

# **Exhibit “A-1”**

## Winnie-Stowell Hospital District

## Balance Sheet

02/15/23

As of January 31, 2023

Accrual Basis

	<u>Jan 31, 23</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	174,799.68
104c Allegiance Bank -CD#1771	7,019,421.67
105 TexStar	703,557.42
108 Allegiance Bank NH Combined	10,029,851.05
109 First Financial Bank	19,239,263.09
Total Checking/Savings	37,166,892.91
Other Current Assets	
110 Sales Tax Receivable	132,417.87
114 Accounts Receivable NH	44,849,720.87
116 - A/R Gulf Cost CHOW - LOC	760,000.00
117 NH - QIPP Prog Receivable	12,610,828.78
118 Prepaid Expense	35,694.65
119 Prepaid IGT	15,726,399.41
Total Other Current Assets	74,115,061.58
Total Current Assets	111,281,954.49
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	129,483.00
125 Accumulated Depreciation	-148,854.64
Total Fixed Assets	121,283.32
<b>TOTAL ASSETS</b>	<b><u>111,403,237.81</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	10,044,306.45
201 NHP Accounts Payable	4,999,339.91
210.21 Loan Payable 21 QIPP 6	9,014,433.31
210.22 Loan Payable 22 QIPP 7	13,057,329.45
210.50 Allegiance Bk Ln 6 QIPP6	7,000,000.00
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	1,924.28
240 Accounts Payable NH	49,981,808.78
Total Other Current Liabilities	94,099,505.49
Total Current Liabilities	94,099,505.49
Long Term Liabilities	
280 Deferred Inflows	-1,456,784.00
Total Long Term Liabilities	-1,456,784.00
Total Liabilities	92,642,721.49

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Jan. 31, 2023

Accrual Basis

	Jan 23	Budget	\$ Over Budget
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
400 Sales Tax Revenue	58,000.99	770,000.00	-711,999.01
405 Investment Income	2,600.30	35,000.00	-32,399.70
407 Rental Income	3,500.00	69,500.00	-66,000.00
409 Tobacco Settlement	0.00	11,000.00	-11,000.00
415 Nursing Home - QIPP Program	5,299,290.01	64,796,074.68	-59,496,784.67
<b>Total Income</b>	5,363,391.30	65,681,574.68	-60,318,183.38
<b>Gross Profit</b>	5,363,391.30	65,681,574.68	-60,318,183.38
<b>Expense</b>			
500 Admin-Administrative Salary	7,975.87	80,312.00	-72,336.13
502 Admin-Administrative Assnt	1,338.75	45,000.00	-43,661.25
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00
504 Admin-Administrative PR Tax	712.56	10,025.00	-9,312.44
505 Admin-Board Bonds	0.00	250.00	-250.00
515 Admin-Bank Service Charges	146.30	1,400.00	-1,253.70
521 Professional Fees - Acctng	3,437.50	36,000.00	-32,562.50
522 Professional Fees-Auditing	0.00	26,000.00	-26,000.00
523 Professional Fees - Legal	1,000.00	25,000.00	-24,000.00
550 Admin-D&O / Liability Ins.	0.00	16,000.00	-16,000.00
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00
562 Admin-Travel&Mileage Reimb.	0.00	200.00	-200.00
569 Admin-Meals	117.27	1,500.00	-1,382.73
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00
571 Admin-Office Supp. & Exp.	488.61	10,000.00	-9,511.39
572 Admin-Web Site	0.00	1,000.00	-1,000.00
573 Admin-Copier Lease/Contract	216.94	3,000.00	-2,783.06
575 Admin-Cell Phone Reimburse	150.00	1,800.00	-1,650.00
576 Admin-Telephone/Internet	281.68	3,500.00	-3,218.32
577 - Admin Dues	1,895.00	1,895.00	0.00
591 Admin-Notices & Fees	710.00	4,000.00	-3,290.00
592 Admin Office Rent	340.00	4,080.00	-3,740.00
593 Admin-Utilities	327.94	4,000.00	-3,672.06
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00
598 Admin-Building Maintenance	420.00	6,000.00	-5,580.00
601 IC-Healthcare Expenses			
601.01a IC Pmt to Hosp-Indigent	288,767.59	288,370.10	397.49
601.01b IC Pmt to Coastal (Ind)	0.00	147,316.76	-147,316.76
601.02 IC-Non Hosp Costs UTMB	41,988.31	300,000.00	-258,011.69

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Jan. 31, 2023

Accrual Basis

	Jan 23	Budget	\$ Over Budget
<b>601.03 IC-Non Hosp-Specl Pro</b>			
601.03a Dental	2,314.00	10,500.00	-8,186.00
601.03b IC Vision	50.00	1,200.00	-1,150.00
601.04 IC-Non Hosp Cost-Other	1,442.21	12,500.00	-11,057.79
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00
<b>Total 601.03 IC-Non Hosp-Specl Pro</b>	<b>3,806.21</b>	<b>49,200.00</b>	<b>-45,393.79</b>
<b>Total 601 IC-Healthcare Expenses</b>	<b>334,562.11</b>	<b>784,886.86</b>	<b>-450,324.75</b>
<b>602 IC-WCH 1115 Waiver Prog</b>	0.00	129,340.00	-129,340.00
<b>603 IC-Pharmaceutical Costs</b>	6,580.01	37,600.00	-31,019.99
<b>605 IC-Office Supplies/Postage</b>	0.00	2,000.00	-2,000.00
<b>607 WSHD - Grants</b>			
600 East Chambers ISD Partnersh	18,333.33	283,643.00	-265,309.67
607.01 WCH/RMC	0.00	1,000,000.00	-1,000,000.00
<b>607.03 WSVEMS</b>			
607.03c WSVEMS - Salaries	10,752.00	168,800.00	-158,048.00
<b>Total 607.03 WSVEMS</b>	<b>10,752.00</b>	<b>168,800.00</b>	<b>-158,048.00</b>
<b>607.06 FQHC(Coastal)</b>			
607.06a FQHC	75,624.92		
607.06 FQHC(Coastal) - Other	0.00	914,112.00	-914,112.00
<b>Total 607.06 FQHC(Coastal)</b>	<b>75,624.92</b>	<b>914,112.00</b>	<b>-838,487.08</b>
<b>607.99 WSHD - Grants Other</b>			
607.99a Marcelous Williams	14,283.52	57,742.12	-43,458.60
607.Admin-Cont Ed-Med Pers.	150.14	1,801.68	-1,651.54
<b>Total 607.99 WSHD - Grants Other</b>	<b>14,433.66</b>	<b>59,543.80</b>	<b>-45,110.14</b>
<b>Total 607 WSHD - Grants</b>	<b>119,143.91</b>	<b>2,426,098.80</b>	<b>-2,306,954.89</b>
<b>611 IC-Indigent Care Dir Salary</b>	6,458.67	65,264.00	-58,805.33
<b>612 IC-Payroll Taxes -Ind Care</b>	494.09	5,125.00	-4,630.91
<b>615 IC-Software</b>	1,109.00	13,308.00	-12,199.00
<b>616 IC-Travel</b>	32.94	600.00	-567.06
<b>617 Youth Programs</b>			
617.01 Youth Counseling	1,445.00	25,000.00	-23,555.00
617.02 Irlen Program	0.00	600.00	-600.00
<b>Total 617 Youth Programs</b>	<b>1,445.00</b>	<b>25,600.00</b>	<b>-24,155.00</b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Jan. 31, 2023

Accrual Basis

	Jan 23	Budget	\$ Over Budget
630 NH Program-Mgt Fees	1,205,108.91	17,446,084.60	-16,240,975.69
631 NH Program-IGT	2,669,072.19	31,638,239.32	-28,969,167.13
632 NH Program-Telehealth Fees	23,979.53	196,091.32	-172,111.79
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00
634 NH Program-Legal Fees	24,320.00	250,000.00	-225,680.00
635 NH Program-LTC Fees	240,000.00	3,120,000.00	-2,880,000.00
637 NH Program-Interest Expense	324,375.51	3,656,575.04	-3,332,199.53
638 NH Program-Bank Fees & Misc	0.00	100.00	-100.00
639 NH Program-Appraisal	0.00	23,250.00	-23,250.00
674 - Property Acquisition	1,911.10	534,062.00	-532,150.90
675 HWY 124 Expenses			
675.01 Tony's BBQ Bldg Expenses	0.00	25,000.00	-25,000.00
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00
<b>Total 675 HWY 124 Expenses</b>	<b>0.00</b>	<b>35,000.00</b>	<b>-35,000.00</b>
676 Building-Property Insurance	3,221.20		
<b>Total Expense</b>	<b>4,981,372.59</b>	<b>60,727,786.94</b>	<b>-55,746,414.35</b>
<b>Net Ordinary Income</b>	<b>382,018.71</b>	<b>4,953,787.74</b>	<b>-4,571,769.03</b>
<b>Other Income/Expense</b>			
<b>Other Income</b>			
416 Nursing Home Operations	21,652,655.82		
<b>Total Other Income</b>	<b>21,652,655.82</b>		
<b>Other Expense</b>			
640 Nursing Home Oper. Expenses	21,652,655.82		
<b>Total Other Expense</b>	<b>21,652,655.82</b>		
<b>Net Other Income</b>	<b>0.00</b>		
<b>Net Income</b>	<b>382,018.71</b>	<b>4,953,787.74</b>	<b>-4,571,769.03</b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Jan. 31, 2023

Accrual Basis

	% of Budget
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
400 Sales Tax Revenue	7.5%
405 Investment Income	7.4%
407 Rental Income	5.0%
409 Tobacco Settlement	0.0%
415 Nursing Home - QIPP Program	8.2%
<b>Total Income</b>	<b>8.2%</b>
<b>Gross Profit</b>	<b>8.2%</b>
<b>Expense</b>	
500 Admin-Administrative Salary	9.9%
502 Admin-Administrative Assnt	3.0%
503 Admin - Staff Incentive Pay	0.0%
504 Admin-Administrative PR Tax	7.1%
505 Admin-Board Bonds	0.0%
515 Admin-Bank Service Charges	10.5%
521 Professional Fees - Acctng	9.5%
522 Professional Fees-Auditing	0.0%
523 Professional Fees - Legal	4.0%
550 Admin-D&O / Liability Ins.	0.0%
560 Admin-Cont Ed, Travel	0.0%
562 Admin-Travel&Mileage Reimb.	0.0%
569 Admin-Meals	7.8%
570 Admin-District/County Prom	0.0%
571 Admin-Office Supp. & Exp.	4.9%
572 Admin-Web Site	0.0%
573 Admin-Copier Lease/Contract	7.2%
575 Admin-Cell Phone Reimburse	8.3%
576 Admin-Telephone/Internet	8.0%
577 - Admin Dues	100.0%
591 Admin-Notices & Fees	17.8%
592 Admin Office Rent	8.3%
593 Admin-Utilities	8.2%
594 Admin-Casualty & Windstorm	0.0%
597 Admin-Flood Insurance	0.0%
598 Admin-Building Maintenance	7.0%
601 IC-Healthcare Expenses	
601.01a IC Pmt to Hosp-Indigent	100.1%
601.01b IC Pmt to Coastal (Ind)	0.0%
601.02 IC-Non Hosp Costs UTMB	14.0%

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Jan. 31, 2023

Accrual Basis

	% of Budget	
601.03 IC-Non Hosp-Specl Pro		
601.03a Dental	22.0%	
601.03b IC Vision	4.2%	
601.04 IC-Non Hosp Cost-Other	11.5%	
601.05 IC - Charity Care Prog	0.0%	
<b>Total 601.03 IC-Non Hosp-Specl Pro</b>	<b>7.7%</b>	
<b>Total 601 IC-Healthcare Expenses</b>		<b>42.6%</b>
602 IC-WCH 1115 Waiver Prog		0.0%
603 IC-Pharmaceutical Costs		17.5%
605 IC-Office Supplies/Postage		0.0%
607 WSHD - Grants		
600 East Chambers ISD Partnersh	6.5%	
607.01 WCH/RMC	0.0%	
607.03 WSVEMS		
607.03c WSVEMS - Salaries	6.4%	
<b>Total 607.03 WSVEMS</b>	<b>6.4%</b>	
607.06 FQHC(Coastal)		
607.06a FQHC		
607.06 FQHC(Coastal) - Other	0.0%	
<b>Total 607.06 FQHC(Coastal)</b>	<b>8.3%</b>	
607.99 WSHD - Grants Other		
607.99a Marcelous Williams	24.7%	
607.Admin-Cont Ed-Med Pers.	8.3%	
<b>Total 607.99 WSHD - Grants Other</b>	<b>24.2%</b>	
<b>Total 607 WSHD - Grants</b>		<b>4.9%</b>
611 IC-Indigent Care Dir Salary		9.9%
612 IC-Payroll Taxes -Ind Care		9.6%
615 IC-Software		8.3%
616 IC-Travel		5.5%
617 Youth Programs		
617.01 Youth Counseling	5.8%	
617.02 Irlen Program	0.0%	
<b>Total 617 Youth Programs</b>	<b>5.6%</b>	

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Jan. 31, 2023

Accrual Basis

	% of Budget
630 NH Program-Mgt Fees	6.9%
631 NH Program-IGT	8.4%
632 NH Program-Telehealth Fees	12.2%
633 NH Program-Acctg Fees	0.0%
634 NH Program-Legal Fees	9.7%
635 NH Program-LTC Fees	7.7%
637 NH Program-Interest Expense	8.9%
638 NH Program-Bank Fees & Misc	0.0%
639 NH Program-Appraisal	0.0%
674 - Property Acquisition	0.4%
675 HWY 124 Expenses	
675.01 Tony's BBQ Bldg Expenses	0.0%
675.02 Clinic Expenses	0.0%
Total 675 HWY 124 Expenses	0.0%
676 Building-Property Insurance	
Total Expense	8.2%
Net Ordinary Income	7.7%
Other Income/Expense	
Other Income	
416 Nursing Home Operations	
Total Other Income	
Other Expense	
640 Nursing Home Oper. Expenses	
Total Other Expense	
Net Other Income	
Net Income	7.7%



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02/15/23

Accrual Basis

**Winnie-Stowell Hospital District**  
**Balance Sheet**  
**As of January 31, 2023**

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	<u>Jan 31, 23</u>
<b>Equity</b>	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,217,836.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	6,589,378.48
Net Income	382,018.71
<b>Total Equity</b>	<u>18,760,516.32</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>111,403,237.81</u></u>

# **Exhibit “A-2”**

## Winnie-Stowell Hospital District

## Balance Sheet

As of December 31, 2022

	<u>Dec 31, 22</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	396,232.02
104c Allegiance Bank -CD#1771	7,019,421.67
105 TexStar	701,026.61
108 Allegiance Bank NH Combined	6,080,972.46
109 First Financial Bank	17,114,962.99
<b>Total Checking/Savings</b>	<b>31,312,615.75</b>
Other Current Assets	
110 Sales Tax Receivable	132,417.87
112 Other Receivable	250,323.24
114 Accounts Receivable NH	44,849,720.87
117 NH - QIPP Prog Receivable	10,780,623.08
118 Prepaid Expense	35,694.65
119 Prepaid IGT	18,395,471.60
<b>Total Other Current Assets</b>	<b>74,444,251.31</b>
<b>Total Current Assets</b>	<b>105,756,867.06</b>
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	129,483.00
125 Accumulated Depreciation	-148,854.64
<b>Total Fixed Assets</b>	<b>121,283.32</b>
<b>TOTAL ASSETS</b>	<b><u>105,878,150.38</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,107,227.86
201 NHP Accounts Payable	3,794,231.00
210.21 Loan Payable 21 QIPP 6	9,014,433.31
210.22 Loan Payable 22 QIPP 7	13,057,329.45
210.50 Allegiance Bk Ln 6 QIPP6	7,000,000.00
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	1,043.06
240 Accounts Payable NH	49,981,808.78
<b>Total Other Current Liabilities</b>	<b>88,956,436.77</b>
<b>Total Current Liabilities</b>	<b>88,956,436.77</b>
Long Term Liabilities	
280 Deferred Inflows	-1,456,784.00
<b>Total Long Term Liabilities</b>	<b>-1,456,784.00</b>
<b>Total Liabilities</b>	<b>87,499,652.77</b>
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,217,836.13
315 Committed for Capital Proj	450,000.00
Net Income	6,589,378.48
<b>Total Equity</b>	<b>18,378,497.61</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>105,878,150.38</u></b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Dec 31, 2022

Accrual Basis

	Jan - Dec 22	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	777,729.55	770,000.00	7,729.55	101.0%
405 Investment Income	36,847.39	35,000.00	1,847.39	105.3%
407 Rental Income	25,000.00	28,500.00	-3,500.00	87.7%
409 Tobacco Settlement	11,952.67	11,900.00	52.67	100.4%
415 Nursing Home - QIPP Program	56,298,728.72	55,928,415.36	370,313.36	100.7%
<b>Total Income</b>	<b>57,150,258.33</b>	<b>56,773,815.36</b>	<b>376,442.97</b>	<b>100.7%</b>
<b>Gross Profit</b>	<b>57,150,258.33</b>	<b>56,773,815.36</b>	<b>376,442.97</b>	<b>100.7%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	73,303.16	73,303.16	0.00	100.0%
502 Admin-Administrative Assnt	17,398.75	18,400.00	-1,001.25	94.6%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	6,986.61	7,444.00	-457.39	93.9%
505 Admin-Board Bonds	250.00	250.00	0.00	100.0%
515 Admin-Bank Service Charges	1,283.74	1,350.00	-66.26	95.1%
521 Professional Fees - Acctng	30,718.75	31,000.00	-281.25	99.1%
522 Professional Fees-Auditing	59,973.22	59,973.22	0.00	100.0%
523 Professional Fees - Legal	12,000.00	25,000.00	-13,000.00	48.0%
550 Admin-D&O / Liability Ins.	15,673.26	15,700.00	-26.74	99.8%
562 Admin-Travel&Mileage Reimb.	192.36	200.00	-7.64	96.2%
569 Admin-Meals	1,216.77	1,500.00	-283.23	81.1%
571 Admin-Office Supp. & Exp.	8,988.49	9,200.00	-211.51	97.7%
572 Admin-Web Site	555.00	555.00	0.00	100.0%
573 Admin-Copier Lease/Contract	2,804.50	3,000.00	-195.50	93.5%
575 Admin-Cell Phone Reimburse	1,800.00	1,800.00	0.00	100.0%
576 Admin-Telephone/Internet	3,365.90	3,365.90	0.00	100.0%
591 Admin-Notices & Fees	2,835.00	3,500.00	-665.00	81.0%
592 Admin Office Rent	4,080.00	4,080.00	0.00	100.0%
593 Admin-Utilities	2,914.60	3,600.00	-685.40	81.0%
594 Admin-Casualty & Windstorm	2,540.24	2,540.24	0.00	100.0%
598 Admin-Building Maintenance	5,530.00	5,500.00	30.00	100.5%
601 IC-Healthcare Expenses				
601.01a IC Pmt to Hosp-Indigent	427,622.61	435,686.86	-8,064.25	98.1%
601.02 IC-Non Hosp Costs UTMB	246,830.22	300,000.00	-53,169.78	82.3%
601.03 IC-Non Hosp-Specl Pro				
601.03a Dental	10,277.00	10,500.00	-223.00	97.9%
601.03b IC Vision	1,240.00	1,400.00	-160.00	88.6%
601.04 IC-Non Hosp Cost-Other	10,683.74	12,500.00	-1,816.26	85.5%
601.05 IC - Charity Care Prog	0.00	3,500.00	-3,500.00	0.0%
<b>Total 601.03 IC-Non Hosp-Specl ...</b>	<b>22,200.74</b>	<b>27,900.00</b>	<b>-5,699.26</b>	<b>79.6%</b>
<b>Total 601 IC-Healthcare Expenses</b>	<b>696,653.57</b>	<b>763,586.86</b>	<b>-66,933.29</b>	<b>91.2%</b>

**Winnie-Stowell Hospital District  
Profit & Loss Budget vs. Actual  
As of Dec 31, 2022**

Accrual Basis

	Jan - Dec 22	Budget	\$ Over Budget	% of Budget
602 IC-WCH 1115 Waiver Prog	91,015.06	91,015.06	0.00	100.0%
603 IC-Pharmaceutical Costs	37,149.90	37,600.00	-450.10	98.8%
605 IC-Office Supplies/Postage	1,559.66	2,000.00	-440.34	78.0%
<b>607 WSHD - Grants</b>				
600 East Chambers ISD Partnersh	219,999.96	220,000.00	-0.04	100.0%
<b>607.03 WSVEMS</b>				
607.03b WSVEMS - Monitors	104,815.71	104,815.71	0.00	100.0%
607.03c WSVEMS - Salaries	111,888.00	112,808.00	-920.00	99.2%
<b>Total 607.03 WSVEMS</b>	216,703.71	217,623.71	-920.00	99.6%
607.04 SVDP	11,900.00	11,900.00	0.00	100.0%
607.06 FQHC(Coastal)				
607.06a FQHC	819,212.77	838,467.14	-19,254.37	97.7%
<b>Total 607.06 FQHC(Coastal)</b>	819,212.77	838,467.14	-19,254.37	97.7%
607.99 WSHD - Grants Other				
607.99a Marcelous Williams	55,550.00	55,500.00	50.00	100.1%
607.99b Thompson OPC	117,368.18	117,368.18	0.00	100.0%
607.Admin-Cont Ed-Med Pers.	1,801.68	1,801.68	0.00	100.0%
<b>Total 607.99 WSHD - Grants Other</b>	174,719.86	174,669.86	50.00	100.0%
<b>Total 607 WSHD - Grants</b>	1,442,536.30	1,462,660.71	-20,124.41	98.6%
611 IC-Indigent Care Dir Salary	59,359.96	59,360.16	-0.20	100.0%
612 IC-Payroll Taxes -Ind Care	4,572.39	4,717.44	-145.05	96.9%
615 IC-Software	13,308.00	13,308.00	0.00	100.0%
616 IC-Travel	869.41	600.00	269.41	144.9%
<b>617 Youth Programs</b>				
617.01 Youth Counseling	18,955.00	19,125.00	-170.00	99.1%
617.02 Irlen Program	496.00	600.00	-104.00	82.7%
<b>Total 617 Youth Programs</b>	19,451.00	19,725.00	-274.00	98.6%
630 NH Program-Mgt Fees	14,597,689.06	14,934,378.96	-336,689.90	97.7%
631 NH Program-IGT	26,391,168.76	24,225,980.00	2,165,188.76	108.9%
632 NH Program-Telehealth Fees	165,753.96	165,753.96	0.00	100.0%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	154,857.20	250,000.00	-95,142.80	61.9%
635 NH Program-LTC Fees	2,568,000.00	2,568,000.00	0.00	100.0%
637 NH Program-Interest Expense	3,478,445.84	3,443,413.32	35,032.52	101.0%
638 NH Program-Bank Fees & Misc	263.08	100.00	163.08	263.1%
639 NH Program-Appraisal	46,076.76	46,076.76	0.00	100.0%
640 Nursing Home Acquisition	3,328.00	3,328.00	0.00	100.0%
674 - Property Acquisition	1,310,844.85	1,310,844.85	0.00	100.0%

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
As of Dec 31, 2022

Accrual Basis

	Jan - Dec 22	Budget	\$ Over Budget	% of Budget
<b>675 HWY 124 Expenses</b>				
<b>675.01 Tony's BBQ Bldg Expenses</b>	16,893.60	16,893.60	0.00	100.0%
<b>Total 675 HWY 124 Expenses</b>	16,893.60	16,893.60	0.00	100.0%
<b>Total Expense</b>	51,354,206.71	49,729,604.20	1,624,602.51	103.3%
<b>Net Ordinary Income</b>	5,796,051.62	7,044,211.16	-1,248,159.54	82.3%
<b>Other Income/Expense</b>				
<b>Other Income</b>				
<b>416 Nursing Home Operations</b>	259,831,869.84			
<b>Total Other Income</b>	259,831,869.84			
<b>Other Expense</b>				
<b>640 Nursing Home Oper. Expenses</b>	259,038,542.98			
<b>Total Other Expense</b>	259,038,542.98			
<b>Net Other Income</b>	793,326.86			
<b>Net Income</b>	<b>6,589,378.48</b>	<b>7,044,211.16</b>	<b>-454,832.68</b>	<b>93.5%</b>

# **Exhibit “A-3”**

**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, February 15, 2023</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care		\$3,141.06	Prosperity Operating (Unrestricted)	\$233,513.80
Wilcox Pharmacy	Indigent Care		\$1,685.84	First Financial (Unrestricted)	\$8,517,013.81
UTMB at Galveston	Indigent Care		\$26,987.90	First Financial (Restricted)	\$9,664,446.51
UTMB Faculty Group	Indigent Care		\$3,208.85	TexStar	\$703,557.42
Thompson Outpatient Clinic	Indigent Care		\$1,291.41	Allegiance Bank LOC (Available)	\$19,421.67
Riceland Medical Center	Indigent Care (Dec 2022)		\$67,782.76	Total District Funds	<b>\$19,137,953.20</b>
Barrier Reef EM Phy	Indigent Care		\$97.49	Less First Financial (Restricted)	<b>(\$9,664,446.51)</b>
Indigent Healthcare Solutions	IC Inv#75278		\$1,109.00	Less TexStar Reserve Account	<b>(\$703,557.42)</b>
Dr. June Stanky, Optometrist	SP Program		\$60.00	Less Committed Funds (See below)	<b>(\$7,914,112.00)</b>
Omnipoint Health-Dental	SP Program		\$3,899.00	Cash Position (Less First Financial Restricted)	<b>\$855,837.28</b>
Penelope (Polly) Butler	Youth Counseling		\$85.00	Pending Expenses	\$264,885.86
Nicki Holtzman	Youth Counseling		\$510.00	Ending Balance (Less expenses-Available Cash, not Committed)	<b>\$1,120,723.14</b>
Kalos Counseling (Benjamin Odom)	Youth Counseling		\$510.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	<b>\$9,017,077.24</b>
Benckenstein & Oxford	Inv # 50660		\$25,730.00	<b>Prior Month</b>	
Hubert Oxford	Legal Retainer		\$1,000.00	Prosperity Operating (Unrestricted)	\$670,305.22
David Sticker	Inv #94		\$2,781.25	First Financial (Unrestricted)	\$8,946,097.55
Technology Solutions of Tx	Inv #1748		\$75.00	First Financial (Restricted)	\$7,837,460.91
Felipe Ojedia-Yard Service	Inv #1034		\$300.00	TexStar	\$701,026.61
Graciela Chavez-Office Cleaning	Inv #965954		\$120.00	Allegiance Bank LOC (Available)	\$19,421.67
American Education Services	S Stern-Student Loan		\$150.14	Total District Funds	<b>\$18,174,311.96</b>
Chambers Cty Road & Bridge	Inv #2023-17 (HWY 124)		\$414.00	Less First Financial (Restricted)	<b>(\$7,837,460.91)</b>
WSVEMS	Grant Inv (Jan Payroll)		\$11,904.00	Less TexStar Reserve Account	<b>(\$701,026.61)</b>
Coastal Gateway	Feb 2023 Grant Request		\$96,282.32	Less Committed Funds (See below)	<b>(\$7,914,112.00)</b>
Allegiance Bank	LOC Interest-Auto Pay Feb 23		\$15,370.84	Cash Position (Less First Financial Restricted)	<b>\$1,721,712.44</b>
Texas Mutual Insurance Company	WC Renewal #0001302975		\$390.00	Pending Expenses	\$489,084.77
<b>Total Pending Expenses:</b>			<b>\$264,885.86</b>	Ending Balance (Less expenses)	<b>\$2,210,797.21</b>
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	<b>\$9,840,399.11</b>

First Financial Bank Reconciliations					
FFB Balance February 13, 2023	\$18,181,460.31				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
<b>Yr. 6, Component 1-IGT 11 (First Half)</b>					
Component 1-September (1st Half)	\$2,390,039.85	\$2,390,039.85	\$2,390,039.85	\$0.00	\$2,390,039.85
Component 1-October (1st Half)	\$2,576,892.91	\$2,576,892.91	\$2,576,892.91	\$0.00	\$2,576,892.91
Component 1-November (1st Half)	\$2,783,588.00	\$2,783,588.00	\$2,783,588.00	\$0.00	\$2,783,588.00
<b>Total Component 1, IGT 10</b>	<b>\$7,750,520.76</b>	<b>\$7,750,520.76</b>	<b>\$7,750,520.76</b>	<b>\$0.00</b>	<b>\$7,750,520.76</b>
<b>Loan 21 Set Aside (Salt Creek &amp; Allegiance)</b>					
Loan 20 Payment-September (1st Half)	\$2,390,039.85	\$2,390,039.85	\$2,390,039.85	\$0.00	\$2,390,039.85
Loan 20 Payment-October (1st Half)	\$2,576,892.91	\$2,576,892.91	\$2,576,892.91	\$0.00	\$2,576,892.91
Loan 20 Payment-November (1st Half)	\$2,783,588.00	\$2,783,588.00	\$2,783,588.00	\$0.00	\$2,783,588.00
<b>Total Loan 20 Set Aside</b>	<b>\$7,750,520.76</b>	<b>\$7,750,520.76</b>	<b>\$7,750,520.76</b>	<b>\$0.00</b>	<b>\$7,750,520.76</b>
<b>Yr. 5, Component 2 (Public &amp; Private)</b>					
Y6/Q1-Comp. 2-Sep	\$324,138.76	\$600,318.46	\$600,318.46	\$0.00	\$276,179.70
Y6/Q1-Comp. 2-Oct.	\$353,496.62	\$659,034.18	\$659,034.18	\$0.00	\$305,537.56
Y6/Q1-Comp. 2-Nov.	\$362,595.90	\$677,232.74	\$677,232.74	\$0.00	\$314,636.84
<b>Total Component 2 due to MGRs.</b>	<b>\$1,040,231.28</b>	<b>\$1,936,585.38</b>	<b>\$1,936,585.38</b>	<b>\$0.00</b>	<b>\$896,354.10</b>
<b>Variance Payments</b>					
Variance Payment Sept. 2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment Oct. 2022	<b>(\$21,367.62)</b>	<b>(\$42,735.23)</b>	<b>(\$42,735.23)</b>	\$0.00	<b>(\$21,367.62)</b>
Variance Payment Nov. 2022	<b>(\$30,664.18)</b>	<b>(\$61,328.35)</b>	<b>(\$61,328.35)</b>	\$0.00	<b>(\$30,664.18)</b>
<b>Variance Payment Totals</b>	<b>(\$52,031.79)</b>	<b>(\$104,063.58)</b>	<b>(\$104,063.58)</b>	<b>\$0.00</b>	<b>(\$52,031.79)</b>
<b>Adjustment &amp; Refund Payments</b>					
Yr. 4 Adjustment 2 (Less MS, RO & TXK)	\$30,748.11	\$61,496.19	\$61,496.19	\$0.00	\$30,748.10
HMG-Mission & Red Oak	\$1,499.31	\$1,937.07	\$1,499.31	\$437.76	\$0.00
CHC-Texarkana	\$0.00	\$844.91	\$0.00	\$844.91	\$0.00
Yr. 3 IGT Refund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Adjustment Payment</b>	<b>\$32,247.42</b>	<b>\$64,278.17</b>	<b>\$62,995.50</b>	<b>\$1,282.67</b>	<b>\$30,748.10</b>
<b>Interest Reserves</b>					
Reserve Ln 21	\$165,006.22				
Reserve Ln 22	\$182,802.61				
Loan 21 Shortfall	\$545,670.01				
<b>Total Reserves</b>	<b>\$893,478.84</b>				
					Down from \$1,186,403.64 in January 2023. Net change of \$640,733.63. (See note below Loan 22 for an explanation.)
<b>Restricted</b>	<b>\$9,664,446.51</b>				
<b>Unrestricted</b>	<b>\$8,517,013.81</b>				
<b>Total Funds</b>	<b>\$18,181,460.31</b>				



Committed Funds			
Commitment	Amount of Commitment	Paid	Balance Outstanding
1. FQHC Grant Funding-2023	\$914,112.00	\$171,907.24	\$742,204.76
2. Hospital-DY 8 Repayment	\$0.00	\$0.00	\$0.00
3. Interim Working Capital Loan	\$7,000,000.00	\$1,520,000.00	\$5,480,000.00
<b>Total Commitments</b>	<b>\$7,914,112.00</b>	<b>\$1,691,907.24</b>	<b>\$6,222,204.76</b>

Gulf Coast Interim Working Capital Loan-\$7,000,000.00			
	Amount Advanced	Line of Credit Used	Line of Credit Unused
Tuesday, January 10, 2023	\$760,000.00	\$760,000.00	\$6,240,000.00
Friday, February 10, 2023	\$760,000.00	\$760,000.00	\$5,480,000.00
Thursday, March 9, 2023			
Friday, April 7, 2023			
Tuesday, May 9, 2023			
Thursday, June 8, 2023			
Friday, July 7, 2023			
Wednesday, August 9, 2023			
Thursday, August 24, 2023			
Friday, September 8, 2023			
	<b>\$1,520,000.00</b>	<b>\$1,520,000.00</b>	<b>\$5,480,000.00</b>

**11 Month Outstanding Short Term Revenue Note-Loan 21 (May 31, 2022-Apr. 30, 2023)  
1st Half of QIPP Year 6**

<b>Loan 21-Principle</b>	\$9,014,433.31	<b>Reserve</b>	\$126,202.07
<b>Interest</b>	16.80%	<b>Interest</b>	\$1,381,653.31

Amortization Table						
	Date	Balance	Interest	Principal Rcvd.	Payment	
1	6/30/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07	\$1,381,653.31
2	7/31/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07	\$126,202.07
3	8/31/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07	\$126,202.07
4	9/30/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07	\$126,202.07
5-(Sept. 2022, Comp. 1)	10/31/2022	\$9,014,433.31	\$126,202.07	\$2,390,039.85	\$2,516,241.92	\$2,516,241.92
6-(Oct. 2021, Comp. 1)	11/30/2022	\$9,014,433.31	\$126,202.07	\$2,534,157.68	\$2,660,359.75	\$2,660,359.75
7-(Nov. 2022, Comp. 1)	12/31/2022	\$9,014,433.31	\$126,202.07	\$2,783,588.00	\$2,909,790.07	\$2,909,790.07
8-(Dec. 2022 Comp. 1)	1/31/2023	\$9,014,433.31	\$126,202.07	\$1,306,647.78	\$1,432,849.85	\$1,432,849.85
9 (Jan. 2023, Comp. 1)	2/28/2023	\$9,014,433.31	\$126,202.07		\$126,202.07	\$126,202.07
10 (Feb. 2023, Comp. 1)	3/31/2023	\$9,014,433.31	\$126,202.07		\$126,202.07	\$126,202.07
Reserve		\$9,014,433.31	\$0.00		\$0.00	\$0.00
11	4/30/2023	\$0.00	\$126,202.07	\$0.00	\$126,202.07	\$126,202.07
<b>Amount Paid</b>		\$0.00	<b>\$1,388,222.77</b>	<b>\$9,014,433.31</b>	<b>\$10,402,656.08</b>	<b>\$10,402,656.08</b>
<b>Amount Due: April 30, 2023</b>			<b>\$1,388,222.77</b>	<b>\$9,014,433.31</b>	<b>\$10,402,656.08</b>	<b>\$10,402,656.08</b>
<b>Amount Remaining</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**11 Month Outstanding Short Term Revenue Note-Loan 22 (November 30, 2022-Oct. 30, 2023)  
2nd Half of QIPP Year 6**

<b>Loan 22-Principle</b>	\$13,057,329.45	<b>Reserve</b>	\$182,802.61
<b>Interest</b>	16.80%		

Amortization Table						
	Date	Balance	Interest	Principal Rcvd.	Payment	
1	12/30/2022	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61	\$182,802.61
2	1/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61	\$182,802.61
3	2/28/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61	\$182,802.61
4	3/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61	\$182,802.61
5-(March. 2023, Comp. 1)	4/30/2023	\$13,057,329.45	\$182,802.61	\$1,980,122.83	\$182,802.61	\$182,802.61
6-(April 2023, Comp. 1)	5/31/2023	\$13,057,329.45	\$182,802.61	\$1,985,837.44	\$182,802.61	\$182,802.61
7-(May 2023, Comp. 1)	6/30/2023	\$13,057,329.45	\$182,802.61	\$2,083,223.63	\$182,802.61	\$182,802.61
8-(June 2023 Comp. 1)	7/31/2023	\$13,057,329.45	\$182,802.61	\$2,133,496.86	\$182,802.61	\$182,802.61
9 (July 2023, Comp. 1)	8/31/2023	\$0.00	\$182,802.61	\$2,075,977.26	\$182,802.61	\$182,802.61
10 (Aug. 2023, Comp. 1)	9/30/2023	\$0.00	\$182,802.61	\$2,187,319.27	\$182,802.61	\$182,802.61
*Reserve		\$13,057,329.45	\$0.00	\$611,352.17	\$0.00	\$0.00
11	10/30/2023	\$0.00	\$182,802.61	\$0.00	\$182,802.61	\$182,802.61
<b>Amount Paid</b>		\$0.00	<b>\$2,010,828.71</b>	<b>\$13,057,329.45</b>	<b>\$15,068,158.16</b>	<b>\$15,068,158.16</b>
<b>Amount Due: October 31, 2021</b>			<b>\$2,010,828.71</b>	<b>\$13,057,329.45</b>	<b>\$15,068,158.16</b>	<b>\$15,068,158.16</b>

\*In January, we showed a net gain to the District of \$814,238.15 rather than needing to reserve funds. This net gain was to offset the large reserve for Loan 21. However, as with the change in the reserve for Loan 21, this reserve amount was adjusted this month too due to HHSC's modification of their payment methodology for Component 1.

**Allegiance Bank Line of Credit**

<b>Balance:</b>	\$7,000,000.00	<b>Principle Balance Owed</b>	\$7,000,000.00
<b>Interest Rate:</b>	2.55%	<b>LOC Funds Available</b>	\$0.00

	Date	Balance	Interest	Principal Rcvd.	Payment	
1	6/30/2022	Interest Payment	\$11,404.16	\$0.00	\$11,404.16	\$11,404.16
2	7/31/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00	\$14,875.00
3	8/31/2022	Interest Payment	\$15,370.83	\$0.00	\$15,370.83	\$15,370.83
4	9/30/2022	Interest Payment	\$15,370.84	\$0.00	\$15,370.84	\$15,370.84
5-(Sept. 2022, Comp. 1)	10/31/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00	\$14,875.00
6-(Oct. 2021, Comp. 1)	11/30/2022	Interest Payment	\$15,370.83	\$0.00	\$15,370.83	\$15,370.83
7-(Nov. 2022, Comp. 1)	12/31/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00	\$14,875.00
8-(Dec. 2022 Comp. 1)	1/31/2023	Interest Payment	\$15,370.83	\$1,306,647.78	\$1,322,018.61	\$1,322,018.61
9 (Jan. 2023, Comp. 1)	2/23/2023	Interest Payment	\$15,370.84	\$2,553,247.06	\$2,568,617.90	\$2,568,617.90
10 (Feb. 2023, Comp. 1)	3/31/2023	Interest Payment	\$6,830.45	\$2,594,435.15	\$2,601,265.60	\$2,601,265.60
Reserve				<b>\$545,670.01</b>	\$545,670.01	\$545,670.01
11	4/30/2023		\$1,008.84	\$0.00	\$1,008.84	\$1,008.84
<b>Amount Paid</b>		\$0.00	<b>\$139,713.78</b>	<b>\$7,000,000.00</b>	<b>\$7,139,713.78</b>	<b>\$7,139,713.78</b>

**District's Investments**

	<b>Amount</b>	<b>Percentage</b>	<b>From</b>	<b>To</b>	<b>Interest</b>
*CD at Allegiance Bank C.D. #1771	\$7,019,421.67	0.55%	1/1/2023	1/31/2023	Paid Quarterly
Texstar C.D. #1110	\$703,557.42	4.2515%	1/1/2023	1/31/2023	Paid \$2,530.81 Jan 2023

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Italics are Estimated amounts

# **Exhibit “A-4”**

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**As of January 18, 2023 to February 15**

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
<b>100 Prosperity Bank -Checking</b>							670,305.22
Check	01/18/2023	3725	Brookshire Brothers	IC RXs (Dec 2022)	X	(5,188.69)	665,116.53
Check	01/18/2023	3726	Wilcox Pharmacy	IC RXs (Dec 2022)	X	(1,391.32)	663,725.21
Check	01/18/2023	3727	UTMB at Galveston	IC Batch Date 12.01.2022	X	(41,731.50)	621,993.71
Check	01/18/2023	3728	UTMB Faculty Grou...	IC Batch Date 12.01.2022	X	(7,906.37)	614,087.34
Check	01/18/2023	3729	Thompson OPC (Cli...	IC Batch Date 12.11.2022	X	(1,392.76)	612,694.58
Check	01/18/2023	3730	Riceland Medical Ce...	IC Batch Date 12.05.2022	X	(397.49)	612,297.09
Check	01/18/2023	3731	Beaumont Pathology...	IC Batch Date 12.01.2022	X	(49.45)	612,247.64
Check	01/18/2023	3732	Indigent Healthcare ...	Inv #75111	X	(1,109.00)	611,138.64
Check	01/18/2023	3733	\$25 Optical	IC SP Batch Date 12.08.22	X	(50.00)	611,088.64
Check	01/18/2023	3734	Omnipoint Health-D...	IC SP Batch Date 12.08.22	X	(2,314.00)	608,774.64
Check	01/18/2023	3735	Penelope S Butler, ...	YC Batch Date 12.02.22	X	(170.00)	608,604.64
Check	01/18/2023	3736	Nicki Holtzman MS,...	YC Batch Date 12.02.22	X	(170.00)	608,434.64
Check	01/18/2023	3737	Kalos Counseling	YC Batch Date 12.02.22	M	(1,105.00)	607,329.64
Check	01/18/2023	3738	Benckenstein & Oxf...	Inv #50653 (Nov 2022)	X	(24,320.00)	583,009.64
Check	01/18/2023	3739	Hubert Oxford	Legal Retainer	M	(1,000.00)	582,009.64
Check	01/18/2023	3740	David Sticker	Inv #92	X	(3,437.50)	578,572.14
Check	01/18/2023	3741	Technology Solution...	Inv #1739	X	(75.00)	578,497.14
Check	01/18/2023	3742	Felipe Ojeda	Inv #1033	X	(300.00)	578,197.14
Check	01/18/2023	3743	Graciela Chavez	Inv # 965953	X	(120.00)	578,077.14
Check	01/18/2023	3745	Winnie-Stowell Vol...	Grant (Inv Dec 2022 payroll)	X	(10,752.00)	567,325.14
Check	01/18/2023	3744	American Education...	92 5529 5461 S Stern	X	(150.14)	567,175.00
Check	01/18/2023	3746	Fittz & Shipman, Inc	Inv # 0085277	X	(762.50)	566,412.50
Check	01/18/2023	3747	The Seabreeze Beacon	Inv #6301	M	(360.00)	566,052.50
Check	01/18/2023	3748	Hometown Press	Inv # 3703	X	(350.00)	565,702.50
Check	01/18/2023	3749	TORCH	Inv #2228196 (membership dues)	X	(1,895.00)	563,807.50
Check	01/18/2023	3750	Coastal Gateway He...	CGHC Grant Req Jan 2023	X	(75,624.92)	488,182.58
Check	01/18/2023	3751	JS Edwards	Renewal Policy #NPP885509 Com...		(3,221.20)	484,961.38
Check	01/18/2023	3752	Riceland Medical Ce...	RMC IC Contract	X	(288,370.10)	196,591.28
Check	01/18/2023	995123	Riceland Medical Ce...	Draft, Withdrawal, Processed	X	(340.00)	196,251.28
Check	01/18/2023		Funcion 4-Lease fka ...	ACH, Withdrawal, Processed	X	(216.94)	196,034.34
Paycheck	01/19/2023	DD1280	Norris, Sherrie	Direct Deposit	X		196,034.34
Paycheck	01/19/2023	DD1281	Ojeda, Patricia	Direct Deposit	X		196,034.34
Liability ...	01/19/2023		QuickBooks Payroll ...	Created by Payroll Service on 01/1...	X	(2,148.70)	193,885.64
Check	01/19/2023	995128	Trinity Bay Conserv...	Draft, Withdrawal, Processed	X	(67.18)	193,818.46
Check	01/19/2023		IRS	ACH, Withdrawal, Processed	X	(131.86)	193,686.60
Check	01/23/2023	ACH	Allegiance Bank		X	(15,370.83)	178,315.77
Deposit	01/24/2023		UTMB at Galveston	Deposit, Processed	X	4,594.04	182,909.81
Liability ...	01/30/2023		QuickBooks Payroll ...	Created by Payroll Service on 01/2...	X	(10,659.88)	172,249.93
Check	01/30/2023		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(575.26)	171,674.67
Paycheck	01/31/2023	DD1282	Burleson, Janci L	Direct Deposit	X		171,674.67
Paycheck	01/31/2023	DD1283	Norris, Sherrie	Direct Deposit	X		171,674.67
Paycheck	01/31/2023	DD1284	Ojeda, Patricia	Direct Deposit	X		171,674.67
Deposit	01/31/2023		UTMB at Galveston	Deposit, Processed	X	3,055.52	174,730.19
Deposit	01/31/2023			Deposit, Processed	X	69.49	174,799.68
Check	02/09/2023		IRS	Memo:ACH, Withdrawal, Processed	M	(4,354.30)	170,445.38
Check	02/09/2023	995127	Riceland Medical Ce...	Memo:Draft, Withdrawal, Processed	M	(340.00)	170,105.38
Deposit	02/10/2023		Texas Comptroller o...	Deposit	M	78,455.52	248,560.90
Deposit	02/10/2023		Tony's BBQ	Deposit, Processed	M	3,500.00	252,060.90
Check	02/14/2023		ECISD			(18,333.33)	233,727.57
Check	02/14/2023		Entergy			(213.77)	233,513.80
Check	02/15/2023	To Print	Brookshire Brothers	IC RX's (Jan 2023)		(3,141.06)	230,372.74
Check	02/15/2023	To Print	Wilcox Pharmacy	IC RX's (Jan 2023)		(1,685.84)	228,686.90
Check	02/15/2023	To Print	UTMB at Galveston	IC Batch Date 01.01.23		(26,987.90)	201,699.00
Check	02/15/2023	To Print	UTMB Faculty Grou...	IC Batch Date 01.01.23		(3,208.85)	198,490.15
Check	02/15/2023	To Print	Thompson OPC (Cli...	IC Batch Date 01.11.23		(1,291.41)	197,198.74
Check	02/15/2023	To Print	Riceland Medical Ce...	IC Batch Date 12.06.22		(67,782.76)	129,415.98
Check	02/15/2023	To Print	Barrier Reef Energe...	IC Batch Date 01.01.23		(97.49)	129,318.49
Check	02/15/2023	To Print	Indigent Healthcare ...	Inv #75278		(1,109.00)	128,209.49
Check	02/15/2023	To Print	Dr. June Stansky, O...	IC SP Batch Date 01.08.23		(60.00)	128,149.49
Check	02/15/2023	To Print	Omnipoint Health-D...	IC SP Batch Date 01.08.23		(3,899.00)	124,250.49

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**As of January 18, 2023 to February 15**

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
Check	02/15/2023	To Print	Penelope S Butler, ...	YC Batch Date 01.02.23		(85.00)	124,165.49
Check	02/15/2023	To Print	Nicki Holtzman MS,...	YC Batch Date 01.02.23		(510.00)	123,655.49
Check	02/15/2023	To Print	Kalos Counseling	YC Batch Date 01.02.23		(510.00)	123,145.49
Check	02/15/2023	To Print	Benckenstein & Oxf...	Inv #50660 (Dec 2022)		(25,730.00)	97,415.49
Check	02/15/2023	To Print	Hubert Oxford	Legal Retainer		(1,000.00)	96,415.49
Check	02/15/2023	To Print	David Sticker	Inv #94		(2,781.25)	93,634.24
Check	02/15/2023	To Print	Technology Solution...	Inv #1748		(75.00)	93,559.24
Check	02/15/2023	To Print	Felipe Ojeda	Inv #1034		(300.00)	93,259.24
Check	02/15/2023	To Print	Graciela Chavez	Inv #965954		(120.00)	93,139.24
Check	02/15/2023	To Print	American Education...	92 5529 5461 Stern		(150.14)	92,989.10
Check	02/15/2023	To Print	Chambers County R...	Inv #2023-17		(414.00)	92,575.10
Check	02/15/2023	To Print	Winnie-Stowell Vol...	Grant (Inv Jan 2023 Payroll)		(11,904.00)	80,671.10
Check	02/15/2023	To Print	Coastal Gateway He...	Grant (Feb 2023 Req)		(96,282.32)	(15,611.22)
Check	02/15/2023	To Print	Texas Mutual Insura...	Policy #0001302975 & Quote #Q0...		(390.00)	(16,001.22)
Transfer	02/17/2023	Pending		Transfer from FFB		500,000.00	483,998.78
Check	02/23/2023	ACH	Allegiance Bank			(15,370.84)	468,627.94
Total 100 Prosperity Bank -Checking						(201,677.28)	468,627.94
<b>109 First Financial Bank</b>							18,320,462.43
<b>109b FFB #4846 DACA</b>							18,320,462.43
Check	01/18/2023			Memo:Transfer from DDA Acct No...	X	6,480.59	18,326,943.02
Check	01/20/2023			Memo:Transfer from DDA Acct No...	X	253,646.63	18,580,589.65
Check	01/24/2023			Memo:Transfer from DDA Acct No...	X	96,414.27	18,677,003.92
Check	01/25/2023			Memo:Transfer from DDA Acct No...	X	797,137.35	19,474,141.27
Check	01/27/2023			Memo:Transfer from DDA Acct No...	X	40,976.00	19,515,117.27
Check	01/30/2023		Salt Creek Capital L...	Ln 21 Interest (8 of 11)	X	(126,202.07)	19,388,915.20
Check	01/30/2023		Salt Creek Capital L...	Ln 22 Interest (2 of 11)	X	(182,802.61)	19,206,112.59
Check	01/30/2023			Memo:Transfer from DDA Acct No...	X	33,150.50	19,239,263.09
Check	02/01/2023			Memo:Transfer from DDA Acct No...	M	2,219.82	19,241,482.91
Check	02/02/2023			TEXNET STATE COMPTRLR CC...	M	(34,229.89)	19,207,253.02
Check	02/10/2023			Memo:Transfer from DDA Acct No...	M	15,163.29	19,222,416.31
Check	02/10/2023			ACH PaymenWinnie-Stowell HCC...	M	(40,956.00)	19,181,460.31
Check	02/10/2023			ACH PaymenWinnie-Stowell HCC...	M	(240,000.00)	18,941,460.31
Check	02/10/2023			ACH Gulf Coast 6 NHs LOC Feb 2...	M	(760,000.00)	18,181,460.31
Transfer	02/17/2023	Pending		Transfer to AB Holding QY4 Adj 2...		(32,227.42)	18,149,232.89
Transfer	02/17/2023	Pending		Transfer to Prosperity Bank		(500,000.00)	17,649,232.89
Check	02/28/2023	Pending	Salt Creek Capital L...	Ln 21 Interest (9 of 11)		(126,202.07)	17,523,030.82
Check	02/28/2023	Pending	Salt Creek Capital L...	Ln 22 Interest (3 of 11)		(182,802.61)	17,340,228.21
Total 109b FFB #4846 DACA						(980,234.22)	17,340,228.21
Total 109 First Financial Bank						(980,234.22)	17,340,228.21
<b>TOTAL</b>						<b>(1,181,911.50)</b>	<b>17,808,856.15</b>

**GL Totals**

Issued 02/09/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/04/23-01/04/23

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	3,141.06
<b>Expenditures</b>		<b>3,141.06</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>3,141.06</b>

109 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*65460*43	WSHD	01/23/2023	16.84	0.00
1000*65460*44	WSHD	01/17/2023	18.71	0.00
1000*65460*45	WSHD	01/10/2023	13.58	10.79
1000*65460*46	WSHD	01/10/2023	13.62	13.62
1000*65460*47	WSHD	01/10/2023	9.69	9.69
1000*65460*48	WSHD	01/10/2023	14.72	10.24
1024*65460*55	WSHD	01/14/2023	8.66	0.00
1061*65460*36	WSHD	01/11/2023	8.58	8.58
1061*65460*37	WSHD	01/09/2023	548.00	548.00
1091*65460*134	WSHD	01/25/2023	13.08	13.08
1091*65460*135	WSHD	01/25/2023	12.12	12.12
1091*65460*136	WSHD	01/25/2023	15.78	15.78
1091*65460*137	WSHD	01/02/2023	22.36	22.36
1091*65460*138	WSHD	01/02/2023	12.12	12.12
1096*65460*142	WSHD	01/13/2023	20.59	20.59
1096*65460*143	WSHD	01/13/2023	9.24	9.24
1096*65460*144	WSHD	01/13/2023	11.10	11.10
1108*65460*62	WSHD	01/23/2023	10.21	10.21
1108*65460*63	WSHD	01/03/2023	19.82	19.82
1111*65460*30	WSHD	01/23/2023	9.47	9.47
1111*65460*31	WSHD	01/03/2023	27.79	27.79
1114*65460*69	WSHD	01/17/2023	17.07	15.02
1114*65460*70	WSHD	01/16/2023	14.03	14.03
1114*65460*71	WSHD	01/16/2023	15.70	15.70
1114*65460*72	WSHD	01/16/2023	8.94	8.94
1114*65460*73	WSHD	01/18/2023	10.48	10.48
1116*65460*21	WSHD	01/27/2023	56.74	56.74
1116*65460*22	WSHD	01/27/2023	8.80	8.80
1116*65460*23	WSHD	01/04/2023	8.80	8.80
1128*65460*149	WSHD	01/04/2023	12.83	12.83
1140*65460*85	WSHD	01/19/2023	9.40	9.40
1140*65460*86	WSHD	01/19/2023	69.37	69.37
1140*65460*87	WSHD	01/17/2023	9.20	0.00
1140*65460*88	WSHD	01/23/2023	9.99	0.00
1140*65460*89	WSHD	01/23/2023	12.35	12.35

**GL Totals**

Issued 02/09/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/04/23-01/04/23

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1151*65460*148	WSHD	01/05/2023	8.82	8.82
1151*65460*149	WSHD	01/05/2023	8.22	8.22
1151*65460*150	WSHD	01/09/2023	10.63	10.63
1151*65460*151	WSHD	01/05/2023	8.46	8.46
1166*65460*69	WSHD	12/27/2022	10.80	0.00
1166*65460*70	WSHD	01/11/2023	867.05	867.05
1166*65460*71	WSHD	01/11/2023	8.04	0.00
1166*65460*72	WSHD	01/10/2023	9.87	9.87
1166*65460*73	WSHD	01/20/2023	15.13	15.13
1207*65460*31	WSHD	01/16/2023	14.62	14.62
1207*65460*32	WSHD	01/16/2023	23.56	23.56
1214*65460*125	WSHD	01/31/2023	9.96	9.96
1214*65460*126	WSHD	01/31/2023	11.89	11.89
1214*65460*127	WSHD	01/02/2023	10.62	10.62
1214*65460*128	WSHD	01/31/2023	11.49	11.49
1233*65460*45	WSHD	01/30/2023	13.95	0.00
1233*65460*46	WSHD	01/30/2023	12.43	0.00
1233*65460*47	WSHD	01/30/2023	26.29	26.29
1233*65460*48	WSHD	01/30/2023	21.74	0.00
1233*65460*49	WSHD	01/30/2023	28.87	0.00
1233*65460*50	WSHD	01/20/2023	26.29	0.00
1233*65460*51	WSHD	01/28/2023	16.99	0.00
1249*65460*38	WSHD	01/24/2023	66.90	66.90
1249*65460*39	WSHD	01/10/2023	66.90	66.90
1249*65460*40	WSHD	01/06/2023	11.48	11.48
1249*65460*41	WSHD	01/06/2023	5.00	5.00
1250*65460*36	WSHD	01/11/2023	18.71	18.71
1250*65460*37	WSHD	01/12/2023	56.32	56.32
1264*65460*5	WSHD	01/13/2023	9.23	9.23
1268*65460*7	WSHD	01/26/2023	11.02	0.00
1270*65460*3	WSHD	01/12/2023	12.71	12.71
1270*65460*4	WSHD	01/03/2023	10.79	10.79
1273*65460*9	WSHD	01/17/2023	22.35	22.35
1273*65460*10	WSHD	01/16/2023	24.08	24.08
1273*65460*11	WSHD	01/09/2023	898.22	0.00
1275*65460*9	WSHD	01/05/2023	510.11	0.00
1275*65460*10	WSHD	01/05/2023	15.97	15.97
1275*65460*11	WSHD	01/05/2023	9.33	9.33
1277*65460*3	WSHD	01/10/2023	317.56	317.56
1278*65460*4	WSHD	01/30/2023	9.29	9.29
1278*65460*5	WSHD	01/17/2023	8.66	8.66
2458*65460*165	WSHD	01/20/2023	9.09	9.09
2458*65460*166	WSHD	01/20/2023	12.92	12.92
2458*65460*167	WSHD	01/13/2023	10.58	10.58
2458*65460*168	WSHD	01/12/2023	36.20	36.20
2458*65460*169	WSHD	01/12/2023	9.22	9.22
2458*65460*170	WSHD	01/12/2023	9.77	9.77
2458*65460*171	WSHD	01/03/2023	15.08	15.08

**GL Totals**

Issued 02/09/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/04/23-01/04/23

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2458*65460*172	WSHD	01/24/2023	20.88	20.88
2458*65460*173	WSHD	01/31/2023	16.71	0.00
2475*65460*32	WSHD	01/19/2023	11.43	11.43
2475*65460*33	WSHD	01/19/2023	9.23	9.23
2475*65460*34	WSHD	01/19/2023	9.37	9.37
2475*65460*35	WSHD	01/19/2023	14.64	14.64
2475*65460*36	WSHD	01/19/2023	9.95	9.95
2475*65460*37	WSHD	01/19/2023	10.41	10.41
2475*65460*38	WSHD	01/19/2023	10.66	10.66
2475*65460*39	WSHD	01/19/2023	11.45	11.45
2475*65460*40	WSHD	01/19/2023	28.06	28.06
2815*65460*271	WSHD	01/01/2023	22.36	22.36
2815*65460*272	WSHD	01/01/2023	11.54	11.54
2815*65460*273	WSHD	01/01/2023	12.96	12.96
2815*65460*274	WSHD	01/01/2023	11.28	11.28
2815*65460*275	WSHD	01/01/2023	10.78	10.78
2815*65460*276	WSHD	01/01/2023	10.41	10.41
2815*65460*277	WSHD	01/01/2023	9.47	9.47
2815*65460*278	WSHD	01/01/2023	9.55	9.55
2815*65460*279	WSHD	01/01/2023	10.37	10.37
2815*65460*280	WSHD	01/01/2023	10.79	10.79
2815*65460*281	WSHD	01/01/2023	12.82	12.82
2815*65460*282	WSHD	01/01/2023	13.08	13.08
3343*65460*1	WSHD	01/02/2023	16.55	16.55
3343*65460*2	WSHD	01/02/2023	11.21	11.21
3363*65460*42	WSHD	01/09/2023	10.75	0.00
<b>109 invoices, 109 line items</b>		***	<b>4,799.70</b>	<b>3,141.06</b>
<b>Grand Totals</b>			<b>4,799.70</b>	<b>3,141.06</b>
<b>109 total invoices</b>				
<b>109 total line items</b>				



**GL Totals**

Issued 02/08/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/03/23-01/03/23

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,685.84
<b>Expenditures</b>		<b>1,685.84</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>1,685.84</b>

127 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1040*18651*92	WSHD	01/30/2023	8.95	8.95
1065*18651*4	WSHD	01/09/2023	22.16	22.16
1065*18651*5	WSHD	01/09/2023	25.50	25.50
1065*18651*6	WSHD	01/09/2023	35.57	35.57
1065*18651*7	WSHD	01/09/2023	11.29	11.29
1093*18651*133	WSHD	01/30/2023	8.98	8.98
1093*18651*134	WSHD	01/27/2023	59.14	59.14
1093*18651*135	WSHD	01/27/2023	20.13	20.13
1093*18651*136	WSHD	01/09/2023	9.16	9.16
1093*18651*137	WSHD	01/09/2023	14.65	14.65
1095*18651*123	WSHD	01/12/2023	10.32	10.32
1095*18651*124	WSHD	01/12/2023	10.05	10.05
1095*18651*125	WSHD	01/12/2023	8.85	8.85
1095*18651*126	WSHD	01/12/2023	9.37	9.37
1095*18651*127	WSHD	01/12/2023	8.71	8.71
1107*18651*96	WSHD	01/31/2023	13.76	13.76
1107*18651*97	WSHD	01/13/2023	28.34	28.34
1107*18651*98	WSHD	01/13/2023	13.34	13.34
1107*18651*99	WSHD	01/13/2023	8.58	8.58
1110*18651*60	WSHD	01/16/2023	15.25	15.25
1110*18651*61	WSHD	01/12/2023	11.35	11.35
1144*18651*42	WSHD	01/31/2023	10.17	10.17
1144*18651*43	WSHD	01/31/2023	10.03	10.03
1144*18651*44	WSHD	01/31/2023	9.67	9.67
1144*18651*45	WSHD	01/03/2023	10.17	10.17
1144*18651*46	WSHD	01/03/2023	10.03	10.03
1157*18651*132	WSHD	01/03/2023	10.47	10.47
1159*18651*32	WSHD	01/31/2023	9.31	9.31
1159*18651*33	WSHD	01/11/2023	11.40	11.40
1159*18651*34	WSHD	01/11/2023	10.01	10.01
1194*18651*33	WSHD	01/23/2023	11.07	11.07
1194*18651*34	WSHD	01/23/2023	10.15	10.15
1194*18651*35	WSHD	01/23/2023	13.30	13.30
1194*18651*36	WSHD	01/23/2023	9.01	9.01
1194*18651*37	WSHD	01/23/2023	9.88	9.88

**GL Totals**

Issued 02/08/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/03/23-01/03/23

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

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1194*18651*38	WSHD	01/23/2023	43.54	43.54
1194*18651*39	WSHD	01/23/2023	9.67	9.67
1197*18651*27	WSHD	01/05/2023	9.81	9.81
1197*18651*28	WSHD	01/17/2023	9.78	9.78
1197*18651*29	WSHD	01/17/2023	10.92	10.92
1197*18651*30	WSHD	01/05/2023	10.03	10.03
1197*18651*31	WSHD	01/05/2023	8.64	8.64
1199*18651*37	WSHD	01/05/2023	10.87	10.87
1199*18651*38	WSHD	01/05/2023	11.38	11.38
1199*18651*39	WSHD	01/05/2023	35.36	35.36
1204*18651*54	WSHD	01/30/2023	13.41	13.41
1204*18651*55	WSHD	01/30/2023	16.21	16.21
1204*18651*56	WSHD	01/30/2023	12.10	12.10
1204*18651*57	WSHD	01/18/2023	17.97	17.97
1204*18651*58	WSHD	01/04/2023	12.10	12.10
1206*18651*28	WSHD	01/31/2023	9.65	9.65
1206*18651*29	WSHD	01/23/2023	19.55	19.55
1220*18651*21	WSHD	01/31/2023	9.79	9.79
1220*18651*22	WSHD	01/31/2023	10.57	10.57
1220*18651*23	WSHD	01/31/2023	13.95	13.95
1220*18651*24	WSHD	01/31/2023	10.34	10.34
1220*18651*25	WSHD	01/31/2023	10.15	10.15
1220*18651*26	WSHD	01/31/2023	15.68	15.68
1220*18651*27	WSHD	01/31/2023	8.28	8.28
1220*18651*28	WSHD	01/16/2023	10.55	10.55
1220*18651*29	WSHD	01/16/2023	9.68	9.68
1220*18651*30	WSHD	01/12/2023	12.04	12.04
1220*18651*31	WSHD	01/12/2023	17.15	17.15
1225*18651*37	WSHD	01/13/2023	9.79	9.79
1225*18651*38	WSHD	01/13/2023	11.35	11.35
1226*18651*59	WSHD	01/16/2023	11.34	11.34
1226*18651*60	WSHD	01/31/2023	13.94	13.94
1226*18651*61	WSHD	01/16/2023	8.74	8.74
1226*18651*62	WSHD	01/16/2023	9.88	9.88
1226*18651*63	WSHD	01/16/2023	9.79	9.79
1226*18651*64	WSHD	01/16/2023	12.79	12.79
1228*18651*70	WSHD	01/09/2023	10.20	10.20
1228*18651*71	WSHD	01/18/2023	9.59	9.59
1228*18651*72	WSHD	01/09/2023	10.15	10.15
1228*18651*73	WSHD	01/09/2023	13.76	13.76
1228*18651*74	WSHD	01/09/2023	12.88	12.88
1228*18651*75	WSHD	01/09/2023	9.01	9.01
1242*18651*7	WSHD	01/12/2023	22.18	22.18
1242*18651*8	WSHD	01/12/2023	12.46	12.46
1242*18651*9	WSHD	01/12/2023	12.99	12.99
1246*18651*19	WSHD	01/03/2023	10.83	10.83
1246*18651*20	WSHD	01/03/2023	9.76	9.76
1252*18651*9	WSHD	01/20/2023	19.55	19.55

**GL Totals**

Issued 02/08/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/03/23-01/03/23

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

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1252*18651*10	WSHD	01/20/2023	13.13	13.13
1266*18651*11	WSHD	01/24/2023	12.91	12.91
1266*18651*12	WSHD	01/24/2023	9.47	9.47
1267*18651*5	WSHD	01/20/2023	8.37	8.37
1267*18651*6	WSHD	01/16/2023	10.15	10.15
1276*18651*10	WSHD	01/12/2023	9.16	9.16
1276*18651*11	WSHD	01/12/2023	13.54	13.54
1276*18651*12	WSHD	01/12/2023	12.10	12.10
1276*18651*13	WSHD	01/12/2023	11.27	11.27
1276*18651*14	WSHD	01/11/2023	42.46	42.46
1276*18651*15	WSHD	01/11/2023	10.59	10.59
1276*18651*16	WSHD	01/11/2023	33.01	33.01
1279*18651*1	WSHD	01/03/2023	8.79	8.79
1279*18651*2	WSHD	01/10/2023	12.29	12.29
1279*18651*3	WSHD	01/10/2023	9.53	9.53
1279*18651*4	WSHD	01/03/2023	29.91	29.91
1279*18651*5	WSHD	01/03/2023	14.38	14.38
1287*18651*1	WSHD	01/13/2023	9.34	9.34
1287*18651*2	WSHD	01/13/2023	9.65	9.65
1292*18651*56	WSHD	01/23/2023	9.84	9.84
1292*18651*57	WSHD	01/23/2023	8.55	8.55
1292*18651*58	WSHD	01/09/2023	9.59	9.59
1292*18651*59	WSHD	01/09/2023	10.93	10.93
2397*18651*36	WSHD	01/30/2023	11.13	11.13
2397*18651*37	WSHD	01/30/2023	13.05	13.05
2397*18651*38	WSHD	01/19/2023	15.81	15.81
2397*18651*39	WSHD	01/19/2023	17.46	17.46
2397*18651*40	WSHD	01/03/2023	11.13	11.13
2397*18651*41	WSHD	01/03/2023	13.05	13.05
2397*18651*42	WSHD	01/30/2023	16.97	16.97
2994*18651*60	WSHD	01/30/2023	12.20	12.20
2994*18651*61	WSHD	01/03/2023	12.20	12.20
3292*18651*18	WSHD	01/17/2023	8.55	8.55
3292*18651*19	WSHD	01/17/2023	9.66	9.66
3292*18651*20	WSHD	01/17/2023	8.98	8.98
3292*18651*21	WSHD	01/17/2023	8.99	8.99
3292*18651*22	WSHD	01/17/2023	9.90	9.90
3364*18651*134	WSHD	01/17/2023	14.16	14.16
3364*18651*135	WSHD	01/17/2023	8.78	8.78
3364*18651*136	WSHD	01/17/2023	8.73	8.73
3364*18651*137	WSHD	01/17/2023	9.48	9.48
3364*18651*138	WSHD	01/17/2023	9.29	9.29
3364*18651*139	WSHD	01/17/2023	8.98	8.98
3364*18651*140	WSHD	01/17/2023	10.11	10.11

127 invoices, 127 line items

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1,685.84

1,685.84

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Issued 02/08/23

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

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/03/23-01/03/23

Vendor #: 18651

<b>Invoice #</b>	<b>GL #</b>	<b>Date in</b>	<b>Amt Billed</b>	<b>Amt Paid</b>
<b>Grand Totals</b>			<b>1,685.84</b>	<b>1,685.84</b>

**127 total invoices**  
**127 total line items**

**GL Totals**

Issued 02/10/23

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 01/01/23-01/01/23

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	26,987.90
<b>Expenditures</b>		<b>26,987.90</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>26,987.90</b>

15 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1031*63614*10	WSHD	12/09/2022	391.00	86.02
1031*63614*10	WSHD	12/09/2022	2,977.91	655.14
1093*63614*38	WSHD	12/08/2022	1,150.00	253.00
1094*63614*5	WSHD	11/18/2022	1,997.00	439.34
1107*63614*18	WSHD	12/14/2022	323.00	71.06
1182*63614*4	WSHD	12/15/2022	654.00	143.88
1197*63614*2	WSHD	11/29/2022	323.00	71.06
1197*63614*2	WSHD	12/07/2022	705.00	155.10
1197*63614*3	WSHD	12/07/2022	43,654.58	14,406.01
1236*63614*2	WSHD	10/17/2022	323.00	0.00
1236*63614*2	WSHD	10/17/2022	713.00	0.00
1236*63614*2	WSHD	10/17/2022	323.00	0.00
1247*63614*2	WSHD	08/30/2022	323.00	0.00
1249*63614*6	WSHD	12/13/2022	323.00	71.06
1249*63614*6	WSHD	12/23/2022	536.00	117.92
1253*63614*4	WSHD	12/21/2022	637.00	0.00
1258*63614*2	WSHD	12/13/2022	323.00	71.06
1268*63614*1	WSHD	12/12/2022	496.00	0.00
1271*63614*2	WSHD	12/06/2022	46,673.48	10,268.17
1271*63614*2	WSHD	12/20/2022	523.00	115.06
2397*63614*3	WSHD	11/29/2022	291.00	64.02
<b>15 invoices, 21 line items</b>	***		<b>103,659.97</b>	<b>26,987.90</b>

**Grand Totals**

**103,659.97      26,987.90**

15 total invoices  
21 total line items

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/01/23-01/01/23

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

Vendor #: 63615  
NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	3,208.85
<b>Expenditures</b>		<b>3,208.85</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>3,208.85</b>

13 total invoices

**GL Totals Detail  
Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1031*63615*8	12/09/2022	415.00	95.54
1093*63615*41	11/16/2022	183.00	39.92
1093*63615*41	12/08/2022	270.00	56.08
1093*63615*41	12/08/2022	80.00	8.66
1107*63615*18	12/14/2022	270.00	56.08
1197*63615*3	11/26/2022	415.00	95.54
1197*63615*3	12/07/2022	23.00	7.70
1197*63615*3	12/07/2022	23.00	7.70
1197*63615*3	12/07/2022	513.00	118.78
1197*63615*3	12/07/2022	24.00	8.34
1197*63615*4	12/07/2022	118.00	0.00
1197*63615*4	12/08/2022	158.00	58.06
1197*63615*4	12/08/2022	280.00	98.50
1197*63615*4	12/09/2022	255.00	71.94
1197*63615*4	12/09/2022	993.00	349.96
1197*63615*4	12/09/2022	132.00	11.23
1197*63615*4	12/09/2022	116.00	9.95
1197*63615*4	12/10/2022	255.00	56.95
1197*63615*4	12/11/2022	255.00	56.95
1236*63615*3	10/06/2022	220.00	74.52
1246*63615*4	12/06/2022	213.00	79.22
1249*63615*5	12/13/2022	415.00	95.54
1249*63615*5	12/23/2022	415.00	95.54
1250*63615*3	10/24/2022	50.00	0.00
1250*63615*3	10/24/2022	47.00	0.00
1253*63615*4	10/10/2022	63.00	0.00
1253*63615*4	10/10/2022	25.00	0.00
1253*63615*4	12/21/2022	23.00	0.00
1253*63615*4	12/21/2022	270.00	0.00
1258*63615*2	11/16/2022	415.00	75.64
1258*63615*2	12/13/2022	270.00	56.08
1268*63615*1	12/12/2022	380.00	0.00
1268*63615*1	12/12/2022	45.00	0.00
1271*63615*2	12/06/2022	24.00	5.28
1271*63615*2	12/06/2022	118.00	0.00

### GL Totals

Issued 02/10/23

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 01/01/23-01/01/23

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

Vendor #: 63615

NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1271*63615*2	WSHD	12/06/2022	123.00	45.23
1271*63615*2	WSHD	12/06/2022	30.00	10.26
1271*63615*2	WSHD	12/06/2022	25.00	8.34
1271*63615*2	WSHD	12/06/2022	23.00	8.02
1271*63615*2	WSHD	12/06/2022	25.00	7.70
1271*63615*2	WSHD	12/06/2022	23.00	7.70
1271*63615*2	WSHD	12/06/2022	23.00	7.38
1271*63615*2	WSHD	12/07/2022	23.00	5.06
1271*63615*2	WSHD	12/08/2022	1,200.00	711.48
1271*63615*2	WSHD	12/08/2022	25.00	5.50
1271*63615*2	WSHD	12/08/2022	1,908.00	694.78
1271*63615*2	WSHD	12/20/2022	25.00	7.70
<b>13 invoices, 47 line items</b>	<b>***</b>		<b>11,224.00</b>	<b>3,208.85</b>
<b>Grand Totals</b>			<b>11,224.00</b>	<b>3,208.85</b>
<b>13 total invoices</b>				
<b>47 total line items</b>				

**GL Totals**

Issued 02/09/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/11/23-01/11/23

Thompson Outpatient Clinic, Llc  
P. O. Box 714  
Winnie, TX 77665

Vendor #: 68539  
NPI: 1982805586

GL #	Description	Amount
WSHD	Wshd	1,291.41
<b>Expenditures</b>		<b>1,291.41</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>1,291.41</b>

21 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1061*68539*5	WSHD	01/11/2023	193.00	47.68
1061*68539*5	WSHD	01/11/2023	100.00	2.20
1061*68539*5	WSHD	01/11/2023	30.00	10.96
1107*68539*8	WSHD	01/13/2023	193.00	47.68
1108*68539*3	WSHD	01/03/2023	193.00	47.68
1108*68539*3	WSHD	01/23/2023	129.00	33.95
1108*68539*3	WSHD	01/23/2023	35.00	1.98
1108*68539*3	WSHD	01/23/2023	30.00	10.96
1111*68539*6	WSHD	01/03/2023	76.00	13.49
1166*68539*6	WSHD	01/11/2023	193.00	47.68
1197*68539*2	WSHD	01/17/2023	129.00	33.95
1204*68539*2	WSHD	01/30/2023	129.00	32.25
1204*68539*2	WSHD	01/30/2023	32.00	0.65
1204*68539*2	WSHD	01/30/2023	36.00	5.27
1204*68539*2	WSHD	01/30/2023	30.00	10.41
1206*68539*3	WSHD	01/23/2023	129.00	32.25
1206*68539*3	WSHD	01/23/2023	32.00	0.65
1206*68539*3	WSHD	01/23/2023	36.00	5.27
1206*68539*3	WSHD	01/23/2023	30.00	10.41
1206*68539*3	WSHD	01/31/2023	193.00	45.30
1220*68539*2	WSHD	01/16/2023	129.00	33.95
1242*68539*4	WSHD	01/12/2023	129.00	33.95
1249*68539*6	WSHD	01/10/2023	193.00	47.68
1252*68539*3	WSHD	01/20/2023	129.00	32.25
1252*68539*3	WSHD	01/20/2023	65.00	13.20
1260*68539*3	WSHD	01/19/2023	193.00	45.30
1278*68539*2	WSHD	01/17/2023	193.00	45.30
1278*68539*2	WSHD	01/30/2023	193.00	45.30
1278*68539*2	WSHD	01/30/2023	32.00	0.65
1278*68539*2	WSHD	01/30/2023	36.00	5.27
1278*68539*2	WSHD	01/30/2023	35.00	1.88
1278*68539*2	WSHD	01/30/2023	30.00	10.41
1284*68539*1	WSHD	01/10/2023	280.00	94.10
1284*68539*1	WSHD	01/18/2023	129.00	33.95
1287*68539*1	WSHD	01/13/2023	92.00	21.46



**GL Totals**

Issued 02/09/23

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 01/11/23-01/11/23

Thompson Outpatient Clinic, Llc  
P. O. Box 714  
Winnie, TX 77665

Vendor #: 68539  
NPI: 1982805586

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2397*68539*5	WSHD	01/19/2023	129.00	33.95
2397*68539*5	WSHD	01/19/2023	30.00	2.92
2458*68539*4	WSHD	01/12/2023	129.00	32.25
2458*68539*4	WSHD	01/20/2023	193.00	45.30
2458*68539*4	WSHD	01/27/2023	193.00	45.30
2475*68539*2	WSHD	01/19/2023	193.00	47.68
2475*68539*2	WSHD	01/30/2023	193.00	47.68
2815*68539*7	WSHD	01/04/2023	35.00	1.98
2815*68539*7	WSHD	01/04/2023	30.00	10.96
2815*68539*7	WSHD	01/10/2023	35.00	1.98
2815*68539*7	WSHD	01/10/2023	30.00	10.96
2815*68539*7	WSHD	01/17/2023	35.00	1.98
2815*68539*7	WSHD	01/17/2023	30.00	10.96
2815*68539*7	WSHD	01/23/2023	129.00	33.95
2815*68539*7	WSHD	01/23/2023	35.00	1.98
2815*68539*7	WSHD	01/23/2023	30.00	10.96
3343*68539*3	WSHD	01/03/2023	193.00	45.30
<b>21 invoices, 52 line items</b>			<b>5,448.00</b>	<b>1,291.41</b>
<b>Grand Totals</b>			<b>5,448.00</b>	<b>1,291.41</b>
<b>21 total invoices</b>				
<b>52 total line items</b>				

**GL Totals**

GL#	Description	Amount
WSHD	Wshd	67,782.76
<b>Expenditures</b>		<b>67,782.76</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>67,782.76</b>

56 total invoices

**GL Totals Detail**

Invoice#	GL#	Date in	Amt Billed	Amt Paid
1000*63057*29	WSHD	12/01/2022	3,629.00	175.35
1000*093271 *6	WSHD	12/01/2022	692.00	108.11
1000*093271 *6	WSHD	12/12/2022	259.00	108.11
1031 *63057*21	WSHD	11/30/2022	151.00	105.70
1061 *63057*31	WSHD	12/12/2022	661.00	81.24
1061 *63057*32	WSHD	12/12/2022	754.00	527.80
1061 *63057*32	WSHD	12/12/2022	1,185.00	829.50
1061 *63057*32	WSHD	12/27/2022	1,484.00	1,038.80
1093*63057*53	WSHD	12/26/2022	454.00	55.52
1093*63057*54	WSHD	12/26/2022	1,427.00	998.90
1108*63057*45	WSHD	12/29/2022	454.00	55.52
1108*63057*46	WSHD	12/29/2022	6,227.00	4,358.90
111 0*093271 *9	WSHD	12/07/2022	313.00	108.11
111 0*093271 *9	WSHD	12/14/2022	352.00	108.11
1114*63057*30	WSHD	12/03/2022	661.00	81.24
1114*63057*31	WSHD	12/03/2022	4,100.00	2,870.00
1114*63057*31	WSHD	12/03/2022	754.00	527.80
1114*093271*10	WSHD	12/08/2022	259.00	108.11
1114*093271*10	WSHD	12/15/2022	259.00	108.11
1128*63057*39	WSHD	12/19/2022	716.00	501.20
1140*63057*23	WSHD	12/29/2022	3,521.00	2,464.70
1140*093271*10	WSHD	12/29/2022	313.00	108.11
1166*63057*10	WSHD	12/27/2022	2,703.00	1,892.10
1169*63057*18	WSHD	12/15/2022	661.00	81.24
1169*63057*19	WSHD	12/14/2022	1,279.00	895.30
1169*63057*19	WSHD	12/15/2022	2,280.00	1,596.00
1169*63057*19	WSHD	12/15/2022	4,465.00	3,125.50
1180*63057*6	WSHD	12/19/2022	358.00	250.60
1197*63057*11	WSHD	12/05/2022	879.00	101.00
1197*63057*12	WSHD	12/05/2022	4,845.00	3,391.50
1197*63057*12	WSHD	12/28/2022	1,800.00	1,260.00
1232*093271 *2	WSHD	12/07/2022	259.00	108.11
1232*093271 *2	WSHD	12/15/2022	259.00	108.11
1238*63057*9	WSHD	12/13/2022	3,521.00	2,464.70

**GL Totals**  
 Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 12/06/22-12/07/22  
 All Vendors

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1238*093271*5	WSHD	12/13/2022	425.00	108.11
1250*63057*7	WSHD	12/15/2022	716.00	501.20
1250*093271*6	WSHD	12/15/2022	463.00	108.11
1250*093271*6	WSHD	12/20/2022	259.00	108.11
1257*63057*6	WSHD	12/13/2022	661.00	81.24
1257*63057*7	WSHD	12/13/2022	990.00	693.00
1260*63057*7	WSHD	12/21/2022	443.00	310.10
1266*63057*4	WSHD	12/09/2022	3,521.00	2,464.70
1266*63057*4	WSHD	12/16/2022	323.00	226.10
1266*63057*4	WSHD	12/16/2022	978.00	684.60
1266*63057*4	WSHD	12/30/2022	594.00	415.80
1266*093271*3	WSHD	12/09/2022	425.00	108.11
1266*093271*3	WSHD	12/16/2022	523.00	108.11
1266*093271*3	WSHD	12/27/2022	429.00	108.11
1267*63057*6	WSHD	12/16/2022	716.00	501.20
1267*093271*4	WSHD	12/16/2022	259.00	108.11
1269*63057*2	WSHD	12/17/2022	454.00	55.52
1269*63057*3	WSHD	12/15/2022	713.00	499.10
1269*63057*3	WSHD	12/17/2022	916.00	641.20
1269*093271*3	WSHD	12/01/2022	351.00	108.11
1269*093271*3	WSHD	12/15/2022	216.00	108.11
1269*093271*3	WSHD	12/29/2022	259.00	108.11
1270*63057*3	WSHD	12/06/2022	2,517.00	1,761.90
1273*093271*2	WSHD	12/12/2022	259.00	108.11
1275*63057*2	WSHD	12/06/2022	2,011.00	1,407.70
1275*63057*2	WSHD	12/20/2022	754.00	527.80
1275*093271*3	WSHD	12/05/2022	259.00	108.11
1275*093271*3	WSHD	12/16/2022	259.00	108.11
1277*093271*1	WSHD	12/05/2022	375.00	108.11
1277*093271*1	WSHD	12/12/2022	174.00	108.11
1277*093271*1	WSHD	12/13/2022	259.00	108.11
1278*63057*1	WSHD	12/09/2022	1,806.00	1,264.20
1279*63057*1	WSHD	12/27/2022	1,210.00	847.00
1279*093271*1	WSHD	12/15/2022	285.00	108.11
1282*63057*1	WSHD	12/01/2022	454.00	55.52
1282*63057*2	WSHD	12/01/2022	1,863.00	1,304.10
1282*63057*2	WSHD	12/20/2022	443.00	310.10
1282*093271*1	WSHD	12/20/2022	259.00	108.11
1282*093271*1	WSHD	12/27/2022	302.00	108.11
1282*093271*1	WSHD	12/27/2022	982.00	292.32
1282*093271*1	WSHD	12/30/2022	145.00	108.11
1282*093271*1	WSHD	12/30/2022	982.00	292.32
1287*63057*1	WSHD	12/25/2022	879.00	101.00
1287*63057*2	WSHD	12/18/2022	8,083.00	4,930.63
1287*63057*2	WSHD	12/25/2022	14,468.00	8,825.48
1287*63057*3	WSHD	12/19/2022	900.00	630.00
1287*63057*3	WSHD	12/19/2022	3,348.00	2,343.60
1287*63057*3	WSHD	12/19/2022	754.00	527.80

**GL Totals**  
Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 12/06/22-12/07/22  
All Vendors

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2458*63057*34	WSHD	12/07/2022	872.00	610.40
2815*63057*23	WSHD	12/02/2022	1,983.00	1,388.10
2994*63057*17	WSHD	12/06/2022	142.00	99.40
2994*093271*17	WSHD	12/06/2022	328.00	108.11
2994*093271*17	WSHD	12/30/2022	194.00	108.11
3292*093271*2	WSHD	12/15/2022	259.00	108.11
<b>56 invoices, 88 line items</b>			<b>114,376.00</b>	<b>67,782.76</b>
<b>Grand Totals</b>			<b>114,376.00</b>	<b>67,782.76</b>

56 total invoices  
88 total line items

# **Exhibit “B”**



### 02.15.23 WSHD Regular Board Meeting Indigent Care Report

#### 1) Active Client Count:

- a) Indigent Clients – 93 – UP by 3 from 90 in DEC
  - 35 Apps, [18 Renewals, 8 New, 8 Previous]
  - 19 Approved [11 Renewals, 3 New, 5 Previous]
  - 3 Withdrew/Denied
  - 13 Incomplete
- b) Youth Counseling – 17 – remained the same as in DEC
- c) Irlen Services – 0 – remained the same as in DEC
- d) Dental & Vision Services – 7 clients used the Dental benefits , and 2 used the Vision benefits in DEC
- e) Riceland Emergency Room referrals – 16 (11 Not Eligible, 4 Pending, and 1 Approved for ICAP)

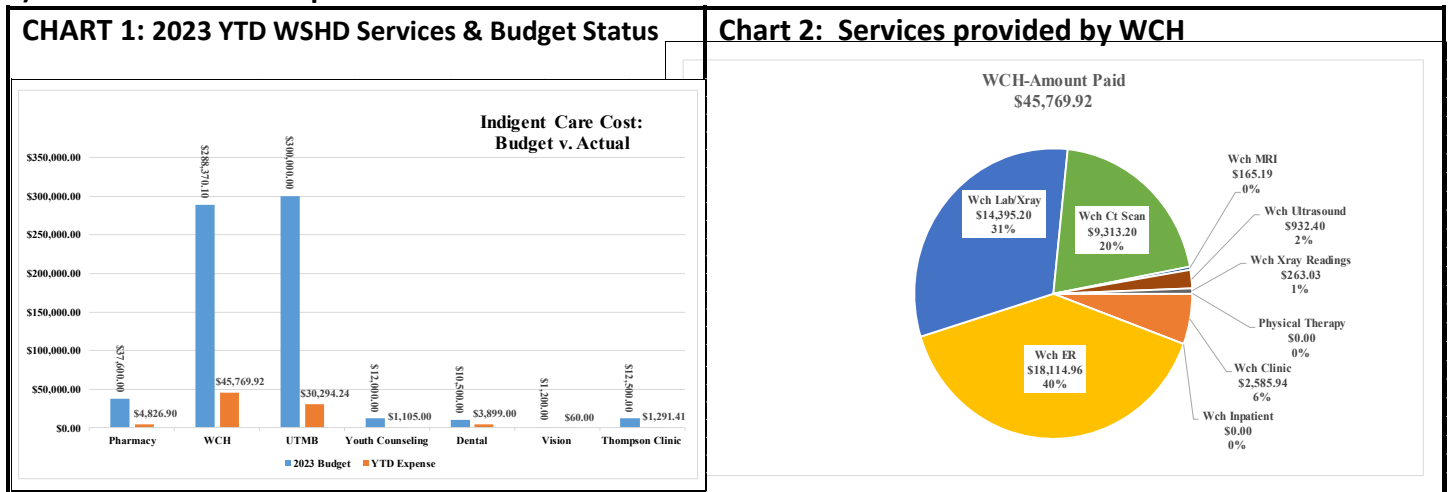
#### 2) Riceland Hospital & Clinics:

The JAN charges were DOWN by 1.5 K from 8 K to 6.5 K, with an overall 53% for total reimbursement. The 3 factors accounting for the increased expense for Riceland in 2022 is due to the 1) an increase of reimbursement rate from 41% of Billed Charges in 2021 to 70% effective 01.01.2022, which accounts for \$126,481 of the \$197.8K increase; 2) an increase in clients; and 3) an increase in ancillary services provided, which accounts of the remaining \$71,297.

#### 3) UTMB Hospital & Clinics:

- a) UTMB JAN charges were DOWN by 92.2 K from 210.8 K to 118.6 K. We received 2 refunds from UTMB this month, one for Hospital services in the amount of \$4,594.02 and one for Professional Services in the amount of \$3,055.52. The refunds were due to overpayment because of an oversight on my part in voiding TEST patient charges before the final invoice was submitted for payment.

#### 4) Our over-all YTD expenditure Charts:



We have expended 11% of the overall Indigent Care Budget

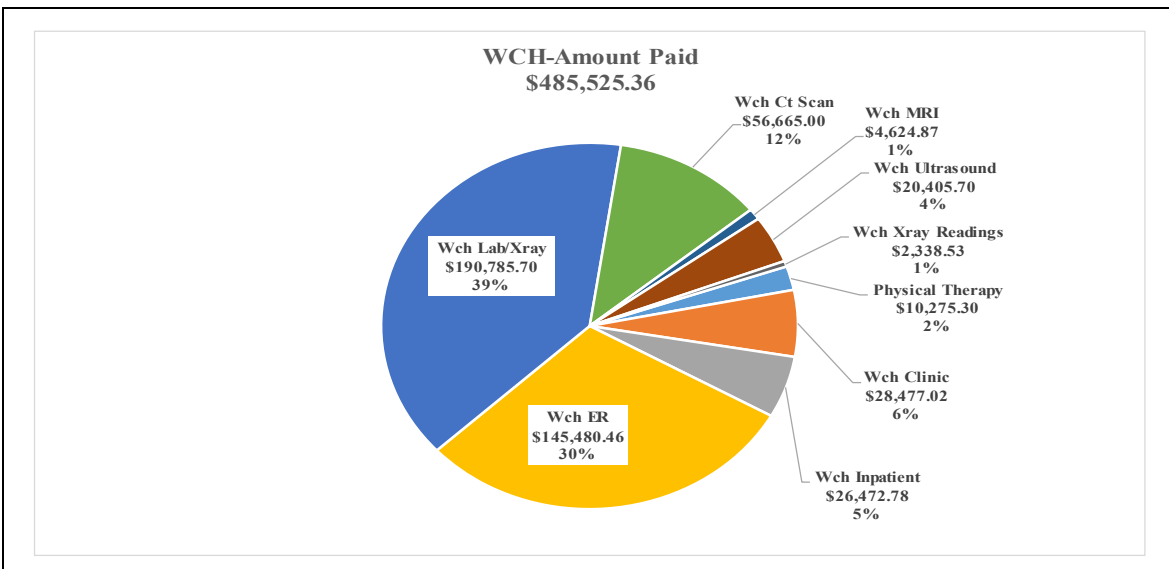
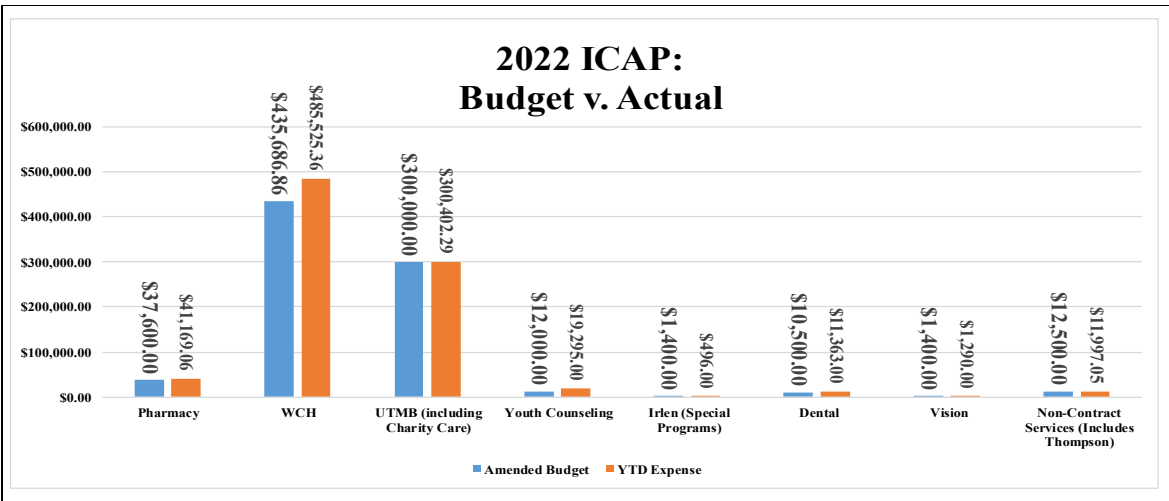
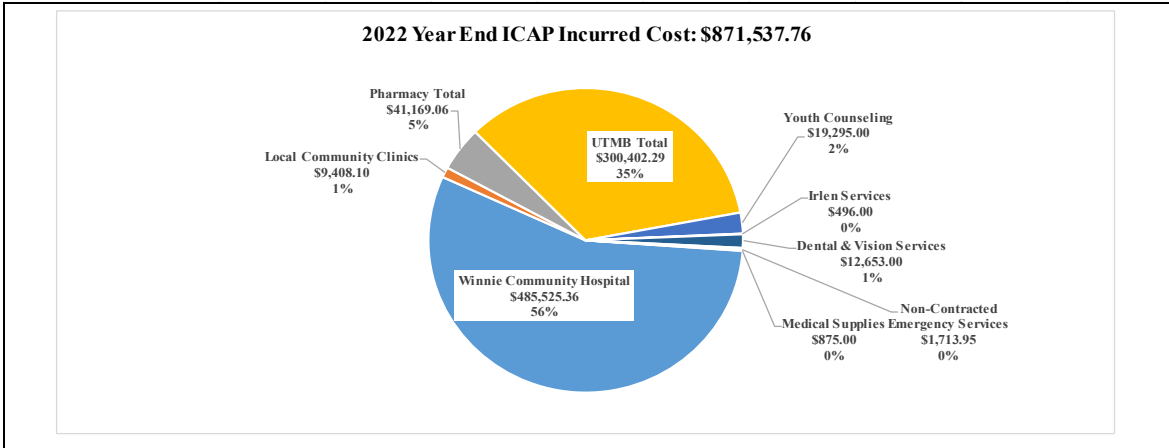
- 13% of the Pharmacy budget
- 16% of the Riceland budget
- 10% of the UTMB budget
- 9% of the Youth Counseling budget
- 00% of the Irlen
- 5% of the Vision
- 37% of the Dental
- 10% of the Thompson Outpatient Clinic

#### 5) District Programs:

- a) County Van – See attached – 7 out of 94 were WSHD clients
- b) Winnie Stowell EMS – See attached – 1 transports out of 5 were made from Riceland
- c) Marcelous Williams – See attached – 19 out of 21 were WSHD clients

**WSHD Indigent Care Director Report**  
**Jan-Dec 2023 YTD Expenditures Worksheet**

	2022 Year To Date END			Year to Date		
		Total Unduplicated	Average		Total Unduplicated	Average
<b>Indigent Clients:</b>	Clients Enrolled:	132	79	<b>Clients Enrolled:</b>	<b>93</b>	<b>93</b>
<b>Youth Counseling:</b>	YC Enrolled:	48	23	<b>YC Enrolled:</b>	<b>17</b>	<b>17</b>
<b>Irlen Services:</b>	IS Enrolled:	3	2	<b>IS Enrolled:</b>	<b>0</b>	<b>0</b>
<b>PROVIDER TOTALS</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>
<b>Pharmacy</b>						
Brookshire Brothers Pharmacy Corp	\$27,627.50	\$26,350.75	\$24,456.46	\$4,799.70	\$3,141.06	\$3,141.06
Wilcox Pharmacy	\$16,712.60	\$16,712.60	\$16,712.60	\$1,685.84	\$1,685.84	\$1,685.84
<b>ADJUSTMENTS-Refunds/Credits</b>	<b>YTD Refunds/Credits</b>		<b>(\$106.80)</b>	<b>YTD Refunds/Credits</b>		<b>\$0.00</b>
<b>Pharmacy Totals</b>	<b>\$44,340.10</b>	<b>\$43,063.35</b>	<b>\$41,169.06</b>	<b>\$6,485.54</b>	<b>\$4,826.90</b>	<b>\$4,826.90</b>
<b>Winnie Community Hospital</b>						
WCH Clinic	\$75,742.03	\$28,477.02	\$28,477.02	\$6,982.00	\$2,585.94	\$2,585.94
WCH Observation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$247,560.00	\$145,480.46	\$145,480.46	\$34,046.00	\$18,114.96	\$18,114.96
WCH Lab/Xray	\$273,645.00	\$190,785.70	\$190,785.70	\$23,992.00	\$14,395.20	\$14,395.20
WCH CT Scan	\$80,950.00	\$56,665.00	\$56,665.00	\$15,522.00	\$9,313.20	\$9,313.20
WCH Xray (MRI)	\$93,512.00	\$4,624.87	\$4,624.87	\$3,738.00	\$165.19	\$165.19
WCH Lab/Xray Reading	\$17,392.00	\$2,338.53	\$2,338.53	\$2,014.00	\$263.03	\$263.03
WCH Inpatient	\$43,398.00	\$26,472.78	\$26,472.78	\$0.00	\$0.00	\$0.00
WCH Physical Therapy	\$14,679.00	\$10,275.30	\$10,275.30	\$0.00	\$0.00	\$0.00
WCH Ultrasound	\$29,151.00	\$20,405.70	\$20,405.70	\$1,554.00	\$932.40	\$932.40
<b>WCH Totals</b>	<b>\$876,029.03</b>	<b>\$485,525.36</b>	<b>\$485,525.36</b>	<b>\$87,848.00</b>	<b>\$45,769.92</b>	<b>\$45,769.92</b>
<b>ADJUSTMENTS-Refunds/Credits</b>	<b>YTD Credit Adjustments</b>		<b>\$0.00</b>	<b>YTD Credit Adjustments</b>		<b>\$0.00</b>
<b>Balance on Contracted Amount (Lump Sum Payment of \$288,370.10)</b>		<b>(\$228,909.92)</b>			<b>\$242,600.18</b>	
<b>UTMB</b>						
UTMB Physician Services	\$186,679.00	\$42,593.79	\$42,575.54	\$9,952.00	\$2,481.53	\$2,481.53
Barrier Reef (UTMB ER Physician)	\$15,705.00	\$597.69	\$597.69	\$3,729.00	\$97.49	\$97.49
UTMB Anesthesia	\$40,507.00	\$16,805.17	\$16,805.17	\$1,200.00	\$711.48	\$711.48
UTMB In-Patient	\$744,783.09	\$107,458.15	\$107,458.15	\$43,654.58	\$14,406.01	\$14,406.01
UTMB Outpatient	\$600,652.84	\$126,082.81	\$126,082.81	\$54,376.48	\$11,343.53	\$11,343.53
UTMB Lab&Xray	\$33,351.18	\$6,315.20	\$6,315.20	\$5,700.91	\$1,254.20	\$1,254.20
<b>CHARITY CARE @ UTMB</b>	<b>\$8,237.00</b>	<b>\$1,165.42</b>	<b>\$1,165.42</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>ADJUSTMENTS-Refunds/Credits</b>	<b>YTD Refunds/Credits</b>		<b>(\$57.36)</b>	<b>YTD Refunds/Credits</b>		<b>(\$7,649.56)</b>
<b>UTMB Totals</b>	<b>\$1,614,210.11</b>	<b>\$300,420.54</b>	<b>\$300,402.29</b>	<b>\$118,612.97</b>	<b>\$30,294.24</b>	<b>\$30,294.24</b>
<b>Local Community Clinics (601.04)</b>						
Coastal Gateway Health Clinic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Thompson Outpatient Clinic	\$37,931.00	\$9,408.10	\$9,408.10	\$5,448.00	\$1,291.41	\$1,291.41
<b>Local Community Clinics</b>	<b>\$37,931.00</b>	<b>\$9,408.10</b>	<b>\$9,408.10</b>	<b>\$5,448.00</b>	<b>\$1,291.41</b>	<b>\$1,291.41</b>
<b>Non-Contracted Emergency Services (601.04)</b>						
Non-Contract ER Services	\$741.00	\$79.92	\$79.92	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$4,663.10	\$1,036.34	\$1,036.34	\$0.00	\$0.00	\$0.00
<b>Non-Contract Services Totals</b>	<b>\$21,109.10</b>	<b>\$1,713.95</b>	<b>\$1,713.95</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Youth Counseling</b>						
Benjamin Odom	\$12,070.00	\$12,070.00	\$12,070.00	\$510.00	\$510.00	\$510.00
Nicki Holtzman	\$5,525.00	\$5,525.00	\$5,525.00	\$510.00	\$510.00	\$510.00
Penelope Butler	\$1,700.00	\$1,700.00	\$1,700.00	\$85.00	\$85.00	\$85.00
<b>Youth Counseling Totals</b>	<b>\$19,295.00</b>	<b>\$19,295.00</b>	<b>\$19,295.00</b>	<b>\$1,105.00</b>	<b>\$1,105.00</b>	<b>\$1,105.00</b>
<b>Irlen Services</b>						
Nancy Gaudet	\$496.00	\$496.00	\$496.00	\$0.00	\$0.00	\$0.00
<b>Irlen Services Totals</b>	<b>\$496.00</b>	<b>\$496.00</b>	<b>\$496.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Indigent Special Services</b>						
Dental Services	\$13,942.00	\$11,363.00	\$11,363.00	\$7,979.00	\$3,899.00	\$3,899.00
Vision Services	\$1,290.00	\$1,290.00	\$1,290.00	\$60.00	\$60.00	\$60.00
<b>Indigent Special Services Totals</b>	<b>\$15,232.00</b>	<b>\$12,653.00</b>	<b>\$12,653.00</b>	<b>\$8,039.00</b>	<b>\$3,959.00</b>	<b>\$3,959.00</b>
<b>Medical Supplies (601.04)</b>						
Alliance Medical Supply (C-PAP)	\$1,050.00	\$875.00	\$875.00	\$0.00	\$0.00	\$0.00
<b>Medial Supplies Total</b>	<b>\$1,050.00</b>	<b>\$875.00</b>	<b>\$875.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Grand Totals</b>	<b>\$2,629,692.34</b>	<b>\$873,450.30</b>	<b>\$871,537.76</b>	<b>\$227,538.51</b>	<b>\$87,246.47</b>	<b>\$87,246.47</b>





**WSHD Indigent Care Director Report  
FY 2021 vs FY 2022**

	2021 Year End			2022 Year End			Difference bw 2021 & 2022
	Clients Enrolled:	Total Unuplicated Average		Clients Enrolled:	Total Unuplicated Average		
<b>Indigent Clients:</b>	<b>106</b>	<b>58</b>		<b>132</b>	<b>79</b>		<b>CLIENTS</b>
<b>Youth Counseling:</b>	<b>28</b>	<b>11</b>		<b>48</b>	<b>23</b>		21
<b>Irlen Services:</b>	<b>10</b>	<b>7</b>		<b>3</b>	<b>2</b>		12
							-5
<b>PROVIDER TOTALS</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>PHARMACY</b>
<b>Pharmacy</b>							
Brookshire Brothers Pharmacy Corp	\$19,124.31	\$18,816.20	\$18,806.84	\$27,627.50	\$26,350.75	\$24,456.46	\$5,649.62
Wilcox Pharmacy	\$13,435.88	\$13,339.46	\$13,339.46	\$16,712.60	\$16,712.60	\$16,712.60	\$3,373.14
<b>ADJUSTMENTS-Refunds/Credits</b>				<b>YTD Refunds/Credits</b>		<b>(\$106.80)</b>	
<b>Pharmacy Totals</b>	<b>\$32,560.19</b>	<b>\$32,155.66</b>	<b>\$32,146.30</b>	<b>\$44,340.10</b>	<b>\$43,063.35</b>	<b>\$41,169.06</b>	\$9,022.76
<b>Winnie Community Hospital</b>							<b>RICELAND</b>
WCH Clinic	\$78,608.00	\$31,957.86	\$24,665.60	\$75,742.03	\$28,477.02	\$28,477.02	\$3,811.42
WCH Observation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$133,676.01	\$54,807.16	\$46,870.79	\$247,560.00	\$145,480.46	\$145,480.46	\$98,609.67
WCH Lab/Xray	\$203,646.00	\$83,261.98	\$71,744.67	\$273,645.00	\$190,785.70	\$190,785.70	\$119,041.03
WCH CT Scan	\$111,594.00	\$45,753.54	\$35,818.84	\$80,950.00	\$56,665.00	\$56,665.00	\$20,846.16
WCH Labs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Xray (MRI)	\$106,227.00	\$43,142.25	\$41,697.82	\$93,512.00	\$4,624.87	\$4,624.87	(\$37,072.95)
WCH Lab/Xray Reading	\$21,370.00	\$8,577.61	\$7,494.39	\$17,392.00	\$2,338.53	\$2,338.53	(\$5,155.86)
WCH Inpatient	\$35,317.00	\$14,479.97	\$14,242.99	\$43,398.00	\$26,472.78	\$26,472.78	\$12,229.79
WCH Physical Therapy	\$4,820.00	\$1,976.20	\$1,976.20	\$14,679.00	\$10,275.30	\$10,275.30	\$8,299.10
WCH Ultrasound	\$17,493.00	\$7,172.13	\$6,775.25	\$29,151.00	\$20,405.70	\$20,405.70	\$13,630.45
<b>WCH Totals</b>	<b>\$712,751.01</b>	<b>\$291,128.70</b>	<b>\$251,286.55</b>	<b>\$876,029.03</b>	<b>\$485,525.36</b>	<b>\$485,525.36</b>	\$234,238.81
<b>ADJUSTMENTS-Refunds/Credits</b>				<b>YTD Credit Adjustments</b>		<b>\$0.00</b>	
<b>Balance on Contracted Amount (Lump Sum Payment of \$288,370.10)</b>							(\$228,909.92)
<b>UTMB</b>							<b>UTMB</b>
UTMB Physician Services	\$113,951.00	\$21,775.27	\$21,775.27	\$186,679.00	\$42,593.79	\$42,575.54	\$20,800.27
UTMB Anesthesia	\$18,012.00	\$11,082.65	\$11,082.65	\$40,507.00	\$16,805.17	\$16,805.17	\$5,722.52
UTMB In-Patient	\$256,311.16	\$93,641.04	\$93,641.04	\$744,783.09	\$107,458.15	\$107,458.15	\$13,817.11
UTMB Outpatient	\$483,405.85	\$95,056.48	\$95,056.48	\$600,652.84	\$126,082.81	\$126,082.81	\$31,026.33
UTMB Lab&Xray	\$31,479.14	\$6,631.46	\$6,631.46	\$33,351.18	\$6,315.20	\$6,315.20	(\$316.26)
CHARITY CARE @ UTMB	-	-	-	\$8,237.00	\$1,165.42	\$1,165.42	
<b>ADJUSTMENTS-Refunds/Credits</b>				<b>YTD Refunds/Credits</b>		<b>(\$57.36)</b>	
<b>UTMB Totals</b>	<b>\$903,159.15</b>	<b>\$228,186.90</b>	<b>\$228,186.90</b>	<b>\$1,614,210.11</b>	<b>\$300,420.54</b>	<b>\$300,402.29</b>	\$72,215.39
<b>Local Community Clinics (601.04)</b>							<b>CLINICS</b>
Thompson Outpatient Clinic	-	-	-	\$37,931.00	\$9,408.10	\$9,408.10	\$9,408.10
Coastal Gateway Clinic	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00
<b>Local Community Clinics</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$37,931.00</b>	<b>\$9,408.10</b>	<b>\$9,408.10</b>	\$9,408.10
<b>Non-Contracted Emergency Services (601.04)</b>							<b>ER SERVICES</b>
Barrier Reef (UTMB ER Physician)	\$32,850.00	\$1,252.20	\$1,252.20	\$15,705.00	\$597.69	\$597.69	(\$654.51)
Non-Contract ER Services	\$1,465.25	\$392.33	\$392.33	\$741.00	\$79.92	\$79.92	(\$312.41)
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$4,663.10	\$1,036.34	\$1,036.34	\$1,036.34
<b>Non-Contract Services Totals</b>	<b>\$34,315.25</b>	<b>\$1,644.53</b>	<b>\$1,644.53</b>	<b>\$21,109.10</b>	<b>\$1,713.95</b>	<b>\$1,713.95</b>	\$69.42
<b>Youth Counseling</b>							
Benjamin Odom	\$4,760.00	\$4,675.00	\$4,675.00	\$12,070.00	\$12,070.00	\$12,070.00	\$7,395.00
Nicki Holtzman	\$4,675.00	\$4,675.00	\$4,675.00	\$5,525.00	\$5,525.00	\$5,525.00	\$850.00
Penelope Butler	\$1,530.00	\$1,530.00	\$1,530.00	\$1,700.00	\$1,700.00	\$1,700.00	\$170.00
<b>Youth Counseling Totals</b>	<b>\$10,965.00</b>	<b>\$10,880.00</b>	<b>\$10,880.00</b>	<b>\$19,295.00</b>	<b>\$19,295.00</b>	<b>\$19,295.00</b>	\$8,415.00
<b>Irlen Services</b>							
Nancy Gaudet	\$6,000.00	\$6,000.00	\$6,000.00	\$496.00	\$496.00	\$496.00	(\$5,504.00)
<b>Irlen Services Totals</b>	<b>\$6,000.00</b>	<b>\$6,000.00</b>	<b>\$6,000.00</b>	<b>\$496.00</b>	<b>\$496.00</b>	<b>\$496.00</b>	(\$5,504.00)
<b>Indigent Special Services</b>							
Dental Services	\$2,465.00	\$2,158.00	\$2,158.00	\$13,942.00	\$11,363.00	\$11,363.00	\$9,205.00
Vision Services	\$465.00	\$465.00	\$465.00	\$1,290.00	\$1,290.00	\$1,290.00	\$825.00
<b>Indigent Special Services Totals</b>	<b>\$2,930.00</b>	<b>\$2,623.00</b>	<b>\$2,623.00</b>	<b>\$15,232.00</b>	<b>\$12,653.00</b>	<b>\$12,653.00</b>	\$10,030.00
<b>Medical Supplies (601.04)</b>							
Alliance Medical Supply (C-PAP)	\$140.00	\$140.00	\$140.00	\$1,050.00	\$875.00	\$875.00	\$0.00
<b>Medical Supplies Total</b>	<b>\$140.00</b>	<b>\$140.00</b>	<b>\$140.00</b>	<b>\$1,050.00</b>	<b>\$875.00</b>	<b>\$875.00</b>	\$735.00
<b>Grand Totals</b>	<b>\$1,702,820.60</b>	<b>\$572,758.79</b>	<b>\$532,907.28</b>	<b>\$2,629,692.34</b>	<b>\$873,450.30</b>	<b>\$871,537.76</b>	\$338,630.48

REASONS FOR HIGHER EXPENSE		
	2021	2022
<b>BROOKSHIRE BROS</b>		
MORE CLIENTS	65	74
MORE PRESCRIPTIONS	895	1205
<b>WILCOX</b>		
MORE PRESCRIPTIONS	629	1039

REASONS FOR HIGHER EXPENSE		
	2021	2022
MORE CLIENTS	106	132
HIGHER REIMBURSEMENT RATE	41%	70%
MORE ANCILLARY SERVICES	\$163,530.97	\$274,819.80

REASONS FOR HIGHER EXPENSE		
	2021	2022
MORE CLIENTS	106	132
MORE ER, INPATIENT, & PROCEDURES	62	71

REASONS FOR HIGHER EXPENSE		
	2021	2022
NEW CLINIC-NEW SERVICE LINE	N/A	

REASONS FOR HIGHER EXPENSE		
	2021	2022
MORE CLIENTS	28	48

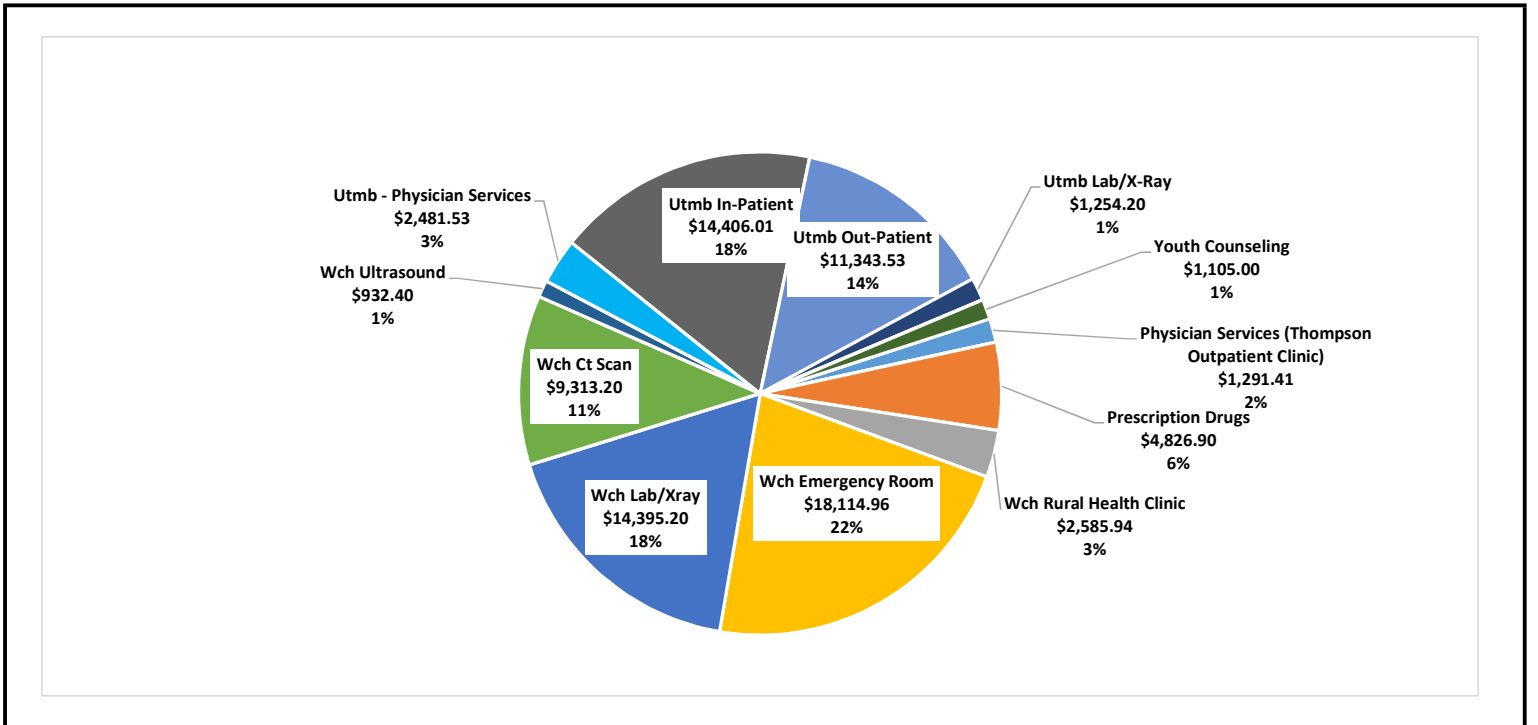
REASONS FOR HIGHER EXPENSE		
	2021	2022
MORE EXPENSIVE SERVICES	2	7
MORE CLIENTS UTILIZING SERVICES	8	22

REASONS FOR HIGHER EXPENSE		
	2021	2022
MORE CLIENTS UTILIZING SERVICES	1	2

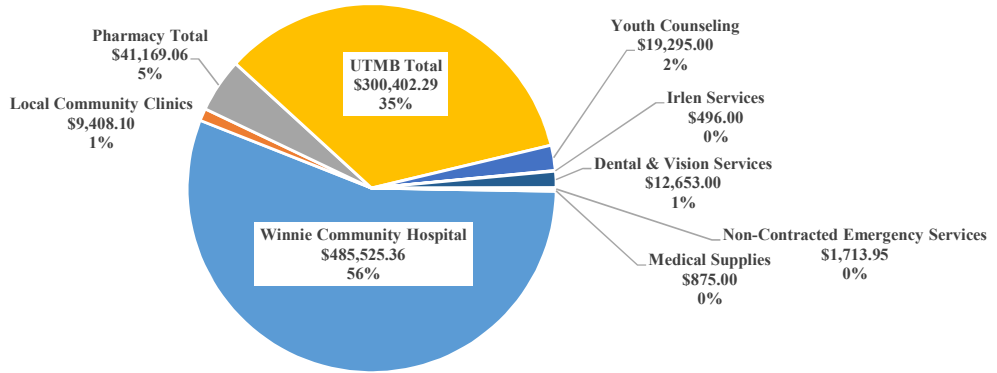
**WSHD Indigent Care Director Report**  
**Jan 2023 SOURCE CODE REPORT**

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Services (Thompson Outpatient Clinic)	\$5,448.00	\$1,291.41	1.48%
02	Prescription Drugs	\$6,485.54	\$4,826.90	5.53%
13	Vision Services	\$60.00	\$60.00	0.07%
14	Dental Services	\$7,979.00	\$3,899.00	4.47%
21	Wch Rural Health Clinic	\$6,982.00	\$2,585.94	2.96%
24	Wch Emergency Room	\$34,046.00	\$18,114.96	20.76%
25	Wch Lab/Xray	\$23,992.00	\$14,395.20	16.50%
26	Wch Ct Scan	\$15,522.00	\$9,313.20	10.67%
28	Wch X-Ray (MRI)	\$3,738.00	\$165.19	0.19%
29	Wch Ultrasound	\$1,554.00	\$932.40	1.07%
44	Wch Xray Readings	\$2,014.00	\$263.03	0.30%
31	Utmb - Physician Services	\$9,952.00	\$2,481.53	2.84%
31-1	Utmb Anesthesia	\$1,200.00	\$711.48	0.82%
33	Utmb In-Patient	\$43,654.58	\$14,406.01	16.51%
34	Utmb Out-Patient	\$54,376.48	\$11,343.53	13.00%
34-1	Utmb ER Physicians - Barrier Reef	\$3,729.00	\$97.49	0.11%
35	Utmb Lab/X-Ray	\$5,700.91	\$1,254.20	1.44%
39	Youth Counseling	\$1,105.00	\$1,105.00	1.27%
<b>Expenditures/Reimbursements/Adjustments</b>		<b>\$227,538.51</b>	<b>\$87,246.47</b>	<b>100%</b>

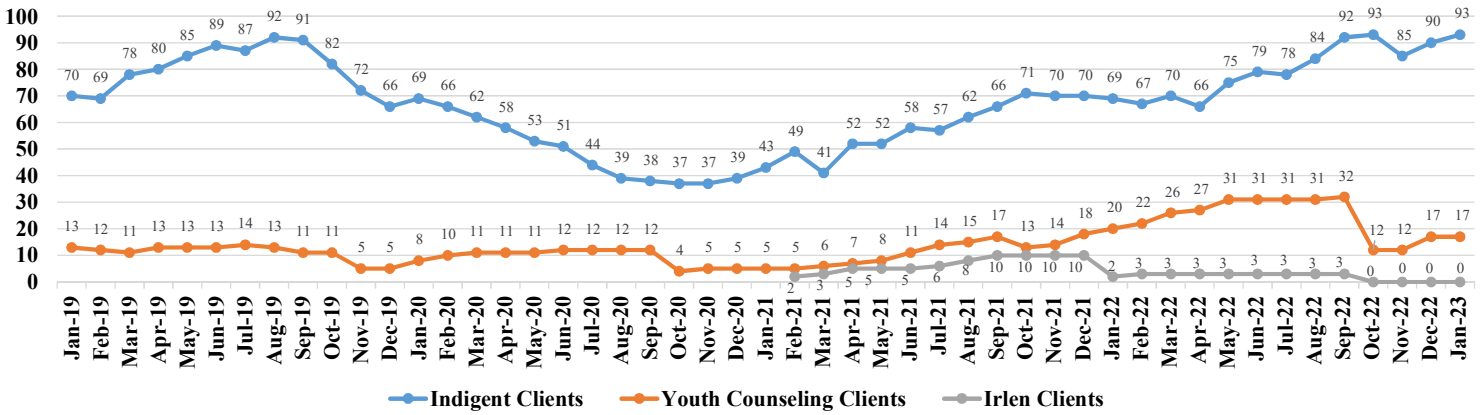
**Grand Total      \$227,538.51                      \$87,246.47                      100%**



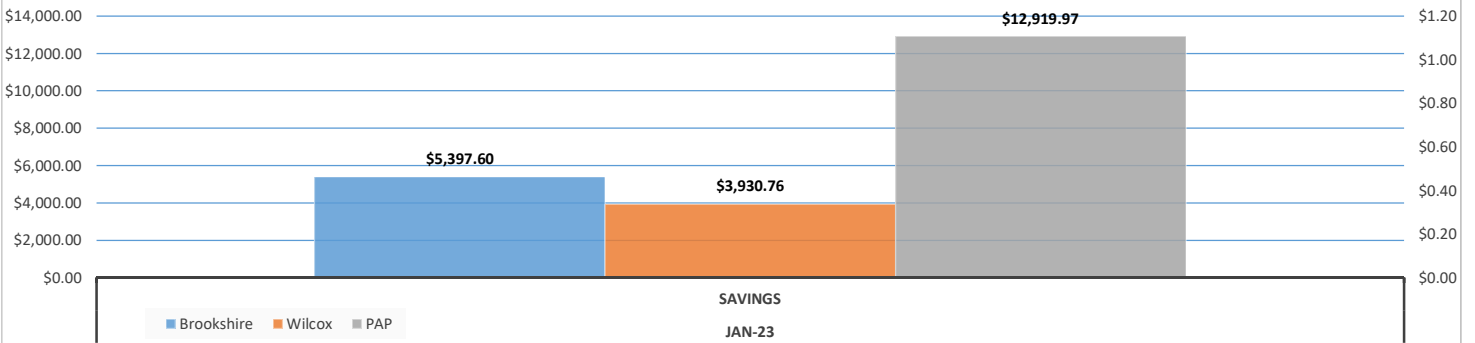
**Year To Date Payments Incurred: \$871,537.76**



**Client Count Trending**



**PHARMACY SAVINGS TO DATE = \$22,248.33**



# 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. 23 Van Report

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2637
TOTAL HOURS DRIVEN			152.58
TOTAL EXPENSES FOR MONTH			\$545.41
FUEL COST			\$545.41
REPAIRS & MAINTENANCE COST			
MISC EXPENSES			
TOTAL RIDERS			28
TOTAL WSHD RIDERS			1
TOTAL TRIPS			56
TOTAL TRIPS FOR WSHD RIDERS			1

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			2917
TOTAL HOURS DRIVEN			165.08
TOTAL EXPENSES FOR MONTH			\$612.98
FUEL COST			\$552.55
REPAIRS & MAINTENANCE COST	oil change, labor		\$60.43
MISC EXPENSES			
TOTAL RIDERS			32
TOTAL WSHD RIDERS			3
TOTAL TRIPS			56
TOTAL TRIPS FOR WSHD RIDERS			4

VEHICLE #3		RAV 4	
TOTAL MILES DRIVEN			2895
TOTAL HOURS DRIVEN			133.92
TOTAL EXPENSES FOR MONTH			\$359.12
FUEL COST			\$300.06
REPAIRS & MAINTENANCE COST	oil change, labor		\$59.06
MISC EXPENSES			
TOTAL RIDERS			34
TOTAL WSHD RIDERS			3
TOTAL TRIPS			50
TOTAL TRIPS FOR WSHD RIDERS			4

GRAND TOTALS			
MILES DRIVEN			8449
RIDERS			94
WSHD RIDERS			7
TRIPS			162
WSHD TRIPS			9
EXPENSES			\$1,517.51

# Winnie Stowell Volunteer EMS Report Year 2022



## Winnie Stowell Volunteer EMS Winnie-Stowell Hospital District Report

Year to Date Details for 2023	Previous Year End	Jan-23	YTD DATE
<b>CALL SUMMARY</b>			
CALLS/TRANSPORTS REQUESTED	117	5	5
CALLS/TRANSPORTS MADE			
INSURED	-	0	0
SELF-PAY	-	1	1
TOTAL CALLS MADE	76	1	1
CALLS/TRANSPORTS DELAYED	1	0	0
TRANSPORTS <u>NOT</u> MADE	43	4	4
PERCENTAGE OF CALLS <u>MADE</u>	<b>65%</b>	<b>20.0%</b>	<b>80.0%</b>
<b>INVOICED/BILLED</b>			
Insurance Billed during Month	\$54,348.70	\$0.00	\$0.00
Self-Pay Billed during the Month	\$55,989.76	\$1,897.17	\$1,897.17
<b>Total</b>	<b>\$110,338.46</b>	<b>\$1,897.17</b>	<b>\$1,897.17</b>
<b>PAYMENTS RECEIVED</b>			
Insurance Payments Rcvd during in the Month	\$24,896.99		\$0.00
Self-Pay Billed Rcvd during the Month	\$0.00		\$0.00
<b>Total</b>	<b>\$24,896.99</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>			
Owed by Insurance			\$0.00
Owed by Self-Pay			\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>STAFFING EXPENSES</b>			
	<b>\$122,976.00</b>	<b>\$11,904.00</b>	<b>\$11,904.00</b>

## Winnie Stowell Volunteer EMS Report Year 2023

Winnie Stowell Volunteer EMS Winnie-Stowell Hospital District Report			
Year to Date Details for 2023	Previous Year End	Jan-23	YTD DATE
<b>CALL SUMMARY</b>			
CALLS/TRANSPORTS REQUESTED	117	5	5
<b>CALLS/TRANSPORTS MADE</b>			
INSURED	-	0	0
SELF-PAY	-	1	1
TOTAL CALLS MADE	76	1	1
CALLS/TRANSPORTS DELAYED	1	0	0
TRANSPORTS NOT MADE	43	4	4
PERCENTAGE OF CALLS MADE	65%	20.0%	80.0%
<b>INVOICED/BILLED</b>			
Insurance Billed during Month	\$54,348.70	\$0.00	\$0.00
Self-Pay Billed during the Month	\$55,989.76	\$1,897.17	\$1,897.17
<b>Total</b>	<b>\$110,338.46</b>	<b>\$1,897.17</b>	<b>\$1,897.17</b>
<b>PAYMENTS RECEIVED</b>			
Insurance Payments Rcvd during in the Month	\$24,896.99		\$0.00
Self-Pay Billed Rcvd during the Month	\$0.00		\$0.00
<b>Total</b>	<b>\$24,896.99</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>			
Owed by Insurance			\$0.00
Owed by Self-Pay			\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>STAFFING EXPENSES</b>			
	\$122,976.00	\$11,904.00	\$11,904.00

Jan-23					
MONTHLY CALLS/TRANSPORTS REPORT					
CALLS REQUESTED			CALL RESULTS		
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R
1/3/2023	Riceland	St. Elizabeth (No Extra Paramedic Available)			R
1/14/2023	Riceland	Texas Childrens (No Extra Paramedic Available)			R
1/22/2023	Riceland	St. Elizabeth	M		R
1/25/2023	Riceland	Memorial Hermann Beaumont (On a 911 call)			R
<b>TOTAL CALLS REQUESTED FOR MONTH &amp; RESULTS</b>			<b>1</b>	<b>0</b>	<b>4</b>

Jan-23					
MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL					
DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR. HR)	PAYROLL AMOUNT	
1/1/2023	Austin Isaacks	24	\$16	\$384.00	
1/2/2023	Amanda Harpst	24	\$16	\$384.00	
1/3/2023	Brad Eads	24	\$16	\$384.00	
1/4/2023	Andrew Broussard	24	\$16	\$384.00	
1/5/2023	Hunter Traweek	24	\$16	\$384.00	
1/6/2023	Keven Gilbert	24	\$16	\$384.00	
1/7/2023	Daniel Burke	24	\$16	\$384.00	
1/8/2023	Amanda Harpst	24	\$16	\$384.00	
1/9/2023	Brad Eads	24	\$16	\$384.00	
1/10/2023	Andrew Broussard	24	\$16	\$384.00	
1/11/2023	Hunter Traweek	24	\$16	\$384.00	
1/12/2023	Travis Delacerda	12	\$16	\$192.00	
1/12/2023	Andrew Broussard	12	\$16	\$192.00	
1/13/2023	Ruthanne Broussard	24	\$16	\$384.00	
1/14/2023	Kayla Blackwell	24	\$16	\$384.00	
1/15/2023	Jarrod Brannon	12	\$16	\$192.00	
1/15/2023	Amanda Harpst	12	\$16	\$192.00	
1/16/2023	Brad Eads	24	\$16	\$384.00	
1/17/2023	Amanda Harpst	24	\$16	\$384.00	
1/18/2023	Hunter Traweek	24	\$16	\$384.00	
1/19/2023	Andrew Broussard	24	\$16	\$384.00	
1/20/2023	Ruthanne Broussard	24	\$16	\$384.00	
1/21/2023	Mark Matak	24	\$16	\$384.00	
1/22/2023	Brad Eads	24	\$16	\$384.00	
1/23/2023	Amanda Harpst	24	\$16	\$384.00	
1/24/2023	Brad Eads	24	\$16	\$384.00	
1/25/2023	Andrew Broussard	24	\$16	\$384.00	
1/26/2023	Hunter Traweek	24	\$16	\$384.00	
1/27/2023	Ruthanne Broussard	24	\$16	\$384.00	
1/28/2023	Boyd Abshire	24	\$16	\$384.00	
1/29/2023	Travis Delacerda	24	\$16	\$384.00	
1/30/2023	Brad Eads	24	\$16	\$384.00	
1/31/2023	Amanda Harpst	24	\$16	\$384.00	
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>				<b>\$11,904.00</b>	

## WSVEMS REPORT STATUS

January 2023

Report Criteria	RECEIVED & CORRECT	Comments
-----------------	--------------------------	----------

**By the fifth (5th) business day of the month, the Recipient agrees to submit a report including the following:**

**No**

Received report on February 9, 2023, but it has been historically required by the 10th of the month to allow time for obtaining the billing detail from the WSEMS billing company.

### 1. Payroll Statement:


a. Transport Ambulance operators' names	<b>YES</b>	
b. Dates and time spent during the Payroll Statement period operating the Transport Ambulance for each operator	<b>YES/NO</b>	As presented, the District is being invoiced everyday, at either \$192.00 per day for a 12 hour shift or \$384.00 per day for a 24 hours shift. How is it that the WSVEMS only makes one (1) out of five (5) transport calls in a month.
c. Payment amounts owed to each employee	<b>YES</b>	
d. Total payment summary to the District for the prior month's services.	<b>YES</b>	

### 2. Monthly Transport Activities Report

a. Number of calls made in the month using the Transport Ambulance	<b>YES/NO</b>	However, the Calls & Results page shows 4 transports listed, and one of them is marked as MADE and REASSIGNED...so it is unclear if it was made or reassigned.
b. Amount invoiced to any third parties for the calls	<b>YES</b>	There was one call listed, and the billed amount was provided.
c. Year to date funds paid by third parties for the Transport Ambulance services	<b>YES</b>	Updated spreadsheet.
d. Year to date staffing expenses for the additional EMT Basic position	<b>YES/NO</b>	See 1b above.
e. Any other information reasonably requested by the District that may be helpful, including transfers delayed because operators were operating the ALS ambulance.	<b>None</b>	

### 3. December 14, 2022 Six Month Requests:

a. The WSVEMS will enter into an agreement with Hospital to provide transport services on an expedited basis; or provide proof that the WSVEMS has made a good faith attempt to secure an agreement.	<b>NO</b>	Hospital provided the attached report showing no response from WSEMS since mid-December 2022 where the Hospital requested the contract include the 2023 rates be based on rural, not urban Medicaid Rates. Otherwise, we have received nothing from WSVESM.
b. The District's funds shall not be used for overtime.	<b>NO</b>	There was no documentation provided that the District's funds were not used for overtime.
c. WSVESM shall implement a payment system for employees as required by the grant agreement.	<b>NO</b>	There was no documentation provided that the WSVESM has implemented a payment system for employees as required by the grant agreement.
d. The WSVEMS shall operate on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff so as to ensure that the District's funds were being used to only pay for the transport ambulance staff as required in grant agreement.	<b>NO</b>	There was no documentation provided that the WSVEMS has operated on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff.
e. The WSVEMS agrees to provide proof that they were billing timely for the transport ambulance because the WSVEMS's current collection rate was only twenty-one percent (21%).	<b>NO</b>	There was no documentation provided that the WSEMS is billing timely for the transport ambulance.
f. The WSVEMS shall timely provide completed reports without the District's staff having to assist with preparing the reports.	<b>NO</b>	The District's staff did not assist in completing the WSEMS Monthly report, but the report also was not completed accurately in all areas.

 <p>Marcelous Williams Resource Center Winnie-Stowell Hospital District Report</p>		
<b>Year to Date Details for 2023</b>	<b>Jan-23</b>	<b>YTD DATE</b>
<b>YTD WSHD REFERRALS</b>	0	0
YTD Indigent Care (Medical, Dental & Vision)	0	0
YTD Prescription Assistance	0	0
YTD Youth Counseling	0	0
YTD Irlen Syndrome Services	0	0
<b>YTD OTHER REFERRALS</b>	2	2
YTD Gift of Life	0	0
YTD Work in Texas (Texas Workforce Commiss	0	0
YTD Chambers County Indigent or OmniPoint F	0	0
YTD Chambers County Indigent Dental	0	0
YTD Transportation	0	0
YTD Medical Services (Other Than Indigent)	0	0
YTD G.E.T-C.A.P.	0	0
YTD Misc. MWRC Available Services	2	2
<b>YTD APPLICATIONS INITIATED/PROCESSED</b>	29	29
YTD WSHD Indigent Care	0	0
YTD Prescription Assistance	0	0
YTD Social Security	6	6
YTD Medicare Savings Program	1	1
YTD Medicaid	2	2
YTD Food Stamps	17	17
YTD Home Repair	0	0
YTD G.E.T-C.A.P.	3	3
<b>YTD CLIENTS SERVED</b>	21	21
YTD WSHD Clients	19	19
YTD Chambers County Residents	0	0
YTD Other County Residents	2	2
YTD OFFICE SUPPLIES EXPENSES	\$1,964.24	\$1,964.24
YTD STAFFING EXPENSES	\$3,334.11	\$3,334.11
YTD GRANT AMOUNT SPENT OF TOTAL \$57,742.00	\$5,298.35	\$5,298.35
<b>YTD GRANT BALANCE REMAINING OF</b>	<b>\$52,443.65</b>	<b>\$52,443.65</b>
<b>OUTREACH ACTIVITIES/EVENTS ATTENDED</b>	<b>1</b>	<b>1</b>





Marcelous Williams Resource Center  
Winnie-Stowell Hospital District Report

Year to Date Details for 2023		Jan-23	YTD DATE
<b>YTD WSHD REFERRALS</b>		<b>0</b>	<b>0</b>
YTD Indigent Care (Medical, Dental & Vision)		0	0
YTD Prescription Assistance		0	0
YTD Youth Counseling		0	0
YTD Irlen Syndrome Services		0	0
<b>YTD OTHER REFERRALS</b>		<b>2</b>	<b>2</b>
YTD Gift of Life		0	0
YTD Work in Texas (Texas Workforce Commi		0	0
YTD Chambers County Indigent or OmniPoint		0	0
YTD Chambers County Indigent Dental		0	0
YTD Transportation		0	0
YTD Medical Services (Other Than Indigent)		0	0
YTD G.E.T-C.A.P.		0	0
YTD Misc. MWRC Available Services		2	2
<b>YTD APPLICATIONS INITIATED/PROCESSED</b>		<b>29</b>	<b>29</b>
YTD WSHD Indigent Care		0	0
YTD Prescription Assistance		0	0
YTD Social Security		6	6
YTD Medicare Savings Program		1	1
YTD Medicaid		2	2
YTD Food Stamps		17	17
YTD Home Repair		0	0
YTD G.E.T-C.A.P.		3	3
<b>YTD CLIENTS SERVED</b>		<b>21</b>	<b>21</b>
YTD WSHD Clients		19	19
YTD Chambers County Residents		0	0
YTD Other County Residents		2	2
YTD OFFICE SUPPLIES EXPENSES	\$1,964.24	\$1,964.24	
YTD STAFFING EXPENSES	\$3,334.11	\$3,334.11	
YTD GRANT AMOUNT SPENT OF TOTAL \$57,742.00	\$5,298.35	\$5,298.35	
<b>YTD GRANT BALANCE REMAINING OF</b>	<b>\$52,443.65</b>	<b>\$52,443.65</b>	
OUTREACH ACTIVITIES/EVENTS ATTENDED	1	1	

Jan-23											
MONTHLY REFERRALS & APPLICATIONS REPORT											
CLIENT DETAILS					PROGRA	APPLICATION(S) INITIATED WITH CLIENT					
DATE	REPEAT CLIENTS Enter "R"	Client Identifier Client Name: Example: Smi, J OR For Repeat Clients: R	Client Residency Data		Misc. MWRC Available Services	Social Security: Disability, SSI, Retirement	Medicare Savings Program	Medicaid	Food Stamps	Home Repair	G.E.T-C.A.P.
			Winnie Stowell Hosp Dist	Any Other County: ENTER COUNTY							
1/6/2023		ADK, K	X						X		
1/3/2023	R	POW, W	X			X			X		
1/6/2023	R	TAM, D	X			X					
1/10/2023	R	CRA, S	X			X			X		
1/10/2023	R	MON, J	X						X		X
1/11/2023	R	BON, J	X		X				X		
1/11/2023	R	ROG, M	X						X		
1/12/2023	R	MYE, R	X		X	X	X		X		
1/12/2023		WHI, K	X						X		
1/17/2023	R	DIE, R	X						X		
1/18/2023		CAR, R	X	Harlingen				X	X		
1/24/2023		BAE, L	X						X		
1/25/2023		COR, M	X						X		
1/26/2023		SMI, T	X						X		X
1/27/2023	R	MUN, B	X						X		
1/31/2023	R	HEB, L	X			X			X		
1/27/2023	R	GAL, A	X						X		
1/6/2023	R	HVA, P	X						X		
1/17/2023	R	HAR, T	X			X					
1/18/2023	R	THO, H	X								X
1/31/2023	R	MIC, S	X	Harris				X			
<b>21</b>	<b>(15)</b>	<b>0</b>	<b>19</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>17</b>	<b>0</b>	<b>3</b>

Jan-23			
OFFICE SUPPLY EXPENSES INCURRED			
DATE	EXPENSE DESCRIPTION	COMMENTS	\$ AMOUNT SPENT
2023-01-03	Vistaprint		\$264.24
2023-01-31	Administrative Expenses for Quarter		\$1,700.00
<b>TOTAL OFFICE SUPPLY EXPENSE FOR THE MONTH</b>			<b>\$1,964.24</b>

January, 2023		
MONTHLY EMPLOYEE SCHEDULE & PAYROLL		
Pay Period Start Date		PAYROLL AMOUNT
1/4/2023	Payroll Fees (Gusto)	\$79.95
1/13/2023	Payroll Employee Deposits	\$1,302.08
1/17/2023	Payroll Employee Deposits	\$650.00
1/31/2023	Payroll Employee Deposits	\$1,302.08
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>		<b>\$3,334.11</b>

# **Exhibit “C”**

**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

January 31, 2023

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

Mr. Laurence Daspit  
HMG Healthcare  
1780 Hughes Landing Boulevard, Suite 500  
The Woodlands, Texas 77380

Re: Winnie Stowell Hospital District; Nursing Home Invoice for Oxford Finance Refinance; Our File No. 87847.

Dear President Murrell and Laurence:

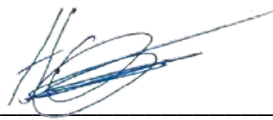
Attached, please find Benckenstein & Oxford's invoice to HMG for time spent on the Oxford Finance Refinance agreements that is scheduled to close on February 1, 2023. This invoice is for \$12,587.49.

Will you please review and let me know if you have any questions? Once approved, we request that HMG place this invoice in line for payment.

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

January 31, 2023

INVOICE #: 50658 HOIV  
Billed through: January 31, 2023  
Client/Matter #: WSHD 87847

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

RE: Winnie-Stowell Hospital District - Nursing Homes

## PROFESSIONAL SERVICES RENDERED

10/11/22	HOIV	Received call from Underwood Firm regarding conveyance of accounts receivable loan from CIBC to Oxford Financial; responded to two e-mails from Oxford Financial; and began updating spreadsheets to provide Oxford Financial regarding the CIBC transaction history.	2.80 hrs
10/12/22	HOIV	Participated in conference call with counsel for Oxford Finance; researched prior transactions and spreadsheets; updated spreadsheets for HMG; submitted to Oxford Finance counsel for review; and exchanged eleven (11) e-mails with counsel for Oxford Capital and HMG.	3.50 hrs
11/10/22	HOIV	Conference call with counsel for Oxford Financial to discuss the status of working capital loan transfer.	0.50 hrs
12/15/22	HOIV	Conference call with counsel for Oxford Finance to discuss deadlines and signature pages; then reviewed signature pages and forwarded to client for signature.	1.20 hrs
12/15/22	HOIV	Read and reviewed all the redline changes to the HMG Oxford Finance Loan refinance package.	3.40 hrs
12/15/22	HOIV	Conference call with Steve Lucas with Allegiance Bank to discuss HMG's upcoming refinance package with Oxford Finance; then prepared extensive e-mail to Mr. Lucas to refresh his recollection of prior transactions and to explain documents in the requests.	2.40 hrs
12/19/22	HOIV	Prepared draft Secretary Certificate for HMG's Oxford Finance Loan.	2.00 hrs
12/20/22	HOIV	Worked on revising proposed Management Agreements to account of for Interim Working Capital Loan for Gulf Coast facilities and circulated the changes; and prepared all of the Gulf Coast documents for signature and signature pages.	3.70 hrs
12/22/22	HOIV	Reviewed prior Attorney Opinions, gathered documents, and prepared draft opinion for Oxford Finance loan non-HUD homes.	4.00 hrs
12/26/22	HOIV	Drove to Winnie to gather signatures for outstanding documents.	2.00 hrs

12/27/22	HOIV	Gathered and organized signature pages for HMGs loan refinance with Oxford Capital; prepared e-mail to counsel for Oxford Finance to convey the documents; and sent originals via Federal Express.	2.60 hrs
01/12/23	HOIV	Read and reviewed proposed changes to HMG's Oxford Finance Attorney Opinion; accepted the changes and executed the opinion; and then submitted executed version to Oxford Finance Counsel.	1.30 hrs
01/27/23	HOIV	Read, reviewed, and compared proposed Interlocal Agreement for HMG Oxford Finance transaction and conveyed to client for signature.	1.60 hrs
Total fees for this matter			\$12,400.00

**DISBURSEMENTS**

Federal Express	75.95
Federal Express	72.24
Mileage Reimbursement	39.30
Total disbursements for this matter	\$187.49

**BILLING SUMMARY:**

Oxford, IV Hubert	31.00 hrs @	\$400.00 /hr	\$12,400.00
TOTAL FEES			\$12,400.00
TOTAL DISBURSEMENTS			\$187.49
TOTAL CHARGES FOR THIS INVOICE			\$12,587.49

**TOTAL BALANCE NOW DUE \$12,587.49**

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

# **Exhibit “D”**

Pages Removed  
Confidential information

# **Exhibit ‘E’**



<b>Winnie-Stowell Hospital District</b>			
<b>Executive Summary of Nursing Home Monthly Site Visits</b>			
<b>January 2023</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Deerbrook Skilled Nursing and Rehabilitation Center</b>	HMG		Census: 83. The facility had their annual survey in September 2022, their POC was accepted by the state. There were ten reportable incidents since the last visit, all were unsubstantiated following review. The facility has hired a talent director whose job is to work on staff retention. The residents have adopted a stray cat at the facility.
<b>Friendship Haven</b>	HMG		Census: 115. The facility received an IJ tag in November for a significant medication error, the IJ tag has since been cleared. There were no reportable incidents since the last visit. The facility is still using agency staffing for CNA's and nurses.
<b>Highland Park Care Center</b>	Caring		Census: 67. The facility is currently in their survey window. The state came to the facility twice since the last visit for complaint surveys, both were unsubstantiated. The facility will be hosting a Valentine's Day party for their residents next month. The facility is fully staffed and incentivizes their staff to work overtime by offering gift cards.
<b>Park Manor of Cyfair</b>	HMG		Census: 103. The facility is currently in their survey window. There were five reportable incidents since the last visit, all were cleared following state review. The facility has started lunch and learns for all staff on Mondays as well as hire-on bonuses. As of now the facility is only has PRN positions open.
<b>Park Manor of Cypress Station</b>	HMG		Census: 90. The facility is currently in their survey window. The state came regarding a complaint, it is still under investigation. There was one reportable incident for a broken sprinkler head, it was substantiated but uncited. The facility hosts three activities a day for the residents which are highly attended.
<b>Park Manor of Humble</b>	HMG		Census: 74. The facility had their annual survey in September 2022, the facility received eleven total tags, their POC was accepted by the state. There were three reportable incidents since the last visit, one has been unsubstantiated and the other two are awaiting review. The facility is increasing their employee rewards program as a means to retain staff.

<b>Park Manor of Southbelt</b>	HMG	Census: 101. The facility is currently in their survey window. There were four reportable incidents since the last visit, all have been cleared. The facility has increased the amount offered in their sign-on bonuses; this has helped attract new staff.
<b>Park Manor of Westchase</b>	HMG	Census: 95. The facility had their annual survey in October 2022, their POC was accepted by the state. There was one reportable incident for abuse since the last visit, the incident is still pending. The corporate leadership has created a path for nurses to get higher accreditation, currently this facility has one LVN studying to become an RN.
<b>Spring Branch Transitional Care Center</b>	Caring	Census: 182. The state came to the facility to review outstanding incidents and the facility received three tags which have since been cleared. The facility has completed the remodel of the first floor and has converted the common areas into a library and a movie room.
<b>Oak Manor</b>	SLP	Census: 26. The state was in the facility on the day of the visit for a complaint survey, a resident had fallen and broken their hip; all was cleared following review. There were no reportable incidents since the last visit. The facility has five-star rating on all their quality measures.
<b>Oakland Manor</b>	SLP	Census: 63. The facility had their annual survey in November 2022, they received three tags all minor in nature; their POC was accepted by the state. There were two reportable incidents since the last visit, the facility was not cited for either. The facility has reduced their usage of agency staffing.
<b>Hallettsville Nursing and Rehab Center</b>	Regency	Census: 85. The state came to the facility to review outstanding reportable incidents and complaints; the facility was not cited. The facility has a couple of staffing needs but are able to meet the demands of the residents. The facility is meeting their budgeted targets.
<b>Monument Hill Rehabilitation and Nursing Center</b>	Regency	Census: 48. The facility is currently in their survey window. There were two reportable incidents since the last visit, both were unsubstantiated following state review. The facility is using agency staffing for nurse aides but the facility is still maintaining a good budget.

Administrator: Tangela Manuel  
DON: Tia Ketter, RN

## **FACILITY INFORMATION**

Deerbrook Skilled Nursing and Rehab Center is a 124-bed facility with a current overall star rating of 2 and a Quality Measures rating of 4. The census given on the date of this Report was 83: (12) PP; (2) MC; (45 + 5 pending) MDC; (18) HMO; and (1) Hospice.

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. The transmission rate in Harris County is High. Emergency binder is up to date.

At this time, Deerbrook no longer has zones and isolate with contact precautions any new admissions who have not been vaccinated. The Administrator reported the last time a resident tested COVID\_19 positive was December 17, 2022, and they are still in outbreak status until they test on Thursday and if no more positives, they will be out of outbreak next Monday, 1/23/23.

To date, 75% of residents received their full vaccinations and 100% of employees received theirs. PPE inventory is still good with at least 2 weeks supply.

Visitation is fully open with screening (kiosk) for all for contact tracing purposes, and all visitors wear surgical masks.

The facility has a new Activity Director and residents are much more active even then before. The residents are also involved in feeding a stray outdoor cat and Boy Scouts will be in the facility this weekend. The facility will be having a king and queen court for Valentine's Day and they will have a Mardi Gras celebration.

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 facility has a new Talent Director who has set up milestones for employee longevity. The Administrator reports the facility is implementing advanced planning for all the different professional days throughout the year. The Administrator reports the facility is currently using a staffing agency for CNAs. The Administrator reports the MAD Genius program for the staff moral (rewarding them on the spot) continues as well as Star of the Month.

## **SURVEY INFORMATION**

The facility's last state visit was in September for their annual full book survey, and they returned for an infection control site visit on 11/1/22 with no citations.

### REPORTABLE INCIDENTS

Complaints/Self Reports: 0 Complaints/10 Self Reports during Oct/Nov/Dec with 1 infection control site visit and 1 desk review resulting in all unsubstantiated and no citations.

### CLINICAL TRENDING

#### Incidents/Falls:

In **Oct/Nov/Dec 2022**, Deerbrook had 74 total falls (8 repeat falls), of which 4 resulted in injury (PIP is in Place), 5 Skin tears, 0 Bruises, 0 Lacerations, 0 Elopements, 0 Fractures, and 0 Behaviors.

#### Infection Control:

Facility reports 34 total infections in **Oct/Nov/Dec 2022**– 14 UTI’s (PIP in place); 10 Respiratory infections; 5 Wound infections; 2 Blood infections; 2 EENT infections and 1 Stool infection.

#### Weight loss:

During **Oct/Nov/Dec 2022**, Deerbrook had 24 residents with 5% in 1 month or less weight loss (PIP in Place) and 0 resident with greater than 10% weight loss in 6 months.

#### Pressure Ulcers:

Deerbrook reported that during **Oct/Nov/Dec 2022** the facility had 43 residents with pressure ulcers, totaling 93 sites, 13 of them facility acquired (PIP in place).

#### Restraints:

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

#### Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2		2	5		1	0
2 to 10		2	4			
10 to 6		2	1			
Other			0			
# Hired this month			7			
# Quit/Fired			2			

Total number employees: 125 Turnover rate%: 11%

### CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	21%	2.0%	
Fall w/Major Injury (L)	1.6%	3.5%	3.5%	
UTI (L) *	1.7%	1.5%	2.5%	
High risk with pressure ulcers (L) *	4.5%	8.0%	9.0%	

Loss of Bowel/Bladder Control(L)	77.8%	53.3%	47.7%	PIP in place
Catheter(L)	0%	2.0%	2.2%	
Physical restraint(L)	0%	0%	0%	
Increased ADL Assistance(L)	16.4%	17.6%	15.3%	COVID facility Outbreak. Multiple isolations enacted.
Excessive Weight Loss(L)	7.1%	4.9%	6.4%	PIP in place. Multiple isolations due to COVID Outbreak
Depressive symptoms(L)	0%	5.3%	8.3%	
Antipsychotic medication (L) *	10.3%	9.7%	14.6%	

**QIPP Measures**

**Component 1**

Indicator	QAPI Program Y/N  Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	10/6/22, 11/10/22, 12/8/22	

**Component 2**

<u>Indicator</u> <b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	Y	Had actual encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	

NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> <li>• Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>• Agency usage or need d/t critical staffing levels</li> </ul>	Y	PIP in place
<ul style="list-style-type: none"> <li>• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>○ During the first reporting period?</li> <li>○ Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>○ Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>○ PIP for retention and recruitment is current:</li> <li>○ <b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	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	8.14%	6.06%	5.88%	Y	
Percent of residents who received an anti-psychotic medication	14.49%	12.11%	15%	N	PIP in place
Percent of residents whose ability to move independently has worsened	18.04%	12.11%	15%	Y	
Percent of residents with urinary tract infection	2.36%	.84%	0%	Y	

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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				

<b>Quarter 1</b> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y				
<b>Quarter 2</b> <ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</li> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul> <p><b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p>	Y				
<b>Quarter 3</b> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> </ul>					

<ul style="list-style-type: none"> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<b>Quarter 4</b>	93.84%	95.45%	97.73%	Y	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	97.07%	95.17%	95.12%	Y	



Administrator: Kimberly Mostek  
DON: Latavia Nelson, RN

### **FACILITY INFORMATION**

Friendship Haven is a 150-bed facility with a current overall star rating of 3 and Quality Measures star rating of 4. The census on the date of this report was 115 (Breakdown not provided).

The QIPP site visit was conducted via telephone. The Administrator were on the call.

The Administrator reported they are implementing their emergency plan and are following all the state/federal/local mandates. Galveston County Transmission Rate is High.

The Administrator reports the facility currently has COVID+ residents in the building as they do take admissions from the hospital who are positive.

At this time, the facility is isolating residents based on diagnosis and no longer has zones. Currently the facility has two residents isolated in their rooms under droplet precautions. PPE inventory is still good, with at least a 2 week's supply.

The Administrator reported 100% of employees (with exemptions) and 95% of residents have received their COVID\_19 vaccinations. The DON reports the facility is storing and able to provide the vaccine onsite and provide as needed and if enough signed up, hold special clinic so the vaccine is not wasted.

Visitation is going well after signing in for contact tracing at front door.

Residents come out to the large dining room with social distancing for all meals with good participation. The facility is planning a celebration for Mardi Gras, Valentine's Day and 'Go Texans Day'.

Agency is still being used at Friendship Haven for CNAs and nurses. The Administrator reports the facility continues to have something every month for the employees and just had a luncheon for all staff last week.

### **SURVEY INFORMATION**

Friendship Haven had an IJ tag on 11/23/22 for notify of changes and significant medication error that is now cleared.

### **REPORTABLE INCIDENTS**

Information not provided

## CLINICAL TRENDING

### Incidents/Falls:

Friendship Haven in **Oct/Nov/Dec 2022** reported - Information not provided

### Infection Control:

Friendship Haven in **Oct/Nov/Dec 2022** reported - Information not provided

### Weight loss:

Friendship Haven in **Oct/Nov/Dec 2022** reported - Information not provided

### Pressure Ulcers:

Friendship Haven in **Oct/Nov/Dec 2022** reported - Information not provided

### Restraints:

Friendship Haven is a restraint free facility.

### Staffing: -Information not provided

Total number employees: \_\_\_ Turnover rate%: \_% \_\_\_

## CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	
Fall w/Major Injury (L)	%	%	%	
UTI (L) *	%	%	%	
High risk with pressure ulcers (L) *	%	%	%	
Loss of Bowel/Bladder Control(L)	%	%	%	
Catheter(L)	%	%	%	
Physical restraint(L)	%	%	%	
Increased ADL Assistance(L)	%	%	%	
Excessive Weight Loss(L)	%	%	%	
Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L) *	%	%	%	

## QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance	Yes	

of indicators of the outcomes of care and quality of life.		
QAPI Meeting dates of submission (owner/operator involvement evident)		Information not provided

**Component 2**

<u>Indicator</u> <b>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</b>	<b>Benchmark</b>  Met Y/N	<b>Comments</b>
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>• Additional hours provided by direct care staff?</li> </ul>	Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>• 8 additional hours non-concurrency scheduled?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>• Additional hours provided by direct care staff?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>• Telehealth used?</li> </ul>	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> <li>• Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>• Agency usage or need d/t critical staffing levels</li> </ul>	Y	
<ul style="list-style-type: none"> <li>• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>○ During the first reporting period?</li> <li>○ Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>○ Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>○ PIP for retention and recruitment is current:</li> </ul> </li> </ul>	Y	

○ NEW Retention efforts updated on Current PIP

**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	9.4%	%	%		Information not provided
Percent of residents who received an anti-psychotic medication	14.5%	%	%		
Percent of residents whose ability to move independently has worsened	16.1%	%	1%		
Percent of residents with urinary tract infection	2.5%	%	%		

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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
<b>Quarter 1</b>					
1. Designated leadership individuals for antibiotic stewardship	Y				
2. Written policies on antibiotic prescribing	Y				
3. Pharmacy-generated antibiotic use report from within the last six months	Y				
4. Lab-generated antibiogram report from within the last six	Y				

<p>months (or from regional hospital)</p> <p>5. Audits (monitors and documents) of adherence to hand hygiene</p> <p>6. Audits (monitors and documents) of adherence to personal protective equipment use</p> <p>7. Current list of reportable diseases</p>	<p>Y</p> <p>Y</p> <p>Y</p>				
<p><b>Quarter 2</b></p> <p>1. Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</p> <p>2. Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</p> <p>3. <b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p>	<p>Y</p> <p>Y</p> <p>Y</p>				
<p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report</li> </ul>					

<p>from within the last six months</p> <ul style="list-style-type: none"> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>			%		
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>			%		

Administrator: Johnny Richardson-new this week  
DON: Chelsea Oduro, RN  
ADON: Tinesha Njoku

### **FACILITY INFORMATION**

Highland Park is a 120-bed facility with a current Overall Star Rating of 2 and a Quality Measures star rating of 3. The census given on the date of this report was 67.

The QIPP site visit was conducted via telephone. The DON and ADON were on the call.

The Transmission rate in Harris County is currently High. The DON reports the facility is wearing masks (surgical). The DON reports the facility has not had any COVID positives since 12/27/22. All unvaccinated staff are being tested once per week.

At this time, the facility no longer has a warm unit and if they did have anyone, they would be isolated to their room.

The DON reports that all staff are vaccinated or have an exemption. DON reports the facility has 22 full series of the COVID\_19 vaccine, 8 with 1 vaccine of the series and 16 who had the series plus 1 booster and 36 unknown vaccination status. The facility has not had a vaccine clinic for about 3 months, and they are working on setting one up with an outside vendor who will come to the facility. Current PPE stock remains good with at least 2-3 weeks supply.

Visitation is going well, with screening and documenting offering masks and hand sanitizer. Residents continue to go to the dining room for all meals with good participation. The facility has regular bingo activity and will be having a Valentine's Day party and they had a Christmas party that the residents all enjoyed.

The DON also reports the facility staffing is good and still not using agency. The DON reports the facility will be restarting Employee of the Month next month with their monthly inservice. The facility does still offer gift cards for taking on more shifts, etc.

### **SURVEY INFORMATION**

The state came to the facility to review a complaint on 11/10/22 and it was unsubstantiated with no citations. The state came again 12/28/22 for another complaint that was unsubstantiated, no citations. The facility is currently in their survey window.

### **REPORTABLE INCIDENTS**

Information not provided.

## CLINICAL TRENDING

**Incidents/Falls:**

Information was not provided.

**Infection Control:**

Information was not provided.

**Weight loss:**

Information was not provided.

**Pressure Ulcers:**

Information was not provided.

**Restraints:**

Highland Park does not use restraints.

**Staffing:**

Staffing needs – 2 LVNs/RNs on each shift, including weekends and 3 CNAs for morning and evening shifts.

Quality Indicators - CASPER Report				
Indicator	Facility	State	National	Comments
Self-Reported Mod/Severe Pain (S)				Information not provided
New/Worsened Pressure Ulcers (S)				
New Psychoactive Med Use (S)				
Fall w/Major Injury (L)				
UTI (L)				
Self-Reported Mod/Severe Pain (L)				
High risk with pressure ulcers (L)				
Loss of Bowel/Bladder Control(L)				
Catheter(L)				
Physical restraint(L)				
Increased ADL Assistance(L)				
Excessive Weight Loss(L)				



Depressive symptoms(L)				
Antipsychotic medication (L)				

**QIPP SCORECARD:**

**Component 1**

Indicator	QAPI & Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y  1 <sup>st</sup> or 2 <sup>nd</sup> Wednesday of each month	
QAPI Meeting dates of submission (owner/operator involvement evident)		Submitted to corporate monthly

**Component 2**

<u>Indicator</u>	Benchmark Met Y/N	Comments
<b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>		
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	

NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>	N	
<ul style="list-style-type: none"> <li>PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>During the first reporting period?</li> <li>Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>PIP for retention and recruitment is current:</li> <li><b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	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%				Info not provided but reports they are meeting all 4 metrics
Percent of residents who received an anti-psychotic medication	14.6%				
Percent of residents whose ability to move independently has worsened	15.3%				
Percent of residents with urinary tract infection	2.5%				

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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments

Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
<b>Quarter 1</b> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y				
<b>Quarter 2</b> <ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</li> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based</li> </ul>	Y				

methodologies for intervention. (Reviewed within 6 months of reporting period)					
<b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b>					
<b>Quarter 3</b>					
<ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<b>Quarter 4</b>					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine					

Administrator: Lisa Arnold  
DON: Cindy Cain, RN

## **FACILITY INFORMATION**

Park Manor Cy-fair 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 103: (13) PP; (9) MC; (53 + 7 pending) MDC; (4) Hospice and (17) HMO.

The QIPP site visit was conducted via telephone. The Administrator was on the call.

The Administrator reported they are still implementing their emergency plan which has been updated, following all state/federal/local mandates, and signed everyone up for Blackboard notification. COVID\_19 Transmission Rate for Harris County is High. The facility is currently wearing surgical masks. The facility had one COVID\_19 positive resident exposed at dialysis and one positive admission from the hospital in December 2022, but the building does not have any positive staff or residents at this time.

Park Manor of Cy-fair is still considered a community vaccination clinic offering Moderna, Pfizer and Janson shots. Several of the residents have received the booster and some of the staff. The facility staff COVID\_19 vaccination rate is at 100% including exemptions and resident's is at 95%.

PPE inventory is still fine, with at least 2 weeks supply. Ambassador Rounds are still held every day by the staff. Continue focusing on Care plans, Infection Control Rounds and looking at MARS and PASRRS.

The residents are still coming out to the dining room for meals with very good participation. Activities continue and social distancing in full swing. Still working on getting more volunteers to increase more activities but it has been challenging, getting more donations than anyone to come in the building. The Administrator reports the facility is holding regular crafts, exercise & music classes and upgraded TVs with ESPN added. The facility had a Thanksgiving dinner with families by hallways on 3 different evenings. The facility also had 'game night' for families to come and play with the residents in November and December. The families were also invited to come for a dessert and hot chocolate with Christmas music during the month of December. The facility is also planning a Mardi Gras and Valentine's Day celebration.

Visitation is open and going smoothly. Visitors enter after signing in and documenting via kiosk for contact tracing.

The facility Talent and Learning Educator has instituted Staff Appreciation weekly, Lunch and learn every other Monday, Employee of the Month and with her help and hire on bonuses the facility now only has PRN positions open. Last night DON made tacos for the night shift.

**SURVEY INFORMATION**

Park Manor Cy-fair is in their window for full book. The state did not come in their facility until 1/3/23 to clear 13 self-reports (5 for **Oct/Nov/Dec 2022**) and they were all unsubstantiated, no citations.

**REPORTABLE INCIDENTS**

In **Oct/Nov/Dec 2022**, the facility had (5) self-reports all cleared with no citations.

**CLINICAL TRENDING**

**Incidents/Falls:**

During **Oct/Nov/Dec 2022** Park Manor of Cy-fair had 92 total falls without injury, and 28 falls with injury (PIP in place – annual), and 9 repeat Falls, 4 Skin Tears, 5 Lacerations, 0 Fractures, 3 Bruise and 2 Behaviors.

**Infection Control:**

Park Manor of Cy-fair reports 16 total infections in **Oct/Nov/Dec 2022**– 5 UTI’s; 6 URI’s; 2 Wound infections and 3 Other.

**Weight loss:**

Park Manor of Cy-fair reported Weight loss in **Oct/Nov/Dec 2022** – 5 residents with 5-10% and 2 residents with > 10% loss in 30 days.

**Pressure Ulcers:**

In **Oct/Nov/Dec 2022** -Park Manor of Cy-fair had 16 residents with 26 pressure ulcer sites – 7 acquired in house.

**Restraints:**

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

**Staffing:**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	3			
2 to 10	1	4	5			
10 to 6	1	1	2			
Other						
# Hired this month	1	4	5	1	0	0
# Quit/Fired						

Total number employees: 109 Turnover rate 50% (annual)

### CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	
Fall w/Major Injury (L)	2.7%	3.5%	3.5%	
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	6.7%	8%	9%	
Loss of Bowel/Bladder Control(L)	76.7%	53.3%	47.7%	Start on Restorative
Catheter(L)	0%	2.0	2.2%	
Physical restraint(L)	0%	0%	0%	
Increased ADL Assistance(L)	34.4%	17.6%	15.3%	Part B Therapy
Excessive Weight Loss(L)	0%	4.9%	6.4%	
Depressive symptoms(L)	0%	5.3%	8.3%	
Antipsychotic medication (L) *	0%	2.1%	2%	

### QIPP Component 1

Indicator	QAPI Program Y/N  Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	yes	
QAPI Meeting dates of submission (owner/operator involvement evident)	10.22, 11.22,12.22	Recruiting and Retention, Reduce Falls with patients and dementia.

### Component 2

Indicator	Benchmark	Comments
<b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>	<b>Met Y/N</b>	
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	y	
• Additional hours provided by direct care staff?	y	

Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	Y	No encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>	No	
<ul style="list-style-type: none"> <li>PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>During the first reporting period?</li> <li>Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>PIP for retention and recruitment is current:</li> <li><b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	Staff retention, DON change in October 22, Hire Talent and Learning , Yes	

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9%	4%	6%	n	Admitted with rounding on reducing and healing
Percent of residents who received an anti-psychotic medication	2.0%	1%	0%	y	
Percent of residents whose ability to move independently has worsened	16.1%	14%	24.7%	n	All residents that decline have part b Therapy
Percent of residents with urinary tract infection	2.5%	1%	0%	Y	



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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
<b>Quarter 1</b>					
➤ Designated leadership individuals for antibiotic stewardship	Y				
➤ Written policies on antibiotic prescribing					
➤ Pharmacy-generated antibiotic use report from within the last six months	Y				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Y				
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Y				
➤ Current list of reportable diseases	Y				
<b>Quarter 2</b>					
➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course"	Y				

<p>developed by CMS and the CDC.</p> <ul style="list-style-type: none"> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul> <p><b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p>	Y				
<p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>					
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>					

Administrator: Vincent Mitchell  
DON: Myra Polio, RN

### **FACILITY INFORMATION**

Park Manor Cypress Station is a 125-bed facility with a current star rating of 2 and a Quality Measures rating of 5. The census on the date of this report was 90. PP:5; MCR: 5; MDC: 42 (+10 pending); HMO:26; Hospice 2.

The QIPP site visit was conducted via telephone. The DON was on the call.

The DON continues to report implementing their emergency plan and following all the state/federal/local mandates. The transmission rate for Harris County High. The facility does have 3 COVID\_19 positive residents admitted from the hospital isolated in their room.

Testing of staff is done based on signs and symptoms. PPE inventory is still good, at least a 2 week's supply.

DON reports the facility continues providing the COVID\_19 vaccine (including booster) in house to staff and residents with one scheduled today for the 5<sup>th</sup> booster. The DON reports the staff COVID\_19 vaccination rate is 100% with exemptions and the resident vaccination rate is 76%.

Visitations are still going well after screening and documenting via kiosk. Residents are 90% eating in the dining room for all meals. Activities continue being held in common area as well as room to room with very good participation. The DON reports the facility has music and memory, etc. and they still try to have 3 activities per day. The DON reports the facility is planning a Valentine's Day celebration and some of the residents go to Walmart twice per week.

The DON reports the facility still feeds the staff at least monthly and they continue celebrating employee of the month and of the year. The facility now has a Talent Director to focus on retention of employees.

### **SURVEY Information**

Park Manor of Cypress Station had the state in the building the last week of December, for a complaint that is still pending, and they are still in their window for full book.

### **REPORTABLE INCIDENTS**

One self-report for sprinkler that broke that was substantiated, no citations for **Oct/Nov/Dec 2022**.

## CLINICAL TRENDING

### Incidents/Falls:

Park Manor Cypress Station reported 19 total falls without injury (PIP in place) and 1 fall with injury with 2 repeat falls during **Oct/Nov/Dec 2022**, 2 skin tears, 6 bruises, 1 fracture, 0 Lacerations, 1 behavior and 0 Elopements.

### Infection Control:

Administrator reported 62 infections during, **Oct/Nov/Dec 2022** of which 22 were UTIs (PIP in Place), 27 were Respiratory infections, 13 wound infections and 0 Other.

### Weight Loss:

During **Oct/Nov/Dec 2022**, Park Manor Cypress Station had 2 residents with 5-10% weight loss in 1 month and 1 with >10% weight loss in 6 months.

### Pressure Ulcers:

In **Oct/Nov/Dec 2022**, Park Manor Cypress Station had 3 residents with 4 pressure ulcer sites – 3 acquired in house.

### Restraints:

Park Manor of Cypress Station is a restraint free facility.

### Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	1	8	9	4	4	2
2 to 10	1	4	8	1	4	1
10 to 6	0	3	4	0	3	6
Other	0	0	0	0	0	0
# Hired this month	0	0	0	0	0	0
# Quit/Fired	0	0	0	0	0	0

Total number employees: 111 Turnover rate%:         

### Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.7%	2.1%	2.0%	
Fall w/Major Injury (L)	1.8%	3.5	3.5%	
UTI (L) *	0.0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	7.3%	8.0%	9.0%	
Loss of Bowel/Bladder Control(L)	92%	53.3%	47.7%	Will review for PIP

Catheter(L)	4.9%	2.0%	2.2%	All with apprpr diag
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	29.2%	17.6%	15.3%	Will review for PIP
Excessive Weight Loss(L)	2.0%	4.9%	6.4%	
Depressive symptoms(L)	1.8%	5.3%	8.3%	
Antipsychotic medication (L) *	11.4%	9.7%	14.6%	

### QIPP Component 1

Indicator	QAPI Program Y/N	PIP's Implemented (Name specific PIP's)
	Mtg Dates	
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	YES	
QAPI Meeting dates of submission (owner/operator involvement evident)	10/10/22, 11/10/22, 12/12/22	

### Component 2

<u>Indicator</u>	Benchmark	Comments
<b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>	Met Y/N	
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	YES	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	YES	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	YES	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrenty scheduled?</li> </ul>	YES	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	YES	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	YES	Had encounters

NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	YES	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	YES	
<ul style="list-style-type: none"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	YES	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>	No	
<ul style="list-style-type: none"> <li>PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>During the first reporting period?</li> <li>Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>PIP for retention and recruitment is current:</li> <li><b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	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	8.14%	8.15%	7.14%	Y	
Percent of residents who received an anti-psychotic medication	14.49%	12.44%	11.43%	Y	
Percent of residents whose ability to move independently has worsened	18.04%	7.30%	6.93%	Y	
Percent of residents with urinary tract infection	2.36%	0.46%	0%	Y	

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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in	Y				

vaccination rates and antibiotic stewardship:				
<p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Yes			
<p><b>Quarter 2</b></p> <ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</li> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul> <p><b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p>	Yes			

<p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	%	%	%		
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	%	%	%		



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 5. The census on the date of call was 74. (6) MC; (10) HMO; (46 + 4 pending) MCD; (2) Hospice; (6) PP.

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 Transmission rate for Harris County is High. The Administrator reports unless a COVID\_19 outbreak occurs, the facility fully vaccinated (2 initial and the latest booster) do not have to wear masks and all staff with only initial 2 shots are wearing surgical masks and all unvaccinated staff are wearing KN-95 masks and are tested once per week.

The Administrator reported the last outbreak of COVID was in November 2022. The facility no longer has a COVID or warm unit and using contact isolation precautions as indicated.

PPE inventory is still good with at least a 2 week's supply and if they start to get low the corporate office will provide what is needed. Medical supply company up the road is still selling the facility masks. The facility did have to use agency for staffing during the November COVID\_19 outbreak.

Park Manor has Moderna and Pfizer vaccines (1<sup>st</sup> & 2<sup>nd</sup> & bivalent booster dose) for new admissions who need their vaccine and for staff. 100% of employees have received their Covid\_19 vaccines with 3 exemptions and 90% of residents are fully vaccinated.

Visitation is fully open with screening (now using digital screener with daily report) and going well. The facility still has a timer for their front door to be unlocked during visitation hours.

The Administrator reports the facility is still holding activities and planning more group and outdoor activities, including more volunteers and participation has improved. The Administrator reports the facility had a Christmas party but did not include family since they had the COVID outbreak after Thanksgiving party. The facility has decorated for Mardi Gras and will be celebrating Valentine's Day and Mardi Gras.

The Administrator reports the facility has a calendar with at least one activity planned for all staff and they raised 1500.00 for the fundraiser for their Christmas fund and will continue for this year's fund as well. The Administrator reports the facility has hired a Talent and Learning Director to focus on retention. The facility has partnered with a company to make T-shirts with the company logo. The facility also continues with a MAD Genius program for staff to earn poker chips they can use to

purchase paid day off, 50.00 gift card, Louis Viton purse, etc. and the Talent Director will be making this program more robust throughout the year.

**SURVEY INFORMATION- 9/25-28/2022**

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	9	3	3	
Number of Fire Safety Code Deficiencies	2	3	3	
Annual Full Book State Survey Characteristics (include only if within last 2 months)				
Deficiency Area	Scope & Severity	Explanation		Plan of Correction
Abuse & Neglect				
Quality of Care				
Resident Assessment	2	PASRR-Old PASRR were filled out incorrectly by hospital.		
Resident Rights				
Dietary				
Pharmacy				
Environment				
Infection Control				
Administration				

**REPORTABLE INCIDENTS**

During **Oct/Nov/Dec 2022** -the facility had 3 self-reports, one for missing personal items that was desk reviewed and unsubstantiated and 2 falls with unknown injury-still pending.

**CLINICAL TRENDING**

**Incidents/Falls:**

During **Oct/Nov/Dec 2022**, Park Manor of Humble reported 13 total falls without injury (1 repeat fall), 8 falls with injury, 9 skin tears, 1 fracture, 3 elopements, 2 bruises, 3 behaviors, and 1 laceration.

**Infection Control:**

During **Oct/Nov/Dec 2022**, Park Manor Humble reported 120 infections of which 32 were UTI’s, 22 were URIs, 18 wound infections and 48 Other infections (COVID related).

**Weight loss:**

During **Oct/Nov/Dec 2022**, Park Manor Humble had 6 residents with 5% in 1 month or less weight loss and 3 residents with greater than 10% weight loss in 6 months.

**Pressure Ulcers:**

During **Oct/Nov/Dec 2022**, Park Manor Humble reported 18 residents with pressure ulcers with 33 sites, 3 of them facility acquired.

**Restraints:**

Park Manor of Humble currently has 8 residents with siderails, all care planned.

**Staffing:**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2			8			
2 to 10		2	6			
10 to 6						
Other						
# Hired this month		2	8			
# Quit/Fired		3	12			

Total number employees: 82 Turnover rate%: 143% (annual)

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	2.1%	2.0%	
Fall w/Major Injury (L)	1.6%	3.5%	3.5%	
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	4.2%	8.0%	9.0%	
Loss of Bowel/Bladder Control(L)	92.6%	53.3%	47.7%	PIP in place
Catheter(L)	3.1%	2.0%	2.2%	Reviewing for diagnosis
Physical restraint(L)	0%	0%	0%	
Increased ADL Assistance(L)	23.6%	17.6%	15.3%	PIP in place
Excessive Weight Loss(L)	9.3%	4.9%	6.4%	PIP in place
Depressive symptoms(L)	0%	5.3%	8.3%	
Antipsychotic medication (L) *	9.3%	9.7%	14.6%	

**QIPP Component 1**

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	y	
QAPI Meeting dates of submission (owner/operator involvement evident)	10/18/22, 11/17/22, 12/19/2022	

**QIPP Component 2**

Indicator	Benchmark Met Y/N	Comments
<b>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</b>		
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	YES	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	YES	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	YES	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrenty scheduled?</li> </ul>	YES	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	YES	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	YES	No encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	YES	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	YES	
<ul style="list-style-type: none"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	YES	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>	NO	
<ul style="list-style-type: none"> <li>PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>During the first reporting period?</li> <li>Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>PIP for retention and recruitment is current:</li> <li><b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	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	8.14%	6.92%	6.25%	Yes	
Percent of residents who received an anti-psychotic medication	14.49%	6.82%	11.11%	No	PIP in place
Percent of residents whose ability to move independently has worsened	18.04%	16.42%	39.13%	No	PIP in place (annual)

Percent of residents with urinary tract infection	2.36%	0.13%	0.0%	Yes	
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**OIPP Component 4 – CMS Long-Stay Quality Metrics**

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
<b>Quarter 1</b>					
➤ Designated leadership individuals for antibiotic stewardship	Y				
➤ Written policies on antibiotic prescribing	Y				
➤ Pharmacy-generated antibiotic use report from within the last six months	Y				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Y				
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Y				
➤ Current list of reportable diseases	Y				
<b>Quarter 2</b>					
➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.	Y				

<ul style="list-style-type: none"> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul>	Y				
<b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b>					
<b>Quarter 3</b>					
<ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> </ul>	Y				
<ul style="list-style-type: none"> <li>➤ Written policies on antibiotic prescribing</li> </ul>	Y				
<ul style="list-style-type: none"> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> </ul>	Y				
<ul style="list-style-type: none"> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> </ul>	Y				
<ul style="list-style-type: none"> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> </ul>	Y				
<ul style="list-style-type: none"> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> </ul>	Y				
<ul style="list-style-type: none"> <li>➤ Current list of reportable diseases</li> </ul>	Y				
<b>Quarter 4</b>					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	National 93.84%	Baseline %	Results %	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	%		

Administrator: Joseph Davis  
DON: Tina Cook, RN

### **FACILITY INFORMATION**

Park Manor South Belt 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 101: (9) MC; (13) HMO; (14) PP; (56) MDC + 9 pending; (0) Hospice.

The QIPP site visit was conducted via telephone. The DON and Administrator 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 transmission rate is high, and the facility is wearing masks due to outbreak status with 2 COVID+ residents and 1 staff.

The DON reports the facility's emergency plan is up to date with adequate supplies in place.

Testing is now being done on day one three and five for new admissions and then every 7 days if in outbreak. So far, 100% (3 approved waivers) of employees and over 81.05% of their residents have received their COVID\_19 vaccines.

The facility is open for visitation with screening (still documenting via kiosk) 6a-7p then a nurse takes over on off hours and masks are optional but encouraged.

Residents are eating in the dining room with good participation for all meals. Activities have been on-going with good participation. The facility is planning a Chinese New Years, Valentine's Day, Mardi Gras and Easter celebrations. The Christmas party with family was cancelled due to COVID outbreak.

The DON reports the facility hired a Talent Director. They are currently offering a sign on bonus for both nurses and CNAs and they recently increased the amount which did help. Usually, once per week the facility brings in food for the staff (barbeque for MLK day) and there is a snack bar available. The facility still recognizes an employee of the month, birthdays and the MAD Genius program is also in place.

### **SURVEY INFORMATION**

Park Manor South Belt is currently in their survey window.

### **REPORTABLE INCIDENTS**

**Oct/Nov/Dec 2022-** 4 self-reports, 1 complaint visit in October and 1 infection control deficiency-clear.

## CLINICAL TRENDING

### Incidents/Falls:

During **Oct/Nov/Dec 2022** Park Manor of South Belt had 55 total falls (19 repeats), of which 3 resulted in injury, 4 Skin tears, 0 Lacerations, 0 Elopements, 1 Fracture, 1 Bruises and 0 Behaviors.

### Infection Control:

Park Manor of South Belt reports 135 total infections in **Oct/Nov/Dec 2022** -29 UTIs; 45 Respiratory infections; 22 Wound infections; 6 EENT infections; 5 Blood infections; 5 GI infections; 1 Genital infection and 22 Other infections.

### Weight loss:

Park Manor of South Belt for **Oct/Nov/Dec 2022** had 9 residents with 5-10% weight loss in 1 month and 0 residents with >10% weight loss in 6 months and there is still a PIP in place.

### Pressure Ulcers:

Park Manor South Belt reported in **Oct/Nov/Dec 2022** -37 residents with 63 total pressure ulcers and 20 were facility acquired.

### Restraints:

Park Manor of South Belt is a restraint free facility.

### Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2		2	6			
2 to 10	1	2	9			
10 to 6		1	3			
Other	2	5				1
# Hired this month	5	13	28			
# Quit/Fired	6	10	24			1

**Total number employees: 61 Turnover rate%: 69%**

## CASPER REPORT

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	0%	2.1%	12.0%	
Fall w/Major Injury (L)	1.1%	1.3%	3.5%	3.5%	
UTI (L) *	0%	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	8.8%	16.4%	8.0%	9.0%	PIP in place



Loss of Bowel/Bladder Control(L)	74.1%	78.6%	53.3%	47.4%	
Catheter(L)	4.1%	4.9%	2.0%	2.2%	All have proper dx
Physical restraint(L)	0%	0%	0%	0.1%	
Increased ADL Assistance(L)	17.4%	20.5%	17.6%	15.3%	
Excessive Weight Loss(L)	1.3%	1.5%	4.9%	6.4%	PIP in place
Depressive symptoms(L)	2.6%	3.2%	5.3%	8.3%	
Antipsychotic medication (L) *	2.3%	1.3%	9.7%	14.6%	

### QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	Y	

### Component 2

<u>Indicator</u> <b>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</b>	<b>Benchmark</b>  <b>Met Y/N</b>	<b>Comments</b>
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>	Y	

• Additional hours provided by direct care staff?	Y	
• Telehealth used?	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
• Was Workforce Development data submitted q month to QIPP during the quarter?	Y	
• Agency usage or need d/t critical staffing levels	Y	PIP in place (hired a talent director & usage has gone down)
<ul style="list-style-type: none"> <li>• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>○ During the first reporting period?</li> <li>○ Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>○ Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>○ PIP for retention and recruitment is current:</li> <li>○ <b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	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	8.13%	2.5	8.47%	N	PIP in place
Percent of residents who received an anti-psychotic medication	14.47%	2%	2.63%	Y	
Percent of residents whose ability to move independently has worsened	17.17%	23.7%	7.70 %	Y	
Percent of residents with urinary tract infection	2.36%	2.5%	0	Y	

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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
<b>Quarter 1</b> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y				
<b>Quarter 2</b> <ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</li> </ul>	Y				

<ul style="list-style-type: none"> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul> <p><b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p> <ul style="list-style-type: none"> <li>➤</li> </ul>				
<p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>				
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	99.28%		100%	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	98.38%		98.09%	

Cory Thompson-Administrator  
Mabinti Kanu, RN-DON

### **FACILITY INFORMATION**

Park Manor Westchase is a 125-bed facility with a current overall star rating of 1 and a Quality of Resident Care star rating of 3. The census on the date of the report was 95: 10 PP; 4 MC; 58 MDC; 19 HMO; and 4 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. Administrator reports the transmission rate for Harris County is high. The facility is wearing N95 masks and face shields and testing is done weekly during outbreak status. The facility started a COVID\_19 outbreak on 1/4/23 with 15 residents and 5 staff members testing positive so far. PPE inventory is fine, at least 2 weeks supply.

100% of employees (no exemptions) and 83% of residents have received their COVID\_19 vaccines. The facility provides vaccines and boosters in house.

Visitation is going well, with screening on-going and documenting using kiosk. Visitors are encouraged to wear masks and offer the N95 masks.

Activities are still going well, with good participation especially when entertainment comes into the facility. The facility anticipates celebrating Valentine's Day with a king and queen and they celebrated Chinese New Year last week.

The Administrator reports the facility does celebrate Star of the month with 100.00 gift certificate and a food truck comes out once per quarter (sno-cones in September) and the facility also continues with the MAD Genius program for daily recognition of staff. Cory also goes down the hall daily (handing out poker chips) to recognize staff. The Administrator reports the facility will be holding a chili cookoff contest soon. Star of the year will be awarded soon and whoever wins will be eligible to participate in employee of the year for the entire company with a new car as the prize. HMG University through the corporate office still offers scholarships for CNAs to become LVN/RN or LVN to become RN and one of their employees was just accepted into the LVN to RN program.

### **SURVEY Information**

The facility's last survey was October 2022.

### **REPORTABLE INCIDENTS**

The facility had one self-report of abuse allegation still pending for **Oct/Nov/Dec 2022**.

## CLINICAL TRENDING

### Incidents/Falls

During **Oct/Nov/Dec 2022**, Park Manor Westchase reported 33 total falls without injury (6 repeat falls), 10 fall with injury (PIP in place), 9 skin tears, 1 laceration, 0 behaviors, 0 fractures, and 0 bruises.

### Infection Control:

During **Oct/Nov/Dec 2022**, Park Manor Westchase reported 56 infections of which 23 were UTI's, 8 were Respiratory, 23 wound infections, 0 Blood infections, 2 GI infections, 0 EENT infections and 2 Other.

### Weight loss:

During **Oct/Nov/Dec 2022**, Park Manor Westchase had 5 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 **Oct/Nov/Dec 2022** Park Manor Westchase reported 4 residents with pressure ulcers with 7 sites, 1 of them facility acquired.

### Restraints:

Park Manor Westchase does not use side rails or restraints.

### Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	1	1	5	-	-	-
2 to 10	0	0	4	-	-	-
10 to 6	0	1	0	-	-	-
Other	-	-	-	-	-	-
# Hired this month	0	3	2	-	-	-
# Quit/Fired	0	0	0	-	-	-

Total number employees: 88 Turnover rate%: 17

## CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.4%	1.9%	1.7%	PIP in place
Fall w/Major Injury (L)	0%	3.5%	3.5%	
UTI (L) *	0%	1.5%	2.5%	

High risk with pressure ulcers (L) *	5.4%	8.4%	9.2%	
Loss of Bowel/Bladder Control(L)	91%	51%	47%	PIP in place for MDS
Catheter(L)	1.9%	2.2%	2.3%	
Physical restraint(L)	0%	0%	.1%	
Increased ADL Assistance(L)	11.5%	17.7%	15.1%	
Excessive Weight Loss(L)	15.8%	5.1%	6.5%	Putting PIP in place
Depressive symptoms(L)	0%	5.2%	8.1%	
Antipsychotic medication (L) *	14.5%	22%	19.5%	

**QIPP Measures**

**Component 1**

Indicator	QAPI Program Y/N  Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	10/17/23, 12/13/22;11/8/22	

**Component 2**

<u>Indicator</u> <b>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</b>	Benchmark  Met Y/N	Comments
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	

• 8 additional hours non-concurrently scheduled?	Y	
• Additional hours provided by direct care staff?	Y	
• Telehealth used?	Y	No encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
• Was Workforce Development data submitted q month to QIPP during the quarter?	Y	
• Agency usage or need d/t critical staffing levels	N	
• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> <li>○ During the first reporting period?</li> <li>○ Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>○ Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>○ PIP for retention and recruitment is current:</li> <li>○ <b>NEW Retention efforts updated on Current PIP</b></li> </ul>	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	8.1%	3.17%	2.13%	Y	
Percent of residents who received an anti-psychotic medication	14.5%	3%	2.17%	Y	
Percent of residents whose ability to move independently has worsened	16.1%	10.43%	9.09%	Y	
Percent of residents with urinary tract infection	2.5%	0%	0%	Y	



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

Indicator	Met Y/N	National Benchma rk	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
<b>Quarter 1</b> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y  Y  Y  Y  Y  Y  Y				
<b>Quarter 2</b> <ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training"</li> </ul>	Y				

<p>Course" developed by CMS and the CDC.</p> <ul style="list-style-type: none"> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul> <p><b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p>	Y				
<p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	National 92.7%	Baseline 95%	Results 100%	Met Y/N	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	95.4%	95%	100%		

Administrator: Ken Hiscox  
DON: Linda Obi, RN  
Director Of Compliance – Robert Kelly, RN

### **FACILITY INFORMATION**

Spring Branch Transitional Care Center is managed by Caring Healthcare. They are licensed for 198 beds and are comprised of 4 floors. The CMS overall star rating for the facility is 1 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 182.

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 Transmission rate is High.

The Administrator reports the last COVID\_19 positive employee or resident was in December. The unvaccinated staff are being tested weekly and all staff are wearing surgical masks in general population.

Currently, Spring Branch no longer has a Warm Zone.

Spring Branch is utilizing their own pharmacy, Med-Options for vaccines. The Administrator reports the percent of residents who are fully vaccinated is 94% and approximately 100% of staff (with 11 exemptions) have received a full series of vaccinations.

PPE Inventory is still good, with at least 2 weeks supply. Spring Branch Transitional Care still utilizes Twin Med for their supplies.

Staffing is better. Currently, the facility is not using agency for staffing. The facility is still using bonuses and negotiating salaries.

The PIP for staffing and psychotropic meds to ensure appropriate diagnosis is still in place.

Visitation is open with screening (still documenting) and visitors wear surgical masks with no issues.

Activities are doing better with small/groups on each floor with good participation. The facility remodeled the first floor and are using the common areas as a library and a movie room and use it for activities. The facility has also started some outings with good participation. The Administrator reports the facility had a Christmas holiday celebration with families and are planning something for Valentines Day.

**SURVEY Information**

Facility just has had the state in the building 5 times since October for several self-reports (over 100 since 2021 and all cleared) and complaints resulting in tags for not letting the surveyor in the building at 3am in the morning (did not immediately identify himself) a tag for not investigating a complaint and one tag for not placing a suicidal resident in the right area of the facility.

**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 for first quarter.**

**Component 1**

Indicator	QAPI & Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y-2 <sup>nd</sup> or 3 <sup>rd</sup> Wed of month	
QAPI Meeting dates of submission (owner/operator involvement evident)		

**Component 2**

Indicator	Benchmark Met Y/N	Comments
<b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>		
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?		Information not provided but per corporate, measure on track to be met in 2 <sup>nd</sup> QTR
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>		
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?		
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> <li>Additional hours provided by direct care staff?</li> </ul>		
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>		

NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?		
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?		
<ul style="list-style-type: none"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>		
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>		
<ul style="list-style-type: none"> <li>PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>During the first reporting period?</li> <li>Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>PIP for retention and recruitment is current:</li> <li><b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>		

**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 but per corporate, measure on track to be met in 2 <sup>nd</sup> QTR
Percent of residents who received an anti-psychotic medication	%				
Percent of residents whose ability to move independently has worsened	%				
Percent of residents with urinary tract infection	%				

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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination					Information not provided but per

<p>rates and antibiotic stewardship:</p>					<p>corporate, measure on track to be met in 2<sup>nd</sup> QTR</p>
<p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					<p>Information not provided but per corporate, measure on track to be met in 2<sup>nd</sup> QTR</p>
<p><b>Quarter 2</b></p> <ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</li> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and</li> </ul>					

evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)					
<b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b>					
<b>Quarter 3</b>					
<ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<b>Quarter 4</b>					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine					





Flatonia Oak Manor  
624 N Converse  
January 23, 2023

**CONTACT:**

Administrator: Darren Glazier - he has been with the facility for four months.

**FACILITY:**

The census target is 26 and the current census is 26. The census breakdown is; Medicare-3; Medicaid-19; Private Pay 4; Private Insurance-; Hospice- ; Pending status.

**SURVEY:**

**REPORTABLE INCIDENTS:**

The state was in the facility to investigate a broken hip, all was cleared with nothing cited.

**CLINICAL TRENDING:**

**A. Infections: Below threshold**

**B. Weight Loss; Below threshold**

**ADDITIONAL COMMENTS:**

Restraints-0

Pressure ulcers- -0%

Falls with major injuries-0%

Anti-psychotic medicines- The facility is currently at 11%.

The facility has a 5 star rating for quality measures. The budget is tight but meeting most targets. Staffing is good at this time and using very little agency. QAPI program is working well. The facility was clean with no odors.

**CONTACT:**

Administrator: Christy Bryan

**FACILITY:**

The census target is 58 and the current census is 63. The census breakdown is; Medicare-9; Medicaid-29; Private Pay-20; Private Insurance -2; Hospice-2; Pending Status-3 Covid - 1

**SURVEY:**

November 8, 2022 - full book survey. 3 minor tags, all cleared.

**REPORTABLE INCIDENTS:**

1. Resident to resident: nothing cited and cleared by the state
2. Falls with major injury: State investigated - substantiated. Nothing was cited and was cleared by the state.

**CLINICAL TRENDING:**

**Infections:**

Below threshold

**Weight Loss:**

Below threshold

**ADDITIONAL COMMENTS:**

Restraints; 0

Falls with major injuries; 6.9%

Anti-psychotics; 12.0%

Pressure ulcers- 6.45%

Overall quality is 4 star.

Overall star rating is 3.

Staying within the budget. Staffing is improving. Getting rid of most agency staff. The QAPI program is working well. Medical director works well with staff. Having to replace one of the major heating units. Facility looked very neat and clean.



Hallettsville Rehab & NC  
825 W Fairwinds  
January 23, 2023

**CONTACT**

Administrator: Ms. Courtney Korenek, MBA-LNFA

**FACILITY**

The current census target is 79. The current census is 85. The breakdown is as follows; Medicare-4; Medicaid-40; Private Pay-; Private Insurance-21 Hospice-; Pending Status-3; V.A.-17.

**SURVEY**

The state came in to investigate some outstanding self reports and complaints. Nothing was cited and all was cleared.

**REPORTABLE INCIDENTS:**

None for December

**Infections:**

Infections were below thresholds.

**Weight Loss:**

Below threshold

**ADDITIONAL COMMENT:**

The facility is working hard to control the quality measures.

Restraints-0

Pressure ulcers; 2.4%

Falls with Major injuries- 6.4%.

Anti-psychotic medicine- Currently at 5.3%.

The facility is 5 short of meeting its census goal. The current staffing need is 1 CNA and 1 Med. Aide. QAPI program is working well for the facility. The facility continues to improve overall. The facility was very neat and clean. The budget is in pretty good shape.



La Grange Rehab & N.C.  
120 State Loop 92  
January 23, 2023

**CONTACT:**

Administrator: Mr. Ray Vasquez

**FACILITY:**

The census target is 58 and the current census is 48. The breakdown is; Medicare-5; Medicaid-18; Private Pay-; Private Insurance-22, Hospice-; Pending Status-3.

**SURVEY:**

Facility is in its window for an annual survey.

**REPORTABLE INCIDENTS:**

The state was in on self report of 1 case of covid. The state was in to follow up on a complaint about nursing and pharmacy services. All unsubstantiated with no tags.

**Infections:**

Below threshold

**Weight Loss:**

Below threshold

**ADDITIONAL COMMENT:**

Restraints-0

Pressure ulcers-6% for the month of December.

Falls with Major injuries- 0%

Anti-psychotics- Currently at 6%.

The facility is still using agency nurse aides. The budget is in good shape for the year. R.N. staffing is good.

QAPI program is still working well. The facility looked very neat and clean.

# **Exhibit ‘F’**

## Engagement Letter for Accounting Services

February 2, 2023

Board of Directors  
Winnie-Stowell Hospital District  
520 Broadway  
Winnie, Texas 77665

To the Board of Directors:

This letter is to confirm the mutual understanding of the terms and objectives of my engagement as independent accountant for Winnie-Stowell Hospital District. I am honored to have been considered and look forward to working with everyone.

### My Responsibility

I will provide services consisting of:

- Working with staff to assist and oversee bookkeeping duties;
- Review and approval of payroll each pay period;
- Prepare monthly Financial Reports;
- Assist staff in preparing budget amendments and annual budgets;
- Make monthly adjusting journal entries;
- Attendance of monthly Board meeting;
- Assist in the preparation and gathering of documents requested for the Annual Audit;
- Annual preparation of forms 1099 and 1096.

It is my responsibility to perform the accounting services outlined above in accordance with accounting principles generally accepted in the United States of America, based on the information that has been provided.

While I stand behind my professional judgment and experience, my services are governed by the professional standards of the American Institute of Certified Public Accountants and I will comply with the AICPA's Code of Professional Conduct, including the ethical principles of integrity, objectivity, professional competence, and due care.

My services do not include issuing an official audit, review, or compilation report.

### District's Responsibility

It is your responsibility for this engagement to provide access to your accounting system and providing the documentation and information necessary to complete all tasks.

You are also responsible for adopting sound accounting policies, based on my experience and recommendations, for maintaining an adequate and efficient accounting system, for safeguarding assets, for authorizing transactions, for retaining supporting documentation for those transactions, and for devising a system of internal controls that will, among other things, help assure the preparation of proper financial statements. Furthermore, you are responsible for management decisions and functions, for designating a competent employee to oversee any of the services we provide, and for evaluating the adequacy and results of those services.

Fee Policy

My fees for these services will be billed hourly at a rate of \$175. These fees will be billed monthly. It is estimated that services rendered will total 40 hours per month resulting in an estimated monthly fee of \$7,000. This includes dedicated time every week to assisting staff, overseeing bookkeeping, and monthly preparation of reports and attendance of board meetings. Extra hours will be required annually for assistance in budget preparation, these will be billed at the same hourly rate.

This engagement will be in place until either party cancels the agreement through written communication with 30 days' notice.

Upon termination of this engagement, I will invoice you for any unbilled fees and expenses. Further, you agree to pay your account to the date of termination upon receipt of my invoice.

In the event of any future disagreements, both parties agree to resolve the issues through mediation. Any cost for mediation services will be split equally between both parties.

I will be pleased to discuss the contents of this letter with you at any time, and to explain the reasons for any items. If the above terms are acceptable to you, and the services outlined are in accordance with your requirements, please sign the copy of this letter in the space provided and return to it to me.

Respectfully,



MaKayla Vidal  
Certified Public Accountant

ACCEPTED AND AGREED:

The Board of Directors of Winnie-Stowell Hospital District

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Edward Murrell, President

**MaKayla Vidal**  
**Certified Public Accountant**  
Lumberton, TX 77657 ● (409) 679-2789  
[makaylalynn01@gmail.com](mailto:makaylalynn01@gmail.com)

Detail-driven accounting professional experienced in preparing financial reports as well as examining and analyzing accounting records, financial statements, and financial reports to assess accuracy and compliance with generally accepted accounting principles and standards governed by the Governmental Accounting Standards Board and Financial Accounting Standards Board.

## *Education*

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<b>January 2021</b>	<b>Certified Public Accountant</b>
<b>August 2020</b>	<b>Master of Science: Accounting</b> <i>Lamar University - Beaumont, TX</i>
<b>August 2019</b>	<b>Bachelor of Business Administration: Accounting</b> <i>Lamar University - Beaumont, TX</i>

## *Work History*

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<b>September 2022 - Current</b>	<b>Senior Accountant</b> <i>Whisman Giordano &amp; Associates, LLC</i> <ul style="list-style-type: none"><li>• Created detailed annual financial statements based on financial statuses and data in accordance with Generally Accepted Accounting Standards governed by the Governmental Accounting Standards Board.</li><li>• Identified control gaps in processes, procedures and systems through in-depth research and assessment and suggested methods for improvement.</li><li>• Tested entity compliance with governmental grant requirements.</li><li>• Performed auditing work in accordance with Governmental Auditing Standards and Generally Accepted Auditing Standards to meet rigorous standards for engagements in governmental and non-profit entities.</li></ul>
<b>January 2019 – September 2022</b>	<b>Staff Accountant</b> <i>Lawrence, Blackburn, Meek, Maxey &amp; Co., Beaumont, Texas</i> <ul style="list-style-type: none"><li>• Accountant in charge of 12 not-for-profit financial audits, including planning, client contact, and preparation of reports.</li><li>• Created detailed annual financial statements based on financial statuses and data in accordance with Generally Accepted Accounting Standards.</li><li>• Examined accounts and records, completed quarterly and year end closing entries, and computed tax returns according to prescribed rates, laws and regulations.</li><li>• Performed auditing work in accordance with GAAS (Generally Accepted Auditing Standards) to meet rigorous standards for engagements in non-profit, manufacturing, construction.</li><li>• Prepared quarterly tax filings in accordance with government regulations.</li><li>• Prepared federal and state income tax returns for individuals, businesses, and non-profits.</li></ul>
<b>August 2016 – December 2018</b>	<b>Administrative Assistant</b> <i>Snider Law Firm, Beaumont, TX</i> <ul style="list-style-type: none"><li>• Accounting skills including: Data entry in quickbooks, editing and approving invoices, handling of accounts receivables and payables for guardianship accounts.</li><li>• Prepared information for trials including: attorney files, plaintiff and defendant exhibits, organizing discovery, client depositions.</li><li>• Assist in preparation and execution of estate planning documents including Last Will &amp; Testaments, Powers of Attorney, and Directive to Physicians.</li></ul>

## *Skills*

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QuickBooks  
Account Reconciliation  
Monthly / Quarterly / Year End Journal Entries

Bookkeeping  
Financial Statement Preparation  
Certified: Notary Public of Texas



# **Exhibit “G”**

# Chambers County Sr. Citizens Project

Chambers County Public Hospital District #1

(2/01/2023-1/31/2023)

	Total	
<b>REVENUE:</b>		
Grant(s)	\$25,000	
Collaborative Partners	\$50,000	
HGAC/AAA Meals on Wheels (100 beneficiaires)	\$0	\$0
<b>TOTAL REVENUE</b>	<b>\$75,000</b>	<b>\$0</b>
<b>EXPENSES:</b>		
<b>Salary &amp; Wages</b>		
Program Manager (1 @ \$60,000 ann)	\$60,000	\$60,000
Community Health Workers (2 @ \$22.50*1040 hrs ea)	\$46,800	\$46,800
LVN (1@\$25@2080 hrs)	\$0	\$0
Eligibility Clerk (1@\$15.50@520)	\$8,060	\$8,060
<b>TOTAL: SALARY &amp; WAGES (A)</b>	<b>\$114,860</b>	<b>\$114,860</b>
<b>Fringe Benefits (35.65% total)</b>		
FICA 7.65%	\$8,787	\$8,787
Medical 20%	\$22,972	\$22,972
Retirement 10%	\$11,486	\$11,486
Vacation 2.5%	\$2,872	\$2,872
Unemployment and Work Comp 2%	\$2,297	\$2,297
<b>TOTAL: FRINGE (B)</b>	<b>\$48,413</b>	<b>\$48,413</b>
<b>TOTAL: PERSONNEL (A + B)</b>	<b>\$163,273</b>	<b>\$66,447</b>
<b>Travel</b>		
CHW Travel to Potential Beneficiaries (500 miles*3*48*.665)	\$47,160	\$47,160
Pick-up meals (150 miles*52*.665)	\$5,187	\$5,187
Staff Training (4@\$750 ea)	\$3,000	\$3,000
		\$0
<b>TOTAL: Travel</b>	<b>\$47,160</b>	<b>\$47,160</b>
<b>Supplies</b>		
Office Supplies (\$500/mo * 12 months * 2 sites)	\$6,000	\$6,000
Other (printing, marketing & promotion, health education, recruitment)	\$1,500	\$1,500
IT (laptops, printers, ink, etc)	\$5,000	\$5,000
		\$0
		\$0
		\$0
<b>TOTAL: SUPPLIES</b>	<b>\$12,500</b>	<b>\$12,500</b>
<b>Contractual</b>		
Meals (100 per week @ 52 weeks *\$20.30)	<b>TBD</b>	<b>TBD</b>
IT Subscriptions (5*100*12)	\$6,000	\$6,000
Translation Services	\$1,000	\$1,000
Legal	\$10,000	\$10,000
Rent (2000 sq ft @ \$1 per ft @ 12 mos)	\$6,000	\$6,000
Communications (5 @ \$50 @ 12 mos)	\$3,000	\$3,000
Postage (100 @ \$2.50 *26 wks)	\$6,500	\$6,500
Insurance	\$10,000	\$10,000
Other	\$10,000	\$10,000
		\$0
		\$0
<b>TOTAL: CONTRACTUAL</b>	<b>\$52,500</b>	<b>\$52,500</b>
<b>Other</b>		
<b>TOTAL: OTHER</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL DIRECT CHARGES (Sum of all Expenses):</b>	<b>\$275,433</b>	<b>\$200,433</b>
<b>INDIRECT CHARGES: 10% G&amp;A</b>	<b>\$27,543</b>	<b>\$27,543</b>
<b>TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)</b>	<b>\$302,977</b>	<b>\$227,977</b>