

# **Exhibit “A-1”**

## Winnie-Stowell Hospital District

## Balance Sheet

As of September 30, 2021

	Sep 30, 21
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	204,944.57
104b Allegiance Bank -CD#6434	6,014,856.05
105 TexStar	690,459.00
108 Allegiance Bank NH Combined	8,661,566.44
109 First Financial Bank	
109b FFB #4846 DACA	12,489,411.04
Total 109 First Financial Bank	12,489,411.04
Total Checking/Savings	28,061,237.10
Other Current Assets	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	8,921,912.76
118 Prepaid Expense	33,989.65
119 Prepaid IGT	9,821,798.80
Total Other Current Assets	48,518,780.91
Total Current Assets	76,580,018.01
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>76,735,915.96</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	8,664,152.44
201 NHP Accounts Payable	-2,198,390.26
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	2,801,231.75
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	580.22
240 Accounts Payable NH	24,723,140.64
Total Other Current Liabilities	51,386,532.90
Total Current Liabilities	51,386,532.90
Total Liabilities	51,386,532.90
Equity	
300 Net Assets, Capital, net of	155,897.63
310 Net Assets-Unrestricted	19,766,358.13
Net Income	5,427,127.30
Total Equity	25,349,383.06
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>76,735,915.96</b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
**As of Sept. 30, 2021**

Accrual Basis

	Jan - Sep 21	Budget	\$ Over Budget	% of Budget
<b>Income</b>				
400 Sales Tax Revenue	464,684.02	650,000.00	-185,315.98	71.5%
405 Investment Income	15,819.32	46,000.00	-30,180.68	34.4%
409 Tobacco Settlement	12,313.73	13,200.00	-886.27	93.3%
415 Nursing Home - QIPP Program	36,616,291.72	49,379,998.72	-12,763,707.00	74.2%
<b>Total Income</b>	<b>37,109,108.79</b>	<b>50,089,198.72</b>	<b>-12,980,089.93</b>	<b>74.1%</b>
<b>Gross Profit</b>	<b>37,109,108.79</b>	<b>50,089,198.72</b>	<b>-12,980,089.93</b>	<b>74.1%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	46,500.03	63,000.00	-16,499.97	73.8%
502 Admin-Administrative Assnt	7,462.50			
504 Admin-Administrative PR Tax	4,499.98	5,500.00	-1,000.02	81.8%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	232.29	360.00	-127.71	64.5%
521 Professional Fees - Acctng	15,281.25	25,000.00	-9,718.75	61.1%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	9,000.00	25,000.00	-16,000.00	36.0%
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.	1,351.26	5,000.00	-3,648.74	27.0%
562 Admin-Travel&Mileage Reimb.	1,882.36	1,500.00	382.36	125.5%
569 Admin-Meals	611.06	1,000.00	-388.94	61.1%
570 Admin-District/County Prom	35,081.08	2,500.00	32,581.08	1,403.2%
571 Admin-Office Supp. & Exp.	8,895.64	4,500.00	4,395.64	197.7%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	2,647.83	2,776.00	-128.17	95.4%
575 Admin-Cell Phone Reimburse	1,350.00	1,800.00	-450.00	75.0%
576 Admin-Telephone/Internet	2,115.35	3,000.00	-884.65	70.5%
591 Admin-Notices & Fees	2,112.00	2,600.00	-488.00	81.2%
592 Admin Office Rent	2,380.00	4,080.00	-1,700.00	58.3%
593 Admin-Utilities	2,549.46	3,600.00	-1,050.54	70.8%
594 Admin-Casualty & Windstorm	2,077.52	2,060.00	17.52	100.9%
597 Admin-Flood Insurance	1,431.00	1,282.00	149.00	111.6%
598 Admin-Building Maintenance	3,629.00	6,000.00	-2,371.00	60.5%
599 FQHC Feasibility Study	6,250.00			
600 East Chambers ISD Partnersh	135,000.00	180,000.00	-45,000.00	75.0%
601 IC-Pmt to Hosp (Indigent)	483,300.58	550,330.00	-67,029.42	87.8%
602 IC-WCH 1115 Waiver Prog	25,956.05	75,000.00	-49,043.95	34.6%
603a IC-Pharmaceutical Costs	24,756.36	60,000.00	-35,243.64	41.3%
604a IC-Non Hosp Cost-Other	3,776.15	5,000.00	-1,223.85	75.5%
604b IC-Non Hosp Costs UTMB	88,726.86	200,000.00	-111,273.14	44.4%
605 IC-Office Supplies/Postage	278.00	500.00	-222.00	55.6%
607 WSHD Non-Hospital - Grants	253,720.06	223,000.00	30,720.06	113.8%
608 IC-Non Hosp Costs-Specl Pro	1,635.00	25,000.00	-23,365.00	6.5%
611 IC-Indigent Care Dir Salary	38,999.97	52,000.00	-13,000.03	75.0%
612 IC-Payroll Taxes -Ind Care	3,252.25	4,000.00	-747.75	81.3%
615 IC-Software	9,981.00	13,308.00	-3,327.00	75.0%
616 IC-Travel	403.98	700.00	-296.02	57.7%
617 Youth Programs	8,225.00	6,300.00	1,925.00	130.6%

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

Accrual Basis

As of Sept. 30, 2021

	Jan - Sep 21	Budget	\$ Over Budget	% of Budget
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	9,269,015.96	12,647,841.68	-3,378,825.72	73.3%
631 NH Program-IGT	17,211,425.07	24,084,314.36	-6,872,889.29	71.5%
632 NH Program-Telehealth Fees	119,816.19	219,941.65	-100,125.46	54.5%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	183,284.56	220,000.00	-36,715.44	83.3%
635 NH Program-LTC Fees	1,401,000.00	1,872,000.00	-471,000.00	74.8%
637 NH Program-Interest Expense	2,223,521.05	2,868,496.00	-644,974.95	77.5%
638 NH Program-Bank Fees & Misc	103.89	300.00	-196.11	34.6%
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>31,681,981.49</b>	<b>43,702,040.73</b>	<b>-12,020,059.24</b>	<b>72.5%</b>
<b>Net Income</b>	<b>5,427,127.30</b>	<b>6,387,157.99</b>	<b>-960,030.69</b>	<b>85.0%</b>

# **Exhibit “A-2”**

## Winnie-Stowell Hospital District

## Balance Sheet

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	Sep 30, 21
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Total Current Assets	76,580,018.01
Fixed Assets	
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**Winnie-Stowell Hospital District  
Profit & Loss Budget vs. Actual**

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<b>Total Expense</b>	<b>31,681,981.49</b>	<b>43,702,040.73</b>	<b>-12,020,059.24</b>	<b>72.5%</b>
<b>Net Income</b>	<b>5,427,127.30</b>	<b>6,387,157.99</b>	<b>-960,030.69</b>	<b>85.0%</b>



# **EXHIBIT “B”**



## 10.20.21 WSHD Regular Board Meeting Indigent Care Report

### 1) Active Client Count:

- a) Indigent Clients – 66
- b) Youth Counseling – 17
- c) Irlen Services – 10
- d) Dental – 3 clients used the Dental benefits in SEP
- e) Vision – 1 client used the Vision benefits in SEP

### 2) Pharmacy:

- a) Pharmacy expense was DOWN by \$800.00, from \$3,475.91. The decrease was due to another client becoming active on the PAP program.
- b) 12 clients are currently on the Prescription Assistance Program, which saved the District \$7,990.54 for SEP.

### 3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was DOWN by \$600, from \$24,527.43.
- b) There were 8 Referrals during the month of SEP, of which ALL were Approved. There were 2 major expenses from those referrals, totaling \$6.8K. And, there is 1 Surgery scheduled for NOV totaling \$17.4K.

### 4) UTMB Hospital & Clinics:

- a) UTMB expense was significantly UP by \$17.3K from \$0.00. This is due to no charges were submitted for payment for AUG 2021.

### 5) Youth Counseling:

- a) Youth Counseling expense was DOWN by \$85 from \$935 due to one less counseling session for SEP.

### 6) Irlen Services:

- a) Irlen Services expense was UP by \$1.6K from \$0.00 due to 2 new clients for SEP.

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

- a) Total YTD Amount Paid is \$352,386.47. This amount includes \$225,810.35 pre-paid to Riceland Hospital and Clinic, and of that pre-payment, RMC still has \$47,854.39 remaining.

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

- a) Riceland was 51% of the total expenses for SEP
- b) UTMB was 37% of the total expenses for SEP
- c) Everything else was 5.5% or less of total expenses.

### 9) 2020 YTD Paid Graph:

- a) Riceland – is the highest expense for all vendors at \$203.4K.
- b) UTMB – is 2<sup>nd</sup> at \$109.3K.
- c) Pharmacy – is 3<sup>rd</sup> at \$23.2K.
- d) Youth Counseling – is 4<sup>th</sup> at \$7.5K.
- e) Irlen Services – is 5<sup>th</sup> at \$6.0K
- f) Client Count – is increasing for all programs – Indigent Client count increased to 66, Youth Counseling increased to 17, and Irlen Services increased to 10.

### 10) Additional Information:

- a) ICAP Applications–
  - i) For SEP: 51 applications were GIVEN; 29 were APPROVED; 2 were DENIED; 9 RESCHEDULED to OCT; 11 did not completed the process.
- b) County Van Report – There were 7 WSHD Riders, and 8 WSDH related trips for the month of SEP.

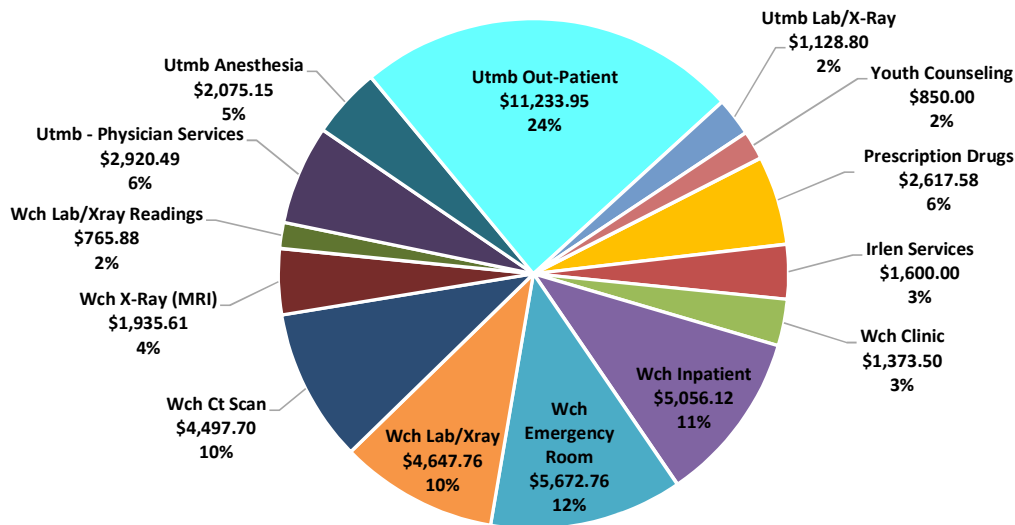
**WSHD Indigent Care Director Report**  
2020 YTD Expenditures Worksheet

	<b>August</b>			<b>September</b>			<b>Year to Date</b>		
<b>Indigent Clients:</b>	Indigent Clients:	62		Indigent Clients:	66		<b>Clients Enrolled:</b>	<b>121</b>	<b>53</b>
<b>Youth Counseling:</b>	Youth Counseling:	15		Youth Counseling:	17		<b>YC Enrolled:</b>	<b>20</b>	<b>10</b>
<b>Irlen Services:</b>	Irlen Services:	8		Irlen Services:	10		<b>IS Enrolled:</b>	<b>10</b>	<b>5</b>
<b>PROVIDER TOTALS</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>
<b>Pharmacy</b>									
Brookshire Brothers Pharmacy Corp	\$2,668.15	\$2,658.98	\$2,658.98	\$1,941.39	\$1,880.04	\$1,880.04	\$14,109.90	\$13,834.03	\$13,824.67
Wilcox Pharmacy	\$816.93	\$816.93	\$816.93	\$737.54	\$737.54	\$737.54	\$9,535.04	\$9,447.84	\$9,447.84
<b>ADJUSTMENTS-Refunds/Credits</b>									
<b>Pharmacy Totals</b>	<b>\$3,485.08</b>	<b>\$3,475.91</b>	<b>\$3,475.91</b>	<b>\$2,678.93</b>	<b>\$2,617.58</b>	<b>\$2,617.58</b>	<b>\$23,644.94</b>	<b>\$23,281.87</b>	<b>\$23,272.51</b>
<b>Winnie Community Hospital</b>									
WCH Clinic	\$5,098.00	\$2,090.18	\$2,090.18	\$3,350.00	\$1,373.50	\$1,373.50	\$56,553.00	\$22,915.31	\$20,677.94
WCH ER	\$8,501.00	\$3,485.41	\$3,485.41	\$13,836.01	\$5,672.76	\$5,672.76	\$70,472.01	\$28,893.52	\$28,893.52
WCH Lab/Xray	\$16,036.00	\$6,574.76	\$6,574.76	\$11,336.00	\$4,647.76	\$4,647.76	\$143,333.00	\$58,533.65	\$58,533.65
WCH CT Scan	\$10,149.00	\$4,161.09	\$4,161.09	\$10,970.00	\$4,497.70	\$4,497.70	\$72,344.00	\$29,661.04	\$29,661.04
WCH Xray (MRI)	\$18,466.00	\$7,571.06	\$7,571.06	\$4,721.00	\$1,935.61	\$1,935.61	\$99,181.00	\$40,253.39	\$40,253.39
WCH Lab/Xray Reading	\$841.00	\$344.81	\$344.81	\$2,166.00	\$765.88	\$765.88	\$15,427.00	\$6,202.89	\$6,202.89
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$12,332.00	\$5,056.12	\$5,056.12	\$27,325.00	\$11,203.25	\$11,203.25
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,820.00	\$1,976.20	\$1,976.20
WCH Ultrasound	\$732.00	\$300.12	\$300.12	\$0.00	\$0.00	\$0.00	\$14,708.00	\$6,030.28	\$6,030.28
<b>WCH Totals</b>	<b>\$59,823.00</b>	<b>\$24,527.43</b>	<b>\$24,527.43</b>	<b>\$58,711.01</b>	<b>\$23,949.33</b>	<b>\$23,949.33</b>	<b>\$504,163.01</b>	<b>\$205,669.53</b>	<b>\$203,432.16</b>
<b>ADJUSTMENTS-Refunds/Credits</b>									
<b>Balance on Contracted Amount (Lump Sum Payment of \$251,286.55)</b>		<b>\$71,803.72</b>			<b>\$47,854.39</b>				<b>(\$2,237.37)</b>
<b>Actual Medicaid Rate Incurred</b>							<b>\$225,810.35 -</b>	<b>\$17,339.09</b>	<b>\$208,471.26</b>
<b>UTMB</b>									
UTMB Physician Services	\$0.00	\$0.00	\$0.00	\$11,960.00	\$2,920.49	\$2,920.49	\$67,275.00	\$14,288.85	\$14,288.85
UTMB Anesthesia	\$0.00	\$0.00	\$0.00	\$3,240.00	\$2,075.15	\$2,075.15	\$9,462.00	\$5,717.80	\$5,717.80
UTMB In-Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80,429.19	\$28,905.92	\$28,905.92
UTMB Outpatient	\$0.00	\$0.00	\$0.00	\$48,447.11	\$11,233.95	\$11,233.95	\$318,777.74	\$59,042.43	\$59,042.43
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00	\$5,860.34	\$1,128.80	\$1,128.80	\$8,926.38	\$1,407.44	\$1,407.44
<b>ADJUSTMENTS-Refunds/Credits</b>									
<b>UTMB Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$69,507.45</b>	<b>\$17,358.39</b>	<b>\$17,358.39</b>	<b>\$484,870.31</b>	<b>\$109,362.44</b>	<b>\$109,362.44</b>
<b>Non-Contracted Emergency Services</b>									
Barrier Reef (UTMB ER Physician)	\$1,593.00	\$95.54	\$95.54	\$3,442.00	\$65.29	\$65.29	\$25,651.00	\$827.03	\$827.03
Chambers Co Public Hosp Distr ER			\$0.00	\$1,465.25	\$392.33	\$392.33	\$1,465.25	\$392.33	\$392.33
Winnie-Stowell EMS			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Non-Contract Services Totals</b>	<b>\$1,593.00</b>	<b>\$95.54</b>	<b>\$95.54</b>	<b>\$4,907.25</b>	<b>\$457.62</b>	<b>\$457.62</b>	<b>\$27,116.25</b>	<b>\$1,219.36</b>	<b>\$1,219.36</b>
<b>Youth Counseling</b>									
Benjamin Odom	\$595.00	\$595.00	\$595.00	\$765.00	\$765.00	\$765.00	\$2,210.00	\$2,125.00	\$2,125.00
Nicki Holtzman	\$255.00	\$255.00	\$255.00	\$0.00	\$0.00	\$0.00	\$4,165.00	\$4,165.00	\$4,165.00
Penelope Butler	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$1,275.00	\$1,275.00	\$1,275.00
<b>Youth Counseling Totals</b>	<b>\$935.00</b>	<b>\$935.00</b>	<b>\$935.00</b>	<b>\$850.00</b>	<b>\$850.00</b>	<b>\$850.00</b>	<b>\$7,650.00</b>	<b>\$7,565.00</b>	<b>\$7,565.00</b>
<b>Irlen Services</b>									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$1,600.00	\$1,600.00	\$1,600.00	\$6,000.00	\$6,000.00	\$6,000.00
<b>Irlen Services Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,600.00</b>	<b>\$1,600.00</b>	<b>\$1,600.00</b>	<b>\$6,000.00</b>	<b>\$6,000.00</b>	<b>\$6,000.00</b>
<b>Indigent Special Services</b>									
Dental Services	\$70.00	\$70.00	\$70.00	\$210.00	\$210.00	\$210.00	\$1,237.00	\$930.00	\$930.00
Vision Services	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	\$50.00	\$465.00	\$465.00	\$465.00
<b>Indigent Special Services Totals</b>	<b>\$70.00</b>	<b>\$70.00</b>	<b>\$70.00</b>	<b>\$260.00</b>	<b>\$260.00</b>	<b>\$260.00</b>	<b>\$1,702.00</b>	<b>\$1,395.00</b>	<b>\$1,395.00</b>
<b>Medical Supplies</b>									
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.00	\$140.00	\$140.00
<b>Medial Supplies Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$140.00</b>	<b>\$140.00</b>	<b>\$140.00</b>
<b>Grand Totals</b>	<b>\$65,906.08</b>	<b>\$29,103.88</b>	<b>\$29,103.88</b>	<b>\$138,514.64</b>	<b>\$47,092.92</b>	<b>\$47,092.92</b>	<b>\$1,055,286.51</b>	<b>\$354,633.20</b>	<b>\$352,386.47</b>

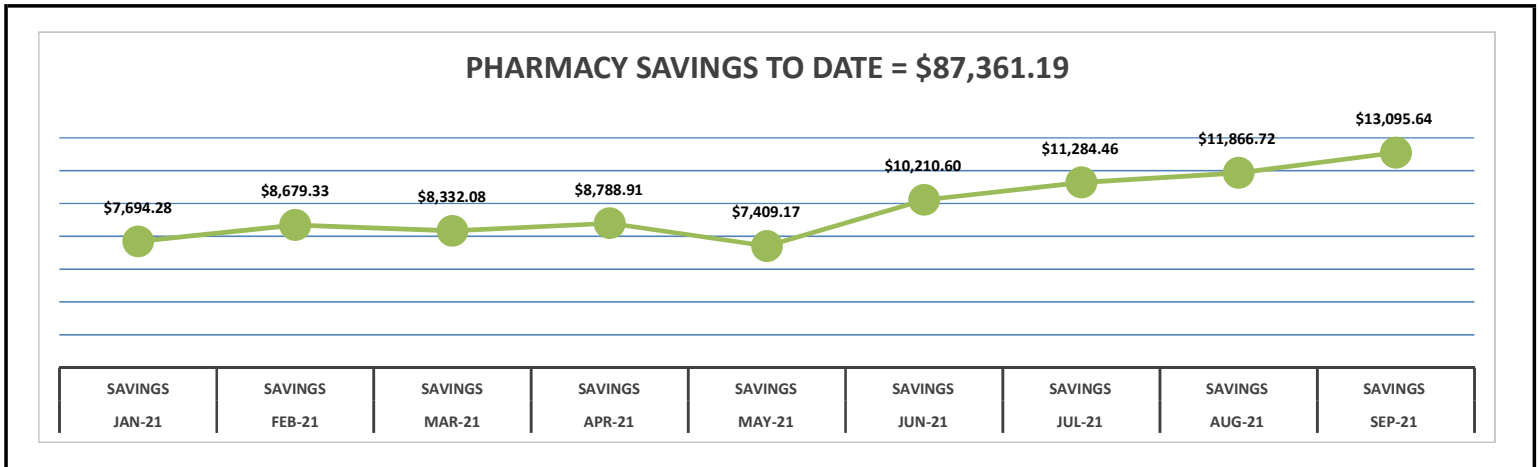
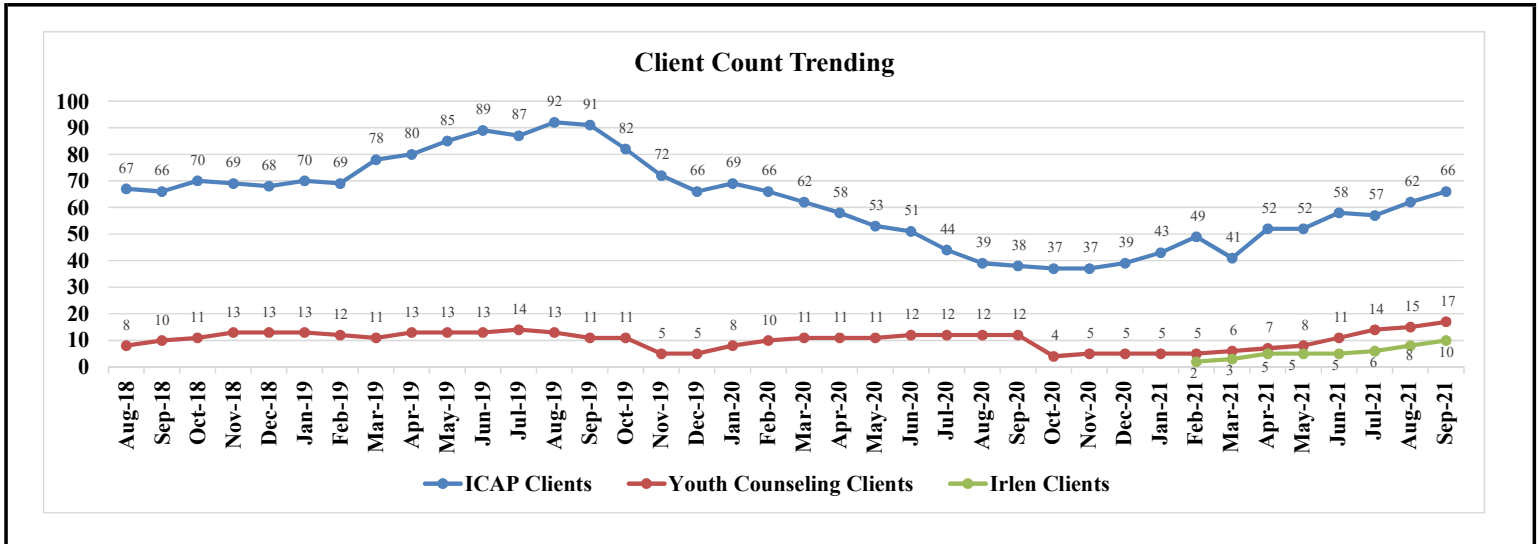
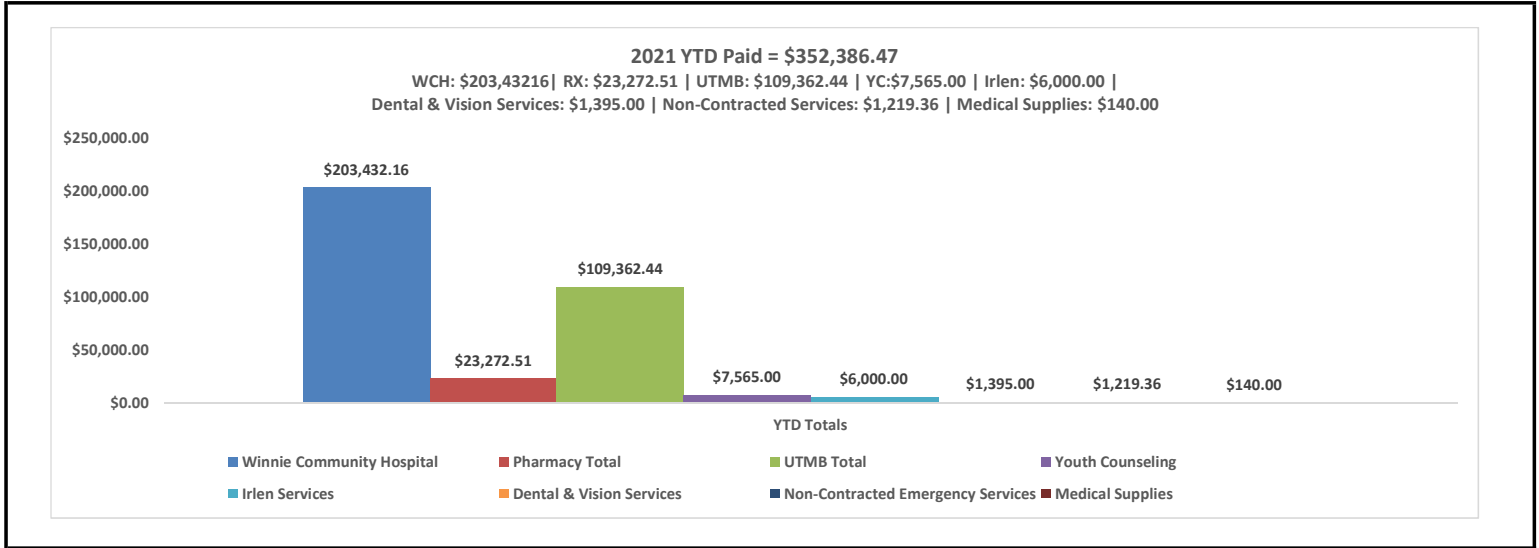
**WSHD Indigent Care Director Report**  
**Sep 2021 SOURCE CODE REPORT**

**Source Totals for Batch Dates 9/01/2021 through 9/30/2021 for All Vendors**

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$2,678.93	\$2,617.58	5.56%
04	Non-Contract Chambers County PHD#1 ER Services	\$1,465.25	\$392.33	0.83%
12	Irlen Services	\$1,600.00	\$1,600.00	3.40%
13	Vision Services	\$50.00	\$50.00	0.11%
14	Dental Services	\$210.00	\$210.00	0.45%
20	Physical Therapy	\$0.00	\$0.00	0.00%
21	Wch Clinic	\$3,350.00	\$1,373.50	2.92%
23	Wch Inpatient	\$12,332.00	\$5,056.12	10.74%
24	Wch Emergency Room	\$13,836.01	\$5,672.76	12.05%
25	Wch Lab/Xray	\$11,336.00	\$4,647.76	9.87%
26	Wch Ct Scan	\$10,970.00	\$4,497.70	9.55%
28	Wch X-Ray (MRI)	\$4,721.00	\$1,935.61	4.11%
29	Wch Ultrasound	\$0.00	\$0.00	0.00%
44	Wch Lab/Xray Readings	\$2,166.00	\$765.88	1.63%
31	Utmb - Physician Services	\$11,960.00	\$2,920.49	6.20%
31-1	Utmb Anesthesia	\$3,240.00	\$2,075.15	4.41%
33	Utmb In-Patient	\$0.00	\$0.00	0.00%
34	Utmb Out-Patient	\$48,447.11	\$11,233.95	23.85%
34-1	Utmb ER Physicians - Barrier Reef	\$3,442.00	\$65.29	0.14%
35	Utmb Lab/X-Ray	\$5,860.34	\$1,128.80	2.40%
10	Contract Provider( C-PAP Supplies)	\$0.00	\$0.00	0.00%
39	Youth Counseling	\$850.00	\$850.00	1.80%
<b>Expenditures/Reimbursements/Adjustments</b>		<b>\$138,514.64</b>	<b>\$47,092.92</b>	<b>0%</b>
<b>Grand Total</b>		<b>\$138,514.64</b>	<b>\$47,092.92</b>	<b>119%</b>



**WSD 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

## Sep-21

VEHICLE #1	EAST SIDE VAN #1
TOTAL MILES DRIVEN	3336
TOTAL HOURS DRIVEN	169.25
TOTAL EXPENSES FOR MONTH	\$688.56
FUEL COST	\$688.56
REPAIRS & MAINTENANCE COST	
MISC EXPENSES	
TOTAL RIDERS	21
TOTAL WSHD RIDERS	5
TOTAL TRIPS	49
TOTAL TRIPS FOR WSHD RIDERS	6

VEHICLE #2	EAST SIDE VAN #2
TOTAL MILES DRIVEN	3308
TOTAL HOURS DRIVEN	538.92
TOTAL EXPENSES FOR MONTH	\$546.38
FUEL COST	\$546.38
REPAIRS & MAINTENANCE COST	
MISC EXPENSES	
TOTAL RIDERS	25
TOTAL WSHD RIDERS	2
TOTAL TRIPS	48
TOTAL TRIPS FOR WSHD RIDERS	2

VEHICLE #3	VEHICLE FROM JUDGE'S FLEET
TOTAL MILES DRIVEN	130
TOTAL HOURS DRIVEN	0.00
TOTAL EXPENSES FOR MONTH	\$0.00
FUEL COST	\$0.00
REPAIRS & MAINTENANCE COST	
MISC EXPENSES	
TOTAL RIDERS	0
TOTAL WSHD RIDERS	0
TOTAL TRIPS	0
TOTAL TRIPS FOR WSHD RIDERS	0

GRAND TOTALS	
MILES DRIVEN	6774
RIDERS	46
WSHD RIDERS	7
TRIPS	97
WSHD TRIPS	8
EXPENSES	\$1,234.94

# **EXHIBIT “C”**

<b>Winnie-Stowell Hospital District</b>			
<b>Executive Summary of Nursing Home Monthly Site Visits</b>			
<b>September 2021</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Park Manor of Conroe</b>	HMG		Current Census: 90. The facility last had their annual survey in June 2019, they are currently in their survey window. There were six reportable incidents since the last visit, the facility was not cited for the incidents. The facility has a high number of younger residents, and the holiday season can be especially depressing for them, the facility is trying to encourage them to join activities to boost their spirits. The facility has opened the wall separating the TV room and the dining room, it has helped make the facility feel bigger.
<b>Park Manor of the Woodlands</b>	HMG		Current Census: 89. The facility had their annual survey in March 2021, the POC was accepted by the state. There was one reportable incident for a positive COVID test, the facility was not cited. A resident tested positive for COVID near the end of September, at this time the facility has five residents with confirmed COVID cases. Due to the number of cases at the facility, the residents are not allowed to leave their room for meals or activities.
<b>Spindletop Hill</b>	Regency		Current Census: 74. The facility had their annual survey in November 2020 and are currently in their survey window. The facility is still under the IJ that they received in May 2021. There were eleven reportable incidents since the last visit, the facility was not cited following state review. The facility did not suffer any damage during the recent hurricanes. The residents have been hesitant to leave their rooms for meals and activities, currently the residents will only come out for bingo.
<b>The Woodlands Nursing and Rehabilitation Center</b>	Regency		Current Census: 127. The facility had their annual survey in October 2020, they are currently in their survey window. The state came to the facility twice to investigate incidents, the facility was not cited on either occasion. The DON is challenging her nursing staff, this is an effort to change the culture at the facility and make the staff more accountable for their actions. The residents at the facility turn out in large numbers for activities.
<b>Willowbrook Nursing Center- Nagadoches</b>	HMG		Current Census: 91. The facility had their annual survey in April 2021, their POC was accepted by the state. There were no reportable incidents since the last visit. The administrator is concerned of the possible vaccine mandate affecting his



			ability to hire aids and non-clinical staff. The families of residents have been very flexible and understanding with the current visitation process, this has made the task easier on the facility.
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<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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Administrator: Kimberly Weathers  
DON: Ramona Cain, RN

### **FACILITY INFORMATION**

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

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The DON was on the call. DON reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

The DON stated they continue to implement their emergency plan and are following all the state/federal/local mandates. At the time of the call, Montgomery County's positivity rate was 19%. Testing is three days a week for staff and the last COVID\_19 positive employee was two weeks ago, a housekeeper who worked in the COVID\_19 Unit. Park Manor of Conroe opened a COVID\_19 Unit in which they have ten residents. Selected staff of their own work in the COVID\_19 Unit in which they receive time and a half. In the Warm Unit, they have eight residents. PPE inventory is good.

Those employees who have been fully vaccinated add up to 50% and residents are over 75%. A flu clinic is scheduled for the 28<sup>th</sup> of October and Walgreens will be providing those shots. None of the residents qualify to take the booster, reported the DON. A job fair will be on-site tomorrow at Park Manor Conroe tomorrow.

The DON reported many residents are depressed due to going through the pandemic and many are drug seekers and AMA's. These residents are much younger in their forties and don't want to be in the nursing home. With the holidays upon us, it is a real challenge to uplift their spirits. Because the building is considered in an outbreak status, limited activities and dining have been decreased.

The wall in the dining room and TV room is opened now, which makes it nicer. Visitation is limited to only Essential Caregivers in the rooms. Student nurses have started coming in to receive their training. Approximately ten come in to work the Cold Unit. This is helpful for staffing needs, thereafter. The DON mentioned the nursing staff had been really good to her. Recently, she got them some candy apples to thank them for their hard work.

### **SURVEY Information**

The facility's last survey was at the end of June of 2019 and still expecting state.

### **REPORTABLE INCIDENTS**

During **June/July/August** the facility had a combined 6 self-reports – all uncited.

## CLINICAL TRENDING

### Incidents/Falls:

**June/July/August**, Park Manor of Conroe had 55 total falls without injury, 1 fall with injury, 4 skin tears, 1 elopement, 1 fracture, 4 bruises, 4 behaviors and 2 Other.

### Infection Control:

**June/July/August** Park Manor of Conroe reported 42 infections during, of which 20 were UTI's, 9 were URIs; 2 GI tract infections, and 10 others.

### Weight loss:

**June/July/August**, Park Manor of Conroe had 15 residents with 5-10% weight loss in 1 month and 2 with >10% weight loss in 6 months.

### Pressure Ulcers:

Park Manor of Conroe reported 15 residents with pressure ulcers with 15 sites, 6 were facility-acquired during **June/July/August**

### Restraints:

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

### Staffing:

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

## CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.0	2.1%	2.1%	
Fall w/Major Injury (L)	1.6	3.4%	3.5%	
UTI (L)	1.8	1.8%	2.6%	
High risk with pressure ulcers (L)	6.1	9.2%	9.3%	
Loss of Bowel/Bladder Control(L)	85.3	52.0%	47.3%	Bowel and Bladder program in place
Catheter(L)	0.0	1.9%	1.9%	
Physical restraint(L)	0.0	0.0%	0.2%	
Increased ADL Assistance(L)	8.0	20.0%	17.6%	
Excessive Weight Loss(L)	4.0	7.0%	8.0%	
Depressive symptoms(L)	3.8	4.9%	7.6%	
Antipsychotic medication (L)	0.0	12.2%	14.6%	

**QIPP Component 1**

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	June 18, 2021	ADL's Falls POC Documentation
	July 23, 2021	ADL's Falls POC Documentation
	August 20, 2021	ADL's Falls POC Documentation

**Component 2**

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.3%	9.2%	6.2%	y	
Percent of residents who received an anti-psychotic medication	14.5%	11.8%	0.0%	y	
Percent of residents whose ability to move independently has worsened	20.8%	19.7%	15.8%	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	2.6%	1.9%	1.8%	y	
Percent of residents whose pneumococcal vaccine is up to date.	0%	0%	0%		

Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.					Infection Control Policy reviewed.  Antibiotic Stewardship Program review and is in place with all components.
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Administrator: AV Meghani  
DON: Julie Slyotsky

## **FACILITY INFORMATION**

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 2 and a rating of 4 stars in Quality Measures. Current census given 89: 9 PP; 22 MC; 38 MCD; 15 HMO; 5 Hospice.

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

The Administrator reported they continue with their emergency plan and are following all the state/federal/local mandates. Administrator reports Montgomery positivity rate was 17%. At this time, testing of employees is three times a week if they are not vaccinated and twice per week for vaccinated employees and residents. PPE inventory is good with no issues. All employees are wearing surgical masks in the general population. Administrator reports they continue to follow CMS/CDC/state infection control guidelines for COVID-19. Flu shots have already been given to the employees and the residents will be receiving there's in October.

The Administrator reported they are still able to allocate vaccinations in-house and it was working well for everyone. The last resident that tested positive was yesterday, September 20, 2021 and day before yesterday on the 19th. At this time, Park Manor Woodlands has five residents in the Hot Zone. Warm Zone has four residents monitored. Full PPE is being worn in the Hot and Warm Zones and employees wear goggles and N95 masks in the general population.

At this time, everyone is eating in their room, nobody goes in the dining room. Window visitations and essential caregiver visits are allowed, but that is all. Activities have been rescheduled in which they are now room to room. The Administrator hired another Activity Assistant in which Park Manor Woodlands now has 3 Activity workers: seven days per week. The residents are a little upset being in their rooms so much but are trying to understand. The employees are trying to lift their spirits and dress up with themed ideas to put a smile on their face. Residents are taken outside to get some fresh air and since the weather was changing for the better (cooler), they will be able to go out more often.

The Administrator reported 63% of employees and 81% of residents have been fully vaccinated. No contract agency is needed at this time. The Administrator mentioned 95% of his staff are great. The employees are paid well and they are happy working at Park Manor Woodlands. The Administrator reported had a trust fund audit and it went well. The Administrator mentioned he and his team were trying their best to care for the residents and hoping for the best in 2022. Discussions for Thanksgiving and Christmas have already been planned to have some nice dinners for the residents and employees.

## **SURVEY INFORMATION**

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

## **REPORTABLE INCIDENTS**

Park Manor Woodlands had a self-report on Covid\_19 in which State came out for a Focus Control Survey on September 16, 2021 – no citations.

## **CLINICAL TRENDING**

### **Incidents/Falls:**

During **June/July/August**, Park Manor Woodlands had 12 total falls without injury and 6 falls with injury.

### **Infection Control:**

Park Manor Woodlands reported 42 infections during **June/July/August**, of which 26 were UTI's; 2 URI's; 1 GI; and 14 Other.

### **Weight loss:**

**June/July/August**, Park Manor Woodlands had 9 residents with 5-10% weight loss in 1 month and 6 with >10% weight loss in 6 months.

### **Pressure Ulcers:**

**June/July/August**, Park Manor Woodlands reported 9 residents with pressure ulcers with 14 sites, of them 1 facility-acquired.

### **Restraints:**

Park Manor Woodlands does not use side rails or restraints.

### **Staffing:**

Currently, Park Manor Woodlands needs: (1) RN 6a-2p; (1) RN 2p-10p; (1) LVN 6a-2p; (1) LVN 2p-10p; (2) CNA 6a-2p; (5) CNA 2p-10p.

## CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	2.0%	2.1%	2.1%	
Fall w/Major Injury (L)	5.1%	3.4%	3.5%	
UTI (L)	2.2%	1.9%	2.6%	
High risk with pressure ulcers (L)	6.7%	9.2%	9.3%	
Loss of Bowel/Bladder Control(L)	81%	52.0%	47.3%	
Catheter(L)	3.6%	1.9%	1.9%	
Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	12%	17.9%	15.1%	
Excessive Weight Loss(L)	2.6%	5.5%	6.6%	
Depressive symptoms(L)	1.8%	4.8%	7.4%	
Antipsychotic medication (L)	14%	11.8%	14.5%	

## QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	June	Fall Prevention
	July	Fall Prevention
	August	Fall Prevention

**Component 2**

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

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

Indicator	National Benchmark	Baseline Target	Results	Met  Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.7%	%	6.7%	Y	
Percent of residents who received an anti-psychotic medication	14.6%	%	14.6%	Y	
Percent of residents whose ability to move independently has worsened	27.7%	%	12.9%	Y	

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.7%	%	2.2%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	100%	%	100%	Y	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Y  Y	Infection Control Policy reviewed.  Antibiotic Stewardship Program review and is in place with all components.

Administrator: Teresa Parker  
DON: Chelsea Music, RN

### **FACILITY INFORMATION**

Spindletop Hill is a licensed 144- bed facility with an overall star rating of 1 and a rating of 1 star in Quality Measures. Census on the given day of call was 74. Medicare 3; HMO 4; Medicaid 56; Hospice 8; Medicaid Pending 3; and Memory Care 20.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator was on the call. At the time of the call, Jefferson County reports a positivity rate of 19.6%. Testing is twice per week for all employees due to a total of 10 staff testing positive for COVID\_19 from 7/27 to 9/9. Additionally, a total of 9 residents tested positive for COVID\_19 from 8/10 to 8/26.

The Administrator reported they continue implementing their emergency plan and are following all the state/federal/local mandates. Staff are wearing N-95 masks if not vaccinated and all other staff are wearing surgical masks in the general population. Spindletop Hill used contract staff in June and up until 2 weeks ago but is not using contract agency at this time.

The Administrator reported they are prepared for hurricane season, whether needing to evacuate or shelter in place. The facility was not negatively impacted at all from the recent storms.

New unvaccinated admissions are placed in quarantine. The Warm Zone has no residents in their unit. Full PPE is worn in the Warm Zone and Spindletop's PPE inventory remains adequate.

Spindletop Hill had no additional COVID\_19 vaccine clinics. The Administrator reports they are having difficulty obtaining the vaccine, so they have partnered with a sister facility's pharmacy and sending residents and staff when requested. The Administrator stated 61% of the residents and 38.8% of staff have been vaccinated.

Visits in the building remain high. Spindletop Hill has two receptionists to screen all the visitors and staff. Visitors are wearing N-95 masks if they say they have not been vaccinated or refuse to answer. Residents are still hesitant to come out to the dining room to eat and to participate in activities unless it is bingo.

Spindletop Hill is still looking for a beautician, posting on individual Facebook pages. The Administrator reported they are currently playing Marathon Bingo and this has brought more residents out of their rooms to participate.

**SURVEY INFORMATION**

The facility had their annual survey on November 9th through the 13<sup>th</sup> of 2020 and are currently in their window. The facility is still under the IJ citation from May.

**REPORTABLE INCIDENTS**

The facility had 11 self-reports and 2 state visits in **June/July/August**. All were cleared with no citations.

**CLINICAL TRENDING**

**Incidents/Falls:**  
Information not provided.

**Infection Control:**  
Information not provided.

**Weight loss:**  
Information not provided.

**Pressure Ulcers:**  
Information not provided.

**Restraints:**  
Spindletop Hill does not use side rails or restraints.

**Staffing:**  
The facility is in need of 1 RN on weekends and 1 LVN 2p-10p.

**CASPER REPORT**

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	2.5%	2.1%	2.1%	
Fall w/Major Injury (L)	2.7%	3.4%	3.5%	
UTI (L)	0%	1.9%	2.6%	
High risk with pressure ulcers (L)	16.0%	9.2%	9.3%	PIP in place
Loss of Bowel/Bladder Control(L)	54.3%	52%	47.3%	
Catheter(L)	4.3%	1.9%	1.9%	
Physical restraint(L)	0%	0%	0.2%	
Increased ADL Assistance(L)	20.8%	17.9%	15.1%	PIP in place as of August for GERs
Excessive Weight Loss(L)	1.7%	5.5%	6.6%	
Depressive symptoms(L)	3.5%	4.8%	7.4%	
Antipsychotic medication (L)	22.4%	11.8%	14.5%	PIP in place as of August for GERs

## QIPP MEASURES

### Component 1

Indicator	QAPI Mtg Date	PIP's Implemented (Name specific PIP's)
QAPI Meeting	6/15, 7/8, 8/12	Skins (due to IJ in May)

### Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	N	Due to Weekend RN need
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	N	Due to Weekend RN need
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	%	%	%		Information not given.



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

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

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

Administrator: Gloria Carrasco  
DON: Annie Cadiao, RN

### **FACILITY INFORMATION**

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 1 and a rating of 3 stars in Quality Measures. Census given was 127: 11 PP; 9 MC; 73 MDC; 9 HMO; 5 Hospice; 7 VA; and 13 MC.

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

The Administrator continues to implement their emergency plan and are following all the state/federal/local mandates. The Woodlands was not affected by the hurricane last week. The Woodlands typically is the accepting facility if or when needed.

The positivity rate for Montgomery County was 18.9%. Testing is twice per week for staff and residents. The last time a resident tested COVID\_19 positive was Tuesday, the 14<sup>th</sup> of September. This resident was transferred in their Hot Zone to be cared for until she is appropriate to transfer back to the general population. The Woodlands just has this one resident in the Hot Zone. The roommate was moved to the Quarantined/Warm Zone along with seven other residents who were already in the Warm Zone. The Woodlands is not taking outside patients from the hospital if they have already tested positive for COVID\_19. The Woodlands is still following CMS/CDC/state infection control guidelines for COVID-19. PPE inventory is still good.

Residents who are in the Warm Zone stay in their room to eat and have one on one activities. Many residents in the general population like to eat in their room as they like watching TV in their own room. Participation for activities in the general population is high as they love Bingo and typically have it three to four times a day.

The facility continues documenting the screening of all employees and visitors that come into the building. It was reported that outside visits do not occur but essential caregiver visits continue. The team asks visitors if they could set up a time for these visits to help them out so they can sanitize the area afterwards. Volunteers are not allowed at this time.

A vaccination clinic is coming up on September 17, 2021. By request from The Woodlands, the State will be providing these vaccines to staff and residents. Most residents are vaccinated (88%) and four residents will be receiving their booster shot tomorrow. Approximately 58% of employees have been vaccinated and more will receive theirs tomorrow. Flu consents are being signed currently. Flu shots should be given in October for residents and staff.

Contract agency is being used for one nurse at this time at the Woodlands. The DON stated she was trying to change the culture of the nursing department and making them more accountable for the actions. This is what she has heard from the ADON and others and so, she is training them about regulatory compliance and emphasizing how documentation is very important.

## **SURVEY INFORMATION**

Facility had their annual survey in October of 2020.

## **REPORTABLE INCIDENTS**

State came in the building on August 11th and the 31st of 2021 – no citations given. No other information given.

## **CLINICAL TRENDING**

### **Incidents/Falls:**

**June/July/August**, The Woodlands had 24 total falls without injury, 3 falls with injury, 0 skin tears, 0 elopement, 0 fracture, 0 bruises, 0 behaviors and 0 Other.

### **Infection Control:**

Information not provided

### **Weight loss:**

Information not provided

### **Pressure Ulcers:**

Information not provided

### **Restraints:**

The Woodlands do not use side rails or restraints.

### **Staffing:**

Currently the facility is in need of: (1) ADON; 6a-2p; (2) LVN's for 6a-2p; (1) LVN for 2p-10p;(1) MDS; (4) CNA's for 6a-2p; (2) CNA's 2p-10p; (4) CNA's for 10p-6a; (1); (1) dietary aide 6a-2p; and (1) cook.

## CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	2.1%	2.1%	
Fall w/Major Injury (L)	5.7	3.4%	3.5%	
UTI (L)	0%	1.9%	2.6%	
High risk with pressure ulcers (L)	7.4%	9.2%	9.3%	
Loss of Bowel/Bladder Control(L)	52%	52.0%	47.3%	
Catheter(L)	0%	1.9%	1.9%	
Physical restraint(L)	0%	0.0%	0.2%	
Increased ADL Assistance(L)	20.8%	17.9%	15.1%	PIP ongoing
Excessive Weight Loss(L)	11.3%	5.5%	6.6%	
Depressive symptoms(L)	1.2%	20.7%	20.0%	
Antipsychotic medication (L)	18.2%	11.8%	14.5%	PIP ongoing

## QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	9/9/21` (did not provide last quarter dates)	Incident/Accident and Psychotropic meds

## Component 2

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	% 9.2	% 2%	% 2.59	Y	
Percent of residents who received an anti-psychotic medication	% 18.2	% 16	% 23%	N	Working w/ MD on GDR
Percent of residents whose ability to move independently has worsened	% 18%	%	%		

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

## **FACILITY INFORMATION**

Willowbrook-Nacogdoches is a licensed 161- bed facility with an overall star rating of 2 and a rating of 3 stars in Quality Measures. The facility reports census of 91: 9 PP; 8 MC; 61 MDC; 6 HMO; 2 Hospice and 13 Memory Care.

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

The Administrator reported they continue with their emergency plan and are following all the state/federal/local mandates. Administrator reports Nacogdoches County positivity rate of 19.9%. Currently testing of unvaccinated employees is twice/week (Mondays & Thursdays) and employees who have been vaccinated are tested every quarter. N-95 masks are being worn by employees in the general population at this time due to the county positivity rate. The last time Willowbrook-Nacogdoches had an employee test positive for COVID\_19 was on August 25, 2021. This employee was a nurse. Residents who are unknown status are tested on admission and if unvaccinated, placed in quarantine hall. If vaccinated and known status, new residents are placed in cold area of facility. The last time a resident (unvaccinated) tested positive for COVID\_19 was August 15, 2021. All have recovered and doing fine.

The Unknown Status Unit (Warm Zone) currently has 7 residents and full PPE is worn at all times in that hallway. All seven residents are new admissions in which they have not been fully vaccinated. Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19. PPE inventory is still good. No longer receiving free PPE from SET-RAC.

Visitation continues to be smooth. Families continue to be understanding and flexible. Screening is still in place at the front and training is on-going, especially if it is a visitors first time and all are wearing N-95 masks. Volunteers had stopped coming into the building during recent outbreaks but will gradually begin coming back in now. The beautician is still coming in once per week.

The Administrator did not know exact numbers but believes the resident vaccination rate is basically the same but the employee rate has gone up. Administrator believes the potential vaccine mandate may impact their facility staffing, especially for the aides and non-clinical. Administrator planning a celebration for the facility meeting their metrics.

## **SURVEY INFORMATION**

Willowbrook-Nacogdoches had their annual survey April of 2021.

## **REPORTABLE INCIDENTS**

Willowbrook-Nacogdoches had no self-reports for **June/July/August**.

## **CLINICAL TRENDING**

### **Incidents/Falls:**

During **June/July/August**, Willowbrook-Nacogdoches had 58 total falls without injury and 15 falls with injury 9 Skin Tears, 1 Elopement, 1 Fracture, 2 Bruises 2 Lacerations and 1 Behavior.

### **Infection Control:**

Willowbrook-Nacogdoches reported 39 infections during **June/July/August**, of which 28 were UTI's, 8 URI's, 1 Blood infection and 2 Wounds.

### **Weight loss:**

**June/July/August**, Willowbrook-Nacogdoches had 6 residents with 5-10% weight loss in 1 month and 1 with >10% weight loss in 6 months.

### **Pressure Ulcers:**

**June/July/August** Willowbrook-Nacogdoches reported 14 residents with pressure ulcers with 34 sites, 9 of them facility-acquired.

### **Restraints:**

Willowbrook-Nacogdoches does not use side rails or restraints.

### **Staffing:**

Willowbrook-Nacogdoches current openings are: (1) LVN 2p-10p; (1) CNA 6a-2p; (5) CNA's 2p-10p.

## **CASPER REPORT**

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	.1%	2.1%	2.1%	

Fall w/Major Injury (L)	0	3.4%	3.5%	
UTI (L)	1.4%	1.9%	2.6%	
High risk with pressure ulcers (L)	6.7%	6.7%	9.2%	
Loss of Bowel/Bladder Control(L)	36.4%	36.4%	52%	
Catheter(L)	0	0	1.91%	
Physical restraint(L)	0	0	0	
Increased ADL Assistance(L)	9.2%	17.9%	15.1%	
Excessive Weight Loss(L)	1.5%	5.5%	6.6%	
Depressive symptoms(L)	2.6%	4.8%	7.4%	
Antipsychotic medication (L)	14.9%	11.8%	14.5%	Working on GDR but some of the physicians resisting due to residents in stable condition taking meds

### QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	6/11, 7/9, 8/13	Skin, weights



**Component 2**

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.3%	6.1%	6.7%	Y	
Percent of residents who received an anti-psychotic medication	14.5%	14.4	14.9%	n	
Percent of residents whose ability to move independently has worsened	20.8%	18.7	6.3%	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	2.6%	2.8%	1.4%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	93%	93%	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.				Y	Antibiotic Stewardship Program review and is in place with all components.

# **EXHIBIT “D-1”**

**2020**

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

**2021**

Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average	Texas Average
ER Visits	167	170	184	225	231	256	265	248	270				224	
Conversion to Inpatient/observation	16	17	9	14	24	26	31	31	20				21	
<i>Percentage</i>	10%	10%	5%	6%	10%	10%	12%	13%	7%				9%	
Transferred out	7	7	12	8	17	13	12	5	10				10	
<i>Percentage</i>	4%	4%	7%	4%	7%	5%	5%	2%	4%				5%	
ER shifts covered by doctors	74%	51%	55%	68%	48%	60%	56%	58%	70%				60%	
Number Inpatient days	167	172	146	117	196	135	115	262	472				198	
Number Hospice days	0	13	7	22	7	5	18	19	0				10	
Number Swingbed days	0	50	35	20	83	26	114	58	39				47	
Number Observation days	31	12	18	33	35	32	36	20	19				26	
Total All Inpt. Days	198	247	206	192	321	198	283	359	530				282	
Average Inpatient days per day	6.39	8.52	6.65	6.40	10.35	6.60	9.13	11.58	17.67				9.25	1.63
CTs	66	66	60	68	73	61	68	47	74				65	
Xrays	248	240	309	292	250	305	318	383	410				306	
Ultrasounds	30	42	37	39	37	32	26	42	31				35	
Encounters - Adult Clinic	409	368	517	507	455	550	497	490	405				466	
Encounters - Pediatric Clinic	226	171	285	279	168	179	242	301	195				227	
Behavioral Health patients	0	0	0	0	0	11	18	18	14				15	
Physical Therapy	1	0	0	0	1	0	1	0	0				0	

**Additional Items:**

IOP is Open and Serving Nursing Home Patients  
 377 Covid Inpatient Days for Month of September (August 393)  
 Laboratory Inspection Postponed Until Decemehr 6th (Expected)  
 Infusion Clinic (Regeneron) Is Open  
 Pfizer and Moderna Vaccines Administered Daily  
 PCR and NAAT COVID-19 Testing Provided Daily  
 Marketing for Ventiaitor/Dialysis Program Has Resumed

# **EXHIBIT “D-2”**



Search icon and email address: anthony@stramecki.com



Active



6 of many

RE: Question regarding Hospital Board grant for Riceland Equipment External Inbox x

Hubert Oxford IV

to me, Anthony, Edward

Tue, Sep 28, 1 12 PM

Mo.

See below. Will you respond to my questions below in red? The e-mail was sent because there is a belief that the CT Machine is always down and the hospital does not have maintenance contract. Per our conversation the other day, I believe you stated it was down for 2 days pending repair pursuant to maintenance contract.

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

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-----Original Message-----

From: anthony@stramecki.com <anthony@stramecki.com>  
Sent: Tuesday, September 28, 2021 1:01 PM  
To: Hubert Oxford IV <luxfordiv@benoxford.com>  
Subject: Fwd: Question regarding Hospital Board grant for Riceland Equipment

FYI



# INVOICE

Riceland Hospital  
 538 Broadway  
 WINNIE TX 77665  
 USA

**Invoice Date**  
 Aug 12, 2021

**Invoice Number**  
 INV-0432

**Reference**  
 X-Ray Tube Change

**DATA ACQUISITION SYS**  
 xxx-xx-2381

Data Acquisition Systems  
 LLC (DAS LLC)  
 503 Briar Knoll Dr  
 HOUSTON TX 77079  
 USA  
 7025 N Tidwill St Ste H105  
 Houston TX 77092  
 TX Certificate of Reg for  
 Radiation Machine  
 Services R43814

Description	Quantity	Unit Price	Amount USD
New D3189T MAXIRAY PERFORMIXMX200 CT X-ray Tube	1.00	33,000.00	33,000.00
Shipping Charges Actual Driving it down	1.00	2,200.00	2,200.00
Labor to Install Tube one day max on 8/11/2021	1.00	2,000.00	2,000.00
Shipping back	1.00	384.35	384.35
Labor on Saturday 9/7/2021 NO OT	2.75	200.00	550.00
Travel On Saturday 9/7/2021	3.00	125.00	375.00
		Subtotal	38,509.35
		TOTAL TAX	2,904.00
		<b>TOTAL USD</b>	<b>41,413.35</b>
		Less Amount Paid	40,104.00
		<b>AMOUNT DUE USD</b>	<b>1,309.35</b>

**Due Date: Sep 12, 2021**

Terms are net 30 and any invoices past due more than 90 days are subject to a 2% late fee per month over due.

Sales tax is charged on all CT parts and MR service and Parts.



[View and pay online now](#)

New Job - CT service report only new

12 Aug 2021

**Client Details**

Select Client Riceland Hospital - Paula Britnett  
 Select Location 538 Broadway Winnie 77665 TX USA  
 Site Address 538 Broadway Avenue, Winnie, Texas, Chambers County, 77665, United States  
 Date of Service Call 06 Aug 2021  
 Time of Service Call 05:30 pm  
 Issue Reported System won't reset  
 Equipment Status Down  
 Manufacture: GE  
 Job Number: 4970902  
 Model GE Light Speed  
 Tube scan seconds or Tube MAS 22000000

**Inspection of Issue**

Does System Scan Normally with exception of reported issue? No  
 Detailed Issues found Found small filament was not working  
 Scan after scan large works small doesn't except for scouts for some reason  
 Resets fine.  
 Open x ray tube filament in erlog local spot detection small  
 Measured filament and small filament was open .  
 Repeatable? Yes  
 Photos of Error log?



Other issues reported by customer: Data base was full can't delete old patients. Please delete while data base everything is backed up..  
 Slight ring in images  
 ^cans or actions that create issue All small filament scans



Repeatable

Date	07 Aug 2021	
Travel Start	07:45 am	
Start Time	09:15 am	
Finish Time	12:00 pm	
Travel End	01:30 pm	
Working Hours		2.75
Travel Time		3.00
Date	11 Aug 2021	
Travel Start	07:30 am	
Start Time	09:15 am	
Finish Time	04:00 pm	
Travel End	04:45 pm	
Working Hours		6.75
Travel Time		2.50

**Sign Off**

Client Responsibilities Manager  
Name Paula Britnell

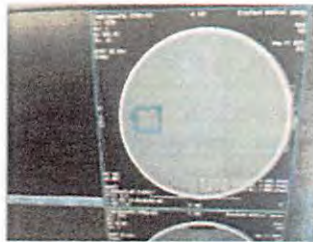
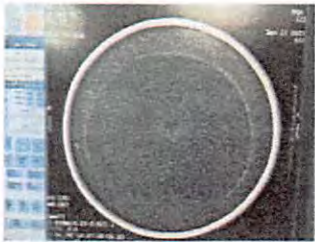
Customer's Signature *Paula Britnell*

Date 11 Aug 2021

Signed for Company *JM HL*

Select Client

Photo(s)





hoxfordiv@benoxford.com



99+

CT tube repair External Inbox x

**Brittany Givens**

8/7/2021 - Paula called Saturday morning saying the CT was down. Jason from DAS came out and determined that it was the CT Tube that needed to be replaced. 8/9/

**Mo Danishmund** <mo@starcoimpex.com>

to Hubert

8/7/2021 - Paula called Saturday morning saying the CT was down. Jason from DAS came out and determined that it was the CT Tube that needed to be replaced.

8/9/2021 - He got us the final of three quotes Monday afternoon, after the banks had closed,

8/10/2021 - The wire for purchase of the tube was sent early Tuesday.

8/11/2021 - Jason came and installed the tube and we were operational by the end of the day.

Attached is the invoice from that service along with the service ticket.



—  
**Mohammed "Mo" Danishmund, MAcc**  
Chief Financial Officer

**Starco Impex, Inc**  
**Riceland Healthcare**  
2710 S. 11th Street  
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INVOICE

TOTAL