

Exhibit “A-1”

Winnie-Stowell Hospital District

Balance Sheet

As of April 30, 2022

05/18/22

Accrual Basis

	Apr 30, 22
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	270,332.18
104b Allegiance Bank -CD#6434	6,023,197.08
105 TexStar	690,736.03
108 Allegiance Bank NH Combined	2,622,382.49
109 First Financial Bank	
109b FFB #4846 DACA	11,157,256.35
Total 109 First Financial Bank	11,157,256.35
Total Checking/Savings	20,763,904.13
Other Current Assets	
110 Sales Tax Receivable	132,417.87
114 Accounts Receivable NH	23,929,195.07
117 NH - QIPP Prog Receivable	9,746,265.62
118 Prepaid Expense	34,494.65
119 Prepaid IGT	7,857,437.60
Total Other Current Assets	41,699,810.81
Total Current Assets	62,463,714.94
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	263,680.63
125 Accumulated Depreciation	-143,675.64
Total Fixed Assets	260,659.95
TOTAL ASSETS	62,724,374.89
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	2,622,422.49
201 NHP Accounts Payable	990,789.00
210.20 Loan Payable 20 QIPP 5	11,786,158.80
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	1,098.13
240 Accounts Payable NH	23,803,990.47
Total Other Current Liabilities	39,204,822.20
Total Current Liabilities	39,204,822.20
Long Term Liabilities	
280 Deferred Inflows	2,134,061.44
Total Long Term Liabilities	2,134,061.44
Total Liabilities	41,338,883.64
Equity	
300 Net Assets, Capital, net of	260,659.63
310 Net Assets-Unrestricted	20,163,178.66
315 Committed for Capital Proj	-450,000.00
Net Income	1,411,652.96
Total Equity	21,385,491.25
TOTAL LIABILITIES & EQUITY	62,724,374.89

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
As of April 30, 2022

Accrual Basis

	Jan - Apr 22	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	236,062.59	650,000.00	-413,937.41	36.3%
405 Investment Income	3,322.80	16,000.00	-12,677.20	20.8%
409 Tobacco Settlement	11,952.67	12,500.00	-547.33	95.6%
415 Nursing Home - QIPP Program	15,783,748.00	52,902,730.70	-37,118,982.70	29.8%
Total Income	16,035,086.06	53,581,230.70	-37,546,144.64	29.9%
Gross Profit	16,035,086.06	53,581,230.70	-37,546,144.64	29.9%
Expense				
500 Admin-Administrative Salary	25,356.52	71,920.00	-46,563.48	35.3%
502 Admin-Administrative Assnt	5,078.00	24,960.00	-19,882.00	20.3%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	2,383.20	7,847.28	-5,464.08	30.4%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	546.21	560.00	-13.79	97.5%
521 Professional Fees - Acctng	10,750.00	25,000.00	-14,250.00	43.0%
522 Professional Fees-Auditing	25,905.00	25,000.00	905.00	103.6%
523 Professional Fees - Legal	4,000.00	25,000.00	-21,000.00	16.0%
550 Admin-D&O / Liability Ins.	402.00	15,000.00	-14,598.00	2.7%
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00	0.0%
561 Admin-Cont Ed-Medical Pers.	600.56	2,000.00	-1,399.44	30.0%
562 Admin-Travel&Mileage Reimb.	18.00	2,400.00	-2,382.00	0.8%
569 Admin-Meals	301.09	1,000.00	-698.91	30.1%
570 Admin-District/County Prom	0.00	10,000.00	-10,000.00	0.0%
571 Admin-Office Supp. & Exp.	5,090.27	7,000.00	-1,909.73	72.7%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	866.74	4,000.00	-3,133.26	21.7%
575 Admin-Cell Phone Reimburse	600.00	1,800.00	-1,200.00	33.3%
576 Admin-Telephone/Internet	1,112.46	3,000.00	-1,887.54	37.1%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
590 Admin-Election Cost	0.00	2,500.00	-2,500.00	0.0%
591 Admin-Notices & Fees	948.00	3,500.00	-2,552.00	27.1%
592 Admin Office Rent	1,360.00	4,080.00	-2,720.00	33.3%
593 Admin-Utilities	1,098.93	3,600.00	-2,501.07	30.5%
594 Admin-Casualty & Windstorm	2,540.24	2,100.00	440.24	121.0%
597 Admin-Flood Insurance	0.00	1,450.00	-1,450.00	0.0%
598 Admin-Building Maintenance	2,170.00	6,000.00	-3,830.00	36.2%
600 East Chambers ISD Partnersh	73,333.32	220,000.00	-146,666.68	33.3%
601 IC-Pmt to Hosp (Indigent)	266,892.94	240,000.00	26,892.94	111.2%
602 IC-WCH 1115 Waiver Prog	47,049.92	75,000.00	-27,950.08	62.7%
603a IC-Pharmaceutical Costs	10,892.73	40,000.00	-29,107.27	27.2%
604a IC-Non Hosp Cost-Other	1,306.39	2,000.00	-693.61	65.3%
604b IC-Non Hosp Costs UTMB	112,700.19	250,000.00	-137,299.81	45.1%
605 IC-Office Supplies/Postage	88.54	500.00	-411.46	17.7%
607 WSHD Non-Hospital - Grants	221,993.21	175,000.00	46,993.21	126.9%
607.06 Marcelous Williams	13,887.50			
608 IC-Non Hosp Costs-Specl Pro	4,266.00	7,000.00	-2,734.00	60.9%
611 IC-Indigent Care Dir Salary	20,533.32	58,240.00	-37,706.68	35.3%
612 IC-Payroll Taxes -Ind Care	1,588.80	4,717.44	-3,128.64	33.7%
615 IC-Software	4,436.00	13,308.00	-8,872.00	33.3%
616 IC-Travel	104.29	500.00	-395.71	20.9%
617 Youth Programs	6,290.00	12,000.00	-5,710.00	52.4%

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
As of April 30, 2022

Accrual Basis

	Jan - Apr 22	Budget	\$ Over Budget	% of Budget
629 - Property Acquisition	0.00	150,000.00	-150,000.00	0.0%
630 NH Program-Mgt Fees	3,963,156.00	13,460,078.00	-9,496,922.00	29.4%
631 NH Program-IGT	7,857,440.00	26,351,286.64	-18,493,846.64	29.8%
632 NH Program-Telehealth Fees	53,251.64	160,753.96	-107,502.32	33.1%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	101,521.10	250,000.00	-148,478.90	40.6%
635 NH Program-LTC Fees	804,000.00	2,544,000.00	-1,740,000.00	31.6%
637 NH Program-Interest Expense	1,320,049.76	3,334,960.64	-2,014,910.88	39.6%
638 NH Program-Bank Fees & Misc	35.00	300.00	-265.00	11.7%
639 NH Program-Appraisal	40,411.64			
640 Nursing Home Acquisition	3,328.00			
642 FQHC	397,076.45	1,318,730.00	-921,653.55	30.1%
Total Expense	15,416,759.96	48,969,236.96	-33,552,477.00	31.5%
Net Ordinary Income	618,326.10	4,611,993.74	-3,993,667.64	13.4%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	86,610,623.28			
Total Other Income	86,610,623.28			
Other Expense				
640 Nursing Home Oper. Expenses	85,817,296.42			
Total Other Expense	85,817,296.42			
Net Other Income	793,326.86			
Net Income	1,411,652.96	4,611,993.74	-3,200,340.78	30.6%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, May 18, 2022				
Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$1,377.79	Prosperity Operating (Unrestricted)	\$435,499.89
Wilcox Pharmacy	Indigent Care	\$1,517.69	First Financial (Unrestricted)	\$11,386,944.55
UTMB at Galveston	Indigent Care	\$16,337.05	TexStar	\$690,736.03
UTMB Faculty Group	Indigent Care	\$3,891.09	Allegiance Bank LOC (Available)	\$6,026,134.42
Alliance Medical Services	IC Medical Supplies	\$320.00	First Financial (Restricted)	\$7,228,525.51
Dr. June Stansky, Opt	SP Program	\$240.00	Total District Funds	\$25,767,840.39
Penelope (Polly) Butler	Youth Counseling	\$85.00	Less First Financial (Restricted)	(\$7,228,525.51)
Nicki Holtzman	Youth Counseling	\$510.00	Less TexStar Reserve Account	(\$690,736.03)
Kalos Counseling (Benjamin Odom)	Youth Counseling	\$1,275.00	Less Committed Funds (Capital Acquisition and Grant Funding-See below)	(\$5,341,436.33)
Indigent Healthcare Solutions	IC Inv #73725	\$1,109.00	Cash Position (Less First Financial Restricted)	\$12,507,142.53
Benckenstein & Oxford	Inv #50440(3/2022)	\$32,963.92	Pending Expenses	(\$81,718.85)
Hubert Oxford	Legal Retainer	\$1,000.00	Ending Balance (Less expenses)	\$12,425,423.68
David Sticker	Inv #76	\$2,562.50	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$13,307,022.05
Technology Solutions of Tx	Indigent Care	\$75.00	Prior Month	
Felipe Ojedia-Yard Service	Indigent Care	\$300.00	Prosperity Operating (Unrestricted)	\$197,081.33
Graciela Chavez-Office Cleaning	Inv #8018608	\$120.00	First Financial (Unrestricted)	\$9,918,454.01
Function4	Inv #939803	\$48.17	TexStar	\$690,552.95
WSVEMS (dated)	Grant Inv Apr 2022	\$10,080.00	Allegiance Bank LOC (Available)	\$6,023,197.08
Caring Healthcare	1/2 VMG Inv #0051686	\$5,665.12	First Financial (Restricted)	\$12,913,094.24
American Education Services	S Stern-Student Loan	\$150.14	Total District Funds	\$29,742,379.60
Wells Land Survey	2626 Hwy 124 Survey	\$2,091.38	Less First Financial (Restricted)	(\$12,913,094.24)
Thompson Outpatient Clinic	Grant (___Payroll)		Less TexStar Reserve Account	(\$690,552.95)
			Less Committed Funds (Capital Acquisition and Cash Position (Less First Financial Restricted)	(\$5,341,436.33)
			Pending Expenses	\$10,797,296.09
			Ending Balance (Less expenses)	(\$426,475.54)
			Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$10,370,820.55
Total Pending Expenses:		\$81,718.85		\$11,034,745.17

First Financial Bank Reconciliations-2022.5.18

FFB Balance May 18, 2022 \$18,615,470.05					
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 5, Component 1-IGT 10, QIPP Year 5					
Component 1-March (2nd Half)	\$1,901,502.63	\$1,901,502.63	\$1,901,502.63	\$0.00	\$1,901,502.63
Total Component 1, IGT 10	\$1,901,502.63	\$1,901,502.63	\$1,901,502.63	\$0.00	\$1,901,502.63

Loan 20 Set Aside (Salt Creek & Allegiance)

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Loan 20 Payment-March (2nd Half)	\$1,901,502.63	\$1,901,502.63	\$1,901,502.63	\$0.00	\$1,901,502.63
Total Loan 20 Set Aside	\$1,901,502.63	\$1,901,502.63	\$1,901,502.63	\$0.00	\$1,901,502.63

Yr. 5, Component 2 (Public & Private)

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Y5/Q2-Comp. 2-Dec.	\$259,303.63	\$540,442.31	\$487,481.51	\$0.00	\$228,177.89
Y5/Q2-Comp. 2-Jan.	\$251,619.50	\$524,175.81	\$472,113.25	\$0.00	\$220,493.76
Y5/Q2-Comp. 2-Feb.	\$246,378.73	\$508,650.41	\$508,650.41	\$0.00	\$215,252.99
Qtr. 2 Totals	\$757,301.85	\$1,573,268.53	\$1,468,245.17	\$0.00	\$663,924.63
Y5/Q3-Comp. 2-March	\$248,799.49	\$466,473.23	\$466,473.23	\$0.00	\$217,673.75
Total Component 2 due to MGRs.	\$1,006,101.34	\$2,039,741.76	\$1,934,718.40	\$0.00	\$881,598.38

Yr. 5, Component 3 (Public & Private)

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 5 Component 3, Q2 (Dec. to Feb. 2022)	\$994,906.12	\$1,989,812.23	\$1,989,812.23	\$0.00	\$994,906.12
Total Component 3 due to MGRs	\$994,906.12	\$1,989,812.23	\$1,989,812.23	\$0.00	\$994,906.12

Yr. 5, Component 4 (Public Only)

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 5 Component 4, Q2 (Dec. to Feb. 2022)	\$1,137,366.64	\$2,274,733.27	\$2,274,733.27	\$0.00	\$1,137,366.64
Total Component 4 due to MGRs	\$1,137,366.64	\$2,274,733.27	\$2,274,733.27	\$0.00	\$1,137,366.64

Yr. 5, Lapse Funds

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Yr. 5 Lapse Funds, Q2 (Dec. to Feb. 2022)	\$695,071.36	\$1,390,142.72	\$1,390,142.72	\$0.00	\$695,071.36
Total Component 4 due to MGRs	\$695,071.36	\$1,390,142.72	\$1,390,142.72	\$0.00	\$695,071.36

True Up Payments

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
True Up Payments	(\$196,038.59)	\$392,077.18	\$0.00	\$0.00	\$196,038.59
Total True Up Payment	(\$196,038.59)	\$392,077.18	\$0.00	\$0.00	\$196,038.59

Variance Payments

	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Variance Payment Dec.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment Jan.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment Feb.	\$2,535.64	\$5,071.29	\$5,071.29	\$0.00	\$2,535.64
Qtr. 2 Variance Payment Totals	\$2,535.64	\$5,071.29	\$5,071.29	\$0.00	\$2,535.64
Variance Payment March.	(\$8,219.36)	(\$16,438.72)	(\$16,438.72)	\$0.00	(\$8,219.36)
Total Variance Payment	(\$5,683.72)	(\$11,367.43)	(\$11,367.43)	\$0.00	(\$5,683.72)

Mission and Red Oak Funds (See below for details)	\$870,268.63	
Interest Reserves		
Reserve Ln 20 (Balance Due)	\$825,031.10	
Reserve Ln 21 (Balance Due)	\$631,010.35	
Total Reserves	\$825,031.10	
Restricted	\$7,228,525.51	
Unrestricted	\$11,386,944.55	
Total Funds	\$18,615,470.05	

Committed Funds		Paid for FQHC: 2021-2022	Quarterly Payment	Balance Due	Annual Payment Due
1. Property Acquisition (\$150,000.00 for 2019, 2020, 2021)	\$450,000.00				
2. FQHC Grant Funding-2022	\$1,318,730.00	\$397,076.45			\$921,653.55
3. FQHC Grant Funding-2023	\$681,958.00				
4. Hospital Surgical Center	\$2,890,748.33				
Total Commitments	\$5,341,436.33				

Mission and Red Oak QIPP Payments					
Mission and Red Oak Year 5 QIPP Payments	Payment to HMG	Total Due	Balance Received	Unpaid	HMG Payment to Capital Account Following ABRI Funding
Component 1					
				Prior Balance	\$205,062.20
Yr. 5, Component 1 Funds-Dec.	\$28,386.60	\$28,386.60	\$28,386.60	\$0.00	\$28,386.60
Yr. 5, Component 1 Funds-Jan.	\$212,560.07	\$212,560.07	\$212,560.07	\$0.00	\$212,560.07
Yr. 5, Component 1 Funds-Feb.	\$191,779.46	\$191,779.46	\$191,779.46	\$0.00	\$191,779.46
Qtr. 2 Totals	\$432,726.13	\$432,726.13	\$432,726.13	\$0.00	\$432,726.13
Yr. 5, Component 1 Funds-March.	\$117,889.65	\$213,082.20	\$117,889.65	\$95,192.55	\$213,082.20
Component 1, IGT 8	\$550,615.78	\$645,808.33	\$550,615.78	\$95,192.55	\$850,870.53
Component 2					
				Prior Balance	\$0.00
Yr. 5, Component 2 Funds-Dec.	\$6,927.60	\$52,960.80	\$6,927.60	\$46,033.20	\$0.00
Yr. 5, Component 2 Funds-Jan.	\$52,062.56	\$52,062.56	\$52,062.56	\$0.00	\$0.00
Yr. 5, Component 2 Funds-Feb.	\$47,018.70	\$47,018.70	\$47,018.70	\$0.00	\$0.00
Qtr. 2 Totals	\$106,008.86	\$152,042.06	\$106,008.86	\$46,033.20	\$0.00
Yr. 5, Component 2 Funds-March	\$28,947.48	\$52,389.86	\$28,947.48	\$23,440.38	\$0.00
Unpaid Component 2, IGT 8	\$134,956.34	\$204,431.92	\$134,956.34	\$69,473.58	\$0.00
Component 3, 4, and Lapsing Funds					
				Prior Balance	\$0.00
Yr. 5 Component 3, Q2 (Dec. to Feb. 2022)	\$63,517.53	\$117,975.97	\$63,517.53	\$54,458.44	\$0.00
Yr. 5 Component 4, Q2 (Dec. to Feb. 2022)	\$131,191.85	\$231,747.47	\$131,191.85	\$100,555.62	\$231,747.47
Yr. 5 Lapse Funds, Q2 (Dec. to Feb. 2022)	\$74,846.02	\$133,144.97	\$74,846.02	\$58,298.95	\$0.00
Qtr 2. Total	\$269,555.40	\$482,868.41	\$269,555.40	\$213,313.01	\$231,747.47
Variance Payments					
				Prior Balance	\$346,818.05
Yr. 5, Dec. 2021 Variance Payment	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Jan. 2022 Variance Payment	0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Feb. 2021 Variance Payment	(83,782.58)	(\$113,534.31)	(\$83,782.58)	\$0.00	(\$113,534.31)
Yr. 5, Qtr. 2 Variance Payment	(565.05)	(\$989.59)	(\$565.05)	(\$424.54)	\$0.00
Qtr. 2 Totals	(84,347.63)	(\$114,523.90)	(\$84,347.63)	(\$424.54)	(\$113,534.31)
Yr. 5, March 2021 Variance Payment	(511.26)	(\$1,753.16)	(\$511.26)	(\$728.32)	(\$1,753.16)
Total Variance Payment	(84,858.89)	(\$116,277.06)	(\$84,858.89)	(\$1,152.86)	\$231,530.58
Total for Mission and Red Oak	\$870,268.63	\$1,216,831.60	\$870,268.63	\$376,826.28	\$1,310,039.69

**11 Month Outstanding Short Term Revenue Note-Loan 20 (December 1, 2021-Oct. 31, 2022)
2nd Half of QIPP Year 5**

Loan 20-Principle	\$11,786,158.80	Reserve	\$165,006.22		
Interest	16.80%				
Amortization Table	Date	Balance	Interest	Principal Rcvd.	Payment
1	12/30/2021	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
2	1/31/2022	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
3	2/28/2022	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
4	3/31/2022	\$11,786,158.80	\$165,006.22	\$0.00	\$165,006.22
5-(March. 2022, Comp. 1)	4/30/2022	\$11,786,158.80	\$165,006.22	\$1,901,502.63	\$2,066,508.85
6-(April 2022, Comp. 1)	5/31/2022	\$11,786,158.80	\$165,006.22	\$1,811,229.47	\$1,976,235.69
7-(May 2022, Comp. 1)	6/30/2022	\$11,786,158.80	\$165,006.22	\$1,900,052.83	\$2,065,059.05
8-(June 2022, Comp. 1)	7/31/2022	\$11,786,158.80	\$165,006.22	\$1,945,905.70	\$2,110,911.92
9 (July 2022, Comp. 1)	8/31/2022	\$0.00	\$165,006.22	\$1,893,443.61	\$2,058,449.83
10 (Aug. 2022, Comp. 1)	9/30/2022	\$0.00	\$165,006.22	\$1,994,995.69	\$2,160,001.91
Reserve		\$11,786,158.80	\$0.00	\$434,514.17	
11	10/31/2022	\$0.00	\$165,006.22	\$0.00	\$165,006.22
Amount Paid		\$0.00	\$1,815,068.42	\$11,881,644.10	\$13,696,712.52
Amount Due: October 31, 2021			\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Remaining				(\$95,485.30)	(\$95,485.30)

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

Loan 21-Principle	\$9,014,433.31	Reserve	\$126,202.07		
Interest	16.80%	Interest	\$1,381,653.31		
Amortization Table	Date	Balance	Interest	Principal Rcvd.	Payment
1	6/30/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$1,381,653.31
2	7/31/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07
3	8/28/2022	\$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	\$2,450,648.27	\$2,576,850.34
6-(Oct. 2021, Comp. 1)	11/30/2022	\$9,014,433.31	\$126,202.07	\$2,491,090.85	\$2,617,292.92
7-(Nov. 2022, Comp. 1)	12/31/2022	\$9,014,433.31	\$126,202.07	\$2,423,663.39	\$2,549,865.46
8-(Dec. 2022 Comp. 1)	1/31/2023	\$9,014,433.31	\$126,202.07	\$1,649,030.81	\$1,775,232.88
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: October 31, 2021			\$1,388,222.77	\$9,014,433.31	\$10,402,656.08
Amount Remaining				(\$0.00)	(\$0.00)

Allegiance Bank Line of Credit

Balance:	\$0.00	Principle Balance Owed	\$0.00
Interest Rate:	2.35%	LOC Funds Available	\$6,026,134.42

District's Investments

	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #9503	\$6,026,134.42	0.20%	4/1/2022	5/13/2022	Paid Quarterly \$2,935.90 Pd May 10
Texstar C.D. #1110	\$690,736.03	0.999923%	4/1/2022	4/30/2022	Paid \$183.08 Apr 2022

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-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of April 20, 2022 to May 18, 2022

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
100 Prosperity Bank -Checking							197,081.33
Check	04/20/2022	3506	Brookshire Brothers	IC RXs Mar 2022	X	(1,476.18)	195,605.15
Check	04/20/2022	3507	Wilcox Pharmacy	IC RXs Mar 2022	X	(2,195.20)	193,409.95
Check	04/20/2022	3508	UTMB at Galveston	IC Batch Date 03.01.2022	X	(37,325.13)	156,084.82
Check	04/20/2022	3509	UTMB Faculty Grou...	IC Batch Date 03.01.2022	X	(7,130.43)	148,954.39
Check	04/20/2022	3510	Barrier Reef Emergen...	IC Batch Date 03.01.2022	X	(121.20)	148,833.19
Check	04/20/2022	3511	Alliance Medical Ser...	IC Batch Date 03.10.2022	X	(205.00)	148,628.19
Check	04/20/2022	3512	\$25 Optical	IC SP Batch Date 03.08.2022 (Vision)	M	(100.00)	148,528.19
Check	04/20/2022	3513	Dr. June Stansky, Op...	IC SP Batch Date 03.08.2022	X	(120.00)	148,408.19
Check	04/20/2022	3514	Penelope S Butler, M...	YC Batch Date 03.02.2022	X	(170.00)	148,238.19
Check	04/20/2022	3515	Nicki Holtzman MS, ...	YC Batch Date 03.02.2022	X	(425.00)	147,813.19
Check	04/20/2022	3516	Kalos Counseling	YC Batch Date 03.02.2022	X	(1,275.00)	146,538.19
Check	04/20/2022	3517	Indigent Healthcare ...	Inv #73560	X	(1,109.00)	145,429.19
Check	04/20/2022	3518	Benckenstein & Oxfo...	Invs. 50396 (Jan 22)	X	(26,276.00)	119,153.19
Check	04/20/2022	3521	David Sticker	Inv #74	X	(3,031.25)	116,121.94
Check	04/20/2022	3520	Hubert Oxford	Legal Retainer	M	(1,000.00)	115,121.94
Check	04/20/2022	3522	Technology Solution...	Inv #1678	X	(75.00)	115,046.94
Check	04/20/2022	3523	Felipe Ojeda	Inv # 1024	X	(300.00)	114,746.94
Check	04/20/2022	3524	Graciela Chavez	Inv #8048607	X	(120.00)	114,626.94
Check	04/20/2022	3525	Function 4	Inv #931223 (3A0064)	X	(20.18)	114,606.76
Check	04/20/2022	3526	WSVEMS	Grant (Inv Mar 2022 Payroll)	X	(10,080.00)	104,526.76
Check	04/20/2022	3527	Marcelous-Williams ...	Grant 2nd Qtr Pmt (MWRC)	X	(13,887.50)	90,639.26
Check	04/20/2022	3519	Benckenstein & Oxfo...	Invs. 50428 (Feb 22)	X	(24,230.00)	66,409.26
Check	04/20/2022	3530	American Education ...	92 5529 5461 S Stern	X	(150.14)	66,259.12
Check	04/20/2022	9950...	Trinity Bay Conserva...	Draft, Withdrawal, Processed	X	(152.34)	66,106.78
Transfer	04/22/2022			ACH from FFB to PB	X	500,000.00	566,106.78
Check	04/25/2022	3528	Thompson Outpatien...	Grant IC (May 2022 payroll)	X	(61,486.00)	504,620.78
Check	04/25/2022	3529	Coastal Gateway Hea...	Grant (FQHC April 2022)	X	(234,317.47)	270,303.31
Liability ...	04/27/2022		QuickBooks Payroll ...	Created by Payroll Service on 04/26/...	X	(47.09)	270,256.22
Liability ...	04/28/2022		QuickBooks Payroll ...	Created by Payroll Service on 04/26/...	X	(9,837.17)	260,419.05
Paycheck	04/28/2022	DD1...	Burleson, Janci L	Direct Deposit	X		260,419.05
Check	04/28/2022		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(2,041.48)	258,377.57
Paycheck	04/29/2022	DD1...	Burleson, Janci L	Direct Deposit	X		258,377.57
Paycheck	04/29/2022	DD1...	Norris, Sherrie	Direct Deposit	X		258,377.57
Paycheck	04/29/2022	DD1...	Ojeda, Patricia	Direct Deposit	X		258,377.57
Deposit	04/29/2022		Tx Comptroller	ACH, Deposit, Processed	X	11,952.67	270,330.24
Check	04/29/2022		Texas Workforce Co...	ACH, Withdrawal, Processed	X	(21.68)	270,308.56
Deposit	04/30/2022			Deposit, Processed	X	23.62	270,332.18
Deposit	05/03/2022		HMG Healthcare, LLC	Deposit, Processed	M	55,000.00	325,332.18
Deposit	05/03/2022		HMG Healthcare, LLC	Deposit, Processed	M	55,000.00	380,332.18
Check	05/10/2022		IRS	ACH, Withdrawal, Processed	M	(3,516.62)	376,815.56
Check	05/11/2022	9950...	Trinity Bay Conserva...	Draft, Withdrawal, Processed	M	(64.37)	376,751.19
Check	05/11/2022		Stewart Title	Withdrawal, Processed	M	(12,000.00)	364,751.19
Deposit	05/13/2022			ACH, Deposit, Processed	M	71,685.50	436,436.69
Check	05/13/2022			Fee, Withdrawal, Processed	M	(103.48)	436,333.21
Check	05/16/2022	9950...	Riceland Medical Ce...			(340.00)	435,993.21
Check	05/17/2022		Funcion 4-Lease fka ...			(211.64)	435,781.57
Check	05/17/2022	ach	Spectrum/Time Warn...	8260170290121119		(281.68)	435,499.89
Check	05/18/2022	To P...	Brookshire Brothers	IC RXs Apr 2022		(1,377.79)	434,122.10
Check	05/18/2022	To P...	Wilcox Pharmacy	IC RXs Apr 2022		(1,517.69)	432,604.41
Check	05/18/2022	To P...	UTMB at Galveston	IC Batch Date 04.01.22		(16,337.05)	416,267.36
Check	05/18/2022	To P...	UTMB Faculty Grou...	IC Batch Date 04.01.22		(3,891.09)	412,376.27
Check	05/18/2022	To P...	Alliance Medical Ser...	IC Batch Date 04.10.2022		(320.00)	412,056.27
Check	05/18/2022	To P...	Dr. June Stansky, Op...	IC SP Batch Date 04.08.2022		(240.00)	411,816.27
Check	05/18/2022	To P...	Penelope S Butler, M...	YC Batch Date 04.02.2022		(85.00)	411,731.27
Check	05/18/2022	To P...	Nicki Holtzman MS, ...	YC Batch Date 04.02.2022		(510.00)	411,221.27
Check	05/18/2022	To P...	Kalos Counseling	YC Batch Date 04.02.2022		(1,275.00)	409,946.27
Check	05/18/2022	To P...	Indigent Healthcare ...	Inv #73725		(1,109.00)	408,837.27
Check	05/18/2022	To P...	Benckenstein & Oxfo...	Inv #50440 (Mar 22)		(32,963.92)	375,873.35
Check	05/18/2022	To P...	Hubert Oxford	Legal Retainer		(1,000.00)	374,873.35
Check	05/18/2022	To P...	David Sticker	Inv #76		(2,562.50)	372,310.85

Winnie-Stowell Hospital District
Bank Accounts Register
As of April 20, 2022 to May 18, 2022

<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	05/18/2022	To P...	Technology Solution...	Inv #1684		(75.00)	372,235.85
Check	05/18/2022	To P...	Felipe Ojeda	Inv #1025		(300.00)	371,935.85
Check	05/18/2022	To P...	Graciela Chavez	Inv #8018608		(120.00)	371,815.85
Check	05/18/2022	To P...	Function 4	3A0064 Inv #939803		(48.17)	371,767.68
Check	05/18/2022	To P...	WSVEMS	Grant (Inv Apr 2022 payroll)		(10,080.00)	361,687.68
Check	05/18/2022	To P...	American Education ...	92 5529 5461 S Stern		(150.14)	361,537.54
Check	05/18/2022	To P...	Wells Land Survey	Proposal Quote (Waiting on Invoice)		(2,091.38)	359,446.16
Total 100 Prosperity Bank -Checking						162,364.83	359,446.16
109 First Financial Bank							22,831,548.24
109b FFB #4846 DACA							22,831,548.24
Check	04/20/2022			Transfer to DDA Acct No. 1110214...	X	1,584.00	22,833,132.24
Transfer	04/22/2022			ACH from FFB to PB Payee:ACH D...	X	(500,000.00)	22,333,132.24
Check	04/27/2022			Transfer to DDA Acct No. 1110214...	X	399,432.24	22,732,564.48
Check	04/29/2022			Transfer to DDA Acct No. 1110214...	X	546,369.11	23,278,933.59
Check	04/29/2022			ACH PaymenWinnie-Stowell HCC...	X	(5,506.00)	23,273,427.59
Check	04/29/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)	23,108,421.37
Check	04/29/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(165,006.22)	22,943,415.15
Check	04/29/2022		Salt Creek Capital LLC	ACH PaymenWinnie-Stowell HCC...	X	(11,786,158.80)	11,157,256.35
Check	05/04/2022			Transfer to DDA Acct No. 1110214...		153,133.27	11,310,389.62
Check	05/04/2022			ACH PaymenWinnie-Stowell HCC...	M	(546,369.11)	10,764,020.51
Check	05/06/2022			Transfer to DDA Acct No. 1110214...		906,645.80	11,670,666.31
Check	05/10/2022			Transfer to DDA Acct No. 1110214...		4,321,948.65	15,992,614.96
Check	05/11/2022			Transfer to DDA Acct No. 1110214...		2,114,441.00	18,107,055.96
Check	05/13/2022		HMG Healthcare, LLC	(QY5 Qtr 1 Balance to Mission & R...		508,414.09	18,615,470.05
Total 109b FFB #4846 DACA						(4,216,078.19)	18,615,470.05
Total 109 First Financial Bank						(4,216,078.19)	18,615,470.05
TOTAL						(4,053,713.36)	18,974,916.21

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/04/22-04/04/22

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	1,377.79
Expenditures		1,377.79
Reimb/Adjustments		
Grand Total		1,377.79

85 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1019*65460*104	WSHD	04/19/2022	10.30	10.30
1019*65460*105	WSHD	04/19/2022	10.61	10.61
1019*65460*106	WSHD	04/19/2022	8.66	8.66
1031*65460*17	WSHD	04/18/2022	9.72	9.72
1031*65460*18	WSHD	04/04/2022	11.10	11.10
1065*65460*37	WSHD	04/27/2022	12.08	12.08
1065*65460*38	WSHD	04/27/2022	13.70	13.70
1065*65460*39	WSHD	04/26/2022	9.23	9.23
1091*65460*87	WSHD	04/06/2022	8.44	8.44
1091*65460*88	WSHD	04/04/2022	22.36	22.36
1091*65460*89	WSHD	04/04/2022	12.12	12.12
1091*65460*90	WSHD	04/04/2022	11.21	11.21
1091*65460*91	WSHD	04/04/2022	21.09	21.09
1096*65460*112	WSHD	04/20/2022	20.59	20.59
1096*65460*113	WSHD	04/19/2022	12.66	12.66
1096*65460*114	WSHD	04/19/2022	34.02	34.02
1096*65460*115	WSHD	04/19/2022	44.30	44.30
1108*65460*46	WSHD	04/29/2022	9.20	9.20
1140*65460*60	WSHD	04/16/2022	9.20	9.20
1146*65460*9	WSHD	04/27/2022	77.89	77.89
1146*65460*10	WSHD	04/27/2022	22.45	22.45
1146*65460*11	WSHD	04/27/2022	103.82	103.82
1151*65460*110	WSHD	04/25/2022	10.87	10.87
1151*65460*111	WSHD	04/06/2022	8.82	8.82
1151*65460*112	WSHD	04/06/2022	8.22	8.22
1151*65460*113	WSHD	04/06/2022	8.46	8.46
1165*65460*37	WSHD	04/04/2022	11.66	11.66
1165*65460*38	WSHD	04/04/2022	15.64	15.64
1165*65460*39	WSHD	04/04/2022	28.14	28.14
1195*65460*4	WSHD	04/01/2022	16.13	16.13
1207*65460*11	WSHD	04/18/2022	26.65	26.65
1207*65460*12	WSHD	04/18/2022	14.62	14.62
1214*65460*71	WSHD	04/30/2022	10.28	0.00
1214*65460*72	WSHD	04/30/2022	21.27	0.00

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Issued 05/12/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/04/22-04/04/22

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1214*65460*73	WSHD	04/30/2022	10.92	0.00
1214*65460*74	WSHD	04/01/2022	10.28	10.28
1214*65460*75	WSHD	04/01/2022	21.27	21.27
1214*65460*76	WSHD	04/01/2022	10.92	10.92
1214*65460*77	WSHD	04/01/2022	10.69	10.69
1214*65460*78	WSHD	04/01/2022	9.96	9.96
1214*65460*79	WSHD	04/01/2022	12.21	12.21
1219*65460*43	WSHD	04/30/2022	12.35	0.00
1219*65460*44	WSHD	04/19/2022	11.21	11.21
1219*65460*45	WSHD	04/19/2022	10.09	10.09
1219*65460*46	WSHD	04/12/2022	9.97	9.97
1219*65460*47	WSHD	04/05/2022	9.09	9.09
1219*65460*48	WSHD	04/04/2022	9.64	9.64
1219*65460*49	WSHD	04/04/2022	12.35	12.35
1221*65460*11	WSHD	04/02/2022	11.61	0.00
1222*65460*2	WSHD	04/18/2022	12.38	0.00
1222*65460*3	WSHD	04/08/2022	8.82	8.82
1222*65460*4	WSHD	04/08/2022	8.91	8.91
1222*65460*5	WSHD	04/08/2022	12.38	12.38
1222*65460*6	WSHD	04/08/2022	11.25	11.25
1222*65460*7	WSHD	04/08/2022	11.11	11.11
1222*65460*8	WSHD	04/08/2022	8.75	8.75
1222*65460*9	WSHD	04/08/2022	8.31	8.31
1233*65460*1	WSHD	04/05/2022	43.58	43.58
1233*65460*2	WSHD	04/05/2022	75.74	75.74
1234*65460*1	WSHD	04/07/2022	19.69	19.69
1234*65460*2	WSHD	04/06/2022	9.77	9.77
1237*65460*4	WSHD	04/07/2022	8.70	8.70
1237*65460*5	WSHD	04/07/2022	9.16	9.16
1237*65460*6	WSHD	04/07/2022	10.06	10.06
1238*65460*1	WSHD	04/08/2022	11.80	11.80
1238*65460*2	WSHD	04/04/2022	16.35	16.35
1238*65460*3	WSHD	04/04/2022	19.21	19.21
1240*65460*1	WSHD	04/26/2022	14.12	14.12
1240*65460*2	WSHD	04/26/2022	16.54	16.54
2458*65460*106	WSHD	04/30/2022	20.61	20.61
2458*65460*107	WSHD	04/21/2022	10.40	10.40
2458*65460*108	WSHD	04/03/2022	9.82	9.82
2458*65460*109	WSHD	04/01/2022	20.61	20.61
2475*65460*29	WSHD	04/13/2022	61.21	61.21
2815*65460*180	WSHD	04/11/2022	11.21	11.21
2815*65460*181	WSHD	04/11/2022	11.29	11.29
2815*65460*182	WSHD	04/11/2022	13.29	13.29
2815*65460*183	WSHD	04/11/2022	9.55	9.55
2815*65460*184	WSHD	04/11/2022	10.79	10.79
2815*65460*185	WSHD	04/10/2022	19.62	19.62
2815*65460*186	WSHD	04/10/2022	12.97	12.97

GL Totals

Issued 05/12/22

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 04/04/22-04/04/22

Brookshire Bros. Phar. (Winnie)

Vendor #: 65460

P.O. Box 2058

Lufkin, TX 75904

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2815*65460*187	WSHD	04/10/2022	24.87	24.87
2815*65460*188	WSHD	04/10/2022	11.23	11.23
3363*65460*20	WSHD	04/22/2022	9.40	8.35
3363*65460*21	WSHD	04/21/2022	16.08	16.08
85 invoices, 85 line items			1,457.65	1,377.79
Grand Totals			1,457.65	1,377.79

85 total invoices
85 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/03/22-04/03/22

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,517.69
Expenditures		1,517.69
Reimb/Adjustments		
Grand Total		1,517.69

61 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1040*18651*71	WSHD	04/18/2022	9.22	9.22
1093*18651*103	WSHD	04/01/2022	12.73	12.73
1094*18651*1	WSHD	04/28/2022	16.00	16.00
1094*18651*2	WSHD	04/28/2022	9.18	9.18
1095*18651*82	WSHD	04/05/2022	9.46	9.46
1095*18651*83	WSHD	04/05/2022	10.32	10.32
1095*18651*84	WSHD	04/05/2022	8.85	8.85
1095*18651*85	WSHD	04/05/2022	9.37	9.37
1107*18651*56	WSHD	04/20/2022	11.13	11.13
1107*18651*57	WSHD	04/19/2022	18.78	18.78
1115*18651*58	WSHD	04/27/2022	483.24	483.24
1115*18651*59	WSHD	04/27/2022	43.97	43.97
1115*18651*60	WSHD	04/27/2022	18.49	18.49
1144*18651*19	WSHD	04/26/2022	9.67	9.67
1157*18651*103	WSHD	04/28/2022	12.88	12.88
1157*18651*104	WSHD	04/07/2022	21.76	21.76
1157*18651*105	WSHD	04/07/2022	8.74	8.74
1157*18651*106	WSHD	04/06/2022	14.92	14.92
1157*18651*107	WSHD	04/06/2022	10.47	10.47
1177*18651*37	WSHD	04/25/2022	11.07	11.07
1177*18651*38	WSHD	04/13/2022	26.45	26.45
1177*18651*39	WSHD	04/13/2022	8.47	8.47
1182*18651*8	WSHD	04/01/2022	9.21	9.21
1182*18651*9	WSHD	04/01/2022	13.76	13.76
1191*18651*78	WSHD	04/26/2022	8.92	8.92
1191*18651*79	WSHD	04/26/2022	22.24	22.24
1191*18651*80	WSHD	04/14/2022	10.94	10.94
1191*18651*81	WSHD	04/14/2022	10.59	10.59
1191*18651*82	WSHD	04/14/2022	9.34	9.34
1191*18651*83	WSHD	04/12/2022	20.31	20.31
1191*18651*84	WSHD	04/14/2022	15.00	15.00
1194*18651*22	WSHD	04/28/2022	34.62	34.62
1194*18651*23	WSHD	04/28/2022	43.54	43.54
1197*18651*10	WSHD	04/14/2022	9.37	9.37

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/01/22-04/01/22

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	16,337.05
Expenditures		16,337.05
Reimb/Adjustments		
Grand Total		16,337.05

20 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1065*63614*13	02/24/2022	1,554.63	373.11
1065*63614*13	03/08/2022	1,551.63	372.39
1065*63614*13	03/16/2022	1,709.63	410.31
1065*63614*13	03/18/2022	10,433.11	2,503.95
1091*63614*23	12/27/2021	197.00	0.00
1093*63614*33	03/10/2022	1,173.96	281.75
1093*63614*33	03/11/2022	1,221.00	293.04
1096*63614*20	03/01/2022	1,163.96	279.35
1115*63614*16	02/22/2022	156.00	37.44
1115*63614*16	02/23/2022	3,769.00	904.56
1151*63614*9	03/02/2022	323.00	77.52
1166*63614*3	03/11/2022	15,643.14	3,754.35
1177*63614*21	03/17/2022	1,317.00	316.08
1182*63614*2	02/24/2022	323.00	77.52
1191*63614*13	02/14/2022	323.00	77.52
1191*63614*13	03/02/2022	2,219.00	532.56
1204*63614*4	03/07/2022	323.00	77.52
1210*63614*3	03/15/2022	808.00	193.92
1210*63614*3	03/14/2022	544.00	130.56
1219*63614*16	02/25/2022	1,024.00	245.76
1219*63614*16	02/28/2022	4,612.00	1,106.88
1219*63614*16	03/07/2022	391.00	93.84
1223*63614*6	03/16/2022	391.00	0.00
1225*63614*4	03/13/2022	393.00	94.32
1225*63614*4	03/15/2022	5,419.83	1,300.76
1228*63614*1	03/21/2022	323.00	77.52
1231*63614*4	03/04/2022	200.00	48.00
1231*63614*4	03/04/2022	323.00	77.52
1235*63614*1	03/09/2022	261.00	62.64
2815*63614*16	03/02/2022	7,893.16	1,894.36
2815*63614*16	03/04/2022	391.00	93.84
2994*63614*14	03/24/2022	2,284.00	548.16

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/01/22-04/01/22

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

Vendor #: 63614

Invoice #	GL #	Date in	Amt Billed	Amt Paid
<hr/>				
20 invoices, 32 line items***68,659.0516,337.05				
<hr/>				
Grand Totals			68,659.05	16,337.05
20 total invoices				
32 total line items				

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/01/22-04/01/22

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

Vendor #: 63615
 NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	3,891.09
Expenditures		3,891.09
Reimb/Adjustments		
Grand Total		3,891.09

19 total invoices

**GL Totals Detail
 Invoice #**

GL #	Date in	Amt Billed	Amt Paid
1031*63615*5	03/29/2022	25.00	8.66
1031*63615*5	03/29/2022	55.00	20.21
1065*63615*14	03/18/2022	720.00	477.91
1065*63615*14	03/18/2022	653.00	229.67
1065*63615*14	03/18/2022	118.00	0.00
1093*63615*34	03/11/2022	415.00	95.54
1096*63615*19	02/22/2022	183.00	39.92
1096*63615*19	03/01/2022	270.00	56.08
1096*63615*19	03/01/2022	160.00	42.34
1115*63615*24	02/22/2022	80.00	20.21
1115*63615*24	02/23/2022	465.00	172.90
1115*63615*24	02/23/2022	93.00	42.34
1166*63615*4	03/11/2022	1,120.00	697.11
1166*63615*4	03/11/2022	3,892.00	486.50
1166*63615*4	03/11/2022	3,900.00	100.00
1177*63615*24	03/17/2022	360.00	86.32
1177*63615*24	03/17/2022	298.00	78.26
1182*63615*3	02/24/2022	273.00	65.29
1191*63615*14	02/14/2022	183.00	31.61
1191*63615*14	03/02/2022	328.00	98.02
1191*63615*14	03/02/2022	93.00	33.77
1191*63615*14	03/02/2022	48.00	13.71
1204*63615*4	03/07/2022	270.00	56.08
1204*63615*4	03/16/2022	183.00	0.00
1210*63615*2	03/14/2022	415.00	95.54
1210*63615*2	03/15/2022	143.00	52.93
1219*63615*19	02/25/2022	118.00	0.00
1219*63615*19	02/28/2022	303.00	88.79
1219*63615*19	03/07/2022	270.00	56.08
1219*63615*19	03/28/2022	270.00	56.08
1223*63615*10	02/08/2022	2,080.00	0.00
1223*63615*10	02/08/2022	4,040.00	0.00
1223*63615*10	02/08/2022	1,246.00	0.00
1223*63615*10	02/12/2022	98.00	0.00

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Issued 04/20/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 04/01/22-04/01/22

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

Vendor #: 63615
NPI: 1942241146

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1223*63615*10	WSHD	02/13/2022	98.00	0.00
1225*63615*5	WSHD	03/13/2022	118.00	0.00
1225*63615*5	WSHD	03/15/2022	178.00	64.80
1225*63615*5	WSHD	03/15/2022	48.00	16.68
1225*63615*5	WSHD	03/15/2022	38.00	13.47
1225*63615*5	WSHD	03/15/2022	10.00	2.89
1228*63615*1	WSHD	03/21/2022	270.00	56.08
1231*63615*3	WSHD	03/04/2022	23.00	8.02
1235*63615*1	WSHD	03/09/2022	415.00	95.54
2815*63615*25	WSHD	03/02/2022	920.00	124.13
2815*63615*25	WSHD	03/02/2022	450.00	71.69
2815*63615*25	WSHD	03/04/2022	270.00	56.08
2815*63615*25	WSHD	03/08/2022	183.00	39.92
2994*63615*20	WSHD	03/24/2022	183.00	39.92
19 invoices, 48 line items			26,372.00	3,891.09
Grand Totals			26,372.00	3,891.09

19 total invoices
48 total line items

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 Issued 05/13/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/10/22-04/10/22

Alliance Medical Services
 3440 College St
 Beaumont, TX 77701

Vendor #: 90003

GL #	Description	Amount
WSHD	Wshd	320.00
	Expenditures	320.00
	Reimb/Adjustments	
	Grand Total	320.00

2 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1194*90003*2	WSHD	04/07/2022	45.00	45.00
1194*90003*2	WSHD	04/17/2022	175.00	175.00
1210*90003*1	WSHD	05/10/2022	100.00	100.00
2 invoices, 3 line items	***		320.00	320.00
Grand Totals			320.00	320.00

2 total invoices
 3 total line items

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 Issued 05/13/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/08/22-04/08/22

Dr. June Stansky, Optometrist
 1008 W. Sterling Ave.
 Baytown, TX 77520

Vendor #: 90011

GL #	Description	Amount
WSHD	Wshd	240.00
	Expenditures	240.00
	Reimb/Adjustments	
	Grand Total	240.00

4 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1166*90011*1	WSHD	03/18/2022	60.00	60.00
1182*90011*1	WSHD	03/15/2022	60.00	60.00
1199*90011*1	WSHD	04/20/2022	60.00	60.00
1235*90011*1	WSHD	04/27/2022	60.00	60.00
4 invoices, 4 line items	***		240.00	240.00
Grand Totals			240.00	240.00

4 total invoices
 4 total line items

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 Issued 05/12/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/02/22-04/02/22

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

Vendor #: 13632

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

1 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*32	WSHD	04/21/2022	85.00	85.00
1 invoices, 1 line items	***		85.00	85.00
Grand Totals			85.00	85.00

1 total invoices
 1 total line items

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 Issued 05/12/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/02/22-04/02/22

Nicki Holtzman
 5825 Phelan, Ste. 104
 Beaumont, TX 77706

Vendor #: 90007

GL #	Description	Amount
WSHD	Wshd	510.00
	Expenditures	510.00
	Reimb/Adjustments	
	Grand Total	510.00

3 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC48*90007*5	WSHD	04/11/2022	85.00	85.00
YC48*90007*5	WSHD	04/25/2022	85.00	85.00
YC50*90007*4	WSHD	04/11/2022	85.00	85.00
YC50*90007*4	WSHD	04/25/2022	85.00	85.00
YC57*90007*1	WSHD	04/11/2022	85.00	85.00
YC57*90007*1	WSHD	04/25/2022	85.00	85.00
3 invoices, 6 line items	***		510.00	510.00
Grand Totals			510.00	510.00

3 total invoices
 6 total line items

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 Issued 05/12/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 04/02/22-04/02/22

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

Vendor #: 90009

GL #	Description	Amount
WSHD	Wshd	1,275.00
	Expenditures	1,275.00
	Reimb/Adjustments	
	Grand Total	1,275.00

9 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC32*90009*11	WSHD	04/06/2022	85.00	85.00
YC32*90009*11	WSHD	04/20/2022	85.00	85.00
YC36*90009*10	WSHD	04/12/2022	85.00	85.00
YC36*90009*10	WSHD	04/26/2022	85.00	85.00
YC42*90009*6	WSHD	04/05/2022	85.00	85.00
YC42*90009*6	WSHD	04/19/2022	85.00	85.00
YC52*90009*3	WSHD	04/19/2022	85.00	85.00
YC53*90009*3	WSHD	04/06/2022	85.00	85.00
YC54*90009*2	WSHD	04/14/2022	85.00	85.00
YC54*90009*2	WSHD	04/28/2022	85.00	85.00
YC55*90009*2	WSHD	04/07/2022	85.00	85.00
YC55*90009*2	WSHD	04/13/2022	85.00	85.00
YC56*90009*2	WSHD	04/12/2022	85.00	85.00
YC56*90009*2	WSHD	04/26/2022	85.00	85.00
YC58*90009*1	WSHD	04/28/2022	85.00	85.00
9 invoices, 15 line items	***		1,275.00	1,275.00
Grand Totals			1,275.00	1,275.00

9 total invoices
 15 total line items

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

Invoice # 73725

Phone # (800) 834-0560
Fax # (936) 756-6741

Date: 5/1/2022

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

Terms: Net receipt of invoice

Professional services for the month of June 2022

1,109.00

Total

\$1,109.00

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

THANK YOU FOR YOUR BUSINESS!!!

IHS

BENCKENSTEIN & OXFORD, L.L.P.

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

Hubert Oxford, IV

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

hoxfordiv@benoxford.com

May 18, 2022

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

Re: Winnie Stowell Hospital District; Billable Invoice for March 2022 Time Entries less Retainer; Our File No. 87250.

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for March 2022. This invoice is for \$33,963.62 but the amount due is \$32,963.92 after reducing the invoice by \$1,000.00 for the monthly retainer already paid.

Will you please review and let me know if there are any questions? If not, we would appreciate your payment of this invoice in the amount of \$32,963.92 representing the balance owed for March 2022.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: _____


Hubert Oxford, IV

Enclosure

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue, Suite 300
Beaumont, TX 77706

May 18, 2022

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

INVOICE #: 50440 **HOIV**
Billed through: March 31, 2022
Client/Matter #: WSHD 87250

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

03/01/22	HOIV	Continued to work on revising QIPP Year 5 Spreadsheet to account for: Year 4, Adjustment 1, unassigned payments; variances; and payments for the Red Oak and Mission facilities; modified Treasurers report to account for all the above variables; and exchanged six (6) e-mails with staff and HMG to clarify the status of outstanding payments for Mission and Red Oak.	5.00 hrs
03/01/22	HOIV	Prepared invoice on behalf of the District to HMG for reimbursement of legal fees for expenses relating to Abri Healthcare along with corresponding spreadsheet itemizing the expenses.	1.20 hrs
03/02/22	HOIV	Continued to work with LTC Group and Staff to analyze and verify the distribution amounts for QIPP Year 5, Components 1, 2, 3, 4, Lapsing Funds, and Adjustment Payment 1 for QIPP Year 4; exchanged ten (10) e-mails to HMG and LTC to question status of missing funds for Mission and Red Oak and to get a status on the proposed agreement with HMG regarding Mission and Red Oak; and began making proposed budget amendments to account for the addition of Texarkana facility and reduced loan proceeds as well as non-budgeted expenses that have occurred.	6.00 hrs
03/02/22	HOIV	Exchanged three e-mails and two phone conferences with Caring Healthcare and LTC group to resolve the continuing problem of misapplied funds caused by Caring Healthcare enrolling with vendor that was taking payments for non-Caring nursing homes (i.e., Regency facility) and paying Caring, then charging the incorrect facility with a credit card fee.	0.70 hrs
03/03/22	HOIV	Conference call with Board member regarding concerns with Thompson outpatient clinic; modified draft agreement with Clinic; exchanged six (6) e-mails with Danny Thompson to explain the changes to the agreement.	0.80 hrs
03/03/22	HOIV	Participated in conference calls with staff, LTC, and HMG to discuss the payment of QIPP Year 5 funds for the Mission and Red Oak Facilities and the need by HMG to reconcile payments made to Arbi Healthcare; began making changes to QIPP Year 5 spreadsheet to account for Mission and Red Oak as well as adjustments resulting from reviewing the LTC's QIPP Year 5 spreadsheet; made final proposed amendments to budgets resulting from the changes; began updating the Treasurer's Report; and exchanged thirty (30) e-mails with staff, LTC, and CPA to exchange draft ACH transfer sheets, internal spreadsheet revisions, and to convey the proposed budget amendments and to provide an explanation.	5.00 hrs

03/04/22	HOIV	Participated in conference calls with Clinic staff and District staff; as well as exchanged six (6) e-mails with THRIVE regarding payment of Quarterly funds for Clinic; and prepared a global e-mail to THRIVE, District, and Clinic providing set of minutes for December 2021 Regular Meeting and opinion on payment of quarterly funds as well as THRIVE invoices.	1.60 hrs
03/04/22	HOIV	Read, reviewed, and commented on multiple Coastal Gateway policies and provided reviewed policies to Kaley Smith and THRIVE; and prepared extensive e-mail to Bill Franz, with THRIVE, to respond to invoicing and grant status questions.	1.70 hrs
03/04/22	HOIV	Received and reviewed updated Management Letter and participated in conference calls with CPA and LTC to verify the updated letter states what was agreed to on conference call.	0.50 hrs
03/07/22	HOIV	Prepared final version of Mission and Red Oak spreadsheet showing funds received and funds owed; and then forwarded to HMG in anticipation of conference call with Arbri Healthcare requesting payment of funds paid to Abri.	3.50 hrs
03/07/22	HOIV	Prepared e-mail to LTC Group and staff and attached most recent Reconciliation Spreadsheet and QIPP Year 5 Spreadsheet to confirm reconciliation amount and to provide instruction to staff on payment amounts for transfers.	1.30 hrs
03/07/22	HOIV	Received and reviewed updated spreadsheet from staff comparing the difference in Indigent Care cost post revisions to the Indigent Care Policy.	0.60 hrs
03/07/22	HOIV	Read and reviewed proposed revisions by HMG Counsel to Mission and Red Oak letter agreements.	0.40 hrs
03/08/22	HOIV	Finalized reconciliation of QIPP Year 5 funds and QIPP Year 4 adjustments for all facilities and updated Treasurer's report with final numbers.	2.00 hrs
03/08/22	HOIV	Conference call with VMG Healthcare to arrange for a FMV assessment of Villa at Texarkana; and then exchanged six (6) e-mails with Victor McConnell at VMG and Caring Healthcare to finalize transaction.	0.80 hrs
03/08/22	HOIV	Conference call with Indigent Care Director regarding Medicaid payment amount for new Indigent Care Agreement and exchanged three (3) e-mails regarding the same.	0.60 hrs
03/08/22	HOIV	Gathered and updated agreements with Managers to be used for the Villas at Texarkana acquisition; and submitted to counsel for Caring Healthcare for review.	1.40 hrs
03/09/22	HOIV	Read, reviewed, and second revised draft agreement from HMG Counsel regarding regarding the allocation and use of QIPP Year 5 funds for Mission and Red Oak; and a second response draft to HMG and HMG's counsel for review.	1.70 hrs
03/09/22	HOIV	Exchanged twelve (12) e-mails with VMG Health Solutions and Caring Healthcare to arrange the Fair Market Value Assessment for The Villa at Texarkana facility; and reviewed and approved the VMG Healthcare engagement letter and billing arrangements.	1.20 hrs

03/09/22	HOIV	Worked with staff to review and verify the QIPP Year 5, Quarter 1 Payments to Nursing Home Managers.	1.80 hrs
03/10/22	HOIV	Received 2022 D&O Policy renewal request; prepared financials applicable for D&O Insurance renewal that included QIPP financials for 2021; participated in conference call with CPA to advice of the renewal date; and drafted e-mail to staff, CPA, and certain Board members asking for a review of the financials to be presented for 2022 and to provide an explanation for the increased net revenue.	3.40 hrs
03/10/22	HOIV	Received responses from HMG to the District's draft Mission and Red Oak agreement; made additional comments and returned the draft agreement; and participated in conference call with HMG regarding the LTC Guarantee clause;	1.30 hrs
03/10/22	HOIV	Worked with staff to review and revise the QIPP Year 5, Qtr. 1 payment sheet for HMG to reflect that all of the funds for Mission and Red Oak in January 2022 have been received.	1.60 hrs
03/11/22	HOIV	Analyzed Termination Fee provisions in Management Agreements; participated in multiple conference calls with LTC and HMG to discuss the Termination Fee; and worked with LTC to prepare a spreadsheet that illustrated the Termination Fees the District would be obligated to pay the current owners of seven (7) new facilities owned by HMG that are scheduled to be transferred to the District for QIPP Year 7.	3.80 hrs
03/14/22	HOIV	Continued working with LTC Group to prepare an estimate for Termination Fees relating to the seven (7) HMG facilities the District is going to acquire for QIPP Year 7 by reviewing and revising spreadsheet; and exchanging three (3) conference calls and two (2) e-mails.	2.40 hrs
03/14/22	HOIV	Read, reviewed, and responded to four (4) e-mails between HMG staff and HMG Counsel regarding the Termination Fee and CHOW date for seven (7) facilities to be acquired by the District from HMG for QIPP Year 7.	1.20 hrs
03/14/22	HOIV	Read and reviewed (3) e-mails between staff and Hospital Staff regarding WSHD Reimbursement Rate with Riceland Hospital in lieu of amended Indigent Care Agreement.	0.30 hrs
03/15/22	HOIV	Researched assignment provisions and began preparation of draft Assignment of the THRIVE Agreement from the District to Coastal Gateway; and exchanged eight (8) e-mails regarding the same with Coastal Gateway, THRIVE, and several Board members of Coastal Gateway regarding the same.	3.20 hrs
03/15/22	HOIV	Received e-mail and expense spreadsheet submitted by CEO of Coastal Gateway; researched budget and year to date expenses; and provided an extensive response as to the District's Grant Agreement needs and budget for Coastal Gateway grant.	1.40 hrs
03/16/22	HOIV	Met with David Sticker to discuss: Reconciliations for QIPP Year 5, QTR 1; QIPP Year 4, Adjustment 1; Termination Fees for seven (7) HMG nursing facilities; spreadsheet for QIPP Year 5, including payments and non-payments for Mission and Red Oak; Treasurer's Report; Proposed Budget Amendments for 2022; and D&O Insurance Spreadsheet for 2022.	3.00 hrs

Client-	WSHD 87250	Invoice # 50440	PAGE 4
03/16/22	HOIV	Made final revisions to the March Treasurer's Report, proposed budget; and QIPP Year 5 spreadsheet following meeting with CPA and then submitted revised spreadsheets to the CPA for review and confirmation.	1.60 hrs
03/16/22	HOIV	Began drafting minutes of the February 19, 2022 Regular Meeting.	1.40 hrs
03/17/22	HOIV	Prepared extensive e-mail to the Board and staff to provide a draft agenda as well as an explanation of the various agenda items along with attachments for each agenda item if necessary.	1.20 hrs
03/17/22	HOIV	Continued drafting minutes of February 19, 2022 Regular Meeting and distributed to Board for review.	4.60 hrs
03/18/22	HOIV	In order to finalize agreement with HMG for Mission and Read Oak, we prepared repayment spreadsheet for recoupment of Penalty Fees due to current NSGOs for seven (7) new nursing facilities to be acquired by HMG for QIPP Year 7 assuming a September 1, 2022 CHOW date and submitted to LTC Group for review; and received and reviewed LTC Response with corresponding spreadsheet; and provided data to HMG and HMG Counsel with explanation.	4.50 hrs
03/18/22	HOIV	Received and reviewed Hospital Grant request for Operating Room and prepared e-mail to the Board to provide thoughts.	0.70 hrs
03/21/22	HOIV	Participated in multiple conference calls with Board members and staff at the Riceland Hospital to discuss terms of grant funding for Operating Room including guarantees by the Hospital.	3.00 hrs
03/21/22	HOIV	Received e-mail from Riceland Hospital regarding Final DY-10 Payment; then exchanged four (4) e-mails with Riceland to receive an explanation of the IGT amount and to reconcile with past IGTs for DY-10.	0.70 hrs
03/21/22	HOIV	Prepared e-mail to President Murrell and Vice President Stramecki to provide advise on funding Coastal Gateway Grant request; being compliant with Pubic Funds Investment Act; and to provide thoughts on whether Coastal Gateway is a component unit of the District and if so, the ramifications for being a component unit.	1.10 hrs
03/22/22	HOIV	Prepared board binders and finalized Treasurers Report in anticipation of meeting.	1.60 hrs
03/22/22	HOIV	Conference call with Durbin & Co. to discuss the 2021 Audit, and then prepared extensive e-mail to Board advising of the call and the terms agreed to by Tommy Davis, with Durbin & Co.	0.80 hrs
03/22/22	HOIV	Drafted e-mail to counsel for HMG and HMG staff to finalize CHOW date for seven (7) new HMG facilities to be acquired by the District for QIPP Year 7 and responded to e-mail from counsel for HMG regarding the same.	0.30 hrs
03/22/22	HOIV	Receipt and review of QIPP Year 5, February Scorecard and responded to staff to inquire about the status of the QIPP Year 5 spreadsheet.	0.30 hrs
03/22/22	HOIV	Participated in multiple conference calls with Board members to address questions concerning the Hospital's grant request for Operating Room.	1.40 hrs

Client-	WSHD 87250	Invoice # 50440	PAGE	5
03/22/22	HOIV	Prepared timeline for Board to review during upcoming meeting of the DY-10 payments and basis for IGT request to be considered at the meeting; and exchanged ten (10) e-mails with Hospital Staff and District Staff to verify the accuracy of the timeline.	1.70	hrs
03/23/22	HOIV	Refreshed recollection of Chapter 271 of the Local Government Code; Chapter 2269 of the Government Code, Chapter 2254 of the Government Code and prepared memorandum in anticipation of meeting and a discussion on the acquisition real property and improvements.	3.40	hrs
03/23/22	HOIV	Prepared for and attend Regular Monthly Meeting.	4.60	hrs
03/24/22	HOIV	Received and reviewed Notice of Non-Suit for Minori case against HMG Park Manor and forwarded the non-suit to staff.	0.40	hrs
03/25/22	HOIV	Reviewed prior resolutions to Adopt Chapter 2269 of the Government Code and prepared amendment to the District's purchasing policy to incorporate "construction contracts."	3.30	hrs
03/25/22	HOIV	Read, reviewed and responded to seven (7) e-mails between HMG and staff regarding NF-CHRG Tier 1 Follow-up e-mails.	0.60	hrs
03/28/22	HOIV	Read, reviewed, compared, commented, and revised draft Management Agreement, Sublease Agreement, and Operations Transfer Agreement for the Villa at Texarkana; and submitted to Caring Healthcare and counsel for Caring with e-mail expressing concerns.	2.30	hrs
03/28/22	HOIV	Received questions from staff and Board member regarding funding agreements with the WSEMS; prepared links to meeting videos when funding for the WSEMS was discussed; and drafted e-mail to staff and Board members to provide responses to the questions.	1.70	hrs
03/29/22	HOIV	Read and reviewed transaction report for Riceland Hospital for 2018-2022; participated in discussion with staff regarding the designation of 2020 indigent care funding; and prepared e-mail to staff and CPA to express concerns.	1.60	hrs
03/29/22	HOIV	Conference call with counsel for Caring Healthcare and Gary Klein to review changes and comments to Villa at Texarkana Management Agreement; Sublease Agreement; and Operations Transfer Agreement; modified the agreements following the call; and prepared e-mail to Caring Counsel and Mr. Klein to convey final drafts.	1.40	hrs
03/29/22	HOIV	Researched IQ Management lien status; downloaded deeds and liens; prepared summary cover pages for the liens; and submitted findings to Board members with e-mail explanations of the findings.	2.60	hrs
03/30/22	HOIV	Conference call with HMG regarding balance due for Mission and Red Oak from the District and due to HMG from Senior Care; received e-mail from HMG with their reconciliations; and prepared e-mail to LTC, CPA, and Staff explaining that we needed to prepare a reconciliation of the funds due to HMG from the District and Senior Care in anticipation of a distribution.	2.10	hrs
03/30/22	HOIV	Conference call with staff and President Murrell and counsel for HMG to discuss the close to final versions of the Operations Transfer Agreement, Sublease Agreement, Management Agreement for the Villa at Texarkana;	2.70	hrs

received and compared final changes to all three (3) agreements; prepared final versions and combined executed signature pages with final version for review by Board President.

03/30/22 HOIV Received close to final drafts of agreements with Caring Healthcare for the Villas of Texarkana; made revisions and resubmitted to Caring; then prepared signature pages and arranged for signature of the agreements by President Murrell. 2.20 hrs

Total fees for this matter \$33,960.00

DISBURSEMENTS

03/31/22 Copy Expense 3.92

Total disbursements for this matter \$3.92

BILLING SUMMARY:

Oxford, IV Hubert 113.20 hrs @ \$300.00 /hr \$33,960.00

TOTAL FEES \$33,960.00

TOTAL DISBURSEMENTS \$3.92

TOTAL CHARGES FOR THIS INVOICE \$33,963.92

RETAINER \$1,000.00 CR

TOTAL BALANCE NOW DUE \$32,963.92

Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt
Please Reference Invoice Number on Your Check

David B Sticker & Company PC2180 Eastex Freeway
Beaumont, TX 77703**Invoice****Invoice #:** 76**Invoice Date:** 05/16/2022**Due Date:** 05/16/2022**Project:****P.O. Number:****Bill To:**Winnie Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Date	Description	Amount
04/12/2022	Go through correspondence. Review balances and make necessary entries and adjustments. 4.75 Hrs.	
04/13/2022	Review and answer emails regarding engagement letter and nursing home financials. .75 Hrs.	
04/19/2022	Work on clarifying and entering nursing home activity. Begin monthly financial. 4.50 Hrs.	
04/19/2022	Review grant request emails from FQHC and discuss. .75 Hrs.	
04/20/2022	Make entries to equity for 2021 and make several presentation revisions. 1.25 Hrs.	
04/20/2022	Complete financials for March. 1.75 Hrs.	
04/20/2022	Phone conference with Bill & Kaylee regarding FQHC grant. Continue meeting with Hubert and work on grant monitoring and due diligence. 2.00 Hrs.	
04/20/2022	Review board packet. Prepare for and attend regular board meeting. 4.00 Hrs.	
04/26/2022	Approve and transmit payroll for April. Approve and transmit supplemental Payroll. .75 Hrs.	
	20.5 Hours @ \$125.00 = \$2,562.50	2,562.50

Total \$2,562.50**Payments/Credits** \$0.00**Balance Due** \$2,562.50

Technology Solutions of Texas,
L.L.C.

Invoice 1684

TECHNOLOGY
SOLUTIONS-TX

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

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

DATE
05/15/2022

PLEASE PAY
\$75.00

DUE DATE
05/15/2022

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

SUBTOTAL	75.00
TAX	0.00
TOTAL	75.00

TOTAL DUE **\$75.00**

THANK YOU.

Yard Service Invoice

Felipe Ojeda

Invoice# 1025

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

DATE May 12, 2022

Property Location:
Winnie-Stowell Hospital District
520 Broadway
Winnie, TX 77665

RECEIVED

MAY 12 2022

Description	AMOUNT
Yard Maintenance	\$ 250.00
Trash Service	\$ 50.00
TOTAL	\$ 300.00

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

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

RECEIVED

MAY 16 2022

DATE 5-16-22 NO. 08018608

CUSTOMER'S ORDER NO.
NAME Graciela Chavez
ADDRESS 220 8th ST
CITY, STATE, ZIP Winnie TX 77265

SOLD BY	CASH	C.O.D	CHARGE	ONACCT.	MOSE.RETD	PAID OUT
			<input checked="" type="checkbox"/>			

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	office		
2			
3	Cleaning	\$ 120	00
4			
5			
6	May 3		
7			
8	May 18		
9			
10			
11			
12	Total	120	00

RECEIVED BY

KEEP THIS SLIP FOR REFERENCE

Volunteer EMS Report Year 2022
Employee Payroll

Apr-22

MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR HR)	PAYROLL AMOUNT
4/1/2022	Dustin Donaldson	24	14	\$336.00
4/2/2022	Dustin Donaldson	24	14	\$336.00
4/3/2022	Jeff Gibson	12	14	\$168.00
4/3/2022	Andrew Broussard	12	14	\$168.00
4/4/2022	Ruthann Broussard	24	14	\$336.00
4/5/2022	Amanda Harpst	24	14	\$336.00
4/6/2022	Andrew Broussard	24	14	\$336.00
4/7/2022	Dustin Donaldson	24	14	\$336.00
4/8/2022	Dustin Donaldson	24	14	\$336.00
4/9/2022	Kayla Blackwell	24	14	\$336.00
4/10/2022	Ruthann Broussard	12	14	\$168.00
4/10/2022	Amanda Harpst	12	14	\$168.00
4/11/2022	Brad Eads	24	14	\$336.00
4/12/2022	Amanda Harpst	24	14	\$336.00
4/13/2022	Brad Eads	24	14	\$336.00
4/14/2022	Andrew Broussard	24	14	\$336.00
4/15/2022	Dustin Donaldson	24	14	\$336.00
4/16/2022	Travis Delacerda	24	14	\$336.00
4/17/2022	Andrew Broussard	24	14	\$336.00
4/18/2022	Ruthann Broussard	24	14	\$336.00
4/19/2022	Shanice Roberts	24	14	\$336.00
4/20/2022	Brad Eads	24	14	\$336.00
4/21/2022	Andrew Broussard	24	14	\$336.00
4/22/2022	Dustin Donaldson	24	14	\$336.00
4/23/2022	Dustin Donaldson	24	14	\$336.00
4/24/2022	Travis Delacerda	24	14	\$336.00
4/25/2022	Ruthann Broussard	24	14	\$336.00
4/26/2022	Amanda Harpst	24	14	\$336.00
4/27/2022	Brad Eads	24	14	\$336.00
4/28/2022	Andrew Broussard	24	14	\$336.00
4/29/2022	Dustin Donaldson	24	14	\$336.00
4/30/2022	Dustin Donaldson	24	14	\$336.00
TOTAL SALARY EXPENSE FOR THE MONTH:				\$10,080.00



VMG HEALTH
WE VALUE HEALTHCARE

EIN: 47-5118322

INVOICE

Mr. Gary Klein
Chief Operating Officer
Caring Healthcare
gary@caringhealthcare.net

April 30, 2022
Invoice No: 0051686

Engagement 2200938.00 The Villa at Texarkana - 4920 Elizabeth Street, Texarkana, TX
Phase 01 Real Estate -Fair Market Rent – The Villa at Texarkana – 4920 Elizabeth Street, Texarkana, Texas 75503

Professional Fees: 5,750.00

Reimbursable Expenses

Reimbursable Travel	230.23	
Total Reimbursables	230.23	230.23

Additional Fees

Admin Fee	350.00	
Total Additional Fees	350.00	350.00

Total this Phase \$6,330.23

Phase 02 FMV of the management fee payable to Caring Healthcare Group for the provision of management services to the Villa at Texarkana.

Professional Fees: 5,000.00

Total this Phase \$5,000.00

Total this Invoice \$11,330.23

Payment due upon receipt of invoice unless otherwise stated in the engagement letter.

If paying via mail, please include a copy of the invoice and send the check to the address below:

VMG Health
PO BOX 664049
Dallas, Texas 75266-4049

Post date: 05/10/2022
Amount: \$ 11330.23

Account: [REDACTED]
Check Number: 1002

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND VOID PATTERN. SEE BACK FOR COMPLETE LIST OF SECURITY FEATURES INCLUDED ON THIS CHECK.

CHASE BANK 1002

THE VILLA AT TEXARKANA
4920 ELIZABETH STREET
TEXARKANA, TX 75603-2912

DATE: 5/4/2022
VOID AFTER 120 DAYS

PAY TO THE ORDER OF **11,330.23** ONLY \$ 11,330.23

PAY: Eleven Thousand Three Hundred Thirty and 23/100 Dollars

TO THE ORDER OF *W* W/MG Health
PO Box 664049
Dallas, TX 75266 *S*

MEMO: Inv #0051686

⑈001002⑈ ⑈02100002⑈ [REDACTED]

CREDIT TO WITHIN NAMED PAYEE
LACK OF END CTD TRUIST BANK
LOCKBOX ID: 664049 SITE: DAL
DEPOSIT DATE: 05-10-2022
AMOUNT: 11330.23
BATCH #: 9 SEQ #: 0012



REC'D 5/18/2022
on

12403001333501



May 4, 2022

MONTHLY BILL

Name: SHERRY STERN
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	04/24/2022
Current Payment Due	\$150.14
Total Due by 05/25/2022	\$150.14

YOUR LOAN DETAILS

Loan Sequence	Date Disbursed	Loan Program	Original Balance	Current Balance	Outstanding Interest	Interest Rate	Monthly Payment	Current Due
*1002	11/29/2006	SUBCNS	\$13,150.00	\$2,945.56	\$3.02	3.750%	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$1,931.71	\$1.98	3.750%	\$59.47	\$59.47

Outstanding interest accrued as of 05/04/2022

*Late fees will be assessed in accordance to the requirements set forth by the loan owner. Each unique owner/loan program may have differing late fee requirements. The owner will assess late fees on any loans listed above that are identified with an asterisk. If there are dates listed below the heading 'Received After This Date', which are prior to the date you are making your payment, the following late fee will be assessed.

Received After This Date	Late Fee to be Assessed
06/08/2022	\$7.50

When remitting a payment amount by mail, phone, or electronic (web or mobile app) that is more or less than the total amount due, if you would like the payment directed to specific loans, please log in to your online account or use our mobile app to provide the necessary information. Additional details about payment instructions can be found on the last page of this statement.

Even if a loan is paid ahead, you must continue making your monthly payment in order to maintain eligibility for certain Repayment Incentive Programs or other benefits offered by your loan owner, such as interest rate reductions or cosigner release. Contact us for details.

Make checks payable to American Education Services and include your 10 digit account number.

Customer Statement (IF LATE, SEE ABOVE)

Amount Enclosed: Do not write dollar sign \$ in boxes below or on check. See last page of statement for details on how to provide payment instructions.

Account Number:

Due Date:

\$

Total Amount Due:

92 5529 5461

05/25/2022

\$150.14

20221240192552954611000015014000000000000000003

#BWNHKB
#B612 1327 2505 04L6#
SHERRY STERN
538 BROADWAY
WINNIE TX 77665-7600



AMERICAN EDUCATION SERVICES
P.O. BOX 65093
BALTIMORE, MD 21264-5093



SURVEY PROPOSAL

WELLS LAND SURVEY | 712 FM 562 | ANAHUAC, TX 77514
 409-267-3002 | 855-787-6131 | WWW.WELLSLANDSURVEY.COM

Column1	DESCRIPTION	UNIT PRICE	AMOUNT
	LAND TITLE SURVEY @ 2626 HWY 124 STOWELL TX 77661 1647 TR 12-1 M M GREGORY SEC 54 / CCAD # 16879	\$1,950.00	\$1,950.00

SUBTOTAL	\$1,950.00
TAX RATE	7.25%
	\$141.38
TOTAL	\$2,091.38

*** If you pay by credit card there is a 3% transaction fee and your total will be:

\$2,149.88

*Requested By: GREG *Proposal Expires: 06/11/2022

THIS PROPOSAL INCLUDES THE CONDITIONS NOTED:

Client agrees to provide access to subject property, including unlocking fences, informing Wells Land Survey of any dogs and informing conflicting neighbors of our presence. It is sometimes necessary to paint marks to survey properties. These marks are biodegradable. It is sometimes necessary to bend back or break tree branches or bushes in order to survey properties.

Client agrees that the property described in this Proposal is the correct parcel for services. Client is responsible for payment on the parcel described in this Proposal. Client shall include all special instructions under special instructions listed above to be valid. No other special requests, verbal or written, will be guaranteed. Wells Land Survey, LLC expects payment upon completion of survey or work performed. Surveying is an inexact science and is subject to a certain degree of tolerable precision and professional opinion. After 30 days, 2% interest will be added monthly to the unpaid amount until full payment is received. If a collection agency or attorney is needed to collect on the account, Client will be liable for any arising costs to collect on the account, including all court costs. Client agrees that invoice will be paid timely, whether title closes or not. A \$50.00 fee will be billed to Client for any and all returned checks. Wells Land Survey, LLC reserves the right to refuse service to anyone at any time.

ALL FIELDS BELOW MUST BE COMPLETED FOR THIS PROPOSAL TO BE VALID.

This project can be completed within approximately 10 - 15 business days (weather permitting).
 We can begin work immediately upon receiving written authorization.

Company Name: (if applicable) WINNIE STOWELL HOSPITAL DISTRICT
 Billing Address: 5520 BROADWAY
 City, State, Zip Code: WINNIE, TX 77665
 Phone: 409 296-1003
 Email: MURRELLEDWARD@YAHOO.COM
 Printed Name: EDWARD MURRELL

THIS PROPOSAL EXPIRES IN 30 DAYS.

BY SIGNING BELOW, YOU ARE AGREEING TO THE TERMS AND CONDITIONS LISTED ABOVE AND RESPONSIBLE FOR PAYMENT.

Sign Here to Accept Quote: Edward Murrell Date 5/12/22

Exhibit “B”



05.18.22 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – 66 (21 Apps, 8 Approved, 0 Denied, 13 Incomplete)
- b) Youth Counseling – 27
- c) Irlen Services – 3
- d) Dental & Vision Services – 4 clients used the Vision benefits in APR

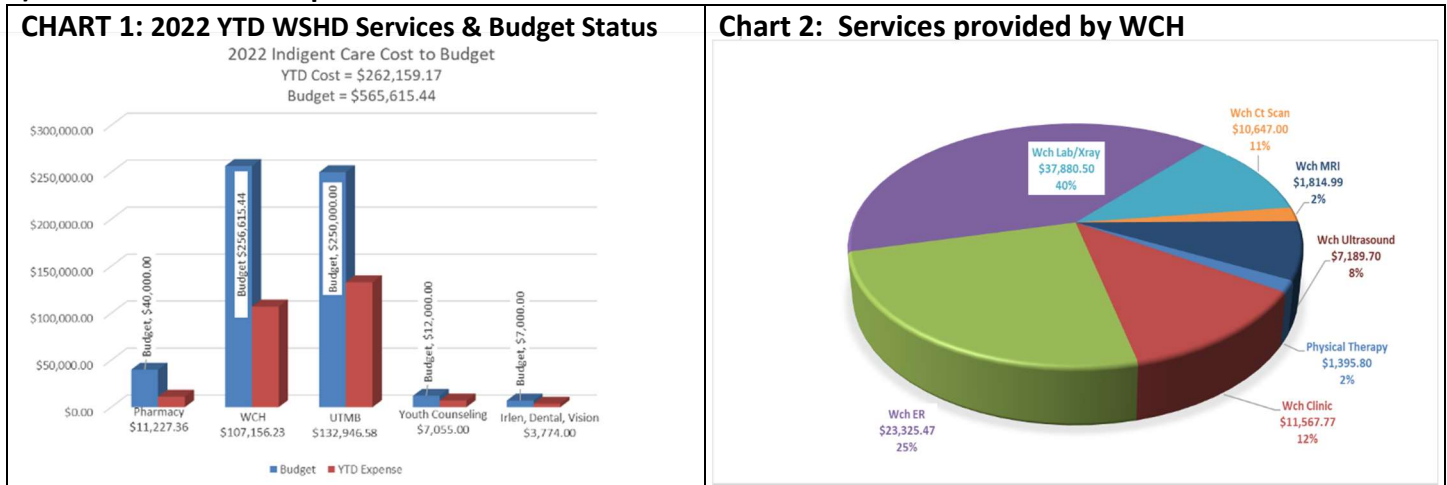
2) Riceland Hospital & Clinics:

The APR charges were posted at the current Medicaid Reimbursement Rate, which led to an overall 61% for their reimbursement rate.

3) UTMB Hospital & Clinics:

- a) UTMB charges for APR, included 1 surgery and 7 procedures for a total payment of \$19.6K. There are 3 surgeries that have been completed, but not yet billed for a total expected payment of \$40.7K, and 2 ER Visits which resulted in a 7 day In-Patient Stay for one client, and a 17 day In-Patient Stay for the other. The payment for each client will be \$30K, as their over-all billed amount will be over \$200K each.

4) Our over-all YTD expenditure Charts:



We have expended 46% of the overall Indigent Care Budget

- 28% of the Pharmacy budget
- 42% of the Riceland budget
- 53% of the UTMB budget
- 59% of the Youth Counseling budget
- 54% of the Special Services – Irlen, Vision, & Dental – budget

5) District Programs:

- a) County Van – See attached – 7 out of 41 were WSHD clients
- b) Winnie Stowell EMS – See attached – 10 transports out of 14 were made from Riceland
- c) Marcelous Williams – See attached – 11 out of 21 were WSHD clients

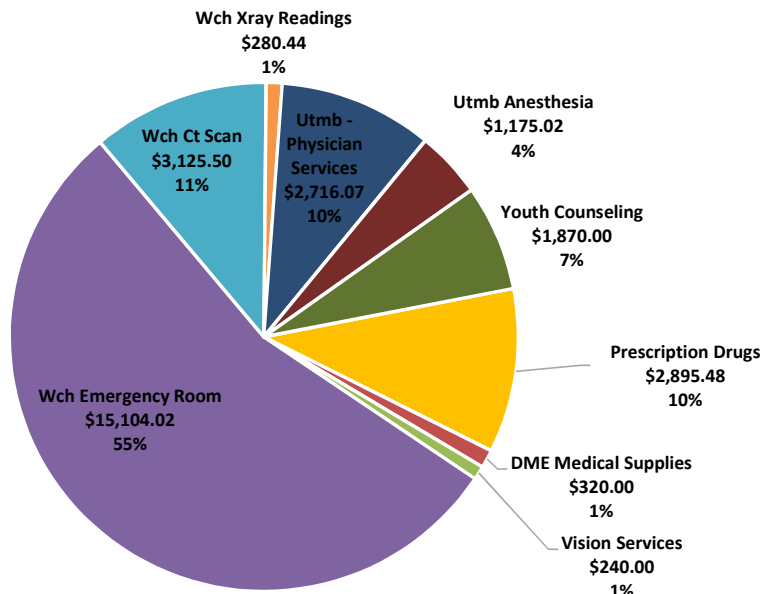
WSHD Indigent Care Director Report
Jan-Dec 2022 YTD Expenditures Worksheet

	March			April			Year to Date		
	Indigent Clients:	Youth Counseling:	Irlen Services:	Indigent Clients:	Youth Counseling:	Irlen Services:	Clients Enrolled:	YC Enrolled:	IS Enrolled:
	70	26	3	66	27	3	81	27	3
							81	27	3
							81	27	3
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
Pharmacy									
Brookshire Brothers Pharmacy Corp	\$1,624.04	\$1,624.04	\$1,476.18	\$1,457.65	\$1,457.65	\$1,377.79	\$5,606.14	\$5,126.74	\$4,729.03
Wilcox Pharmacy	\$2,195.20	\$2,195.20	\$2,195.20	\$1,517.69	\$1,517.69	\$1,517.69	\$6,498.33	\$6,498.33	\$6,498.33
<i>ADJUSTMENTS-Refunds/Credits</i>	<i>Refund</i>						<i>YTD Refunds/Credits</i>		<i>(\$106.80)</i>
Pharmacy Totals	\$3,819.24	\$3,819.24	\$3,671.38	\$2,975.34	\$2,975.34	\$2,895.48	\$12,104.47	\$11,625.07	\$11,227.36
Winnie Community Hospital									
WCH Clinic	\$9,660.00	\$4,108.18	\$4,108.18	\$7,474.00	\$3,027.08	\$3,027.08	\$26,795.00	\$11,567.77	\$11,567.77
WCH ER	\$11,619.00	\$6,249.54	\$6,249.54	\$25,419.00	\$15,104.02	\$15,104.02	\$40,493.00	\$23,325.47	\$23,325.47
WCH Lab/Xray	\$13,599.00	\$9,519.30	\$9,519.30	\$14,637.00	\$10,245.90	\$10,245.90	\$54,115.00	\$37,880.50	\$37,880.50
WCH CT Scan	\$6,138.00	\$4,296.60	\$4,296.60	\$4,465.00	\$3,125.50	\$3,125.50	\$15,210.00	\$10,647.00	\$10,647.00
WCH Xray (MRI)	\$7,258.00	\$340.28	\$340.28	\$0.00	\$0.00	\$0.00	\$37,167.00	\$1,814.99	\$1,814.99
WCH Lab/Xray Reading	\$204.00	\$30.48	\$30.48	\$1,965.00	\$280.44	\$280.44	\$4,356.00	\$618.33	\$618.33
WCH Inpatient	\$20,847.00	\$12,716.67	\$12,716.67	\$0.00	\$0.00	\$0.00	\$20,847.00	\$12,716.67	\$12,716.67
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,994.00	\$1,395.80	\$1,395.80
WCH Ultrasound	\$2,702.00	\$1,891.40	\$1,891.40	\$4,867.00	\$3,406.90	\$3,406.90	\$10,271.00	\$7,189.70	\$7,189.70
WCH Totals	\$72,027.00	\$39,152.45	\$39,152.45	\$58,827.00	\$35,189.84	\$35,189.84	\$211,248.00	\$107,156.23	\$107,156.23
<i>ADJUSTMENTS-Refunds/Credits</i>	<i>Credit Adjustment</i>			<i>Credit Adjustment</i>			<i>YTD Credit Adjustments</i>		\$0.00
Balance on Contracted Amount (Lump Sum Payment of \$256,615.44)		\$184,649.05			\$149,459.21			\$149,459.21	
Actual Medicaid Rate Incurred							\$256,615.45 -	\$17,339.09	\$208,471.26
UTMB									
UTMB Physician Services	\$18,773.00	\$5,211.59	\$5,211.59	\$16,970.00	\$2,716.07	\$2,716.07	\$79,719.00	\$16,050.89	\$16,032.64
UTMB Anesthesia	\$3,228.00	\$1,918.84	\$1,918.84	\$9,402.00	\$1,175.02	\$1,175.02	\$22,207.00	\$6,160.10	\$6,160.10
UTMB In-Patient	\$227,276.41	\$25,527.75	\$25,527.75	\$0.00	\$0.00	\$0.00	\$348,689.87	\$53,527.75	\$53,527.75
UTMB Outpatient	\$50,005.79	\$11,797.38	\$11,797.38	\$68,659.05	\$16,337.05	\$16,337.05	\$240,321.12	\$57,226.09	\$57,226.09
UTMB Lab&Xray	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00
<i>ADJUSTMENTS-Refunds/Credits</i>	<i>Refund</i>						<i>YTD Refunds/Credits</i>		<i>(\$18.25)</i>
UTMB Totals	\$299,283.20	\$44,455.56	\$44,455.56	\$95,031.05	\$20,228.14	\$20,228.14	\$690,966.99	\$132,964.83	\$132,946.58
Non-Contracted Emergency Services									
Barrier Reef (UTMB ER Physician)	\$4,808.00	\$121.20	\$121.20	\$0.00	\$0.00	\$0.00	\$11,195.00	\$476.49	\$476.49
Chambers Co Public Hosp Distr ER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$4,808.00	\$121.20	\$121.20	\$0.00	\$0.00	\$0.00	\$11,195.00	\$476.49	\$476.49
Youth Counseling									
Benjamin Odom	\$1,360.00	\$1,360.00	\$1,360.00	\$1,275.00	\$1,275.00	\$1,275.00	\$4,590.00	\$4,590.00	\$4,590.00
Nicki Holtzman	\$425.00	\$425.00	\$425.00	\$510.00	\$510.00	\$510.00	\$1,955.00	\$1,955.00	\$1,955.00
Penelope Butler	\$170.00	\$170.00	\$170.00	\$85.00	\$85.00	\$85.00	\$510.00	\$510.00	\$510.00
Youth Counseling Totals	\$1,955.00	\$1,955.00	\$1,955.00	\$1,870.00	\$1,870.00	\$1,870.00	\$7,055.00	\$7,055.00	\$7,055.00
Irlen Services									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00
Irlen Services Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00
Indigent Special Services									
Dental Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,768.00	\$2,768.00	\$2,768.00
Vision Services	\$220.00	\$220.00	\$220.00	\$240.00	\$240.00	\$240.00	\$510.00	\$510.00	\$510.00
Indigent Special Services Totals	\$220.00	\$220.00	\$220.00	\$240.00	\$240.00	\$240.00	\$3,278.00	\$3,278.00	\$3,278.00
Medical Supplies									
Alliance Medical Supply (C-PAP)	\$205.00	\$205.00	\$205.00	\$320.00	\$320.00	\$320.00	\$525.00	\$525.00	\$525.00
Medial Supplies Total	\$205.00	\$205.00	\$205.00	\$320.00	\$320.00	\$320.00	\$525.00	\$525.00	\$525.00
Grand Totals	\$382,317.44	\$89,928.45	\$89,780.59	\$159,263.39	\$60,823.32	\$60,743.46	\$936,868.46	\$263,576.62	\$263,160.66

WSHD Indigent Care Director Report Apr 2022 SOURCE CODE REPORT

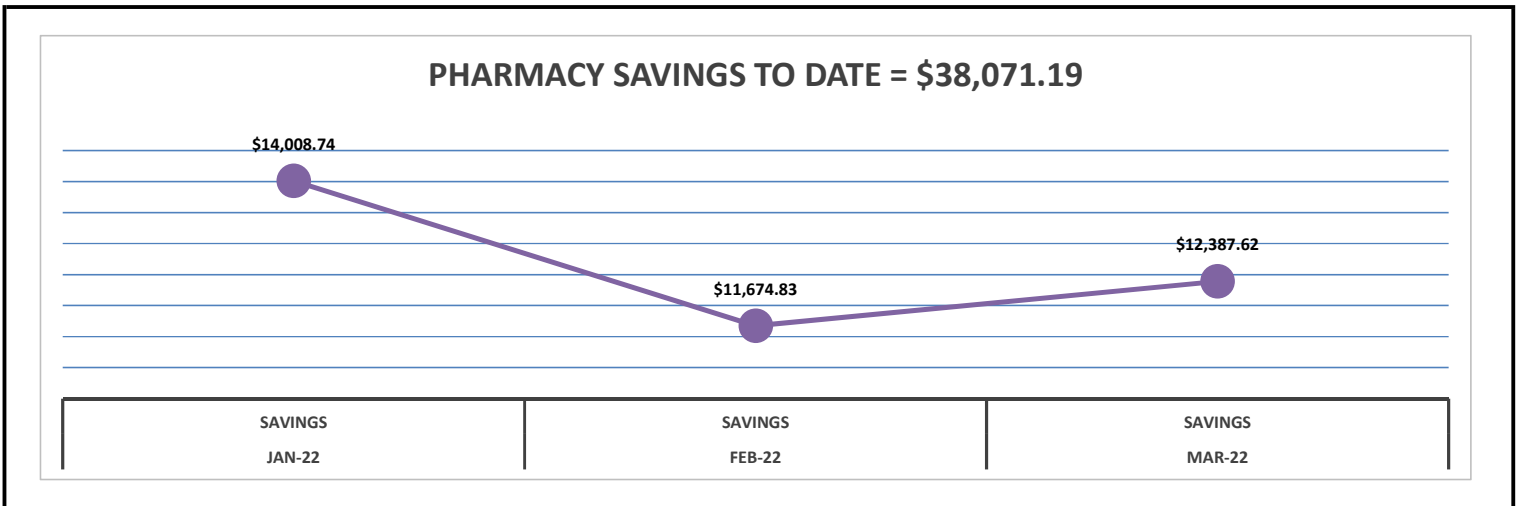
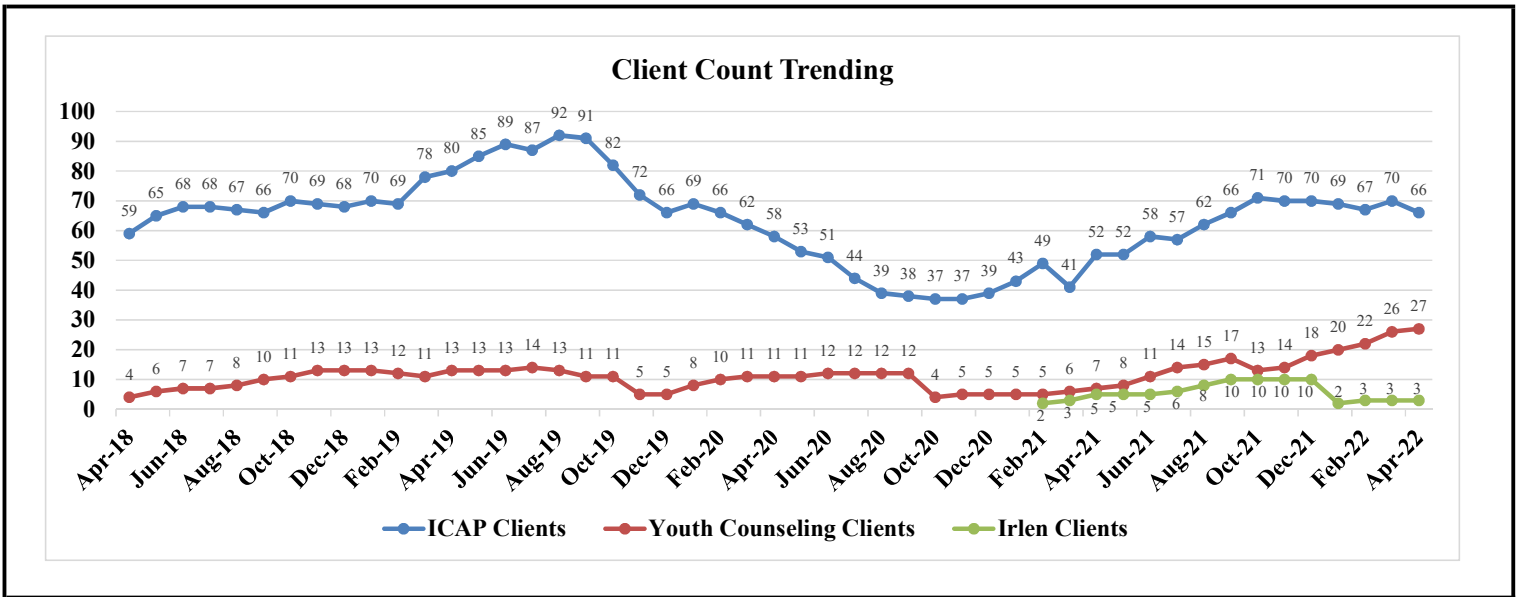
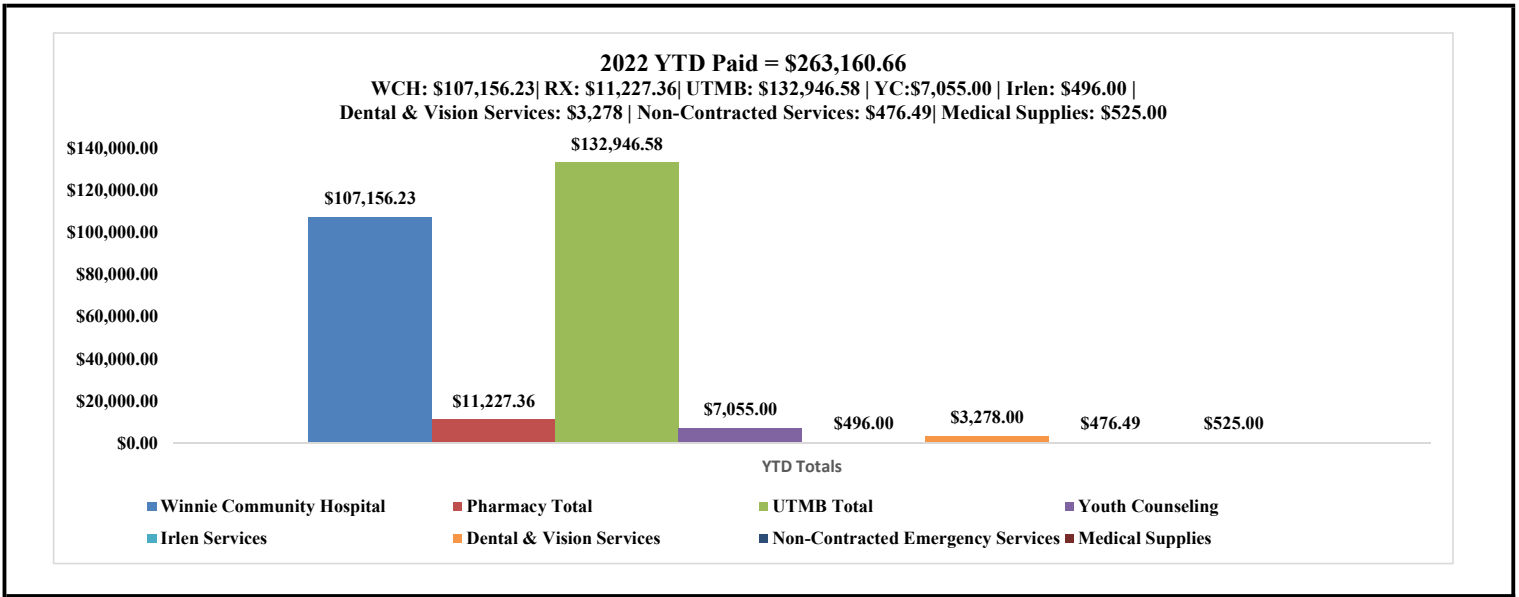
Source Totals for Batch Dates 04/01/2022 through 04/30/2022 for All Vendors

Source	Description	Amount Billed	Amount Paid	% of Total
02	Prescription Drugs	\$2,975.34	\$2,895.48	4.77%
09	DME Medical Supplies	\$320.00	\$320.00	0.53%
13	Vision Services	\$240.00	\$240.00	0.40%
21	Wch Clinic	\$7,474.00	\$3,027.08	4.98%
24	Wch Emergency Room	\$25,419.00	\$15,104.02	24.87%
25	Wch Lab/Xray	\$14,637.00	\$10,245.90	16.87%
26	Wch Ct Scan	\$4,465.00	\$3,125.50	5.15%
29	Wch Ultrasound	\$4,867.00	\$3,406.90	5.61%
44	Wch Xray Readings	\$1,965.00	\$280.44	0.46%
31	Utmb - Physician Services	\$16,970.00	\$2,716.07	4.47%
31-1	Utmb Anesthesia	\$9,402.00	\$1,175.02	1.93%
34	Utmb Out-Patient	\$68,659.05	\$16,337.05	26.90%
39	Youth Counseling	\$1,870.00	\$1,870.00	3.08%
Expenditures/Reimbursements/Adjustments		\$159,263.39	\$60,743.46	100%
Grand Total		\$159,263.39	\$60,743.46	100%



WSDH Indigent Care Director Report

YTD Trending



Chambers County East Side Van Monthly Report



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

ARP-22

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2466
TOTAL HOURS DRIVEN			145.50
TOTAL EXPENSES FOR MONTH			\$899.96
FUEL COST			\$546.74
REPAIRS & MAINTENANCE COST	Brakes, and labor		\$353.22
MISC EXPENSES			
TOTAL RIDERS			19
TOTAL WSHD RIDERS			6
TOTAL TRIPS			40
TOTAL TRIPS FOR WSHD RIDERS			6

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			198
TOTAL HOURS DRIVEN			8.00
TOTAL EXPENSES FOR MONTH			\$663.03
FUEL COST			\$194.40
REPAIRS & MAINTENANCE COST	tires,balance,shop		\$468.63
MISC EXPENSES			
TOTAL RIDERS			3
TOTAL WSHD RIDERS			0
TOTAL TRIPS			4
TOTAL TRIPS FOR WSHD RIDERS			0

VEHICLE #3		VEHICLE FROM JUDGE'S FLEET	
TOTAL MILES DRIVEN			3175
TOTAL HOURS DRIVEN			138.58
TOTAL EXPENSES FOR MONTH			\$672.56
FUEL COST			\$469.23
REPAIRS & MAINTENANCE COST	Tires, glass adhesive, labor		\$203.33
MISC EXPENSES			
TOTAL RIDERS			19
TOTAL WSHD RIDERS			1
TOTAL TRIPS			49
TOTAL TRIPS FOR WSHD RIDERS			1

GRAND TOTALS	
MILES DRIVEN	5839
RIDERS	41
WSHD RIDERS	7
TRIPS	93
WSHD TRIPS	7
EXPENSES	\$2,235.55

Winnie Stowell Volunteer EMS Report Year 2022



Winnie Stowell Volunteer EMS

Winnie-Stowell Hospital District Report

Year to Date Details for 2022	Jan-22	Feb-22	Mar-22	Apr-22	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED	2	4	7	14	27
YTD CALLS/TRANSPORTS MADE	2	4	7	10	23
YTD CALLS/TRANSPORTS DELAYED	0	0	1	0	1
YTD CALLS/TRANSPORTS REASSIGNED	0	0	0	4	4
YTD 3RD PARTY INVOICES BILLED	\$3,143.93	\$6,529.28	\$6,403.22	\$10,109.84	\$26,186.27
YTD 3RD PARTY PAYMENTS RECEIVED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
YTD STAFFING EXPENSES	\$10,416.00	\$9,408.00	\$10,080.00	\$10,080.00	\$39,984.00
	Corrected Amt				
YTD PERTINENT INFORMATION REGARDING PERFORMANCE					
RICELAND REPORTED TRANSFERS	13	10	10		33

Winnie Stowell Volunteer EMS Report Year 2022



Winnie Stowell Volunteer EMS
Winnie-Stowell Hospital District Report

Year to Date Details for 2022

	Jan-22	Feb-22	Mar-22	Apr-22	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED	2	4	7	14	27
YTD CALLS/TRANSPORTS MADE	2	4	7	10	23
YTD CALLS/TRANSPORTS DELAYED	0	0	1	0	1
YTD CALLS/TRANSPORTS REASSIGNED	0	0	0	4	4
YTD 3RD PARTY INVOICES BILLED	\$3,143.93	\$6,529.28	\$6,403.22	\$10,109.84	\$26,186.27
YTD 3RD PARTY PAYMENTS RECEIVED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
YTD STAFFING EXPENSES	\$10,416.00	\$9,408.00	\$10,080.00	\$10,080.00	\$39,984.00
	Corrected Amt				
YTD PERTINENT INFORMATION REGARDING PERFORMANCE					
RICELAD REPORTED TRANSFERS	13	10	10		33

Apr-22

Apr-22

3rd PARTY INVOICES BILLED

MONTHLY CALLS/TRANSPORTS REPORT

3rd PARTY INVOICES BILLED				CALLS REQUESTED					CALL RESULTS			
DATE	3rd Party Name	\$AMOUNT BILLED	\$AMOUNT PAID	DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	RESCHEDULE: R			
4/3/2022	UHC Medicaid HMO	\$1,730.60		4/2/2022	Riceland	Texas Childrens	M					
4/5/2022	Wellcare Mcare HMO	\$1,157.45		4/5/2022	Riceland	St. Elizabeth	M					
4/5/2022	Medicare	\$1,023.45		4/5/2022	Riceland	St. Elizabeth	M					
4/9/2022	Medicare	\$1,388.25		4/6/2022	Riceland	Texas Childrens-Need Paramedic for out of town trip and I only had 1						R
4/10/2022	Self Pay	\$3,213.79		4/9/2022	Riceland	UTMB	M					
4/10/2022	Working on Verification (possibly workers comp)	TBD		4/10/2022	Riceland	UTMB	M					
4/12/2022	Working on Verification	TBD		4/12/2022	Riceland	St. Elizabeth	M					
4/13/2022	Working on Verification	TBD		4/13/2022	Riceland	Baptist	M					
4/13/2022	Working on Verification	TBD		4/13/2022	Riceland	St. Elizabeth	M					
4/19/2022	Working on Verification	TBD		4/14/2022	Riceland	UTMB- Patient Transported by Air Rescue						R
4/19/2022	Working on Verification	TBD		4/16/2022	Riceland	Oceans Psych Rehab in Louisiana						R
4/25/2022	Medicare	\$1,596.30		4/19/2022	Riceland	St. Elizabeth	M					R
				4/21/2022	Riceland	St. Elizabeth-No unit available						R
				4/25/2022	Riceland	St. Lukes	M					
TOTAL 3rd PARTY AMOUNT BILLED FOR THE MONTH		\$10,109.84	\$0.00	TOTAL CALLS REQUESTED FOR MONTH & RESULTS			14	10	0	4		

Apr-22

MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR HR)	PAYROLL AMOUNT
4/1/2022	Dustin Donaldson	24	14	\$336.00
4/2/2022	Dustin Donaldson	24	14	\$336.00
4/3/2022	Jeff Gibson	12	14	\$168.00
4/3/2022	Andrew Broussard	12	14	\$168.00
4/4/2022	Ruthann Broussard	24	14	\$336.00
4/5/2022	Amanda Harpst	24	14	\$336.00
4/6/2022	Andrew Broussard	24	14	\$336.00
4/7/2022	Dustin Donaldson	24	14	\$336.00
4/8/2022	Dustin Donaldson	24	14	\$336.00
4/9/2022	Kayla Blackwell	24	14	\$336.00
4/10/2022	Ruthann Broussard	12	14	\$168.00
4/10/2022	Amanda Harpst	12	14	\$168.00
4/11/2022	Brad Eads	24	14	\$336.00
4/12/2022	Amanda Harpst	24	14	\$336.00
4/13/2022	Brad Eads	24	14	\$336.00
4/14/2022	Andrew Broussard	24	14	\$336.00
4/15/2022	Dustin Donaldson	24	14	\$336.00
4/16/2022	Travis Delacerda	24	14	\$336.00
4/17/2022	Andrew Broussard	24	14	\$336.00
4/18/2022	Ruthann Broussard	24	14	\$336.00
4/19/2022	Shanice Roberts	24	14	\$336.00
4/20/2022	Brad Eads	24	14	\$336.00
4/21/2022	Andrew Broussard	24	14	\$336.00
4/22/2022	Dustin Donaldson	24	14	\$336.00
4/23/2022	Dustin Donaldson	24	14	\$336.00
4/24/2022	Travis Delacerda	24	14	\$336.00
4/25/2022	Ruthann Broussard	24	14	\$336.00
4/26/2022	Amanda Harpst	24	14	\$336.00
4/27/2022	Brad Eads	24	14	\$336.00
4/28/2022	Andrew Broussard	24	14	\$336.00
4/29/2022	Dustin Donaldson	24	14	\$336.00
4/30/2022	Dustin Donaldson	24	14	\$336.00
TOTAL SALARY EXPENSE FOR THE MONTH:				\$10,080.00


 Marcelous Williams Resource Center Winnie-Stowell Hospital District Report					
Year to Date Details for 2022	Jan-22	Feb-22	Mar-22	Apr-22	YTD DATE
YTD WSHD REFERRALS	0	2	2	1	5
<i>YTD Indigent Care (Medical, Dental & Vision)</i>	0	2	2	1	5
<i>YTD Prescription Assistance</i>	0	0	0	0	0
<i>YTD Youth Counseling</i>	0	0	0	0	0
<i>YTD Irlen Syndrome Services</i>	0	0	0	0	0
YTD OTHER REFERRALS	3	7	15	3	28
<i>YTD Gift of Life</i>	0	0	0	0	0
<i>YTD Work in Texas (Texas Workforce Commission)</i>	1	1	1	0	3
<i>YTD Chambers County Indigent or OmniPoint FQHC</i>	0	0	0	0	0
<i>YTD Chambers County Indigent Dental</i>	0	0	0	0	0
<i>YTD Transportation</i>	0	1	0	0	1
<i>YTD Medical Services (Other Than Indigent)</i>	2	3	3	1	9
<i>YTD G.E.T-C.A.P.</i>	0	1	2	0	3
<i>YTD Misc. MWRC Available Services</i>	0	1	9	2	12
YTD APPLICATIONS INITIATED/PROCESSED	19	22	30	26	97
<i>YTD WSHD Indigent Care</i>	0	2	1	3	6
<i>YTD Prescription Assistance</i>	0	0	0	0	0
<i>YTD Social Security</i>	8	9	3	10	30
<i>YTD Medicare Savings Program</i>	1	0	2	1	4
<i>YTD Medicaid</i>	0	0	1	2	3
<i>YTD Food Stamps</i>	8	8	14	8	38
<i>YTD Home Repair</i>	1	1	4	1	7
<i>YTD G.E.T-C.A.P.</i>	1	2	5	1	9
YTD CLIENTS SERVED	10	18	22	21	71
<i>YTD WSHD Clients</i>	5	9	17	11	42
<i>YTD Chambers County Residents</i>	0	1	3	0	4
<i>YTD Other County Residents</i>	2	1	2	0	5
YTD OFFICE SUPPLIES EXPENSES	\$0.00	\$0.00	\$490.62	\$67.42	\$558.04
YTD STAFFING EXPENSES	\$0.00	\$4,114.36	\$6,290.19	\$4,043.77	\$14,448.32
YTD GRANT AMOUNT SPENT OF TOTAL \$55,550.00	\$0.00	\$4,114.36	\$6,780.81	\$4,111.19	\$15,006.36
YTD GRANT BALANCE REMAINING OF	\$55,550.00	\$51,435.64	\$44,654.83	\$40,543.64	\$40,543.64
OUTREACH ACTIVITIES/EVENTS ATTENDED	1	1	13	1	16

Exhibit “C”

Pages Removed
Confidential information

Exhibit “D”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
April 2022			
Facility	Operator		Comments
Friendship Haven	HMG		Current Census: 95. The state came to the facility to review four complaints, all four were unsubstantiated. The facility is currently in their survey window. There were seven reportable incidents since the last visit, three have been cleared and the facility is awaiting state review of the other four. The new activities director has been focusing on small group activities, this has helped the residents grow closer to one another in those groups. The facility is still using agency CNAs and nurses currently.
Park Manor of Cyfair	HMG		Current Census: 102. The facility had their annual survey in February 2022, the facility received five total tags; their POC was accepted by the state in March 2022. There were five reportable incidents since the last visit, the state has not yet reviewed the incidents. The residents have begun participating in activities and using the dining hall for meals. The facility is displaying artwork created by the residents to decorate the facility, the Administrator and ADON have joined the residents in painting.
Park Manor of Cypress Station	HMG		Current Census: 67. The facility had a complaint survey at the beginning of April, the complaint was unsubstantiated following state review. There were three reportable incidents since the last visit, all were unsubstantiated following state review. The facility is planning a Cinco De Mayo celebration with a crawfish boil for the residents and a happy hour for the staff. The facility had two residents who had repeated falls in the last month, the facility has put them on a watch list, so the staff is more cognizant of their propensity to fall.
Park Manor of Humble	HMG		Current Census: 72. The state has not been in the facility since late 2021, the facility will enter their survey window in the coming months. There were no reportable incidents since the last visit. The facility has not had to use agency staffing since October 2021. The facility is planning on celebrating Nurse's Week with theme days and food and drinks to celebrate the staff. The facility had an Easter celebration on Good Friday for the staff and residents.
Park Manor of South Belt	HMG		Current Census: 86. The facility had their annual survey in December 2021, their POC was accepted by the state. There were eight total incidents since the last visit, the facility was

			cited for improper care planning, all other incidents were uncited. The facility has reduced their use of agency staffing, they are offering a sign-on bonus as well as a referral bonus as incentives.
Park Manor of Westchase	HMG		Current Census: 84. The facility had a complaint survey in February 2022, they received one citation for medication pass, the POC was accepted by the state. There were two reportable incidents since the last visit, the facility was not cited following state review. The facility is having to use agency staffing, they have a high turnover rate, and they are looking to provide their staff incentives to stay. The residents are in much better spirits as activities and use of the dining hall have resumed.
Oak Manor	SLP		Current Census: 23. The state has not been in the facility since the last visit. There were no reportable incidents since the last visit. The facility has some staffing needs but are able to cover all shifts with their current staff. The facility's budget has been hurt by the cost of supplies and shipping. The medical director at the facility oversees the QAPI program and is using it to identify points of weakness at the facility. The facility is planning on remodeling the kitchen and dining hall in the near future.
Hallettsville Rehab and Nursing Center	Regency		Current Census: 82. The state came to the facility for a complaint investigation, the facility was not cited. There were four reportable incidents since the last visit, they have not yet been investigated by the state. The facility is having to use some agency staffing when they can't cover with their current staff. The higher census at the facility has helped the budget and offsetting the cost of agency staffing. The facility is focusing on controlling quality measures.
Monument Nursing and Rehabilitation Center	Regency		Current Census: 53. The facility had their annual survey in April 2022, they received nine minor tags and their POC was accepted by the state. There was one reportable incident since the last visit for a resident-to-resident altercation, the incident has been cleared. The budget is doing well but it would be better if they weren't paying agency staffing. The facility has hired a new activities director and new maintenance director.

March 2022			
Facility	Operator		Comments
Park Manor of Conroe	HMG		Current Census: 93. The state came to the facility in January for a complaint survey, the complaint was cleared with no deficiencies noted. There were eight reportable incidents since the last visit, the facility was not cited following state review. The facility has staffing issues and is having to use agency staffing in the meantime. The facility has closed its COVID wing following the outbreak in February, residents have returned to socially distanced activities.
Park Manor of the Woodlands	HMG		Current Census: 92. The facility had their annual survey in March 2021, they are currently in their survey window. There were no reportable incidents since the last visit. The facility is not having to use agency staffing although they are having to pay overtime to their current staff. The facility has an open visitation policy, and it is going well with the families of the residents. The facility is planning a St. Patrick's Day party as well as starting happy hours again in April.
Spindletop Hill	Regency		Current Census: 73. The facility had their annual survey in January 2022, they received one health and two life-safety tags. The facility is no longer under the IJ citation. There were three reportable incidents since the last visit, the state has not yet investigated. The facility has several RNs on medical leave, so they are using contract staffing until the RNs return. The facility has hired a new beautician which the residents very much appreciate. The residents have been reluctant to participate in meals in the dining area and they are preferring to eat their meals in their rooms.
The Woodlands Nursing and Rehabilitation Center	Regency		Current Census: 124. The facility last had their annual survey in October 2020, they are currently in their survey window. The state was in the facility for a complaint review, the facility was cited and their POC was accepted by the state. There were 33 reportable incidents since the last visit, all were cleared following state review. The facility recently hosted a job fair to attract new nurses with bonus incentives, the administrator said they had a good turnout. The facility still has visitation restrictions, but they are considering dropping all restrictions in the near future.

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

FACILITY INFORMATION

Friendship Haven is a 150-bed facility with a current overall star rating of 3 and Quality Measures star rating of 4. The census on the date of this report was 95. PP:17; MC: 5; MDC:66; HMO: 7.

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

The Administrator reported they are implementing their emergency plan and are following all the state/federal/local mandates. Galveston County Positivity rate is 3%, in the Yellow.

The Administrator reported the last time an employee or resident tested COVID_19 positive was in January. Employees who are not fully vaccinated wearing N95 masks and face shields in the general population and all other staff are wearing surgical masks and full PPE in the Warm Zone.

At this time, they have two residents in the Warm Zone (new admissions who are not vaccinated). Currently the facility has 19 residents in their COVID_19 positive unit. PPE inventory is good, with at least a 2 week's supply.

The Administrator reported 98% of employees (2% have exemptions) and 83% of residents have received their COVID_19 vaccinations. The Administrator reports the facility storing and is able to provide the vaccine onsite and provide as needed and if enough signed up, hold special clinic so the vaccine is not wasted.

Visitation is going well but only for essential caregivers in warm and hot zones. General visitation is open with visitors wearing their own mask and social distancing (out front or in resident room) after passing screening at front (still documenting screening).

Two different areas are provided for the residents to dine with social distancing. New Activities Director hired at the end of December with small group activities the focus and good participation noted as well as one on one in resident rooms.

Agency is still being used at Friendship Haven for CNAs and nurses. The Administrator reports the facility is planning the Girl Scouts to come and share their leftover cookies this month and other spring activities are in the planning stage.

SURVEY INFORMATION

Friendship Haven had four state visits during the past quarter to review complaints and self-reports, all unsubstantiated and no citations.

REPORTABLE INCIDENTS

Jan- 0

Feb- 4 total

2/16- Allegation of abuse

2/18- Allegation of abuse

2/23- Fall with major injury- reviewed on 3/15

2/25- Drug diversion- Reviewed on 3/15

March- 3 Total

3/12- Fall with major injury- Reviewed on 3/15

3/20- Allegation of Abuse

3/21- Allegation of Neglect

State visits/desk reviews:

01/25- Complaint and Infection Control Visit

2/11- Complaint Visit

2/12-Complaint Visit

3/15-Reviewed 3 self-reports from 2/23, 2/25, & 3/12

CLINICAL TRENDING

Incidents/Falls:

Friendship Haven in **Jan/Feb/March 2022** reported 61 total Falls without injury (6 repeat falls) and 2 Falls with injury, 10 Skin tears, 0 Elopements, 3 Bruises, 2 Fractures, 0 Lacerations, and 2 Behaviors.

Infection Control:

Administrator reported 70 infections during, **Jan/Feb/March 2022** of which 25 were UTI, 13 were respiratory infections, 5 blood infections, 26 wound infections, and 1 GI infection.

Weight loss:

During **Jan/Feb/March 2022**, Friendship Haven had 10 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

In **Jan/Feb/March 2022**, Friendship Haven had 12 residents with 16 pressure ulcer sites – 4 acquired in house.

Restraints:

Friendship Haven is a restraint free facility.

Staffing:

Currently, Friendship Haven is in need of (3) LVNs 6a-2p; (2) LVN 2p-10p; (1) LVN 10p-6a; (9) CNA's 2p-10p; (3) CNA's 10p-6a.

CASPER REPORT

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	0%	2.0%	1.9%	
Fall w/Major Injury (L)	3.5%	2.5%	3.4%	3.5%	
UTI (L) *	0%	0%	1.6%	2.6%	
High risk with pressure ulcers (L) *	9.5%	0%	9.3%	9.3%	
Loss of Bowel/Bladder Control(L)	82.1%	71.9%	52.4%	47.0%	
Catheter(L)	4.3%	0%	2.2%	2.2%	
Physical restraint(L)	0%	0%	0%	0%	
Increased ADL Assistance(L)	22.7%	21.3%	18.4%	16.0%	
Excessive Weight Loss(L)	0%	0%	5.1%	6.8%	
Depressive symptoms(L)	0.0%	0%	5.1%	7.9%	
Antipsychotic medication (L) *	6.2%	3.9%	11.7%	14.6%	

QIPP Component 1

Indicator	QAPI (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)	01/20/22 02/17/22 03/17/22	01/20/22- Safety Committee not in place 01/20/22-Failure to balance trust fund

Component 2

<u>Indicator</u>	Benchmark	Comments
<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>	Met Y/N	
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"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
<ul style="list-style-type: none"> Telehealth used? 	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	Y	
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: 	Y	

○ NEW Retention efforts updated on Current PIP

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.3%	9.3%	9.5%	N	
Percent of residents who received an anti-psychotic medication	14.6%	11.7%	6.2%	Y	
Percent of residents whose ability to move independently has worsened	20.9%	19.4%	18.9%	Y	
Percent of residents with urinary tract infection	2.6%	1.6%	0.0%	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				
Quarter 1					
1. Designated leadership individuals for antibiotic stewardship	Y				
2. Written policies on antibiotic prescribing	Y				
3. Pharmacy-generated antibiotic use report from within the last six months	Y				
4. Lab-generated antibiogram report from within the last six	Y				

<p>months (or from regional hospital)</p> <p>5. Audits (monitors and documents) of adherence to hand hygiene</p> <p>6. Audits (monitors and documents) of adherence to personal protective equipment use</p> <p>7. Current list of reportable diseases</p>	<p>Y</p> <p>Y</p> <p>Y</p>				
<p>Quarter 2</p> <p>1. Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</p> <p>2. Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</p> <p>3. **PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</p> <p>➤</p>	<p>Y</p> <p>Y</p> <p>Y</p>				
<p>Quarter 3</p> <p>➤ Designated leadership individuals for antibiotic stewardship</p> <p>➤ Written policies on antibiotic prescribing</p>	<p>Y</p>				

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

Administrator: Lisa Arnold
DON: Dee Linden, RN

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 2 and Quality Measures star rating of 4. The census on the date of this report was 102: (9) PP; (12) MC; (55 + 10 pending) MDC; (0) Hospice and (16) HMO.

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

The Administrator reported they are still implementing their emergency plan and follow all state/federal/local mandates. COVID_19 positivity rate for Harris County is at 5%, transmission rate is now in the green. The facility is now testing unvaccinated and those who have not received their booster (not fully updated per CMS) once per week. The end of February was the last time the facility had COVID_19 positive resident and staff in the building.

Park Manor of Cy-fair is still considered a community vaccination clinic offering Moderna and Pfizer and now Janson shots. Currently, Park Manor of Cy-fair has two residents (new admissions) in the Warm Zone. The facility staff COVID_19 vaccination rate is at 98% (all others have exemptions) and residents is at 90%.

PPE inventory is great, during February survey the PPE stock was reviewed and they were very impressed with how it was organized and stocked. Employees working the Warm Zone are wearing N95 and face shields. Those working in the general population still wear the surgical masks and residents are wearing surgical masks.

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

The residents were eating in their rooms but now the majority of residents are still coming out to the dining room for meals. Activities continue with masks (for those who will wear) and social distancing. Visitation is open and going smoothly. Visitors enter after passing screening and wear either a cloth or surgical mask.

Park Manor of Cy-fair is having an Easter Tea and weekly the Administrator and ADON are painting with the residents. The artwork will be on display for visitors to see. The Administrator is recruiting for an Activity Director. The company continues to offer employee assistance for staff who need it. Box lunches will be offered to the staff on Good Friday and Easter Eggs with prizes on Sunday.

SURVEY INFORMATION

Park Manor Cy-fair had their full book survey in February with 4 deficiencies, one on PSSARs due to Dementia not being primary and another tag was due to allegation of abuse by a student not reported but Administrator had immediately investigated and did not find any abuse so did not report. Pharmacy tags due to not refrigerating a probiotic from Medline and administration of eye drops and Mirelax not done correctly. One LSC cited for Fire Extinguisher pressure on the line (not fully green). POC was submitted and accepted March 8, 2022.

REPORTABLE INCIDENTS

In **Jan/Feb/March 2022**, the facility had (5) self-reports all pending review.

CLINICAL TRENDING

Incidents/Falls:

During **Jan/Feb/March 2022** Park Manor of Cy-fair had 83 total falls without injury, and 2 falls with injury, and 5 repeat Falls, 1 Skin Tear, 1 Laceration, 1 Fracture, 0 Bruises and 1 Behavior.

Infection Control:

Park Manor of Cy-fair reports 20 total infections in **Jan/Feb/March 2022**– 7 UTI’s; 5 URI’s; 2 Wound infections, 3 GI infections; 2 Blood infections and 1 Other.

Weight loss:

Park Manor of Cy-fair reported Weight loss in **Jan/Feb/March 2022**– 7 residents with 5-10% and 0 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **Jan/Feb/March 2022** Park Manor of Cy-fair had 28 residents with 54 pressure ulcer sites – 3 acquired in house.

Restraints:

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

Staffing:

Administrator reports the facility is in need of (5) CNAs for 6a-2p; (2) Hskp. 6a-2p; (2) Dietary 2p-10p; and (1) Activity Director.

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.6%	2.0%	1.9%	

Fall w/Major Injury (L)	3.1%	3.4%	3.5%	
UTI (L) *	0%	1.6%	2.6%	
High risk with pressure ulcers (L) *	0%	9.3%	9.3%	
Loss of Bowel/Bladder Control(L)	90%	52.4%	47%	Getting therapy involved and are we coding this correctly
Catheter(L)	0%	2.2%	2.2%	PIP in place for past 3 months and now this month 0%
Physical restraint(L)	0%		16%	
Increased ADL Assistance(L)	15.5%	18.4%	16%	
Excessive Weight Loss(L)	3.6%	5.1%	6.8%	
Depressive symptoms(L)	0%	5.1%	7.9%	
Antipsychotic medication (L) *	6.8%	11.7%	14.6%	

QIPP Component 1

Indicator	QAPI & Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	Catheter Usage, Falls (several residents having multiple falls),
QAPI Meeting dates of submission (owner/operator involvement evident)	1.20.22, 2.20.22, 3.20.22	Review PIPS triggered on Casper Report

Component 2

Indicator	Benchmark	Comments
<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>	Met Y/N	
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	Using Sage Telehealth when needed
• Additional hours provided by direct care staff?	Y	

Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
<ul style="list-style-type: none"> Telehealth used? 	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Y	Continue to recruit and hire
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	N	
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 	Y	Continue to recruit through Indeed. CNA Schools.

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.3%	1.0%	0%	Y	
Percent of residents who received an anti-psychotic medication	14.6%	11%	6.8%	Y	

Percent of residents whose ability to move independently has worsened	9%	10%	15.5%	N	PIP-Therapy Evaluating residents to help with ability to move. Or, is coding incorrect or denominator incorrect due to DC summary not completed.
Percent of residents with urinary tract infection	2.6%	1%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
Quarter 1					
<ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>				<p>Facility has an infection prevention nurse</p> <p>Work with Solis lab to get</p> <p>Making sure return demonstration is done</p>

<p>protective equipment use</p> <ul style="list-style-type: none"> ➤ Current list of reportable diseases 	<p>Y</p> <p>Y</p>				<p>Quality monitor visit in December and this was provided</p>
<p>Quarter 2</p> <ul style="list-style-type: none"> ➤ 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. ➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period) <p>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</p> <ul style="list-style-type: none"> ➤ 	<p>Y</p> <p>Y</p>				<p>Admin, DON & IP in Nov 2021.</p>
<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>				

months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases	Y Y Y				
Quarter 4					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine					

Administrator: Justin Joy
DON: Mayra Polio, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current star rating of 2 and a Quality Measures rating of 5. The census on the date of this report was 67. PP:6; MCR: 1 MDC: 41 (+2 pending); HMO:10; Hospice 7.

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

The Administrator continues to report implementing their emergency plan and following all the state/federal/local mandates. The positivity rate for Harris County is 4%, in the Low.

Park Manor of Cypress Station no longer has a COVID_19 Unit. Cypress Station is no longer accepting COVID_19 admissions from hospitals, assisted living facilities and other nursing homes. Currently, Park Manor of Cypress has (1) resident in their Warm Zone (new admission). There have been no positive residents or staff in the last 14 days.

Testing of unvaccinated staff is once per week and as needed for vaccinated staff and residents.

PPE inventory is still good, no issues. All vaccinated staff are wearing surgical masks and unvaccinated staff are wearing N95 masks plus face shield/goggles. Administrator reports the facility continues providing the COVID_19 vaccine (including booster) in house to staff and residents. Approximately 95% of the employees and 85% of residents have been fully vaccinated.

Visitations are still going well, wearing their own masks or provided by the facility. Residents are mostly eating in the dining room. Activities continue being held in common area as well as room to room with good participation. The Administrator reports the facility had a black history celebration as well as an Easter egg painting activity and planning for a crawfish boil and something for Cinco De Mayo as well as a happy hour for the staff.

SURVEY Information

Park Manor of Cypress Station had the state in the building for a complaint survey 2 weeks ago that was unsubstantiated, and no citation.

REPORTABLE INCIDENTS

3 self-reports & 1 Complaint, all unsubstantiate, no violations during **Jan/Feb/March**.

CLINICAL TRENDING

Incidents/Falls:

Park Manor Cypress Station reported 36 total falls without injury and 2 falls with injury with 2 repeat falls during **Jan/Feb/March 2022**, 3 skin tears, 2 bruises, 1 fracture, 1 Laceration 0 behaviors and 0 Elopements.

Infection Control:

Administrator reported 15 infections during, **Jan/Feb/March 2022** of which 2 were UTIs, 6 were URIs, 6 wound infections, and 1 GI infection.

Weight Loss:

During **Jan/Feb/March**, Park Manor Cypress Station had 2 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

In **Jan/Feb/March 2022**, Park Manor Cypress Station had 6 residents with 9 pressure ulcer sites – 0 acquired in house.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

Currently the facility is recruiting for: (1) LVN 6a-2p; (1) CNA 6a-2p; and (1) CNA 10p-6a. The Administrator reports the facility's turnover rate for the month was 0%.

Casper Report:

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0.0%	0.0%	1.9%	1.9%	
Fall w/Major Injury (L)	5.1%	1.6%	3.4%	3.5%	
UTI (L) *	0.0%	0.0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	6.7%	5.6%	9.1%	9.4%	
Loss of Bowel/Bladder Control(L)	63.6%	65%	52.0%	46.9%	
Catheter(L)	2.3%	3.7%	2.2%	2.3%	
Physical restraint(L)	0%	0%	0%	0.1%	
Increased ADL Assistance(L)	24.4%	22.4%	18.8%	16.1%	

Excessive Weight Loss(L)	0.0%	0.0%	5.7%	7.1%	
Depressive symptoms(L)	1.8%	3.6%	5.2%	7.1%	
Antipsychotic medication (L) *	10.2%	7.7%	11.5%	14.7%	

QIPP Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	1.20.22 2.18.22 3.17.22	
QAPI Meeting dates of submission (owner/operator involvement evident)	Same	

Component 2

Indicator	Benchmark	Comments
<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>	Met Y/N	
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"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrenty scheduled? 	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
<ul style="list-style-type: none"> Telehealth used? 	Y	

NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	12	
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"> Was Workforce Development data submitted q month to QIPP during the quarter? 	yes	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	No	
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 	Yes	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.26%	5.00%	3.13%	y	
Percent of residents who received an anti-psychotic medication	14.32%	9.84%	7.55%	y	
Percent of residents whose ability to move independently has worsened	25.37%	8.01%	12.50%	n	
Percent of residents with urinary tract infection	2.52%	0%	0.00%	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:	yes				
Quarter 1					
➤ Designated leadership individuals for antibiotic stewardship	Yes				
➤ Written policies on antibiotic prescribing	Yes				
➤ Pharmacy-generated antibiotic use report from within the last six months	Yes				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Yes				
➤ Audits (monitors and documents) of adherence to hand hygiene	Yes				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Yes				
➤ Current list of reportable diseases	Yes				
Quarter 2					
➤ 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.	Yes				
➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)	Yes				
**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS	Yes				

Quarter 3					
➤ Designated leadership individuals for antibiotic stewardship	Yes				
➤ Written policies on antibiotic prescribing	Yes				
➤ Pharmacy-generated antibiotic use report from within the last six months	Yes				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Yes				
➤ Audits (monitors and documents) of adherence to hand hygiene	Yes				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Yes				
➤ Current list of reportable diseases	Yes				
Quarter 4					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine					

Administrator: Craig Cannon
DON: Charity Reece, RN

FACILITY INFORMATION

Park Manor Humble is a 125-bed facility with a current overall rating of 3 and a Quality Measures rating of 5. The census on the date of call was 72. (5) MC; (27) HMO; (34 + 2 pending) MCD; (2) Hospice; (3) PP.

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

The Administrator reports they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports the Covid_19 positivity rate for Harris County is in the Blue with 4%.

The Administrator reported they had an employee test COVID_19 positive Friday, 1/14/2022 and a positive resident Monday, 1/17/2022. The facility is testing unvaccinated staff 2x/week. At this time, Park Manor of Humble has four (new unvaccinated admissions) residents in their Warm Zone.

PPE inventory is still good and if they start to get low the corporate office will provide what is needed. Surgical masks are being worn in the general population by vaccinated employees and N95 masks are being worn by unvaccinated staff. The facility has not had to use agency for staffing since October.

Park Manor has Moderna and Pfizer vaccines (1st & 2nd dose) for new admissions who need their vaccine and for staff. The facility is still partnering with Memorial Herman to provide the booster dose of vaccines. 73% of employees have received their Covid_19 vaccines (the rest have exemptions or waiting for 2nd dose) and 92% of residents are fully vaccinated.

Visitation is fully open with screening 6a-10p and going well. All visitors are wearing surgical masks.

The Administrator reports the facility had an Easter celebration on Good Friday and someone dressed up like an Easter Bunny. The activity included staff who could bring their children for pictures. The facility also celebrated Cinco DeMayo and national pretzel day with residents and staff. The Administrator reports the facility will be having theme days during Nurse's Week and Nursing Home Week for dressing up and food/snacks.

SURVEY INFORMATION

Park Manor of Humble has not had any state visits since November & December of 2021 but will be in their annual window soon.

REPORTABLE INCIDENTS

During **Jan/Feb/March** -The information was not available.

CLINICAL TRENDING

Incidents/Falls:

During **Jan/Feb/March**, Park Manor of Humble reported 8 total falls without injury (1 repeat fall), 2 falls with injury, 1 skin tear, 0 fractures, 2 elopements, 0 bruises, 2 behaviors, and 1 laceration.

Infection Control:

During **Jan/Feb/March**- Information not available.

Weight loss:

During **Jan/Feb/March**- Information not available.

Pressure Ulcers:

During **Jan/Feb/March**- Information not available.

Restraints:

Park Manor of Humble is a restraint free facility.

Staffing:

Currently the facility is recruiting for: Information not available.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	2%	2%	
Fall w/Major Injury (L)	0%	3.4%	3.5%	
UTI (L)	0%	2%	2.6%	
High risk with pressure ulcers (L)	5.1%	8.3%	8.1%	
Loss of Bowel/Bladder Control(L)	66.7%	51.4%	48.3%	
Catheter(L)	1.9%	2.2%	2.1%	
Physical restraint(L)	0%	.1%	0.2%	
Increased ADL Assistance(L)	10.6%	17.1%	15.0%	
Excessive Weight Loss(L)	2%	4.8%	5.9%	
Depressive symptoms(L)	0%	3.8%	6.1%	
Antipsychotic medication (L)	13%	23.0%	19.5%	

QIPP Component 1

Indicator	QAPI & Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	No dates provided	Working on check-offs for nursing staff related to all departments.

QIPP Component 2

<u>Indicator</u>	Benchmark Met Y/N	Comments
<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>		
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"> Additional hours provided by direct care staff? 	N	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	N	
<ul style="list-style-type: none"> 8 additional hours non-concurrenty scheduled? 	N	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	N	Not all days had the additional coverage
<ul style="list-style-type: none"> Telehealth used? 		Information not available
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?		Information not available
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?		Information not available
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 		Information not available

<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 		Information not available
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 		Information not available

OIPP 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	3.7%		No numbers provided	N	PIP initiated
Percent of residents who received an anti-psychotic medication	12.5%		No numbers provided	Y	
Percent of residents whose ability to move independently has worsened	27.59%		No numbers provided	N	PIP initiated
Percent of residents with urinary tract infection	0%		No numbers provided	Y	

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

➤ Pharmacy-generated antibiotic use report from within the last six months	Y				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Y				
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Y				
➤ Current list of reportable diseases	Y				
Quarter 4					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine					

Administrator: Crissy Roper
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current overall star rating of 3 and Quality Measures star rating of 5. The census on the date of this report was 86: (8) MC; (12) HMO; (14) PP; (48) MDC + 4 pending; (0) Hospice.

Due to the current COVID-19 restrictions in place, 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. Harris County's Ranking is considered Low (4%) and the facility has a cold, warm and hot unit (no residents right now in the hot unit) in place.

The last positive COVID_19 resident was on 2/23/22 (admitted with) and in February 2022 for an employee. Testing is once per week for all staff who are not vaccinated. So far, 97% (3 approved waivers) of employees and over 95% of their residents have received their COVID_19 vaccines.

Currently, Park Manor South Belt has no residents in the warm Unit. Staff who are not fully vaccinated are wearing N95 and goggles and all other staff are wearing surgical masks in the general population. PPE inventory is good. The facility was at one time only getting the K-N85 masks but that is one issue that is now resolved. The facility is open for visitation with screening 6a-7p then a nurse takes over on off hours. Visitors wear masks.

Most residents are eating in the dining room. Activities have been on-going. Crawfish boil coming up in May, tomorrow they will have an adopt a pet and all residents will be getting stuffed animals. Also, Friday, they will be having a Kentucky Derby celebration.

The DON reports the facility is doing much better on their staffing, so not using agency staff unless absolutely necessary. They are currently offering a sign on bonus for both nurses and CNAs and offering 500.00 referral bonuses. The facility is planning a Nurse Day celebration as well.

SURVEY INFORMATION

Park Manor South Belt had their last annual survey on in December and their POC was accepted and has been cleared. The facility also had a complaint survey 2/24/22 with one citation for care planning.

REPORTABLE INCIDENTS

Five self-reports and three complaints for **Jan/Feb/March** and all except one (cited for care planning) were unsubstantiated.

CLINICAL TRENDING

Incidents/Falls:

During **Jan/Feb/March** Park Manor of South Belt had 57 total falls, of which 1 resulted in injury, 7 Skin tears, 0 Lacerations, 0 Elopements, 0 Fractures, 4 Other - scratch and 8 Behaviors.

Infection Control:

Park Manor of South Belt reports 101 total infections in **Jan/Feb/March** -Information not available.

Weight loss:

Park Manor of South Belt for **Jan/Feb/March** had 1 resident with 5-10% weight loss in 1 month and 3 (1 a dialysis resident) with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor South Belt reported in **Jan/Feb/March** -Information not available.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

Facility is currently in need of: Information not available.

CASPER REPORT

Quarter Quality Indicators (Casper)				
Indicator	Facility	State	National	Comments/PIPs
New Psychoactive Med Use (S)	0%	2%	.9%	
Fall w/Major Injury (L)	1.6%	3.4%	3.5%	
UTI (L)	0%	1.6%	2.6%	
High risk with pressure ulcers (L)	4.8%	9.3%	9.3%	
Loss of Bowel/Bladder Control(L)	91.7%	52.4%	47%	PIP in place
Catheter(L)	2.2%	2.2%	2.2%	
Physical restraint(L)	0%	0%	0.2%	
Increased ADL Assistance(L)	14.5%	18.4%	16.0%	
Excessive Weight Loss(L)	6.7%	5.1%	6.8%	
Depressive symptoms(L)	0%	5.1%	7.9%	
Antipsychotic medication (L)	0%	11.7%	14.6%	

QIPP Component 1

Indicator	QAPI & Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Information not provided	

QAPI Meeting dates of submission (owner/operator involvement evident)	Information not provided	
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Component 2

Indicator	Benchmark Met Y/N	Comments
<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>		
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?		Information not provided
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 		
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?		
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? Additional hours provided by direct care staff? Telehealth used? 		
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?		
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?		
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? Agency usage or need d/t critical staffing levels 		
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 		

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.3%				Information not provided
Percent of residents who received an anti-psychotic medication	14.6%				Information not provided
Percent of residents whose ability to move independently has worsened	20.9%				Information not provided
Percent of residents with urinary tract infection	2.6%				Information not provided

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:					Information not provided
Quarter 1 <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) 					Information not provided

<ul style="list-style-type: none"> ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 				
<p>Quarter 2</p> <ul style="list-style-type: none"> ➤ 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. ➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period) <p>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</p> <ul style="list-style-type: none"> ➤ 				Information not provided
<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six 				Information not provided

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

Cory Thompson-Administrator
Christina Gibbs-DON
New one starts 5/9/22 – Infection Control Nurse

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current overall star rating of 2 and a Quality of Resident Care star rating of 3. The census on the date of the report was 84: 5 PP; 5 MC; 54 MDC; 16 HMO; and 4 Hospice.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports the positivity rate for Harris County is 4%, now in the Blue transmission status. Testing is twice per week for employees who have not received their booster COVID_19 vaccine. Last time an employee and resident tested COVID_19 positive was 3/21/2022.

The facility no longer has a Hot Zone COVID unit. The facility also has no residents in their warm zone.

All vaccinated/boosted staff are currently wearing surgical and those that are not boosted are wearing N-95 masks and face shields/goggles. PPE inventory is fine, no issues at all.

100% of employees and 76% of residents have received their COVID_19 vaccines. The facility provides vaccines and boosters in house. The Administrator reported they are still using contract agency for staffing.

Visitation is going well, with screening on-going. All visitors are wearing surgical masks.

Dining services in the dining room has continued with much more resident participation. Activities have started back up and quality of life is starting to improve. The DON reports the facility had an Easter party for residents with a staff member dressing up as the Easter bunny. The facility is planning activities for staff and residents for Nurses week as well as for Nursing Home week in May.

SURVEY Information

The facility had a complaint survey in February 2022 with one citation for medication pass and the POC has been submitted. The complaint was not substantiated.

REPORTABLE INCIDENTS

The facility had 3 complaints and 2 self-reports for **Jan/Feb/March** and all cleared by state visits/desk reviews on all but one from a February complaint visit with med pass citation and the POC has been submitted.

CLINICAL TRENDING

Incidents/Falls

During **Jan/Feb/March**, Park Manor Westchase reported 35 total falls without injury (5 repeat falls), 0 falls with injury, 1 skin tear, 0 fractures, 0 bruises, and 0 Other.

Infection Control:

During **Jan/Feb/March**, Park Manor Westchase reported 95 infections of which 15 were UTI’s, 37 were Respiratory, 14 wound infections, and 29 Other.

Weight loss:

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

Pressure Ulcers:

During **Jan/Feb/March** Park Manor Westchase reported 23 residents with pressure ulcers with 44 sites, 2 of them facility acquired.

Restraints:

Park Manor Westchase does not use side rails or restraints.

Staffing:

Currently the facility is recruiting for: (1) LVNs 2p-10p; (1) LVN 10p-6a; (4) CNAs 6a-2p and (5) CNAs 2p-10p. The facility reports a 5.7% turnover rate.

CASPER REPORT

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	14.3%	0%	2%	1.9%	Increased admissions with behavioral diagnosis
Fall w/Major Injury (L)	1.7%	1.6%	3.4%	3.5%	
UTI (L) *	0%	0%	1.6%	2.6%	
High risk with pressure ulcers (L) *	0.0%	0.0%	9.3%	9.3%	

Loss of Bowel/Bladder Control(L)	95.5%	95.2%	52.4%	47%	Facility will review accuracy of assessments
Catheter(L)	5%	5%	2.2%	2.2%	
Physical restraint(L)					
Increased ADL Assistance(L)	9.1%	12.3%	18.4%	16.0%	
Excessive Weight Loss(L)	0%	0%	5.1%	6.8%	
Depressive symptoms(L)	0%	0%	5.1%	7.4%	
Antipsychotic medication (L) *	0%	0%	11.7%	14.6%	

QIPP Measures

Component 1

Indicator	QAPI Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	3/15/22, 2/15/22, 1/18/22	Falls w/major injuries reduction, staffing recruitment and retention, pressure ulcer reduction
QAPI Meeting dates of submission (owner/operator involvement evident)	3/17/22, 2/17/22, 1/19/22	

Component 2

Indicator	Benchmark	Comments
<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>	Met Y/N	
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"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	

• 8 additional hours non-concurrently scheduled?	Y	
• Additional hours provided by direct care staff?	Y	
• Telehealth used?	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
• Was Workforce Development data submitted q month to QIPP during the quarter?	Y	
• Agency usage or need d/t critical staffing levels	Y	
• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> ○ During the first reporting period? ○ Subsequently reported outcomes related to the plan throughout the eligibility period? ○ Discuss RCA for turnover: Has anything changed from the original RCA? ○ PIP for retention and recruitment is current: ○ NEW Retention efforts updated on Current PIP 	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	8.2%	2.5	2.0	Y	
Percent of residents who received an anti-psychotic medication	11.8%	-	1.9%	Y	
Percent of residents whose ability to move independently has worsened	19.8%	23.7%	12.5%	Y	
Percent of residents with urinary tract infection	2.4%	2.5%	0%	Y	

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine					

CONTACT:

The site visit was conducted on April 25, 2022. I visited with Ms. Pat Reyes on this date. The current census is 23. The breakdown is; Medicare-6; Medicaid-14; Private Pay-; Private Insurance-1; Hospice-2; Pending Status-.No Covid-19 in the facility.

SURVEY:

The state was not in the facility in March for any reason.

REPORTABLE INCIDENTS:

The facility had no reportable incidents in March.

CLINICAL TRENDING:**A. Infections:**

No infections above threshold.

B. Weight Loss:

There were no weight loss issues.

ADDITIONAL COMMENTS:

Restraints-0

Pressure ulcers- .5%

Falls with major injuries-0%

Anti-psychotic medicines- The facility is currently at 16.7%.

They need one RN. They are currently not using any agency. Staff is picking up the needed hours.

Ms. Reyes said that budget is not in good shape because of the supply expenses. She hopes that things will turn around over the next few weeks and hopefully the next time we visit, everything will be better. She said that the corporate office and staff are working with her as much as possible.

Ms. Reyes said her Medical Director works well with her and her staff. The QAPI program is helpful and the medical director works very well with the staff regarding the QAPI program.

The facility has plans to remodel the kitchen and dining area in the near future.



Hallettsville Rehab & NC
825 W Fairwinds

April 25 2022

CONTACT

Administrator: Ms. Courtney Korenek, MBA-LNFA

The site visit was conducted on April 25, 2022. I visited with Mr. Korenek on this date.

FACILITY

The current census target is 78. The current census is 82. The breakdown is as follows; Medicare-12; Medicaid-36; Private Pay-; Private Insurance-12 Hospice-3; Pending Status-3; V.A.-16.

SURVEY

The state was in the facility to investigate an abuse complaint. Nothing was substantiated or cited.

State came in to investigate a resident to resident incident. Residents told on themselves so nothing was cited.

REPORTABLE INCIDENTS:

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

Infections:

The facility had three cases of Covid-19 first of the month. All clear.

Weight Loss:

There were no issues with weight loss or gain.

ADDITIONAL COMMENT:

The facility is working hard to control the quality measures.

Restraints-0

Pressure ulcers; 2.47%

Falls with Major injuries- 0%.

Anti-psychotic medicine- Currently at 3.7%.

Staffing is in fair shape. They need 3 LVNs and 1 CNA. Using some agency.

The budget is in fairly good shape. The higher census has helped.

The QAPI program is working well for the facility. The medical director is very involved with the staff.

CONTACT:

Administrator: Mr. Ray Vasquez

The site visit was conducted on April 25, 2022. I visited with Mr. Vasquez on this date.

The facility is clear of Covid-19 on this date.

FACILITY:

The census target is 58 and the current census is 53. The breakdown is; Medicare-5; Medicaid-24; Private Pay-20; Private Insurance-, Hospice-2; Pending Status-2. No Covid in the facility.

SURVEY:

The state was in the facility to clear reportable on 2 complaints. 1 tag on environmental issue. Cleared and nothing cited.

REPORTABLE INCIDENTS:

The facility had one reportable incident involving two residents in a confrontation. All was resolved.

Infections:

The infection rate was below the threshold set by infection control.

Weight Loss:

The facility had no weight loss or gain issues.

ADDITIONAL COMMENT:

Restraints-0

Pressure ulcers-2.3% for the month of March.

Falls with Major injuries- 2%

Anti-psychotics- Currently at 6%.

The facility had a full-book survey last week. They had 9 minor tags. All are cleared. This was their first survey in two years.

Currently, staffing is fair. They are still having to use agency. They need LVNs and CNAs. Budget is fairly stable but still needs more census and less agency. They have hired a new Activities Director and Maintenance Director.

The QAPI program continues to work well. The facility has a new medical director and he really likes the QAPI program. He is very active with the QAPI program.

The facility still looks very nice and well kept.

Exhibit “E”



Sherrie Norris <sherrie@wshd-tx.com>

Student Loan Forgiveness

1 message

amber <amber@wsvems.com>

Thu, May 12, 2022 at 11:16 AM

To: Sherrie Norris <sherrie@wshd-tx.com>, Clint Aslin <clentaaa@yahoo.com>

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

From: amber <amber@wsvems.com>

To: Patricia Ojeda <patricia@wshd-tx.com>

Date: 05/12/2022 12:15 PM

Subject: Student Loan Forgiveness

Attached is Clint Aslin's request for Student Loan Forgiveness. Please let me know if you have any questions and thank you for your consideration.

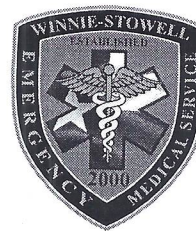
Amber Lucia
Winnie Stowell EMS Coordinator
PO Box 755
Winnie, Texas
409-296-9627 Office
409-350-7474 Cell

Winnie Stowell EMS Coordinator
PO Box 755
Winnie, Texas
409-296-9627 Office
409-350-7474 Cell

 **clint0001.pdf**
3768K

Winnie Stowell Volunteer EMS

249 Broadway, P.O. Box 755, Winnie, Texas 77665
Office: 409-296-9627



Letter of Recognition for Mr. Clint Aslin 05/12/2022

To Whom it May Concern:

Mr. Aslin has worked under my supervision as a Paramedic from January 17, 2019 to present. Mr. Aslin worked with Winnie Fire Department for the last 10 years. During the course of employment here Mr. Aslin has proven himself to be an exemplary employee. Mr. Aslin has received several Letters of Commendation from patient's and family members for his patient care skills and professionalism. He demonstrates a strong ability of skills that are effective in the performance of his duties. In my experience I found that working along side with Mr. Aslin his performance of his responsibilities is excellent. The feedback I have received from not only patients and family members but staff from Hospitals and employees is very positive and provides evidence of his strong knowledge of skills and communication. Mr. Aslin serves the Community of Winnie-Stowell above and beyond the expectations of Winnie-Stowell Volunteer EMS. Not only is he a Paramedic but also carry his Commission as a Firefighter, Police Officer, and member of the SWAT Team. Overall Mr. Aslin is an invaluable asset to our community.

I have attached a copy of a Letter of Intent from Mr. Aslin, a copy of his student loans, and a job description here at Winnie-Stowell Volunteer EMS. Please reach out to me if you have any questions. Thank you all for your consideration.

A handwritten signature in cursive script that reads "Amber Lucia". The signature is written in black ink and is positioned above a horizontal line.

Amber Lucia
Winnie Stowell EMS Coordinator

My name is Clint Aslin I'm a paramedic a firefighter and a police SWAT officer. I've been serving the chambers county area for ten over years, with the last five being employed with Winnie EMS. The community of Winnie is my second home , my co workers here are family and I have a close working relationship with the local hospital staff and the citizens in the community ,also know most of our patients on a first name basis. Given the opportunity to have my student loans paid off would relieve some stress off my mind and my bank account , which would help me focus more on furthering my education and ultimately help me be an even more asset to the community of Winnie and the surrounding chambers county . Enclosed I've provided the financial statement for my student loans . Even though I expect nothing in return it does fill my heart with joy and admiration that my hard work doesn't go unnoticed. I appreciate the community giving back to me for all the years of service I've given them , thank you to all involved .



FedLoan Servicing
P.O. BOX 69184
Harrisburg, PA 17106-9184
Toll-free: [800-699-2908](tel:800-699-2908)
MyFedLoan.org

CLINTON L ASLIN
580 DEVON ST
BEAUMONT, TX 77707

Account #: [6298864287](#)

April 30, 2022

The following information is provided as verification of the loans we service for CLINTON L ASLIN:

On Deferment Or Forbearance

- The loans are on a(n) Forbearance from 03/13/2020 through 08/31/2022.
- Repayment on these loans will begin immediately following the last deferment or forbearance.
- Depending on the type of loan you have and the date it was disbursed, there may be additional time available for you to postpone payments provided all eligibility requirements are met.

Loan #	Disbursement Date	Loan Program	Original Loan Amount	Principal Balance	Monthly Payment Amount	Repayment Term	Interest Rate	Days Delinquent
4	09/28/2011	DLSTFD	\$1,750.00	\$1,127.30	**\$0.00	--	0%	0
3	06/14/2011	DLUNST	\$4,564.00	\$4,176.37	**\$0.00	--	0%	0
2	01/14/2011	DLSTFD	\$4,500.00	\$2,991.85	**\$0.00	--	0%	0
1	09/23/2009	DLSTFD	\$3,500.00	\$2,443.58	**\$0.00	--	0%	0

Important Notes

- The total monthly payment amount currently due on your account is \$00.00. This amount is subject to change upon annual recertification of your income.
- **** ESTIMATES** only. The estimate provided is an interest only payment amount. The actual Monthly Payment Amount may be higher than the amount provided. The actual amount and repayment terms will be provided to you in writing before the loan enters repayment.

Loan Payoff

Request Loan Payoff & Make a Payoff Payment

Your payoff amount was calculated for the loan(s) and date you requested.

Step 2 of 4: Make a Payoff Payment

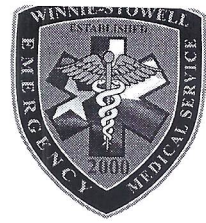
The following loans will be included in your payoff:

Disb. Date	Loan Type	Interest Rate	Balance
09/28/2011	DLSTFD	0.00 %	\$1,127.30
06/14/2011	DLUNST	0.00 %	\$4,176.37
01/14/2011	DLSTFD	0.00 %	\$2,991.85
09/23/2009	DLSTFD	0.00 %	\$2,443.58

Payment Date:
04/30/2022

Payoff Amount Total:
\$10,739.10

Winnie Stowell Volunteer EMS



Paramedic Job Description

Supervisor: EMS Coordinator

Salary/Wage Status: Hourly

SUMMARY OF DUTIES:

Provides emergency medical care and community education to the citizens of Winnie-Stowell service area, provide exceptional pre-hospital clinical medicine based on the Winnie-Stowell Volunteer EMS Scope of Care. Must be able to utilize electronic communication including portable and mobile radios, electronic patient care records and computer aided dispatch equipment. Must have excellent written and verbal communication skills and excellent customer service skills. Follows all established standards and procedures set forth by policy and procedures. Must be able to maintain and trouble shoot medical equipment as well as keep equipment and vehicles clean and response ready.

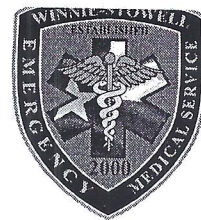
SUPERVISION RECEIVED:

Works under the general supervision of the EMS Coordinator.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Report for duty on time and when assigned.
- Maintain good physical condition and personal hygiene.
- Serves as crew member on an EMS unit.
- Responds to emergency and non-emergency calls for service.
- Ability to assess emergency scenes and respond to conditions as per policies and protocols.
- Assess patient and provide medical care on the scene and enroute to destination facility.
- Must have the ability to remain calm and follow oral and written procedures and instructions clearly and accurately in emergency situations.
- Must have the ability to demonstrate compassion to patients and family.
- Have the ability to effectively manage difficult interpersonal situations and conflicts involving patients, family members, bystanders and other health care or public safety workers.
- Demonstrate effective and positive interpersonal relationship skills with co-workers and supervisors, in both routine and stressful circumstances.
- Lift 150 pounds with assistance.
- Operate EMS vehicles safely under normal and emergency conditions.

Winnie Stowell Volunteer EMS



- Delivers patients to the destination facility.
- Safely operate standard equipment; such as stretchers, cots, patient care monitors and standard diagnostic equipment.
- Document activities, including patient care via written and electronic media.
- Maintains EMS vehicles and equipment.
- Performs routine maintenance and cleaning at EMS facilities.
- Instructs first responders and the public on emergency care, including CPR.
- Attends continuing education classes for updates on medical procedures.
- Be able to handle extreme stress in crisis situations.
- Be able to stand for extended periods of time.
- Must be available to work assigned shift unless otherwise requested.

OTHER JOB DUTIES:

- Performs other duties as required.
- Job description statements are intended to describe the general nature and level of work being performed by employees assigned to this job title. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required.

WORKING CONDITIONS:

- May work in inclement weather, including extreme heat and cold.
- Be available to report for duty in dangerous and severe weather such as ice storms, wind storms and flooding event.
- Subject to various hazards associated with emergency rescue operations.
- Be able to work with and under the direction of other agencies during regional emergency response incidents.
- Evening, weekend and holiday hours are required as needed.
- Exposed to persons with unknown illnesses, uncontrolled accident and crime scenes and hazards of traffic while operating an ambulance under routine and emergency conditions.

DESIRED MINIMUM QUALIFICATIONS:

- Must be certified or licensed by the Texas Department of State Health Services as an Emergency Medical Technician- Paramedic or Licensed Paramedic and be in good standing with the DSHS.
- Thorough working knowledge of the operation of EMS vehicles.
- Thorough working knowledge of EMS communications and medical equipment.

Winnie Stowell Volunteer EMS



- Must have no felony convictions or disqualifying criminal history.
- Must have high school diploma or GED equivalent.
- Must have a valid Texas driver's license.
- Be able to read, write and speak English.
- Must demonstrate excellent written and verbal communications skills.
- Must demonstrate excellent customer service skills.
- Must successfully complete ACLS, BLS CPR and PALS/PEEP within the first six (6) months of hire.

PREFERRED QUALIFICATIONS:

- Two (2) years 911 field experience.
- Be able to provide emergency care at the Paramedic level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Proficiency in computer key board, use of word processing, computer aided dispatching equipment.

OTHER:

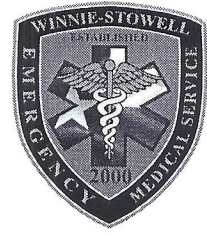
Winnie-Stowell Volunteer EMS provides equal employment opportunities (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.

Winnie-Stowell Volunteer EMS may consider all related education and/or experience in determining the applicant's minimum qualifications and starting salary.

Winnie Stowell Volunteer EMS

249 Broadway, P.O. Box 755, Winnie, Texas 77665

Office: 409-296-9627



Letter of Recognition for Ms. Kayla Blackwell

05/18/2022

To Whom it May Concern:

Ms. Blackwell has worked under my supervision as a Basic from November 9, 2021 to present and is currently working on getting her Paramedic. Ms. Blackwell worked as an EMT since 2018. During the course of employment here Ms. Blackwell has proven herself to be an exemplary employee. Ms. Blackwell has provided care to the Community and has been a vital part of our team here. She demonstrates a strong ability of skills that are effective in the performance of her duties and wants to expand her knowledge further for the benefit of the Community. In my experience I found that working alongside with Ms. Blackwell her performance of her responsibilities is excellent. The feedback I have received from not only patients and family members but staff from Hospitals and employees is very positive and provides evidence of her strong knowledge of skills and communication. Ms. Blackwell serves the Community of Winnie-Stowell above and beyond the expectations of Winnie-Stowell Volunteer EMS. Overall Ms. Blackwell is an invaluable asset to our community.

I have attached a copy of a Letter of Intent from Ms. Blackwell a copy of her student loans, and a job description here at Winnie-Stowell Volunteer EMS. Please reach out to me if you have any questions. Thank you all for your consideration.

A handwritten signature in cursive script that reads "Amber Lucia".

Amber Lucia
Winnie Stowell EMS Coordinator

Kayla Blackwell
139 county road 4795
Warren, Tx 77664
Kback2329@gmail.com

May 12, 2022

To whom it may concern,

I appreciate the opportunity to apply for student loan forgiveness. I have very much enjoyed my experience with Winnie EMS and intend to continue my career with the service.

I was able to acquire student loans nearly 4 years ago which allowed me to pursue my passion for helping others by becoming an EMT. My passion has only been fueled further the last few years so much so that I am studying to take my Paramedic test. My dream is to continue to serve my local community and bring the best care and compassion as our patients deserve. Southeast Texas has always been my home and the community is family. I look forward to continuing my career as part of Winnie EMS.

Sincerely,
Kayla A. Blackwell

Loan Details

Account:

Current Balance:	E880317185
Past Due Amount:	\$14,309.84
Current Amount Due:	\$0.00
Payment Amount:	\$0.00
Due Date:	10/28/2022

Show Groups and Loan Details >

NOTE Your amount due is subject to change for reasons including but not limited to adding, removing, or changing an alternate payment amount, cancelling auto debit, the addition of a deferment or forbearance that covers the debit date, or the addition of new loans to your Nelnet account. This also includes a loan/group pending a final payment in which interest accrual is an estimation and could be impacted by rounding on the actual debit date and additional payments submitted to pay off a loan.



Sherrie Norris <sherrie@wshd-tx.com>

Student loan forgiveness

1 message

amber <amber@wsvems.com>

Thu, May 12, 2022 at 11:17 AM

To: Sherrie Norris <sherrie@wshd-tx.com>, Jennifer Hafford <jenniferhafford@yahoo.com>

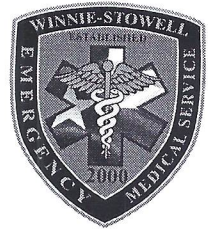
Attached is Jennifer Hafford's request for Student Loan Forgiveness. Please let me know if you have any questions and thank you for your consideration.

Amber Lucia
Winnie Stowell EMS Coordinator
PO Box 755
Winnie, Texas
409-296-9627 Office
409-350-7474 Cell

 **jennifer.pdf**
2924K

Winnie Stowell Volunteer EMS

249 Broadway, P.O. Box 755, Winnie, Texas 77665
Office: 409-296-9627



Letter of Recognition for Mrs. Jennifer Hafford 05/12/2022

To Whom it May Concern:

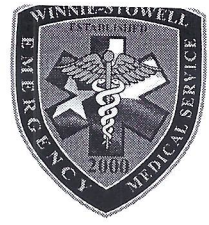
Ms. Hafford has worked under my supervision as a Paramedic from October 19, 2021 to present. During the course of employment here Ms. Hafford has proven herself to be an exemplary employee. She has received several Letters of Commendation from patient's and family members for her patient care skills and professionalism. She demonstrates a strong ability of skills that are effective in the performance of her duties. In my experience I found that working alongside with Ms. Hafford her performance of her responsibilities is excellent. The feedback I have received from not only patients and family members but staff from Hospitals and employees is very positive and provides evidence of his strong knowledge of skills and communication. Ms. Hafford serves the Community of Winnie-Stowell above and beyond the expectations of Winnie-Stowell Volunteer EMS. Ms. Hafford would like to continue to further her education in a way that will positively affect the citizens of Winnie-Stowell Volunteer EMS.

I have attached a copy of a Letter of Intent from Ms. Hafford, a copy of her student loans, and a job description here at Winnie-Stowell Volunteer EMS. Please reach out to me if you have any questions. Thank you all for your consideration.

A handwritten signature in cursive script that reads "Amber Lucia".

Amber Lucia
Winnie Stowell EMS Coordinator

Winnie Stowell Volunteer EMS



Paramedic Job Description

Supervisor: EMS Coordinator

Salary/Wage Status: Hourly

SUMMARY OF DUTIES:

Provides emergency medical care and community education to the citizens of Winnie-Stowell service area, provide exceptional pre-hospital clinical medicine based on the Winnie-Stowell Volunteer EMS Scope of Care. Must be able to utilize electronic communication including portable and mobile radios, electronic patient care records and computer aided dispatch equipment. Must have excellent written and verbal communication skills and excellent customer service skills. Follows all established standards and procedures set forth by policy and procedures. Must be able to maintain and trouble shoot medical equipment as well as keep equipment and vehicles clean and response ready.

SUPERVISION RECEIVED:

Works under the general supervision of the EMS Coordinator.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Report for duty on time and when assigned.
- Maintain good physical condition and personal hygiene.
- Serves as crew member on an EMS unit.
- Responds to emergency and non-emergency calls for service.
- Ability to assess emergency scenes and respond to conditions as per policies and protocols.
- Assess patient and provide medical care on the scene and enroute to destination facility.
- Must have the ability to remain calm and follow oral and written procedures and instructions clearly and accurately in emergency situations.
- Must have the ability to demonstrate compassion to patients and family.
- Have the ability to effectively manage difficult interpersonal situations and conflicts involving patients, family members, bystanders and other health care or public safety workers.
- Demonstrate effective and positive interpersonal relationship skills with co-workers and supervisors, in both routine and stressful circumstances.
- Lift 150 pounds with assistance.
- Operate EMS vehicles safely under normal and emergency conditions.

Winnie Stowell Volunteer EMS



- Delivers patients to the destination facility.
- Safely operate standard equipment; such as stretchers, cots, patient care monitors and standard diagnostic equipment.
- Document activities, including patient care via written and electronic media.
- Maintains EMS vehicles and equipment.
- Performs routine maintenance and cleaning at EMS facilities.
- Instructs first responders and the public on emergency care, including CPR.
- Attends continuing education classes for updates on medical procedures.
- Be able to handle extreme stress in crisis situations.
- Be able to stand for extended periods of time.
- Must be available to work assigned shift unless otherwise requested.

OTHER JOB DUTIES:

- Performs other duties as required.
- Job description statements are intended to describe the general nature and level of work being performed by employees assigned to this job title. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required.

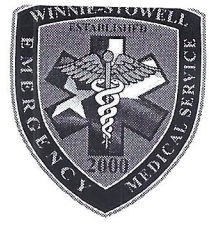
WORKING CONDITIONS:

- May work in inclement weather, including extreme heat and cold.
- Be available to report for duty in dangerous and severe weather such as ice storms, wind storms and flooding event.
- Subject to various hazards associated with emergency rescue operations.
- Be able to work with and under the direction of other agencies during regional emergency response incidents.
- Evening, weekend and holiday hours are required as needed.
- Exposed to persons with unknown illnesses, uncontrolled accident and crime scenes and hazards of traffic while operating an ambulance under routine and emergency conditions.

DESIRED MINIMUM QUALIFICATIONS:

- Must be certified or licensed by the Texas Department of State Health Services as an Emergency Medical Technician- Paramedic or Licensed Paramedic and be in good standing with the DSHS.
- Thorough working knowledge of the operation of EMS vehicles.
- Thorough working knowledge of EMS communications and medical equipment.

Winnie Stowell Volunteer EMS



- Must have no felony convictions or disqualifying criminal history.
- Must have high school diploma or GED equivalent.
- Must have a valid Texas driver's license.
- Be able to read, write and speak English.
- Must demonstrate excellent written and verbal communications skills.
- Must demonstrate excellent customer service skills.
- Must successfully complete ACLS, BLS CPR and PALS/PEEP within the first six (6) months of hire.

PREFERRED QUALIFICATIONS:

- Two (2) years 911 field experience.
- Be able to provide emergency care at the Paramedic level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Proficiency in computer key board, use of word processing, computer aided dispatching equipment.

OTHER:

Winnie-Stowell Volunteer EMS provides equal employment opportunities (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.

Winnie-Stowell Volunteer EMS may consider all related education and/or experience in determining the applicant's minimum qualifications and starting salary.

4/27/2022

My name is Jennifer Hafford and I have been a part of Winnie EMS since October 2021 and plan on staying employed as long as I can in this community. I love being a part of Winnie EMS and glad to serve as a Paramedic to the residents in this region.

To learn about the Department of Education's announcement related to changes to income-driven repayment (IDR) plans, click here.

Do you have student loan interest to claim? Tax statements are available! [Learn more >](#)

Federal student loan flexibilities for the COVID-19 emergency have been extended through August 31, 2022. We are updating our websites and systems as quickly as possible to explain the types of relief now available for federal student loans held by the Department of Education. We appreciate your patience. Visit StudentAid.gov/coronavirus for updates.



aidVantage



JENNIFER HAFFORD
Account Profile →

Log Out

All Loan Details As of 04/27/2022 (ET)

Loan

All Loans



Total Current Balance: \$108,605.35

All Loan Details

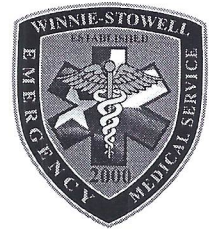
Loan ▲

Loan ▲	Current Balance ▼	Interest Rate ▼	Due Date ▼
1-01 Direct Parent PLUS School TULSA WELDING SCHOOL Loan Status National Emergency Forbearance Estimated Payoff Date 03/22/2032	\$19,594.90	0.000%	05/01/2022
1-02 DL Consolidated - Subsidized School Consolidated Loan Status National Emergency Forbearance Estimated Payoff Date 02/22/2036	\$28,133.26	0.000%	05/22/2022
1-03 DL Consolidated - Unsubsidized School Consolidated Loan Status National Emergency Forbearance Estimated Payoff Date 11/22/2038	\$60,877.19	0.000%	05/22/2022

Winnie Stowell Volunteer EMS

249 Broadway, P.O. Box 755, Winnie, Texas 77665

Office: 409-296-9627



Letter of Recognition for Mr. Joshua Wahleithner 05/18/2022

To Whom it May Concern:

Mr. Wahleithner has worked under my supervision as a Paramedic from November 3, 2020 to present. Mr. Wahleithner worked as a Paramedic since 2010. During the course of employment here Mr. Wahleithner has proven himself to be an exemplary employee. Mr. Wahleithner has provided care to the Community and has been given a promotion to FTO (Field Training Officer) and handles the schedule for our employees here at Winnie-Stowell Volunteer EMS. He demonstrates a strong ability of skills that are effective in the performance of his duties. In my experience I found that working along side with Mr. Wahleithner his performance of his responsibilities is excellent. The feedback I have received from not only patients and family members but staff from Hospitals and employees is very positive and provides evidence of his strong knowledge of skills and communication. Mr. Wahleithner serves the Community of Winnie-Stowell above and beyond the expectations of Winnie-Stowell Volunteer EMS. Overall Mr. Wahleithner is an invaluable asset to our community.

I have attached a copy of a Letter of Intent from Mr. Wahleithner, a copy of his student loans, and a job description here at Winnie-Stowell Volunteer EMS. Please reach out to me if you have any questions. Thank you all for your consideration.

Amber Lucia

Amber Lucia

Winnie Stowell EMS Coordinator

May 12, 2022

To whom it may concern,

My name is Joshua Wahleithner, I work for Winnie-Stowell EMS as a Paramedic on a full-time basis. I've been in EMS since 2010 and a Paramedic since 2013 and joined Winnie-Stowell EMS in 2020 and have since become very attached to the Winnie area. I earned my bachelor's degree in Emergency Management from West Texas A&M in 2020 and will complete my master's in public safety leadership EMS from Arizona State University in December 2022.

Through my tenure with Winnie-Stowell EMS, I have provided care to the communities of Winnie and Stowell as a Paramedic and have added the additional roles of FTO and Schedule Officer. These positions play an important role in our operations for numerous reasons. As a FTO, I have worked to improve and streamline our onboarding process to ensure that we are hiring and training new employees to the best of our ability. As the Schedule Officer, I have played a crucial role in ensuring our units are staffed with appropriate provider levels and helped make unit deployment changes to better serve the community.

These degree programs have taught me how to expand my current roles with Winnie-Stowell EMS and further help the community. I have gained knowledge in the areas of risk management, marketing, budgeting, Geographic Information Systems (GIS), non-profit management, EMS operations, community paramedicine and human resource management. This has allowed me to increase my responsibilities with Winnie-Stowell EMS and help implement new policies and procedures as well as decrease overall expenses. I plan on using my expanded education with Winnie-Stowell EMS to improve and expand pre-hospital services in the Winnie and Stowell communities for years to come.

Sincerely,



Joshua Wahleithner

Josh.wahleithner@gmail.com

903-284-7972



May 15, 2022

JOSHUA D WAHLEITHNER
211 WESTCHESTER ST
LUFKIN, TX, 75901-7323

Account(s):

- E930544888

Dear JOSHUA D WAHLEITHNER:

The following detailed information pertains to your loan(s) at Nelnet:

Account Summary

Regular monthly payment amount	\$271.74
Past due amount	\$0.00
Due date	07/15/2023
Capitalized interest	\$0.00
Outstanding principal balance	\$33,901.00
Accrued interest	\$0.00
Outstanding fees	\$0.00
Current balance	\$33,901.00

Department of Education Loan Summary

Group ID	Loan	Loan Type	Status	Original Loan Amount	Outstanding Principal Balance	Interest Rate	First Disbursement Date	Consumer Account Number
AA	1	DIRECT UNSUB	IN SCHOOL	\$20,500.00	\$20,500.00	5.28%	08/09/2021	*****6347
AB	2	DIRECT GRAD	DEFERMENT	\$13,401.00	\$13,401.00	6.28%	05/11/2022	

If you need additional information, please visit our website at [Nelnet.com \(http://www.nelnet.com\)](http://www.nelnet.com) or call us toll-free at 888.486.4722. We're here to help you reach your goals.

Sincerely,
Nelnet

NOTE Your amount due is subject to change for reasons including but not limited to adding, removing, or changing an alternate payment amount, cancelling auto debit, the addition of a deferment or forbearance that covers the debit date, or the addition of new loans to your Nelnet account. This also includes a loan/group pending a final payment in which interest accrual is an estimation and could be impacted by rounding on the actual debit date and additional payments submitted to pay off a loan.

Exhibit “F

Hubert Oxford IV

From: Mo Danishmund <mo@starcoimpex.com>
Sent: Tuesday, May 10, 2022 11:48 AM
To: Hubert Oxford IV
Cc: Karen Horn
Subject: Re: UC DY7 Recoupment Notification - Winnie Community Hospital

We would appreciate it if the district could help us out with the entire amount please. We have been through alot over the last 2 years, and our cashflow is not strong enough to handle this. We are humbly requesting the district to help us out with the entire amount. Thanks

On Tue, May 10, 2022, 11:40 AM Hubert Oxford IV <hoxfordiv@benoxford.com> wrote:

Mo and Karen,

Please confirm but the way I read the attached letter is that the Hospital must repay the State the entire \$580,527.00 within 30 days of April 25, 2022 (i.e., May 25, 2022) or the Hospital can ask for a 30-day extension. From there, the State will send the money back to the Hospital District. Once the money is returned to the Hospital District, the question is going to be whether the Hospital District gives it back to the Hospital.

Is this correct?

Sincerely,

Hubert Oxford, IV

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue, Suite 300

Beaumont, Texas 77706

(409) 951-4721 Direct

(409) 351-0000 Cell

(409) 833-8819 Fax

CONFIDENTIAL NOTICE

This e-mail transmission (and/or the documents accompanying it) may contain confidential information belonging to the sender which is protected by the attorney-client privilege. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this e-mail in error, please immediately send a reply and delete the e-mail promptly. If there is any question or difficulty, please notify us by calling us collect at phone number (409) 833-9182.

From: Karen Horn <khorn@ricelandhealthcare.com>
Sent: Tuesday, May 10, 2022 10:38 AM
To: Hubert Oxford IV <hoxfordiv@benoxford.com>
Cc: mo@starcoimpex.com
Subject: Fw: UC DY7 Recoupment Notification - Winnie Community Hospital

Hubert,

Please see attached demand letter from HHSC related to the DY7 UC audit.

Karen Horn

Financial Analyst

Riceland Medical Center

(formerly Winnie Community Hospital)

225-267-6966 Office

225-715-9840 Cell

From: Mo Danishmund <mo@starcoimpex.com>
Sent: Monday, April 25, 2022 4:19 PM
To: Karen Horn <khorn@ricelandhealthcare.com>
Subject: Fwd: UC DY7 Recoupment Notification - Winnie Community Hospital

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

From: **HHSC PFD RAD UC Payments** <PFD_UC_Payments@hhs.texas.gov>

Date: Mon, Apr 25, 2022, 4:05 PM

Subject: UC DY7 Recoupment Notification - Winnie Community Hospital

To: mo@starcoimpex.com <mo@starcoimpex.com>

Cc: Brown,Adam (HHSC) <Adam.Brown04@hhs.texas.gov>, HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>

Good afternoon,

Attached is your notification of UC DY7 overpayment and demand for refund of overpayment amount. For information about this letter or you wish to discuss repayment options, please refer to the contacts within the letter.

Thank you,

HHSC Provider Finance Payments

Texas Health and Human Services Commission

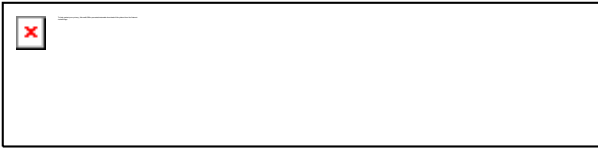
North Austin Complex

Mail Code 1470

4601 Guadalupe St

Austin, TX 78751

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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.

Demand for Refund of Overpayment Amount

Within thirty days of the receipt of this letter, your facility should send a check, payable to Texas HHSC, to one of the following addresses:

Regular Mail

HHSC AR MC1470
P.O. Box 149055
Austin, TX 78714-9055

Overnight Mail

HHSC AR MC1470
4601 W Guadalupe Street
Austin, TX 78751

If Winnie Community Hospital is unable to refund the full amount of the current overpayment within 30 days of the date of this letter, Winnie Community Hospital must contact HHSC Provider Finance Staff to discuss repayment options. If the provider is able to establish a good cause why it cannot refund the entire amount within 30 days, HHSC may enter into a written agreement with the hospital establishing repayment terms.

If within 30 days the hospital has not paid the full amount or entered into a written agreement with HHSC to do so, HHSC may withhold any or all future Medicaid payments until HHSC has recovered an amount equal to the current overpayment.

If you have questions about the information in this letter or if you wish to discuss repayment options, please contact Adam Brown at (737) 465-9992 or PFD_UC_Payments@hhs.texas.gov.

Sincerely,

Adam Brown

Adam Brown
Manager, Provider Finance Payments
Health and Human Services Commission

Hubert Oxford IV

From: Karen Horn <khorn@ricelandhealthcare.com>
Sent: Monday, May 16, 2022 8:17 AM
To: Hubert Oxford IV
Cc: mo@starcoimpex.com
Subject: Re: Uncompensated Care Overpayment

I'm not sure I'm following you. Maybe this helps. If not, give me a call.

The urban hospitals effect the initial amount of money allocated to the overall rural pool. That money was then distributed to each hospital based on each hospital's percentage in the overall charity care, regardless of the UC application amount. So we ended up getting more in initial UC money than we should have based on our actual charity care, hence the reason.

For example, let's say the overall amount of money to be distributed within the rural pool was \$1M and once all the applications were submitted, our charity care was 50% of all the charity care submitted by hospitals within the pool. We would get \$500K in UC payments. But then when the audit came around, our total charity care costs only ended up being \$200K, we would end up owing back \$300K.

Just another flaw in the way this program is operated.

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

From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Monday, May 16, 2022 8:00 AM
To: Karen Horn <khorn@ricelandhealthcare.com>
Cc: mo@starcoimpex.com <mo@starcoimpex.com>
Subject: Re: Uncompensated Care Overpayment

Ok, so, they don't affect the refund request because that is a cost report issue? Urban hospitals, do however affect the size of the refund request?

Hubert Oxford, IV
Cell: 409-351-0000

On May 16, 2022, at 7:35 AM, Karen Horn <khorn@ricelandhealthcare.com> wrote:

Because of their size, they pull money into the rural pool, making more money available to be distributed to everyone within the pool.

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

From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Sunday, May 15, 2022 4:51 PM
To: Karen Horn <khorn@ricelandhealthcare.com>
Cc: mo@starcoimpex.com <mo@starcoimpex.com>
Subject: Re: Uncompensated Care Overpayment

Karen,

I wasn't sure by reading your email but why does the classification of urban hospitals as rural hospitals cause the refund?

Hubert Oxford, IV
Cell: 409-351-0000

On May 13, 2022, at 10:35 AM, Karen Horn <khorn@ricelandhealthcare.com> wrote:

Hubert,

Below is an explanation. I've also attached the Word document provided by HHSC back in 2018 that explains the increase. See the "background" section.

The way the UC allocation works, there are two pools: one for urban hospitals and one for rural hospitals. Once all the applications are submitted, the total money to be distributed is split between the two pools based on the total uncompensated care costs reported within each pool. The money in each pool is then distributed to the hospitals based on their percentage of uncompensated care costs to total uncompensated care costs within their respective pools.

For DY7 and DY8 several large urban hospitals found a loophole in the UC program that allowed them to qualify as rural referral centers. In doing so they were qualified as rider 38 (rural) hospitals and moved from the urban pool to the rural pool. Because of the large uncompensated care costs of these urban hospitals (now classified as rural) the amount of money in the rural pool increased exponentially.

The effect of this pool reclassification increased the rural pool size from \$515 million (in DY6) to almost \$1.09 billion (in DY7). This increase continued for DY8.

It should be noted that the UC payments are based on the prior years' cost report than they are settled on, therefore they are just an estimate. For example, DY7 UC payment was based on 2016 cost report data, but settled based on 2017's. For this reason, each demonstration year goes through an audit several years after the fact.

For DY7, the hospital received \$2.3 million, which was double that received in DY6.

The audit for DY7, which was completed late last year, resulted in a calculated overpayment of \$580,527 (\$250,323,24 of which is IGT and will be returned to the district once paid in full).

The DY8 audit is slated for June 2022 so actual settlement numbers will not be available until the coming Fall. However, the hospital received \$3.2 million for DY8; \$870K more than in DY7, so we could potentially owe back at least that much money.

I hope this helps. Let me know if you need more information.

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

From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Thursday, May 12, 2022 7:52 PM
To: Karen Horn <khorn@ricelandhealthcare.com>
Cc: mo@starcoimpex.com <mo@starcoimpex.com>
Subject: Uncompensated Care Overpayment

Karen,

Will you send me an email explaining why there was an overpayment for DY 7 and an expected overpayment for DY 8? When we talked, you mentioned some rural program for those years but I didn't quite understand it. The reason we need this is to be able to explain that this was something that was really out of the Hospital's control.

Thank you!

Hubert Oxford, IV
Cell: 409-351-0000



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April 25, 2022

Email: mo@starcoimpex.com

Attention: Mo Danishmund, CFO
Winnie Community Hospital
538 Broadway
Winnie, TX 77665-7600

Subject: Notice of Overpayment of Demonstration Year 7 Uncompensated Care and Demand for Refund of Overpayment Amount for Winnie Community Hospital (TPI 148698701).

Dear Mo,

The Health and Human Services Commission (HHSC) annually completes a reconciliation of Section 1115 Transformation Waiver Uncompensated Care (UC) payments to allowable costs for each hospital. The reconciliation is required under the Standard Terms and Conditions of the Waiver and ensures that UC payments to a hospital do not exceed the hospital's eligible uncompensated costs of providing services to Medicaid patients and the uninsured. If UC payments exceed eligible costs in the program year of reconciliation, HHSC must recoup the amount of the overpayment.

Notice of Overpayment of Demonstration Year 7 UC Funds

The independent audit report for the 2018 DSH program year (Demonstration Year 7) indicates that Winnie Community Hospital received payments in excess of eligible cost in the amount of \$580,527.00.

This is an all funds overpayment/recoupment and the state share of the overpayment will be returned to the government entity.

All Funds Amount:	\$580,527.00
State Share:	\$250,323.24
Federal Share	\$330,203.76

The audit report and provider data summary are available for viewing on HHSC's Provider Finance website at:

<https://pfd.hhs.texas.gov/hospitals-clinic/hospital-services/disproportionate-share-hospitals-dsh-audit>

Exhibit “G”

**NOTICE OF APPOINTMENT OF AGENT
REGARDING NOVEMBER 8, 2022 ELECTION**

**TO ALL PERSON(S) INTERESTED IN THE ELECTION
FOR WINNIE-STOWELL HOSPITAL DISTRICT**

Notice is hereby given that the undersigned, Secretary of the Board of Directors of Winnie-Stowell Hospital District, acting pursuant to Section 31.123, Texas Election Code, has by these presents, appointed Sherrie Norris as the duly authorized agent of the Secretary (the "Agent") for all purposes for the District's Election (the "Election") to be held on November 8, 2022. The office of the Agent is located at 520 Broadway, Winnie, Texas and the telephone number is 409-296-1003. As required by Section 31.122 of the Texas Election Code, the Agent will be available for election duties for at least three (3) hours each day, during regular office hours, on regular business days, beginning on September 19, 2022, the 50th day before the Election Day, and ending no earlier than December 18, 2022, the 40th day after the Election Day.

The Agent will maintain and make available for inspection and copying those documents described in Section 31.123(c) of the Texas Election Code and shall receive any personally delivered document relating to the election that the undersigned is authorized or required to receive. Additionally, the Agent shall hereby be authorized to perform any ministerial duties in connection with the election that may lawfully be performed.

The notice shall be posted continuously on the board used for posting notice of the meetings of the District during the time-period described.

Issued this 18th day of May, 2022

WINNIE-STOWELL HOSPITAL DISTRICT

Jeff Rollo, Secretary
Board of Directors

**AVISO DE NOMBRAMIENTO DE AGENTE
CON RESPECTO A LAS ELECCIONES DEL 8 DE NOVIEMBRE DE 2022**

**A TODAS LAS PERSONAS INTERESADAS EN LA ELECCIÓN
PARA EL DISTRITO DE HOSPITALARIO WINNIE-STOWELL**

Por la presente se notifica que el abajo firmante, Secretario de la Junta de Directores del Distrito Hospitalario Winnie-Stowell, actuando de conformidad con la Sección 31.123, Código Electoral de Texas, por estos presentes, ha designado a Sherrie Norris como el agente debidamente autorizado del Secretario (el " Agente ") para todos los propósitos de la Elección del Distrito (la " Elección ") que se realizará el 8 de noviembre de 2022. La oficina del Agente se encuentra en 520 Broadway, Winnie, Texas y el número de teléfono es 409-296-1003. Como lo requiere la Sección 31.122 del Código Electoral de Texas, el Agente estará disponible para tareas electorales durante al menos tres (3) horas cada día, durante el horario de oficina regular, en días hábiles regulares, comenzando el 19 de septiembre de 2022, el día 50 antes del día de las elecciones, y que finaliza no antes del 18 de diciembre de 2022, el día 40 después del día de las elecciones.

El Agente mantendrá y pondrá a disposición para su inspección y para hacer copias de los documentos descritos en la Sección 31.123 (c) del Código Electoral de Texas y recibirá cualquier documento entregado personalmente relacionado con la elección que el suscrito está autorizado o obligado a recibir. Además, el Agente estará autorizado para realizar cualquier tarea ministerial en relación con la elección que pueda realizarse legalmente.

El aviso se publicará continuamente en la pizarra utilizada para publicar el aviso de las reuniones del Distrito durante el período de tiempo descrito.

Publicado el 18 de mayo de 2022

EL DISTRITO DE HOSPITALARIO WINNIE-STOWELL

Jeff Rollo, Secretario
Junta Directiva

13. Discuss and take-action, if necessary, on authorizing intergovernmental transfer for the first half of the Year 6, Quality Improvement Payment Program.

Exhibit “H”

AUTHORIZING RESOLUTION

At a duly constituted meeting of the Board of Directors of Winnie-Stowell Hospital District (“District”), a political subdivision of the State of Texas established pursuant to CHAPTER 286 OF THE TEXAS HEALTH & SAFETY CODE, held on May 18, 2022, the following resolution was adopted:

WHEREAS, at its May 18, 2022 Regular Meeting, the Board of Directors unanimously voted to close the District’s two million seven hundred thousand dollars (\$6,000,000.00) Certificate of Deposit (“CD”) at Allegiance Bank and consolidate the proceeds from the closed CD with an additional one million (\$1,000,000.00) in funds on deposit at Interbank to purchase a seven million dollars (\$7,000,000.00) CD at Allegiance Bank.

WHEREAS, at this same Board Meeting, the Board of Directors also unanimously voted to increase its line of credit at Allegiance Bank from two million seven hundred thousand dollars (\$6,000,000.00) to seven million dollars (\$7,000,000.00) and to secure the line of credit with the Certificate of Deposit of seven million dollars (\$7,000,000.00).

WHEREAS, it was also unanimously approved that the signatories on the seven million dollar (7,000,000.00) Certificate of Deposit and the seven million dollar (7,000,000.00) line of credit shall correspond with the November 18, 2020 Authorizing Resolution.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the District hereby adopts the following resolutions:

- (1) Allegiance Bank is authorized to close the District’s six million dollars (\$6,000,000.00) Certificate of Deposit at Allegiance Bank and consolidate the proceeds from the closed CD with one million dollars (\$1,000,000.00) in funds on deposit at Interbank to purchase a seven million dollars (\$7,000,000.00) CD at Allegiance Bank.
- (2) Request Allegiance Bank to increase the District’s line of credit of six million dollars (\$6,000,000.00) to six million dollars (\$7,000,000.00) and to secure the line of credit with the newly established Certificate of Deposit of seven million dollars (\$7,000,000.00).
- (3) The signatories for these accounts shall be pursuant to the November 18, 2020 Authorizing Resolution adopted by the District. (*See Exhibit “A”*).
- (4) The District is authorized to enter into Treasurer Management Agreements for this account subject to this resolution.
- (5) I further certify that the District is duly organized and existing and has the power to take the action called for by the foregoing resolutions.

RESOLUTION APPROVED AND ADOPTED THIS 18TH DAY OF MAY 2022

WINNIE STOWELL HOSPITAL DISTRICT

Edward Murrell
President

SECRETARY CERTIFICATE

I, the undersigned, Mr. Jeff Rollo, Secretary of the Winnie Stowell Hospital District, hereby certify that that the foregoing is a full, true, and correct copy of a resolution duly adopted by the Board of Directors of the Winnie Stowell Hospital District at its Regular Meeting held on May 18, 2022, held on the day and at the place therein specified, at which a majority of the members were present and voted. I further certify that the resolution is entered in the minutes and has not been amended or repealed.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary this 18th day of May 2022.

Jeff Rollo, Secretary
Board of Directors