

Exhibit “A-1”

Winnie-Stowell Hospital District

Balance Sheet

11/16/21

As of October 31, 2021

Accrual Basis

	<u>Oct 31, 21</u>
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	848,188.59
104b Allegiance Bank -CD#6434	6,014,856.05
105 TexStar	690,459.00
108 Allegiance Bank NH Combined	2,101,442.75
109 First Financial Bank	8,616,415.57
Total Checking/Savings	18,271,361.96
Other Current Assets	
110 Sales Tax Receivable	142,755.43
114 Accounts Receivable NH	29,598,324.27
117 NH - QIPP Prog Receivable	10,735,340.63
118 Prepaid Expense	36,189.65
119 Prepaid IGT	7,857,438.80
Total Other Current Assets	48,370,048.78
Total Current Assets	66,641,410.74
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	155,897.63
125 Accumulated Depreciation	-140,654.64
Total Fixed Assets	155,897.95
TOTAL ASSETS	<u>66,797,308.69</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	2,160,057.27
201 NHP Accounts Payable	1,500,407.66
210.19 Loan Payable 19 QIPP 5	11,786,158.80
210.50 Allegiance Bk Ln 5 QIPP4	808,255.88
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	355.58
240 Accounts Payable NH	24,723,140.64
Total Other Current Liabilities	40,978,739.14
Total Current Liabilities	40,978,739.14
Total Liabilities	40,978,739.14
Equity	
300 Net Assets, Capital, net of	155,897.63
310 Net Assets-Unrestricted	19,766,358.13
Net Income	5,896,313.79
Total Equity	25,818,569.55
TOTAL LIABILITIES & EQUITY	<u>66,797,308.69</u>

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

As of Oct. 31, 2021

Accrual Basis

	Jan - Oct 21	Budget	\$ Over Budget	% of Budget
Income				
400 Sales Tax Revenue	534,010.14	650,000.00	-115,989.86	82.2%
405 Investment Income	15,884.81	46,000.00	-30,115.19	34.5%
409 Tobacco Settlement	12,313.73	13,200.00	-886.27	93.3%
415 Nursing Home - QIPP Program	40,562,228.72	49,379,998.72	-8,817,770.00	82.1%
Total Income	41,124,437.40	50,089,198.72	-8,964,761.32	82.1%
Gross Profit	41,124,437.40	50,089,198.72	-8,964,761.32	82.1%
Expense				
500 Admin-Administrative Salary	51,666.69	63,000.00	-11,333.31	82.0%
502 Admin-Administrative Assnt	7,948.50			
504 Admin-Administrative PR Tax	4,932.40	5,500.00	-567.60	89.7%
505 Admin-Board Bonds	100.00	250.00	-150.00	40.0%
515 Admin-Bank Service Charges	356.14	360.00	-3.86	98.9%
521 Professional Fees - Acctng	17,125.00	25,000.00	-7,875.00	68.5%
522 Professional Fees-Auditing	0.00	25,000.00	-25,000.00	0.0%
523 Professional Fees - Legal	10,000.00	25,000.00	-15,000.00	40.0%
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.	1,501.40	5,000.00	-3,498.60	30.0%
562 Admin-Travel&Mileage Reimb.	1,916.69	1,500.00	416.69	127.8%
569 Admin-Meals	611.06	1,000.00	-388.94	61.1%
570 Admin-District/County Prom	39,608.30	2,500.00	37,108.30	1,584.3%
571 Admin-Office Supp. & Exp.	11,955.00	4,500.00	7,455.00	265.7%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	2,973.72	2,776.00	197.72	107.1%
575 Admin-Cell Phone Reimburse	1,500.00	1,800.00	-300.00	83.3%
576 Admin-Telephone/Internet	2,389.90	3,000.00	-610.10	79.7%
591 Admin-Notices & Fees	5,973.30	2,600.00	3,373.30	229.7%
592 Admin Office Rent	3,400.00	4,080.00	-680.00	83.3%
593 Admin-Utilities	2,779.49	3,600.00	-820.51	77.2%
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	4,029.00	6,000.00	-1,971.00	67.2%
599 FQHC Feasibility Study	6,250.00			
600 East Chambers ISD Partnersh	150,000.00	180,000.00	-30,000.00	83.3%
601 IC-Pmt to Hosp (Indigent)	624,971.23	550,330.00	74,641.23	113.6%
602 IC-WCH 1115 Waiver Prog	57,420.13	75,000.00	-17,579.87	76.6%
603a IC-Pharmaceutical Costs	27,373.94	60,000.00	-32,626.06	45.6%
604a IC-Non Hosp Cost-Other	5,833.77	5,000.00	833.77	116.7%
604b IC-Non Hosp Costs UTMB	106,085.25	200,000.00	-93,914.75	53.0%
605 IC-Office Supplies/Postage	278.00	500.00	-222.00	55.6%
607 WSHD Non-Hospital - Grants	118,969.41	223,000.00	-104,030.59	53.3%
608 IC-Non Hosp Costs-Specl Pro	1,895.00	25,000.00	-23,105.00	7.6%
611 IC-Indigent Care Dir Salary	43,333.30	52,000.00	-8,666.70	83.3%
612 IC-Payroll Taxes -Ind Care	3,583.74	4,000.00	-416.26	89.6%
615 IC-Software	11,090.00	13,308.00	-2,218.00	83.3%
616 IC-Travel	422.80	700.00	-277.20	60.4%
617 Youth Programs	9,075.00	6,300.00	2,775.00	144.0%

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

As of Oct. 31, 2021

Accrual Basis

	Jan - Oct 21	Budget	\$ Over Budget	% of Budget
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	10,259,804.96	12,647,841.68	-2,388,036.72	81.1%
631 NH Program-IGT	19,175,785.07	24,084,314.36	-4,908,529.29	79.6%
632 NH Program-Telehealth Fees	133,129.10	219,941.65	-86,812.55	60.5%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	205,022.06	220,000.00	-14,977.94	93.2%
635 NH Program-LTC Fees	1,602,000.00	1,872,000.00	-270,000.00	85.6%
637 NH Program-Interest Expense	2,473,126.84	2,868,496.00	-395,369.16	86.2%
638 NH Program-Bank Fees & Misc	-65.00	300.00	-365.00	-21.7%
639 NH Program-Appraisal	17,175.00	7,500.00	9,675.00	229.0%
653 Service Fee	0.00	100.00	-100.00	0.0%
Total Expense	35,228,123.61	43,702,040.73	-8,473,917.12	80.6%
Net Income	5,896,313.79	6,387,157.99	-490,844.20	92.3%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: **Wednesday, November 17, 2021**

Pending Expenses		For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care		\$2,091.62	Prosperity Operating (Unrestricted)	\$892,239.29
Wilcox Pharmacy	Indigent Care		\$1,094.70	First Financial (Restricted)	\$5,988,938.97
UTMB at Galveston	Indigent Care		\$34,743.41	First Financial (Unrestricted)	\$7,892,342.66
UTMB Faculty Group	Indigent Care		\$5,873.72	TexStar	\$690,459.00
Barrier Reef Emergency Physician	Indigent Care		\$198.78	Allegiance Bank LOC (Available)	\$5,212,005.30
Indigent Healthcare Solutions	IC Inv #72752		\$1,109.00	Cash Position (Less First Financial Restricted)	\$14,687,046.25
American Education Services	S Stern-Student Loan		\$150.14	Pending Expenses	\$74,175.12
Penelope (Polly) Butler	Youth Counseling		\$85.00	Ending Balance (Less expenses)	\$14,612,871.13
Kalos Counseling (Benjamin Odom)	Youth Counseling		\$765.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$16,716,916.90
Benckenstein & Oxford	Inv #50259		\$22,800.00	Prior Month	
Hubert Oxford	Legal Retainer		\$1,000.00	Prosperity Operating (Unrestricted) (9/17)	\$856,580.77
David Sticker	Inv #64		\$3,468.75	First Financial (Restricted)	\$8,615,879.82
Technology Solutions of Tx	Inv #1638		\$75.00	First Financial (Unrestricted)	\$5,704,503.34
Felipe Ojedia-Yard Service	Invs #1019-1020		\$600.00	Prosperity CD (Closed)	-
Graciela Chavez-Office Cleaning	Inv #8018602		\$120.00	TexStar	\$690,459.00
				Allegiance Bank DACA Accounts (Unrestricted)	\$5,213,624.30
				Allegiance Bank LOC (Available)	\$0.00
				Cash Position (Less First Financial Restricted)	\$12,465,167.41
				Pending Expenses	-
				Ending Balance (Less expenses)	\$12,465,167.41
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$13,266,399.16
Total Pending Expenses			\$74,175.12		

	Balances	Total Due	Balance Received	Balance Due	Due to District
FFB Balance Oct 28, 2021	\$13,881,281.63				
IGT 9, QIPP Year 5 (Public Only)					
Component 1-Sept. (1st Half)	\$1,703,302.40	\$1,885,751.02	\$1,703,302.40	\$182,448.62	\$1,885,751.02
Total Component 1, IGT 8	\$1,703,302.40	\$1,885,751.02	\$1,703,302.40	\$182,448.62	\$1,885,751.02
Loan 9 Set Aside (Salt Creek & Allegiance)					
Loan 19 Payment-Sept. (2nd Half)	\$1,703,302.40	\$1,885,751.02	\$1,703,302.40	\$182,448.62	\$1,885,751.02
Total Loan 18 Set Aside	\$1,703,302.40	\$1,885,751.02	\$1,703,302.40	\$182,448.62	\$1,885,751.02
Yr. 5 Component 2 (Public & Private)					
Y5/Q1-Comp. 2-Sept. due to MGRs.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Y5/Q1-Comp. 2-Oct. due to MGRs.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Component 2 due to MGRs.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 4 Component 3 (Public & Private)					
Y4/Q4-Comp. 3-June, July, & Aug. due to MGRs.	\$959,861.28	\$1,919,722.55	\$1,429,143.12	\$490,579.43	\$959,861.28
Total Component 3 due to MGRs	\$959,861.28	\$1,919,722.55	\$1,429,143.12	\$490,579.43	\$959,861.28
Yr. 4 Component 4 & Lapse Funds (Public Only)					
Component Y4/Q4 due to MGRs (June-Aug. 2020)	\$1,528,888.32	\$3,057,776.63	\$2,252,566.17	\$805,210.46	\$1,528,888.32
Total Component 4 due to MGRs	\$1,528,888.32	\$3,057,776.63	\$2,252,566.17	\$805,210.46	\$1,528,888.32
Variance Payments (Deducted from Payments Received)					
Variance Payment	(\$2,651.53)	(\$5,303.06)	\$0.00	(\$5,303.06)	(\$2,651.53)
Total Variance Payment	(\$2,651.53)	(\$5,303.06)	\$0.00	(\$5,303.06)	(\$2,651.53)
Non-QIPP Funds due to NHs	\$0.00				
Balance Owed on Line of Credit	\$808,255.88				
Interest Reserves					
Reserve Ln 19 (Balance Due)	\$990,037.32				
Allegiance Interest (November)	\$1,245.30				
Total Reserves	\$991,282.62				
Restricted	\$5,988,938.97				
Unrestricted	\$7,892,342.66				
Total Funds	\$13,881,281.63	\$4,972,196.12	\$3,681,709.29	\$1,290,486.83	\$2,486,098.07

Restricted Funds Includes:

Loan 19-Principle	\$1,703,302.40
Component 3 & 4	\$2,488,749.60
Balance owed on LOC:	\$808,255.88
Interest:	\$991,282.62
Variance:	-\$2,651.53
Total:	\$5,988,938.97

**11 Month Outstanding Short Term Revenue Note-Loan 19 (June 1, 2021-Apr. 30, 2022)
1st Half of QIPP Year 5**

Loan 19-Principle	\$11,786,158.80	Reserve	\$1,155,043.54		
Interest	16.80%				
Amortization Table					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	6/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
2	7/31/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
3	8/28/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
4	9/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
5-(Sept. 2021, Comp. 1)	10/31/2021	\$11,786,158.80	\$165,006.22	\$1,885,789.54	\$2,050,795.76
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	\$285,326.07	\$285,326.07
11	4/30/2022	\$0.00	\$165,006.22	\$0.00	\$165,006.22
Amount Paid		\$0.00	\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Due: October 31, 2021			\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Remaining			\$495,018.66	\$0.00	\$0.00

Allegiance Bank Line of Credit

Principle (IGT 8)	\$5,609,295.47	Principle Balance Owed	\$808,255.88		
Interest Rate:	2.35%	LOC Funds Available	\$5,212,005.30		
	Date	Balance	Interest	Principal Rcvd.	Payment
1	1/10/2021	Interest Payment	\$12,803.16	\$0.00	\$12,803.16
2	2/10/2021	Interest Payment	\$11,351.04	\$0.00	\$11,351.04
3	3/10/2021	Interest Payment	\$10,252.54	\$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
7-(May 2021, Comp. 1)	7/12/2021	Interest Payment	\$10,984.87	\$0.00	\$10,984.87
8-(June 2020, Comp. 1)	8/6/2021	Principle Payment		\$1,124,725.11	\$1,124,725.11
9-(July. 2020, Comp. 1)	8/10/2021	Interest Payment	\$11,351.03	\$0.00	\$11,351.03
10-(August 2021, Comp. 1)	9/10/2021	Interest Payment	\$8,781.35	\$0.00	\$8,781.35
	9/24/2021	Principle Payment	\$0.00	\$1,683,338.61	\$1,683,338.61
	10/7/2021	Principle & Interest	\$7,024.13	\$1,992,975.87	\$2,000,000.00
	11/1/2021	Principle & Interest	\$1,245.30		\$1,245.30
	11/12/2021	Principle & Interest			\$0.00
Amount Paid	9/30/2020	\$0.00	\$107,480.36	\$4,801,039.59	\$4,908,519.95
Amount Remaining				\$808,255.88	

District's Investments

	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,020,261.18	0.35%	11/1/2021	11/30/2021	Paid Quarterly \$5,405.13 Pd Nov 12
Texstar C.D. #1110	\$690,459.00	0.0100%	10/1/2021	10/31/2021	Paid \$5.89 Oct 2021

TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSDH TREASURER'S REPORT AND SUPPORTING DOCUMENTS CORRECT AND IN COMPLIANCE WITH THE DISTRICT'S INVESTMENT POLICY.

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date

Date

Italics are Estimated amounts

Winnie-Stowell Hospital District
Bank Accounts Register
As of October 20, 2021 to November 17, 2021

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
100 Prosperity Bank -Checking						
Check	10/20/2021	3361	Brookshire Brothers	IC RXs Batch date 09.04.21	X	(1,880.04)
Check	10/20/2021	3362	Wilcox Pharmacy	IC RXs Batch date 09.03.21	X	(737.54)
Check	10/20/2021	3363	UTMB at Galveston	IC Batch date 09.01-30.21	X	(12,362.75)
Check	10/20/2021	3364	UTMB Faculty Grou...	IC Batch date 09.01-30.21	X	(4,995.64)
Check	10/20/2021	3365	Barrier Reef Energen...	IC Batch date 09.01.21	X	(65.29)
Check	10/20/2021	3366	Indigent Healthcare ...	IC Inv #72582	X	(1,109.00)
Check	10/20/2021	3367	American Education ...	92 5529 5461 S Stern	X	(150.14)
Check	10/20/2021	3368	Penelope S Butler, M...	YC Batch Date 09.02.21	X	(85.00)
Check	10/20/2021	3369	Kalos Counseling	YC Batch Date 09.02.21	*	(765.00)
Check	10/20/2021	3370	Gaudet Solutions	Youth Irlen Program	X	(1,600.00)
Check	10/20/2021	3371	Chambers Cty PHD ...	IC SP Batch Date 09.08.21	X	(210.00)
Check	10/20/2021	3372	Chambers Co Public ...	IC SP Batch Date 09.09.21	X	(392.33)
Check	10/20/2021	3373	\$25 Optical	IC SP Batch Date 09.08.21	*	(50.00)
Check	10/20/2021	3374	Benckenstein & Oxfo...	Inv #50233	X	(21,125.00)
Check	10/20/2021	3375	Hubert Oxford	Legal Retainer	X	(1,000.00)
Check	10/20/2021	3376	David Sticker	Inv #63	X	(1,843.75)
Check	10/20/2021	3377	Technology Solution...	Inv #1631	X	(75.00)
Check	10/20/2021	3378	Bonds Ellis Eppich S...	Inv #13139 (In re Abri)	X	(612.50)
Check	10/20/2021	3379	Function 4	3A0064 Inv#892142	X	(114.25)
Check	10/20/2021	3380	Felipe Ojeda	Inv #1018	X	(300.00)
Check	10/20/2021	3381	Graciela Chavez	Inv #8018601	X	(100.00)
Check	10/20/2021	3382	Hometown Press	Inv #3114	X	(600.00)
Check	10/20/2021	3383	The Seabreeze Beacon	Inv #5451	*	(360.00)
Check	10/20/2021	3384	Anthem Accounts Pa...	WSHD - Refund QY2 Adj 3	X	(2,501.61)
Check	10/20/2021	3385	UnitedHealthcare	WSHD - Refund QY2 Adj 3		(399.69)
Check	10/20/2021	3386	Stingaree Restraurant	Appreciation Lunch RMC/EMS	*	(1,233.24)
Check	10/26/2021		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(3,563.34)
Liability ...	10/28/2021		QuickBooks Payroll ...	Created by Payroll Service on 10/26/...	X	(8,172.23)
Check	10/28/2021		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(2,526.11)
Paycheck	10/29/2021	DD1...	Osburn, Jessica L	Direct Deposit	X	
Paycheck	10/29/2021	DD1...	Ojeda, Patricia	Direct Deposit	X	
Paycheck	10/29/2021	DD1...	Norris, Sherrie	Direct Deposit	X	
Check	10/29/2021	3387	Allegiance Bank	Loan Interest acct #790154	*	(1,245.30)
Check	10/29/2021	3388	Carroll R Hand Insur...	Inv #16661 Bond Renewal A Strame...	*	(50.00)
Check	10/29/2021	3389	Carroll R Hand Insur...	Inv #16662 Bond Renewal B Way	*	(50.00)
Deposit	10/31/2021			Deposit, Processed	X	65.49
Check	11/02/2021		Texas Workforce Co...	ACH, Withdrawal, Processed	*	(102.36)
Check	11/05/2021	3390	Franz Strategic Solut...	Inv #WSHD002-Thrive FQHC	*	(19,518.21)
Check	11/09/2021			ACH, Withdrawal, Processed	*	(2,780.82)
Check	11/10/2021	9950...	Riceland Medical Ce...	Draft, Withdrawal, Processed	*	(340.00)
Check	11/10/2021		Entergy	ACH, Withdrawal, Processed	*	(151.10)
Check	11/15/2021			Fee, Withdrawal, Processed	*	(166.60)
Deposit	11/15/2021			ACH, Deposit, Processed	*	67,321.43
Check	11/16/2021		Funcion 4-Lease fka ...	ACH, Withdrawal, Processed	*	(211.64)
Check	11/17/2021	3391	Tony's BBQ	Inv #23513 (Appreciation Lunch R...		(1,053.51)
Check	11/17/2021	3392	Brookshire Brothers	IC RXs (Oct 2021)	*	(2,091.62)
Check	11/17/2021	3393	Wilcox Pharmacy	IC RXs (Oct 2021)		(1,094.70)
Check	11/17/2021	3394	UTMB at Galveston	IC Batch Date 10.01-14.21		(34,743.41)
Check	11/17/2021	3395	UTMB Faculty Grou...	IC Batch date 10.01-14.21		(5,873.72)
Check	11/17/2021	3396	Barrier Reef Energen...	IC Batch date 10.01-31.21		(198.78)
Check	11/17/2021	3397	Indigent Healthcare ...	IC Inv #72752		(1,109.00)
Check	11/17/2021	3398	Penelope S Butler, M...	YC Batch Date 10.02.21		(85.00)
Check	11/17/2021	3400	American Education ...	92 5529 5461 S Stern		(150.14)
Check	11/17/2021	3399	Kalos Counseling	YC Batch Date 10.02.21		(765.00)
Check	11/17/2021	3401	David Sticker	Inv #64		(3,468.75)
Check	11/17/2021	3403	Technology Solution...	Inv #1638		(75.00)
Check	11/17/2021	3404	Felipe Ojeda	Invs #1019-1020		(600.00)
Check	11/17/2021	3405	Graciela Chavez	Inv #8018602		(120.00)
Check	11/17/2021	3406	Hubert Oxford	Legal Retainer		(1,000.00)

Winnie-Stowell Hospital District
Bank Accounts Register
As of October 20, 2021 to November 17, 2021

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
Check	11/17/2021	3402	Voided	VOID:	X	
Check	11/17/2021	3407	Benckenstein & Oxfo...	Inv #50259		(22,800.00)
Total 100 Prosperity Bank -Checking						(101,387.19)
109 First Financial Bank						
109b FFB #4846 DACA						
Check	10/20/2021			Transfer to DDA Acct No. 1110214...	X	205,174.18
Check	10/22/2021			ACH PaymenWSHD AB NH Holdi...	X	(2,666.00)
Check	10/22/2021		LTC Group	ACH PaymenLTC Group CCD 1611...	X	(201,000.00)
Check	10/27/2021			Transfer to DDA Acct No. 1110214...	X	957,730.66
Check	10/29/2021			Transfer to DDA Acct No. 1110214...	X	148,864.77
Check	10/29/2021		Salt Creek Capital LLC	ACH PaymenSalt Creek CapitCCD ...	X	(78,530.14)
Check	10/29/2021		Salt Creek Capital LLC	ACH PaymenSalt Creek CapitCCD ...	X	(165,006.22)
Check	10/29/2021		Salt Creek Capital LLC	ACH PaymenSalt Creek CapitCCD ...	X	(5,609,296.00)
Check	11/01/2021			Transfer to DDA Acct No. 1110214...		2,672,749.70
Check	11/03/2021			Transfer to DDA Acct No. 1110214...		998,234.52
Check	11/05/2021			Transfer to DDA Acct No. 1110214...		398,372.57
Check	11/08/2021			Transfer to DDA Acct No. 1110214...		1,150,303.51
Check	11/15/2021			Transfer to DDA Acct No. 1110214...		45,205.76
Total 109b FFB #4846 DACA						520,137.31
Total 109 First Financial Bank						520,137.31
TOTAL						418,750.12

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 10/04/21-10/04/21

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,091.62
Expenditures		2,091.62
Reimb/Adjustments		
Grand Total		2,091.62

99 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1024*65460*33	10/29/2021	8.57	8.57
1024*65460*34	10/11/2021	9.20	9.20
1065*65460*13	10/28/2021	8.59	8.59
1065*65460*14	10/28/2021	16.24	16.24
1065*65460*15	10/21/2021	13.15	13.15
1065*65460*16	10/12/2021	9.48	9.48
1065*65460*17	10/07/2021	9.44	9.44
1065*65460*18	10/07/2021	13.89	13.89
1065*65460*19	10/05/2021	15.99	15.99
1065*65460*20	10/05/2021	9.27	9.27
1065*65460*21	10/05/2021	27.73	27.73
1091*65460*58	10/27/2021	47.84	47.84
1091*65460*59	10/27/2021	9.12	9.12
1091*65460*60	10/27/2021	9.06	9.06
1096*65460*70	10/07/2021	15.31	15.31
1096*65460*71	10/07/2021	9.26	9.26
1096*65460*72	10/07/2021	31.66	31.66
1096*65460*73	10/07/2021	16.88	16.88
1096*65460*74	10/07/2021	10.69	10.69
1108*65460*29	10/14/2021	19.89	19.89
1108*65460*30	10/14/2021	10.14	10.14
1108*65460*31	10/14/2021	10.36	10.36
1114*65460*31	10/28/2021	9.46	9.46
1114*65460*32	10/20/2021	12.39	12.39
1114*65460*33	10/20/2021	11.31	11.31
1114*65460*34	10/09/2021	8.76	8.76
1116*65460*11	10/05/2021	46.52	46.52
1122*65460*45	10/15/2021	10.00	10.00
1122*65460*46	10/15/2021	8.58	8.58
1122*65460*47	10/14/2021	9.84	9.84
1122*65460*48	10/14/2021	9.01	9.01
1128*65460*76	10/08/2021	11.65	11.65
1128*65460*77	10/06/2021	8.68	8.68
1128*65460*78	10/06/2021	13.07	13.07

GL Totals

Issued 11/04/21

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 10/04/21-10/04/21

Brookshire Bros. Phar. (Winnie)

Vendor #: 65460

P.O. Box 2058

Lufkin, TX 75904

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1128*65460*79	WSHD	10/06/2021	16.21	16.21
1128*65460*80	WSHD	10/04/2021	8.37	8.37
1132*65460*11	WSHD	10/26/2021	14.12	14.12
1140*65460*48	WSHD	10/13/2021	9.47	9.47
1151*65460*77	WSHD	10/18/2021	10.15	10.15
1151*65460*78	WSHD	10/07/2021	8.64	8.64
1151*65460*79	WSHD	10/07/2021	8.35	8.35
1151*65460*80	WSHD	10/07/2021	8.37	8.37
1165*65460*19	WSHD	10/08/2021	10.28	10.28
1165*65460*20	WSHD	10/08/2021	9.72	9.72
1165*65460*21	WSHD	10/08/2021	10.42	10.42
1165*65460*22	WSHD	10/08/2021	11.97	11.97
1165*65460*23	WSHD	10/06/2021	39.35	39.35
1165*65460*24	WSHD	10/06/2021	12.76	12.76
1165*65460*25	WSHD	10/06/2021	10.88	10.88
1166*65460*8	WSHD	10/08/2021	8.78	8.78
1166*65460*9	WSHD	10/08/2021	16.14	16.14
1166*65460*10	WSHD	10/01/2021	8.99	8.99
1166*65460*11	WSHD	10/01/2021	12.65	12.65
1193*65460*1	WSHD	10/22/2021	20.30	20.30
1193*65460*2	WSHD	10/22/2021	18.68	18.68
1193*65460*3	WSHD	10/20/2021	10.14	10.14
1193*65460*4	WSHD	10/14/2021	8.87	8.87
1196*65460*8	WSHD	10/18/2021	13.15	13.15
1196*65460*9	WSHD	10/15/2021	9.47	9.47
1205*65460*16	WSHD	10/22/2021	10.88	10.88
1205*65460*17	WSHD	10/22/2021	9.98	9.98
1205*65460*18	WSHD	10/22/2021	9.55	9.55
1205*65460*19	WSHD	10/22/2021	11.84	11.84
1212*65460*3	WSHD	10/19/2021	11.33	11.33
1212*65460*4	WSHD	10/19/2021	9.47	9.47
1212*65460*5	WSHD	10/19/2021	9.69	9.69
1214*65460*36	WSHD	10/05/2021	10.65	10.65
1214*65460*37	WSHD	10/05/2021	9.45	9.45
1214*65460*38	WSHD	10/05/2021	12.00	12.00
1214*65460*39	WSHD	09/30/2021	12.11	12.11
1218*65460*15	WSHD	10/12/2021	9.28	9.28
1219*65460*11	WSHD	10/20/2021	8.76	8.76
1219*65460*12	WSHD	10/14/2021	830.65	830.65
1219*65460*13	WSHD	10/11/2021	9.00	9.00
1221*65460*1	WSHD	10/19/2021	10.54	10.54
1221*65460*2	WSHD	10/19/2021	13.77	13.77
1221*65460*3	WSHD	10/05/2021	12.40	12.40
1223*65460*1	WSHD	10/28/2021	10.86	10.86
1223*65460*2	WSHD	10/28/2021	9.02	9.02
1223*65460*3	WSHD	10/20/2021	13.46	13.46
1223*65460*4	WSHD	10/20/2021	9.02	9.02

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Issued 11/04/21

GL Totals
Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/04/21-10/04/21

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1223*65460*5	WSHD	10/12/2021	10.86	10.86
2458*65460*66	WSHD	10/21/2021	9.29	9.29
2458*65460*67	WSHD	10/11/2021	10.74	10.74
2458*65460*68	WSHD	10/08/2021	10.47	10.47
2458*65460*69	WSHD	10/06/2021	25.25	25.25
2458*65460*70	WSHD	10/04/2021	14.64	14.64
2815*65460*116	WSHD	10/18/2021	8.91	8.91
2815*65460*117	WSHD	10/18/2021	10.33	10.33
2815*65460*118	WSHD	10/17/2021	10.92	10.92
2815*65460*119	WSHD	10/17/2021	13.58	13.58
2815*65460*120	WSHD	10/05/2021	10.64	10.64
2815*65460*121	WSHD	10/05/2021	10.17	10.17
2815*65460*122	WSHD	10/05/2021	13.51	13.51
2815*65460*123	WSHD	10/05/2021	14.61	14.61
2818*65460*7	WSHD	10/01/2021	10.86	10.86
3363*65460*10	WSHD	10/18/2021	12.33	12.33
3400*65460*12	WSHD	10/06/2021	22.55	22.55
3400*65460*13	WSHD	10/06/2021	10.99	10.99
99 invoices, 99 line items			2,091.62	2,091.62
Grand Totals			2,091.62	2,091.62

99 total invoices
99 total line items

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 Issued 11/04/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 10/03/21-10/03/21

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,094.70
Expenditures		1,094.70
Reimb/Adjustments		
Grand Total		1,094.70

70 total invoices

GL Totals Detail
 Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1040*18651*63	WSHD	10/15/2021	9.22	9.22
1040*18651*64	WSHD	10/04/2021	19.40	19.40
1040*18651*65	WSHD	10/04/2021	10.08	10.08
1093*18651*77	WSHD	10/14/2021	18.34	18.34
1093*18651*78	WSHD	10/04/2021	11.88	11.88
1093*18651*79	WSHD	10/04/2021	8.98	8.98
1095*18651*67	WSHD	10/27/2021	9.48	9.48
1095*18651*68	WSHD	10/25/2021	8.64	8.64
1095*18651*69	WSHD	10/25/2021	10.66	10.66
1107*18651*36	WSHD	10/08/2021	18.78	18.78
1110*18651*23	WSHD	10/22/2021	8.71	8.71
1110*18651*24	WSHD	10/21/2021	11.35	11.35
1110*18651*25	WSHD	10/15/2021	11.63	11.63
1110*18651*26	WSHD	10/11/2021	19.55	19.55
1110*18651*27	WSHD	10/05/2021	8.49	8.49
1110*18651*28	WSHD	10/05/2021	19.55	19.55
1110*18651*29	WSHD	10/05/2021	10.01	10.01
1110*18651*30	WSHD	10/05/2021	11.02	11.02
1115*18651*38	WSHD	10/18/2021	11.84	11.84
1115*18651*39	WSHD	10/01/2021	57.08	57.08
1157*18651*73	WSHD	10/08/2021	10.47	10.47
1157*18651*74	WSHD	10/08/2021	21.76	21.76
1157*18651*75	WSHD	10/08/2021	11.76	11.76
1157*18651*76	WSHD	10/04/2021	11.88	11.88
1157*18651*77	WSHD	10/04/2021	29.28	29.28
1157*18651*78	WSHD	10/04/2021	10.01	10.01
1169*18651*22	WSHD	10/12/2021	21.13	21.13
1169*18651*23	WSHD	10/12/2021	13.47	13.47
1180*18651*3	WSHD	10/07/2021	19.55	19.55
1180*18651*4	WSHD	10/07/2021	11.45	11.45
1191*18651*50	WSHD	10/20/2021	10.94	10.94
1191*18651*51	WSHD	10/09/2021	10.59	10.59
1191*18651*52	WSHD	10/09/2021	15.76	15.76
1194*18651*3	WSHD	10/29/2021	30.80	30.80

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GL Totals
Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/03/21-10/03/21

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

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1194*18651*4	WSHD	10/29/2021	12.99	12.99
1194*18651*5	WSHD	10/07/2021	18.56	18.56
1194*18651*6	WSHD	10/07/2021	43.54	43.54
1197*18651*2	WSHD	10/11/2021	8.30	8.30
1199*18651*8	WSHD	10/25/2021	9.97	9.97
1199*18651*9	WSHD	10/25/2021	10.39	10.39
1199*18651*10	WSHD	10/20/2021	14.27	14.27
1199*18651*11	WSHD	10/08/2021	22.13	22.13
1199*18651*12	WSHD	10/08/2021	25.81	25.81
1199*18651*13	WSHD	10/01/2021	8.60	8.60
1199*18651*14	WSHD	10/01/2021	8.55	8.55
1199*18651*15	WSHD	10/01/2021	19.66	19.66
1204*18651*4	WSHD	10/25/2021	9.84	9.84
1204*18651*5	WSHD	10/25/2021	8.85	8.85
1204*18651*6	WSHD	10/07/2021	17.96	17.96
1204*18651*7	WSHD	10/07/2021	16.50	16.50
1204*18651*8	WSHD	10/07/2021	102.31	102.31
1206*18651*15	WSHD	10/28/2021	14.97	14.97
1206*18651*16	WSHD	10/28/2021	12.99	12.99
1220*18651*8	WSHD	10/07/2021	12.44	12.44
1292*18651*9	WSHD	10/25/2021	8.85	8.85
1292*18651*10	WSHD	10/25/2021	9.59	9.59
1292*18651*11	WSHD	10/15/2021	8.55	8.55
1292*18651*12	WSHD	10/08/2021	10.93	10.93
1296*18651*4	WSHD	10/08/2021	11.07	11.07
1296*18651*5	WSHD	10/08/2021	12.40	12.40
2994*18651*27	WSHD	10/11/2021	9.50	9.50
2994*18651*28	WSHD	10/11/2021	13.02	13.02
3364*18651*55	WSHD	10/21/2021	11.74	11.74
3364*18651*56	WSHD	10/01/2021	20.82	20.82
3364*18651*57	WSHD	10/01/2021	9.78	9.78
3364*18651*58	WSHD	10/01/2021	9.29	9.29
3364*18651*59	WSHD	10/01/2021	8.73	8.73
3364*18651*60	WSHD	10/01/2021	9.47	9.47
3364*18651*61	WSHD	10/01/2021	8.98	8.98
3364*18651*62	WSHD	10/01/2021	9.81	9.81

70 invoices, 70 line items

1,094.70

1,094.70

Grand Totals

1,094.70

1,094.70

70 total invoices
70 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 10/01/21-10/14/21

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	34,743.41
	Expenditures	34,743.41
	Reimb/Adjustments	
	Grand Total	34,743.41

45 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1065*63614*6	10/04/2021	5,516.00	1,323.84
1081*63614*24	09/20/2021	323.00	0.00
1093*63614*29	09/17/2021	1,101.00	264.24
1114*63614*14	10/20/2021	323.00	77.52
1115*63614*12	09/07/2021	793.00	190.32
1115*63614*13	10/25/2021	1,211.00	290.64
1146*63614*6	09/02/2021	262.00	62.88
1146*63614*7	09/02/2021	323.00	77.52
1146*63614*8	10/06/2021	5,910.20	1,418.45
1157*63614*13	09/03/2021	391.00	93.84
1165*63614*5	10/08/2021	12,889.37	3,093.45
1165*63614*6	10/14/2021	323.00	77.52
1188*63614*5	08/31/2021	2,829.00	678.96
1188*63614*5	08/31/2021	66.96	16.07
1191*63614*7	09/09/2021	391.00	93.84
1191*63614*8	10/11/2021	323.00	77.52
1196*63614*1	08/26/2021	22,103.08	7,954.96
1196*63614*2	08/31/2021	1,739.71	417.53
1196*63614*3	08/31/2021	1,739.71	0.00
1196*63614*4	10/04/2021	2,733.00	655.92
1196*63614*5	09/29/2021	7,226.52	1,734.36
1196*63614*6	10/07/2021	323.00	77.52
1196*63614*7	10/13/2021	1,344.00	322.56
1196*63614*7	10/13/2021	1,703.00	408.72
1204*63614*1	10/25/2021	323.00	77.52
1206*63614*3	10/07/2021	291.00	69.84
1214*63614*4	08/27/2021	1,241.00	297.84
1214*63614*5	09/21/2021	11,507.72	2,761.85
1214*63614*6	09/18/2021	393.00	0.00
1214*63614*7	10/04/2021	1,987.18	476.92
1214*63614*8	10/14/2021	323.00	77.52
1219*63614*3	06/04/2021	705.00	169.20
1219*63614*4	07/14/2021	3,507.00	841.68
1219*63614*4	07/14/2021	826.30	198.31

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/01/21-10/14/21

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

Vendor #: 63614

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1219*63614*5	WSHD	07/19/2021	5,646.88	0.00
1219*63614*6	WSHD	09/07/2021	24,917.34	4,888.42
1219*63614*6	WSHD	09/07/2021	60.00	14.40
1219*63614*7	WSHD	09/03/2021	393.00	0.00
1219*63614*8	WSHD	10/07/2021	323.00	77.52
1219*63614*9	WSHD	10/06/2021	391.00	93.84
1219*63614*10	WSHD	10/20/2021	323.00	77.52
1219*63614*11	WSHD	10/05/2021	323.00	77.52
2458*63614*11	WSHD	09/08/2021	323.00	77.52
2458*63614*12	WSHD	10/14/2021	523.00	125.52
2815*63614*13	WSHD	09/16/2021	5,271.00	1,265.04
2815*63614*13	WSHD	09/16/2021	5,952.50	1,428.60
2815*63614*13	WSHD	09/16/2021	5.00	1.20
2818*63614*1	WSHD	09/09/2021	593.00	142.32
2994*63614*9	WSHD	09/16/2021	5,622.72	1,349.45
3363*63614*1	WSHD	09/10/2021	888.00	213.12
3400*63614*3	WSHD	09/03/2021	2,219.00	532.56
45 invoices, 51 line items			146,766.19	34,743.41
Grand Totals			146,766.19	34,743.41

45 total invoices
51 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 10/01/21-10/14/21

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

Vendor #: 63615
 NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	5,873.72
Expenditures		5,873.72
Reimb/Adjustments		
Grand Total		5,873.72

54 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1065*63615*9	10/04/2021	213.00	79.55
1081*63615*28	09/20/2021	270.00	0.00
1091*63615*20	10/25/2021	24.00	8.34
1091*63615*21	10/26/2021	38.00	13.47
1091*63615*22	10/26/2021	193.00	56.89
1091*63615*22	10/26/2021	55.00	16.00
1091*63615*23	10/26/2021	158.00	58.06
1093*63615*30	09/17/2021	270.00	56.08
1093*63615*30	09/17/2021	80.00	8.66
1114*63615*14	10/20/2021	183.00	39.92
1115*63615*19	09/07/2021	270.00	56.08
1115*63615*20	10/25/2021	270.00	44.39
1122*63615*13	10/22/2021	96.00	0.00
1122*63615*13	10/23/2021	105.00	0.00
1122*63615*13	10/22/2021	118.00	0.00
1146*63615*13	09/02/2021	415.00	95.54
1146*63615*14	10/06/2021	678.00	140.17
1157*63615*15	09/03/2021	270.00	56.08
1165*63615*3	10/08/2021	880.00	571.34
1165*63615*3	10/08/2021	1,946.00	462.55
1165*63615*3	10/08/2021	3,900.00	0.00
1184*63615*3	08/16/2021	126.00	0.00
1188*63615*6	08/31/2021	275.00	100.40
1191*63615*7	09/09/2021	183.00	39.92
1191*63615*8	10/11/2021	183.00	31.61
1196*63615*2	08/26/2021	250.00	70.46
1196*63615*2	08/26/2021	333.00	86.93
1196*63615*2	08/26/2021	132.00	11.23
1196*63615*2	08/26/2021	83.00	29.51
1196*63615*2	08/26/2021	87.00	28.87
1196*63615*2	08/26/2021	160.00	42.34
1196*63615*2	08/26/2021	70.00	25.34
1196*63615*2	08/26/2021	143.00	53.24
1196*63615*2	08/26/2021	30.00	10.26

GL Totals

Issued 11/11/21

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/01/21-10/14/21Utmb Faculty Grp Practice
Po Box 650859 Dep 710
Dallas, TX 75265Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1196*63615*2	WSHD	08/26/2021	23.00	7.70
1196*63615*2	WSHD	08/27/2021	98.00	37.26
1196*63615*2	WSHD	08/27/2021	98.00	29.50
1196*63615*2	WSHD	08/29/2021	98.00	37.26
1196*63615*2	WSHD	08/29/2021	98.00	37.26
1196*63615*2	WSHD	08/29/2021	25.00	8.66
1196*63615*2	WSHD	08/30/2021	180.00	50.82
1196*63615*3	WSHD	09/29/2021	25.00	8.66
1196*63615*4	WSHD	10/04/2021	55.00	20.21
1196*63615*4	WSHD	09/29/2021	24.00	8.34
1196*63615*4	WSHD	08/28/2021	98.00	37.26
1196*63615*4	WSHD	10/04/2021	415.00	95.54
1196*63615*4	WSHD	09/29/2021	23.00	7.70
1196*63615*4	WSHD	10/07/2021	360.00	86.32
1196*63615*4	WSHD	10/13/2021	273.00	51.69
1196*63615*4	WSHD	09/29/2021	143.00	42.15
1196*63615*4	WSHD	10/29/2021	28.00	7.88
1196*63615*4	WSHD	10/29/2021	25.00	7.36
1196*63615*4	WSHD	09/29/2021	103.00	48.32
1196*63615*4	WSHD	10/13/2021	246.00	45.86
1204*63615*1	WSHD	10/25/2021	415.00	95.54
1206*63615*2	WSHD	10/07/2021	273.00	65.29
1206*63615*2	WSHD	10/07/2021	28.00	10.26
1214*63615*3	WSHD	09/21/2021	186.00	35.60
1214*63615*4	WSHD	09/18/2021	118.00	0.00
1214*63615*5	WSHD	09/21/2021	720.00	409.64
1214*63615*6	WSHD	08/27/2021	415.00	95.54
1214*63615*7	WSHD	09/21/2021	1,378.00	119.97
1214*63615*8	WSHD	09/21/2021	558.00	92.70
1214*63615*9	WSHD	08/27/2021	53.00	0.00
1214*63615*10	WSHD	09/21/2021	378.00	204.82
1218*63615*4	WSHD	06/09/2021	93.00	0.00
1219*63615*3	WSHD	06/04/2021	183.00	31.61
1219*63615*4	WSHD	06/04/2021	23.00	7.70
1219*63615*5	WSHD	07/14/2021	158.00	58.06
1219*63615*6	WSHD	07/19/2021	193.00	0.00
1219*63615*6	WSHD	07/19/2021	55.00	0.00
1219*63615*7	WSHD	07/19/2021	38.00	0.00
1219*63615*8	WSHD	09/03/2021	118.00	0.00
1219*63615*9	WSHD	09/07/2021	793.00	277.46
1219*63615*9	WSHD	09/07/2021	220.00	88.85
1219*63615*9	WSHD	09/07/2021	132.00	11.23
1219*63615*9	WSHD	09/07/2021	58.00	9.62
1219*63615*10	WSHD	09/07/2021	118.00	0.00
1219*63615*11	WSHD	10/20/2021	415.00	95.54
1219*63615*12	WSHD	10/07/2021	270.00	44.39
1219*63615*13	WSHD	10/27/2021	270.00	56.08

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/01/21-10/14/21

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

Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1219*63615*14	WSHD	10/05/2021	270.00	56.08
2458*63615*12	WSHD	08/23/2021	118.00	0.00
2458*63615*13	WSHD	10/14/2021	273.00	65.29
2458*63615*13	WSHD	10/14/2021	28.00	10.26
2815*63615*20	WSHD	09/16/2021	128.00	47.47
2818*63615*1	WSHD	09/09/2021	273.00	65.29
2994*63615*12	WSHD	09/16/2021	780.00	113.56
2994*63615*13	WSHD	09/16/2021	480.00	316.21
2994*63615*13	WSHD	09/16/2021	252.00	158.11
2994*63615*14	WSHD	09/16/2021	118.00	0.00
3363*63615*1	WSHD	09/10/2021	273.00	65.29
3363*63615*1	WSHD	09/10/2021	123.00	14.76
3400*63615*3	WSHD	09/03/2021	328.00	122.86
3400*63615*3	WSHD	09/03/2021	93.00	42.34
3400*63615*3	WSHD	09/03/2021	48.00	17.32
54 invoices, 96 line items			26,169.00	5,873.72
Grand Totals			26,169.00	5,873.72

54 total invoices
96 total line items

© IHS
 Issued 11/16/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 10/01/21-10/31/21

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

Vendor #: 90001
 NPI: 1275761512

GL #	Description	Amount
WSHD	Wshd	198.78
	Expenditures	198.78
	Reimb/Adjustments	
	Grand Total	198.78

2 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1065*90001*2	WSHD	10/04/2021	1,593.00	95.54
1196*90001*4	WSHD	09/29/2021	1,593.00	95.54
1196*90001*4	WSHD	09/29/2021	23.00	7.70
2 invoices, 3 line items	***		3,209.00	198.78
Grand Totals			3,209.00	198.78

2 total invoices
 3 total line items

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

Invoice # 72752

Phone # (800) 834-0560

Date: 11/1/2021

Fax # (936) 756-6741

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

RECEIVED
NOV - 3 2021

Terms: Net receipt of invoice

Professional services for the month of December 2021

1,109.00

Total

\$1,109.00

PLEASE REMIT PAYMENT TO
INDIGENT HEALTHCARE SOLUTIONS, LTD
ATTN: KELLEY ASTOLOS
3011 ARMORY DRIVE, SUITE 190
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!

IHS

©IHS
Issued 11/02/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/02/21-10/02/21

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

Vendor #: 13632

GL #	Description	Amount
WSHD	Wshd	85.00
	Expenditures	85.00
	Reimb/Adjustments	
	Grand Total	85.00

1 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*26	WSHD	10/22/2021	85.00	85.00
1 invoices, 1 line items		***	85.00	85.00
Grand Totals			85.00	85.00

1 total invoices
1 total line items

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 Issued 11/08/21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 10/02/21-10/02/21

Kalos Counseling (Benjamin Odom)
 1271 N. Main St.
 Vidor, TX 77662

Vendor #: 90009

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

8 total invoices

GL Totals Detail
Invoice #

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC32*90009*5	WSHD	10/07/2021	85.00	85.00
YC34*90009*1	WSHD	10/13/2021	85.00	85.00
YC36*90009*4	WSHD	10/07/2021	85.00	85.00
YC37*90009*4	WSHD	10/06/2021	85.00	85.00
YC38*90009*3	WSHD	10/06/2021	85.00	85.00
YC40*90009*2	WSHD	10/25/2021	85.00	85.00
YC41*90009*2	WSHD	10/14/2021	85.00	85.00
YC42*90009*1	WSHD	10/14/2021	85.00	85.00
YC42*90009*1	WSHD	10/25/2021	85.00	85.00
8 invoices, 9 line items			765.00	765.00
Grand Totals			765.00	765.00

8 total invoices
 9 total line items

BENCKENSTEIN & OXFORD, L.L.P.

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

Hubert Oxford, IV

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

hoxfordiv@benoxford.com

November 17, 2021

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

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

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for July 2021. This invoice is for \$23,800.00. However, the amount due is \$22,800.00 after reducing the invoice by \$1,000.00 for the monthly retainer already paid.


The majority of time in this invoice is for finalizing the closing documents for the In Re Abri Health Care matter. In addition, we continued to work on forecasting future revenues for purposes of determining the District's cash flows if they District were to provide financing for CHOW period operating cost.

With this in mind, will you please review and let me know if there are any questions? If not, we would appreciate your payment of this invoice in the amount of \$22,800.00 representing the balance owed for August 2021.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: 
Hubert Oxford, IV

Enclosure

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue, Suite 300
Beaumont, TX 77706

November 17, 2021

INVOICE #: 50259 HOIV
Billed through: August 31, 2021
Client/Matter #: WSHD 87250

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

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

08/02/21	HOIV	Read and reviewed Molina contract for Silver Springs and responded to four (3) e-mails regarding the same.	0.40 hrs
08/03/21	HOIV	Began cash flow spreadsheet that addresses QIPP Year 5 and Year 6 periods of concern for providing CHOW loans on behalf of additional nursing homes, self funding IGTs, and cash available.	4.00 hrs
08/03/21	HOIV	Read, reviewed, and exchanged four (4) e-mails with Auditors to determine the status of the Single Audits for Covid funds.	0.50 hrs
08/03/21	HOIV	Read, reviewed, and responded to request from THRIVE to comment on proposed agreement to provide feasibility project.	0.70 hrs
08/03/21	HOIV	Received, reviewed, and exchanged four (4) e-mails with counsel for Salt Creek Capital to provide most recent financial reports and 2019 Audit.	0.60 hrs
08/04/21	HOIV	Continued cash flow spreadsheet for QIPP Year 5 and Year 6 into a spreadsheet to identify areas of concern with providing CHOWs for additional nursing homes; self funding IGTs; and cash available.	6.00 hrs
08/04/21	HOIV	Read, reviewed, and responded to five (5) e-mails from Hospital Staff regarding Intergovernmental Transfer for DY-10 Uncompensated Care payment amount.	0.60 hrs
08/10/21	HOIV	Reviewed video of ChambersHealth presentation to Commissioners Court and dissected video for Board Member to review.	4.60 hrs
08/10/21	HOIV	Exchange multiple conference calls with Board members and LTC group regarding request by Chambers Health before Commissioner's Court.	1.60 hrs
08/10/21	HOIV	Received invoice from Bonds Ellis and prepared extensive e-mail to Board to approve the invoice and to provide a status report of the In Re Abri Health Care matter.	0.70 hrs
08/11/21	HOIV	Updated research on Hospital Districts owning property and operating facilities outside of their district; updated research on Internet posting requirements; and gathered information for Board President on the District's indigent care funds spent in 2020 as well achievements in 2020-2021.	5.50 hrs
08/11/21	HOIV	Received e-mail from Hospital regarding STAR grant funds, researched grant	2.80 hrs

fund uses; and five (5) e-mails with Hospital staff, LTC, and Board regarding the availability of additional funds to assist Hospitals with Covid Staffing needs.

08/12/21	HOIV	Began drafting extensive set of minutes from the July 28, 2021 Regular Meeting and July 30, 2021 Special Meeting.	6.10 hrs
08/16/21	HOIV	Read and reviewed extensive e-mail with notice of settlement in the Senior Care Bankruptcy and details of the settlement; worked with Clay Taylor and counsel for HMG to review and revise multiple drafts of Escrow Agreement; Indemnity Agreement; Operations Transfer Agreement; and Settlement Agreement.	8.00 hrs
08/17/21	HOIV	Participated in multiple conference calls with HMG Counsel regarding proposed changes to Indemnity Agreement made by Bankruptcy Counsel; reviewed proposed Indemnity Agreement; and redlined clean initial Indemnity Agreement to simplify changes to be considered by LTC counsel.	3.80 hrs
08/17/21	HOIV	Began working with staff to prepare Treasurer's Report for upcoming meeting by exchanging multiple phone calls, eight (8) e-mails, and made updates to the report.	2.10 hrs
08/17/21	HOIV	Received third Crime Policy Quote; inserted into spreadsheet and sent back to Agent with questions concerning the reason the quote was higher; and then exchanged three (3) e-mails regarding the same.	1.00 hrs
08/17/21	HOIV	Read, reviewed, and responded to thirteen (13) e-mails with the Indigent Care Director to discuss changes to the Indigent Care Policy; made the changes to account for the proposed changes to the indigent care poverty levels; and submitted for review.	1.60 hrs
08/18/21	HOIV	Read, reviewed, and responded to thirty-eight (38) e-mails between HMG Counsel, HMG, LTC's (i.e., Landlord) Counsel; and Local Counsel regarding Mediator's Proposed Settlement Proposal Final Recommendation; and participated in conference call regarding the outstanding comments in the documents;	3.80 hrs
08/18/21	HOIV	Read and reviewed the Cimarron Place Health & Rehab Center CMS Checklist and Application; and then sent e-mail approving the filing of the application after it was executed by the Board President.	0.60 hrs
08/18/21	HOIV	Prepared for and attended November 18, 2021 Regular Monthly Meeting.	4.00 hrs
08/18/21	HOIV	<u>Assisted staff finalize Treasurer's report and Board Binder for the upcoming meeting. (NC)</u>	<u>1.70 hrs</u>
08/19/21	HOIV	Received and reviewed versions of the recommendation and proposed settlement documents; finalized indemnity agreement; organized signature pages; and forwarded to LTC and HMG .	2.80 hrs
08/19/21	HOIV	Prepared transmittal e-mail to THRIVE to convey executed engagement letter to perform FQHC Feasibility study and exchanged three (3) e-mails regarding the same.	0.30 hrs
08/19/21	HOIV	Drafted e-mail to LTC Group to discuss efficiency matters with the District's accounting process and to arrange a conference call to discuss nursing home accounting procedures; and participated in conference call.	1.30 hrs
08/19/21	HOIV	Received and reviewed proposed line of credit language for eleven (11) new	1.80 hrs

HMG facilities; participated in multiple conference calls with HMG and HMG Counsel regarding concerns; and exchanged eight (8) e-mails with HMG counsel discussing the District's inability to be properly secured.

08/20/21	HOIV	Read and reviewed Order Granting Plaintiff's (i.e., State of Texas) Motion to Deny TRO and forwarded to Board members with explanation.	0.70 hrs
08/23/21	HOIV	Worked with staff for HMG's counsel and District Staff to finalize assumed name forms for eleven (11) new facilities and to initiate the establishment of bank accounts for each facility at Allegiance Bank; and exchanged seven (7) e-mails regarding the same.	2.40 hrs
08/23/21	HOIV	Read and reviewed e-mail from Indigent Care Director to Hospital Staff to discuss the lack of an adult behavior counselor; and exchanged three (3) e-mails with Mrs. Ojeda suggesting reasons for the Hospital's lack of a response.	0.40 hrs
08/23/21	HOIV	Prepared e-mail to Steve Lucas, with Allegiance Bank, to convey DACA and DAISA agreements for eleven (11) new facilities and to provide an explanation of the parties as well as nuances in the proposed agreements.	0.80 hrs
08/23/21	HOIV	Drafted extensive e-mail to the District's insurance agent regarding Crime policy and comparison's of quotes.	0.60 hrs
08/23/21	HOIV	Received and reviewed changes to the Operations Transfer Agreement for the eleven (11) new facilities and exchanged nine (9) e-mails regarding the changes to the proposed changes and status of signing settlement agreement with Local Counsel, HMG Counsel, and Debtor's counsel.	2.70 hrs
08/24/21	HOIV	Read and reviewed detailed e-mail from THRIVE advising of their plan of action to implement study.	0.30 hrs
08/24/21	HOIV	Drafted e-mail to LTC Group asking for proposal to assist in the oversight of the eleven (11) new facilities.	0.30 hrs
08/24/21	HOIV	Exchanged nine (9) e-mails with counsel for HMG to discuss status of any liens or encumbrances on eleven (11) new facilities.	0.70 hrs
08/25/21	HOIV	Exchanged multiple e-mails and phone calls with HMG Counsel to coordinate the signature of Settlement Agreement in the In Re Abri Health Services matter.	2.00 hrs
08/25/21	HOIV	Prepared brief memo to Board advising of professional services agreement and bidding requirement for purchases or expenditures over \$50,000.00.	0.60 hrs
08/25/21	HOIV	Prepared e-mail to THRIVE providing a detailed response to implementation of of FQHC study and interviews.	0.80 hrs
08/25/21	HOIV	Drafted e-mail to counsel for HMG advising of concerns with using the proposed language to be included in Management Agreement and providing a line of credit for eleven (11) new facilities without a priority lien.	0.70 hrs
08/25/21	HOIV	Exchanged five (5) e-mails with Allegiance Bank to obtain the status of bank letters for eleven (11) new facilities.	0.30 hrs
08/26/21	HOIV	Researched bidding requirements and prepared e-mail to the Board providing an opinion on bidding requirements, if any, for the purchase of PPE for the Rice Festival.	1.80 hrs

Client-	WSHD 87250	Invoice # 50259	PAGE	4
08/27/21	HOIV	Prepared for and attended Special Meeting.	1.50 hrs	
08/27/21	HOIV	Researched 5M Circuit Court of Appeals and Supreme Court decisions on overturning regulations for lack of Notice and prepared an e-mail to the Board advising of the decisions and precedent when compared to the 1115 Waiver preliminary injunction.	1.30 hrs	
08/27/21	HOIV	Read, reviewed, and responded to e-mail from Torch requesting information on the District's IGTs for QIPP and 1115 Waiver Program-Uncompensated Care; reviewed prior Attorney General Opinions relating to IGTs; and participated in multiple conference calls with LTC Group, HMG, Counsel for HMG, and President Murrell on the District's response.	2.70 hrs	
08/30/21	HOIV	Received signature pages for eleven OTAs, Exhibit A to OTA, and BAA from counsel for HMG; reviewed signature pages, attached agreements; prepared correct signature packets; and communicated with counsel for HMG, Staff, and HMG in multiple e-mails to verify issues and to provide corrected packets.	2.00 hrs	
08/30/21	HOIV	Conference call with Bill Franz of Thrive to discuss status of FQHC study and prepared e-mail to Board and Mr. Franz to provide plan of action.	1.00 hrs	
08/31/21	HOIV	Worked with HMG Counsel to gather, distribute, and file Final Executed OTA, Exhibit A, and BAA agreement.	1.20 hrs	
08/31/21	HOIV	Conducted research of public funds, ownership of non-profits, and prior potential non-profit participation with Riceland Hospital in ownership of the Hospital.	3.70 hrs	
08/31/21	HOIV	Began review of Management Agreement for eleven new HMG homes acquired from Senior Care.	1.50 hrs	
		Total fees for this matter		\$23,800.00

BILLING SUMMARY:

Oxford, IV Hubert	1.70 hrs @	\$0.00 /hr	\$0.00
Oxford, IV Hubert	95.20 hrs @	\$250.00 /hr	\$23,800.00
TOTAL FEES			\$23,800.00
TOTAL CHARGES FOR THIS INVOICE			\$23,800.00
RETAINER			\$1,000.00 CR

TOTAL BALANCE NOW DUE \$22,800.00

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

David B Sticker & Company PC2180 Eastex Freeway
Beaumont, TX 77703**Invoice****Invoice #:** 64**Invoice Date:** 11/15/2021**Due Date:** 11/15/2021**Project:****P.O. Number:****Bill To:**Winnie Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Date	Description	Amount
10/18/2021	Review bank balances and reconciliations. Analyze QIPP #9 projections for budget purposes. 3.75 Hrs.	
10/19/2021	Review budget amendments. 1.00 Hrs.	
10/20/2021	Complete bank review. Make Journal entries and prepare monthly financial reports. 4.00 Hrs.	
10/20/2021	Prepare for and attend regular meeting. 3.00 Hrs.	
10/21/2021	Discuss QIPP reconciliation payments with Hubert. .75 Hrs.	
10/25/2021	Discuss reconciliation of QIPP with Charice and Hubert. .50 Hrs.	
10/26/2021	Meet with Hubert and review budget, QIPP payments & QIPP spreadsheet. 4.00 Hrs.	
10/27/2021	Budget amendments and YTD QIPP. 1.25 Hrs.	
10/27/2021	Go through revisions on spreadsheet and review. 1.00 Hrs.	
10/28/2021	Zoom meeting with Charice re payments on Comp 1. Finalize budget amounts. Various additional housekeeping items. Review and Approve payroll. 3.00 Hrs.	

Total**Payments/Credits****Balance Due**

David B Sticker & Company PC2180 Eastex Freeway
Beaumont, TX 77703**Invoice****Invoice #:** 64**Invoice Date:** 11/15/2021**Due Date:** 11/15/2021**Project:****P.O. Number:****Bill To:**Winnie Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Date	Description	Amount
10/29/2021	Prepare for and attend Meeting and discuss FQHC. Prepare payroll quarterly reports. 5.50 Hrs.	
10/31/2021	Total Hours 27.75 @ \$125.00 = \$3,468.75	3,468.75

Total \$3,468.75**Payments/Credits** \$0.00**Balance Due** \$3,468.75

Technology Solutions of Texas,
L.L.C.

Invoice 1638

TECHNOLOGY
SOLUTIONS-TX

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

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

DATE	PLEASE PAY	DUE DATE
11/15/2021	\$75.00	11/15/2021

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

SUBTOTAL	75.00
TAX	0.00
TOTAL	75.00

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

THANK YOU.

Yard Service Invoice

Felipe Ojeda

Invoice# 1019

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

RECEIVED

NOV 01 2021

DATE November 1, 2021

Property Location:

Winnie-Stowell Hospital District
520 Broadway
Winnie, TX 77665

Description	AMOUNT
Yard Maintenance completed 10/06/21	\$ 125.00
Yard Maintenance completed 10/18/21	\$ 125.00
Trash Service	\$ 50.00
TOTAL	\$ 300.00

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

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

Yard Service Invoice

Felipe Ojeda

Invoice# 1020

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

RECEIVED

NOV 16 2021

DATE November 16, 2021

Property Location:

Winnie-Stowell Hospital District
520 Broadway
Winnie, TX 77665

Description	AMOUNT
Yard Maintenance completed 11/01/21	\$ 125.00
Yard Maintenance completed 11/15/21	\$ 125.00
Trash Service	\$ 50.00
TOTAL	\$ 300.00

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

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

RECEIVED

NOV 16 2021

DATE 11-16-21 NO. 08018602

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

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	OFFICE		
2			
3	Clenning	\$120.00	
4			
5			
6	NOVEMBER		
7			
8	NOVEMBER 2		
9			
10	NOVEMBER 16		
11			
12	Total	\$120.00	

RECEIVED BY

KEEP THIS SLIP FOR REFERENCE

EXHIBIT “B”



East Chambers ISD
Scott Campbell, Superintendent
216 Champions Loop
Winnie, TX 77665
Phone 409-296-6100 Fax 409-296-3528

November 15, 2021

Dear Mr. Oxford,

I have attached a Resolution of Gratitude and Thanks from the East Chambers ISD Board of Trustees. The attached resolution was presented and approved at our regular November board meeting on Monday, November 8, 2021. Our district is thankful for the continued partnership and commitment of the Winnie Stowell Hospital District to the healthcare needs of the students in our schools.

Sincerely,

Scott Campbell

Scott Campbell

RESOLUTION OF GRATITUDE AND THANKS
Winne Stowell Hospital District

WHEREAS, the East Chambers Independent School District Board of Trustees (the “Board”) values its relationships with community partners;

WHEREAS, the Board recognizes that the Winne Stowell Hospital District is an extremely valuable community partner of the East Chambers Independent School District;

WHEREAS, the Board recognizes that the mission of the Winnie Stowell Hospital District is to balance the healthcare needs of the community and its needy inhabitants with fiscal responsibility;

WHEREAS, like most school districts in Texas, the East Chambers Independent School District serves students of with various healthcare needs and varying abilities to timely and effectively address such needs;

WHEREAS, the Board of the East Chambers Independent School District recognizes that for students to be successful in school, their healthcare needs must addressed;

WHEREAS, the Board wishes to express gratitude to the Winnie Stowell Hospital District for its relentless support of the students of the East Chambers Independent School District in addressing their healthcare needs;

WHEREAS, the Board specifically wishes to acknowledge and express gratitude to the Winne Stowell Hospital District for its interlocal agreement, since 2016, with East Chambers Independent School District wherein the Winne Stowell Hospital District provides funding to East Chambers Independent School District to support certain healthcare needs of its students;

WHEREAS, the Board further specifically wishes to acknowledge and express gratitude to the Winne Stowell Hospital District for significantly increasing its contribution to East Chambers Independent School District from \$180,000 to \$220,000 per year.

THEREFORE BE IT RESOLVED THAT the Board of Trustees of the East Chambers Independent School District publicly expresses its extreme gratitude and thanks to the Winne Stowell Hospital District for the Hospital District’s commitment to addressing the healthcare needs of East Chambers Independent School District children and, specifically, for increasing its monetary commitment to East Chambers Independent School District in order to address rising needs and costs in the provision of healthcare.

CERTIFICATE FOR RESOLUTION

I hereby certify that the foregoing resolution was presented to the Board of Trustees of the East Chambers Independent School District during its meeting on November 8, 2021. A quorum of the Board of Trustees being the present, it was then duly moved and seconded that the resolution be adopted, and such resolution was then adopted according to the following vote:

Ayes: 6

Nays: 0

Abstentions: 0

To certify which, witness my hand and the official seal of the District this 8th day of November, 2021.



President, Board of Trustees



Secretary, Board of Trustees

EXHIBIT “C”



11.17.21 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – 71
- b) Youth Counseling – 13
- c) Irlen Services – 10

2) Pharmacy:

- a) Pharmacy expense was UP by \$500, from \$2,617.58. The increase of was due to new clients being added to the Indigent program.
- b) 13 clients are currently on the Prescription Assistance Program, which saved the District \$7,995.83 for OCT.

3) Riceland Hospital & Clinics:

- a) Riceland Contracted Reimbursement Rate Amount was DOWN by \$23.3, from \$23,949.33 because charges were unable to be provided for posting due to computer issues.
- b) There were 20 Referrals during the month of OCT, of which 19 were Approved and 1 Denied. There were no major expenses from those referrals, but there are 2 major Surgeries in NOV totaling \$103.7K. One cardiac surgery for \$70,620.63, which was performed on 11.12.21, and one neurological surgery for \$33,129.11, which is scheduled for 11.30.21. Per physician opinion, without the surgery, the cardiac patient was at risk for a major cardiac event and the neurosurgery patient will go blind.

4) UTMB Hospital & Clinics:

- a) UTMB expense was significantly UP by \$23.2K from \$17,358.39. This is due to 2 Procedures for JUL, 1 Procedure and 1 In-patient stay for AUG, and 5 Procedures for SEP that were are just now getting billed in OCT.

5) Youth Counseling:

- a) Youth Counseling expense remained the same as last month at \$850.00.

6) Irlen Services:

- a) There were no Irlen expenses for OCT.

7) Our over-all YTD expenditures for 2021:

- a) Total YTD Amount Paid is \$397,891.42. This amount includes \$225,810.35 pre-paid to Riceland Hospital and Clinic, and of that pre-payment, RMC still has \$47,201.67 remaining.

8) Source Code Totals for MON 2021:

- a) Riceland was 1.4% of the total expenses for OCT – this is due to charges not being submitted for posting.
- b) UTMB was 89% of the total expenses for OCT
- c) Everything else was comparatively non-impressionable in regard to the percentage of total expenses.

9) 2020 YTD Paid Graph:

- a) Riceland – is trending as the highest expense for all vendors at \$204K.
- b) UTMB – is trending 2nd at \$150K.
- c) Pharmacy – is trending 3rd at \$26.5K.
- d) Youth Counseling – is trending higher at \$8.4K.
- e) Irlen Services – is steady at \$6K
- f) Client Count – Indigent Client count increased by 5 from 66, Youth Counseling decreased by 4 from 17, and Irlen Services remained the same at 10.

10) Additional Information:

- a) ICAP Applications–
 - i) For OCT: 34 applications were GIVEN; 15 were APPROVED; 1 was DENIED; 1 RESCHEDULED to NOV; 18 did not completed the process.
- b) County Van Report – There were 6 WSHD Riders, and 7 WSDH related trips for the month of OCT.

WSHD Indigent Care Director Report
2020 YTD Expenditures Worksheet

Indigent Clients:	66
Youth Counseling:	17
Irlen Services:	10

September		
Indigent Clients:	66	
Youth Counseling:	17	
Irlen Services:	10	

October		
Indigent Clients:	71	
Youth Counseling:	13	
Irlen Services:	10	

Year to Date		
	Total Unduplicated	Average
Clients Enrolled:	96	55
YC Enrolled:	23	10
IS Enrolled:	10	6

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

Billed Amount	Contracted Rate	Actually Paid
\$1,941.39	\$1,880.04	\$1,880.04
\$737.54	\$737.54	\$737.54
\$2,678.93	\$2,617.58	\$2,617.58

Billed Amount	Contracted Rate	Actually Paid
\$2,091.62	\$2,091.62	\$2,091.62
\$1,094.70	\$1,094.70	\$1,094.70
\$3,186.32	\$3,186.32	\$3,186.32

Billed Amount	Contracted Rate	Actually Paid
\$16,201.52	\$15,925.65	\$15,916.29
\$10,629.74	\$10,542.54	\$10,542.54
\$26,831.26	\$26,468.19	\$26,458.83

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

\$3,350.00
\$13,836.01
\$11,336.00
\$10,970.00
\$4,721.00
\$2,166.00
\$12,332.00
\$0.00
\$0.00
\$58,711.01
\$23,949.33
\$23,949.33
<i>Credit Adjustment</i>
\$47,854.39

\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$1,592.00
\$0.00
\$0.00
\$0.00
\$1,592.00
\$652.72
\$652.72
<i>Credit Adjustment</i>
\$47,201.67

\$56,553.00
\$70,472.01
\$143,333.00
\$72,344.00
\$99,181.00
\$17,019.00
\$27,325.00
\$4,820.00
\$14,708.00
\$505,755.01
\$22,915.31
\$28,893.52
\$58,533.65
\$29,661.04
\$40,253.39
\$6,855.61
\$11,203.25
\$1,976.20
\$6,030.28
\$206,322.25
\$204,084.88
<i>Credit Adjustment</i>
\$47,201.67
\$225,810.35 -
\$17,339.09
\$208,471.26

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

\$11,960.00
\$3,240.00
\$0.00
\$48,447.11
\$5,860.34
\$69,507.45
\$2,920.49
\$2,075.15
\$0.00
\$11,233.95
\$1,128.80
\$17,358.39
\$17,358.39

\$23,140.00
\$2,710.00
\$22,422.08
\$102,110.35
\$22,552.76
\$172,935.19
\$4,213.60
\$1,660.12
\$7,954.96
\$21,564.43
\$5,224.02
\$40,617.13
\$40,617.13

\$90,415.00
\$12,172.00
\$102,851.27
\$420,888.09
\$31,479.14
\$657,805.50
\$18,502.45
\$7,377.92
\$36,860.88
\$80,606.86
\$6,631.46
\$149,979.57
\$149,979.57

Non-Contracted Emergency Services
Barrier Reef (UTMB ER Physician)
Chambers Co Public Hosp Distr ER
Winnie-Stowell EMS
Non-Contract Services Totals

\$3,442.00
\$1,465.25
\$0.00
\$4,907.25
\$65.29
\$392.33
\$457.62
\$457.62

\$3,209.00
\$0.00
\$0.00
\$3,209.00
\$198.78
\$0.00
\$198.78

\$28,860.00
\$1,465.25
\$0.00
\$30,325.25
\$1,025.81
\$392.33
\$0.00
\$1,418.14
\$1,418.14

Youth Counseling
Benjamin Odom
Nicki Holtzman
Penelope Butler
Youth Counseling Totals

\$765.00
\$0.00
\$85.00
\$850.00
\$765.00
\$0.00
\$85.00
\$850.00

\$765.00
\$0.00
\$85.00
\$850.00
\$765.00
\$0.00
\$85.00
\$850.00

\$2,975.00
\$4,165.00
\$1,360.00
\$8,500.00
\$2,890.00
\$4,165.00
\$1,360.00
\$8,415.00
\$8,415.00

Irlen Services
Nancy Gaudet
Irlen Services Totals

\$1,600.00
\$1,600.00
\$1,600.00
\$1,600.00

\$0.00
\$0.00
\$0.00

\$6,000.00
\$6,000.00
\$6,000.00

Indigent Special Services
Dental Services
Vision Services
Indigent Special Services Totals

\$210.00
\$50.00
\$260.00
\$210.00
\$50.00
\$260.00

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

\$1,237.00
\$465.00
\$1,702.00
\$930.00
\$465.00
\$1,395.00
\$1,395.00

Medical Supplies
Alliance Medical Supply (C-PAP)
Medial Supplies Total

\$0.00
\$0.00
\$0.00

\$0.00
\$0.00
\$0.00

\$140.00
\$140.00
\$140.00

Grand Totals

\$138,514.64	\$47,092.92	\$47,092.92
---------------------	--------------------	--------------------

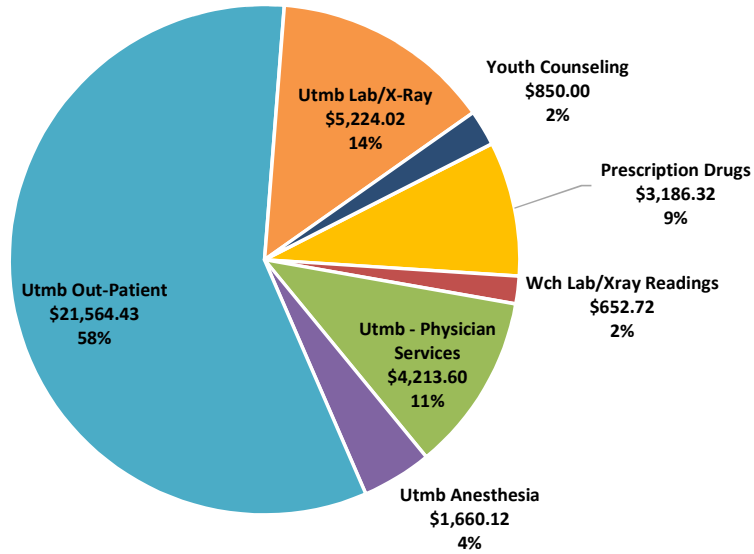
\$181,772.51	\$45,504.95	\$45,504.95
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\$1,237,059.02	\$400,138.15	\$397,891.42
-----------------------	---------------------	---------------------

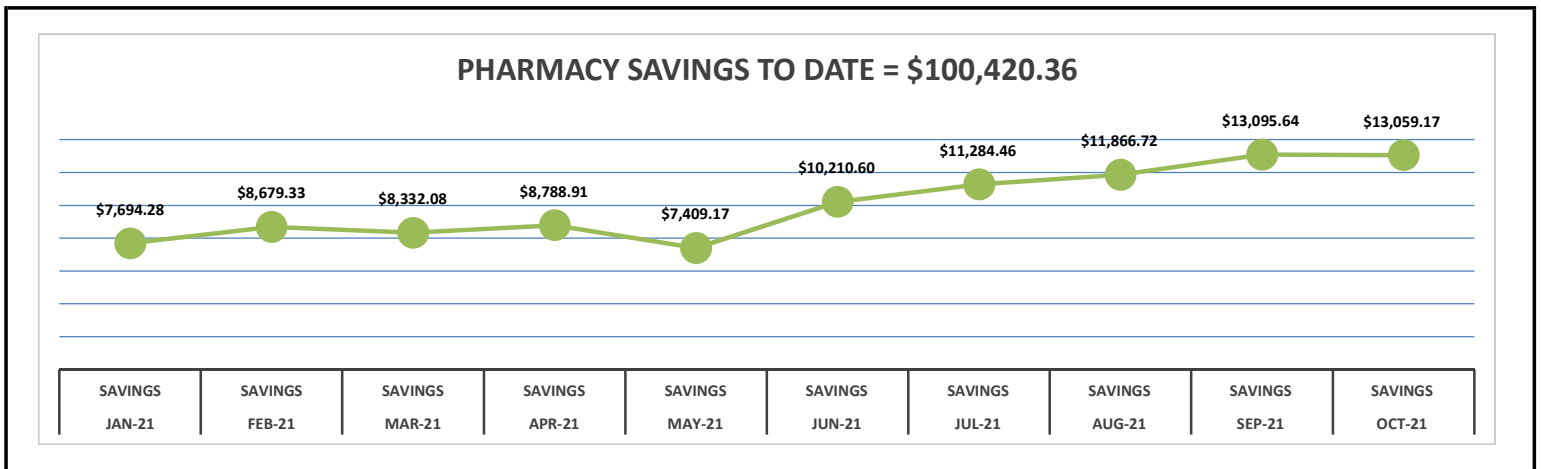
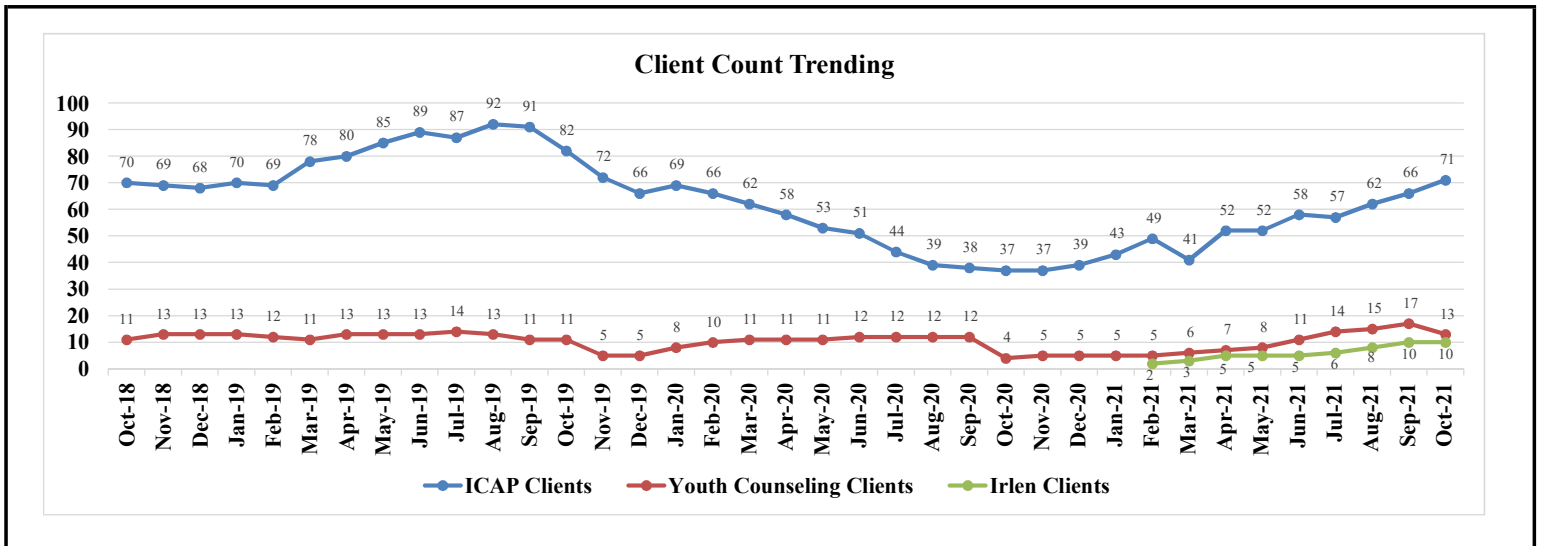
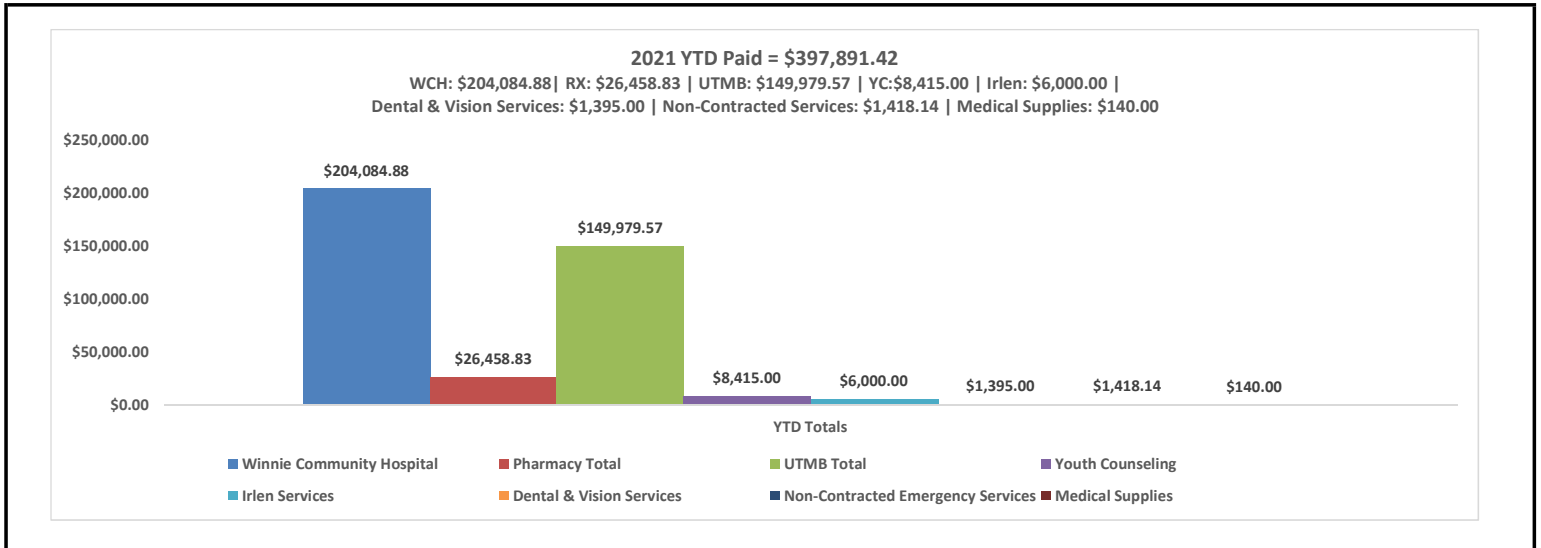
WSHD Indigent Care Director Report
Oct 2021 SOURCE CODE REPORT

Source Totals for Batch Dates 10/01/2021 through 10/31/2021 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$3,186.32	\$3,186.32	7.00%
44	Wch Lab/Xray Readings	\$1,592.00	\$652.72	1.43%
31	Utmb - Physician Services	\$23,140.00	\$4,213.60	9.26%
31-1	Utmb Anesthesia	\$2,710.00	\$1,660.12	3.65%
33	Utmb In-Patient	\$22,422.08	\$7,954.96	17.48%
34	Utmb Out-Patient	\$102,110.35	\$21,564.43	47.39%
34-1	Utmb ER Physicians - Barrier Reef	\$3,209.00	\$198.78	0.44%
35	Utmb Lab/X-Ray	\$22,552.76	\$5,224.02	11.48%
39	Youth Counseling	\$850.00	\$850.00	1.87%
Expenditures/Reimbursements/Adjustments		\$181,772.51	\$45,504.95	0%
Grand Total		\$181,772.51	\$45,504.95	122%



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

Oct-21

VEHICLE #1	EAST SIDE VAN #1	
TOTAL MILES DRIVEN		2240
TOTAL HOURS DRIVEN		125.50
TOTAL EXPENSES FOR MONTH		\$438.10
FUEL COST		\$438.10
REPAIRS & MAINTENANCE COST		
MISC EXPENSES		
TOTAL RIDERS		16
TOTAL WSHD RIDERS		3
TOTAL TRIPS		38
TOTAL TRIPS FOR WSHD RIDERS		4

VEHICLE #2	EAST SIDE VAN #2	
TOTAL MILES DRIVEN		3277
TOTAL HOURS DRIVEN		131.83
TOTAL EXPENSES FOR MONTH		\$743.23
FUEL COST		\$695.07
REPAIRS & MAINTENANCE COST	oil change	\$48.16
MISC EXPENSES		
TOTAL RIDERS		26
TOTAL WSHD RIDERS		3
TOTAL TRIPS		55
TOTAL TRIPS FOR WSHD RIDERS		3

VEHICLE #3	VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN		468
TOTAL HOURS DRIVEN		17.00
TOTAL EXPENSES FOR MONTH		\$57.01
FUEL COST		\$57.01
REPAIRS & MAINTENANCE COST		
MISC EXPENSES		
TOTAL RIDERS		3
TOTAL WSHD RIDERS		0
TOTAL TRIPS		3
TOTAL TRIPS FOR WSHD RIDERS		0

GRAND TOTALS		
MILES DRIVEN		5985
RIDERS		45
WSHD RIDERS		6
TRIPS		96
WSHD TRIPS		7
EXPENSES		\$1,238.34

EXHIBIT “D”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
October 2021			
Facility	Operator		Comments
Deerbrook Skilled Nursing and Rehab Center	HMG		Current Census: 85. The facility had their annual survey in July 2021, the facility received five health deficiencies and three fire safety deficiencies. The facility has submitted their POC to the state. There were eight reportable incidents since the last visit, all were unsubstantiated following state review. The facility does have one COVID positive resident currently, they were a transfer from a local hospital. The facility has a beautician which the residents enjoy.
Park Manor of Cyfair	HMG		Current Census: 90. The facility last had their annual survey in November 2020, they are currently in their survey window. There were four reportable incidents since the last visit, the state has not yet investigated. The facility has a very high vaccination rate amongst its staff and residents. The facility will begin offering dinner in the dining room shortly, due to staffing the facility has had to keep dinner in the resident's rooms.
Park Manor of Cypress Station	HMG		Current Census: 78. The facility last had their annual survey in October 2019, they are currently in their survey window. There were five reportable incidents and five complaints since the last visit, the facility was not cited following state review. The facility is a "COVID facility", this means that they accept COVID positive patients from hospitals and other nursing facilities. The facility has received the new chairs for the conference room, they look very nice.
Park Manor of Humble	HMG		Current Census: 89. The facility had their annual survey in July 2021, their POC was accepted by the state. There were three reportable incidents and three complaints since the last visit, the facility was not cited following state review. The facility is in the process of becoming a vaccine site in Harris County. The facility will be working with Memorial Hermann Hospital to provide the vaccine.
Park Manor of South Belt	HMG		Current Census: 74. The facility last had their annual survey in September 2020, they are currently in their survey window. There was one reportable incident since the last visit, the facility was not cited following state review. The facility is continuing renovations of the facility, they have repainted and added new decorations to Hall 300. The facility is planning on replacing the carpeting in the new year.

Park Manor of Westchase	HMG	<p>Current Census: 73. The facility had their annual survey in August 2021, they received only minor tags and their POC was accepted by the state. There were no non-COVID related reportable incidents since the last visit. The facility is still having to use agency staffing at this time. The facility is planning on a schedule change in the new year to try and attract more nurses. The facility has been working hard on lowering their pressure ulcers and they are seeing a big difference.</p>
Oak Manor	SLP	<p>Current Census: 31. The state was in the facility to clear old reportable incidents; the facility was not cited. There were four reportable incidents since the last visit one of which was substantiated. An employee was fired following a substantiated drug diversion. The facility needs a new DON but is not having to use agency staffing at this time. The facility is close to meeting their budgeted targets.</p>
Oakland Manor	SLP	<p>Current Census: 64. The state has not been to the facility since the last visit. There was one reportable incident since the last visit for a resident-to-resident altercation, the state has not yet investigated. Due to having to use agency staffing the facility cannot move forward on the planned remodel. The facility is having trouble with staffing, their nurses are getting offers from agencies who can pay better than the facility.</p>
Hallettsville Rehabilitation and Nursing Center	Regency	<p>Current Census: 81. The state was in the facility to clear eleven old reportable incidents; the facility was not cited. There were four reportable incidents since the last visit, the state has not yet investigated the incidents. The facility is transitioning to a non-profit business model at the beginning of the year. The facility is doing a good job of utilizing the QAPI reports to determine patterns in the residents.</p>

Administrator: Shemika White
DON: Mary Heal

FACILITY INFORMATION

Deerbrook Skilled Nursing and Rehab Center is a 124-bed facility with a current overall star rating of 5 and a Quality Measures rating of 5. The census given on the date of this Report was 85: (12) PP; (5) MC; (52) MDC; (13) HMO; (3) Hospice.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. The positivity rate in Harris County is 8.65%. The Administrator reports the recent hurricane did not impact the facility.

At this time, Deerbrook does have one resident in their COVID Unit that admitted from the hospital. Administrator reported four residents (new admissions) in their Warm Zone. The Administrator reported the last time a resident tested COVID_19 positive (all were vaccinated) was on September 29, 2021 and they all recovered. The last time an employee tested COVID_19 positive was on September 24, 2021. Testing is twice per week for staff and residents every Monday and Thursday through the health department. The Administrator stated if they were to have a resident test COVID_19 positive at Deerbrook, they keep them. If have a roommate, and they test negative, they will go to the warm unit.

So far, as of October 5, 2021, 87 of residents received their full vaccinations and 52 of employees received theirs. The Administrator reports the majority of staff and all residents recently received their COVID_19 booster vaccine. PPE inventory is still good. The facility staff are wearing K-N95 masks.

The administrator reports the facility provides a meal to all staff at least once per week and celebrate their birthdays once per month.

Deerbrook now has a beautician and right now staff still helping braid hair so not as many residents participating. Activities continue daily and eating is occurring in the dining room with good participation. The Administrator reports visitation is going well with limit of 2 per resident.

SURVEY INFORMATION

Annual Full Book State Survey Summary - 07/13/2021-07/16/2021				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	5			Annual Survey received 5 Tags: F641 Accuracy Assessments, F693 Tube Feeding Management/Restore

				Eating Skills, F757 Drug Regime Free from Unnecessary Drugs, F759 Free of Medication Error, and F880 Infection Control. (we received our ROC and we are in Substantial Compliance).
Number of Fire Safety Code Deficiencies	3			

REPORTABLE INCIDENTS

July Allegation of Abuse and Allegation of Theft (unsubstantiated). August new COVID 19 case, fall w/hematoma, and allegation of Exploitation (unsubstantiated). September fall with a Fracture (unsubstantiated), 2 Falls with Hematoma and a new COVID 19 case. All unsubstantiated

CLINICAL TRENDING

Incidents/Falls:

In **June/July/August**, Deerbrook had 74 total falls, of which 16 resulted in injury, 12 Skin tears, 6 Bruises, 6 Lacerations, 1 Elopement, 2 Fractures, 2 Behaviors and 6 Other (no details).

Infection Control:

Facility reports 38 total infections in **June/July/August** – 17 UTI’s; 9 URIs; 9 Wound and 3 other infections.

Weight loss:

During **June/July/August**, Deerbrook had 10 residents with 5% in 1 month or less weight loss and 9 residents with greater than 10% weight loss in 6 months.

Pressure Ulcers:

Deerbrook reported that during **June/July/August** the facility had 19 residents with pressure ulcers, totaling 31 sites. None of them facility acquired.

Restraints:

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

Staffing:

Deerbrook uses contract agency. Regional Nurse reported one weekend RN supervisor is needed on top of a few other open positions: facility is currently in need of (1) LVN 6a-2p; (2) LVNs 2p-10p; (1) LVN 10p-6a; (2) weekend LVNs; (5) CNAs 2p-10p.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	1.4%	2.1%	1.9%	
Fall w/Major Injury (L)	1.8%	3.4%	3.5%	
UTI (L)	0.0%	1.9%	2.6 %	
High risk with pressure ulcers (L)	5.6%	9.2%	9.3%	
Loss of Bowel/Bladder Control(L)	63.2%	52%	47.3%	
Catheter(L)	0.0%	1.9%	1.9%	
Physical restraint(L)	0.0%	0.0%	0.2%	
Increased ADL Assistance(L)	18.2%	17.9%	15.1%	
Excessive Weight Loss(L)	9.4%	5.5%	6.6%	
Depressive symptoms(L)	0.0%	4.8%	7.4%	
Antipsychotic medication (L)	11.1%	11.8%	14.5%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	07/19/2021, 08/12/2021, 09/16/2021	Falls Weights Falls and Weights Weights and Falls

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.3%	8.3%	10.5%	N	
Percent of residents who received an anti-psychotic medication	12.0%	14.4%	11.4%	Y	
Percent of residents whose ability to move independently has worsened	23.1%	25.4%	14.8%	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	2.0%	2.5%	0.4%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	96.3%	93.8%	98.4%	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	

Administrator: Lisa Arnold
DON: Dee Linden, RN

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 3 and Quality Measures star rating of 5. The census on the date of this report was 90.

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 reported they are still implementing their emergency plan and are following all the state/federal/local mandates. COVID_19 Positivity rate for Harris County is 6.07%. Park Manor of Cy-fair continues to prepare for hurricane season and typically take in residents from their sister facility.

Park Manor of Cy-fair is considered a community vaccination clinic offering Moderna and Pfizer shots. A total of 94% of staff and residents have received their vaccinations. Two weeks ago, the facility started providing the booster shots as well. So far, 45 patients have received the booster and 50% of employees received theirs. Three patients had symptoms with the booster having fever and being lethargic. All resident vitals are checked three times a day. Flu shots have not been given as they just reached the fourteen-day rule of having to wait after any kind of COVID vaccination. Currently, Park Manor of Cy-fair has six residents in the Quarantined Unit and no one in the COVID Unit.

PPE inventory is still good. Employees working the Warm Zone are wearing N95 and face shields plus full PPE if they go into one of the resident's rooms. Those working in the general population wear the K95 plus the face shields and residents are wearing surgical masks.

Ambassador Rounds are held every day by the staff. Employees make sure the rooms are clean and tidy, call lights are close to the resident and to make sure the patient is doing good and doesn't have any concerns. Care plans, Infection Control Rounds and looking at MARS to be ready for survey is the focus at this time.

The majority of residents are coming out to the dining room for meals, except for evening meals. Evening meals will be getting started back up as staffing was a challenge and that was why evening meals were not in the dining room.

Visitation is going smoothly. The Administrator and her team audit the screening pages daily to make sure it is filled out completely. Screening is a big undertaking as visitation is from 5am to 7 pm, seven days a week. Additional PPE items is also given out and an additional five employees each day work this schedule. The Administrator mentioned it was costly and had not been in their budget but it was necessary.

Park Manor of Cy-fair is getting ready for Halloween and having a Trick and Treat and face painting for the residents. Also, every day is a themed day for "Spirit Week" such as super hero day, decade day, sports day, sock day and Friday is friendly costume day. "Friendsgiving" will be for Thanksgiving just for residents, not their families. A lunch for the residents and a pot luck for the employees is planned. Residents individual picture on an ornament will be given to families for Christmas. Lorie, the activity director, is doing great reported the Administrator.

SURVEY INFORMATION

Park Manor Cy-fair is still waiting for their annual survey; last one was November 11, 2020.

REPORTABLE INCIDENTS

In **July/August/September**, the facility had (2) self-reports: Fall with fracture (unsubstantiated) and Alleged Sexual Activity (waiting on surveyor to come back and close it). The State was in the building three weeks ago and looked at these two self-reports. Additionally, the Administrator recently called in two more self-reports: one dementia resident who wants to go the restroom on her own and twisted her ankle and a delusional resident who became combative with an EMS worker and hit him in the stomach and fractured his hand.

CLINICAL TRENDING

Incidents/Falls:

During **July/August/September** Park Manor of Cy-fair had 41 total falls, of which 3 resulted in injury, 0 Skin Tear, 1 Laceration, 1 Fracture and 1 Bruise.

Infection Control:

Park Manor of Cy-fair reports 91 total infections in **July/August/September** – 29 UTI's; 25 URI's; 4 GI infections; 3 Genital and 30 Other.

Weight loss:

Park Manor of Cy-fair reported Weight loss in **July/August/September** – 1 resident with 5-10% and 0 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **July/August/September** Park Manor of Cy-fair had 11 residents with 22 pressure ulcer sites – 1 acquired in house.

Restraints:

Park Manor of Cy-fair is a restraint free facility.

Staffing:

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

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.74	2.05%	1.87%	
Fall w/Major Injury (L)	2.82	3.41%	3.41%	
UTI (L)	0	1.95%	2.52%	
High risk with pressure ulcers (L)	2.13	8.31%	3.41%	
Loss of Bowel/Bladder Control(L)	89.3	51.6%	47.1%	Working with OT/Bladder/Bowel
Catheter(L)	6.6	1.9%	1.9%	Reviewing each patient for removal
Physical restraint(L)	0	0%	.2%	
Increased ADL Assistance(L)	14.0	17.5%	14.7%	
Excessive Weight Loss(L)	0	5.2%	6.2%	
Depressive symptoms(L)	0	4.7%	7.4%	
Antipsychotic medication (L)	1.9	11%	14.5%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	October 16	Falls, Infection Control, Care Plans

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.1%	1%	0%	y	
Percent of residents who received an anti-psychotic medication	14.5%	3%	1.9%	y	Weekly review/Quarterly GDR Meeting
Percent of residents whose ability to move independently has worsened	19%	15%	28%	n	Work with Therapy on Part B services

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	7.4%	1%	0%	y	
Percent of residents whose pneumococcal vaccine is up to date.	81.27%	95%	100%		
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. Yes Monthly Antibiotic Stewardship Program review and is in place with all components. Yes, Monthly

Administrator: Justin Joy
DON: Mayra Polio, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current star rating of 1 and a Quality Measures rating of 2. The census on the date of this report was 78. PP:6; MCR: 3 MDC: 46 (+4 pending); HMO:14; Hospice 5.

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

The Administrator continues to report implementing their emergency plan and following all the state/federal/local mandates. The positivity rate for Harris County is 8.6%. The Administrator reports the facility did not have any impact from the recent hurricane/storms.

Park Manor of Cypress Station currently has a COVID_19 Unit with (0) residents but admitting (1) today. Cypress Station will be accepting COVID_19 admissions from hospitals, assisted living facilities and other nursing homes. Currently, Park Manor of Cypress has 1 resident in their Warm Zone. The COVID Unit is on 300 Hall. There have been no positive residents or staff in the last 14 days.

PPE inventory is still good, no issues. Administrator reports the facility is now providing the COVID_19 vaccine in house to staff and residents. Approximately 70%of the employees and ninety percent of residents have been fully vaccinated.

Visitations are still going well in which on average, six visitors come each day. The facility is planning some activities for Halloween and Thanksgiving for the residents.

Appreciation of is being planned for Infection Control Nurses next week. New chairs for the conference room arrived and look great.

SURVEY Information

Park Manor of Cypress Station is still waiting on their full book survey. The last full book survey was October 8, 2019.

REPORTABLE INCIDENTS

5 self-reports & 5 Complaints no violations during the reporting period. Falls substantiated but not cited. All cleared by visit.

CLINICAL TRENDING

During **July/August/Sept**, Park Manor of Cypress Station reported 65 total falls without injury, 1 fall with injury, 3 skin tears, 1 fracture, 3 bruises, 1 behavior, 1 laceration and 1 Other (no details).

Infection Control:

During **July/August/Sept**, Park Manor of Cypress Station reported 41 infections of which 20 were UTI's, 25 were Respiratory infections, 4 EENT infections, 12 wound infection 1 GI infection, 1 Blood infection and 0 Other.

Weight loss:

During **July/August/Sept**, Park Manor of Cypress Station had 4 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

During, **July/August/Sept** Park Manor of Cypress Station reported 3 residents with pressure ulcers with 3 sites, 1 of them facility-acquired.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

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

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)				
Fall w/Major Injury (L)	1.5	3.4	3.5	
UTI (L)	0.0	1.8	2.6	
High risk with pressure ulcers (L)	6.5	9.1	9.1	
Loss of Bowel/Bladder Control(L)	80.0	51.6	47.1	
Catheter(L)	0.0	1.9	1.9	
Physical restraint(L)	0.0	0.0	0.2	
Increased ADL Assistance(L)	22.0	17.5	14.7	
Excessive Weight Loss(L)	4.5	5.2	6.2	
Depressive symptoms(L)	3.2	4.7	7.4	
Antipsychotic medication (L)	18.2	11.8	14.5	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	7.20.21, 8.20.21, 9.20.21	Yes

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.32%	8.95 %	6.06%	Y	

Percent of residents who received an anti-psychotic medication	14.24%	9.86%	10.91%	Y	
Percent of residents whose ability to move independently has worsened	17.09%	11.41%	2.44%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.65%	1.53%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	92.76%		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.					Yes

Administrator: Craig Cannon
DON: Charity Reece, RN

FACILITY INFORMATION

Park Manor Humble is a 125-bed facility with a current overall rating of 2 and a Quality Measures rating of 4. The census on the date of call was 89. (10) MC; (31) HMO; (36) MCD; (5) MCD pending; (2) Hospice; (5) PP.

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

The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports the Covid_19 positivity rate for Harris County is 8.5%. The facility was not impacted by the hurricane in September.

The Administrator reported they had an employee test COVID_19 positive last Friday, 10/8/2021 and a positive resident Monday, 10/11/2021. The facility is testing vaccinated staff & residents twice per week and unvaccinated staff 3x/week. The positive resident was sent out to their sister facility's hot unit.

PPE inventory is still good. Utilizing HHSC Binex tests for all the testing. Face shields and N95 masks are being worn in the general population by employees at this time. This will be in place until 14 days without a positive COVID_19 result.

Park Manor had a visit with Harris County to become NHSN a vaccine site. Park Manor of Humble is partnering with Memorial Hermann. Now just waiting for final approval after providing the County with additional requested information. The facility continues to call Memorial Hermann who will send out a representative to give the vaccine to their resident or they can call them to set up a scheduled appointment for their staff. 64 percent of employees have received their Covid_19 vaccines and the goal is 80%. 41 residents have received their vaccinations, so far. The Administrator reports they have started getting consents for the COVID_19 booster shots as well.

At this time, Park Manor of Humble has twelve (new unvaccinated admissions) residents in their Warm Zone. If a resident tested COVID_10 positive, they are sent out to Cypress Station (sister facility). Staffing is still a challenge and currently using Nurse Dash mainly for CNA's as well as the Nurse Aide Waiver. The company increased a higher base rate (\$16 per hour) as well as a shift differential for the 2pt010a staff.

The beautician is back and comes once every two weeks. Visitation is going well but due to recent outbreak limiting general visitation to two at a time. Before recent outbreak, the facility has started small group activities inside and outside with great participation, especially going outside.

Park Manor of Humble is still celebrating Thankful Thursday's as a weekly acknowledgement of staff in which they receive snacks, drinks and gift cards. Currently holding meetings with staff to come up with additional celebrations/ways to show appreciation. The Fall festival is currently on hold until the first of the year.

SURVEY INFORMATION

Park Manor of Humble had their annual survey on July 6th through the 9th.

REPORTABLE INCIDENTS

During **July/August/Sept** the facility had 3 complaints and 3 self-reports all unsubstantiated, no citations.

CLINICAL TRENDING

Incidents/Falls:

During **July/August/Sept**, Park Manor of Humble reported 34 total falls without injury, 4 falls with injury, 0 skin tears, 1 fracture, 0 elopement, 3 bruises, 0 behaviors, 0 lacerations and 0 Other.

Infection Control:

During **July/August/Sept**, Park Manor of Humble reported 41 infections of which 14 were UTI's, 13 were URIs, 1 wound infection and 13 Other.

Weight loss:

During **July/August/Sept**, Park Manor of Humble had 6 residents with 5-10% weight loss in 1 month and 1 with >10% weight loss in 6 months.

Pressure Ulcers:

During **July/August/Sept** Park Manor of Humble reported 4 resident with pressure ulcers with 13 sites, 0 of them facility-acquired.

Restraints:

Park Manor of Humble is a restraint free facility.

Staffing:

Currently the facility is recruiting for: (1) LVN 6a-2p; (4) LVN 2p-10p; (2) CNA's 6a-2p; (4) CNA for 2p-10p and (3) CNA 10p-6a and (2) other.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	1.56	2.06	1.87	
Fall w/Major Injury (L)	6.82	3.41	3.41	Downward trend to 4.88% in Q2
UTI (L)	0	1.95	2.52	
High risk with pressure ulcers (L)	0	8.31	8.26	
Loss of Bowel/Bladder Control(L)	73.33	50.65	47.12	
Catheter(L)	0	1.56	1.63	
Physical restraint(L)	0	0.05	0.19	
Increased ADL Assistance(L)	22.86	19.21	16.72	Downward trend to 14.29% Q3
Excessive Weight Loss(L)	0	6.68	7.78	
Depressive symptoms(L)	0	4.73	7.31	
Antipsychotic medication (L)	10.53	12	14.32	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	8/19; 9/19, 10/15	Wound Care, POC Documentation, Customer Service, and Employee Retention

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?	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	8.26%	8.31%	0%	Yes	
Percent of residents who received an anti-psychotic medication	14.32%	12%	10.53%	Yes	
Percent of residents whose ability to move independently has worsened	25.37%	23.24%	23%	Yes	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.65%	2.65%	0.0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	41.03%	33.31%	76.21%	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.					<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

Interim Administrator: Crissy Roper-started in September
DON: Tina Cook

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current overall star rating of 2 and Quality Measures star rating of 4. The census on the date of this report was 74: (5) MC; (14) HMO; (7) PP; (48) MDC; (1) Hospice.

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 DON reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Harris County's Ranking is considered "Substantial."

The DON just got off the phone as she is on the Board of Directors for the San Jacinta College, nursing program. Ms. Cook assists with voting on the curriculum for the nursing students and Park Manor South Belt hosts them. Eight students recently started back last week to start their training. Contract agency is not being used at this time at Park Manor South Belt.

On October 22, 2021, an employee and resident tested positive for COVID_19. The resident was discharged to Cypress Station to recover and the employee is quarantined until appropriate time to come back to work. Testing is twice a week through the city of Houston. Unvaccinated employees are required to get an additional Binax test on Wednesdays. Most residents are eating in the dining room due to the outbreak as well as activities are more one on one.

Currently, Park Manor South Belt has five residents in the PUI Unit, which is 400 Hall. Full PPE is worn in the PUI Unit. Staff are wearing N95 and goggles in the general population. PPE inventory is good. Flu shots were given out for the residents on October 13th and October 18th for employees. Booster shots were offered a few weeks ago and the DON expects many more to receive theirs on November 3rd with Walgreens assisting.

So far, 50% of employees and over 80% of their long-term residents have received their COVID_19 vaccines. DON mentioned she still has one court appointed guardian who will not approve the vaccine for their resident. The Medical Director is still training nurses and CNAs every other week and it continues to work out well for all.

Hall 300 has been "closed down" for renovation. Painting and new decorations have been completed and the hallway is looking better. Park Manor South Belt also received a new roof a few months ago. New carpet will be replaced sometime next year. A Halloween carnival is scheduled for residents and staff on Friday and everyone is looking forward to it. Thanksgiving is being planned for residents which will include a dinner and pies will be given to families to take home. The team is currently discussing Christmas to see what they will do for residents and employees.

SURVEY INFORMATION

Park Manor South Belt had their last annual survey on September of 2020 and currently in their open window. State came out on three complaints for this last quarter: misappropriation of funds, exploitation and transfer discharge – no citations.

REPORTABLE INCIDENTS

One self-report for the last quarter: a resident who rolled out of bed and already had a fracture- no citations.

CLINICAL TRENDING**Incidents/Falls:**

During **July/August/September** Park Manor of South Belt had 4 total falls, of which 0 resulted in injury, 8 Skin tears, 4 Bruises, 2 Lacerations, 3 Elopements, 0 Fractures, 6 Other and 1 Behavior.

Infection Control:

Park Manor of South Belt reports 34 total infections in **July/August/September** 24 UTI's; 6 URIs; 2 GIs; 2 Genitals and 0 other infections.

Weight loss:

Park Manor of South Belt for **July/August/September** had 0 residents with 5-10% weight loss in 1 month and 6 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor South Belt reported 5 residents with pressure ulcers with 10 sites, 2 of them facility-acquired during **July/August/September**.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

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

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	1.6	2.2%	2.0%	
Fall w/Major Injury (L)	1.6	3.4%	3.5%	
UTI (L)	0	1.8%	2.6%	
High risk with pressure ulcers (L)	6.7	%9.1	9.1%	yes
Loss of Bowel/Bladder Control(L)	8.0	%51.6	47.1%	
Catheter(L)	2.1	%1.6	1.9%	
Physical restraint(L)	0	%0	0.2%	
Increased ADL Assistance(L)	10.9	%17.5	14.7%	
Excessive Weight Loss(L)	25.5	%5.2	6.2%	
Depressive symptoms(L)	0	%4.7	7.4%	
Antipsychotic medication (L)	0	%11.8	14.5%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	7/14/21 8/11/21 9/15/21	Falls, weight loss PU

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	%	%	%		Information not provided
Percent of residents who received an anti-psychotic medication	%	%	%		

Percent of residents whose ability to move independently has worsened	%	%	%		
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QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	%	%	%		Information not provided
Percent of residents whose pneumococcal vaccine is up to date.	%	%	%		
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>

Cory Thompson-Administrator
Christina Gibbs-DON

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current overall star rating of 2 and a Quality of Resident Care star rating of 5. The census on the date of the report was 73: 2 PP; 4 MC; 51 MDC; 9 HMO; and 2 Hospice.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports the positivity rate for Harris County is 6.4%. Testing is twice per week for vaccinated employees and three times per week for non-vaccinated employees. Last time an employee (s) tested COVID_19 positive was on October 18, 2021. Two staff members, one from nursing and other in therapy department. Both have recovered and came back to work on the 28th of October. Neither one had any symptoms.

The last time a resident was COVID_19 positive was in August of 2021. The Administrator reported they took of this resident as they were a-symptomatic. This resident has recovered since and doing fine. State came out in early September for an infection Control survey and no citations were given to Park Manor Westchase. PPE inventory is still good.

Dining services in the dining room were halted when their resident tested COVID_19 positive, but most all are back eating in the dining room. The Administrator mentioned the residents were happier to be back out with others and out of their rooms. Same with activities as residents want to get out of the rooms.

Approximately 75% of employees and 99% of residents, have received their COVID_19 vaccines. Boosters are being given this week as well and flu shots were given at the beginning of October. The Administrator reported they were focusing on getting their staffing back up as they are still using contract agency. A model to change the schedule hours for nurses will be implemented next year. The DON stated nurses would work every other weekend instead of every weekend.

The Administrator and DON reported they are driving down pressure ulcers based off their quality measures and are close to reaching the companies bench marks set forth for Park Manor Westchase. The facility is below the national average for pressure ulcers, commented the Administrator. The DON stated they are also trying to reduce RTA's.

A whole week of fun festivities during Halloween had been planned with decorations, pumpkin carvings, staff dressing up in costumes, voting by staff and residents on their favorite costumes and

vendors bringing in pizza for the staff and residents. All were having a good time and plans for Thanksgiving (dinner) and Christmas were in the makings. Because of the presence of COVID and the positivity rate, the team would look at how many visitors would be invited for these events.

SURVEY Information

A federal survey was in July of 2021 and the annual survey was in August of 2021. The Administrator reported Park Manor of Westchase did very well and did not receive any major or sub-quality tags. Specifics were not given.

REPORTABLE INCIDENTS

The State also came out on July 20th for the COVID_19 positives and the facility did not receive any citations.

CLINICAL TRENDING

Incidents/Falls

During **July/August/September**, Park Manor Westchase reported 28 total falls without injury, 9 falls with injury, 3 skin tears, 0 fractures, 2 bruises, and 1 behavior.

Infection Control:

During **July/August/September**, Park Manor Westchase reported 31 infections of which 20 were UTI's, 10 were URIs, 1 wound infection.

Weight loss:

During **July/August/September**, Park Manor Westchase did not provide information.

Pressure Ulcers:

During **July/August/September** Park Manor Westchase reported 3 residents with pressure ulcers with 3 sites, 3 of them facility-acquired.

Restraints:

Park Manor Westchase does not use side rails or restraints.

Staffing:

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

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.6	2.0	1.9	
Fall w/Major Injury (L)	2.8	3.4	3.4	
UTI (L)	0	1.7	2.6	
High risk with pressure ulcers (L)	3.7%	8.3%	8.3%	
Loss of Bowel/Bladder Control(L)	70.3%	50.9%	47.2%	
Catheter(L)	1.3%	1.5%	1.6%	
Physical restraint(L)	0	0%	0.2%	
Increased ADL Assistance(L)	20.3%	17.2%	14.6%	
Excessive Weight Loss(L)	0%	5.0%	6.0%	
Depressive symptoms(L)	0	4.9%	7.4%	
Antipsychotic medication (L)	4.2%	12.0%	14.5%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	7/13/21, 8/17/21,9/14/21	Pressure Ulcer and Unplanned Weight Change Reduction & Recruitment & Retention

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.0%	2.5%	3.7%	N	PIP in place
Percent of residents whose ability to move independently has worsened	19.6%	8%	8.9%	N	

PP 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%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	93.6%	100%	100%	Y	
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Y	<p>Infection Control Policy reviewed.</p> <p>Antibiotic Stewardship Program review and is in place with all components.</p>

CONTACT:

The site visit was conducted on October 25, 2021. I visited with Ms. Pat McNeal, the new administrator. The current census is 31. The breakdown is; Medicare-1; Medicaid-22; Private Pay-8; Private Insurance-; Hospice-; Pending Status-.

SURVEY:

The state was in the facility to clear old reportable incidents. Nothing was cited.

REPORTABLE INCIDENTS:

The facility had four reportable incidents for September.

1. Drug diversion; Substantiated. Employee fired.
2. Fall with a major injury; No abuse
3. Resident broke her ankle; No abuse
4. Fall; Resident broke his nose; no abuse.

CLINICAL TRENDING:

A. Infections: within threshold.

B. Weight Loss: There were no weight loss issues.

ADDITIONAL COMMENTS:

The facility has a four- star quality rating overall.

Restraints-0

Pressure ulcers- -9.1%

Falls with major injuries-3.6%

Anti-psychotic medicines- The facility is currently at 8%.

They need one RN for weekends and a Director of Nursing. The main area needing help is in the dietary department. The facility currently does not have to use any agency staff. They have a wound care nurse that comes to the facility one time a week.

Ms. McNeal indicated the QAPI program seems to be coming along nicely. The Medical Director likes and supports the program. He feels it gives consistency to the care of the residents.

Ms. McNeal said budget is tight but they are close to their budget targets.

The facility looked very nice.

CONTACT:

Administrator: The site visit was conducted on October 25, 2021. I visited with Windy Turner, Office Mgr. The facility currently has 0 residents with Covid-19.

FACILITY:

The census target is 58 and the current census is 64. The census breakdown is; Medicare-5; Medicaid-25; Private Pay-21; Private Insurance -1; Hospice-2; Pending Status-10.

SURVEY:

The state did not come in the facility in September.

REPORTABLE INCIDENTS:

The facility had 1 reportable incident for September. The incident involved a resident to resident confrontation. The state has not come in to investigate the incident.

CLINICAL TRENDING:**Infections:**

The infection rate is now below the threshold set by infection control.

Weight Loss:

There were no issues for the month of September.

ADDITIONAL COMMENTS:

Restraints; 0

Falls with major injuries; 3.8%

Anti-psychotics; 18.4%

Pressure ulcers- 15.4%

Overall quality is 4 star.

Overall star rating is 3.

The plan for using HUD funding for remodel is still on hold. The facility is having to use a lot of agency which affects the budget in a negative way.

QAPI is working in that it helps follow the ups and downs of the residents. The Medical director likes the consistency of the program.

Ms. Turner indicated that their staff gets calls every week to go to work for agencies. This creates major issues with staff and administration because of pay difference. They are using a lot of Nurse Aides, not Certified Nurse Aides. The Nurse Aides take an 8 hour- course on computer. That is all the special training they get.

Agencies are doing this to most of the nursing homes in the area.

CONTACT

Administrator: Ms. Courtney Korenek, MBA-LNFA

The site visit was conducted on October 25, 2021. I visited with Mr.Korenek on this date.

FACILITY

The current census target is 79. The current census is 81. The breakdown is as follows; Medicare-10; Medicaid-32; Private Pay-17; Private Insurance-; Hospice-2; Pending Status-4; V.A.-16.

SURVEY

The state was in the facility to investigate 11 old self-reports: 9 reports were unsubstantiated and 2 were substantiated but nothing was cited.

REPORTABLE INCIDENTS:

There were four reportable incidents that have not been investigated by the state.

Infections:

Infections were below thresholds. The facility is Covid-19 free.

Weight Loss:

There were none for last month.

ADDITIONAL COMMENT:

The facility is working hard to control the quality measures.

Restraints-0

Pressure ulcers; 2.6%

Falls with Major injuries- 1.2%.

Anti-psychotic medicine- Currently at 6.5%.

Staffing is good at this time. Ms. Korenek said the facility is going non-profit after the first of the year.

It will be interesting to see if it helps not having to pay taxes. Meeting budget so far.

QAPI is doing well. A lot more paper work but seems to be worth it. The medical director is very cooperative and likes the consistency of the reports.

EXHIBIT “E”

2021												
Census	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Average	Texas Average
ER Visits	167	170	184	225	231	256	265	248	270	204	222	
Conversion to Inpatient/observation	16	17	9	14	24	26	31	31	20	21	21	
<i>Percentage</i>	<i>10%</i>	<i>10%</i>	<i>5%</i>	<i>6%</i>	<i>10%</i>	<i>10%</i>	<i>12%</i>	<i>13%</i>	<i>7%</i>	<i>10%</i>	<i>9%</i>	
Transferred out	7	7	12	8	17	13	12	5	10	13	10	
<i>Percentage</i>	<i>4%</i>	<i>4%</i>	<i>7%</i>	<i>4%</i>	<i>7%</i>	<i>5%</i>	<i>5%</i>	<i>2%</i>	<i>4%</i>	<i>6%</i>	<i>5%</i>	
ER shifts covered by doctors	74%	51%	55%	68%	48%	60%	56%	58%	70%	48%	59%	
Number Inpatient days	167	172	146	117	196	135	115	262	472	180	196	
Number Hospice days	0	13	7	22	7	5	18	19	0	0	9	
Number Swingbed days	0	50	35	20	83	26	114	58	39	58	48	
Number Observation days	31	12	18	33	35	32	36	20	19	20	26	
Total All Inpt. Days	198	247	206	192	321	198	283	359	530	258	279	
Average Inpatient days per day	6.39	8.52	6.65	6.40	10.35	6.60	9.13	11.58	17.67	8.32	9.16	1.63
CTs	66	66	60	68	73	61	68	47	74	54	64	
Xrays	248	240	309	292	250	305	318	383	410	254	301	
Ultrasounds	30	42	37	39	37	32	26	42	31	53	37	
Encounters - Adult Clinic	409	368	517	507	455	550	497	490	405	663	486	
Encounters - Pediatric Clinic	226	171	285	279	168	179	242	301	195	275	232	
Behavioral Health patients	0	0	0	0	0	11	18	18	14	30	9	
Physical Therapy	1	0	0	0	1	0	1	0	0	0	0	

Additional Items:

Ventilator/Dialysis program had first admission October 26th, we now have three patients

Intensive Outpatient Program (IOP) has grown with the addition of second therapist.

Covid Census has decreased dramatically

State supplied nursing staff ends the month of November

EXHIBIT “F”

GRANT PROPOSAL REQUIREMENTS

Application Checklist: All of the following items are required for a complete grant application. Incomplete grant applications will not be considered.

- Cover Sheet** (*See Exhibit “B”*)
 - Signed by CEO, Executive Director, head of organization, Individual making
- Narrative** (*please limit narrative to 5 pages, 12-point font, single space acceptable, 1.5 preferred*)
 - Organizational Background:** Brief history of organizational description, and affiliation with District.
 - Description & Beneficiaries:** Need statement and summary of basis for the grant request. Please state how you determine that the funding of the request is the best way to address that need. State the impact of this grant request aligns with the Grant/Sponsorship Priorities of the Winnie Stowell Hospital District, including the expected target group and number of beneficiaries. If necessary, describe how it was determined that the request is not a duplication of efforts, and any specific plans to partner with the District. (if applicable)
 - Evaluation Grant Request:** Include a logic model and a timeline for the achievement of the stated purpose of the grant request. State the objectives and anticipated outcomes along with method and criteria to evaluate the request. Show clear measurable outcomes and an evaluation process that is data-driven. The number of people served is an output and does not determine success or impact. State how you will measure whether the award of the grant resulted in a successful outcome.
 - Impact and Sustainability:** Clearly and succinctly state the expected impact that the award of the grant will have and how it aligns with the mission of the District. If applicable, specify concrete plans to sustain any projects funded with grant proceeds beyond the District’s funding.
 - Funding Request:** Specify and explain your preference for the method of funding the grant. Please keep in mind, if applicable, it is the District’s preference that grant payments be made on an as needed basis or schedule following the receipt of the necessary reports and supporting documents
- N/A Timeline:** If the basis of your request is a project, please indicate a start date, key milestones, and estimated completion date.
- Application Budget:** (*See Exhibit “C”*)
 - ✓ Budget should include total cost of the grant request, and clearly indicate what is to be funded through the District’s grant.
 - ✓ Include a budget narrative justifying expenses, including if applicable, plans to sustain any projects funded with grant proceeds beyond the District’s funding.
 - ✓ Make sure to include other parties funding the above program/project, if applicable.
- Attachments**
 - Job descriptions and resumes of staff involved in the program/project
 - List of governing board members of organization and their affiliations.
- N/A Authority from governing organization to request grant funds. (If applicable.)**
- Proof of good standing and/or nonprofit status.
- N/A If you are requesting grant funding from parties for the same or similar reason, please include a complete copy of the application packet(s) submitted to the third parties.**
- Copy of most recent audited financials, organizational budget, and tax return forms.
- Additional Pertinent Materials:** You may attach materials that directly support the proposed grant request.

Exhibit "B"

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

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;

No later than two (2) weeks prior to the funding deadline)

Date: October 18, 2021

Organization/Individual Requesting Grant Funds:

Talent Yield Coalition sponsor of Marcelous-Williams Resource Ctr

Organization/Individual Address: **811 N Main, Highlands, Texas 77562**

Contact Person: Eddie Williams

Title: Chairman of the Board

Phone Number: (832) 967-3841

Fax Number: (281) 884-6030

E-Mail Address: eddiemwrc@gmail.com

Name of Project, Program or Event: **Program: Outreach and Navigator Program**

Date of Program or Event: _____

Is your organization (check one):

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

Dollar Amount or In-kind Services Requested: **\$57,020 Initial year with consideration for subsequent funding.**

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): _____

See Attachment

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

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

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): _____

See Attachment

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

Signature (under separate cover)

Name Eddie Williams

Title Chairman of the Board

NARRATIVE

Organizational Background:

Talent Yield Coalition Inc. founded 30 years ago in Houston, Texas provides a structured environment geared toward yielding productive members of society that are poverty stricken, substance abuse, elderly, disabled, at-risk youth, unemployed, caregivers, etc. to

- Dedication to “Saving Our Youth”
- Promotion of “Individual Empowerment” and
- Avocation of “Coalition Building”

The program, *Marcelous-Williams Resource Center*, formed in 2015 addresses the challenges of the common need for all clients regardless of station in life, age, gender, disadvantaged, etc..... ***Where do I go to get assistance? Who can help me weave through the maze of bureaucratic paperwork? Often being told.... “That’s not our area of expertise.... We can’t help you”.*** The **Tools** and the description of our **Program Description** have enabled us to operate as a “**One Stop Shop**”.

Our services that we deliver will decrease food insecurity, provide medical referrals, provide safe environment, improve financial literacy to stabilize or increase household income, identify and bring resources to the community, educate the community of social service resources, create a direct contact to assist with navigating thru their needs. We have a “**NEED HELP**” form that guides a client to use our services attached for your review.

After six years of operation, servicing East Harris County and Baytown, we have assisted approximately **350** families per year with more than **1,500** social service needs fulfilled; “**We Know What Works and Why**”.

Last year, impacted by the Pandemic, our case load increased by 22%. These efforts resulted in **75%** of the household improved or stabilized their income and **70%** of the household achieved their medical needs. We were also able to provide 6,000 outreach marketing packages that included social service information from providers. These outreach marketing packages were distributed at food drives, pantries, fairs, community centers, churches, etc.

Description & Beneficiaries:

Need Statement:

United Way's ALICE- (Asset Limited, Income Constrained, Employed) Report provides better measures and language to describe the population that is struggling financially, and the reasons why. These measurements provide a broader picture of financial insecurity than traditional federal poverty guidelines. (United Way of Greater Houston, 2021)

The number of households below the ALICE Threshold changes over time; households move in and out of poverty and ALICE status as their circumstances improve or worsen. Natural and human-made disasters will continue to impact ALICE households disproportionately.

The ALICE Report underscores the importance of the need of an organization such as Talent Yield Coalition sponsor of Marcelous-Williams Resource Center to help Chamber County's families meet their immediate needs and establish and travel a path to a more successful future. The ALICE chart shown below for Chambers County prior to recent disasters.

Chambers County, Texas, 2018		
Census Designation	Total Households	% Below Alice Threshold
Anahuac	799	57%
Beach City	892	24%
Cove	145	36%
Mont Belvieu	1,974	32%
Oak Island	131	68%
Old River-Winfree	699	54%
Stowell	463	78%
Winnie	1,348	56%

United Way of Greater Baytown Area & Chambers County, 2021.

Problem: A great percentage of Chambers County residents are at or below poverty level according to the ALICE report. Our organization realizes that there exists a common need for all clients regardless of their station life, age, gender, disadvantaged, homeless, etc for basic needs, expanded social services and specialized resources.

Problem: There is a lack of social service providers or non-profits in Chambers County that addresses a variety of the social needs of the

community. Our organization consists of well-trained social service navigators that seeks alternatives or advocate for the client to receive the service he/she needs.

Problem: The number of social service providers in Chambers County is one of the challenges but accessibility to those services they offer is echoed with many community leaders.

Our grant request aligns with the Grant/Sponsorship Priorities of the Winnie Stowell Hospital District under Community Healthcare by ensuring in our intake assessments and case management sessions that the client is educated and provided the healthcare resources in the community especially the Financial Assistance Program the hospital district offers. We also align with Community Outreach by participating and/or hosting community-based activities that educate the community regarding healthcare resources which may be on the local level or governmental/non-governmental resources.

Evaluation Grant Request:

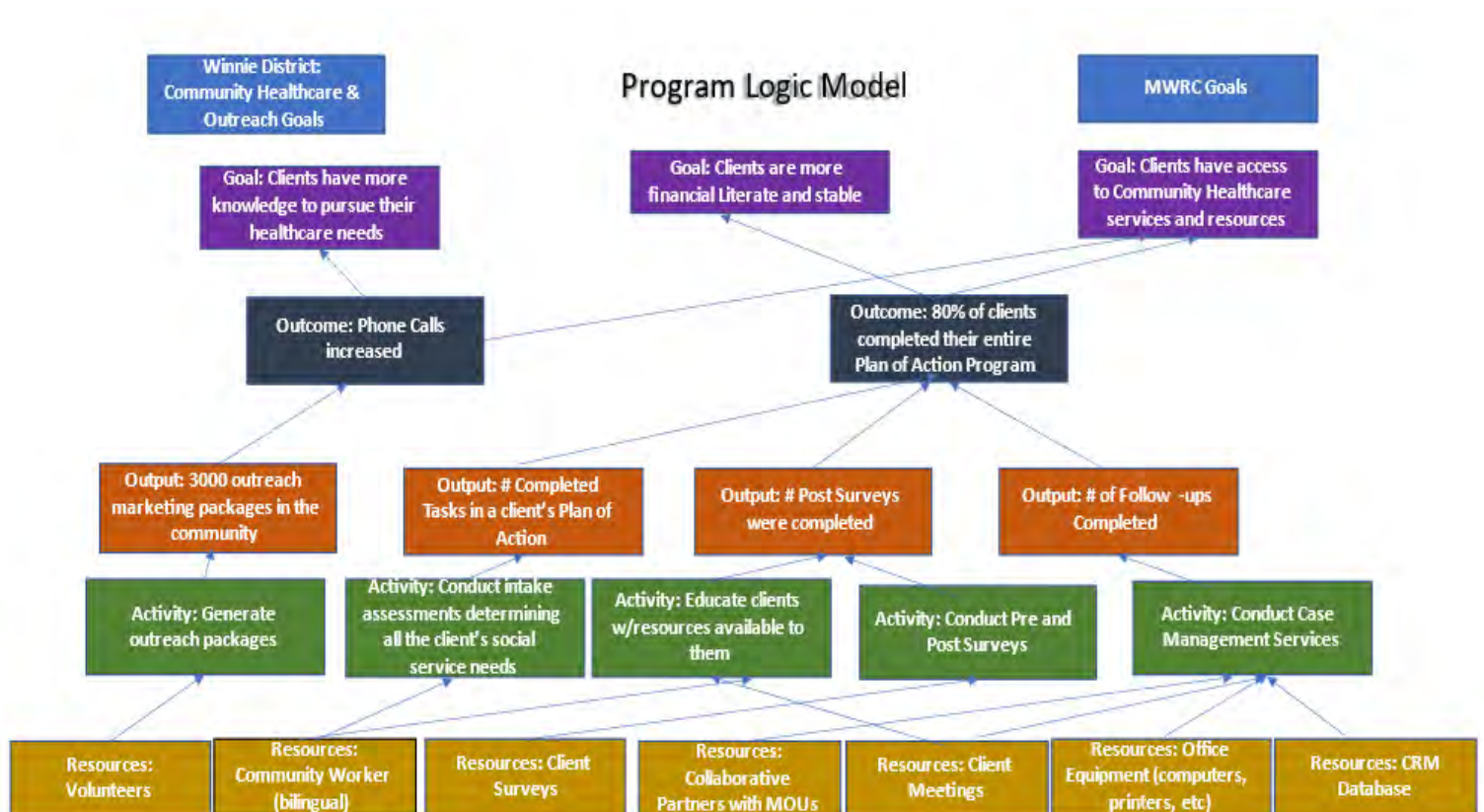
To determine whether the program objectives are being met, we will formally evaluate the program based on four strategies for assessing the client's successes.

- ❑ Conducting a Pre-Survey of the client which is necessary to determine the client's knowledge base prior to receiving services and educating clients for available social services.

- ❑ Conducting a Post Survey of the client which the primary interest is to determine if the clients have become more financially literate and their overall circumstances have improved after completing their individual Plan of Action

- ❑ Evaluate the percentage of clients' income that have increased, or clients were able to save.

- ❑ Evaluate the percentage of clients engaged with healthcare or have a medical home

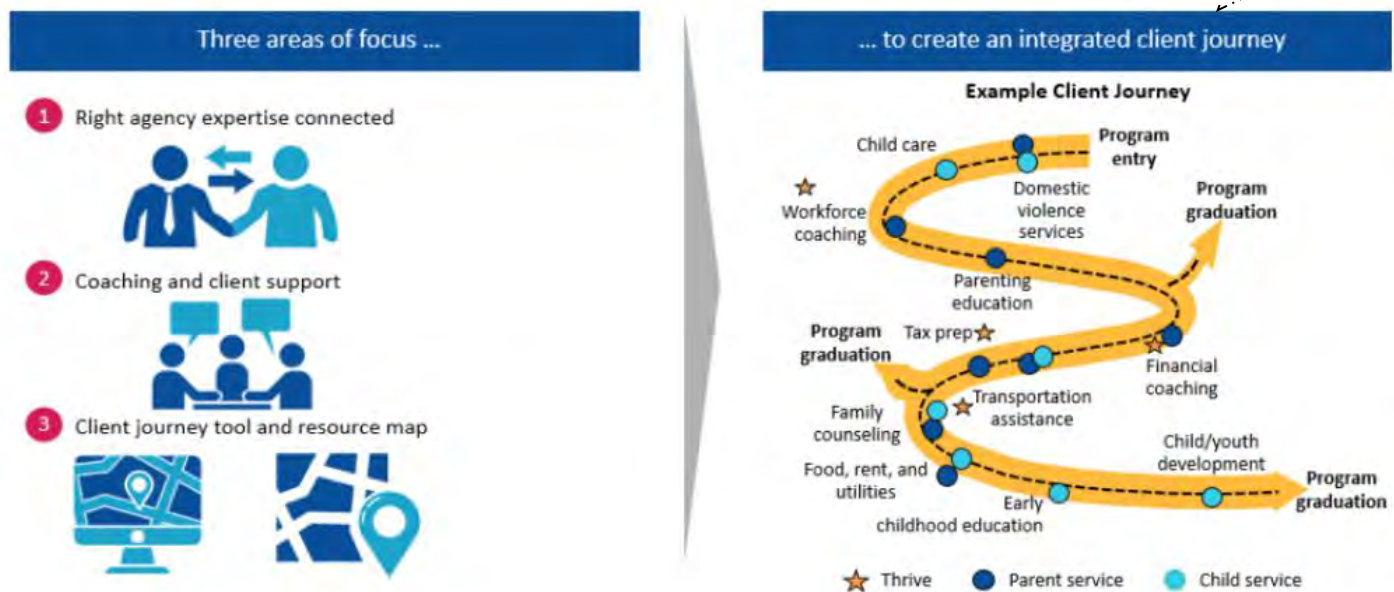


Impact and Sustainability

Our program supports a healthcare delivery system in the community by providing resources 'solutions centered' and 'holistic'. By collectively combining our case management services, and services from social service partners, other non-profits, local churches, city, county and state agencies, our program has been effective to provide immediate assistance improving or removing crisis situations with the client/family. Client achieves long-term solutions by resulting in their overall financial and physical health.

To do this, our model is an **“Integrated Client Journey”** that is described and modeled after

United Way of Greater Houston, 2021



United Way of Houston.

Project description is comprised of several different but related activities.

A. Outreach/Marketing Activities which allows the distribution of information not only directly to the community but gathering and networking with new or existing social service providers. During the Pandemic we were able to distribute over 6,000 outreach packages. Distribution includes:

- Churches
- Food Pantries
- Schools
- All social media platforms
- Other agencies on the local, city, county, state and federal level

B. Intense Intake Client Assessment is performed not only for the client but every person in the household to effectively impact and address the needs. Our intake supports many of our social service providers to adequately determine if their program is a fit.

- Collection of client data
- Identifying needs
- Identifying resources
- Refer and Educate client of services available
- Develop a joint Plan of Action with the client

C. Client Safety Net is part of our process. Building a working relationship with our client to ensure the delivery of services has met the expectation of the client, our organization and of our social service partners.

- Follow-Up to determine client experience
- Advocate for the client for alternates

D. Collaborating Efforts with other social service agencies, churches, government entities, etc. is important to our organization to be able to deliver services. The MOU basic foundation is: *Return the client to us if you are unable to assist: Promote our services to your clients: Jointly participate outreach in hosted events: Attend our monthly meetings of social service providers.* We continuously pursue:

- MOU with Partners (existing and new)
- Networking Meetings, ie Chambers Network Monthly Meeting
- Commissioners Support/community leaders
- Seeking social service providers ie Salvation Army, Glo (General Land Office), Texas Congressional Disaster Readiness, USDA (United States Department of Agriculture-rural)

TOOLS we use to deliver our service delivery model.

- ✓ CRM Data Collection
- ✓ MOUs
- ✓ Experienced Social Service Navigators
- ✓ Outreach marketing packages
- ✓ Client Meetings
- ✓ Client Surveys
- ✓ Volunteers

Funding Request

We currently provide quarterly reporting for our donors and the Board which the financial and productivity reports are submitted. We respectfully request, if this is an option and meet with your guidelines this is a preferred process. However, we will implement the District's preference.

ATTACHMENTS

Exhibit "B"

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

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

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Organization/Individual Requesting Grant Funds:
Talent Yield Coalition sponsor of Marcelous-Williams Resource Ctr

Organization/Individual Address: **811 N Main, Highlands, Texas 77562**

Contact Person: Eddie Williams

Title: Chairman of the Board

Phone Number: (832) 967-3841

Fax Number: (281) 884-6030

E-Mail Address: eddiemwrc@gmail.com

Name of Project, Program or Event: Program: Outreach and Navigator Program

Date of Program or Event: _____

Is your organization (check one):

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

Dollar Amount or In-kind Services Requested: **\$57,020 Initial year**

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): _____

See Attachment

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

- | | |
|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Indigent Care | <input type="checkbox"/> Economic Development |
| <input checked="" type="checkbox"/> Community Healthcare | <input checked="" type="checkbox"/> Community Outreach |

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): _____

See Attachment

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

Signature 

Name Eddie Williams

Title Chairman of the Board

Exhibit “C”

Talent Yield Coalition Budget

	Project Expenses*	WSHD Funding †	Other Funding/ In Kind ‡	Comment/Explanation
A.	Department/Agency Personnel:			
	<i>Social Service Navigator (80 % of time)</i>	\$36,000.00	\$9,000.00	Other Potential Funding: UWBACC
	<i>Client Experience Worker (50% Staff % of time)</i>	\$12,000.00	\$12,000.00	Other Potential Funding: UWBACC
B.	Benefits:			
	<i>FICA</i>	\$ 3,000.00	\$ 1,312.50	Other Potential Funding: UWBACC
C.	Consultant/Contract Personnel:			
	<i>Evaluator if applicable</i>	0	\$2,000.00	CPA expensed with UWBACC fds
D.	Travel:	0	0	
	<i>Local mileage (specify rate)</i>			
E.	Materials/Equipment:	0	0	
	<i>Educational materials</i>			
	<i>Promotional materials</i>			
F.	Office/Other Supplies:	\$4, 600.00	0	Outreach marketing supplies, postage, printer ink and printing
	<i>Copy paper</i>			
	<i>Mailing or printing</i>			
G.	Miscellaneous:			
	<i>Laptop</i>	\$ 470.00	0	Initial Program Cost for 1 st year
	<i>Phone Service</i>	\$ 600.00	0	Initial Program Cost for 1 st year
	Printer with Scanner	\$ 350.00	0	Initial Program Cost for 1 st year
H.	Indirect Cost:			
	<i>% of administrative cost</i>	0	0	
	Total Cost:	\$57,020.00	\$24,312.50	

* *Items Listed under each category are examples only*

EXHIBIT “G”

UNDERWOOD

STEPHANIE J. JAMES
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www.uwlaw.com
Stephanie.James@uwlaw.com

ADDRESS:
500 S. Taylor Street
Suite 1200, LB 233
Amarillo, TX 79101-2446
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Amarillo, TX 79105-9158

November 4, 2021

VIA Electronic Mail:
Rosemary.Corsetti@Regencyhealthcare.net

Ms. Rosemary Corsetti
Regency Integrated Health Services, LLC
Union Trust Building
501 Grant Street, Suite 200
Pittsburgh, Pennsylvania 15219

VIA Electronic Mail:
hoxfordiv@benoxford.com

Mr. Hubert Oxford, IV
Winnie-Stowell Hospital District
c/o Benckenstein & Oxford, L.L.P.
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706

Re: Waiver of potential conflict of interest regarding legal representation provided by Underwood Law Firm, P.C. (the "Firm") to Regency Integrated Health Services, LLC and its affiliate Regency IHS of LaGrange, LLC ("Regency") and Winnie-Stowell Hospital District ("Winnie") regarding Monument Hill Nursing and Rehabilitation Center (the "Center") regulatory matters

Rosemary and Hubert:

The Firm represents Regency which manages the Center on behalf of Winnie pursuant to a Management Agreement (the "Management Agreement"). Winnie holds the nursing facility license and Medicare/Medicaid certification for the Center. Regency and Winnie (the "Parties") have asked the Firm to provide legal representation and advice in connection with the Matter, which currently involves proposed federal civil money penalties and state administrative penalties arising out of a September 11, 2021 Texas Health and Human Services Commission survey at the Center (the "Matter").

Regency has engaged and will pay the Firm to represent Winnie pursuant to Regency's obligations under the Management Agreement. We believe Winnie and Regency share a common interest in the outcome of the Matter. We do not believe any conflicts exist and do not anticipate our retention, given the nature of the Matter, will adversely affect our representation of Regency or Winnie. If penalties are assessed, however, Winnie and Regency may potentially become adverse and information provided by the Parties to facilitate the Firm's defense of the matter may be confidential. Considering these possibilities, applicable rules of professional conduct require that we obtain Winnie's and Regency's consent to our mutual representation.

We ask that Regency and Winnie (the “Parties”) acknowledge their express and informed consent to the Firm’s representation of Winnie in the Matter. Regency acknowledges that the Firm shall represent Winnie in the Matter and not Regency; provided however, Winnie acknowledges and agrees that the Firm may consult with Regency in conjunction with Regency’s obligations pursuant to the Management Agreement. Privileged or unprivileged confidential information may be disclosed in this process. The Parties agree that confidential information necessary to the defense or settlement of the Matter may be shared with the Parties. If you are concerned that our awareness of such confidential information would work to the disadvantage of either Party in our ongoing representation of both parties, you will immediately identify the confidential information and discuss whether any conflicts of interest involving the use of this information can be waived.

Winnie also acknowledges that the Firm represents other management entities (“Third Parties”) which manage nursing facilities licensed and certified by Winnie. Winnie and Regency are aware of the general scope of this representation and do not believe conflicts of interest exist as a result of the Firm’s separate representation of the Third Parties. The Parties waive any conflict of interest arising out of the Firm’s ongoing representation of Third Parties.

Regency will be responsible for any penalties that arise out of the Matter as provided in the Management Agreement. As such, Regency will control any settlement negotiations but will keep Winnie informed. Settlement of the Matter may create a conflict between the Parties. The Parties consent to the Firm serving as an intermediary after seeking independent advice concerning the advantages and risks involved and the effect on attorney-client privileges before agreeing to the Firm’s representation in the Matter. The Parties believe that they can reach an agreement as to the terms of settlement of the Matter. If they cannot agree to the terms of settlement of the Matter, the Parties consent to the Firm’s withdrawal as counsel in the Matter.

By giving your consent, the Parties acknowledge that the Firm has made full disclosure of the facts and circumstances surrounding any conflict of interest or potential conflict which may exist now or in the future with regard to the Firm’s separate representation of Winnie and Regency.

Due to the Firm’s separate representation of each Party and Third Parties, the Parties understand that the Firm may receive confidential information in the course of the Firm’s separate representation. The Firm is seeking consent as to the separate representation, not to the disclosure of any confidential information the Firm may have received from either Party unrelated to the Matter.

Despite any such conflict of interest which may exist, the Parties hereby agree to the Firm’s representation of Winnie in the Matter and Regency in unrelated matters. The Parties further agree to the Firm’s right to withdraw continued representation in the Matter if, in the Firm’s opinion, it might violate applicable rules of professional conduct. In the event of litigation resulting from, or related to, the Matter between the Parties, the Firm will not represent either Winnie or Regency in such litigation.

We will be pleased to answer any questions you may have concerning this representation or this requested consent. You should consult independent counsel regarding this consent. If you

Regency/Winnie Conflict Waiver
November 4, 2021
Page 3

wish to consent, please sign this letter below and return your signature to us by facsimile transmission to 806-379-0316 or via email to Stephanie.James@uwlax.com.

Sincerely,

/s/ Stephanie J. James
Stephanie J. James

SJJ/emz

Waiver of Conflicts of Interest and Potential Conflicts of Interest

The undersigned has read the foregoing and acknowledges that (a) the Firm will represent Winnie only with regard to the Matter; (b) the Firm represents Regency and Third Parties in matters unrelated to the Matter; and (c) the undersigned acknowledge and waive any and all conflicts of interest and potential conflicts of interest that may arise out of the Matter and consent to the Firm's representation as provided in the foregoing.

Winnie-Stowell Hospital District

By: _____
Title: _____

Regency Integrated Health Services, LLC and affiliated entities

By: _____
Title: _____

EXHIBIT “H”

LOAN REQUEST SUMMARY

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
\$6,000,000.00	11-10-2021	11-10-2022	790154		***	SRL	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item. Any item above containing "****" has been omitted due to text length limitations.

Borrower: Winnie-Stowell Hospital District
538 Broadway
Winnie, TX 77665-7600

Lender: Allegiance Bank
Beaumont Office
55 Interstate 10 N
Beaumont, TX 77707

REVOLVING LINE OF CREDIT (Fixed Rate)

	Financed	In Cash
AMOUNT REQUESTED:	\$6,000,000.00	
PREPAID FINANCE CHARGES:	0.00	
SECURITY INTEREST CHARGES:	0.00	
NOTE AMOUNT:	\$6,000,000.00	\$0.00

PAYMENT CALCULATION:

Interest Method:	365/360
Disbursement Date:	11-10-2021
First Int Payment Date:	12-10-2021
Due Date:	11-10-2022
Int Payment Period:	Monthly
Interest Rate:	2.350%
Credit Insurance:	None

Payment Schedule. Borrower's payment schedule consists of the following: 11 monthly consecutive payments, beginning December 10, 2021, with interest calculated on the unpaid principal balances at an interest rate of 2.350% per annum based on a year of 360 days; and one payment of \$6,006,070.83 on November 10, 2022, with interest calculated on the unpaid principal balances at an interest rate of 2.350% per annum based on a year of 360 days. This estimated final payment is based on the assumption that all payments will be made exactly as scheduled; the actual final payment will be for all principal and accrued interest not yet paid, together with any other unpaid amounts under the Note.

APR 2.383%	FINANCE CHARGE \$71,479.14	AMOUNT FINANCED \$6,000,000.00	TOTAL OF PAYMENTS \$6,071,479.14
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e means estimate

COLLATERAL: Unsecured.

TRANSACTION NUMBER: 35041

NOTICE: This Loan Request Summary is for informational purposes only and does not obligate Lender in any way to make this loan or any other loan to Borrower. The fees and charges listed above are estimates only; and, if a loan is made, different or additional fees and charges may be imposed.

EXHIBIT “I”

[THRIVE]

Creating Positive Healthcare and Social Service Outcomes

November 8, 2021

Winnie Stowell Hospital District
Board of Directors
PO Box 1997
Winnie, TX 77655

Re: THRIVE Project Agreement to assist in Establishing an FQHC Look Alike on Behalf of the Winnie Stowell Hospital District and the residents of the proposed service area

Dear Board Members:

We are pleased to present this proposed agreement to facilitate the operational start-up, compliance, and HRSA application for a Federally Qualified Health Center Look-Alike (“FQHC LA”) for the Winnie Stowell Hospital District (“District”). By entering into this agreement, THRIVE and the District will execute the recommendations as set forth in THRIVE’s *Federally Qualified Health Center/Rural Health Clinic Feasibility Study* (“Study”) that was presented to the District’s Board on October 29, 2021.

Parties and Effective Date

This Agreement (“Agreement”) is made effective the _____ day of _____ 202__, between Winnie Stowell Hospital District, a political entity of the State of Texas (hereinafter referred to as “District”) and THRIVE (hereinafter referred to as “THRIVE”).

About THRIVE

THRIVE is an experienced leader in facilitating, and managing, the establishment and organizational improvement of healthcare facilities throughout the nation. With an integrated focus on strategy, operations, finance, and patient/client services; THRIVE’s leadership and team members have assisted in the development and establishment of Federally Qualified Health Centers (FQHCs); FQHC LAs; hospitals; and other health systems on behalf of governmental entities, social service agencies, and much more. More information is available at www.thriveandachieve.com.

Scope of Project and Project Deliverables

We understand the business objectives for this project are to develop a fully functioning primary care practice and obtain FQHC LA status with the Health Resources and Services Administration (HRSA). This includes the establishment of a new nonprofit entity as required by HRSA, starting clinical operations, applying for FQHC LA status, and coordinating with HRSA.

THRIVE is operating as a *Doing Business As (DBA)/Fictitious Name* of Franz Strategic Solutions, LLC
2156 Fairmont Lane
Naples, FL 34120
(239) 250-1202
bill.franz@thriveandachieve.com

[THRIVE]

Creating Positive Healthcare and Social Service Outcomes

This engagement will provide the resources and expertise necessary to implement the *Study's* recommendations by moving forward with *Phase I-IV* of Section VII(D) of the *Study*. (See **Exhibit "A"**). Please note, the *Study* includes *Phase V*, which is the ongoing work of the FQHC LA. *Phase V* is not included in this engagement because it encompasses the ongoing operations of the FQHC LA once status is fully granted.

Project Team

As stated in the *Study*, THRIVE will be providing team members for this project who have subject matter expertise and experience with clinical operations, specifically within FQHCs and FQHC LAs. Below is a list of these individuals who are going to be assigned to the Project and their roles:

1. Bill Franz will be the project lead and primary point of contact. Bill will also be responsible for guiding the project's strategy and providing weekly updates on the project's progression. He is accountable for all aspects of THRIVE's work.
2. Beth Little-Terry will focus on HRSA compliance, Board governance, and Executive Director mentoring.
3. Chuck Hutchings will be responsible for the development of the clinical operations.
4. Jeremy Wilson will be providing financial forecasting and 340B Pharmacy expertise.

The District will also be asked to identify a primary point of contact for this project. Per our discussion during the Workshop on Friday, October 29, 2021, it is our recommendation that once a non-profit is established, the non-profit needs to hire an Executive Director. Per HRSA's program requirements, the role of the Executive Director is to oversee other key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved project scope.

Project Reporting

In the first week of the project, THRIVE will present a detailed task list and project management reporting system to the District. Once the weekly reporting format is accepted by the District, a standing weekly status call with the District's primary contact will be scheduled.

Each week, the District will receive a copy of this status report, which will measure progress of individual tasks within each phase. This report will also compare progress to original estimates and will highlight any items which may need specialized attention.

Once the nonprofit is established, a similar reporting system will be established for its Board.



Project Fees and Expenses

Section IV(D)(1) of the *Study* identified \$480,000.00 in cost for consulting, legal fees, and physician recruitment. As we stated in this report, these cost are in addition to the initial operating expenses and capital expenses. Of these estimated fees, the consulting fees are \$375,000 over two years. This includes both the practice start-up and FQHC-LA project facilitation. The first six months of the project are heavily focused on practice start up (identified in Section VII(B), *Phases I, II*, and part of *Phase III*) and will be more labor intensive. This is reflected in the payment schedule. [REDACTED]

[REDACTED] The Payment schedule for the project is as follows:

Year-One Payments	
Initial Retainer (15% of Year-One)	[REDACTED]
First 6 Months	[REDACTED]
Months 7 through 12	[REDACTED]
Total Year-One Payments	[REDACTED]

At least forty-five (45) days prior to the end of Year-One both parties agree to discuss if any Year-Two work is necessary and if so, agree to payment terms for the Year-Two amount. The effective date for this Agreement is the beginning of Year-One. Therefore, forty-five (45) days prior to the end of Year-One is _____.

Year-Two Payments (if necessary)	
As Mutually Agreed Upon Based on Any Remaining Work	[REDACTED]

All travel and other expenses incurred by THRIVE shall be reasonable and necessary and will be billed at actual cost. Travel expenses will be pre-approved and shall include the following: airfare, car rental, lodging, meals, and miscellaneous costs incurred for onsite work. THRIVE will provide copies of the corresponding receipts simultaneously with the monthly invoices. We estimate Year-One travel expenses will not exceed [REDACTED]

The retainer will be billed upon execution of this agreement and is due upon receipt. Subsequent invoices will be sent on or around the last day of the project month (30 days from the last signature date and 30-day increments thereafter) and are due within 15 days.



Outside Invoices

The Study identified the following estimated costs that will be directly incurred by either the District or the non-profit.

Expense	Year One	Year Two
Legal	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Total Year-One Payments	[REDACTED]	[REDACTED]

Termination

This agreement can be terminated with 30 days’ written notice by either party. In the event that the parties agree that the project is unfeasible, either may notify the District immediately and agreement shall terminate immediately. Upon termination of this Agreement, payment of all outstanding expenses are due within 15 days follow notice of termination.

Notice

Any notice required to be provided to any party to this Agreement shall be considered effective as of the date an electronical mail (i.e., e-mail) was sent; or the date deposit with the United States Postal Service by certified or registered mail, postage prepaid, return receipt and addressed to the party at the following address:

If to THRIVE:

THRIVE
Mr. William Franz
2156 Fairmont Lane
Naples, FL 34120
Email: bill.franz@thriveandachieve.com

If to District:

Winnie-Stowell Hospital District
Mrs. Sherrie Norris
P.O. Box 1997
Winnie, Texas 77665
E-mail: Sherrie@wshd-tx.com

[THRIVE]

Creating Positive Healthcare and Social Service Outcomes

With copy to
Hubert Oxford, IV Benckenstein & Oxford, LLP
3535 Calder, Suite 300
Beaumont, Texas 77706
Email: hoxfordiv@benoxford.com

Governing Law and Venue

The validity, construction and effect of this Agreement, and all extensions and modifications thereof, shall be construed in accordance with the laws of the State of Texas without regard to its choice of law rules, and Chambers County, Texas shall be the exclusive venue for any suit, litigation or alternate dispute resolution brought pursuant to this Agreement.

Dispute Resolution and Waiver of Jury Trial

Prior to the commencement of a lawsuit by either party to this agreement, the Parties agree to mediate any dispute that may arise resulting from this Agreement or services provided. In the event that the Parties to this Agreement are not able to resolve their differences at mediation, the Parties agree to waive their right to a jury trial and have the dispute decided on by a District Court judge in Chambers, County, Texas.

No Assignment

Neither this Agreement nor any rights or obligations hereunder shall be assigned by either party without the prior written consent of the non-assigning party.

We appreciate the opportunity to be of service to the District and look forward to our continued work together on this project. If this agreement is consistent with your understanding and acceptable to you, please sign this agreement and return it to me while retaining a copy for your files. If you have any questions or concerns, please do not hesitate to contact me at 239-250-1202.

Sincerely,



William Franz
President
THRIVE

THRIVE is operating as a *Doing Business As (DBA)/Fictitious Name* of Franz Strategic Solutions, LLC
2156 Fairmont Lane
Naples, FL 34120
(239) 250-1202
bill.franz@thriveandachieve.com

[THRIVE]

Creating Positive Healthcare and Social Service Outcomes

Agreed to:

Winnie Stowell Hospital District

Authorized: _____ Date: _____

Name: _____

Title: _____

[THRIVE]

Creating Positive Healthcare and Social Service Outcomes

EXHIBIT A – Implementation Phases

Phase	Estimated Time	Milestones
I. Establishing the Nonprofit	1–2 Months	<ol style="list-style-type: none"> 1. Initial Board of Nonprofit Created 2. Bylaws and Governance Policies Created 3. Administrative Functions Established 4. Initial Health Center Location Determined 5. Executive Director Search Started 6. Begin Preliminary FQHC LA Application Work
II. Readyng the Clinic	2 Months	<ol style="list-style-type: none"> 1. Facility Established with Equipment and Supplies 2. Marketing Plan/Materials developed 3. Executive Director Hired 4. Electronic Medical Record Selected 5. First Provider Recruited 6. Fee Scales Established 7. Continue FQHC LA Application 8. See First Self-Pay Patients
III. Initial Clinic Operations	6 Months	<ol style="list-style-type: none"> 1. Hire Initial Clinical and Administrative Support Staff 2. Negotiate Insurance Contracts 3. Negotiate Labs, Imaging, and Other Contracts 4. Initiate Operations 5. Continue FQHC LA Application 6. Notify HRSA of Intent to Apply 7. Conduct “Mock” HRSA Site Review
IV. Obtain FQHC LA Status	6 Months	<ol style="list-style-type: none"> 1. Submit FQHC LA Application and Provide Follow-Up 2. Schedule HRSA Site Visit 3. Successfully Obtain FQHC LA Designation 4. Apply for 340B Pharmacy Status
V. Continued Growth	12 Months	Not Applicable to this engagement.