

# **Exhibit “A-1”**

## Winnie-Stowell Hospital District

## Balance Sheet

As of February 28, 2023

03/14/23

Accrual Basis

	<u>Feb 28, 23</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	459,825.61
104c Allegiance Bank -CD#1771	7,029,152.70
105 TexStar	705,981.78
108 Allegiance Bank NH Combined	3,543,355.22
109 First Financial Bank	17,373,353.21
Total Checking/Savings	29,111,668.52
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	1,520,000.00
117 NH - QIPP Prog Receivable	17,077,320.86
118 Prepaid Expense	35,694.65
119 Prepaid IGT	13,057,327.22
Total Other Current Assets	76,672,481.47
Total Current Assets	105,784,149.99
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>105,905,433.31</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	3,549,769.04
201 NHP Accounts Payable	6,204,448.82
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	1,391.48
240 Accounts Payable NH	49,949,581.36
Total Other Current Liabilities	88,777,316.77
Total Current Liabilities	88,777,316.77
Long Term Liabilities	
280 Deferred Inflows	-1,456,784.00
Total Long Term Liabilities	-1,456,784.00
Total Liabilities	87,320,532.77
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
Retained Earnings	6,589,569.06
Net Income	206,212.35
Total Equity	18,584,900.54
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>105,905,433.31</u></b>

# **Exhibit “A-2”**

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
 January through February 2023

	Jan - Feb 23	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	136,456.51	770,000.00	-633,543.49	17.7%
405 Investment Income	14,807.69	35,000.00	-20,192.31	42.3%
407 Rental Income	7,000.00	69,500.00	-62,500.00	10.1%
409 Tobacco Settlement	0.00	11,000.00	-11,000.00	0.0%
415 Nursing Home - QIPP Program	9,783,165.20	64,796,074.68	-55,012,909.48	15.1%
<b>Total Income</b>	<b>9,941,429.40</b>	<b>65,681,574.68</b>	<b>-55,740,145.28</b>	<b>15.1%</b>
<b>Gross Profit</b>	<b>9,941,429.40</b>	<b>65,681,574.68</b>	<b>-55,740,145.28</b>	<b>15.1%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	14,568.54	80,312.00	-65,743.46	18.1%
502 Admin-Administrative Assnt	2,673.25	45,000.00	-42,326.75	5.9%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	1,318.99	10,025.00	-8,706.01	13.2%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	244.71	1,400.00	-1,155.29	17.5%
521 Professional Fees - Acctng	6,218.75	36,000.00	-29,781.25	17.3%
522 Professional Fees-Auditing	0.00	26,000.00	-26,000.00	0.0%
523 Professional Fees - Legal	2,000.00	25,000.00	-23,000.00	8.0%
550 Admin-D&O / Liability Ins.	390.00	16,000.00	-15,610.00	2.4%
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00	0.0%
562 Admin-Travel&Mileage Reimb.	0.00	200.00	-200.00	0.0%
569 Admin-Meals	198.67	1,500.00	-1,301.33	13.2%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	1,195.88	10,000.00	-8,804.12	12.0%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	433.88	3,000.00	-2,566.12	14.5%
575 Admin-Cell Phone Reimburse	300.00	1,800.00	-1,500.00	16.7%
576 Admin-Telephone/Internet	563.36	3,500.00	-2,936.64	16.1%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	710.00	4,000.00	-3,290.00	17.8%
592 Admin Office Rent	680.00	4,080.00	-3,400.00	16.7%
593 Admin-Utilities	610.00	4,000.00	-3,390.00	15.3%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	840.00	6,000.00	-5,160.00	14.0%
601 IC-Healthcare Expenses				
601.01a IC Pmt to Hosp-Indigent	356,550.35	288,370.10	68,180.25	123.6%
601.01b IC Pmt to Coastal (Ind)	0.00	147,316.76	-147,316.76	0.0%
601.02 IC-Non Hosp Costs UTMB	72,185.06	300,000.00	-227,814.94	24.1%
601.03 IC-Non Hosp-Specl Pro				
601.03a Dental	6,213.00	10,500.00	-4,287.00	59.2%
601.03b IC Vision	110.00	1,200.00	-1,090.00	9.2%
601.04 IC-Non Hosp Cost-Other	2,831.11	12,500.00	-9,668.89	22.6%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
<b>Total 601.03 IC-Non Hosp-Specl Pro</b>	<b>9,154.11</b>	<b>49,200.00</b>	<b>-40,045.89</b>	<b>18.6%</b>
<b>Total 601 IC-Healthcare Expenses</b>	<b>437,889.52</b>	<b>784,886.86</b>	<b>-346,997.34</b>	<b>55.8%</b>
602 IC-WCH 1115 Waiver Prog	34,229.89	129,340.00	-95,110.11	26.5%
603 IC-Pharmaceutical Costs	11,406.91	37,600.00	-26,193.09	30.3%
605 IC-Office Supplies/Postage	39.99	2,000.00	-1,960.01	2.0%
607 WSHD - Grants				
600 East Chambers ISD Partnersh	36,666.66	283,643.00	-246,976.34	12.9%
607.01 WCH/RMC	0.00	1,000,000.00	-1,000,000.00	0.0%
607.03 WSVEMS				
607.03c WSVEMS - Salaries	22,656.00	168,800.00	-146,144.00	13.4%
<b>Total 607.03 WSVEMS</b>	<b>22,656.00</b>	<b>168,800.00</b>	<b>-146,144.00</b>	<b>13.4%</b>
607.06 FQHC(Coastal)				
607.06a FQHC	171,907.24			
607.06 FQHC(Coastal) - Other	0.00	914,112.00	-914,112.00	0.0%
<b>Total 607.06 FQHC(Coastal)</b>	<b>171,907.24</b>	<b>914,112.00</b>	<b>-742,204.76</b>	<b>18.8%</b>
607.99 WSHD - Grants Other				
607.99a Marcelous Williams	14,283.52	57,742.12	-43,458.60	24.7%
607.Admin-Cont Ed-Med Pers.	300.28	1,801.68	-1,501.40	16.7%
<b>Total 607.99 WSHD - Grants Other</b>	<b>14,583.80</b>	<b>59,543.80</b>	<b>-44,960.00</b>	<b>24.5%</b>
<b>Total 607 WSHD - Grants</b>	<b>245,813.70</b>	<b>2,426,098.80</b>	<b>-2,180,285.10</b>	<b>10.1%</b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
**January through February 2023**

	Jan - Feb 23	Budget	\$ Over Budget	% of Budget
611 IC-Indigent Care Dir Salary	11,797.34	65,264.00	-53,466.66	18.1%
612 IC-Payroll Taxes -Ind Care	902.50	5,125.00	-4,222.50	17.6%
615 IC-Software	2,218.00	13,308.00	-11,090.00	16.7%
616 IC-Travel	60.32	600.00	-539.68	10.1%
617 Youth Programs				
617.01 Youth Counseling	2,550.00	25,000.00	-22,450.00	10.2%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
<b>Total 617 Youth Programs</b>	<b>2,550.00</b>	<b>25,600.00</b>	<b>-23,050.00</b>	<b>10.0%</b>
630 NH Program-Mgt Fees	2,410,217.82	17,446,084.60	-15,035,866.78	13.8%
631 NH Program-IGT	5,338,144.38	31,638,239.32	-26,300,094.94	16.9%
632 NH Program-Telehealth Fees	23,979.53	196,091.32	-172,111.79	12.2%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	50,050.00	250,000.00	-199,950.00	20.0%
635 NH Program-LTC Fees	480,000.00	3,120,000.00	-2,640,000.00	15.4%
637 NH Program-Interest Expense	648,751.02	3,656,575.04	-3,007,824.02	17.7%
638 NH Program-Bank Fees & Misc	0.00	100.00	-100.00	0.0%
639 NH Program-Appraisal	0.00	23,250.00	-23,250.00	0.0%
674 - Property Acquisition	2,325.10	534,062.00	-531,736.90	0.4%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	0.00	25,000.00	-25,000.00	0.0%
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00	0.0%
<b>Total 675 HWY 124 Expenses</b>	<b>0.00</b>	<b>35,000.00</b>	<b>-35,000.00</b>	<b>0.0%</b>
676 Building-Property Insurance	0.00			
Payroll Expenses	0.00			
<b>Total Expense</b>	<b>9,735,217.05</b>	<b>60,727,786.94</b>	<b>-50,992,569.89</b>	<b>16.0%</b>
<b>Net Ordinary Income</b>	<b>206,212.35</b>	<b>4,953,787.74</b>	<b>-4,747,575.39</b>	<b>4.2%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	43,305,311.64			
Covid Provider Relief Funds	0.00			
<b>Total Other Income</b>	<b>43,305,311.64</b>			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	43,305,311.64			
<b>Total Other Expense</b>	<b>43,305,311.64</b>			
<b>Net Other Income</b>	<b>0.00</b>			
<b>Net Income</b>	<b>206,212.35</b>	<b>4,953,787.74</b>	<b>-4,747,575.39</b>	<b>4.2%</b>

# **Exhibit “A-3”**

**WSHD Treasurer's Report**

Reporting Date: <b>March 15, 2023</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care		\$2,431.02	Prosperity Operating (Unrestricted)	\$404,718.17
Wilcox Pharmacy	Indigent Care		\$1,511.64	First Financial (Unrestricted)	\$6,388,583.88
UTMB at Galveston	Indigent Care		\$8,659.17	First Financial (Restricted)	\$9,642,659.66
UTMB Faculty Group	Indigent Care		\$1,386.58	TexStar	\$705,981.78
Thompson Outpatient Clinic	Indigent Care		\$1,330.72	Allegiance Bank LOC (Available)	\$29,152.70
Barrier Reef EM Phy	Indigent Care		\$121.20	Total District Funds	<b>\$17,171,096.18</b>
Indigent Healthcare Solutions	IC Inv#75446		\$1,109.00	Less First Financial (Restricted)	<b>(\$9,642,659.66)</b>
Dr. June Stanky, Optometrist	SP Program		\$60.00	Less TexStar Reserve Account	<b>(\$705,981.78)</b>
	SP Program		\$145.00	Less Committed Funds (See below-Balance remaining on funds owed)	<b>(\$5,462,204.76)</b>
\$25 Optical				Cash Position (Less First Financial Restricted)	<b>\$1,360,249.99</b>
Penelope (Polly) Butler	Youth Counseling		\$170.00	Pending Expenses	<b>(\$199,989.66)</b>
Nicki Holtzman	Youth Counseling		\$425.00	Ending Balance (Cash Position-Pending Expenses)	<b>\$1,160,260.33</b>
Kalos Counseling (Benjamin Odom)	Youth Counseling		\$680.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+CHOW Loans)	<b>\$19,616,710.91</b>
Benckenstein & Oxford	Inv # 50699		\$21,290.00		
Hubert Oxford	Legal Retainer		\$1,000.00	<b>Prior Month</b>	
David Sticker	Inv #96		\$2,468.75	Prosperity Operating (Unrestricted)	\$233,513.80
Makayla Vidal	Inv #00015		\$6,475.00	First Financial (Unrestricted)	\$8,517,013.81
Technology Solutions of Tx	Inv #1757		\$75.00	First Financial (Restricted)	\$9,664,446.51
Felipe Ojedia-Yard Service	Inv #1035		\$300.00	TexStar	\$703,557.42
Graciela Chavez-Office Cleaning	Inv #965956		\$120.00	Allegiance Bank LOC (Available)	\$19,421.67
American Education Services	S Stern-Student Loan		\$150.14	Total District Funds 0	<b>\$19,137,953.20</b>
WSVEMS	Grant Inv (Feb Payroll)		\$10,752.00	Less First Financial (Restricted)	<b>(\$9,664,446.51)</b>
Coastal Gateway	Mar 2023 Grant Request		\$108,955.08	Less TexStar Reserve Account	<b>(\$703,557.42)</b>
Fittz & Shipman	Inv #0085474		\$762.50	Less Committed Funds (See below)	<b>(\$7,914,112.00)</b>
Chambers Cty Road & Bridge	Inv #2023-36 (HWY 124)		\$1,293.00	Cash Position (Less First Financial Restricted)	<b>\$855,837.28</b>
Marcelous-Williams Resource Center	Grant Inv 2nd Qtrly pmt		\$14,435.53	Pending Expenses	\$264,885.86
Stellar Bank	LOC Interest-Auto Pay Mar 23		\$13,883.33	Ending Balance (Less expenses-Available Cash, not committed)	<b>\$1,120,723.14</b>
<b>Total Pending Expenses:</b>			<b>\$199,989.66</b>	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	<b>\$9,017,077.24</b>

First Financial Bank Reconciliations					
FFB Balance March 13, 2023	\$16,031,243.53				
	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
Component 1-December (1st Half)	\$0.00	\$2,635,082.41	\$0.00	\$2,635,082.41	\$2,635,082.41
<b>Total Component 1, IGT 10</b>	<b>\$7,750,520.76</b>	<b>\$10,385,603.17</b>	<b>\$7,750,520.76</b>	<b>\$2,635,082.41</b>	<b>\$10,385,603.17</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
Loan 20 Payment-December (1st Half)	\$0.00	\$2,635,082.41	\$0.00	\$2,635,082.41	\$2,635,082.41
<b>Total Loan 20 Set Aside</b>	<b>\$7,750,520.76</b>	<b>\$10,385,603.17</b>	<b>\$7,750,520.76</b>	<b>\$2,635,082.41</b>	<b>\$10,385,603.17</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
Y6/Q1-Comp. 2-Dec.	\$0.00	\$644,659.92	\$0.00	\$644,659.92	\$298,350.43
<b>Total Component 2 due to MGRs.</b>	<b>\$1,040,231.28</b>	<b>\$2,581,245.30</b>	<b>\$1,936,585.38</b>	<b>\$644,659.92</b>	<b>\$1,194,704.53</b>
<b>Yr. 6, Component 3 (Public &amp; Private)</b>					
Yr. 6 Component 3, Q1 (Sept. to Nov.)	\$0.00	\$2,393,064.26	\$2,393,064.26	\$2,393,064.26	\$1,196,532.13
<b>Total Component 3 due to MGRs</b>	<b>\$0.00</b>	<b>\$2,393,064.26</b>	<b>\$2,393,064.26</b>	<b>\$2,393,064.26</b>	<b>\$1,196,532.13</b>
<b>Yr. 6, Component 4 (Public Only)</b>					
Yr. 6 Component 4, Q1 (Sept. to Nov.)	\$0.00	\$2,477,402.01	\$2,477,402.01	\$2,477,402.01	\$1,238,701.01
<b>Total Component 4 due to MGRs</b>	<b>\$0.00</b>	<b>\$2,477,402.01</b>	<b>\$2,477,402.01</b>	<b>\$2,477,402.01</b>	<b>\$1,238,701.01</b>
<b>Yr. 6, Lapse Funds</b>					
Yr. 6 Component Lapse, Q1 (Sept. to Nov.)	\$0.00	\$1,653,025.84	\$1,653,025.84	\$1,653,025.84	\$826,512.92
<b>Total Lapse Funds 4 due to MGRs</b>	<b>\$0.00</b>	<b>\$1,653,025.84</b>	<b>\$1,653,025.84</b>	<b>\$1,653,025.84</b>	<b>\$826,512.92</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>
Variance Payment Dec. 2022	\$0.00	\$53,958.96	\$0.00	\$53,958.96	\$53,958.96
<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>

Adjustment & Refund Payments					
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	\$523,883.16				
<b>Total Reserves</b>	<b>\$871,691.99</b>				
Restricted	\$9,642,659.66				
Unrestricted	\$6,388,583.88				
<b>Total Funds</b>	<b>\$16,031,243.53</b>				
<b>Committed Funds</b>					
<b>Commitment</b>	<b>Amount of Commitment</b>	<b>Paid</b>	<b>Balance Outstanding</b>		
1. FQHC Grant Funding-2023	\$914,112.00	\$171,907.24	\$742,204.76		
3. Interim Working Capital Loan	\$7,000,000.00	\$2,280,000.00	\$4,720,000.00		
<b>Total Commitments</b>	<b>\$7,914,112.00</b>	<b>\$2,451,907.24</b>	<b>\$5,462,204.76</b>		
<b>Gulf Coast Interim Working Capital Loan-\$7,000,000.00</b>					
	<b>Amount Advanced</b>	<b>Line of Credit Used</b>	<b>Line of Credit Unused</b>		
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	\$760,000.00	\$760,000.00	\$5,480,000.00		
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>\$2,280,000.00</b>	<b>\$2,280,000.00</b>	<b>\$5,480,000.00</b>		
<b>11 Month Outstanding Short Term Revenue Note-Loan 21 (May 31, 2022-Apr. 30, 2023)</b>					
<b>1st Half of QIPP Year 6</b>					
Loan 21-Principle	\$9,014,433.31		Reserve	\$126,202.07	
Interest	16.80%		Interest	\$1,381,653.31	
<b>Amortization Table</b>					
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	6/30/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$1,381,653.31
2	7/31/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07
3	8/31/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07
4	9/30/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$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
6-(Oct. 2021, Comp. 1)	11/30/2022	\$9,014,433.31	\$126,202.07	\$2,534,157.68	\$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
*8-(Dec. 2022 Comp. 1)	1/31/2023	\$9,014,433.31	\$126,202.07	\$1,306,647.78	\$1,432,849.85
*9 (Jan. 2023, Comp. 1)	2/28/2023	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07
*10 (Feb. 2023, Comp. 1)	3/31/2023	\$9,014,433.31	\$126,202.07	\$0.00	\$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
Amount Paid		\$0.00	\$1,388,222.77	\$9,014,433.31	\$10,402,656.08
Amount Due: April 30, 2023			\$1,388,222.77	\$9,014,433.31	\$10,402,656.08
Amount Remaining				\$0.00	\$0.00
*District received notice of December 2022 Component 1 payment on March 14, 2023. To date, the District has not received any funds from the State to assist in the repayment of Jan. 2022 through Feb. 2023 loan. Once the December 2022 Component 1 payment is received, we will have received sufficient funds to repay all of Loan 21 and a part of LOC.					
<b>11 Month Outstanding Short Term Revenue Note-Loan 22 (November 30, 2022-Oct. 30, 2023)</b>					
<b>2nd Half of QIPP Year 6</b>					
Loan 22-Principle	\$13,057,329.45		Reserve	\$182,802.61	
Interest	16.80%				
<b>Amortization Table</b>					
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	12/30/2022	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
2	1/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
3	2/28/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
4	3/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$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
6-(April 2023, Comp. 1)	5/31/2023	\$13,057,329.45	\$182,802.61	\$1,985,837.44	\$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
8-(June 2023 Comp. 1)	7/31/2023	\$13,057,329.45	\$182,802.61	\$2,133,496.86	\$182,802.61
9 (July 2023, Comp. 1)	8/31/2023	\$0.00	\$182,802.61	\$2,075,977.26	\$182,802.61
10 (Aug. 2023, Comp. 1)	9/30/2023	\$0.00	\$182,802.61	\$2,187,319.27	\$182,802.61
*Reserve		\$13,057,329.45	\$0.00	\$611,352.17	\$0.00
11	10/30/2023	\$0.00	\$182,802.61	\$0.00	\$182,802.61
Amount Paid		\$0.00	\$2,010,828.71	\$13,057,329.45	\$15,068,158.16
Amount Due: October 31, 2021			\$2,010,828.71	\$13,057,329.45	\$15,068,158.16



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			
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>	
1	6/30/2022	Interest Payment	\$11,404.16	\$0.00	\$11,404.16	
2	7/31/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00	
3	8/31/2022	Interest Payment	\$15,370.83	\$0.00	\$15,370.83	
4	9/30/2022	Interest Payment	\$15,370.84	\$0.00	\$15,370.84	
5-(Sept. 2022, Comp. 1)	10/31/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00	
6-(Oct. 2021, Comp. 1)	11/30/2022	Interest Payment	\$15,370.83	\$0.00	\$15,370.83	
7-(Nov. 2022, Comp. 1)	12/31/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00	
8-(Dec. 2022 Comp. 1)	1/31/2023	Interest Payment	\$15,370.83	\$1,328,434.63	\$1,343,805.46	
9 (Jan. 2023, Comp. 1)	2/23/2023	Interest Payment	\$15,370.83	\$2,553,247.06	\$2,568,617.89	
10 (Feb. 2023, Comp. 1)	3/23/2023	Interest Payment	\$13,883.33	\$2,594,435.15	\$2,608,318.48	
Reserve				\$523,883.16	\$523,883.16	
11	4/30/2023		\$1,008.84	\$0.00	\$1,008.84	
<b>Amount Paid</b>		\$0.00	<i>\$146,766.65</i>	<b>\$7,000,000.00</b>	<i>\$7,146,766.65</i>	
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	\$7,029,152.70	0.55%	2/1/2023	2/28/2023	Paid Quarterly	Feb 23
Texstar C.D. #1110	\$705,981.78	4.2515%	2/1/2023	2/28/2023	Paid \$2,424.36	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			_____ Robert "Bobby" Way Treasurer/Investment Officer			
Date: _____			Date: _____			
Italics are Estimated amounts						

# **Exhibit “A-4”**

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**As of Feb 15 2023 to March 15, 2023**

<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>							236,735.00
Check	02/15/2023	3753	Brookshire Brothers	IC RX's (Jan 2023)	X	(3,141.06)	233,593.94
Check	02/15/2023	3754	Wilcox Pharmacy	IC RX's (Jan 2023)	X	(1,685.84)	231,908.10
Check	02/15/2023	3755	UTMB at Galveston	IC Batch Date 01.01.23	X	(26,987.90)	204,920.20
Check	02/15/2023	3756	UTMB Faculty Grou...	IC Batch Date 01.01.23	X	(3,208.85)	201,711.35
Check	02/15/2023	3757	Thompson OPC (Cli...	IC Batch Date 01.11.23	X	(1,291.41)	200,419.94
Check	02/15/2023	3758	Riceland Medical Ce...	IC Batch Date 12.06.22	X	(67,782.76)	132,637.18
Check	02/15/2023	3759	Barrier Reef Enege...	IC Batch Date 01.01.23	X	(97.49)	132,539.69
Check	02/15/2023	3760	Indigent Healthcare ...	Inv #75278	X	(1,109.00)	131,430.69
Check	02/15/2023	3761	Dr. June Stansky, O...	IC SP Batch Date 01.08.23	X	(60.00)	131,370.69
Check	02/15/2023	3762	Omnipoint Health-D...	IC SP Batch Date 01.08.23	X	(3,899.00)	127,471.69
Check	02/15/2023	3763	Penelope S Butler, ...	YC Batch Date 01.02.23	X	(85.00)	127,386.69
Check	02/15/2023	3764	Nicki Holtzman MS,...	YC Batch Date 01.02.23	X	(510.00)	126,876.69
Check	02/15/2023	3765	Kalos Counseling	YC Batch Date 01.02.23	X	(510.00)	126,366.69
Check	02/15/2023	3766	Benckenstein & Oxf...	Inv #50660 (Dec 2022)	X	(25,730.00)	100,636.69
Check	02/15/2023	3767	Hubert Oxford	Legal Retainer	*	(1,000.00)	99,636.69
Check	02/15/2023	3768	David Sticker	Inv #94	X	(2,781.25)	96,855.44
Check	02/15/2023	3769	Technology Solution...	Inv #1748	X	(75.00)	96,780.44
Check	02/15/2023	3770	Felipe Ojeda	Inv #1034	X	(300.00)	96,480.44
Check	02/15/2023	3771	Graciela Chavez	Inv #965954	X	(120.00)	96,360.44
Check	02/15/2023	3772	American Education...	92 5529 5461 Stern	X	(150.14)	96,210.30
Check	02/15/2023	3773	Chambers County R...	Inv #2023-17	*	(414.00)	95,796.30
Check	02/15/2023	3774	Winnie-Stowell Vol...	Grant (Inv Jan 2023 Payroll)	X	(11,904.00)	83,892.30
Check	02/15/2023	3775	Coastal Gateway He...	Grant (Feb 2023 Req)	X	(96,282.32)	(12,390.02)
Check	02/15/2023	3776	Texas Mutual Insura...	Policy #0001302975 & Quote #Q0...	X	(390.00)	(12,780.02)
Check	02/15/2023	995134	Trinity Bay Conserv...	Draft, Withdrawal, Processed	X	(68.29)	(12,848.31)
Check	02/15/2023		Prosperity Bank	Fee, Withdrawal, Processed	X	(118.41)	(12,966.72)
Check	02/16/2023	Auto	Funcion 4-Lease fka ...	ACH, Withdrawal, Processed	X	(216.94)	(13,183.66)
Transfer	02/17/2023	ACH		Transfer from FFB	X	500,000.00	486,816.34
Check	02/17/2023	Auto	Specturm/Time War...	ACH, Withdrawal, Processed	X	(281.68)	486,534.66
Check	02/23/2023	ACH	Allegiance Bank		X	(15,370.83)	471,163.83
Liability ...	02/27/2023		QuickBooks Payroll ...	Created by Payroll Service on 02/2...	X	(10,651.38)	460,512.45
Paycheck	02/28/2023	DD1285	Burleson, Janci L	Direct Deposit	X		460,512.45
Paycheck	02/28/2023	DD1286	Norris, Sherrie	Direct Deposit	X		460,512.45
Paycheck	02/28/2023	DD1287	Ojeda, Patricia	Direct Deposit	X		460,512.45
Deposit	02/28/2023		Prosperity Bank	Deposit, Processed	X	52.00	460,564.45
Check	02/28/2023		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(738.84)	459,825.61
Check	03/03/2023	3777	JS Edwards	Renewal Policy #NPP885509 Com...	*	(3,221.20)	456,604.41
Check	03/08/2023	3778	Trinity Bay Conserv...	TBCD Quote #2023.111 (HWY 124)		(16,350.00)	440,254.41
Check	03/08/2023	3779	Trinity Bay Conserv...	TBCD Quote #2023.112 (HWY 124)		(4,275.00)	435,979.41
Check	03/08/2023	3780	Trinity Bay Conserv...	TBCD Quote #2023.120 (HWY 124)		(1,250.00)	434,729.41
Check	03/09/2023	3781	Lighting JB Constru...	Inv #009 (Hwy 124)	*	(23,880.00)	410,849.41
Check	03/09/2023	995126	ECISD		*	(18,333.33)	392,516.08
Check	03/10/2023		Trinity Bay Conserv...	13053-1010703000		(67.18)	392,448.90
Check	03/10/2023	995132	Riceland Medical Ce...		*	(340.00)	392,108.90
Deposit	03/10/2023			Mar Rent	*	3,500.00	395,608.90
Deposit	03/10/2023		Texas Comptroller o...	Deposit	*	63,935.99	459,544.89
Check	03/13/2023		IRS	Feb Payroll Taxes	*	(3,806.68)	455,738.21
Check	03/13/2023	3782	AEJ Construction	Inv #3148 (hwy 124 foundation, drai...		(46,389.00)	409,349.21
Check	03/14/2023		Entergy			(154.08)	409,195.13
Check	03/15/2023	To Print	Brookshire Brothers	IC RXs (Feb 2023)		(2,431.02)	406,764.11
Check	03/15/2023	To Print	Wilcox Pharmacy	IC RXs (Feb 2023)		(1,511.64)	405,252.47
Check	03/15/2023	To Print	UTMB at Galveston	IC Batch Date 02.01.23		(8,659.17)	396,593.30
Check	03/15/2023	To Print	UTMB Faculty Grou...	IC Batch Date 02.01.23		(1,386.58)	395,206.72
Check	03/15/2023	To Print	Thompson OPC (Cli...	IC Batch Date 02.11.23		(1,330.72)	393,876.00
Check	03/15/2023	To Print	Barrier Reef Enege...	IC Batch Date 02.01.23		(121.20)	393,754.80
Check	03/15/2023	To Print	Indigent Healthcare ...	Inv #75446		(1,109.00)	392,645.80
Check	03/15/2023	To Print	Dr. June Stansky, O...	IC SP Batch Date 02.08.23		(60.00)	392,585.80
Check	03/15/2023	To Print	\$25 Optical	IC SP Batch Date 02.08.23		(145.00)	392,440.80
Check	03/15/2023	To Print	Penelope S Butler, ...	YC Batch Date 02.02.23		(170.00)	392,270.80
Check	03/15/2023	To Print	Nicki Holtzman MS,...	YC Batch Date 02.02.23		(425.00)	391,845.80

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**As of Feb 15 2023 to March 15, 2023**

<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	03/15/2023	To Print	Kalos Counseling	YC Batch Date 02.02.23		(680.00)	391,165.80
Check	03/15/2023	To Print	Benckenstein & Oxf...	Inv #50699 (Jan 2023)		(21,290.00)	369,875.80
Check	03/15/2023	To Print	Hubert Oxford	Legal Retainer		(1,000.00)	368,875.80
Check	03/15/2023	To Print	David Sticker	Inv #96		(2,468.75)	366,407.05
Check	03/15/2023	To Print	Makayla Vidal	Inv #00015		(6,475.00)	359,932.05
Check	03/15/2023	To Print	Technology Solution...	Inv #1757		(75.00)	359,857.05
Check	03/15/2023	To Print	Felipe Ojeda	Inv #1035		(300.00)	359,557.05
Check	03/15/2023	To Print	Graciela Chavez	Inv #965956		(120.00)	359,437.05
Check	03/15/2023	To Print	Winnie-Stowell Vol...	Grant (Inv Feb 2023 payroll)		(10,752.00)	348,685.05
Check	03/15/2023	To Print	Coastal Gateway He...	Grant (Mar 2023 Req)		(108,955.08)	239,729.97
Check	03/15/2023	To Print	Fittz & Shipman, Inc	Inv #0085474		(762.00)	238,967.97
Check	03/15/2023	To Print	Chambers County R...	Inv #2023-36		(1,293.00)	237,674.97
Check	03/15/2023	To Print	Marcelous-Williams ...	Grant 2nd Qtr Pmt		(14,435.53)	223,239.44
Check	03/23/2023		Allegiance Bank	Interest LOC		(13,883.33)	209,356.11
Check	03/26/2023	ACH	Prosperity Bank (CC)	2704		(4,476.96)	204,879.15
Total 100 Prosperity Bank -Checking						(31,855.85)	204,879.15
<b>109 First Financial Bank</b>							18,181,460.31
<b>109b FFB #4846 DACA</b>							18,181,460.31
Transfer	02/17/2023	ACH		Transfer to AB Holding QY4 Adj 2...	X	(32,227.42)	18,149,232.89
Transfer	02/17/2023	ACH		Transfer to Prosperity Bank	X	(500,000.00)	17,649,232.89
Check	02/17/2023			Transfer to DDA Acct No. 1110214...	X	33,125.00	17,682,357.89
Check	02/28/2023	ACH	Salt Creek Capital L...	Ln 21 Interest (9 of 11)	X	(126,202.07)	17,556,155.82
Check	02/28/2023	ACH	Salt Creek Capital L...	Ln 22 Interest (3 of 11)	X	(182,802.61)	17,373,353.21
Check	03/08/2023			ACH PaymenWinnie-Stowell HCC...	M	(33,105.00)	17,340,248.21
Check	03/08/2023		LTC Group	ACH PaymenWinnie-Stowell HCC...	M	(240,000.00)	17,100,248.21
Check	03/10/2023			ACH PaymenWinnie-Stowell HCC...	M	(760,000.00)	16,340,248.21
Check	03/30/2023		Salt Creek Capital L...	Ln 21 Interest (10 of 11)		(126,202.07)	16,214,046.14
Check	03/30/2023		Salt Creek Capital L...	Ln 22 Interest (4 of 11)		(182,802.61)	16,031,243.53
Total 109b FFB #4846 DACA						(2,150,216.78)	16,031,243.53
Total 109 First Financial Bank						(2,150,216.78)	16,031,243.53
<b>TOTAL</b>						<b>(2,182,072.63)</b>	<b>16,236,122.68</b>

# **Exhibit “B”**



## 03.15.23 WSHD Regular Board Meeting Indigent Care Report

### 1) Active Client Count:

- a) Indigent Clients – **92** –DOWN by **1** from **93** in **JAN**
  - **32** Apps, [**14 Renewals, 7 New, and 10 Previous**]
  - **22** Approved [**10 Renewals, 3 New, 1 ER Referral & 8 Previous**]
  - **1** Withdrew and **1** Denied
  - **8** Incomplete
- b) Youth Counseling – **18** – UP by **1** from **17** in **MAN**
- c) Irlen Services – **0** – the same since **OCT 2022**
- d) Dental & Vision Services – **0** clients used the Dental benefits , and **6** used the Vision benefits in **FEB**
- e) Riceland Emergency Room referrals – **9** (**8 Not Eligible, 0 Pending, and 1 Approved** for ICAP)

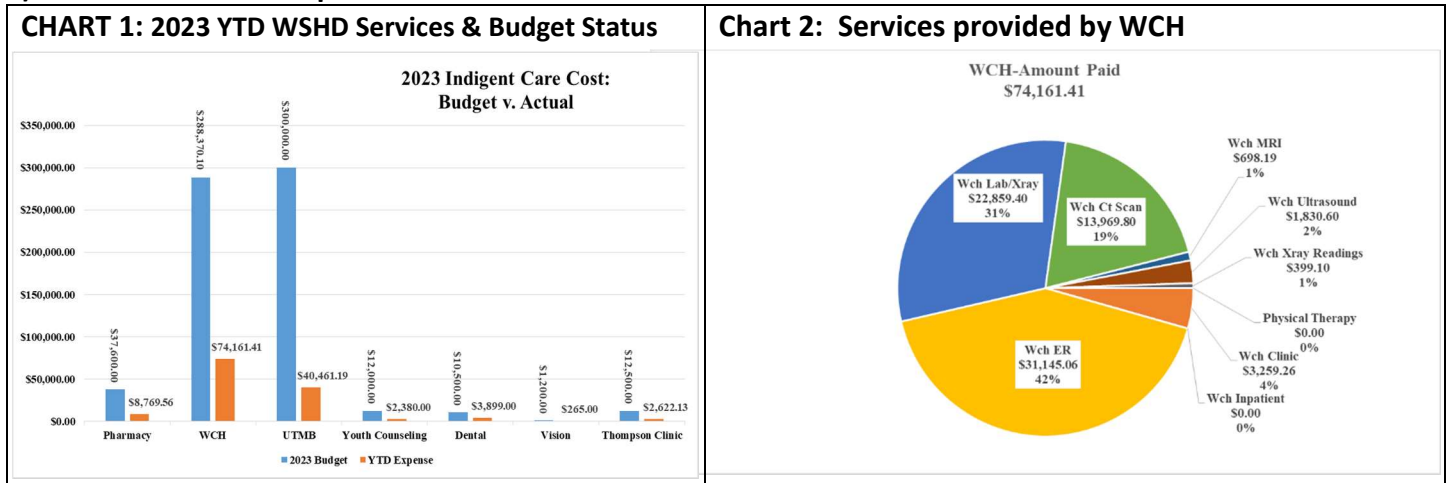
### 2) Riceland Hospital & Clinics:

The **FEB** charges were DOWN by **21.5 K** from **87.8 K** to **66.3 K**, which led to an overall **43%** for their reimbursement rate.

### 3) UTMB Hospital & Clinics:

- a) UTMB **FEB** charges were DOWN by **64.5 K** from **118.6 K** to **54 K**, which included **1** procedures for a total billed amount of **\$20.7 K** and payment of **\$4.1 K**, **2 ER Visits** for a total billed amount of **\$936** and payment of **\$200 K**. There were at least **2 In-Patient Stays** reported for **FEB**, but they have not yet been billed.

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



We have expended **16%** of the overall Indigent Care Budget

- **23%** of the Pharmacy budget
- **22%** of the Vision
- **26%** of the Riceland budget
- **37%** of the Dental
- **13%** of the UTMB budget
- **21%** of the Thompson Outpatient Clinic
- **20%** of the Youth Counseling budget

### 5) District Programs:

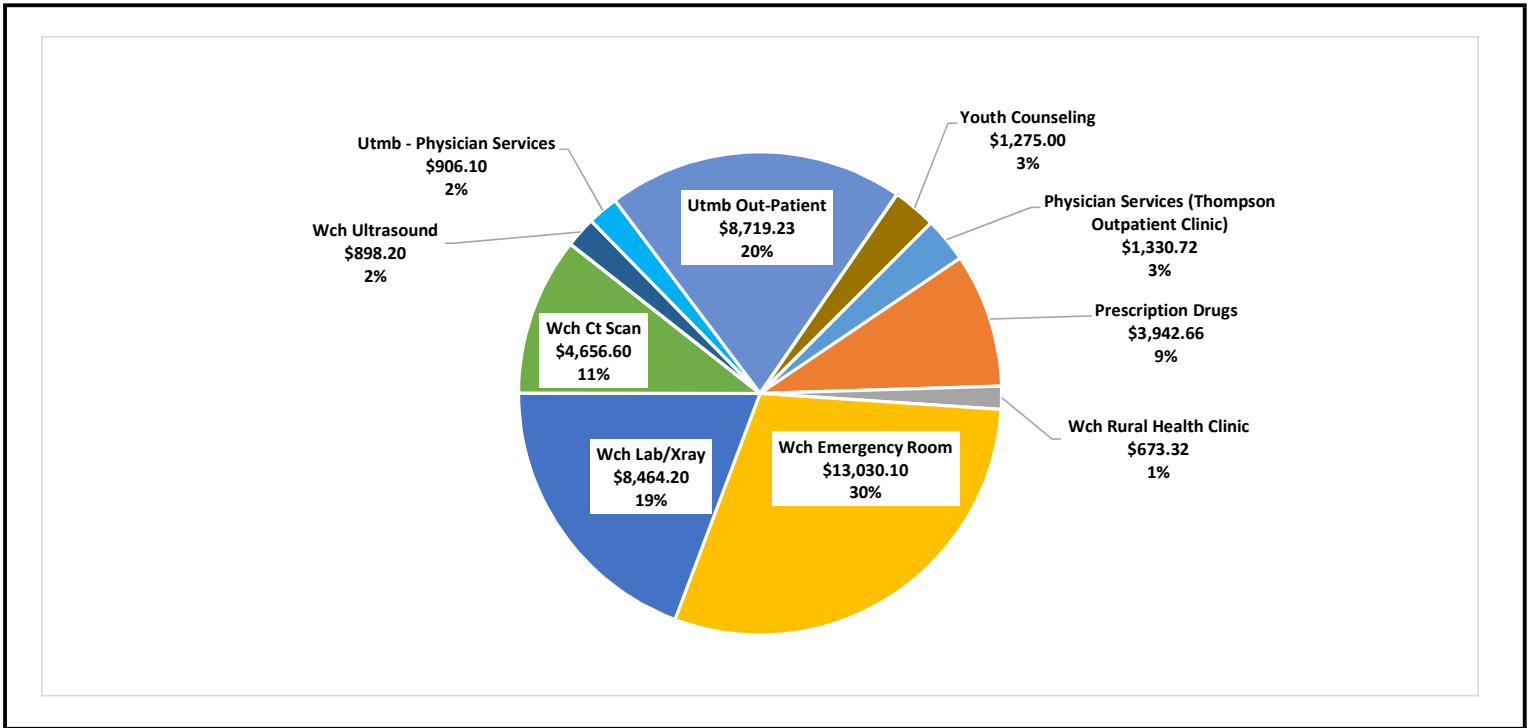
- a) County Van –See attached – **2** out of **91** were WSHD clients
- b) Winnie Stowell EMS-See attached – **5** transports out of **9** were made from Riceland
- c) Marcelous Williams-See attached – **21** out of **27** were WSHD clients

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

	January			February			Year to Date		
	Indigent Clients:	93		Indigent Clients:	92		Clients Enrolled:	Total Unduplicated 100	Average 93
Indigent Clients:	93		Indigent Clients:	92		YOUTH COUNSELING:	17	18	
Youth Counseling:	17		Youth Counseling:	18		IS Enrolled:	0	0	
Irlen Services:	0		Irlen Services:	0					
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
<b>Pharmacy</b>									
Brookshire Brothers Pharmacy Corp	\$4,799.70	\$3,141.06	\$3,141.06	\$2,798.11	\$2,798.11	\$2,431.02	\$7,597.81	\$5,939.17	\$5,572.08
Wilcox Pharmacy	\$1,685.84	\$1,685.84	\$1,685.84	\$1,511.64	\$1,511.64	\$1,511.64	\$3,197.48	\$3,197.48	\$3,197.48
<i>ADJUSTMENTS-Refunds/Credits</i>							<i>YTD Refunds/Credits</i>		\$0.00
<b>Pharmacy Totals</b>	<b>\$6,485.54</b>	<b>\$4,826.90</b>	<b>\$4,826.90</b>	<b>\$4,309.75</b>	<b>\$4,309.75</b>	<b>\$3,942.66</b>	<b>\$10,795.29</b>	<b>\$9,136.65</b>	<b>\$8,769.56</b>
<b>Winnie Community Hospital</b>									
WCH Clinic	\$6,982.00	\$2,585.94	\$2,585.94	\$1,771.00	\$673.32	\$673.32	\$8,753.00	\$3,259.26	\$3,259.26
WCH ER	\$34,046.00	\$18,114.96	\$18,114.96	\$23,225.00	\$13,030.10	\$13,030.10	\$57,271.00	\$31,145.06	\$31,145.06
WCH Lab/Xray	\$23,992.00	\$14,395.20	\$14,395.20	\$19,899.00	\$8,464.20	\$8,464.20	\$43,891.00	\$22,859.40	\$22,859.40
WCH CT Scan	\$15,522.00	\$9,313.20	\$9,313.20	\$7,761.00	\$4,656.60	\$4,656.60	\$23,283.00	\$13,969.80	\$13,969.80
WCH Xray (MRI)	\$3,738.00	\$165.19	\$165.19	\$11,214.00	\$533.00	\$533.00	\$14,952.00	\$698.19	\$698.19
WCH Lab/Xray Reading	\$2,014.00	\$263.03	\$263.03	\$984.00	\$136.07	\$136.07	\$2,998.00	\$399.10	\$399.10
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Ultrasound	\$1,554.00	\$932.40	\$932.40	\$1,497.00	\$898.20	\$898.20	\$3,051.00	\$1,830.60	\$1,830.60
<b>WCH Totals</b>	<b>\$87,848.00</b>	<b>\$45,769.92</b>	<b>\$45,769.92</b>	<b>\$66,351.00</b>	<b>\$28,391.49</b>	<b>\$28,391.49</b>	<b>\$154,199.00</b>	<b>\$74,161.41</b>	<b>\$74,161.41</b>
<i>ADJUSTMENTS-Refunds/Credits</i>							<i>YTD Credit Adjustments</i>		\$0.00
<b>Balance on Contracted Amount (Lump Sum Payment of \$288,370.10)</b>									<b>\$214,208.69</b>
		<b>\$242,600.18</b>				<b>\$214,208.69</b>			
<b>UTMB</b>									
UTMB Physician Services	\$9,952.00	\$2,481.53	\$2,481.53	\$5,019.00	\$906.10	\$906.10	\$14,971.00	\$3,387.63	\$3,387.63
Barrier Reef (UTMB ER Physician)	\$3,729.00	\$97.49	\$97.49	\$3,967.00	\$121.20	\$121.20	\$7,696.00	\$218.69	\$218.69
UTMB Anesthesia	\$1,200.00	\$711.48	\$711.48	\$640.00	\$420.42	\$420.42	\$1,840.00	\$1,131.90	\$1,131.90
UTMB In-Patient	\$43,654.58	\$14,406.01	\$14,406.01	\$3,868.00	\$0.00	\$0.00	\$47,522.58	\$14,406.01	\$14,406.01
UTMB Outpatient	\$54,376.48	\$11,343.53	\$11,343.53	\$40,569.84	\$8,719.23	\$8,719.23	\$94,946.32	\$20,062.76	\$20,062.76
UTMB Lab&Xray	\$5,700.91	\$1,254.20	\$1,254.20	\$0.00	\$0.00	\$0.00	\$5,700.91	\$1,254.20	\$1,254.20
<i>ADJUSTMENTS-Refunds/Credits</i>							<i>YTD Refunds/Credits</i>		<b>(\$7,649.56)</b>
<b>UTMB Totals</b>	<b>\$118,612.97</b>	<b>\$30,294.24</b>	<b>\$30,294.24</b>	<b>\$54,063.84</b>	<b>\$10,166.95</b>	<b>\$10,166.95</b>	<b>\$172,676.81</b>	<b>\$40,461.19</b>	<b>\$40,461.19</b>
<b>Local Community Clinics (601.04)</b>									
Coastal Gateway Health Clinic		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Thompson Outpatient Clinic	\$5,448.00	\$1,291.41	\$1,291.41	\$5,462.00	\$1,330.72	\$1,330.72	\$10,910.00	\$2,622.13	\$2,622.13
<b>Local Community Clinics</b>	<b>\$5,448.00</b>	<b>\$1,291.41</b>	<b>\$1,291.41</b>	<b>\$5,462.00</b>	<b>\$1,330.72</b>	<b>\$1,330.72</b>	<b>\$10,910.00</b>	<b>\$2,622.13</b>	<b>\$2,622.13</b>
<b>Non-Contracted Emergency Services (601.04)</b>									
Non-Contract ER Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Non-Contract Services Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Youth Counseling</b>									
Benjamin Odom	\$510.00	\$510.00	\$510.00	\$680.00	\$680.00	\$680.00	\$1,190.00	\$1,190.00	\$1,190.00
Nicki Holtzman	\$510.00	\$510.00	\$510.00	\$425.00	\$425.00	\$425.00	\$935.00	\$935.00	\$935.00
Penelope Butler	\$85.00	\$85.00	\$85.00	\$170.00	\$170.00	\$170.00	\$255.00	\$255.00	\$255.00
<b>Youth Counseling Totals</b>	<b>\$1,105.00</b>	<b>\$1,105.00</b>	<b>\$1,105.00</b>	<b>\$1,275.00</b>	<b>\$1,275.00</b>	<b>\$1,275.00</b>	<b>\$2,380.00</b>	<b>\$2,380.00</b>	<b>\$2,380.00</b>
<b>Irlen Services</b>									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Irlen Services Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Indigent Special Services</b>									
Dental Services	\$7,979.00	\$3,899.00	\$3,899.00	\$0.00	\$0.00	\$0.00	\$7,979.00	\$3,899.00	\$3,899.00
Vision Services	\$60.00	\$60.00	\$60.00	\$205.00	\$205.00	\$205.00	\$265.00	\$265.00	\$265.00
<b>Indigent Special Services Totals</b>	<b>\$8,039.00</b>	<b>\$3,959.00</b>	<b>\$3,959.00</b>	<b>\$205.00</b>	<b>\$205.00</b>	<b>\$205.00</b>	<b>\$8,244.00</b>	<b>\$4,164.00</b>	<b>\$4,164.00</b>
<b>Medical Supplies (601.04)</b>									
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Medical Supplies Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Grand Totals</b>	<b>\$227,538.51</b>	<b>\$87,246.47</b>	<b>\$87,246.47</b>	<b>\$131,666.59</b>	<b>\$45,678.91</b>	<b>\$45,311.82</b>	<b>\$359,205.10</b>	<b>\$132,925.38</b>	<b>\$132,558.29</b>

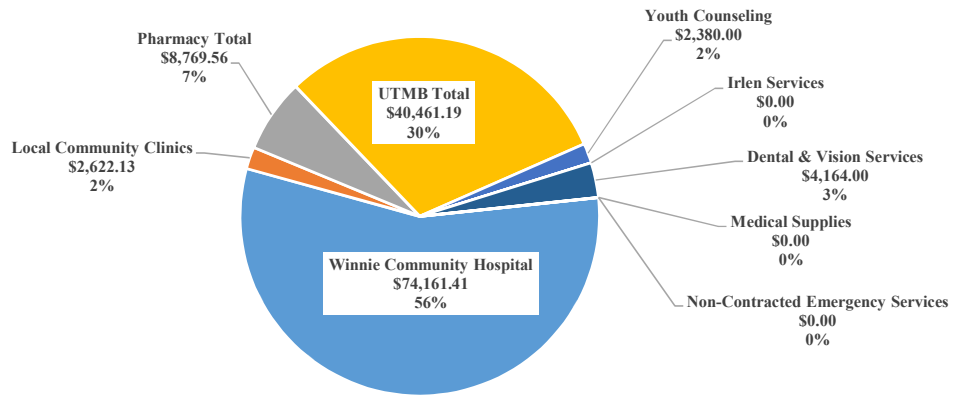
**WSD Indigent Care Director Report**  
**Feb 2023 SOURCE CODE REPORT**

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Services (Thompson Outpatient Clinic)	\$5,462.00	\$1,330.72	2.94%
02	Prescription Drugs	\$4,309.75	\$3,942.66	8.70%
13	Vision Services	\$205.00	\$205.00	0.45%
21	Wch Rural Health Clinic	\$1,771.00	\$673.32	1.49%
24	Wch Emergency Room	\$23,225.00	\$13,030.10	28.76%
25	Wch Lab/Xray	\$19,899.00	\$8,464.20	18.68%
26	Wch Ct Scan	\$7,761.00	\$4,656.60	10.28%
28	Wch X-Ray (MRI)	\$11,214.00	\$533.00	1.18%
29	Wch Ultrasound	\$1,497.00	\$898.20	1.98%
44	Wch Xray Readings	\$984.00	\$136.07	0.30%
31	Utmb - Physician Services	\$5,019.00	\$906.10	2.00%
31-1	Utmb Anesthesia	\$640.00	\$420.42	0.93%
33	Utmb In-Patient	\$3,868.00	\$0.00	0.00%
34	Utmb Out-Patient	\$40,569.84	\$8,719.23	19.24%
34-1	Utmb ER Physicians - Barrier Reef	\$3,967.00	\$121.20	0.27%
39	Youth Counseling	\$1,275.00	\$1,275.00	2.81%
<b>Expenditures/Reimbursements/Adjustments</b>		<b>\$131,666.59</b>	<b>\$45,311.82</b>	<b>100%</b>
<b>Grand Total</b>		<b>\$131,666.59</b>	<b>\$45,311.82</b>	<b>100%</b>

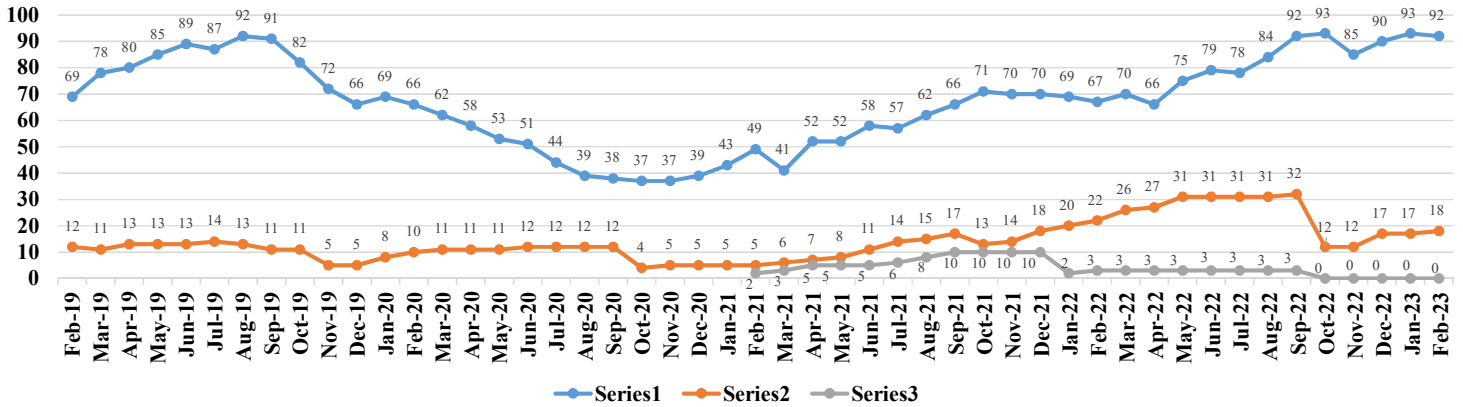




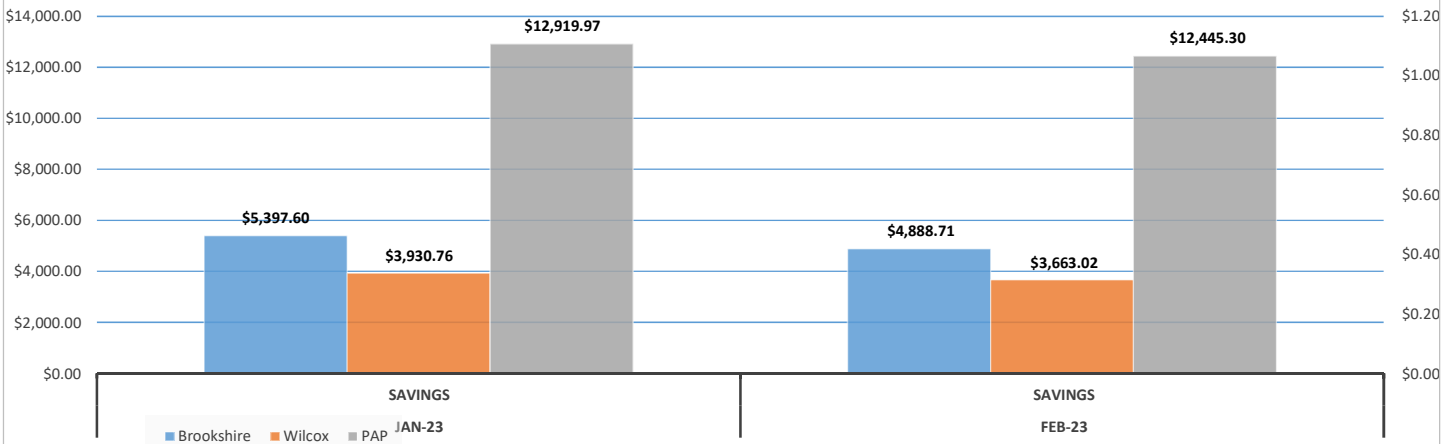
**Year To Date Payments Incurred: \$132,558.29**



**Client Count Trending**



**PHARMACY SAVINGS TO DATE = \$43,245.36**



# Chambers County East Side Van Monthly Report



Commissioner PCT #1, Jimmy E Gore  
 211 Broadway | PO BOX 260  
 Winnie, Texas 77665  
 409-296-8250

## Nov-21

VEHICLE #1	EAST SIDE VAN #1	
TOTAL MILES DRIVEN		2511
TOTAL HOURS DRIVEN		128.08
TOTAL EXPENSES FOR MONTH		\$561.17
<i>FUEL COST</i>		\$561.17
<i>REPAIRS &amp; MAINTENANCE COST</i>	_____	
<i>MISC EXPENSES</i>	_____	
TOTAL RIDERS		27
<i>TOTAL WSHD RIDERS</i>		0
TOTAL TRIPS		43
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		0

VEHICLE #2	EAST SIDE VAN #2	
TOTAL MILES DRIVEN		3536
TOTAL HOURS DRIVEN		160.42
TOTAL EXPENSES FOR MONTH		\$748.12
<i>FUEL COST</i>		\$748.12
<i>REPAIRS &amp; MAINTENANCE COST</i>	_____	
<i>MISC EXPENSES</i>	_____	
TOTAL RIDERS		28
<i>TOTAL WSHD RIDERS</i>		1
TOTAL TRIPS		59
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		1

VEHICLE #3	RAV 4	
TOTAL MILES DRIVEN		3737
TOTAL HOURS DRIVEN		174.92
TOTAL EXPENSES FOR MONTH		\$368.06
<i>FUEL COST</i>		\$368.06
<i>REPAIRS &amp; MAINTENANCE COST</i>	_____	
<i>MISC EXPENSES</i>	_____	
TOTAL RIDERS		36
<i>TOTAL WSHD RIDERS</i>		1
TOTAL TRIPS		56
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		2

GRAND TOTALS		
MILES DRIVEN		9784
RIDERS		91
<i>WSHD RIDERS</i>		2
TRIPS		158
<i>WSHD TRIPS</i>		3
EXPENSES		\$1,677.35

# Winnie Stowell Volunteer EMS Report Year 2023

<b>Winnie Stowell Volunteer EMS</b> Winnie-Stowell Hospital District Report			
Year to Date Details for 2023	Jan-23	Feb-23	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED	5	9	14
YTD CALLS/TRANSPORTS MADE	1	5	6
YTD CALLS/TRANSPORTS DELAYED	0	0	0
YTD CALLS/TRANSPORTS REASSIGNED	4	4	8
YTD 3RD PARTY INVOICES BILLED	\$1,837.17	\$6,486.04	\$8,323.21
Insurance Billed	\$0.00	\$1,153.18	\$1,153.18
Self-Pay Billed	\$1,837.17	\$5,332.86	\$7,170.03
YTD 3RD PARTY PAYMENTS RECEIVED	\$0.00	\$446.82	\$446.82
Insurance Paid	\$0.00	\$446.82	\$446.82
Self-Pay Paid	\$0.00	\$0.00	\$0.00
YTD STAFFING EXPENSES			\$0.00
			\$0.00
<b>YTD PERTINENT INFORMATION REGARDING PERFORMANCE</b>			
<b>RICELAND REPORTED TRANSFERS</b>	<b>5</b>	<b>9</b>	<b>14</b>

Feb-23			
3rd PARTY INVOICES BILLED			
DATE	3rd Party Name	\$AMOUNT BILLED	\$AMOUNT PAID
2/4/2023	Self Pay	\$1,988.80	\$1,988.80
2/14/2023	BCBS Medicare	\$1,153.18	\$411.82
2/19/2023	Self Pay	\$1,185.96	\$0.00
2/20/2023	Self Pay	\$1,146.05	\$0.00
2/21/2023	Self Pay	\$1,012.05	\$0.00
<b>TOTAL 3rd PARTY AMOUNT BILLED FOR THE MONTH</b>		<b>\$6,486.04</b>	<b>\$0.00</b>

Feb-23					
MONTHLY CALLS/TRANSPORTS REPORT					
CALLS REQUESTED			CALL RESULTS		
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R
2/4/2023	Riceland	St Elizabeth	M		
2/14/2023	Riceland	St Elizabeth	M		
2/14/2023	Riceland	UTMB Galveston (No Extra Paramedic)			R
2/15/2023	Riceland	Hermann Houston (No Extra Paramedic)			R
2/19/2023	Riceland	Medical Center of SETX	M		
2/20/2023	Riceland	Memorial Hermann Beaumont	M		
2/21/2023	Riceland	Memorial Hermann Beaumont	M		
2/24/2023	Riceland	Texas Childrens (No Extra Paramedic)			R
2/25/2023	Riceland	Texas Childrens (No Extra Paramedic)			R
<b>TOTAL CALLS REQUESTED FOR MONTH &amp; RESULTS</b>			<b>9</b>	<b>5</b>	<b>0</b>

Feb-23				
MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL				
DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR HR)	PAYROLL AMOUNT
2/1/2023	Andrew Broussard	24	\$16	\$384.00
2/2/2023	Hunter Traweek	24	\$16	\$384.00
2/3/2023	Mark Matak	12	\$16	\$192.00
2/3/2023	Jeff Gibson	12	\$16	\$192.00
2/4/2023	Daniel Burke	24	\$16	\$384.00
2/5/2023	Jarrod Brannon	12	\$16	\$192.00
2/5/2023	Amanda Harpst	12	\$16	\$192.00
2/6/2023	Brad Eads	24	\$16	\$384.00
2/7/2023	Amanda Harpst	24	\$16	\$384.00
2/8/2023	Andrew Broussard	24	\$16	\$384.00
2/9/2023	Hunter Traweek	24	\$16	\$384.00
2/10/2023	Andrew Broussard	24	\$16	\$384.00
2/11/2023	Austin lasscks	24	\$16	\$384.00
2/12/2023	Jeff Gibson	12	\$16	\$192.00
2/12/2023	Amanda Harpst	12	\$16	\$192.00
2/13/2023	Brad Eads	24	\$16	\$384.00
2/14/2023	Amanda Harpst	24	\$16	\$384.00
2/15/2023	Andrew Broussard	24	\$16	\$384.00
2/16/2023	Hunter Traweek	24	\$16	\$384.00
2/17/2023	Jarrod Brannon	12	\$16	\$192.00
2/17/2023	Austin lasscks	12	\$16	\$192.00
2/18/2023	Mark Matak	24	\$16	\$384.00
2/19/2023	Buddy Land	24	\$16	\$384.00
2/20/2023	Brad Eads	24	\$16	\$384.00
2/21/2023	Amanda Harpst	24	\$16	\$384.00
2/22/2023	Brad Eads	24	\$16	\$384.00
2/23/2023	Hunter Traweek	24	\$16	\$384.00
2/24/2023	Travis Delacerda	24	\$16	\$384.00
2/25/2023	Boyd Abshire	24	\$16	\$384.00
2/26/2023	Austin lasscks	24	\$16	\$384.00
2/27/2023	Brad Eads	24	\$16	\$384.00
2/28/2023	Amanda Harpst	24	\$16	\$384.00
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>				<b>\$10,752.00</b>



# **Exhibit “C”**

Pages Removed  
Confidential information

# **Exhibit “D”**

<b>Winnie-Stowell Hospital District</b>			
<b>Executive Summary of Nursing Home Monthly Site Visits</b>			
<b>February 2023</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Garrison Nursing and Rehabilitation Center</b>	Caring		Census: 80. The state came to the facility for an infection control survey and a complaint survey, all were unsubstantiated. There were no reportable incidents since the last visit. The facility is not using agency staffing at this time. The facility is hosting a St. Patrick's Day party for the residents.
<b>Golden Villa</b>	Caring		Census: 105. The state hasn't been in the building since September 2022. There were six reportable incidents since the last visit, they are awaiting state review. The facility has maintained their 12-hour shifts for staff and have not had to use agency staffing.
<b>Marshall Manor Nursing and Rehabilitation Center</b>	Caring		Census: 88. The facility had their annual survey in February 2023, the preliminary result of the survey is seven health tags; they are awaiting a full report from the state. There were ten reportable incidents since the last visit, all were unsubstantiated following state review. The facility has created an "employee council" whose job is to celebrate staff and nurses.
<b>Marshall Manor West</b>	Caring		Census: 52. The facility had their annual survey in August 2022, the state has not been in the facility for any reason. There were no reportable incidents since the last visit. The facility just gave raises to all nurses and CNAs in January. The facility is updating the B-wing room by room.
<b>Park Manor of Quail Valley</b>	HMG		Census: 94. The facility had their annual survey in February 2023, the preliminary result of the survey is two health tags; they are awaiting a full report from the state. There were two reportable incidents and four complaints since the last visit, all were unsubstantiated. The facility hosted a Superbowl party and are planning a Mardi Gras party for residents.
<b>Park Manor of Tomball</b>	HMG		Census: 104. The facility had an infection control survey and a complaint survey, both were cleared. There were two reportable incidents since the last visit, the facility received a citation for care plans. The facility has seen an increase in retention rates since they began their Mad Genius program.



<p><b>Rose Haven Retreat</b></p>	<p>Caring</p>	<p>Census: 47. The facility is currently in their survey window. There were four reportable incidents since the last visit, they are awaiting state review. The facility is focusing on staff retention by hosting monthly celebrations for birthdays as well as naming an employee of the month. The facility has been able to switch to eight-hour shifts.</p>
----------------------------------	---------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Administrator: Julie Johnson  
DON: Chelsea Cooper, RN

### **FACILITY INFORMATION**

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. Census was at 80 residents. The facility now has an overall star rating of 5 and a star rating in Quality Measures of 5.

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

The DON reported they are still implementing their emergency plan and are following all the state/federal/local mandates. The county transmission rate for Nacogdoches is Orange. The DON reports the facility is still requiring N-95 masks for unvaccinated staff and all others are wearing surgical masks. The Administrator reports they are testing non-boosted/unvaccinated twice per week.

The facility is currently COVID\_19 free and the last time the facility had a COVID\_19 positive employee or resident was in December 2022. PPE inventory is still good, enough for several weeks.

Garrison Nursing and Rehab Center is testing all new admissions on day one, three and five. DON reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Garrison Nursing and Rehab holds COVID\_19 vaccine clinics about once per month with EMS who can provide all 3 vaccines, last one was in January 2023. Approximately 12 of the 80 residents are not vaccinated with their COVID\_19 vaccine. 100% of the employees at Garrison Nursing Home and Rehab Center are fully vaccinated with approved exemptions.

Visitation is open and held either inside or outside. All visitors are screened, and masks and hand sanitizer are provided if needed.

The dining room for meals and activities has good resident participation. Church volunteers still come in some of the school students as well as some of the hospices and home health agencies still come in and provide activities. The Administrator reports the facility celebrated Valentine's Day yesterday and crowned a king and queen and St. Patrick's Day party is in the planning stages.

The Administrator reports the facility is still providing lunch but not every month (did it yesterday). The facility also celebrates employee of the month. The facility currently does not use agency staffing.

### **QIPP SCORECARD:**

Based on QIPP Scorecard for Garrison Nursing and Rehabilitation:

- Component 1 – Met
- Component 2 – Met

- Component 3 – Met
- Component 4 – Met

## **SURVEY INFORMATION**

The facility had the state in the building in January for a self-report (COVID), infection control survey and a complaint and all were unsubstantiated with no citations.

## **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:**

Information was not provided

### **Staffing:**

Facility is fully staffed, and Garrison does not need to use contract agency.

Administrator: Michael Herring  
DON: Brandy Pulliam, RN -out on medical leave  
Interim DON Kammy Bailey, RN  
Gary Klein

## **FACILITY INFORMATION**

Golden Villa is a 110 Medicaid/Medicare & 10 Medicare-bed facility with a current overall star rating of 2 and a Quality Measures star rating of 4. The census on the date of this call was 105.

The QIPP site visit was conducted via telephone. The Administrator, DON and were on the call. The transmission rate for Cass County is High (red) in which Golden Villa tests all unvaccinated staff twice per week and they wear N-95 masks. The Administrator reports if the county transmission rate is ever in yellow or blue, they have updated their policy to make masks optional.

The Administrator reported the new dining room chairs issue was resolved and they are in the process of painting the dining room. All the countertop materials have been chosen and continue with changing curtains in all rooms one hall at a time.

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Golden Villa is testing unvaccinated new admissions day one, three and five. The Administrator also reports the facility has not had any staff or residents test positive for COVID\_19, since November 2022.

Approximately 100% (with approved exemptions) of the employees and 78% of the residents have been fully vaccinated for COVID\_19. The facility is holding a Red River Pharmacy vaccine clinic on an as needed basis, last one was 01/11/23 and another one is scheduled for tomorrow for bivalent booster (39 given).

Golden Villa is still following CMS/CDC/state infection control guidelines for COVID-19. PPE inventory is still good, more than 2 weeks supply.

Open visitation going well, with screening on entry and provide masks if needed. Golden Villa has at least 50 visitors per day.

Nurses are still working 12-hour shifts which has turned out to work well for the facility. The Administrator reports that so far, they have not had to use an agency, covering internally with management staff. The facility is a certified CNA facility with no class right now.

The facility PIP for Anti-psychotics due to inappropriate diagnosis and have been working on GDRs and education over the last 3 months and measure is improving, now at 7.9%.

The Administrator reports the facility celebrated super bowl and had a Valentine's Day party with a king and a queen and happy hour is at the end of each month.

The Administrator reports the facility now has a monthly incentive for staff (with help from resident input) to have a chance at a 500.00 gift card. The facility also still provides sandwiches if they staff want one and staff have the option to request a meal from the kitchen of either baked potato or chef salad and so far they love it.

**QIPP SCORECARD:**

Administrator states they have met all components for the last quarter and on track to meet second quarter.

**SURVEY INFORMATION**

The Administrator reports the facility had the state come into the building on 9/29/22 and have not had them back since.

**REPORTABLE INCIDENTS**

The Administrator reports the facility currently has 6 self-reports still pending.

**CLINICAL TRENDING****Incidents/Falls:**

Facility information not provided

**Infection Control:**

Facility information not provided

**Weight loss:**

Facility information not provided

**Pressure Ulcers:**

Facility information not provided

**Restraints:**

Facility information not provided

**Staffing:**

Administrator reported facility is fully staffed in nursing department but do need CNAs on 2p-10p.

Administrator: Ross Bradfield  
DON: Jerold Hindsman, RN

### **FACILITY INFORMATION**

Marshall Manor Nursing and Rehab is a 169-bed facility with a current over all star rating of 1 and a Quality Measures rating of 3. The census on the date of this call was 88 and 11 skilled.

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

The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates. The Covid\_19 transmission rate in Harrison County is High (Red). At this time, they are testing once per week for all unvaccinated employees and based on symptoms for all others.

The facility currently has no COVID positive and has not had any staff or residents since January 3, 2023, (employee) and December 29, 2022 (resident). The facility no longer has warm and hot zones, and they are testing new admissions on day one, three and five.

The Administrator reports PPE items are still fully stocked with at least 2 weeks supply. The Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Marshall Manor continues with routine COVID\_19 vaccine clinics through Red River pharmacy when at least 10 people are signed up for the bivalent booster, last one in November 2022. At this time, 86% of the residents are fully vaccinated. Administrator reports 100% of staff have been vaccinated including approved exemptions.

Visitation is still open and going well. All visitors are screened on entry M-F 7-4:30pm, include testing free of charge and providing masks and hand sanitizer.

Marshall Manor continues with monthly birthday parties for staff and residents. The activities department provided a Valentine's Day, Black History Month program, dance party and planning a Mardi Gras party tomorrow.

The facility has activities planned through the Employee Council, including planning an employee appreciation celebration in March 2023. The Administrator reports they facility does not use agency for staffing at this time.

### **QIPP SCORECARD:**

Based on QIPP Scorecard for Marshall Manor:

- Component 1 - Met
- Component 2 - Met
- Component 3 - Met
- Component 4 - Met

### **SURVEY INFORMATION**

M The facility had their full book survey last week, the state exited on 2/15/23 with preliminary results of 7 Health tags, one for call lights out of reach, one not timely resolution for grievances, one on PASSRs, one on use of Hoyer lift, one on not dating O2 tubing, and one of not changing dialysis port dressing.

### **REPORTABLE INCIDENTS**

The Administrator reports the facility had a state visit in December 2022 to cleared 10 self-reports, all unsubstantiated, no citations.

### **CLINICAL TRENDING**

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

Facility information not given

#### **Infection Control:**

Facility information not given

#### **Weight loss:**

Facility information not given

#### **Pressure Ulcers:**

Facility information not given

#### **Restraints:**

Facility information not given

#### **Staffing:**

Facility is currently fully staffed.

Administrator: Ken Kale  
DON: Lakeisha Owens

## **FACILITY INFORMATION**

Marshall Manor West is a 118-bed facility with a current over all star rating of 5 and a Quality Measures rating of 5. The census on the date of this call was 52 (6 skill mix).

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

The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates. The Administrator reports Harrison's County is with a high (red) transmission rate and testing of all unvaccinated staff is twice per week. All unvaccinated staff are wearing N-95 masks and all other staff are wearing surgical masks. The facility is currently COVID\_19 free and has not had a positive staff or resident since September 2022. The facility is testing all new admissions on day one, three and five.

The Administrator reports Marshall Manor West is still using Red River pharmacy for COVID\_19 vaccine clinics, and they are planning another one in the next 2 weeks. The Administrator reported approximately 100% of staff have been fully vaccinated with several approved exemptions. The Administrator also reported 89% of Marshall Manor West residents have been fully vaccinated (includes boosters). The Administrator reports their PPE inventory is still good, at least a 2-week supply. The Administrator reports they are still following CMS/CDC/state infection control guidelines for COVID-19.

Visitors are still being screened using a staff member 6a-10p and keep masks and hand sanitizer available.

Dining services for all meals in the dining room continue with good participation. Volunteers are still coming in but only after being tested or they are fully vaccinated. The Administrator reports the facility has a celebration for super bowl, Mardi Gras, and luncheon for Valentine's Day. There are plans in place as well for a St. Patrick's Day party and a choir is coming for Black History Month.

The Administrator reports they do not have to use agency for staffing. The Administrator reports the facility provides gift bags for Employee of the Month and they are providing a breakfast every other week. The facility just recently gave across the board raises for nurses and CNAs last month. Updating of building is still on-going with room-by-room updates to B-wing.

## **QIPP SCORECARD:**

Based on QIPP Scorecard for Marshall Manor West:

- Component 1 - Met
- Component 2 - Met



- Component 3 - Met
- Component 4 - Met

### **SURVEY INFORMATION**

The state was in the building in August 2022 for full book survey.

### **REPORTABLE INCIDENTS**

The Administrator reports the facility had no self-reports or complaints last quarter.

### **CLINICAL TRENDING**

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

Facility information not given.

#### **Infection Control:**

Facility information not given.

#### **Weight loss:**

Facility information not given.

#### **Pressure Ulcers:**

Facility information not given.

#### **Restraints:**

Facility information not given.

#### **Staffing:**

The Administrator reports the facility is in need of 2 CNAs, one on 6a-2p and one on 2p-10p.

Administrator: Rodney Lege  
Administrator in Training: June Kent  
DON: Susan Joy, RN, BSN

## **FACILITY INFORMATION**

Park Manor of Quail Valley is a 125 -bed facility with a current over all star rating of 5 and Quality Measure of 5. Given census on the date of this call was 94 **PP: 9** , **MC: 6**, **MDC: 37 + 11 pending**, **HMO: 27**, **Hospice: 4**.

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

The Administrator reported they were still implementing their emergency plan and following all state/federal/local mandates.

The transmission rate in Fort Bend County is High. The facility is currently in a COVID\_19 outbreak and they are testing once per week. The last time an employee tested COVID\_19 positive was on 2/15/23 and the last resident who tested positive was on 2/14/24.

The Administrator stated they have a warm zone at the end of one of the halls and currently there are seven residents in the zone. New admissions are being tested on day one, three and five.

All staff wear N-95 masks and face shields or goggles and gown in the warm zone or into a positive resident's room. If in general population, staff wear surgical masks with face shield or goggles. PPE inventory is good, still receiving from regular vendor and can get supplies from corporate emergency supply if needed.

The facility has just received a new data logger and will be ordering new vaccines. The Administrator reports the employee COVID vaccination rate is 100% (with 3 granted exemptions) and for residents it is 89.22%.

Visitation is allowed for anyone, and they are screened with a portal for that recognizes the face each time they visit (just taking temperature, no questions). Visitors are provided with a surgical mask if desired.

Activities and communal dining doing well with good participation. The Administrator reports the facility provided a super bowl celebration with snacks and had a Valentine's Day party with live music and planning a Mardi Gras party tomorrow.

The Administrator continues with morale boosting activities including, daily prayers, Star of the Month, birthday and anniversary cards, celebrate any national "week" and provide 'snack attacks'.

Also still celebrating staff who complete correctly the Green Sheet when they take a phone call, and they will receive a 25.00 gift card. The Administrator also reports they still have the Mad Genius program that pays with tokens for certain milestones.

### **SURVEY Information**

The facility just had their annual full book survey with the state exiting on 2/16/23. Preliminary findings resulted in 2 Health tags, one for cold food and one for dirty laundry on the floor.

### **REPORTABLE INCIDENTS**

In **Nov/Dec/Jan 2022/2023** - Park Manor of Quail Valley had 2 self-reports and 4 complaints all were unsubstantiated, no citations,

### **CLINICAL TRENDING:**

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

In **Nov/Dec/Jan 2022/2023**, Park Manor of Quail Valley had 59 total falls without injury (6 repeat falls) and 4 falls with injury, 7 skin tears, 0 Fractures, 0 Lacerations and 3 bruises.

#### **Infection Control:**

Facility reports 113 total infections in **Nov/Dec/Jan 2022/2023**– 31 UTI's; 13 Respiratory infections; 25 wound infections; 6 Blood infections, 2 EENT infections, 6 GI infections and 30 Other infections (no details).

#### **Weight loss:**

Weight loss information for **Nov/Dec/Jan 2022/2023** includes 2 residents total with 1 with 5-10% loss and 1 with > 10% loss in 30 days.

#### **Pressure Ulcers:**

In **Nov/Dec/Jan 2022/2023**, there were 13 residents with 19 pressure ulcer sites – 2 acquired in house.

#### **Restraints:**

In **Nov/Dec/Jan 2022/2023**, the facility had 0 residents with restraints.

**Staffing:**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2			4			
2 to 10	1-6p-6a	1 – 6p-6a	5			
10 to 6			4			
Other	w/e Sup	1-doubles w/e	1-doubles w/e			
# Hired this month						
# Quit/Fired						

Total number employees: 101 Turnover rate%: 12%

**Casper Report:**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	2.2%	2.0%	
Fall w/Major Injury (L)	0%	3.6%	3.5%	
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	7.4%	7.7%	8.9%	
Loss of Bowel/Bladder Control(L)	47.8%	53.2%	47.8%	
Catheter(L)	7.9%	1.9%	2.9%	PIP in place
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	1.9%	17.7%	15.3%	
Excessive Weight Loss(L)	1.8%	4.8%	6.4%	
Depressive symptoms(L)	0%	5.4%	8.5%	
Antipsychotic medication (L) *	3.3%	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)	11/16/22 12/16/22 01/17/23	RTA, Falls, Med Rec, collection %, 5-star rating/QM rating, Admit/Discharge survey participation & likely to recommend, POC compliance

**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?	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	Using currently
<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%	7.51%	2.38%	Y	

Percent of residents who received an anti-psychotic medication	14.46%	10.58%	5.17%	Y	
Percent of residents whose ability to move independently has worsened	16.17%	14.44%	3.43%	Y	
Percent of residents with urinary tract infection	2.35%	1.42%	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	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	Y				



adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases					
<b>Quarter 4</b>	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	92.39%	%	100%		
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	95.17%	%	100%		



Administrator: Kara Musgraves  
DON: Jerry Deller, RN

### **FACILITY INFORMATION**

Park Manor Tomball is a 125-bed facility with a current overall star rating of 1 and Quality Measures star rating of 4. The census on the date of this report was 104: 5 PP; 12 MC; 64 MDC; 15 HMO; 5 Hospice.

The QIPP site visit was conducted in person. The DON and ADON were present and very helpful during the visit.

The DON reported they are still implementing their emergency plan and are following all the state/federal/local mandates. DON reported COVID\_19 Transmission rate is high for Harris County. Park Manor of Tomball no longer has a COVID unit and isolate COVID+ residents in their room. Currently there are 5 residents (all on same hall) and 1 staff member COVID\_19 +. The facility is testing once per week for unvaccinated employees (not boosted) and currently testing everyone weekly until there are no more positives. The last positive was a staff member today but they have had no resident contact. PPE inventory is still good, no issues.

Park Manor of Tomball still provides the Moderna (in house) and Pfizer (from local pharmacy) vaccine to its employees and residents and they now have the bivalent vaccine. If one employee decides they want the vaccination, they will give it that day. So far, 100% of employees are fully vaccinated with 3 exemptions and 88% of residents have been fully vaccinated.

The ADON reports the facility is planning a Valentine brunch with entertainment, a super bowl party and chili cook-off on Go Texans Day.

The ADON reports the facility's retention rate is improving and they continue with the Mad Genius program (receive tokens that can be turned in for prizes) and they still provide food periodically.

The grounds and parking lot looked well-kept and neat. Landscaping was attractive. The lobby was neat, clean, and odor-free. The inside entrance of the facility was nicely decorated with tasteful Valentine decorations and appeared clean. The facility has an automated screening computer for all visitors with a box of masks and hand sanitizer available.

The floors were clean and means of egress were clear for all hallways. The resident rooms observed were clean with no odors or safety issues detected.

Activity calendar was posted for February and residents were gathering in the dining room for lunch.

The oxygen supply closet was organized and clean with all placed in racks, but the floor needs cleaned. The central supply closet was clean and organized with nothing expired. The shower room on the 200 hall was clean with all chemicals locked up.

One medication cart was checked, and it was locked. The medication room was clean with current refrigerator logs, but the facility just cleaned out all carts and there were several large bags of disposable medications on the floor to be destroyed today per the ADON.

The laundry room was clean and organized and lint logs were up to date and no lint found on dryer that was checked. One chemical container was on the floor, immediately corrected by the ADON.

The main dining room is clean, and menus were posted for the day. The kitchen floors were in need of a deep cleaning as well as the floors in the dry storage area. The refrigerator and freezer temperature logs were all current, but the chemical logs were behind one day. The dry storage area was organized, and ceiling height requirements met. There was a tray of milk and a tray of juice in the cooler with no dates. The can opener and plate needed to be cleaned.

## **SURVEY INFORMATION**

There was an infection control survey and 1 complaint investigation all cleared with no citations.

## **REPORTABLE INCIDENTS**

In **Oct/Nov/Dec 2022**- Two self-reports were investigated and cleared with one citation for care plans.

## **CLINICAL TRENDING**

### **Incidents/Falls:**

During **Oct/Nov/Dec 2022**-Park Manor of Tomball had 64 total falls without injury (13 repeat falls) and 22 falls with injury, 8 Skin Tears, 1 Fracture, 1 Laceration, 1 Behavior, 1 Elopement and 2 Bruises.

### **Infection Control:**

Park Manor of Tomball reports 96 total infections in **Oct/Nov/Dec 2022**- 33 UTI's; 28 Respiratory infections; 6 EENT infections, 0 Blood infections, 24 Wound infections, 2 Genital infections, 1 GI infection and 5 Other infections (no details). The ADON reports most all infections were community acquired.

### **Weight loss:**

Park Manor of Tomball reported Weight loss in **Oct/Nov/Dec 2022**-7 residents with 5-10% and 6 residents with > 10% loss in 30 days (several were hospice residents).

**Pressure Ulcers:**

In **Oct/Nov/Dec 2022**, Park Manor of Tomball had 9 residents with 14 pressure ulcer sites – 7 acquired in house.

**Restraints:**

Park Manor of Tomball is a restraint free facility.

**Staffing:**

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

Total number employees:    95    Turnover rate%: 12\_YTD

**Casper Report:**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.1%	2.2%	2%	
Fall w/Major Injury (L)	0%	3.6%	3.5%	
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	7.4%	7.7%	8.9%	PIP in place
Loss of Bowel/Bladder Control(L)	75.7%	53.2%	47.8%	
Catheter(L)	1.4%	1.9%	2.2%	
Physical restraint(L)	0%	0.1%	0.1%	
Increased ADL Assistance(L)	30.6%	17.7%	15.3%	PIP in place
Excessive Weight Loss(L)	0%	4.8%	6.4%	
Depressive symptoms(L)	0%	5.4%	8.5%	
Antipsychotic medication (L) *	12.9%	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.	11/20/22, 12/20/22  10/19/22	

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-concurrency scheduled?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	N	Only 3days/wk
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	N	
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	Available if needed
<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	8.9%	7.7%	7.4%	Y	
Percent of residents who received an anti-psychotic medication	14.46%	14.46%	11.11%	Y	
Percent of residents whose ability to move independently has worsened	16.1%	16.1%	3.15%	Y	
Percent of residents with urinary tract infection	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>					
➤ 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				

<ul style="list-style-type: none"> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	<p>Y</p> <p>Y</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 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>	<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 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> </ul>					

➤ Current list of reportable diseases					
<b>Quarter 4</b>			%	Y	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.			%	Y	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine			%	Y	

cAdministrator: Kera Gore  
DON: Kristin Russel, RN

### **FACILITY INFORMATION**

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. Current census on the date of the call was 47.

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 reported the Covid\_19 Cass County transmission rate is High (red). The facility is testing all unvaccinated employees twice a week and they are wearing N-95 masks. The last COVID\_19 positive employee or resident was on 12/12/22. Testing new unvaccinated admissions on day one, three and five. The facility is currently COVID\_19 free.

Per Administrator, PPE supply is still good with at least a 2 week's supply.

The facility's pharmacy, Red River, continues to provide COVID\_19 Vaccine clinics with the last one held October 17 & 18, 2022 for the bivalent vaccine and first shots and a new one is scheduled for 2/22/2023. Approximately 100% of employees (with approved exemptions) and 21% of the residents are fully vaccinated (now including bivalent).

The Administrator reports the facility still has open visitation and it is going well, screening everyone on entry, providing masks and hand sanitizer if needed.

The facility has good activity and dining participation. The Administrator reports they had a super bowl gathering and a Valentine's Day celebration. The facility is also planning a Mardi Gras party for next week.

Nurses are currently working 8-hour shifts. The facility continues every month celebrating birthdays/anniversaries and award employee of the month. The facility is currently having penny wars (pennies and dollars add to it but silver takes away) for management. Also had a turkey shoot hosted by an area hospice.

### **QIPP SCORECARD:**

Administrator reports they have met all 4 components for the last quarter and on track to meet them in second quarter as well.



## **SURVEY INFORMATION**

The facility is in their open window for full book. They had a state visit in December 2022 to review a complaint that was unsubstantiated and no citations.

## **REPORTABLE INCIDENTS**

The facility has 4 pending self-reports for review.

## **CLINICAL TRENDING**

### **Incidents/Falls:**

Facility information not provided

### **Infection Control:**

Facility information not provided

### **Weight loss:**

Facility information not provided

### **Pressure Ulcers:**

Facility information not provided

### **Restraints:**

Facility information not provided

### **Staffing:**

Facility is fully staffed.

# **Exhibit “E”**



## MUNICIPAL ADVISORY AGREEMENT

This Municipal Advisory Agreement is agreed upon this the \_\_\_\_ day of \_\_\_\_\_ 2023, by and between the WINNIE STOWELL HOSPITAL DISTRICT (the “Client”) and GOVERNMENT CAPITAL SECURITIES CORPORATION (“GCSC”).

WHEREAS, the Client periodically desires to issue debt securities or related indebtedness (“Securities”) and is in need of advice on such issuances;

WHEREAS, GCSC has advised a variety of governmental entities and maintains expertise in that area; and will have a fiduciary responsibility to the Client; and

WHEREAS, the Client and GCSC desire to establish a relationship, which is terminable as provided herein, pursuant to which GCSC will advise the Client on the issuance of Securities, as well as provide advice pertaining to the structuring and sale of the Securities and other matters.

NOW, THEREFORE, for and in consideration of the mutual covenants and conditions referenced and exchanged herein, the receipt and sufficiency of which is hereby acknowledged, the parties hereto, intending to be legally bound, covenant and agree as follows:

**I. Scope of Municipal Advisory Activities to be Performed.** GCSC shall serve as the Client’s Municipal Advisor for the issuance of the Client’s Securities. Such advice can include, as applicable to the Securities to be issued, the following:

Assist in the selection of any professional services entity in connection with the issuance of the Securities.

Advise as to the obligation structure, considering such factors as, terms, features, maturity amounts and dates, coupon rates, call features, reserve requirements, administrative costs, security features, credit enhancements and other pertinent factors, and make recommendations to the Client with respect to the appropriateness and adequacy of the obligation structure and features.

Advise the Client generally on alternative financing and loan practices, structures and programs.

Confer with bond and tax counsel concerning all necessary legal documents and proceedings and obtain their opinion relative to the compliance with limitations and constraints of federal tax regulations applicable to tax-exempt obligations.

Assist in the preparation of preliminary and final official statements, if requested.

Arrange for purchase of escrow securities, if applicable.

Select a paying agent or trustee, as required, or an escrow agent to hold the escrow securities and make payments on bonds refunded, if applicable.

Meet with the Client and personnel to assist in explaining the Client’s Securities, if requested.

Advise the Client of the prevailing bond market conditions and recommend timing of any public sale or private placement of Securities.

Coordinate the preparation of materials for submission to rating agencies for municipal bond rating.

Attend the bond sale, review the bids received and provide recommendations to the Client and its governing board as to acceptance of a bid; and, if applicable, structure the refunding issue based on the bid accepted.

Assist in the preparation and filing of annual continuing disclosure reports, if applicable, with the MSRB.

Advise, assist, negotiate on behalf of, and make recommendations to the Client regarding the terms and pricing for the Client’s securities or other obligations with (a) state or national banks, (b) accredited investors, or (c) qualified institutional buyers.

Advise and assist in preparation and filing of Arbitrage Rebate reports if needed.

Perform all other duties usually performed by a Municipal Advisor incidental to a financing program as may be requested by the Client, including but not limited to, tax rate analysis and projections. However, GCSC will NOT accept or hold “Good Faith” deposits to Client provided by Underwriters.

2. **Independent Registered Municipal Advisor (“IRMA”).** If acting in the capacity of an Independent Registered Municipal Advisor (“IRMA”) with regard to the IRMA exemption of the SEC Rule, GCSC will review all third-party recommendations submitted to GCSC in writing by the Client.

3. **Compensation.** Issuer shall pay a fee for each issuance of Securities which shall be equal to or less than the fee schedule below, plus reasonable expenses to GCSC as compensation for advising the Issuer on the Issuance of Securities. Said payment will be due and payable upon the funding of said Securities. <sup>1</sup>

Government Capital Securities Fee Structure (Based on total proceeds of issue) *Excludes QIPP/IGT Tax & Revenue Notes. See asterisk below.					
From	\$0	to	\$1,000,000	fee is	\$15,000
From	\$1,000,001	to	\$3,000,000	fee is	\$15,000 + \$12.50 per \$1,000 over \$1,000,000
From	\$3,000,001	to	\$5,000,000	fee is	\$40,000 + \$11.00 per \$1,000 over \$3,000,000
From	\$5,000,001	to	\$10,000,000	fee is	\$62,000 + \$8.00 per \$1,000 over \$5,000,000
From	\$10,000,001	to	\$20,000,000	fee is	\$102,000 + \$7.00 per \$1,000 over \$10,000,000
From	\$20,000,001	to	\$30,000,000	fee is	\$172,000 + \$6.00 per \$1,000 over \$20,000,000
From	\$30,000,001	to	\$50,000,000	fee is	\$232,000 + \$5.00 per \$1,000 over \$30,000,000
From	\$50,000,001	to	\$100,000,000	fee is	\$332,000 + \$3.00 per \$1,000 over \$50,000,000

Other services:

MSRB Continuing Disclosure (if required) preparation & filing \$1,750 per year. House Bill 1378 preparation & filing assistance \$500 per year.

\*QIPP and other IGT Tax & Revenue Notes fee schedule per issue is:

- \$17,500 for par amounts up to \$15 million
- \$22,500 for par amounts between \$15 million and \$25 million
- \$30,000 for par amounts between \$25million and \$50 million
- \$35,000 for par amounts above \$50 million



4. **Term of Engagement.** Client agrees to utilize GCSC as its Municipal Advisor for a period of one (1) year from and after the date of this Agreement or for such period of time until the aforementioned Securities have been successfully funded. It is understood that this agreement shall automatically renew for subsequent one (1) year periods of time. It is recognized that both the Client and GCSC possess the right to terminate this Agreement anytime with or without cause upon thirty (30) days' prior written notice.

5. **Fiduciary Duty.** GCSC is registered as a Municipal Advisor with the SEC and Municipal Securities Rulemaking Board ("MSRB"). As such, GCSC has a Fiduciary duty to Client and must provide both a Duty of Care and a Duty of Loyalty that entails the following.

Duty of Care:

- a) exercise due care in performing its municipal advisory activities;
- b) possess the degree of knowledge and expertise needed to provide Client with informed advice;
- c) make a reasonable inquiry as to the facts that are relevant to Client determination as to whether to proceed with a course of action or that form the basis for any advice provided to Client; and
- d) undertake a reasonable investigation to determine that GCSC is not forming any recommendation on materially inaccurate or incomplete information; GCSC must have a reasonable basis for:
  - i. any advice provided to or on behalf of the Client;
  - ii. any representations made in a certificate that it signs that will be reasonably foreseeably relied upon by the Client, any other party involved in the municipal securities transaction or financial product, or investors in Client's securities; and
  - iii. any information provided to Client or other parties involved in the municipal securities transaction in connection with the preparation of an official statement.

Duty of Loyalty:

GCSC must deal honestly and with the utmost good faith with the Client and act in Client's best interests without regard to the financial or other interests of GCSC. GCSC will eliminate or provide full and fair disclosure (included herein) to Client about each material conflict of interest (as applicable). GCSC will not engage in municipal advisory activities with Client as an financial entity, if it cannot manage or mitigate its conflicts in a manner that will permit it to act in Client's best interests.

6. **Authority to Execute.** The individuals signing this Agreement on behalf of GCSC and the Client each represents and warrants that he or she is duly authorized to execute and deliver this Agreement on such party's behalf.

This Agreement is entered into on the date first written above.

WINNIE STOWELL HOSPITAL DISTRICT

GCSC



By: \_\_\_\_\_  
Title: Board President

By: \_\_\_\_\_  
Title: President

<sup>i</sup> Required Disclosures:



## **Disclosure of Conflicts of Interest and Legal or Disciplinary Events**

Pursuant to Municipal Securities Rulemaking Board (“MSRB”) Rule G-42, on Duties of Non-Solicitor Municipal Advisors, Municipal Advisors are required to make certain written disclosures to clients and potential clients which include, amongst other things, Conflicts of Interest and any Legal or Disciplinary events of GCSC and its associated persons.

### **Conflicts of Interest**

#### Compensation

GCSC represents that in connection with the issuance of municipal securities, GCSC may receive compensation from a Client or Obligated Person for services rendered, which compensation is contingent upon the successful closing of a transaction and/or is based on the size of a transaction. Consistent with the requirements of MSRB Rule G-42, GCSC hereby discloses that such contingent and/or transactional compensation may present a potential conflict of interest regarding GCSC’s ability to provide unbiased advice to enter into such transaction. The contingent fee arrangement creates an incentive for the firm to recommend unnecessary financings or financings that are disadvantageous to the Client, or to advise Client to increase the size of the issue. GCSC mitigates such conflict through its adherence to its fiduciary duty to Client, which includes a duty of loyalty to Client in performing all municipal advisory activities to Client. This duty of loyalty obligates GCSC to deal honestly and with the utmost good faith with Client and act in the Client’s best interests without regard to GCSC’s financial or other interests.

#### Other Municipal Advisor Relationships

GCSC serves a wide variety of other Clients that may from time to time have interests that could have a direct or indirect impact on the interests of another GCSC Client. For example, GCSC serves as municipal advisor to other municipal advisory Clients and, in such cases, owes a regulatory duty to such other Clients. These other Clients may, from time to time and depending on the specific circumstances, have competing interests. In acting in the interests of its various Clients, GCSC could potentially face a conflict of interest arising from these competing Client interests. GCSC fulfills its regulatory duty and mitigates such conflicts through dealing honestly and with the utmost good faith with all of its Clients. GCSC fulfills its regulatory duty and mitigates such conflicts through dealing honestly and with the utmost good faith with Client receiving this disclosure.

GCSC does not engage in any fee-splitting arrangement involving GCSC and any provider of investments. GCSC as an administrative task and on behalf of the Issuer, will pay various participants involved in a municipal bond transaction from monies received from the Issuer. GCSC does not consider its administrative task for the Issuer to have any impediment to GCSC’s ability to render unbiased and competent advice or to fulfill its regulatory duty to its clients.

The fee paid to GCSC increases the cost of issuance to Client. The increased cost occurs from compensating GCSC for municipal advisory services provided.

If GCSC becomes aware of any additional potential or actual conflict of interest after this disclosure, GCSC will disclose the detailed information in writing to the Client or obligated person in a timely manner.

### **Legal or Disciplinary Events**

GCSC does not have any legal events or disciplinary history on GCSC’s Form MA and Form MA-I, which includes information about any criminal actions, regulatory actions, investigations, terminations, judgments, liens, civil judicial actions, customer complaints, arbitrations, and civil litigation. The Client may electronically access GCSC’s most recent Form MA and each most recent Form MA-I filed with the Commission at the following website: [www.sec.gov/edgar/searchedgar/companysearch.html](http://www.sec.gov/edgar/searchedgar/companysearch.html).

There have been no material changes to a legal or disciplinary event disclosure on any Form MA or Form MA-I filed with the SEC. If any material legal or regulatory action is brought against GCSC, GCSC will provide complete disclosure to the Client in detail allowing the Client to evaluate GCSC, its management and personnel.

### **Municipal Securities Rulemaking Board Rule G-10 Disclosure**

Pursuant to Municipal Securities Rulemaking Board Rule G-10, on Investor and Municipal Advisory Client Education and Protection, Municipal Advisors are required to provide certain written information to their municipal entity and obligated person clients which include the following:

- GCSC is currently registered as a Municipal Advisor with the U.S. Securities and Exchange Commission and the Municipal Securities Rulemaking Board.
- Within the Municipal Securities Rulemaking Board (“MSRB”) website at [www.msrb.org](http://www.msrb.org), CLIENT may obtain the Municipal Advisory client brochure that is posted on the MSRB website. The brochure describes the protections that may be provided by the MSRB Rules along with how to file a complaint with financial regulatory authorities.



# **Exhibit “F”**

## AMENDMENT TO MANAGEMENT AGREEMENT

**THIS AMENDMENT TO MANAGEMENT AGREEMENT** (this “**Amendment**”), is dated as of March 31, 2023, among **[INSERT EXISTING MANAGER NAME]** (“**Existing Manager**”), **[INSERT NEXION MANAGER NAME]** (“**Manager**”) and **[INSERT HOSPITAL NAME]** (“**Hospital**”).

### RECITALS

**WHEREAS**, Hospital and Existing Manager are parties to the Management Agreement, dated **[INSERT DATE]**, 20\_\_ (the “**Management Agreement**”);

**WHEREAS**, Hospital engaged Existing Manager to manage the healthcare facility known as **[INSERT FACILITY NAME]** located at **[INSERT FACILITY ADDRESS]** in accordance with the terms and conditions of the Management Agreement; and

**WHEREAS**, Hospital and Existing Manager now desire to amend the Management Agreement to assign Existing Manager’s rights and interests under the Management Agreement to Manager with this Amendment acting as Hospital’s written consent to such assignment.

**NOW THEREFORE**, for and in consideration of the foregoing recitals and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is hereby agreed as follows:

1. “**Manager**” (as defined in the Management Agreement) shall be Manager in place of Existing Manager.
2. As required under Section 16.1.1 of the Management Agreement, Hospital agrees that this Amendment shall constitute written consent for Existing Manager’s transfer of its interest in the Management Agreement to Manager.
3. Except as modified by this Amendment, all terms and conditions of the Management Agreement shall remain in full force and effect and are hereby in all respects ratified and confirmed.
4. This Amendment may be executed in counterparts, each of which shall be deemed to be an original, and all of which together shall constitute one and the same agreement. This Amendment may be executed and delivered by electronic PDF transmission.



5. Each provision of this Amendment shall be considered severable and if for any reason any provision or provisions herein are determined to be invalid, unenforceable or illegal under any existing or future law, such invalidity, unenforceability or illegality shall not impair the operation of or affect those portions of this Amendment which are valid, enforceable and legal.

**SIGNATURE PAGE FOLLOWS**

**IN WITNESS WHEREOF**, the undersigned, intending to be legally bound hereby, have duly executed this Amendment to Management Agreement as of the date first written above.

**EXISTING MANAGER:**

**[INSERT EXISTING MANAGER NAME]**

By: \_\_\_\_\_

Name:

Title:

**MANAGER:**

**[INSERT NEXION MANAGER NAME]**

By: \_\_\_\_\_

Name: Daniel T. Pierce, Jr.

Title: Chief Financial Officer

**HOSPITAL:**

**[INSERT HOSPITAL NAME]**

By: \_\_\_\_\_

Name:

Title:

# **Exhibit “G”**

## Hubert Oxford IV

---

**From:** Karen Horn <khorn@ricelandhealthcare.com>  
**Sent:** Friday, March 3, 2023 12:05 PM  
**To:** Sherrie Norris; Hubert Oxford IV  
**Cc:** MaKayla Vidal  
**Subject:** Re: Updated: Uncompensated Care Program IGT Notification Demonstration Year 11 – TXPUC Withheld and Additional Hospital Payment  
**Attachments:** 2022-dy-11-uc-payment-calculation-final-sep (updated).xlsx

I've already downloaded, and our amount is zero. See attached file filtered just for us. Per their instructions, the IGT amount is found in column BO on the 3. UC Calculations by Hospital tab

BI	BJ	BK	BL	BM	BN	BO
Total DY 11 IGT	Final Payment or Recoupment	Final IGT Required	Final Payment After Accounting for Recoupments	Final IGT Required After Accounting for Recoupments	Notes	IGT Needed Advance Pa
\$79,905.30	\$144,307.62	\$47,621.51	\$133,227.69	\$43,965.14		

Here is where you find the link to the file on their website:

---

## Hospital Affiliations

[View Hospital Affiliations \(.pdf\)](#), a comprehensive listing of each affiliation between a hospital and a provider. To complete the allocation form, such as the unique affiliation number, TIN number, TPI, acc

## UC Withheld Payments

The DY3-DY6 UC withheld payment amounts can be found [here\(.pdf\)](#). Please note that the caps providers at the final UCC calculated in the UC reconciliation for the applicable program

## UC IGT Commitments

### DY11

[View DY11 UC IGT Commitments File for Hospitals and Physician Groups \(xlsx\) \(Updated 8/2023\)](#)

[View DY11 UC TXPUC withheld and additional hospital payment \(xlsx\)](#)

### UC IGT Final Calculation Files

[View DY11 UC Final Calculation File for Hospitals and Physician Groups \(xlsx\)](#)

### UC IGT Advance Calculation Files

[View DY12 UC Advance Calculation File for Hospitals and Physician Groups \(xlsx\)](#)

Karen Horn  
Financial Analyst  
Riceland Medical Center  
*(formerly Winnie Community Hospital)*  
225-267-6966 Office  
225-715-9840 Cell

---

**From:** Sherrie Norris <sherrie@wshd-tx.com>  
**Sent:** Friday, March 3, 2023 11:45 AM  
**To:** Hubert Oxford IV <hoxfordiv@benoxford.com>; Karen Horn <khorn@ricelandhealthcare.com>  
**Cc:** MaKayla Vidal <makaylalynn01@gmail.com>  
**Subject:** Fwd: Updated: Uncompensated Care Program IGT Notification Demonstration Year 11 – TXPUC Withheld and Additional Hospital Payment

Karen

Can you please send us the excel showing the amount of the IGT.

Thank you  
Sherrie Norris  
WSHD Administrator  
409-296-1003 office  
409-201-3922 cell

**Confidentiality Notice:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify me immediately by replying to this message and deleting it from your computer. Thank you.

----- Forwarded message -----

From: **Texas Health and Human Services Commission** <[txhhs@public.govdelivery.com](mailto:txhhs@public.govdelivery.com)>

Date: Fri, Mar 3, 2023 at 11:18 AM

Subject: Updated: Uncompensated Care Program IGT Notification Demonstration Year 11 – TXPUC Withheld and Additional Hospital Payment

To: <[sherrie@wshd-tx.com](mailto:sherrie@wshd-tx.com)>



## Updated: Uncompensated Care Program IGT Notification Demonstration Year 11 – TXPUC Withheld and Additional Hospital Payment

HHSC is providing notification of the Intergovernmental Transfers (IGT) call for Uncompensated Care (UC) Demonstration Year (DY)11 state Texas Physician Group (TXPUC) withheld and additional payments for eligible UC hospitals.

The state TXPUC withheld payments are for a UC rule change effective DY 11 to TAC 355.8212 and 355.8214 that established a state physicians' group pool. This calculation also distributes reallocated funds from the UC Ambulance provider pool to eligible UC hospitals due to the capping of the DY 11 UC ambulance pool amount to the DY 10

pool amount. Eligible providers who were already in recoupment status will receive a recalculated and reduced recoupment amount.

This file has been updated today, March 3, 2023, and can be found under the DY 11 heading on the Provider Finance website located here: [Uncompensated Care Payments | Provider Finance Department \(texas.gov\)](#).

- All IGT amounts can be found in column BO on the "3. UC Calculations by Hospital" tab of the ***Suggested IGT***
- The total IGT amount needed to fully fund each SDA is summarized in column C of the "Payment and IGT Summary by SDA" tab.

The IGT must be entered into TexNet no later than close of business March 16, 2023 with a settlement date of March 17, 2023. In order to ensure payment by March 31st, the IGT collection timeline has been reduced. If there will be any issues submitting IGT by March 17, 2023, please let us know immediately by emailing [the Provider Finance Payments Team](#).

- This settlement date is non-negotiable.
- The funds need to be placed in the "UC" Bucket.

Please transfer funds through TexNet. TexNet instructions are [available here](#). After transferring funds, please send an email with a screen shot or PDF of the confirmation/trace sheet to [the Provider Finance Payments Team](#).

An IGT allocation form designating what Service Delivery Area (SDA) the IGT is being submitted for must also be submitted with the Trace Sheet. This form can be found under the Additional Information heading on the same webpage: [Uncompensated Care Payments | Provider Finance Department \(texas.gov\)](#). Please submit the trace sheet and IGT allocation as two separate documents.

Please email any general questions regarding the calculation to [the Hospital Services Team](#).

---

You have subscribed to get updates about Texas Health and Human Services (HHS). For more information about HHS, [please visit our website](#).

---

Stay Connected



 SHARE

Subscriber Services

[Manage Preferences](#) | [Unsubscribe](#) | [Help](#)

---

This email was sent to [sherrie@wshd-tx.com](mailto:sherrie@wshd-tx.com) using govDelivery Communications Cloud on behalf of: Texas Health and Human Services Commission · 707 17th St, Suite 4000 · Denver, CO 80202



**NOTICE OF CONFIDENTIALITY**

*The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete the material/information.*