

Exhibit “A”



Riceland

HEALTHCARE™

RICELAND MEDICAL CENTER OPERATING ROOM IMPROVING THE QUALITY OF HEALTHCARE IN OUR COMMUNITY

A GRANT PROPOSAL FOR THE RENOVATION AND REOPENING OF THE HOSPITAL SURGICAL SUITE



Exhibit “B”



02.16.22 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – **69** (27 Apps, 15 Received, 13 Approved, 14 Incomplete)
- b) Youth Counseling – **20**
- c) Irlen Services – **2**
- d) Dental – **5** clients used the Dental benefits in JAN

2) District Programs:

- a) County Van –See attached – **6** out of **54** were WSHD clients
- b) Marcelous Williams-See attached - **5** out of **7** were WSHD clients
- c) Winnie Stowell EMS-See attached – **2** transports were made from Riceland

3) Riceland Hospital & Clinics:

The only charges submitted for posting for JAN were the X-Ray reading charges.

4) UTMB Hospital & Clinics:

- a) UTMB only submitted **DEC** charges for posting, which included a **\$121K** surgery charge. WSHD paid the benefit max of \$30,000.00 for the submitted charge.

5) Our over-all YTD expenditure Charts:

CHART 1: 2022 YTD WSHD Services & Budget Status

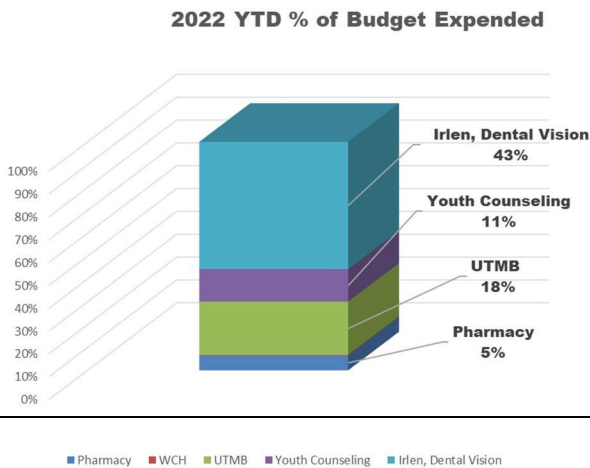
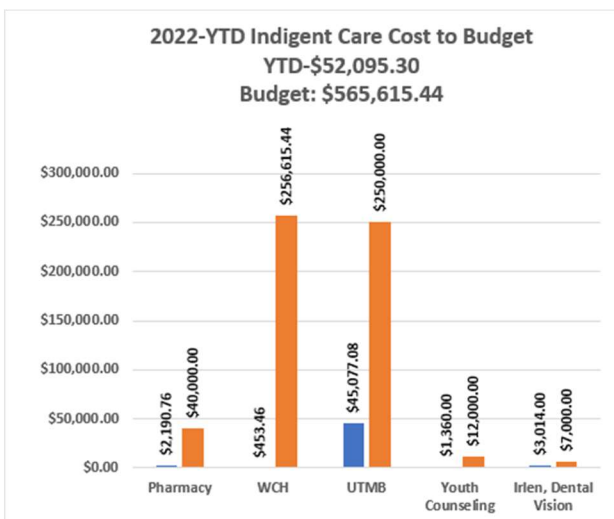


Chart 2: Services provided by WCH

All data for the services provided by WCH for January were not submitted in time for posting before this meeting.

6) YTD Budget to Actual for all Indigent Services:



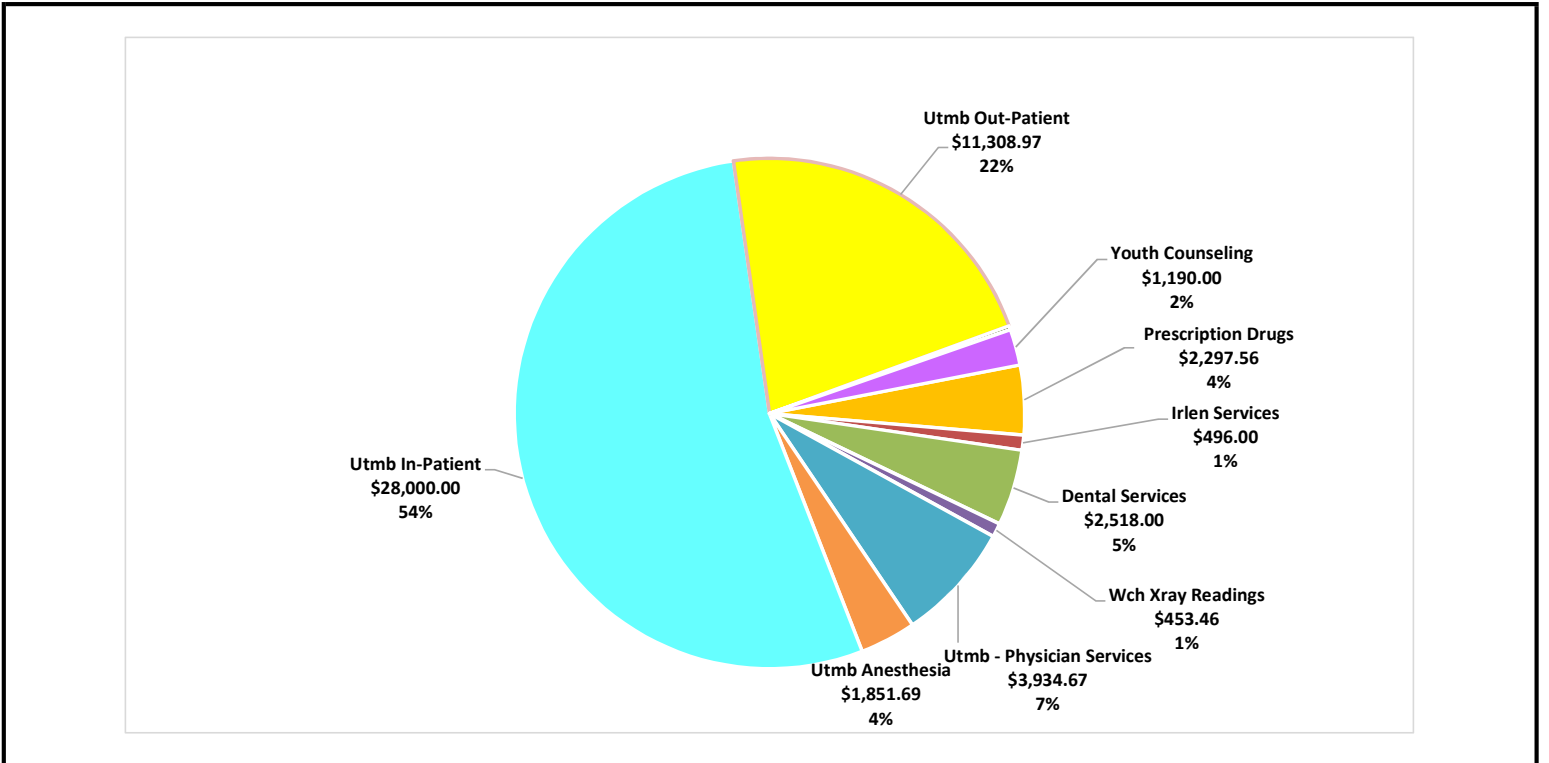
WSHD Indigent Care Director Report
Jan-Dec 2022 YTD Expenditures Worksheet

	December			January			Year to Date		
	Indigent Clients:			Indigent Clients:			Clients Enrolled:	Total Unduplicated	Average
Indigent Clients:	70			69			69		69
Youth Counseling:	18			20			20		20
Irlen Services:	10			2			2		2
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
Pharmacy									
Brookshire Brothers Pharmacy Corp	\$1,223.96	\$1,201.00	\$1,201.00	\$1,652.03	\$1,065.83	\$959.03	\$1,652.03	\$1,065.83	\$959.03
Wilcox Pharmacy	\$1,359.85	\$1,359.85	\$1,359.85	\$1,231.73	\$1,231.73	\$1,231.73	\$1,231.73	\$1,231.73	\$1,231.73
ADJUSTMENTS-Refunds/Credits				<i>Brookshire Brothers Credit Adjustment</i>		(\$106.80)	YTD Refunds/Credits		(\$106.80)
Pharmacy Totals	\$2,583.81	\$2,560.85	\$2,560.85	\$2,883.76	\$2,297.56	\$2,190.76	\$2,883.76	\$2,297.56	\$2,190.76
Winnie Community Hospital									
WCH Clinic	\$3,828.00	\$1,569.48	\$1,569.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$8,628.00	\$3,537.48	\$3,537.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Lab/Xray	\$9,636.00	\$3,950.76	\$3,950.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH CT Scan	\$5,958.00	\$2,442.78	\$2,442.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Xray (MRI)	\$3,523.00	\$1,444.43	\$1,444.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Lab/Xray Reading	\$2,642.00	\$1,083.22	\$1,083.22	\$1,106.00	\$453.46	\$453.46	\$1,106.00	\$453.46	\$453.46
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Ultrasound	\$968.00	\$396.88	\$396.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Totals	\$35,183.00	\$14,425.03	\$14,425.03	\$1,106.00	\$453.46	\$453.46	\$1,106.00	\$453.46	\$453.46
ADJUSTMENTS-Refunds/Credits				<i>Credit Adjustment</i>			YTD Credit Adjustments		\$0.00
Balance on Contracted Amount (Lump Sum Payment of \$256,615.44)					\$256,161.98			\$256,161.98	
UTMB									
UTMB Physician Services	\$0.00	\$0.00	\$0.00	\$20,130.00	\$3,934.67	\$3,916.42	\$20,130.00	\$3,934.67	\$3,916.42
UTMB Anesthesia	\$0.00	\$0.00	\$0.00	\$7,657.00	\$1,851.69	\$1,851.69	\$7,657.00	\$1,851.69	\$1,851.69
UTMB In-Patient	\$0.00	\$0.00	\$0.00	\$121,413.46	\$28,000.00	\$28,000.00	\$121,413.46	\$28,000.00	\$28,000.00
UTMB Outpatient	\$0.00	\$0.00	\$0.00	\$47,561.72	\$11,308.97	\$11,308.97	\$47,561.72	\$11,308.97	\$11,308.97
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00
ADJUSTMENTS-Refunds/Credits				<i>UTMB FGP Refund</i>		(\$18.25)	YTD Refunds/Credits		(\$18.25)
UTMB Totals	\$0.00	\$0.00	\$0.00	\$196,792.18	\$45,095.33	\$45,077.08	\$196,792.18	\$45,095.33	\$45,077.08
Non-Contracted Emergency Services									
Barrier Reef (UTMB ER Physician)	\$2,397.00	\$128.90	\$128.90	\$3,990.00	\$226.39	\$226.39	\$3,990.00	\$226.39	\$226.39
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$2,397.00	\$128.90	\$128.90	\$3,990.00	\$226.39	\$226.39	\$3,990.00	\$226.39	\$226.39
Youth Counseling									
Benjamin Odom	\$850.00	\$850.00	\$850.00	\$850.00	\$850.00	\$850.00	\$850.00	\$850.00	\$850.00
Nicki Holtzman	\$255.00	\$255.00	\$255.00	\$425.00	\$425.00	\$425.00	\$425.00	\$425.00	\$425.00
Penelope Butler	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00	\$85.00
Youth Counseling Totals	\$1,190.00	\$1,190.00	\$1,190.00	\$1,360.00	\$1,360.00	\$1,360.00	\$1,360.00	\$1,360.00	\$1,360.00
Irlen Services									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00	\$496.00	\$496.00	\$496.00
Irlen Services Totals	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00	\$496.00	\$496.00	\$496.00
Indigent Special Services									
Dental Services	\$938.00	\$938.00	\$938.00	\$2,518.00	\$2,518.00	\$2,518.00	\$2,518.00	\$2,728.00	\$2,728.00
Vision Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigent Special Services Totals	\$938.00	\$938.00	\$938.00	\$2,518.00	\$2,518.00	\$2,518.00	\$2,518.00	\$2,728.00	\$2,728.00
Grand Totals	\$41,353.81	\$18,304.78	\$18,304.78	\$206,627.94	\$49,928.74	\$49,803.69	\$209,145.94	\$52,656.74	\$52,531.69

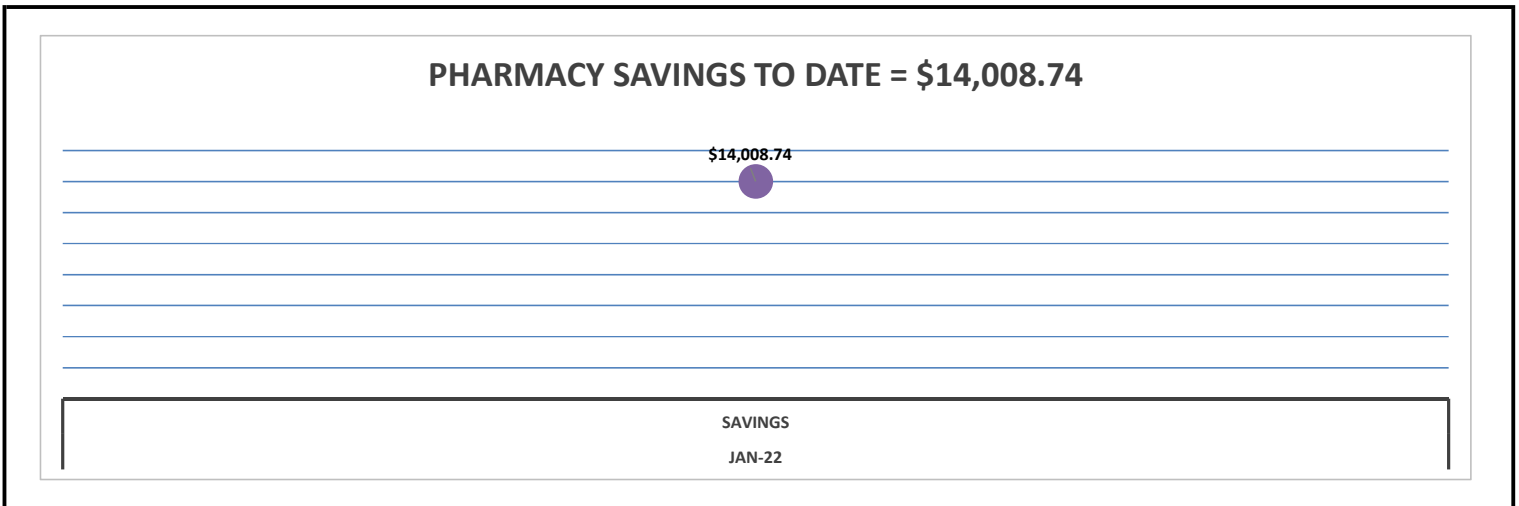
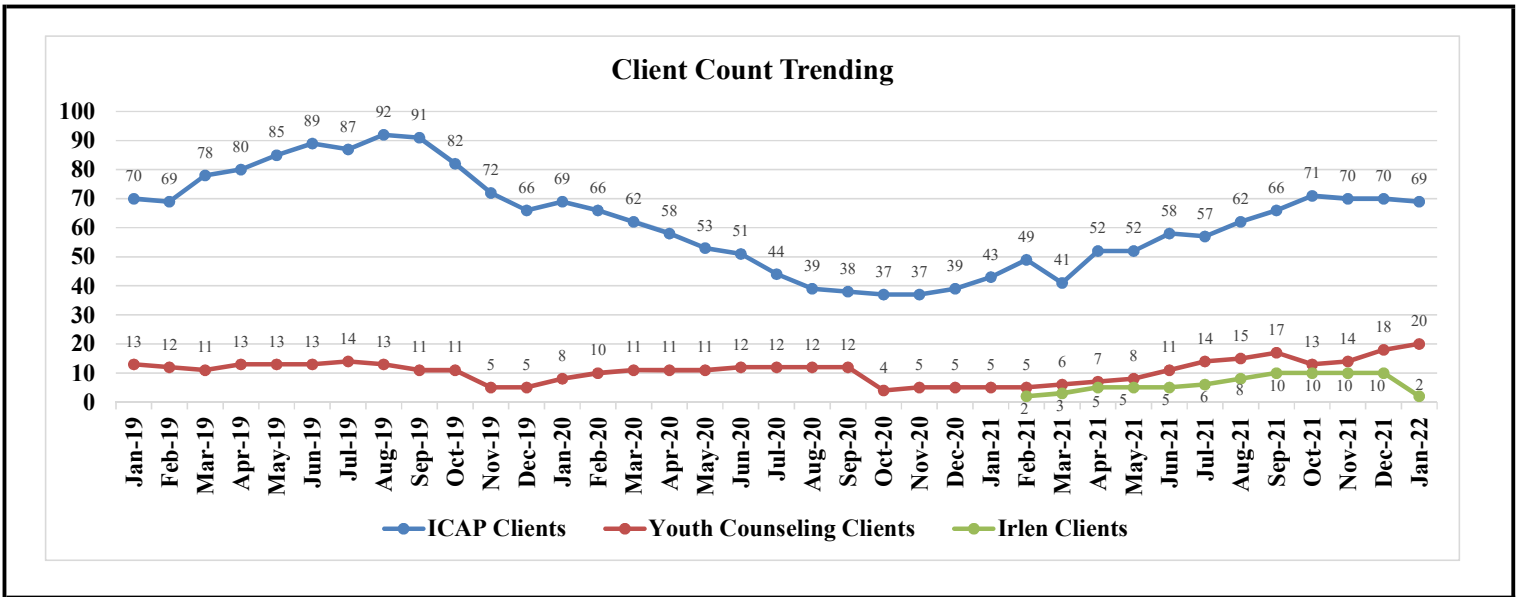
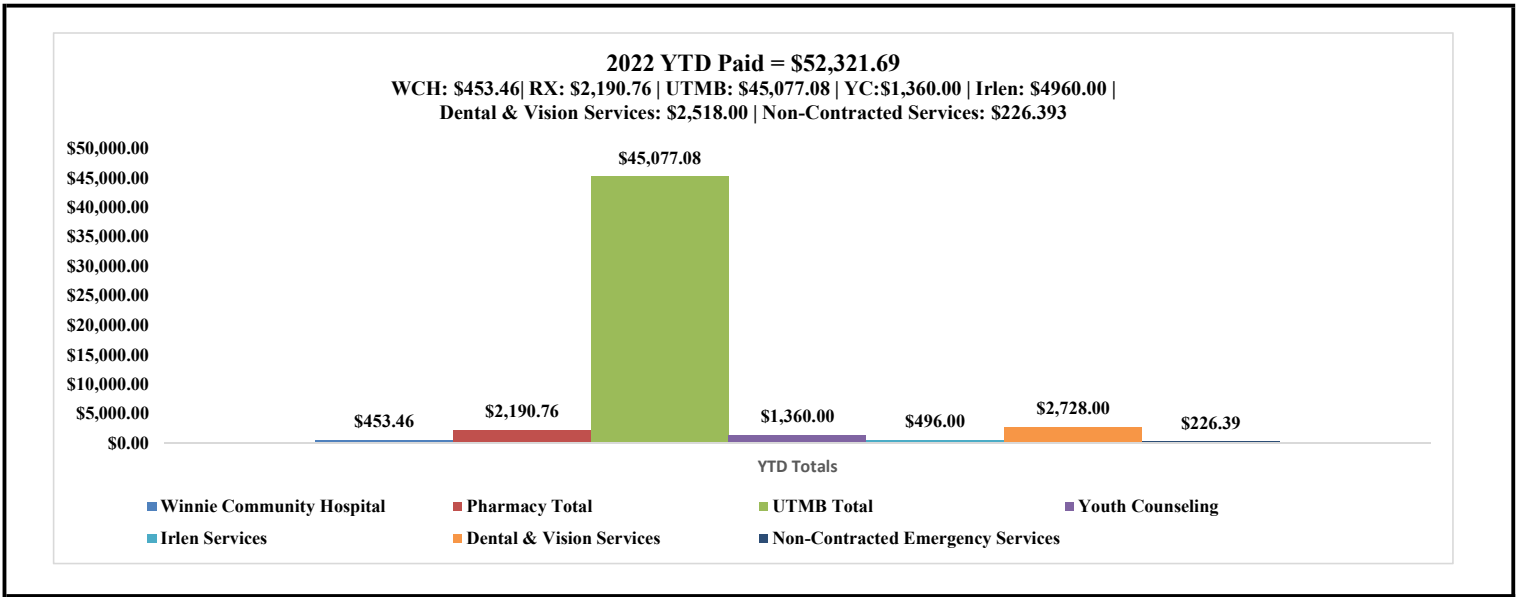
WSHD Indigent Care Director Report
Jan 2022 SOURCE CODE REPORT

Source Totals for Batch Dates 01/01/2022 through 01/31/2022 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$2,883.76	\$2,297.56	4.40%
12	Irlen Services	\$496.00	\$496.00	0.95%
14	Dental Services	\$2,518.00	\$2,518.00	4.83%
44	Wch Xray Readings	\$1,106.00	\$453.46	0.87%
31	Utmb - Physician Services	\$20,130.00	\$3,934.67	7.54%
31-1	Utmb Anesthesia	\$7,657.00	\$1,851.69	3.55%
33	Utmb In-Patient	\$121,413.46	\$28,000.00	53.66%
34	Utmb Out-Patient	\$47,561.72	\$11,308.97	21.67%
34-1	Utmb ER Physicians - Barrier Reef	\$2,397.00	\$128.90	0.25%
35	Utmb Lab/X-Ray	\$30.00	\$0.00	0.00%
39	Youth Counseling	\$1,190.00	\$1,190.00	2.28%
Expenditures/Reimbursements/Adjustments		\$207,382.94	\$52,179.25	100%
Grand Total		\$207,382.94	\$52,179.25	100%



WSDH 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

Jan-22

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2136
TOTAL HOURS DRIVEN			139.67
TOTAL EXPENSES FOR MONTH			\$908.34
FUEL COST			\$439.71
REPAIRS & MAINTENANCE COST	2 rear tires		\$468.63
MISC EXPENSES			
TOTAL RIDERS			16
TOTAL WSHD RIDERS			2
TOTAL TRIPS			43
TOTAL TRIPS FOR WSHD RIDERS			2

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			1513
TOTAL HOURS DRIVEN			72.67
TOTAL EXPENSES FOR MONTH			\$301.35
FUEL COST			\$301.35
REPAIRS & MAINTENANCE COST			
MISC EXPENSES			
TOTAL RIDERS			16
TOTAL WSHD RIDERS			2
TOTAL TRIPS			19
TOTAL TRIPS FOR WSHD RIDERS			2

VEHICLE #3		VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN			2380
TOTAL HOURS DRIVEN			93.08
TOTAL EXPENSES FOR MONTH			\$293.26
FUEL COST			\$240.02
REPAIRS & MAINTENANCE COST	oil change		\$53.24
MISC EXPENSES			
TOTAL RIDERS			22
TOTAL WSHD RIDERS			2
TOTAL TRIPS			37
TOTAL TRIPS FOR WSHD RIDERS			2


GRAND TOTALS	
MILES DRIVEN	6029
RIDERS	54
WSHD RIDERS	6
TRIPS	99
WSHD TRIPS	6
EXPENSES	\$1,502.95

WINNIE STOWE HOSPITAL DISTRICT REPORT-2022

METRICS	January			Year To Date		
	# Residents	# Non-Residents	#From WSHD*	# Residents	# Non-Residents	#From WSHD*
Referrals to WSHP -Youth Counseling Program	0	0	0	0	0	0
Social Security Disability Processed	5	1	5	5	1	5
Referral to Prescription Services-(WSHD)	0	0	0	0	0	0
Food Stamps Applications (processed)	4	2	4	4	2	4
Medicaid Applications (processed)	2	0	2	2	0	2
Medicare Savings Program Applications	1	0	1	1	0	1
Referral to Gift of life Services	0	0	0	0	0	0
Referrals to Work in Texas	0	0	0	0	0	0
Referrals to Jrlen Services	0	0	0	0	0	0
Referral to Dental Services	0	0	0	0	0	0
Referral to Vision Services	0	0	0	0	0	0
Total	12	3	12	12	3	12
Numbers of Clients Served	5	2	5	5	2	5

*Referrals/ram WSHD is included in the # Residents

Winnie Stowell Volunteer EMS Report Year 2022

 <p>Winnie Stowell Volunteer EMS Winnie-Stowell Hospital District Report</p>													
Year to Date Details for 2022	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED	2	0	0	0	0	0	0	0	0	0	0	0	2
YTD CALLS/TRANSPORTS MADE	0	0	0	0	0	0	0	0	0	0	0	0	0
YTD CALLS/TRANSPORTS DELAYED	0	0	0	0	0	0	0	0	0	0	0	0	0
YTD CALLS/TRANSPORTS REASSIGNED	0	0	0	0	0	0	0	0	0	0	0	0	0
YTD 3RD PARTY INVOICES BILLED	\$3,143.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,143.93
YTD 3RD PARTY PAYMENTS RECEIVED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
YTD STAFFING EXPENSES	\$2,016.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,016.00
YTD PERTINENT INFORMATION REGARDING PERFORMANCE													

Jan-22

MONTHLY CALLS/TRANSPORTS REPORT

CALLS REQUESTED			CALL RESULTS		
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R
1/20/2022	Rioelard	Memorial Hermann	M		
1/26/2022	Rioelard	Medical Center	M		
TOTAL CALLS REQUESTED FOR MONTH & RESULTS			2	0	0

Jan-22

3rd PARTY INVOICES BILLED

DATE	3rd Party Name	AMOUNT BILLED
1/20/2022	Medicare	\$1,461.13
1/26/2022	DCBS	\$1,742.80
TOTAL 3rd PARTY AMOUNT BILLED FOR THE MONTH		\$3,143.93

Jan-22

3rd PARTY PAYMENTS RECEIVED

DATE	3rd Party Name	AMOUNT PAID
TOTAL 3rd PARTY PAYMENTS RECEIVED FOR THE MONTH		\$0.00

Jan-22

MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR. HR)	PAYROLL AMOUNT
1/7/2022	Wade McCray	12	\$14	\$168.00
1/9/2022	Hunter Traweek	12	\$14	\$168.00
1/14/2022	Hunter Traweek	24	\$14	\$336.00
1/21/2022	Hunter Traweek	24	\$14	\$336.00
1/22/2022	Wade McCray	12	\$14	\$168.00
1/24/2022	Hunter Traweek	24	\$14	\$336.00
1/27/2022	Hunter Traweek	12	\$14	\$168.00
1/28/2022	Hunter Traweek	24	\$14	\$336.00
TOTAL SALARY EXPENSE FOR THE MONTH:				\$2,016.00

Exhibit “C-1”

Matter	Date	Timekeep	Bill	Hours	Rate	Amount	In Re Abri	Narrative
87250	05/03/2021	HOIV	50174	6.70	\$250.00	\$1,675.00	X	Received and reviewed Emergency Motion of the Debtor for Examinations of Production of Documents filed in In Re Abri Health Services Bankruptcy Matter; prepared joint defense agreement; participated in multiple conference calls with counsel for HMG, LTC Group, Plaintiff's Counsel; and drafted extensive e-mail to the client advising of the filing and research/review/pleadings in the In Re Abri Health Services Bankruptcy matter;
87250	05/04/2021	HOIV	50174	8.70	\$250.00	\$2,175.00	X	corresponded with client regarding change of hearing date; prepared extensive timeline and summary of pleadings to identify issues; participated in four (4) conference calls with HMG Counsel; reviewed Landlord's Response to Rule 2004 Motion; prepared draft Business Associate Agreement with Debtor to negate claims; and began preparing Response to Rule 2004 Motion in multiple conference calls with HMG Bankruptcy Counsel, Counsel for Debtors, Clay Taylor with Bonds Ellis, and Board President; gathered documents to submit to Clay Taylor so that he can serve as the District's Bankruptcy counsel; exchanged multiple
87250	05/05/2021	HOIV	50174	9.00	\$250.00	\$2,250.00	X	extensive e-mails to Mr. Taylor to inform him of the facts, background, and legal issues involved in the In Re Abri Health Services; reviewed proposed responses filed by HMG and Landlord; and exchanged thirty (30) e-mails with all parties regarding upcoming hearing on Rea; reviewed; and
87250	05/06/2021	HOIV	50174	1.70	\$250.00	\$425.00	X	Read, reviewed, and responded to proposed Operations Transfer Agreement and compared to traditional Operations Transfer Agreement; and provided compared version to Clay Taylor with an explanation of the agreement and the issues surrounding the Agreement in the In Re Abri Health Services bankruptcy matter.
87250	05/06/2021	HOIV	50174	2.40	\$250.00	\$600.00	X	Prepared updated QIPP Year 4 Cash Flow Sheet and e-mail to Clay Taylor to explain the QIPP processes and reasoning why the District was "acquiring" the eleven (11) nursing homes at issue in the In Re Abri Health Services bankruptcy matter.
87250	05/06/2021	HOIV	50174	2.90	\$250.00	\$725.00	X	Exchanged sixteen (16) e-mails with Bankruptcy counsel, counsel for LTC, and Counsel for HMG in anticipation of hearing in In Re Abri Health Services matter; and participated in Rule 2004 Motion Hearing; and then reported to client on the outcome of the hearing.
87250	05/07/2021	HOIV	50174	0.30	\$250.00	\$75.00	X	Read and reviewed proposed Order following Rule 2004 hearing in the In Re Abri Health Services matter.
87250	05/10/2021	HOIV	50174	0.80	\$250.00	\$200.00	X	Read, reviewed, and responded to draft orders prepared by Bankruptcy counsel following hearing on District's discovery responses in the In Re Abri Health Services matter.
87250	05/12/2021	HOIV	50174	0.60	\$250.00	\$150.00	X	Read, reviewed and responded to six (6) e-mails with Clay Taylor regarding the proposed Order following the hearing in In Re Abri Health Services hearing on May 6, 2021.
87250	05/13/2021	HOIV	50174	2.50	\$250.00	\$625.00	X	Read, reviewed, and responded to extensive e-mail updating the District on the In Re Abri Health Services matter; and forwarded update letter to Board with an explanation to review.
87250	05/14/2021	HOIV	50174	0.60	\$250.00	\$150.00	X	Conference call with Bankruptcy Counsel in In Re Abri Health Services case to discuss strategy and proposed changes to the draft affidavit prepared for Board.
87250	05/17/2021	HOIV	50174	0.40	\$250.00	\$100.00	X	Received and reviewed revised affidavit for President Murrell to execute in the In Re Abri Health Care Services matter and exchanged three (3) e-mails with Bankruptcy Counsel
87250	05/17/2021	HOIV	50174	1.00	\$250.00	\$250.00	X	Exchanged three (3) e-mails with Bankruptcy Counsel discussing upcoming agenda and authority to authorize President Murrell to sign affidavit for court in In Re Abri Health
87250	05/17/2021	HOIV	50174	0.30	\$250.00	\$75.00	X	Read and reviewed draft position paper prepared by Bankruptcy Counsel in the In Re Abri Health Services matter.
87250	05/18/2021	HOIV	50174	1.80	\$250.00	\$450.00	X	Gathered information to provide to Bankruptcy counsel in the In Re Abri Health Services bankruptcy matter; reviewed final draft of position statement and exchanged sixteen (16) e-mails with counsel to discuss statement and exchange with Bankruptcy Trustee.
87250	05/18/2021	HOIV	50174	2.30	\$250.00	\$575.00	X	Worked with Bankruptcy Counsel to prepare and revise a Confidential Position Paper of Winnie Stowell Hospital District to Trustee Weisbart for May 28, 2021 Settlement
87250	05/20/2021	HOIV	50174	3.00	\$250.00	\$750.00	X	Received; reviewed; and monitored achievement and net profit spreadsheets; and participated in two (2) conference calls with LTC Group; and submitted to Bankruptcy counsel in In Re Abri Health Services matter to be presented to Bankruptcy Trustee in the District's position
87250	05/21/2021	HOIV	50174	1.80	\$250.00	\$450.00	X	Worked with LTC to update and modify spreadsheets to be used by Bankruptcy Counsel in upcoming mediation to demonstrate QIPP funds earned by HMG and achievement rates for
87250	05/25/2021	HOIV	50174	0.80	\$250.00	\$200.00	X	Read and reviewed Operations Transfer Agreement submitted to Bankruptcy Trustee in the In Re Abri Health Services matter; and conveyed to Bankruptcy counsel with comments.
87250	05/26/2021	HOIV	50174	6.00	\$250.00	\$1,500.00	X	Researched and modified spreadsheets concerning QIPP participation levels; and continued drafted and revising an extensive e-mail to Bankruptcy counsel in anticipation of the upcoming mediation in In Re Abri Health Services matter.
87250	05/27/2021	HOIV	50174	1.00	\$250.00	\$250.00	X	Conference calls with Bankruptcy counsel, and HMG Counsel to discuss strategy for upcoming mediation with Trustee in Re Abri Health Services matter.
87250	05/27/2021	HOIV	50174	4.70	\$250.00	\$1,175.00	X	Analyzed QIPP year 3 spreadsheets prepared by the State of Texas for QIPP eligibility and QIPP payment amounts to determine potential CHOW cost for eleven (11) potential new facility compared to the CHOW cost for the ten (10) Chambers Health Facility numbers and then prepared a memo to the file regarding potential CHOW loan cost and IGT cost for ten
87250	05/28/2021	HOIV	50174	0.50	\$250.00	\$125.00	X	(10) nursing homes.
87250	06/01/2021	HOIV	50213	0.80	\$250.00	\$200.00	X	Received request from HMG regarding processing eleven (11) new facilities and exchanged eight (8) e-mails with HMG and Bankruptcy counsel regarding plan of action.
87250	06/03/2021	HOIV	50213	1.30	\$250.00	\$325.00	X	Read and reviewed e-mail regarding status conference in the In Re Abri Health Care Services matter along with debtors Motion to Insurance premiums.
87250	06/09/2021	HOIV	50213	0.30	\$250.00	\$75.00	X	Received motion for relief from stay filed by Debtor in the In Re Abri Health Care Services matter and exchanged three (3) e-mails with District's Bankruptcy counsel regarding strategy and hearing date.
87250	06/10/2021	HOIV	50213	0.40	\$250.00	\$100.00	X	Received and responded to update e-mail from bankruptcy counsel regarding In Re Abri Health Care Services bankruptcy settlement negotiations.
87250	06/28/2021	HOIV	50213	0.50	\$250.00	\$125.00	X	Conferred with Bankruptcy Counsel to discuss upcoming mediation in the In Re Abri Health Care Services matter and the District's participation; reviewed subsequent e-mail to counsels in matter advising of the District's request to be available for the call rather than to
87250	06/29/2021	HOIV	50213	1.20	\$250.00	\$300.00	X	received and reviewed extensive report letter from Bankruptcy Counsel in the In Re Abri Health Care Services matter
87250	06/30/2021	HOIV	50213	1.00	\$250.00	\$250.00	X	Received e-mail from mediator that discussed outstanding issues; and provided detailed conference call with Bankruptcy Counsel in the In Re Abri Health Care Services matter, and gathered documents to submit in an e-mail pursuant to call along with an explanation of the documents.
87250	07/05/2021	HOIV	50233	0.80	\$250.00	\$200.00	X	Received e-mail from counsel for District in Senior Care bankruptcy matter regarding taking over the Debtor's Medicare and Medicaid numbers and exchanged six (6) e-mails with counsel for the District and HMG regarding the request and an appropriate response.

87250	07/07/2021	HOIV	50233	2.30	\$250.00	\$575.00	X	Read and reviewed e-mail exchange between Debtor, LAMS, and mediator to exchange final offers from prior mediation; participated conference call with Clay Taylor to discuss the offers and potential liabilities for the District; and prepared comparison with notes concerning the offers to be reviewed by Clay Taylor prior to conference call with HMG and District Counsel to discuss regarding status of the In Re Abri Health Care bankruptcy mediation, and exchanged three (3) conference calls and eleven (11) e-mails with staff, Board, HMG, and LTC regarding the same.
87250	07/08/2021	HOIV	50233	1.30	\$250.00	\$325.00	X	Receipt and review of mediator's proposal in In Re Arbri Health Care bankruptcy and forwarded to Board for review.
87250	07/13/2021	HOIV	50233	0.40	\$250.00	\$100.00	X	Conference call with HMG staff and counsel to discuss status of In Re Arbri Health Care bankruptcy matter and plan of action to secure line of credit for eleven new facilities.
87250	07/14/2021	HOIV	50233	0.60	\$250.00	\$150.00	X	Read and reviewed mediation status report e-mail from District's counsel in the In Re Arbri Health Care bankruptcy matter.
87250	07/14/2021	HOIV	50233	0.20	\$250.00	\$50.00	X	Multiple conference calls with counsel for HMG and HMG Chief Financial Officer to discuss status of settlement and issues involving the Operations Transfer Agreement. Received and made initial high level review of draft Operations Transfer Agreement and Indemnity Agreement for the In Re Abri Health Care Bankruptcy; then Prepared extensive e-mail to bankruptcy counsel for the District in the In Re Arbri Health Care matter and the Board President to advise of status of settlement following calls with HMG Counsel and Chief Financial Officer and to forward proposed drafts of Operations Transfer Agreement reviewed after multiple revisions to draft OTA and indemnity agreements; submitted Agreements to Bankruptcy Counsel for review; participated in conference call with Bankruptcy counsel to discuss agreements and revisions to agreements; and exchanged e-mails with seven (7) entities with In Re Arbri Health Care Bankruptcy Counsel to discuss status of their review of the Operations Transfer Agreement and Indemnity Agreement.
87250	07/15/2021	HOIV	50233	0.80	\$250.00	\$200.00	X	Received and reviewed extensive set of changes to Operations Transfer Agreement and Indemnity Agreement as prepared by Bankruptcy Counsel in the In Re Abri Health Care bankruptcy; and exchanged six (6) e-mails with HMG Counsel to express concerns with indemnity agreement and the lack of District being included as a party in the Indemnity Agreement.
87250	07/15/2021	HOIV	50233	2.70	\$250.00	\$675.00	X	Received e-mail from HMG Counsel and Chief Financial Officer, while attending a mediation in the In Re Arbri Health Care bankruptcy inquiring advising the District of a proposal for Landlord to escrow \$500,000.00 for indemnity issues; forwarded the e-mail to Board, reviewed, and compared draft changes to OTA by Bankruptcy Counsel to 2021.1.20 version submitted by HMG Counsel; exchange four (4) e-mails with Bankruptcy Counsel and HMG Counsel; and participated in conference call with HMG and Bankruptcy Counsel received, reviewed, and commented on latest version of Operations Transfer Agreement ("OTA") and issues chart for the eleven (11) nursing facilities being considered during the mediation of the In Re Abri Health Care matter; participated in extensive conference calls with HMG Counsel and Chief Financial Officer and then the District's Bankruptcy counsel to discuss the proposed changes to the OTA by District's Counsel and post mediation version; and exchanged nine (9) e-mails with all parties to ensure the District was going to be represented in the OTA.
87250	07/16/2021	HOIV	50233	7.00	\$250.00	\$1,750.00	X	Received mediation update from Chief Financial Officer regarding the In Re Arbri Health Care bankruptcy; exchanged seven e-mails regarding terms of proposed settlement; and forwarded to the Board along with an e-mail explaining the status of the case.
87250	07/17/2021	HOIV	50233	0.60	\$250.00	\$150.00	X	Received and reviewed four (4) things in the In Re Abri Health Care matter and then participated in a conference call with counsel for HMG and HMG's Chief Financial Officer to discuss received and reviewed second set of extensive comments and changes from Bankruptcy Counsel to the second draft of the Operations Transfer Agreement and Indemnity Agreement.
87250	07/19/2021	HOIV	50233	3.40	\$250.00	\$850.00	X	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.
87250	07/20/2021	HOIV	50233	3.40	\$250.00	\$850.00	X	Read and reviewed extensive e-mail with notice of settlement in the Health 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 in light of the concerns 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 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 received and reviewed revisions of the recommendation and proposed settlement documents; finalized indemnity agreement; organized signature pages; and forwarded to HMG and reviewed proposed use of clear language for eleven (11) new 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 represented.
87250	07/20/2021	HOIV	50233	3.40	\$250.00	\$850.00	X	Read and reviewed Order Granting Plaintiff's (i.e., State of Texas) Motion to Deny TRO and forwarded to Board members with explanation.
87250	07/21/2021	HOIV	50233	1.30	\$250.00	\$325.00	X	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.
87250	07/21/2021	HOIV	50233	1.30	\$250.00	\$325.00	X	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.
87250	07/25/2021	HOIV	50233	1.70	\$250.00	\$425.00	X	Participated in multiple conference calls with HMG and staff to discuss documents requested by LTC Properties for HMG Line of Credit.
87250	07/24/2021	HOIV	50233	2.60	\$250.00	\$650.00	X	Received e-mail from Clay Taylor advising him on the status of the acquisition of eleven (11) new facilities.
87250	08/10/2021	HOIV	50259	0.70	\$250.00	\$175.00	X	Received and reviewed multiple sets of changes to Loan Documents for eleven (11) new facilities; exchanged multiple e-mails and phone conversations with HMG and counsel for HMG to inquire about the changes and to discuss concerns; and prepared e-mail to client and Allegiance Bank confirming pre-approval of the loan documents.
87250	08/16/2021	HOIV	50259	8.00	\$250.00	\$2,000.00	X	
87250	08/17/2021	HOIV	50259	3.80	\$250.00	\$950.00	X	
87250	08/18/2021	HOIV	50259	3.80	\$250.00	\$950.00	X	
87250	08/19/2021	HOIV	50259	2.80	\$250.00	\$700.00	X	
87250	08/19/2021	HOIV	50259	1.80	\$250.00	\$450.00	X	
87250	08/20/2021	HOIV	50259	0.70	\$250.00	\$175.00	X	
87250	08/23/2021	HOIV	50259	2.70	\$250.00	\$675.00	X	
87250	08/25/2021	HOIV	50259	2.00	\$250.00	\$500.00	X	
87250	09/09/2021	HOIV	50276	1.20	\$250.00	\$300.00	X	
87250	09/21/2021	HOIV	50276	0.30	\$250.00	\$75.00	X	
87250	10/01/2021	HOIV	50287	6.70	\$250.00	\$1,675.00	X	

Total In Re Abri Time

\$33,250.00

Bonds Ellis In Re Abri Legal Fees

06/16/2021	Bonds Ellis Eppich Schafer Jone: Inv #12376 (Abri Meditation)	22,735.00
07/28/2021	Bonds Ellis Eppich Schafer Jone: Inv #12504 (Abri Meditation)	4,787.50
08/18/2021	Bonds Ellis Eppich Schafer Jone: Inv #12833 (In re Abri)	18,308.30
09/22/2021	Bonds Ellis Eppich Schafer Jone: Inv #12970 (Abri Mediation)	19,162.50
10/20/2021	Bonds Ellis Eppich Schafer Jone: Inv #13139 (In re Abri)	612.50
		65,605.80

Exhibit “C-2”

BENCKENSTEIN & OXFORD, L.L.P.

ATTORNEYS AT LAW
MOBILE CREDIT UNION BUILDING
3535 CALDER AVENUE, SUITE 300

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

Hubert Oxford, IV

hoxfordiv@benoxford.com

February 16, 2022

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

Mr. Donovan Dekowski
Chief Financial Officer
Regency Integrated Health Services
101 W Goodwin Ave
Suite #600
Victoria, TX 77901

Re: Winnie Stowell Hospital District; Nursing Home Invoice for Corporate Restructuring of Spindletop and Woodlands Facilities ; Our File No. 87847.

Dear President Murrell and Donovan:

Attached, please find Benckenstein & Oxford's invoice for time spent in November 2021 on the corporate restructuring for the Spindletop and Woodlands facilities. This invoice is for \$2,400.00.


We are submitting this invoice to Regency but ask that Regency not place this invoice in line for payment until the Hospital District's Board has had a chance to review it at this evenings February 2022 Regular Meeting. If approved by the District's Board, I will provide notice to Regency of the Board's authority to pay this invoice. Upon receipt of this notice, please make the payment directly to Benckenstein & Oxford, LLP and mail directly to the firm. A copy of the firm's W-9 is attached.

Will you please review and let me know if you have any questions? Otherwise, we will let you know if the invoice is approved by the District's Board.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: 

Hubert Oxford, IV

Enclosure

Exhibit “D”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
January 2022			
Facility	Operator		Comments
Deerbrook Skilled Nursing and Rehab Center	HMG		Current Census: 70. The facility had their annual survey in September 2021, they received one tag for failure to report an incident. The POC was accepted by the state. There were 23 reportable incidents since the last visit, the facility has not been cited. The facility has begun a program to reward staff for exceeding expectations, it has helped with staff morale. The facility postponed all holiday celebrations due to their outbreak status but will hold the parties once things calm down.
Friendship Haven Healthcare	HMG		Current Census: 110. The state came to the facility to review old complaints and reportable incidents, the facility was not cited. There were six reportable incidents since the last visit, five have been cleared and the facility is waiting for the state to investigate the sixth. The facility is allowing their residents to eat in a communal space, they have enough space to socially distance the residents. The facility is currently using agency staffing, the administrator is working hard to get some new nurses into the facility.
Park Manor of Cyfair	HMG		Current Census: 95. The facility last had their annual survey in November 2020, they are currently in their survey window. There were seven reportable incidents since the last visit, all were unsubstantiated following state review. Due to the 100% vaccination status of all staff and residents the facility does not have as many restrictions during their outbreak. The facility has socially distanced activities and meals for their residents. The facility is working to improve staff morale with random acts like having a coffee truck show up to the facility for the staff.
Park Manor of Humble	HMG		Current Census: 68. The facility has had three visits from the state to review old complaints, but they have not received an official report yet. There were three reportable incidents since the last visit, the state has not yet investigated. The facility has a high number of infections, but it is still below the threshold in Component 4 of QIPP. The facility is no longer having to use agency staffing, they are using the nurse aide waiver to meet their staffing needs.

Park Manor of South Belt	HMG		Current Census: 93. The facility had their annual survey in December 2021, they received two low level tags. Their POC is currently under review by the state. There were ten reportable incidents since the last visit, all were unsubstantiated following state review. The facility has completed the renovations to the 300 wing. The residents are starting to eat in the dining room again, this is making it easier for the staff to monitor eating habits to control weight loss/gain.
Park Manor of Westchase	HMG		Current Census: 77. The facility had their annual survey in August 2021, their POC was accepted by the state. There were five reportable incidents since the last visit, the facility was not cited following state review. The facility has low participation in activities, most of the residents are staying in their rooms. The facility is still using agency staffing, they are having trouble finding new staff due to the vaccine mandate.
Spring Branch Transitional Care Center	Caring		Current Census: 184. The facility is currently in their survey window. There were no reportable incidents since the last visit. The facility is still planning on renovating their freight elevator, they have had some delays due to shipping issues. The facility is having some staffing issues and is using sign-on bonuses and salary negotiations as incentives. The facility was able to hold a Christmas party for the residents and staff, it was appreciated by everyone.

December 2021			
Facility	Operator		Comments
Park Manor of Conroe	HMG		Current Census: 90. The facility had their annual survey in early November 2021, the facility received one quality of care tag. The POC was accepted by the state and the tag was cleared. There were six reportable incidents since the last visit, the facility was not cited following state review. The residents at the facility are enjoying the unlimited visitation rules that are now in place, they are also participating in facility activities more regularly. The facility is planning on having parties for both staff and residents to celebrate the holidays.
Park Manor of The Woodlands	HMG		Current Census: 98. The facility last had their annual survey in March 2021, they are in compliance with the state. There were no reportable incidents since the last visit. Due to the

			high level of vaccinations at the facility they have an open visitation policy, the facility is also able to do a more traditional dining experience for the residents. The facility is doing good enough on staffing that they aren't having to use agency staffing, they have some needs but are able to make do as of now.
Spindletop Hill Nursing and Rehabilitation Center	Regency		Current Census: 77. The facility had their annual survey in November 2020, they are currently in their survey window. The facility is still under the IJ tag they received in May 2021. The state was in the facility to review five incidents since the last visit, the facility received one tag for failing to adequately treat a pressure ulcer. The facility is still looking for a beautician to hire, they had a candidate but they would not get vaccinated so the facility could not hire them.
The Woodlands Nursing and Rehabilitation Center	Regency		Current Census: 134. The facility last had their annual survey in October 2020, they are currently in their survey window. There were eleven reportable incidents since the last visit, the facility was not cited following state review. The facility is having to use agency staffing currently for nurses, they are actively recruiting new nurses with bonus incentives. The facility is hosting a Christmas party for staff and residents in the coming week.

Administrator: Tangela Manuel (started in November)
DON: Erica Moreau, RN

FACILITY INFORMATION

Deerbrook Skilled Nursing and Rehab Center is a 124-bed facility with a current overall star rating of 3 and a Quality Measures rating of 4. The census given on the date of this Report was 70: (8) PP; (3) MC; (41 + 9 pending) MDC; (8) HMO; (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 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 in the RED.

At this time, Deerbrook does have three residents in their COVID Unit. Administrator reported three residents, (one that admitted from the hospital and two due to roommates testing positive) in their Warm Zone. The Administrator reported the last time a resident tested COVID_19 positive (both were vaccinated) was yesterday. The last time an employee tested COVID_19 positive was on January 16, 2021. Testing is twice per week for vaccinated staff and unvaccinated staff and residents are being tested three times per week. 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.

To date, 98% of residents received their full vaccinations and 98% of employees received theirs. PPE inventory is still substantial. The facility staff are wearing K-N95 masks.

The administrator reports the facility continues to provide a meal to all staff at least once per week and celebrate their birthdays once per month. The Administrator reports the facility will be starting MAD Genius program for the staff moral (rewarding them on the spot). The facility had Christmas gifts distributed to the residents but had to post-pone the party due to outbreak status. Once quarantine is over they will have the party. Activities continue daily room to room and eating is occurring in the resident's rooms. The Administrator reports visitation is going well with everyone wearing full PPE.

SURVEY INFORMATION

The facility's last survey was in September of 2021 for a complaint resulting in 1 citation for failure to report resident to resident behavior.

REPORTABLE INCIDENTS

Sept. – 6 (1 unsubstantiated; 1 substantiated/not cited)

Oct. – 9 (3 unsubstantiated)

Nov. – 8 (1 desk reviewed)

CLINICAL TRENDING

Incidents/Falls:

In **September/October/November**, Deerbrook had 72 total falls, of which 14 resulted in injury, 8 Skin tears, 0 Bruises, 2 Lacerations, 0 Elopements, 2 Fractures, 4 Behaviors and 7 Other (no details).

Infection Control:

Facility reports 29 total infections in **September/October/November** – 10 UTI’s; 6 URIs; 4 Wound infections; 2 GI infections; 2 EENT infections; 2 Genital infections and 3 other infections.

Weight loss:

During **September/October/November**, Deerbrook had 8 residents with 5% in 1 month or less weight loss and 7 residents with greater than 10% weight loss in 6 months.

Pressure Ulcers:

Deerbrook reported that during **September/October/November** the facility had 6 residents with pressure ulcers, totaling 13 sites. None of them facility acquired.

Restraints:

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

Staffing:

Deerbrook facility is currently in need of (2) LVNs 2p-10p; (2) CNAs 10p-6a.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	2.1%	2.0%	
Fall w/Major Injury (L)	3.4%	3.4%	3.5%	
UTI (L)	1.9%	1.7%	2.6%	
High risk with pressure ulcers (L)	5.0%	8.7%	8.9%	
Loss of Bowel/Bladder Control(L)	64.7%	52%	46.9%	
Catheter(L)	1.9%	1.9%	2.0%	
Physical restraint(L)	0.0%	0.0%	0.2%	
Increased ADL Assistance(L)	3.7%	17.6%	15.0%	
Excessive Weight Loss(L)	5.8%	5.0%	6.2%	
Depressive symptoms(L)	0.0%	4.8%	7.6%	
Antipsychotic medication (L)	16.7%	11.8%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	9/16/2021 10/14/2021 11/21/2021	Fall Prevention

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.26%	9.15%	8.11%	Y	

Percent of residents who received an anti-psychotic medication	11.52%	11.43%	18.0%	N	
Percent of residents whose ability to move independently has worsened	64.50%	90%	77.78%	N	

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	.48%	.35%	2.13%	N	
Percent of residents whose pneumococcal vaccine is up to date.	%	%	%		
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Y	

Administrator: Laura Cardenas – started August 30th
DON: Courtney Robinson

FACILITY INFORMATION

Friendship Haven is a 150-bed facility with a current overall star rating of 5 and Quality Measures star rating of 5. The census on the date of this report was 110. PP:11; MC: 23; MDC:56; HMO: 20.

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

The Administrator reported they are implementing their emergency plan and are following all the state/federal/local mandates. Ranking for Galveston County is 39%, in the RED.

The Administrator reported the last time an employee or resident tested COVID_19 positive was 01/18/2022 for employee and 01/17/2021 for residents. Employees are wearing N95 masks and face shields in the general population and full PPE in the Warm Zone.

At this time, they have eleven residents in the Warm Zone (new admissions and roommates of COVID_19 positive residents). Currently the facility has 19 residents in their COVID_19 positive unit. PPE inventory is good, with at least a 2 week's supply.

The Administrator reported 98% of employees and at least half of residents had received their COVID_19 vaccinations. The Administrator reports the facility is able to provide the vaccine onsite and will be holding another clinic as soon as nurse comes back from being out for COVID_19.

Visitation is going well but only for essential caregivers in warm and hot zones. General visitation is open with visitors wearing their own mask and social distancing.

Two different areas are provided for the residents to dine with social distancing or they can eat in their room, if they prefer. Orange wrists bands are no longer being used for staff to identify residents who have been vaccinated. New Activities Director hired at the end of December with small group activities the focus and good participation noted as well as one on one in resident rooms.

Agency is still being used at Friendship Haven but the goal is still to get them out as soon as possible. The Administrator reports the facility provided meals for residents and staff and for Christmas, all residents were provided a meal and a gift (donated by staff and community).

SURVEY INFORMATION

Friendship Haven had two state visits, one in October to review older self-reports and 12 complaints with no deficiencies and one in December to review four self-reports and one complaint with no deficiencies.

REPORTABLE INCIDENTS

October - 4 Self reports- 3 reviewed & cleared.

December – 2 Self Reports – Both reviewed & cleared

CLINICAL TRENDING

Incidents/Falls:

Friendship Haven in **October/November/December** reported 50 total Falls without injury and 1 Fall with injury, 1 Skin tear, 0 Elopements, 0 Bruises, 0 Fractures, 0 Lacerations, 0 Elopements, 5 Behaviors and 6 Other.

Infection Control:

Information not provided.

Weight loss:

Friendship Haven reported **October/November/December** weight loss of 11 residents.

Pressure Ulcers:

In **October/November/December**, Friendship Haven had 4 residents with 4 pressure ulcer sites – 4 acquired in house.

Restraints:

Friendship Haven is a restraint free facility.

Staffing:

Currently, Friendship Haven is in need of (1) LVN 6a-2p; (1) LVN 2p-10p; (2) LVNs 10p-6a; (8) CNA’s 6a-2p; (5) CNA’s 2p-10p; (3) CNA’s 10p-6a.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	0%	0%	
Fall w/Major Injury (L)	2.5%	3.4%	3.5%	

UTI (L)	0%	1.7%	2.6%	
High risk with pressure ulcers (L)	0%	8.7%	8.9%	
Loss of Bowel/Bladder Control(L)	75%	52%	46.9%	
Catheter(L)	4.8%	1.9%	2.0%	
Physical restraint(L)	.05%	0%	.2%	
Increased ADL Assistance(L)	12.1%	17.6%	15.0%	
Excessive Weight Loss(L)	0%	5.0%	6.2%	
Depressive symptoms(L)	0%	4.8%	7.6%	
Antipsychotic medication (L)	5.3%	11.8%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	10/14/21 11/18/21 12/16/21	12/16/21- 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?	Yes	
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?	Yes	
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?	Yes	
Was Workforce Development data submitted q month to QIPP during the quarter?	Yes	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.9%	8.7%	0%	Yes	
Percent of residents who received an anti-psychotic medication	14.6%	11.8%	5.3%	Yes	
Percent of residents whose ability to move independently has worsened	20.4%	18.5%	5.2%	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	2.6%	1.7%	0%	Yes	
Percent of residents whose pneumococcal vaccine is up to date.	%	%	%		
Facility has an infection control program that includes antibiotic stewardship. The program includes policies and training as well as monitoring, documenting and providing staff feedback.				Y	Infection Control Policy reviewed. Antibiotic Stewardship Program review and is in place with all components.

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 95: (9) PP; (9) MC; (48 + 10 pending) MDC (2) Hospice and (16) HMO.

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 follow all state/federal/local mandates. COVID_19 positivity rate for Harris County is at 25%, transmission rate is still in the red.

Park Manor of Cy-fair is still considered a community vaccination clinic offering Moderna and Pfizer and now Janson shots. A total of 100% of staff (required on hire) and residents have received their vaccinations. So far, all of employees have either received or are scheduled to receive their booster shot. Currently, Park Manor of Cy-fair has seven residents in the Quarantined Unit and three residents in the COVID Unit, two of whom will be back in the general population tomorrow.

PPE inventory is still good. Employees working the Warm and Hot 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 still wear the K95 plus the face shields and residents are wearing surgical masks.

Ambassador Rounds are still held every day by the staff. Continue focusing on Care plans, Infection Control Rounds and looking at MARS to be ready for survey.

At the beginning of January with first outbreak, the residents were eating in their rooms but now the majority of residents are coming out to the dining room for meals. Activities continue with masks and social distancing. Visitation is open and going smoothly. Visitors wear either a cloth or surgical mask.

Park Manor of Cy-fair had Santa Claus, Grinch, elves, music and donated gifts for residents for Christmas. A potluck was held for staff with prizes for most on time, documentation, etc. Also held an ugly sweater contest and had raffles. The Administrator reports the facility continues having theme days. The company is also offering employee assistance for staff who need it. Tomorrow a coffee truck is coming for employees.

SURVEY INFORMATION

Park Manor Cy-fair is still waiting for their annual survey. last one was November 11, 2020. The state came in January to review all outstanding reportables, including a staff positive for COVID_19 and all were cleared, unsubstantiated.

REPORTABLE INCIDENTS

In **October/November/December**, the facility had (2) complaints and (5) self-reports all unsubstantiated.

CLINICAL TRENDING

Incidents/Falls:

During **October/November/December** Park Manor of Cy-fair had 40 total falls without injury, and 3 falls with injury, 1 Skin Tear, 1 Laceration, 3 Fractures, 1 Bruise and 1 Behavior.

Infection Control:

Park Manor of Cy-fair reports 23 total infections in **October/November/December** – 6 UTI’s; 8 URI’s; 6 Wound infections, 1 GI infection; 1 Blood infection; 1 Genital infection and 0 Other.

Weight loss:

Park Manor of Cy-fair reported Weight loss in **October/November/December** – 3 residents with 5-10% and 2 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **October/November/December** Park Manor of Cy-fair had 5 residents with 8 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 (1) RN 10p-6a; (1) LVN 10p-6a; (2) CNAs for 6a-2p and (2) hskp. 6a-2p. The facility has not had to use contract agency in last 3 months. The facility has implemented a new staffing software for scheduling that has really helped.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	2.1%	2.0%	GDR Meeting every quarter to reduce

Fall w/Major Injury (L)	3.5%	3.4%	3.5%	Continue to track and trend
UTI (L)	0%	1.7%	2.6%	Review all residents and
High risk with pressure ulcers (L)	5.1%	8.7%	8.9%	7 day woundcare/ round with Dr.
Loss of Bowel/Bladder Control(L)	87%	52%	46.9%	Review coding to ensure accurate
Catheter(L)	4.1%	1.9%	2.0%	Coding on MDS with diagnosis
Physical restraint(L)	0%	0%	.2%	
Increased ADL Assistance(L)	7.5%	17.%	15%	
Excessive Weight Loss(L)	2.0%	5%	6.2%	
Depressive symptoms(L)	0%	4.8%	7.6%	
Antipsychotic medication (L)	0%	2.1%	2.0%	GDR Meeting quarterly

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	10/15/2021 11/15/2021 12/15/2021	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	8.9%	5.1%	5.1%	Y	
Percent of residents who received an anti-psychotic medication	14.6%	5.00%	5.9%	Y	
Percent of residents whose ability to move independently has worsened	20.4%	13%	15.0%	n	Working with Therapy for Part B and improvement

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.6%	0%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	80.3%	100%	99.3%	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	Continue to work with IP for the Infection Control Program through training and monitoring and return demonstration. Orientation, monthly and quarterly.

Administrator: Craig Cannon
DON: Charity Reece, RN

FACILITY INFORMATION

Park Manor Humble is a 125-bed facility with a current overall rating of 3 and a Quality Measures rating of 4. The census on the date of call was 68. (1) MC; (21) HMO; (39 + 3 pending) MCD; (1) Hospice; (3) PP.

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

The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports the Covid_19 positivity rate for Harris County is in the RED with 34%.

The Administrator reported they had an employee test COVID_19 positive Friday, 1/14/2022 and a positive resident Monday, 1/17/2022. The facility is testing vaccinated staff & residents twice per week and unvaccinated staff and residents 3x/week. The positive resident was placed in the facility's hot unit. At this time, Park Manor of Humble has seven (new unvaccinated admissions) residents in their Warm Zone.

PPE inventory is still good. Face shields and N95 masks are being worn in the general population by employees at this time.

Park Manor has become NHSN a vaccine site and purchase the vaccine (1st & 2nd dose) themselves for new admissions who need their vaccine and for staff (new policy requiring staff to have their 1st dose by 2/1/2022). The facility is partnering with Memorial Herman to provide the booster dose of vaccines. 97 percent of employees have received their Covid_19 vaccines and 94 percent of residents have received their vaccinations, so far.

Staffing is no longer using an agency for staffing but they are using the Nurse Aide Waiver.

Visitation is going well but due to recent outbreak limiting general visitation to two essential caregivers during outbreak with regular visitation out front. 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. The facility had a Christmas party for both staff and residents.

SURVEY INFORMATION

Park Manor of Humble had 3 state visits for self-reports/complaints in November & December but they have not yet exited on any of them.

REPORTABLE INCIDENTS

During **October/November/December** the facility had 3 self-reports and currently waiting for the state to clear them.

CLINICAL TRENDING

Incidents/Falls:

During **October/November/December**, Park Manor of Humble reported 45 total falls without injury, 7 falls with injury, 4 skin tears, 0 fractures, 1 elopement, 0 bruises, 0 behaviors, 0 lacerations and 14 Other (no details).

Infection Control:

During **October/November/December**, 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 **October/November/December**, Park Manor of Humble had 13 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

During, **October/November/December** Park Manor of Humble reported 1 resident with pressure ulcers with 4 sites, 1 of them facility-acquired.

Restraints:

Park Manor of Humble is a restraint free facility.

Staffing:

Currently the facility is recruiting for: (1) RN 6a-2p; (2) RNs 2p-6a; (1) LVN 6a-2p; (1) LVN 2p-10p; (2) LVNs 10p-6a; (1) CNA 6a-2p; (3) CNAs for 2p-10p and (1) CNA 10p-6a.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)				
Fall w/Major Injury (L)	2%	3.4%	3.5%	
UTI (L)	0%	1.7%	2.6%	
High risk with pressure ulcers (L)	3.7%	8.7%	8.9%	
Loss of Bowel/Bladder Control(L)	70.6%	52%	46.9%	
Catheter(L)	0%	1.9%	2.0%	
Physical restraint(L)	0%	0%	0.2%	
Increased ADL Assistance(L)	21.6%	17.6%	15.0%	
Excessive Weight Loss(L)	0%	5.0%	6.2%	
Depressive symptoms(L)	0%	4.8%	7.6%	
Antipsychotic medication (L)	6.7%	11.8%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	10/19/2021 11/19/2021 12/15/2021	UDA completed timely

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	Facility has telehealth service to meet the additional RN staffing but just with staff we do not.
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	8.9	8.7	3.7	Y	
Percent of residents who received an anti-psychotic medication	14.6	11.8	6.7	Y	
Percent of residents whose ability to move independently has worsened	15.0	17.6	21.6	N	PIP for January QAPI

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.6	1.7	0	Y	
Percent of residents whose pneumococcal vaccine is up to date.	100%	95%	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	

Interim Administrator: Crissy Roper
DON: Tina Cook, RN

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 5. The census on the date of this report was 93: (11) MC; (21) HMO; (11) PP; (48) MDC; (2) 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 High and the facility has a cold, warm and hot unit in place.

On January 20, 2022, two employees and one resident tested positive for COVID_19. The resident currently in the hot unit and the employees are quarantined until appropriate time to come back to work. Testing is twice a week and as needed through the city of Houston and using the Binax.

Most residents had been eating in their room, except those that need assistance but now more are starting to come in the dining room in order to maintain weight stability. Activities are more one on one but next week will start up with social distancing again.

Currently, Park Manor South Belt has eight residents in the hot Unit and six residents in the warm unit. Staff are wearing N95 and goggles in the general population. PPE inventory is good.

So far, 97% (3 approved waivers) of employees and over 95% of their residents have received their COVID_19 vaccines.

Hall 300 renovations are now complete. The facility is open for visitation with screening 6a-7p then a nurse takes over on off hours. Visitors wear N95 and goggles. The Administrator reports the facility had a small Christmas party with Santa for the residents and a catered in meal and drawings for the staff.

SURVEY INFORMATION

Park Manor South Belt had their last annual survey on in December and their POC is currently being reviewed for 2 low level tags.

REPORTABLE INCIDENTS

Ten self-reports for the last quarter and all were cleared, unsubstantiated during annual survey.

CLINICAL TRENDING

Incidents/Falls:

During **October/November/December** Park Manor of South Belt had 49 total falls, of which 1 resulted in injury, 10 Skin tears, 4 Bruises, 0 Lacerations, 0 Elopements, 0 Fractures, 1 Other - scratch and 4 Behaviors.

Infection Control:

Park Manor of South Belt reports 101 total infections in **October/November/December** 25 UTI's; 21 URIs; 29 Wound infections; 8 Blood infections; 3 GI infections; 1 EENT infection and 14 other infections.

Weight loss:

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

Pressure Ulcers:

Park Manor South Belt reported 8 residents with pressure ulcers with 10 sites, 2 of them facility-acquired during **October/November/December**.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

Facility is currently in need of (2) RNs for 6a-2p; (2) RNs for 2p-10p; (3) LVNs for 6a-2p; (2) LVNs for 2p-10p; (2) CNA's 6a-2p and (2) CNA's 2p-10p.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0.7%	2.1%	2.1%	
Fall w/Major Injury (L)	1.5%	3.4%	3.5%	
UTI (L)	0%	1.7%	2.6%	
High risk with pressure ulcers (L)	9.8%	8.7%	8.9%	
Loss of Bowel/Bladder Control(L)	81.8%	52.0%	46.9%	
Catheter(L)	5.4%	3.9%	1.9%	
Physical restraint(L)	0%	0%	0.2%	
Increased ADL Assistance(L)	8.3%	17.6%	15.0%	
Excessive Weight Loss(L)	14.5%	5.0%	6.2%	
Depressive symptoms(L)	0%	4.8%	7.6%	
Antipsychotic medication (L)	0.7%	2.1%	2.1%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	10/13/21,11/10/21 12/18/21	Falls, PU, Weights

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.9%	2.5%	0%	Y	

Percent of residents who received an anti-psychotic medication	2.0%	2.1%	0.7%	Y	
Percent of residents whose ability to move independently has worsened	20.4%	18.5%	2.7%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of residents with urinary tract infections	2.6%	1.7%	0	Y	
Percent of residents whose pneumococcal vaccine is up to date.	80.001%	82.04%	98.65%	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	

Cory Thompson-Administrator
Christina Gibbs-DON
Sautaria White – Infection Control Nurse

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 77: 4 PP; 7 MC; 51 MDC; 8 HMO; and 7 Hospice.

Due to the current COVID-19 restrictions in place, the QIPP site visit was conducted via telephone. The Administrator, 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 34%, still in RED. Testing is twice per week for vaccinated employees and residents and three times per week for non-vaccinated employees. Last time an employee and resident tested COVID_19 positive was today, 1/18/2022. Resident no symptoms but the staff member did have symptoms. All staff are currently wearing N95 masks and face shields.

The facility has three residents in their Hot Zone COVID unit all facility acquired. The facility also has three residents in their warm zone, 2 new admissions and 1 roommate to a COVID_19 positive resident.

State came out in December for an infection Control survey for COVID+ and no citations were given to Park Manor Westchase. PPE inventory is still good.

Dining services in the dining room has continued with only about 10-12 residents who participate. Activities are on-going with minimal participation right now.

Approximately 95% of employees (with 2 waivers) and all but 3 residents have received their COVID_19 vaccines. The facility provides vaccines and boosters in house. The Administrator reported they are still using contract agency and scheduled hours remain the same so far for the new year.

The facility held Christmas parties for staff and residents. The Administrator reports the facility is still having visitation with screening and they wear their own masks.

SURVEY Information

The facility's annual survey was in August of 2021.

REPORTABLE INCIDENTS

The facility reports the following complaints/self-reports for **October/November/December** with state visits/desk reviews on all but one (12/31) and all un-substantiated with no citations:

- 10/21 (Sepsis. Neglect Allegation), 10/25 (Fall w/inj. Neglect Allegation), 10/25 (Sexual Abuse Allegation),
- 12/20 (COVID Outbreak), 12/31 (Bruise to Hand Abuse Allegation)

CLINICAL TRENDING

Incidents/Falls

During **October/November/December**, Park Manor Westchase reported 21 total falls without injury, 1 fall with injury, 4 skin tears, 1 fracture, 1 bruises, and 2 Other (no details).

Infection Control:

During **October/November/December**, Park Manor Westchase reported 26 infections of which 7 were UTI's, 2 were Respiratory, 10 wound infections, 5 blood infections and 2 GI infections.

Weight loss:

During **October/November/December**, Park Manor Westchase had 11 residents with 5% in 1 month or less weight loss and 0 residents with greater than 10% weight loss in 6 months.

Pressure Ulcers:

During **October/November/December** Park Manor Westchase reported 17 residents with pressure ulcers with 91 sites, 2 of them facility-acquired.

Restraints:

Park Manor Westchase does not use side rails or restraints.

Staffing:

Currently the facility is recruiting for: (2) LVNs 6a-2p; (1) CNA 6a-2p; (4) CNAs 2p-10p and (2) CNAs for 10p-6a.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	4.5%	2.1%	2.0%	
Fall w/Major Injury (L)	5.0%	3.4%	3.5%	
UTI (L)	0%	1.7%	2.6%	
High risk with pressure ulcers (L)	2.0%	8.7%	8.9%	

Loss of Bowel/Bladder Control(L)	70.3%	50.9%	47.2%	
Catheter(L)	2.1%	1.9%	2.0%	
Physical restraint(L)	0%	0%	.2%	
Increased ADL Assistance(L)	13%	17.6%	15%	
Excessive Weight Loss(L)	0%	5.9%	6.2%	
Depressive symptoms(L)	0%	4.8%	7.6%	
Antipsychotic medication (L)	1.9%	11.8%	14.6%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
QAPI Meeting	12/14,11/9,10/12	Fall w/major injury reduction, staff 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?	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	8.9%	8.7%	2.0%	Y	
Percent of residents who received an anti-psychotic medication	14.6%	11.8%	1.9%	Y	
Percent of residents whose ability to move independently has worsened	20.4%	18.5%	23.1%	N	Educated staff on proper ADL documentation due to documentation inaccuracies.

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%	1.7%	0%	Y	
Percent of residents whose pneumococcal vaccine is up to date.	93.6%	96.0%	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	

Administrator: Sean Buelow
DON: Linda Obi, RN

FACILITY INFORMATION

Spring Branch Transitional Care Center is managed by Caring Healthcare. They are licensed for 198 beds and are comprised of 5 floors. The CMS overall star rating for the facility is 2 with a 3-star rating in Quality Measures. The facility specializes in Behavioral/psychiatric but also has a wing for Korean residents. The census given on the day of report was 184.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports Harris County's positivity rate was 34%, still in RED and testing residents and employees twice per week as of today due to 'Outbreak Status' with one positive employee right before Christmas up to yesterday (both employees and residents).

Currently, Spring Branch has three residents (and one in hospital due to swallowing issues) two facility acquired and one admitted with COVID, in the Hot Zone Unit for COVID_19 positive. The Warm Zone has two residents (new admissions), at this time.

Spring Branch have a Covid_19 vaccination clinic on 1/19/2022 utilizing their own pharmacy, Med-Options. So far, 90% of the residents have received their vaccine and approximately 85% of staff have received a full series of vaccinations.

PPE Inventory is still good. Spring Branch Transitional Care still utilizes Twin Med for their supplies.

Staffing is still a challenge but it has gotten much better after the new year (hired 7 new staff last week). The facility is still using sign on bonuses and negotiating salaries.

The PIP for falls remains in place for the facility, especially for injuries of unknown origin.

The facility had Christmas parties for staff and residents. Daily visitation is still ongoing and the Administrator mentioned they have approximately fifty visits per day. These visits have been going well with no major issues with visitors wearing their own masks. The freight elevator major overhaul is still in the planning stages, supply chain issues holding it up from being completed.

SURVEY Information

Facility is currently in their survey window.

REPORTABLE INCIDENTS

Information not provided.

CLINICAL TRENDING

Incidents/Falls:

Information not provided.

Infection Control:

Information not provided.

Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Spring Branch Transitional Care is a restraint free facility.

Staffing:

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

Quality Indicators - CASPER Report – Information not provided				
Indicator	Facility	State	National	Comments
New Psychoactive Med Use (S)				Information not provided
Fall w/Major Injury (L)				
UTI (L)				
High risk with pressure ulcers (L)				
Loss of Bowel/Bladder Control(L)				
Catheter(L)				
Physical restraint(L)				
Increased ADL Assistance(L)				
Excessive Weight Loss(L)				
Depressive symptoms(L)				
Antipsychotic medication (L)				

QIPP SCORECARD: - information not provided but per Administrator the facility met all four components.

Component 1

Indicator	QAPI Mtg Date	Benchmark Met Y/N	PIP's Implemented (Name specific PIP's)
QAPI Meeting			Information not provided.

Component 2

Indicator	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours of RN staffing coverage per day, beyond the CMS mandate?		Information not provided
Did NF maintain 8 additional hours of RN staffing coverage per day, beyond the CMS mandate?		Information not provided
Does the NF have a staffing recruitment and retention program that includes a self-directed plan and monitoring outcomes?		Information not provided
Was Workforce Development data submitted q month to QIPP during the quarter?		Information not provided

Component 3

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure					Information not provided

ulcers; including unstageable ulcers					
Percent of residents who received an anti-psychotic medication					Information not provided
Percent of residents whose ability to move independently has worsened					Information not provided

QIPP Component 4 – CMS Long-Stay Quality Metrics

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