted) (9/17)	\$552,526.76
Wilcox Pharmacy	Indigent Care	\$816.93	First Financial (Restricted)	\$10,154,654.39
UTMB at Galveston	Indigent Care		First Financial (Unrestricted)	\$3,872,877.79
UTMB Faculty Group	Indigent Care		Prosperity CD (Closed)	\$0.00
Barrier Reef Emergency Physician	Indigent Care	\$95.54	TexStar	\$690,441.52
Indigent Healthcare Solutions	IC Inv #72423	\$1,109.00	Allegiance Bank DACA Accounts (Unrestricted)	\$2,910,862.01
American Education Services	S Stern-Student Loan	\$150.14	Allegiance Bank LOC (Available)	\$1,530,285.69
Nicki Holtzman	Youth Counseling	\$255.00	Cash Position (Less First Financial Restricted)	<b>\$9,556,993.77</b>
Kalos Counseling (Benjamin Odom)	Youth Counseling	\$595.00	Pending Expenses	\$190,683.52
Penelope (Polly) Butler	Youth Counseling	\$85.00	Ending Balance (Less expenses)	<b>\$9,366,310.25</b>
Chambers Cty PHD#1	IC Dental	\$70.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	<b>\$13,445,320.03</b>
Benckenstein & Oxford	Inv #50213	\$14,675.00	<b>Last Month</b>	
Hubert Oxford	Legal Retainer	\$1,000.00	Prosperity Operating (Unrestricted)	\$396,882.92
David Sticker	Inv #61	\$1,593.75	First Financial (Restricted)	\$7,480,689.85
Technology Solutions of Tx	Inv #1622	\$75.00	First Financial (Unrestricted)	\$3,885,665.58
Bonds & Ellis (Clay Taylor)	Inv #12970 (In re Abri)	\$19,162.50	Prosperity CD	\$109,622.49
Function4	Inv888292 (copy paper)	\$197.50	TexStar	\$690,441.52
Felipe Ojedia-Yard Service	Inv #1017	\$300.00	Allegiance Bank LOC (Available)	\$1,530,285.69
Graciela Chavez-Office Cleaning	Inv #8018600	\$100.00	Cash Position (Less Interbank Restricted)	<b>\$6,612,898.20</b>
The Hometown Press	Inv #3062	\$600.00	Pending Expenses	\$65,890.92
Seabreeze Beacon	Inv #5397	\$400.00	Ending Balance (Less expenses)	<b>\$6,547,007.28</b>
Texas Comptroller of Public Accounts	Reimbursement	\$24,645.48	Total Funds (Ending Balance+LOC Outstanding+QIPP)	<b>\$8,077,292.97</b>
Southwest Ambulance Sales	Inv #5917	\$89,229.70		
Texas Media Corp (Festival Supplies)	Inv #15693 (Ck #3334)	\$29,600.00		
Southcoast Industrices (Festival Supplies)	Inv #203 (Ck #3335)	\$3,269.00		
<b>Total Pending Expenses</b>		<b>\$190,683.52</b>		

<b>First Financial Bank Reconciliations</b>					
	<b>Balances</b>	<b>Total Due</b>	<b>Balance Received</b>	<b>Balance Due</b>	<b>Due to District</b>
<b>FFB Balance Sept 20, 2021</b>	\$14,027,532.18				
	<b>\$14,027,532.18</b>				
<b>IGT 8, QIPP Year 4 (Public Only)</b>					
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)	\$1,584,803.21	\$1,584,803.21	\$1,584,803.21	\$0.00	\$1,584,803.16
Component 1-July (4th Quarter)	\$1,683,338.61	\$1,683,338.61	\$1,683,338.61	\$0.00	\$1,683,338.61
Component 1-August (4th Quarter)	\$892,566.30	\$1,619,947.54	\$892,566.30	\$727,381.24	\$1,619,947.54
<b>Total Component 1, IGT 8</b>	<b>\$9,309,925.54</b>	<b>\$10,037,306.78</b>	<b>\$9,309,925.54</b>	<b>\$727,381.24</b>	<b>\$10,037,306.73</b>
<b>Loan 18 Set Aside (Salt Creek &amp; Allegiance)</b>					
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)	\$1,584,803.21	\$1,584,803.21	\$1,584,803.21	\$0.00	\$1,584,803.16
Loan 18 Payment-July (4th Quarter)	\$1,683,338.61	\$1,683,338.61	\$1,683,338.61	\$0.00	\$1,683,338.61
Loan 18 Payment-August (4th Quarter)	\$892,566.30	\$1,619,947.54	\$892,566.30	\$727,381.24	\$1,619,947.54
<b>Total Loan 18 Set Aside</b>	<b>\$9,309,925.54</b>	<b>\$10,037,306.78</b>	<b>\$9,309,925.54</b>	<b>\$727,381.24</b>	<b>\$10,037,306.73</b>
<b>Component 2 (Public &amp; Private)</b>					
Y4/Q4-Comp. 2-July due to MGRs.	\$168,600.63	\$310,575.44	\$310,575.44	\$0.00	\$141,974.81
Y4/Q4-Comp. 2-Aug. due to MGRs.	\$162,830.22	\$299,034.57	\$164,713.86	\$134,320.71	\$136,204.35
<b>Total Component 2 due to MGRs.</b>	<b>\$331,430.85</b>	<b>\$609,610.01</b>	<b>\$475,289.30</b>	<b>\$134,320.71</b>	<b>\$278,179.16</b>

<b>Component 1-4 Adjustment Payment Comp. 2, 3, and 4</b>					
QIPP Yr. 2, Adjustment 3	(\$1,998.27)	(\$3,996.54)	(\$2,145.05)	(\$1,851.50)	(\$1,998.27)
QIPP Yr. 3, Adjustment 2	\$1,787.72	\$77,585.94	\$1,787.72	\$75,798.22	\$38,792.97
<b>Total Adjustment Payments</b>	<b>(\$210.55)</b>	<b>\$73,589.40</b>	<b>(\$357.33)</b>	<b>\$73,946.72</b>	<b>\$36,794.70</b>
<b>Non-QIPP Funds due to NHs</b>	<b>\$17,443.00</b>				
<b>Line of Credit</b>					
Payment 2-Line of Credit	\$1,683,338.61	Funds available, need to be paid.			
<b>Total Owed to Line of Credit</b>	<b>\$1,683,338.61</b>				
<b>Interest Reserves</b>					
Reserve Ln 18	\$157,060.28	Last 2 months interest of loan.			
Reserve Ln 19	\$330,012.44	Last 2 months interest of the 1st 5 months.			
Allegiance Interest (Sept. )	\$8,782.28				
<b>Total Reserves</b>	<b>\$495,855.00</b>				
<b>Restricted</b>	<b>\$10,154,654.39</b>				
<b>Unrestricted</b>	<b>\$3,872,877.79</b>				
<b>Total Funds</b>	<b>\$14,027,532.18</b>	<b>\$10,720,506.19</b>	<b>\$9,784,857.51</b>	<b>\$935,648.67</b>	<b>\$10,352,280.59</b>
<b>Allegiance Bank DACA Accounts</b>					
<b>Yr. Component 1 Reconciliation/Refund Payment (Return of Portion of Holdback)</b>					
QIPP Y4, Reconciliation #1	\$0.00	\$5,821,724.02	\$5,611,120.23	\$210,603.79	\$2,910,862.01
<b>Total Comp. 1 Reconciliation Payments</b>	<b>\$2,910,862.01</b>	<b>\$5,821,724.02</b>	<b>\$5,611,120.23</b>	<b>\$210,603.79</b>	<b>\$2,910,862.01</b>
<b>District's Unrestricted Funds in First Financial</b>					<b>\$3,872,877.79</b>
<b>District's Unrestricted Funds in Allegiance DACA's</b>					<b>\$2,910,862.01</b>
<b>Comp. 2-4 District's Share</b>					<b>\$6,783,739.80</b>

<b>11 Month Outstanding Short Term Revenue Note-Loan 18 (Dec. 1, 2020-Nov. 1, 2020)</b>					
<b>Loan 18-Principle</b>	\$5,609,295.47		<b>Reserve</b>	\$471,180.84	
<b>Interest</b>	16.80%				
<b>Amortization Table</b>					
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
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
<b>Amount Paid</b>		\$0.00	<b>\$863,831.54</b>	<b>\$5,609,295.47</b>	<b>\$6,473,127.01</b>
<b>Amount Due: October 31, 2021</b>			<b>\$863,831.54</b>	<b>\$5,609,295.47</b>	<b>\$6,473,127.01</b>
<b>Amount Remaining</b>				<b>\$0.00</b>	<b>\$0.00</b>

<b>11 Month Outstanding Short Term Revenue Note-Loan 19 (June 1, 2021-Apr. 30, 2022)</b>					
<b>Loan 19-Principle</b>	\$11,786,158.80		<b>Reserve</b>	\$330,012.44	
<b>Interest</b>	16.80%				
<b>Amortization Table</b>					
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
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-(Sept. 2021, Comp. 1)	10/31/2021	\$11,786,158.80	\$165,006.22	\$1,816,861.30	\$1,981,867.52
6-(Oct. 2021, Comp. 1)	11/30/2021	\$11,786,158.80	\$165,006.22	\$1,846,844.61	\$2,011,850.83
7-(Nov. 2021, Comp. 1)	12/31/2021	\$11,786,158.80	\$165,006.22	\$1,796,855.25	\$1,961,861.47
8-(Dec. 2021, Comp. 1)	1/31/2022	\$11,786,158.80	\$165,006.22	\$2,005,406.93	\$2,170,413.15
9 (Jan. 2021, Comp. 1)	2/28/2022	\$0.00	\$165,006.22	\$1,999,051.99	\$2,164,058.21
10 (Feb. 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
<b>Amount Paid</b>		\$0.00	<b>\$1,815,068.42</b>	<b>\$11,786,158.80</b>	<b>\$13,601,227.22</b>
<b>Amount Due: October 31, 2021</b>			<b>\$1,815,068.42</b>	<b>\$11,786,158.80</b>	<b>\$13,601,227.22</b>
<b>Amount Remaining</b>			<b>\$495,018.66</b>	<b>\$0.00</b>	<b>\$0.00</b>

Allegiance Bank Line of Credit					
Principle (IGT 8)	\$5,609,295.47	Principle Balance Owed	\$4,079,009.78		
Interest Rate:	2.35%	LOC Funds Available	\$1,530,285.69		
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
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	\$10,252.54	\$0.00	\$10,252.54
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
<b>7-(May 2021, Comp. 1)</b>	7/12/2021	Interest Payment	\$10,984.87	\$0.00	\$10,984.87
8-(June 2020, Comp. 1)	8/6/2021	Principle Payment	\$11,351.03	\$1,124,725.11	\$1,136,076.14
9-(July. 2020, Comp. 1)	8/10/2021	Interest Payment	\$11,351.03	\$1,683,338.61	\$1,694,689.64
10-(August 2021, Comp. 1)	9/10/2021	Interest Payment	\$8,782.28	\$1,619,947.54	\$1,628,729.82
<b>Amount Paid</b>	9/30/2020	\$0.00	<b>\$110,562.89</b>	<b>\$4,428,011.26</b>	<b>\$4,538,574.15</b>
<b>Amount Remaining</b>				<b>\$1,181,284.21</b>	

District's Investments					
	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,014,856.05	0.35%	8/1/2021	8/31/2021	Paid Quarterly \$5,301.58 Pd Aug 10
CD at Prosperity (Qtr.) (Closed) C.D. #0447	\$109,733.01	0.4000%	8/1/2021	8/31/2021	Paid Quarterly \$110.52 Aug 27
Texstar C.D. #1110	\$690,441.52	0.0100%	8/1/2021	8/31/2021	Paid \$5.89 Aug 2021

TO THE BEST OF MY KNOWLEDGE, THESE

\_\_\_\_\_  
Edward Murrell,  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Robert "Bobby" Way  
Treasurer/Investment Officer

\_\_\_\_\_  
Date

Italics are Estimated amounts

# **EXHIBIT “B-3”**

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**August 18, 2021 through September 22, 2021**

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Cir</u>	<u>Amount</u>
<b>100</b>	<b>Prosperity Bank -Checking</b>					
Check	08/18/2021	3309	Brookshire Brothers	IC RXs July 2021	X	(1,130.54)
Check	08/18/2021	3310	Wilcox Pharmacy	IC RXs July 2021	X	(961.00)
Check	08/18/2021	3311	UTMB at Galveston	IC Batch Date 07.01-07/31.2021	X	(13,114.35)
Check	08/18/2021	3312	UTMB Faculty Grou...	IC Batch Date 07.01-07/31.2021	X	(1,820.01)
Check	08/18/2021	3315	Barrier Reef Emergen...	VOID: IC Batch Date 07.01.2021	X	
Check	08/18/2021	3314	Indigent Healthcare ...	Inv #72257	X	(1,109.00)
Check	08/18/2021	3316	American Education ...	92 5529 5461 S Stem	X	(150.14)
Check	08/18/2021	3317	Nicki Holtzman MS, ...	YC Batch Date 07.02.2021	X	(340.00)
Check	08/18/2021	3318	Katos Counseling	YC Batch Date 07.02.2021 (Odom)		(510.00)
Check	08/18/2021	3319	Penelope S Butler, M...	YC Batch Date 06.02-07.02.2021	X	(425.00)
Check	08/18/2021	3320	Chambers Cty PHD ...	IC SP Batch Date 07.08.2021	X	(320.00)
Check	08/18/2021	3321	Benckenstein & Oxfo...	Inv #50174	X	(21,275.00)
Check	08/18/2021	3322	Hubert Oxford	Legal Retainer	X	(1,000.00)
Check	08/18/2021	3323	David Sticker	Inv #58	X	(1,781.25)
Check	08/18/2021	3324	Technology Solution...	Inv #1617	X	(75.00)
Check	08/18/2021	3325	Bonds Ellis Eppich S...	Inv# 12833 (In re Abri)	X	(18,308.30)
Check	08/18/2021	3326	Philadelphia Insuran...	Inv #2003346484 - Fee	X	(10.00)
Check	08/18/2021	3327	Felipe Ojeda	Inv #1015	X	(300.00)
Check	08/18/2021	3328	Graciela Chavez	Inv #8018599	X	(100.00)
Check	08/18/2021	3329	Gaudet Solutions	Youth-Irlen Program	X	(1,900.00)
Check	08/18/2021	3330	Benckenstein & Oxfo...	Reimbursement Hotel-THA Conf	X	(948.05)
Check	08/18/2021	3331	Benckenstein & Oxfo...	Reimbursement - WSHD Office Sup...	X	(196.50)
Check	08/18/2021	3313	Barrier Reef Emergen...	IC Batch Date 07.01.2021	X	(118.78)
Check	08/23/2021	3332	Franz Strategic Solut..	Inv# WSHD001 (FQHC Feasibility ...	X	(6,250.00)
Check	08/25/2021		Prosperity Bank (CC)		X	(4,905.76)
Check	08/25/2021	3333	Allegiance Bank	Opening Deposit for HMO II new ...	X	(2,200.00)
Liability ...	08/30/2021		QuickBooks Payroll ...	Created by Payroll Service on 08/25/...	X	(8,479.53)
Paycheck	08/31/2021	DDI ...	Norris, Sherrie	Direct Deposit	X	
Paycheck	08/31/2021	DDI...	Ojeda, Patricia	Direct Deposit	X	
Paycheck	08/31/2021	DDI...	Osburn, Jessica L	Direct Deposit	X	
Deposit	08/31/2021			Deposit. Processed	X	30.96
General J...	09/08/2021			QY2 IGT Refund Dish		3,534.17
General J...	09/08/2021			QY2 IGT Refund Dish		3,553.86
General J...	09/08/2021			QY2 IGT Refund Dish		2,386.12
General J...	09/08/2021			QY2 IGT Refund Dish		5,492.54
General J...	09/08/2021			QY2 IGT Refund Dish		3,986.85
General J...	09/08/2021			QY2 IGT Refund Dish		2,461.26
General J...	09/08/2021			QY2 IGT Refund Dish		11,453.02
General J...	09/08/2021			QY2 IGT Refund Dish		4,103.78
General J...	09/08/2021			QY2 IGT Refund Dish		4,822.87
General J...	09/08/2021			QY2 IGT Refund Dish		3,939.83
General J...	09/08/2021			QY2 IGT Refund Dish		5,005.91
General J...	09/08/2021			QY2 IGT Refund Dish		4,403.75
General J...	09/08/2021			QY2 IGT Refund Dish		4,439.13
General J...	09/08/2021			QY2 IGT Refund Dish		5,247.01
General J...	09/08/2021			QY2 IGT Refund Dish		4,396.12
General J...	09/08/2021			QY2 IGT Refund Dish		3,978.61
General J...	09/08/2021			QY2 IGT Refund Dish		4,811.02
General J...	09/08/2021			QY2 IGT Refund Dish		5,516.65
General J...	09/08/2021			QY2 IGT Refund Dish		2,120.70
General J...	09/08/2021			QY2 IGT Refund Dish		2,577.60
General J...	09/08/2021			QY2 IGT Refund Dish		4,911.88
General J...	09/08/2021			QY2 IGT Refund Dish		7,421.77
General J...	09/08/2021			QY2 IGT Refund Dish		1,836.40
General J...	09/08/2021			QY2 IGT Refund Dish		2,395.56
Check	09/09/2021		Entergy	ACH, Withdrawal, Processed	M	(187.35)
Check	09/10/2021		Allegiance Bank	ACH, Withdrawal, Processed	M	(8,781.35)
Check	09/10/2021		IRS	ACH, Withdrawal, Processed	M	(2,910.20)
Check	09/10/2021	9950...	ECISD	Draft, Withdrawal, Processed	M	(15,000.00)
Check	09/10/2021	9950...	Riceland Medical Ce...	Draft, Withdrawal, Processed	M	(340.00)

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**August 18, 2021 through September 22, 2021**

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Cir</u>	<u>A.mount</u>
Deposit	09/13/2021			Deposit		57,294.71
Check	09/15/2021	3334	Texas Media Corp	Inv#15693 (Promo Supplies/Rice Fe...		(29,600.00)
Check	09/15/2021	3335	Southcoast Industries	Inv#203 (Promo gal size sanitizer/Ri...		(3,269.00)
Check	09/22/2021		Brookshire Brothers	IC Batch Date 08.01-30.21		(2,658.98)
Check	09/22/2021		Wilcox Pharmacy	IC Batch Date 08.03.21		(816.93)
Check	09/22/2021		Indigent Healthcare ...	IC Inv 72423		(1,109.00)
Check	09/22/2021		American Education ...	92 5529 5461 Sheny Stem		(150.14)
Check	09/22/2021		Nicki Holtzman MS, ...	YC Batch Date 08.02.21		(255.00)
Check	09/22/2021		Kalos Counseling	YC Batch Date 08.02.21		(595.00)
Check	09/22/2021		Penelope S Butler, M...	YC Batch Date 08.02.21		(85.00)
Check	09/22/2021		Chambers Cty PHD ...	IC SP Dental Batch Date 08.08.21		(70.00)
Check	09/22/2021		Hubert Oxford	Legal Retainer		(1,000.00)
Check	09/22/2021		David Sticker	Inv #61		{1,593.75}
Check	09/22/2021		Technology Solution...	Inv #1622		(75.00)
Check	09/22/2021		Bonds Ellis Eppich S...	Inv #12970 (Abri Mediation)		(19,162.50)
Check	09/22/2021		Function 4	3A0064 Inv #888292 (copy paper)		(197.50)
Check	09/22/2021		Felipe Ojeda	Inv# 1017(yardservice)		(300.00)
Check	09/22/2021		Graciela Chavez	Inv #8018600 (office cleaning)		(100.00)
Check	09/22/2021		Hometown Press	Inv #3062		(600.00)
Check	09/22/2021		The Seabreeze Beacon	Inv #5397		(400.00)
Check	09/22/2021		Texas Comptroller of..	Reimbursement Sales Tax		(24,645.48)
Check	09/22/2021		WSEMS	For Southwest Amb Inv #5917		(89,229.70)
Check	09/22/2021		Barrier Reef Energen...	IC Batch Date 08.01.21		(95.54)
Check	09/22/2021		Benckenstein & Oxfo...	Inv #14675.00 (June 2021)		(14,675.00)
<b>Total 100 Prosperity Bank -Checking</b>						<b>(143,508.55)</b>
<b>109 First Financial Bank</b>						
<b>109b FFB #4846 DACA</b>						
Check	08/20/2021			Transfer to DOA Acct No. 1110214...	X	165,705.17
Check	08/23/2021			Transfer to DDA Acct No. 1110214...	X	475,397.24
Check	08/25/2021			Transfer to DDA Acct No. 1110214...	X	1,342,240.32
Check	08/27/2021			Transfer to ODA Acct No. 1110214...	X	517.06
Check	08/30/2021		Salt Creek Capital LLC	SCC Int Pmt Loan 18	X	(78,530.14)
Check	08/30/2021		Salt Creek Capital LLC	SCC Int Pmt Loan 19	X	(165,006.22)
Check	09/01/2021			Transfer to DOA Acct No. 1110214...		19,434.00
Check	09/07/2021		LTC Group	ACH PaymenLTC Group CCD 1611 ...	M	(168,000.00)
<b>Total 109b FFB #4846 DACA</b>						<b>1,591,757.43</b>
<b>Total 109 First Financial Bank</b>						<b>1,591,757.43</b>
<b>TOTAL</b>						<b>1,448,248.88</b>



# **EXHIBIT “C”**



## 09.22.21 WSHD Regular Board Meeting Indigent Care Report

### 1) Active Client Count:

- a) Indigent Clients – 62
- b) Youth Counseling – 15
- c) Irlen Services – 08
- d) Dental – 01 clients used the Dental benefits in AUG
- e) Vision – 00 clients used the Vision benefits in AUG

### 2) Pharmacy:

- a) Pharmacy expense was UP by \$1.4K, from \$2,091.54. The increase of was due to 2 clients being prescribed high dollar prescriptions.
- b) 11 clients and 17 medications are currently covered on the Prescription Assistance Program, which saved the District \$7,045.38 for AUG.

### 3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was UP by \$8.6K, from \$15,914.15, due to an increase in CT Scans and MRIs.
- b) There were 18 Referrals during the month of AUG, of which all 17 were Approved and 1 was Denied. There were no major expenses from those referrals. There are 3 Procedures scheduled for SEP totaling \$11.6K.

### 4) UTMB Hospital & Clinics:

- a) UTMB had no expense this month. Due to the inclement weather, they have not yet submitted their invoices.

### 5) Youth Counseling:

- a) Youth Counseling expense was DOWN by \$85 from \$1105.00 due to 2 clients not scheduling, and 1 client cancelling due to COVID.

### 6) Irlen Services:

- a) Irlen Services had no expenses for AUG. The Aug visits posted in time for the Aug Board Meeting.

### 7) Our over-all YTD expenditures for 2021:

- a) Total YTD Amount Paid is \$305,293.55. This amount includes \$225,810.35 pre-paid to Riceland Hospital and Clinic, and of that pre-payment, RMC still has \$71,803.72 remaining.

### 8) Source Code Totals for AUG 2021:

- a) Riceland was 84% of the total expenses for AUG
- b) Prescription Drugs was 12% of the total expenses for AUG
- c) Everything else was comparatively non-impressionable in regard to the percentage of total expenses.

### 9) 2020 YTD Paid Graph:

- a) Riceland – is the over-all highest expense of all vendors at \$179.5K.
- b) UTMB – is 2<sup>nd</sup> highest at \$92K.
- c) Pharmacy – is 3<sup>rd</sup> highest at \$20.6K, with YTD Pharmacy Savings of \$74.3K
- d) Youth Counseling – is at \$6.7K.
- e) Irlen Services – is at \$4.4K
- f) Client Count – Indigent Client count increased 5 from 57, Youth Counseling increased by 1 from 14, and Irlen Services increased by 2 from 6.

### 10) Additional Information:

- a) ICAP Applications–
  - i) For AUG: 23 applications were GIVEN; 7 were APPROVED; 1 were DENIED for active Medicaid; 3 RESCHEDULED to SEP; 8 did not completed the process.
- b) County Van Report – There were 5 WSHD Riders, and 7 WSDH related trips for the month of AUG.

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

<b>Indigent Clients:</b>	
<b>Youth Counseling:</b>	
<b>Irlen Services:</b>	

**PROVIDER TOTALS**

<b>Pharmacy</b>			
Brookshire Brothers Pharmacy Corp			
Wilcox Pharmacy			
<i>ADJUSTMENTS-Refunds/Credits</i>			
<b>Pharmacy Totals</b>			

<b>Winnie Community Hospital</b>			
WCH Clinic			
WCH ER			
WCH Lab/Xray			
WCH CT Scan			
WCH Xray (MRI)			
WCH Lab/Xray Reading			
WCH Inpatient			
WCH Physical Therapy			
WCH Ultrasound			
<b>WCH Totals</b>			
<i>ADJUSTMENTS-Refunds/Credits</i>			
<b>Balance on Contracted Amount (Lump Sum Payment of \$251,286.55)</b>			
<b>Actual Medicaid Rate Incurred</b>			

<b>UTMB</b>			
UTMB Physician Services			
UTMB Anesthesia			
UTMB In-Patient			
UTMB Outpatient			
<i>ADJUSTMENTS-Refunds/Credits</i>			
<b>UTMB Totals</b>			

<b>Non-Contracted Emergency Services</b>			
Barrier Reef (UTMB ER Physician)			
<b>Non-Contract Services Totals</b>			

<b>Youth Counseling</b>			
Benjamin Odom			
Nicki Holtzman			
Penelope Butler			
<b>Youth Counseling Totals</b>			

<b>Irlen Services</b>			
Nancy Gaudet			
<b>Irlen Services Totals</b>			

<b>Indigent Special Services</b>			
Dental Services			
Vision Services			
<b>Indigent Special Services Totals</b>			

<b>Medical Supplies</b>			
Alliance Medical Supply (C-PAP)			
<b>Medial Supplies Total</b>			
<b>Grand Totals</b>			

<b>June</b>			
Indigent Clients:	58		
Youth Counseling:	11		
Irlen Services:	5		

<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	
\$1,390.30	\$1,361.79	\$1,361.79	
\$1,672.73	\$1,672.73	\$1,672.73	
<b>\$3,063.03</b>	<b>\$3,034.52</b>	<b>\$3,034.52</b>	

\$8,161.00	\$3,177.50	\$3,177.50	
\$10,790.00	\$4,423.90	\$4,423.90	
\$14,141.00	\$5,564.93	\$5,564.93	
\$8,520.00	\$3,493.20	\$3,493.20	
\$7,897.00	\$3,237.77	\$3,237.77	
\$3,270.00	\$1,340.70	\$1,340.70	
\$14,993.00	\$6,147.13	\$6,147.13	
\$0.00	\$0.00	\$0.00	
\$1,410.00	\$578.10	\$578.10	
<b>\$69,182.00</b>	<b>\$27,963.23</b>	<b>\$27,963.23</b>	
<i>Credit Adjustment</i>			
	<b>\$112,245.30</b>		

\$15,660.00	\$2,860.52	\$2,860.52	
\$1,098.00	\$630.63	\$630.63	
\$10,702.97	\$3,853.07	\$3,853.07	
\$53,873.78	\$10,642.15	\$10,642.15	
<b>\$83,239.77</b>	<b>\$17,986.37</b>	<b>\$17,986.37</b>	

\$7,934.00	\$214.32	\$214.32	
<b>\$7,934.00</b>	<b>\$214.32</b>	<b>\$214.32</b>	

\$255.00	\$255.00	\$255.00	
\$765.00	\$765.00	\$765.00	
\$170.00	\$170.00	\$170.00	
<b>\$1,190.00</b>	<b>\$1,190.00</b>	<b>\$1,190.00</b>	

\$0.00	\$0.00	\$0.00	
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

\$517.00	\$210.00	\$210.00	
\$415.00	\$415.00	\$415.00	
<b>\$932.00</b>	<b>\$625.00</b>	<b>\$625.00</b>	

\$0.00	\$0.00	\$0.00	
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>\$165,540.80</b>	<b>\$51,013.44</b>	<b>\$51,013.44</b>	

<b>July</b>			
Indigent Clients:	57		
Youth Counseling:	14		
Irlen Services:	6		

<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	
\$1,149.13	\$1,130.54	\$1,130.54	
\$961.00	\$961.00	\$961.00	
<b>\$2,110.13</b>	<b>\$2,091.54</b>	<b>\$2,091.54</b>	

\$7,295.00	\$2,990.95	\$2,990.95	
\$5,684.00	\$2,330.44	\$2,330.44	
\$19,071.00	\$7,819.11	\$7,819.11	
\$0.00	\$0.00	\$0.00	
\$3,523.00	\$1,444.43	\$1,444.43	
\$1,136.00	\$465.76	\$465.76	
\$0.00	\$0.00	\$0.00	
\$642.00	\$263.22	\$263.22	
\$1,464.00	\$600.24	\$600.24	
<b>\$38,815.00</b>	<b>\$15,914.15</b>	<b>\$15,914.15</b>	
<i>Credit Adjustment</i>			
	<b>\$96,331.15</b>		

\$8,271.00	\$1,313.35	\$1,313.35	
\$854.00	\$506.66	\$506.66	
\$24,328.51	\$8,758.26	\$8,758.26	
\$18,473.38	\$4,356.09	\$4,356.09	
<b>\$51,926.89</b>	<b>\$14,934.36</b>	<b>\$14,934.36</b>	

\$2,374.00	\$118.78	\$118.78	
<b>\$2,374.00</b>	<b>\$118.78</b>	<b>\$118.78</b>	

\$595.00	\$510.00	\$510.00	
\$340.00	\$340.00	\$340.00	
\$255.00	\$255.00	\$255.00	
<b>\$1,190.00</b>	<b>\$1,105.00</b>	<b>\$1,105.00</b>	

\$1,900.00	\$1,900.00	\$1,900.00	
<b>\$1,900.00</b>	<b>\$1,900.00</b>	<b>\$1,900.00</b>	

\$320.00	\$320.00	\$320.00	
\$0.00	\$0.00	\$0.00	
<b>\$320.00</b>	<b>\$320.00</b>	<b>\$320.00</b>	

\$0.00	\$0.00	\$0.00	
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>\$98,636.02</b>	<b>\$36,383.83</b>	<b>\$36,383.83</b>	

<b>August</b>			
Indigent Clients:	62		
Youth Counseling:	15		
Irlen Services:	8		

<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	
\$2,668.15	\$2,668.15	\$2,658.98	
\$816.93	\$816.93	\$816.93	
<b>\$3,485.08</b>	<b>\$3,485.08</b>	<b>\$3,475.91</b>	

\$5,098.00	\$2,090.18	\$2,090.18	
\$8,501.00	\$3,485.41	\$3,485.41	
\$16,036.00	\$6,574.76	\$6,574.76	
\$10,149.00	\$4,161.09	\$4,161.09	
\$18,466.00	\$7,571.06	\$7,571.06	
\$841.00	\$344.81	\$344.81	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$732.00	\$300.12	\$300.12	
<b>\$59,823.00</b>	<b>\$24,527.43</b>	<b>\$24,527.43</b>	
<i>Credit Adjustment</i>			
	<b>\$71,803.72</b>		

\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

\$1,593.00	\$95.54	\$95.54	
<b>\$1,593.00</b>	<b>\$95.54</b>	<b>\$95.54</b>	

\$595.00	\$595.00	\$595.00	
\$255.00	\$255.00	\$255.00	
\$85.00	\$85.00	\$85.00	
<b>\$935.00</b>	<b>\$935.00</b>	<b>\$935.00</b>	

\$0.00	\$0.00	\$0.00	
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

\$70.00	\$70.00	\$70.00	
\$0.00	\$0.00	\$0.00	
<b>\$70.00</b>	<b>\$70.00</b>	<b>\$70.00</b>	

\$0.00	\$0.00	\$0.00	
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>\$65,906.08</b>	<b>\$29,113.05</b>	<b>\$29,103.88</b>	

<b>Year to Date</b>		
<b>Clients Enrolled:</b>	<b>83</b>	<b>52</b>
<b>YC Enrolled:</b>	<b>18</b>	<b>9</b>
<b>IS Enrolled:</b>	<b>8</b>	<b>4</b>

<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	
\$12,168.51	\$11,963.16	\$11,944.63	
\$8,797.50	\$8,710.30	\$8,710.30	
<b>\$20,966.01</b>	<b>\$20,673.46</b>	<b>\$20,654.93</b>	

\$53,203.00	\$21,541.81	\$19,304.44	
\$56,636.00	\$23,220.76	\$23,220.76	
\$131,997.00	\$53,885.89	\$53,885.89	
\$61,374.00	\$25,163.34	\$25,163.34	
\$94,460.00	\$38,317.78	\$38,317.78	
\$13,261.00	\$5,437.01	\$5,437.01	
\$14,993.00	\$6,147.13	\$6,147.13	
\$4,820.00	\$1,976.20	\$1,976.20	
\$14,708.00	\$6,030.28	\$6,030.28	
<b>\$445,452.00</b>	<b>\$181,720.20</b>	<b>\$179,482.83</b>	
<i>Credit Adjustment</i>		<b>(\$2,237.37)</b>	
	<b>\$71,803.72</b>		
<b>\$225,810.35 -</b>	<b>\$17,339.09</b>	<b>\$208,471.26</b>	

\$55,315.00	\$11,368.36	\$11,368.36	
\$6,222.00	\$3,642.65	\$3,642.65	
\$80,429.19	\$28,905.92	\$28,905.92	
\$270,330.63	\$47,808.48	\$47,808.48	
<b>\$415,362.86</b>	<b>\$92,004.05</b>	<b>\$92,004.05</b>	

\$22,209.00	\$761.74	\$761.74	
<b>\$22,209.00</b>	<b>\$761.74</b>	<b>\$761.74</b>	

\$1,445.00	\$1,360.00	\$1,360.00	
\$4,165.00	\$4,165.00	\$4,165.00	
\$1,190.00	\$1,190.00	\$1,190.00	
<b>\$6,800.00</b>	<b>\$6,715.00</b>	<b>\$6,715.00</b>	

\$4,400.00	\$4,400.00	\$4,400.00	
<b>\$4,400.00</b>	<b>\$4,400.00</b>	<b>\$4,400.00</b>	

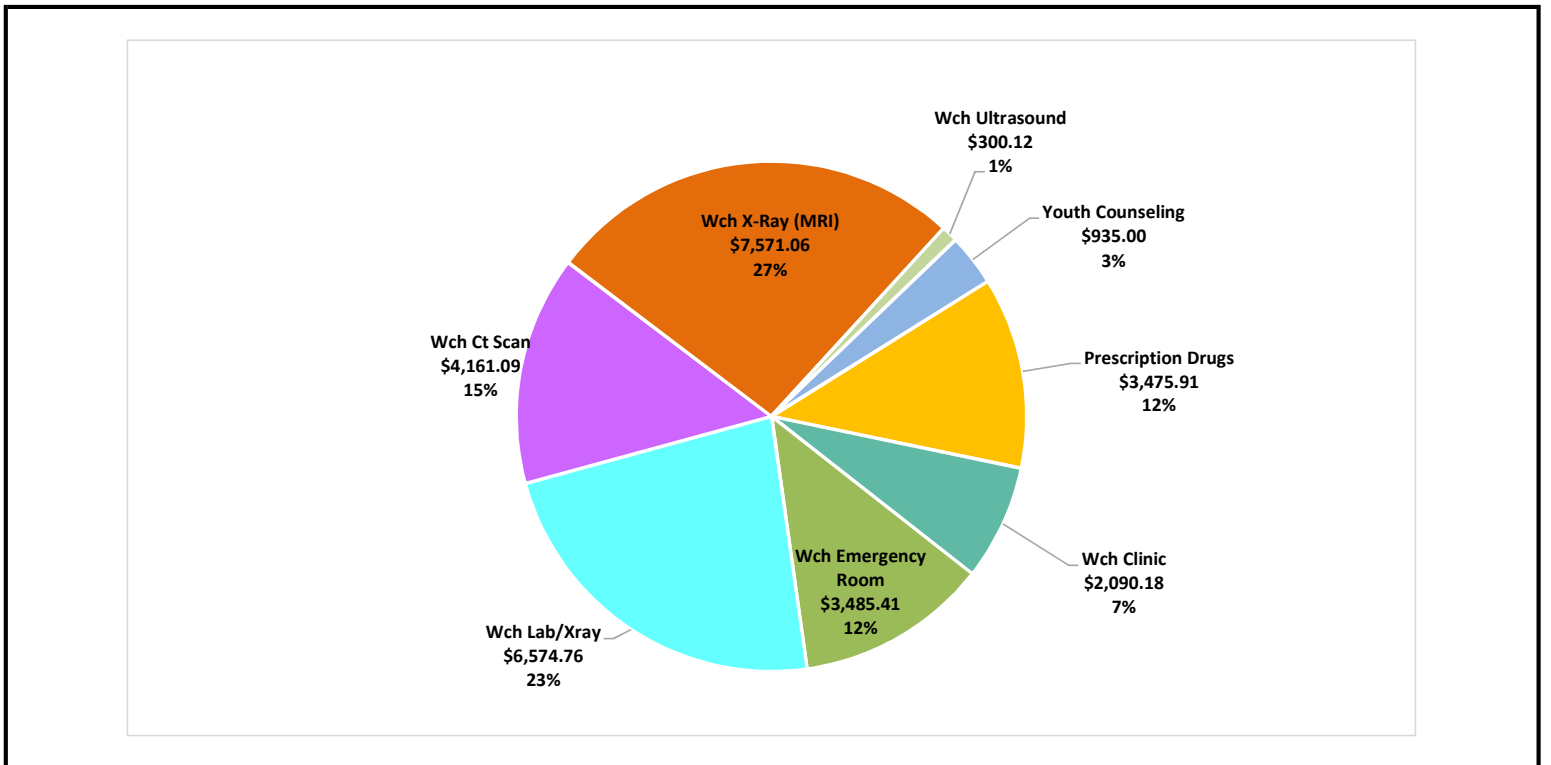
\$1,027.00	\$720.00	\$720.00	
\$415.00	\$415.00	\$415.00	
<b>\$1,442.00</b>	<b>\$1,135.00</b>	<b>\$1,135.00</b>	

\$140.00	\$140.00	\$140.00	
<b>\$140.00</b>	<b>\$140.00</b>	<b>\$140.00</b>	
<b>\$916,771.87</b>	<b>\$307,549.45</b>	<b>\$305,293.55</b>	

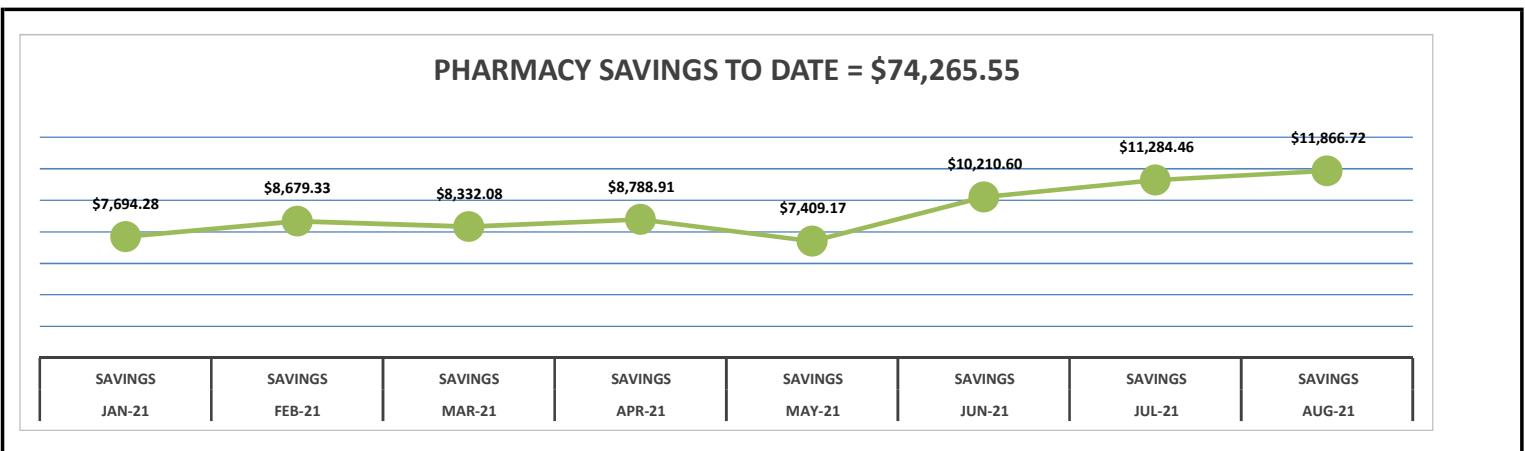
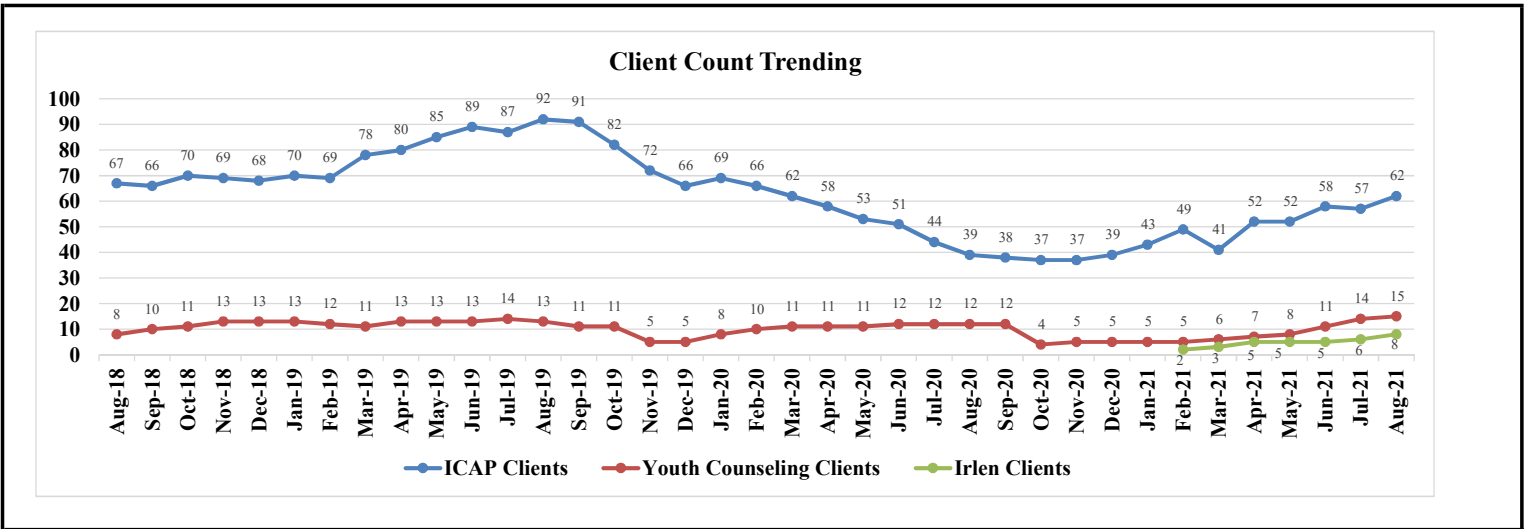
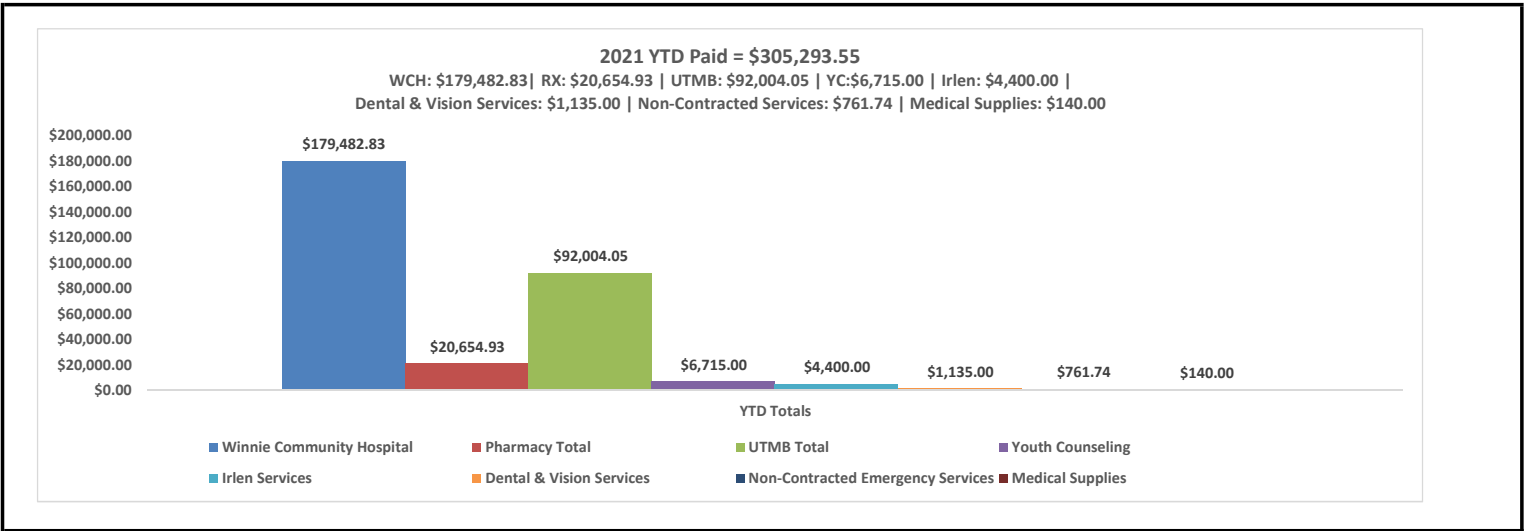
### WSHD Indigent Care Director Report Aug 2021 SOURCE CODE REPORT

#### Source Totals for Batch Dates 8/01/2021 through 8/31/2021 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$3,495.98	\$3,475.91	11.94%
14	Dental Services	\$70.00	\$70.00	0.24%
21	Wch Clinic	\$5,098.00	\$2,090.18	7.18%
24	Wch Emergency Room	\$8,501.00	\$3,485.41	11.98%
25	Wch Lab/Xray	\$16,036.00	\$6,574.76	22.59%
26	Wch Ct Scan	\$10,149.00	\$4,161.09	14.30%
28	Wch X-Ray (MRI)	\$18,466.00	\$7,571.06	26.01%
29	Wch Ultrasound	\$732.00	\$300.12	1.03%
44	Wch Lab/Xray Readings	\$841.00	\$344.81	1.18%
34-1	Utmb ER Physicians - Barrier Reef	\$1,593.00	\$95.54	0.33%
39	Youth Counseling	\$935.00	\$935.00	3.21%
<b>Expenditures/Reimbursements/Adjustments</b>		<b>\$65,916.98</b>	<b>\$29,103.88</b>	<b>0%</b>
<b>Grand Total</b>		<b>\$65,916.98</b>	<b>\$29,103.88</b>	<b>100%</b>



**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

## Aug-21

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			3281
TOTAL HOURS DRIVEN			188.08
TOTAL EXPENSES FOR MONTH			\$891.02
FUEL COST			\$611.87
REPAIRS & MAINTENANCE COST	NEW TIRE		\$234.32
MISC EXPENSES	OIL CHANGE		\$44.83
TOTAL RIDERS			16
TOTAL WSHD RIDERS			4
TOTAL TRIPS			49
TOTAL TRIPS FOR WSHD RIDERS			6

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			3336
TOTAL HOURS DRIVEN			126.08
TOTAL EXPENSES FOR MONTH			\$527.83
FUEL COST			\$527.83
REPAIRS & MAINTENANCE COST			
MISC EXPENSES			
TOTAL RIDERS			19
TOTAL WSHD RIDERS			1
TOTAL TRIPS			45
TOTAL TRIPS FOR WSHD RIDERS			1

VEHICLE #3		VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN			839
TOTAL HOURS DRIVEN			32.50
TOTAL EXPENSES FOR MONTH			\$141.32
FUEL COST			\$98.76
REPAIRS & MAINTENANCE COST	OIL CHANGE		\$39.07
MISC EXPENSES	WINDSHIELD WIPER FLUID		\$3.49
TOTAL RIDERS			8
TOTAL WSHD RIDERS			0
TOTAL TRIPS			10
TOTAL TRIPS FOR WSHD RIDERS			0

GRAND TOTALS	
MILES DRIVEN	7456
RIDERS	43
WSHD RIDERS	5
TRIPS	104
WSHD TRIPS	7
EXPENSES	\$1,560.17

**EXHIBIT ONE**  
**FY 22 Compensation Schedule**

<b>Inpatient Services:</b>	County agrees to pay for authorized Inpatient Services in accordance with Texas Medicaid allowable In-Patient TEFRA rate calculated from UTMB's most recent cost report. Payments for services rendered will be in accordance with UTMB's facility specific current TEFRA In-Patient Percentage of current billed charges, 37% of current billed charges.
<b>Outpatient Services:</b>	County agrees to pay for authorized Outpatient Services in accordance with Texas Medicaid allowable Out-Patient TEFRA rate calculated from UTMB's most recent cost report. Payments for services rendered will be in accordance with UTMB's facility specific current TEFRA Out-Patient Percentage of current billed charges, 24% of current billed charges.
<b>Outpatient Surgery:</b>	County agrees to pay authorized Outpatient Surgeries in accordance with UTMB's then TEFRA Out-Patient Percentage, 24% of current billed charges.
<b>Implants:</b>	County agrees to pay for authorized implants at 33% of UTMB's billed charges.
<b>Outpatient Laboratory Services:</b>	County agrees to pay authorized Outpatient Laboratory Services in accordance with UTMB's current TEFRA Out-Patient Percentage of billed charges, 24% of current billed charges.
<b>Professional Services:</b>	County agrees to pay all authorized physician services, except Anesthesia services reimbursed per ASA unit, at 120% of the current Texas Medicaid Reimbursement Methodology. If the Center for Medicare and Medicaid, the state of Texas or any other governmental agency with governing authority reduces the Texas Medicaid Reimbursement Methodology during the term of this agreement, the parties hereto will increase the physician payment rates in equal proportion to offset the reduction.
<b>Mid-Level Providers:</b>	County agrees to pay all covered mid-level provider services at 95% of the physician payment rates listed above under Professional Services.
<b>Anesthesia:</b>	County agrees to pay \$55 per ASA unit, based on current ASA units and 15 minute time units.
<b>Any outpatient fees not otherwise defined:</b>	County agrees to pay 33% of UTMB's billed charges.

# **EXHIBIT “D”**



<b>Winnie-Stowell Hospital District</b>			
<b>Executive Summary of Nursing Home Monthly Site Visits</b>			
<b>August 2021</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Marshall Manor Nursing and Rehabilitation</b>	Caring		Current Census: 90. The facility last had their annual survey in September 2019, they are currently in their survey window. There were seven reportable incidents since the last visit, all have been unsubstantiated following review. The facility has two employees who are currently COVID positive, no residents have tested positive so far. The facility has repaired the landscaping that was damaged during the winter storm, and they are getting a new generator in the next few months.
<b>Marshall Manor West</b>	Caring		Current Census: 54. The facility had their annual survey in June 2021, they received two tags. Their POC was accepted, and tags were cleared via desk review. There was one reportable incident since the last visit for a positive COVID test, the facility was not cited. The facility has stripped and waxed all the rooms in the facility. Due to the high level of vaccination among residents the facility can do larger groups in the dining room for meals and activities.
<b>Park Manor of Quail Valley</b>	HMG		Current Census: 77. The facility last had their annual survey in January 2020, they are currently in their survey window. There were five reportable incidents since the last visit, they have not yet been investigated. The state came to the facility to investigate 13 incidents from September 2020, the facility did not receive any citations. The facility is having to use agency staffing for aides and nurses, this is cutting into their budget.
<b>Park Manor of Tomball</b>	HMG		Current Census: 89. The facility had their annual survey in July 2021, they received three minor life-safety citations, the facility is preparing their plan of correction. There were three reportable incidents since the last visit, they have not yet been investigated. The administrator is interested in starting a cardiac program partnership with the local hospital, the idea will be revisited once the hospital isn't as inundated with COVID patients.
<b>Rose Haven Retreat</b>	Caring		Current Census: 41. The facility had their annual survey in November 2020, all tags have been cleared. The facility had a complaint survey in August 2021, the facility was not cited. There were 14 reportable incidents since the last visit, all have been cleared via desk review. The facility has a local pharmacy that is providing the vaccine clinics, the pharmacy

			is very flexible and will come to the facility at any time. The facility is in need of a new activity director, the is doing the job until the position in filled.
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<b>July 2021</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Deerbrook Skilled Nursing and Rehab Center</b>	HMG		Current Census: 83. The facility had their annual survey in July 2021, the facility has not received the full report but believe the survey went well. A full summary of the survey will be available at the next visit. There were three reportable incidents since the last visit, all were unsubstantiated following state review. The facility has put a PIP in place to reduce the number of falls, the regional nurse has overseen the PIP and there has been a noticeable decrease in the number of falls.
<b>Friendship Haven Health and Rehab</b>	HMG		Current Census: 106. The facility had their annual survey in October 2020, they had a deficiency free survey. There were two reportable incidents since the last visit, both for falls, the state has not yet investigated. The facility is preparing for hurricane season by implementing their emergency plans should they need to evacuate. Staffing is tough now, but the facility has not had to use agency staffing.
<b>Highland Park Care Center</b>	Caring		Current Census: 52. The facility is currently in their survey window; the facility did receive two F-tags from complaints made by disgruntled former employees. There was one reportable incident since the last visit for a positive COVID test. The facility has a new interim administrator, she is doing well handling the facility. The facility has had good participation at the vaccine clinics, as of now no one else has tested positive for COVID.
<b>Park Manor of Cyfair</b>	HMG		Current Census: 95. The facility had their annual survey in November 2020, they are currently in their survey window. There were eight reportable incidents since the last visit, all for falls; the facility was not cited by the state following investigation. There have been two employees and three residents test positive for COVID recently, they think it came from a resident who was transferred from the hospital. The facility has a beautician who comes every Monday, the residents love having her in the facility.

<b>Park Manor of Cypress Station</b>	HMG	<p>Current Census: 69. The facility last had their annual survey in October 2019. The state has come to the facility for complaints in the last quarter, the facility has not been cited. The facility is planning to reopen their COVID wing to accept COVID positive patients from other facilities, this will help their census. The facility is continuing to upgrade the facility by getting new chairs for the conference room.</p>
<b>Park Manor of Humble</b>	HMG	<p>Current Census: 76. The facility had their annual survey in early July 2021, they received seven health tags and one LSC tag. The facility is preparing a POC to send to the state. The state investigated 27 reportable incidents dating back to 2020, the facility was not cited. The facility is having to remind families that the Delta variant is dangerous as some families are being cavalier with the rules.</p>
<b>Park Manor of South Belt</b>	HMG	<p>Current Census: 75. The facility last had their annual survey in September 2020, they are currently in their survey window. There were two reportable incidents since the last visit, the state has not investigated. The staff at the facility is working overtime due to staffing shortages, this is allowing the facility to not have to use agency staffing. All vaccinated residents can eat and enjoy activities in the dining room, those who are unvaccinated must distance while in common areas.</p>
<b>Park Manor of Westchase</b>	HMG	<p>Current Census: 78. The facility last had their annual survey in February 2020, they are currently in their survey window. There were six reportable incidents since the last visit, the facility did not receive any citations following state review. Of the four COVID positive cases only one was a resident. The resident was a dialysis patient who had been sent to the hospital for high white blood cell count. The facility has closed their COVID wing but if several residents were to test positive, they would open the wing back up.</p>
<b>Spring Branch Transitional Care Center</b>	Caring	<p>Current Census: 183. The facility last had their annual survey in October 2020. There were no reportable incidents since the last visit. The facility is offering a sign on bonus for new hires as they are having trouble attracting applicants. The facility has started a "red napkin" program to help staff identify which residents are having weight-loss issues, the staff then give those residents extra attention during mealtimes. The facility has been able to do their own vaccine clinics through their pharmacy, the turnout has been pretty good.</p>

<p><b>Oak Manor</b></p>	<p>SLP</p>		<p>Current Census: 34. The state came to the facility to investigate a drug diversion; the complaint was substantiated, and the facility was cited. There were no reportable incidents since the last visit. At this time the facility only needs one CNA to be fully staffed. The facility is staying close to budget, their biggest expenditures are supplies and some agency staffing. The visit took place in person for the first time in over a year and the facility was in great shape.</p>
<p><b>Hallettsville Nursing and Rehab Center</b></p>	<p>Regency</p>		<p>Current Census: 76. The state was not in the facility for any reason since the last visit. There were two reportable incidents since the last visit, both were for a resident-to-resident altercation. The facility is searching for a new director of nursing. The facility underwent a remodel last year and it looks very well done in person.</p>

Administrator: Ross Bradfield  
DON: Tameika Sanders, RN

## **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 90.

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 19.3%. At this time, they are testing twice per week for all employees. Currently, Marshall Manor Nursing and Rehab is in outbreak status as of 8/19/21 due to two COVID\_19 positive staff members. The facility currently has no positive COVID\_19 residents since January 19<sup>th</sup>. Currently, Marshall Manor has 4 residents in the Warm Zone (new admissions unvaccinated).

The administrator reports PPE items are good and they use the local health department through RAC\_G for orders. The Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19. All staff are currently wearing N-95 masks during outbreak.

The Administrator reported they have been able to re-plant what had been lost during the ice storm and the facility's emergency binder is now updated. The Administrator reports the facility will be getting a new generator in the next couple of months.

Marshall Manor has continued with 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, 79 out of 90 residents. Administrator reports retention rate of employees has gone down and now only 37% of staff have been vaccinated.

On average, 10 to 15 visitors per day visit loved ones. Marshall Manor continues with monthly birthday parties and had a big 4<sup>th</sup> of July celebration. With the hot weather, most residents do not want to go out but hope to increase participation with the cooler weather. Screening is still in place and for the most part, goes well.

Lunch and dinner are still being provided in the dining room. Typically, they have two residents to a table keeping vaccination status in mind. Marshall Manor modernization project with their elevators is now complete. Activities are going well – typically 5-20 residents participate at a time. The Administrator also reports they are holding a chapel service once per week with good attendance. The beautician is now coming 2-3 times per week.

The Administrator mentioned they are still able to get CNAs through the waiver. They have not really had a chance to work with the sister company who has an instructor via satellite school so they can go through the course and take their exam.

### **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. In the beginning of July, 2021 the facility had a full book survey with 2 tags in nursing and 2 in LSC. The POC has been accepted and cleared.

### **REPORTABLE INCIDENTS**

The administrator reports the facility had 3 self-reports in April and 4 in May. All unsubstantiated that have been reviewed.

### **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 Nursing and Rehab Center  
1007 South Washington Avenue, Marshall TX 75670  
August 19, 2021

**Restraints:**

Facility information not given

**Staffing:**

Facility is currently in need of 8 CNAs and weekend nursing coverage.

Administrator: Ken Kale  
DON: Lakeisha Owens

### **FACILITY INFORMATION**

Marshall Manor West is a 118-bed facility with a current over all star rating of 4 and a Quality Measures rating of 3. The census on the date of this call was 54.

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 23.8% and testing of staff is twice per week. Administrator reports the facility has been preparing for hurricane season well.

Marshall Manor West has had 6 COVID\_19 vaccine clinics, so far. Red River is assisting now with the vaccinations stated the Administrator. The Administrator reported approximately 84% 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.

One resident came in from hospital that was positive for COVID\_19 and two staff members tested positive for COVID\_19, all occurred over 2 weeks ago. No residents are in the Hot or Warm Zone (for unvaccinated new residents). The administrator reports all staff are in N-95 masks. PPE inventory is still good, but now ordering more N-95s. Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Dining services in the dining room with about half the residents are coming into the dining room and half still prefer to eat in their room. The administrator also reported the facility now has another dining room on C hall. Recently, the Activity Director has been able to take residents out on the bus for rides. On average, Marshall Manor West has 2 visitors each day. Volunteers only come in if tested twice per week at this time.

The administrator reports staff work 12 hour shifts if the Hot Zone has residents. At this time, the facility resolved their one PIP for pressure ulcers. Facility is in the process of updating one room and they have stripped and waxed all rooms.

### **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 June of 2021 and POC accepted with 2 tags and all cleared with desk review.

### **REPORTABLE INCIDENTS**

Administrator reports they had 1 Self Report for positive COVID in early July and no citations.

### **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 in need of 8 CNAs and 2 nurses.

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 5 and Quality Measure of 5. Given census on the date of this call was 77.

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. Last quarter a Nero-virus and Colo Factor outbreak was going around the city but luckily all residents were fine and everything has settled down.

The positivity rate in Fort Bend is 16.6%. Testing is now three times a week per company policy. An employee tested positive last week, who works in the nursing department. This employee had not worked at the facility since Monday of last week and the Administrator notified the health department, sent in a self-report for HHS, e-mailed program manager and providing updates daily until told otherwise. This employee decided not to be vaccinated as she is pregnant and did not have any symptoms. No residents have tested positive for COVID\_19 since testing three times a week.

The Administrator stated if a resident tested positive for COVID\_19, Park Manor of Quail Valley would take care of them, which would be at the end of Hallway 200. Employees would receive time and half if they worked in the COVID\_19 Unit. Currently, they have four residents in the Warm Unit due to two residents not being vaccinated and the other two residents, who are roommates, were exposed to a visitor who tested COVID\_19 positive. Essential Caregiver visits and general visitations are still occurring at Park Manor of Quail Valley. Most of the visits go well and are not long lasting.

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. Park Manor of Quail Valley received their data logger to assist with their own COVID\_19 vaccines. The Moderna vaccine is being given and 88% of both residents and employees have received their vaccinations, so far. Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Activities and communal dining continue with social distancing and residents wearing surgical masks when appropriate. Park Manor of Quail Valley stills has their beautician coming into the facility and residents are being seen one at a time. Contract agency is being used for over half for their aides and nurses. The DON mentioned it was challenging to say the least.

Poker chips are being used if employees are going above and beyond, if they have perfect attendance or clocking in and out correctly in which they could receive a themed gift basket. The Administrator is trying to keep the morale up at the facility and would like to provide a meal on each shift possibly once a week and give out "Snack Attacks" such as lemonade and popcorn or ice cream sandwiches. The company is providing a contest in which if a facility has been fully vaccinated above a certain percentage, an employee gets their name three times in a drawing and could possibly win a grand prize of \$10,000, or a second prize of \$5,000 and lastly, a third prize of \$2,500. Also, in July the company offered opportunities to invest in the stock market. Administrator mentioned they are still in the planning phase picking out material for chairs as they just received their catalog. They are still looking at plank flooring as well and will be working on a herb garden for aroma therapy and stimulation for their residents.

### **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 **March/April/May of 2021**- Park Manor of Quail Valley had five self-reports listed below. State came out last Wednesday and investigated 13 self-reports and complaints from September of 2020 and received no citations.

1. Resident tested positive for COVID-19,
2. Fall w/injury (possible avulsion fracture),
3. Fall w/injury (subdural hematoma),
4. Injury of unknown origin (humerus fracture),
5. Resident to resident altercation (resident placed pillow on face of other resident).

### **CLINICAL TRENDING:**

#### **Incidents/Falls:**

In **March/April/May of 2021**, Park Manor of Quail Valley had 39 total falls, of which 2 resulted in injury, 7 received skin tears, 1 Fracture, 0 Laceration and 0 bruises.

#### **Infection Control:**

Facility reports 68 total infections in **March/April/May of 2021**– 18 UTI's; 24 Resp; 16 URIs; 8 wound infections; and 9 Other infections.

**Weight loss:**

Weight loss information for **March/April/May of 2021** includes 9 residents total with 4 with 5-10% loss and 5 with > 10% loss in 30 days.

**Pressure Ulcers:**

In **March/April/May of 2021**, there were 11 residents with 30 pressure ulcer sites – 3 acquired in house.

**Restraints:**

In **March/April/May of 2021**, the facility had 0 residents with restraints.

**Staffing:**

Facility has openings for (1) LVN 2p-10p; (2) LVN's 10p-6a; (8) CNAs for 6a-2p; (9) CNA's 2p-10p; (3) CNAs for 10p-6a.

**Casper Report**

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	2.5	2.2%	2.1%	
Fall w/Major Injury (L)	1.6	3.4%	3.5%	
UTI (L)	0	1.9%	2.6%	
High risk with pressure ulcers (L)	7.5	9.4%	9.5%	
Loss of Bowel/Bladder Control(L)	38.1	52.2%	47.4%	
Catheter(L)	2.0	2.1%	2.0%	

Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	6.3	18.8%	15.8%	
Excessive Weight Loss(L)	2.3	6.0%	7.1%	
Depressive symptoms(L)	0	4.9%	7.4%	
Antipsychotic medication (L)	11.9	11.9%	14.5%	

### QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	3/19/21, 4/16/21, and 5/18/21	Falls rate, marketing survey completion, residency agreement completion, transportation DMV info, and filling of open position.

### Component 2

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

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

**QIPP Component 3 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.32%	7.27%	5.56%	Y	
Percent of residents who received an anti-psychotic medication	14.24%	5.0%	5.77%	Y	
Percent of residents whose ability to move independently has worsened	17.09%	18.34%	11.76%	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%	0.59%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	100%	96.11%	93.84%		
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 2. The census on the date of this report was 89: 2 PP; 5 MC; 61 MDC; 9 HMO; 0 Hospice.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reported COVID\_19 Positivity rate for Harris County is 18.0%. Park Manor of Tomball is currently testing vaccinated staff twice per week and three times for unvaccinated employees. Residents are being tested twice per week no matter if they are vaccinated or unvaccinated.

Last time a resident and employee tested positive for COVID\_19 was Monday, August 23, 2021. Three residents and three employees (two nursing and one housekeeping) tested positive COVID\_19 that day. Currently, there are four residents being cared for in-house in the COVID Unit and six residents in the Unknown/Observation Unit. Staffing is a struggle and agency and managers are working the floor. Agency is wherever there are open spots or call-ins.

PPE inventory is still good, no issues. All employees are wearing N95 and face shields or goggles in the general population and full PPE in COVID or Unknown Status Units. The Administrator reported visitations were going fine. No volunteers are coming in at this time.

Park Manor of Tomball provides the Moderna vaccine to its employees and residents. If one employee decides they want the vaccination, they will give it that day. So far, approximately 42% of employees and 72% of residents have received their vaccines. Residents wear orange wristbands if they have been vaccinated.

Park Manor of Tomball still has their beautician in the building providing hair care needs for residents. Activities and dining services are on-going in the dining room and residents are happier. The Administrator mentioned again he did want to start up a cardiac program with HCA of Tomball (hospital) and was trying to get in touch with the CEO but too much was going with the pandemic and increased cases of COVID\_19.

## **SURVEY INFORMATION**

Park Manor Tomball had their annual survey from July 20<sup>th</sup> through July 23<sup>rd</sup>. Overall, the Administrator felt like they had a good survey. Three LSC citations, minor in scope.



Annual Full Book State Survey Characteristics			
Deficiency Area	Number of Deficiencies	Explanation	Plan of Correction
Mistreatment	0		
Quality of Care	0		
Resident Assessment	1	PASRR Services	Due 8/13
Resident Rights	0		
Dietary	1	Temperatures/palatability	Due 8/13
Pharmacy	1	Med pass error	Due 8/13
Environment	0		
Administration	0		

### REPORTABLE INCIDENTS

In **April/May/June 2021**, the facility has three outstanding self-reports – one recently (Monday August 23<sup>rd</sup>) with injury of unknown origin.

### CLINICAL TRENDING

#### Incidents/Falls:

During **April/May/June 2021** Park Manor of Tomball had 79 total falls, of which 4 resulted in injury, 15 Skin Tears, 1 Fracture, 3 Behaviors, 8 Bruises and 8 Other.

#### Infection Control:

Park Manor of Tomball reports 15 total infections in **April/May/June 2021** – 12 UTI's; 2 URI's; 1 GI infection; and 0 Other.

**Weight loss:**

Park Manor of Tomball reported Weight loss in **April/May/June 2021** – 18 residents with 5-10% and 0 residents with > 10% loss in 30 days.

**Pressure Ulcers:**

In **April/May/June 2021**, Park Manor of Tomball had 36 residents with 61 pressure ulcer sites – 14 acquired in house.

**Restraints:**

Park Manor of Tomball is a restraint free facility.

**Staffing:**

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

**Casper Report:**

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	0%	0.2%	
Fall w/Major Injury (L)	5.1%	3.4%	3.5%	
UTI (L)	0.40%	1.9%	2.60%	
High risk with pressure ulcers (L)	6.1%	9.4%	9.5%	
Loss of Bowel/Bladder Control(L)	41.7%	52.2%	47.4%	
Catheter(L)	1.4%	2.1%	2.0%	
Physical restraint(L)	0%	0%	0.2%	
Increased ADL Assistance(L)	6.8%	21.7%	22.9%	
Excessive Weight Loss(L)	4.2%	6.0%	7.1%	

Depressive symptoms(L)	1.4%	4.9%	7.4%	
Antipsychotic medication (L)	12.9%	11.9%	14.5%	

**QIPP Component 1**

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	<p>April 8, 2021</p> <p>May 11, 2021</p> <p>June 16, 2021</p>	<p><b>Falls: 1. DON/ADON/UM to repeat monthly in-service on Fall precautions/interventions, to include (call lights position, call light response time, frequent rounding, provision/use of non-skid socks, floor mats and height of bed), and on falling star program</b></p> <p><b>2. ADON/UM to make rounds on hall during meal times. DON/ADON to in-service charge nurse to increase presence on hallway during dinner if not assigned to dining room duty.</b></p> <p><b>3. IDT team to continue to discuss all resident during morning clinicals to identify needs for increase or new fall precautions to prevent fall and/or injury</b></p> <p><b>Wounds: 1. Wound care nurse to re-in-service staff on wound precaution/interventions, utilization of pressure relieving devices, frequent turning and repositioning, and re-applying pressure relieving devices on residents who have cognitive impairment who continuously remove devices.</b></p> <p><b>2. Wound care nurses to continue to make daily rounds on halls on random</b></p>

		<p><b>residents to ensure proper use and staff compliance with applying wound prevention equipment and report findings during morning clinicals. Wound care nurse to continue to educate non-compliant cognitive residents on use of pressure devices and document education in progress notes.</b></p> <p><b>3. IDT team to continue to discuss during clinical and identify new and resident's with COC who are at risk for wound development and implement appropriate wound precautions as indicated</b></p> <p><b>4. DON to have central supply order overlays for geri-chairs to provide padding. DON/Wound care nurse to discuss and implement up to chair/down to bed schedule for residents with non/slow healing sacral/buttock wounds</b></p>
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**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?	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%	6.1%	Y	
Percent of residents who received an anti-psychotic medication	14.40%	>14.40%	12.9%	Y	
Percent of residents whose ability to move independently has worsened	18.70%	>18.70%	6.7%	Y	

**QIPP Component 4 – CMS Long-Stay Quality Metrics**

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.80%	>2.80%	0.4%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	%	100%	25%	N	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

Administrator: Enobong Ofong (Alex) – started in July 2021  
DON: Sara Murphy – started in July 2021

### **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 41 (19 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 24%. At this time, the facility is testing all employees twice a week. Staff are wearing N95 as Rose Haven Retreat is considered in outbreak status as an employee tested COVID\_19 positive on 8/17/21. Last COVID\_19 positive resident was back in December. Per Administrator, PPE supply is ample at this time.

Nurses are working 8-hour shifts currently. The facility's pharmacy, Red River, is providing COVID\_19 Vaccine clinics flexible and works with them daily, even if they only have one person who needs the vaccine. Approximately 46% of employees and 88% of the residents have received their vaccinations.

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 no residents and 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 is currently recruiting for an Activity Director but the facility has still been able to add several activities for the residents that they are enjoying.

### **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. The facility had a complaint survey 8/13/21 and did not receive any citations.

### **REPORTABLE INCIDENTS**

The facility had 14 self-reports for April/May/June have been desk reviewed with no citations.

## **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 in need of 4 CNAs and 1 LVN.



# **EXHIBIT “E”**

2020

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

2021

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
ER Visits	167	170	184	225	231	256	265	249					218	
Conversion to Inpatient/observation	16	17	9	14	24	26	31	31					21	
Percentage	10%	10%	5%	6%	10%	10%	12%	12%					9%	
Transferred out	7	7	12	8	17	13	12	5					10	
Percentage	4%	4%	7%	4%	7%	5%	5%	2%					5%	
ER shifts covered by doctors	74%	51%	55%	68%	48%	60%	56%	58%					59%	
Number Inpatient days	167	172	146	117	196	135	115	262					164	
Number Hospice days	0	13	7	22	7	5	18	19					11	
Number Swingbed days	0	50	35	20	83	26	114	58					48	
Number Observation days	31	12	18	33	35	32	37	20					27	
Total All Inpt. Days	198	247	206	192	321	198	284	359					251	
Average Inpatient days per day	6.39	8.52	6.65	6.40	10.35	6.60	9.16	11.58					8.21	1.63
CTs	66	66	60	68	73	61	68	47					64	
Xrays	248	240	309	292	250	305	318	383					293	
Ultrasounds	30	42	37	39	37	32	26	42					36	
Encounters - Adult Clinic	409	368	517	507	455	550	497	490					474	
Encounters - Pediatric Clinic	226	171	285	279	168	179	242	301					231	
Behavioral Health patients	0	0	0	0	0	11	18	18					6	
Physical Therapy	1	0	0	0	1	0	1	0					0	

**Additional Items:**

- IOP is open and serving nursing home patients
- 393 Covid inpatient days for the month of August
- Antibody Monoclonal Infusion Center Open
- Pfizer and Moderna Vaccines being administered daily
- Covid testing provided daily
- Ventilator/Dialysis program on hold as Covid cases has increased inpatient census

# **EXHIBIT “F”**

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 Irvine CA 92618  
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 Fax : (949)580-1550  
 FEIN : 95-3431506

**REMIT TO ADDRESS**

**\*\*Attention As of September 2021\*\***  
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 PO Box 7477  
 Carol Stream, IL 60197-7477

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INVOICE DATE	: 06/22/2021
SALES ORDER NO	: 45160732
CUSTOMER PO NO	: 154295
PAYMENT TERMS	: 50% 45 days after delivery,
FREIGHT TERMS	: FOB Destination
SALES REP1	: SID WAMMACK
SALES REP2	:

**BILL TO:10127448**

RICELAND HEALTHCARE  
 538 BROADWAY AVE  
 WINNIE TX 77665  
 USA

**SHIP TO:10127448**

RICELAND HEALTHCARE  
 Brittany Givens/409-273-9133  
 538 BROADWAY AVE  
 WINNIE TX 77665

LINE	QTY	PRODUCT CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	0		****MONITORING****		
2	8	BSM-NK-CAKIT/ZA	BSM-3572A, NK SpO2 Critical Access KIT	5800.00	46400.00
3	8	BSM-3572A-Q01	BSM-3572 12.1", 2MP, N KOHDEN, IF BOARD SN: 986 SN: 990 SN: 992 SN: 993 SN: 994 SN: 1002 SN: 1004 SN: 1005		
4	8	JC-906PA	CABLE, PATIENT 10FT		
5	8	BR-913PA	LEAD BLOCK, 3 LEAD SNAP		
6	8	YN-901P	NIBP CUFF HOSE, ADULT		
7	8	YP-712T	Child Cuff - S951C		
8	8	YP-713T	Adult Cuff - S951D		
9	8	JL-900P	CABLE, CONNECTION NK SPO2		
10	8	TL-201T	PROBE,SPO2 REUSABLE(1.6M)/P225F/TL-201T2		
11	8	HIT-100	ISOLATION UNIT FOR BSM-6000		
12	8	A/AT1601-WH	CABLE, PATCH, CAT6 UTP, 1' WHT		

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13	8	SB-671P	BATTERY, BSM-6000		
14	8	A/90192-A	QUICK REFERENCE GUIDE, 6000		
51	8	WS-371P	Recorder module, BSM-3500A SN: 16095 SN: 16160 SN: 16161 SN: 16178 SN: 16179 SN: 16250 SN: 16251 SN: 16252	173.65	1389.20
52	8	RS-3500/ZA	**ROLL STAND W/ ADAPTER PLATE, BSM-3500	475.65	3805.20
53	8	A/RS-0006-64	ROLL STAND, BSM-3/4/5/61XX		
54	8	A/0051-16	MOUNTING ADAPTOR PLATE, BSM-3500		
55	8	BR-906PA	LEAD BLOCK, 6 LEAD CLIP	120.12	960.96
56	8	QI-320PA-6	** WLAN STATION, FOR BSM-6000	786.00	6288.00
57	8	QI-430PA	WLAN STATION, BSM-6000 SN: 670 SN: 688 SN: 689 SN: 691 SN: 693 SN: 695 SN: 696 SN: 697		
58	3	YP-711T	Sm Child Cuff - S951B	36.96	110.88

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LINE	QTY	PRODUCT CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
59	3	YP-713T	Adult Cuff - S951D	36.96	110.88
60	8	SB-671P	BATTERY, BSM-6000	290.40	2323.20
61	5	YP-714T	Lg Adult Cuff - S951E	36.96	184.80
62	1	TL-271T3-A24	PROBE SPO2, ADULT, 24 EACH, 5'	275.44	275.44
63	1	TL-272T3	PROBE SPO2, PEDS, 24 EACH, 5'	275.44	275.44
67	1	A/FQW-50-2-100	PAPER, BSM-6000, 10PADS / BOX	33.00	33.00
68	1	EG-CAKIT-HL7-VI/ZA	Critical Access Kit, HL7, VITRAC, EGW		
69	1	A/PWREDGE-R640	SERVER, Dell, R640 - SINGLE PWR SUPPLY SN: H4YN8B3		
70	1	A/QP-988P-A	SOFTWARE, UNIFIED GATEWAY SN: D00806		
71	1	A/P6L-00075-1P	SQL Svr Std 2019 IoT + 5 Cal		
72	500	#QP-988P-1	**EGW Device Count License		
73	300	#QP-988P-2	**EGW Client License		
74	1	A/WINSVREMB2019	Win Svr Emb Std 2019		
75	1	A/EG-USB	Enterprise Gateway USB License Dongle SN: 3-5473115		
76	1	A/HL7-PSF	Software, HL7 Install w/ License SN: D00301		
77	7	#HL7-P	PERPETUAL LICENSE FOR HL7, PER DEVICE		

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LINE	QTY	PRODUCT CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
78	1	A/NK-HIQ-RNS-PSF	Software, NKiQ RNS Install w/ License SN: D00258	9995.00	9995.00
79	1	A/WIRELESS-PSF	Software, Wireless Install w/ License SN: D00186	9995.00	9995.00
80	500	#QP-988P-3	**EGW Wireless License		
81	1	A/VITRAC-PSF	Software, ViTrac Install w/ License SN: D00806		
82	1	A/PWREDGE-R340	DELL SERVER, SINGLE PWR SUPPLY SN: 45HLQ53		
83	1	A/WINSVREMB2016	Win Svr Emb Std 2016		
84	1	QP-986P	LICENSE-NET, EXPANSION PROGRAM SN: 501		
85	1	A/HP-M608DN	PRINTER, LASERJET HP M608 NETWORK SN: JPBCN8B1QL		
86	1	CNS-CAKIT-8/ZA	Critical Access Kit, 8-BED CNS-6801		
87	1	PU-681RA	CENTRAL MONITOR PROCESSING UNIT SN: 1972		
88	1	WS-960P-01A	RECORDER UNIT FOR CNS-6xxx and G9 Unit SN: 15174		
89	1	A/24-CANVYS	Display, 24" TOUCH CNS-6801, CANVYS SN: DTU281K0645		
90	1	658111A	PS2 KEYBOARD FOR CNS-9701 & CNS-6x01		

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LINE	QTY	PRODUCT CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
91	1	SC-611RA	POWER SUPPLY KIT FOR WS-960P		
92	1	YL-611P	ALARM INDICATOR 2.5M,CNS-6201A		
93	1	YS-097P5	CABLE, DISPLAY 2.5M, CNS-6201A		
94	1	A/615-10074-0001	ALARM INDICATOR, CANVYS BSMNT, w/Tape		
95	1	A/ABCE422-11MED	POWER COND/UPS/ISO, CNS6200		
96	2	A/CPUSTAND	STAND, CPU		
97	1	A/MOUSE-USB	MOUSE,USB BLACK,LOGITECH,W/ADP		
98	1	A/MOUSE-PAD	MOUSE PAD FOR DIGITAL EEG / PMS		
99	1	A/CNS6801REFGUIDE	Reference Guide, CNS6201/6801, CRG		
100	1	A/CNSRYTHMGUIDE	Clinical Reference Guide, CNS 6801 RYTHM		
101	1	#CNS-6801-EXP-16	**8-16 Patient Expansion, CNS-6801	10015.83	10015.83
102	1	RNS-6803/ZA	** RNS-6803 Remote Nurse Station w/Audio	13541.68	13541.68
103	1	A/RNS-6803	RNS-6803 Remote Nursing Main Unit, Audio SN: 3513		
104	1	A/MOUSE-USB	MOUSE,USB BLACK,LOGITECH,W/ADP		
105	1	#WLAN-HN-S	TECH ASSET WLAN, UPTO 25,000 FEET	5000.00	5000.00



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LINE	QTY	PRODUCT CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
106	1	#NK-HIQ-SUPPORT	Annual Software Support, Perpetual Licen	2145.00	2145.00
107	1	#CLINICAL-OPT	**CLINICAL OPTIMIZATION SERVICES	6000.00	6000.00
108	1	#SOL-DES-IMP	**Solution Design and Implementation, PM	8000.00	8000.00
109	1	#INSTALL-SA	**SUPPORT FOR STAND-ALONE SYS	6500.00	6500.00
<b>SHIPPING</b>					
<b>TOTAL TAX</b>					9001.14
<b>INVOICE TOTAL</b>				USD	<b>\$142350.65</b>
50 % due 07/22/2021					\$71175.33
50 % due 09/20/2021					\$71175.32

SHIPPING DATE	CARRIER	TOTAL WEIGHT	FREIGHT BILL #
06/16/2021	FedEx-LTL Economy		4895047242

PREMIER SEE QUOTE#03600032 RG 3/26/21

If you have any question in regards to this invoice please send all your inquiry to  
 AR@nihonkohden.com.