

EXHIBIT “A”

ORDER OF CANCELLATION
ORDEN DE CANCELACIÓN

The Winnie Stowell Hospital District hereby cancels the election scheduled to be held on
(official name of governing body)
November 8, 2022 in accordance with Section 2.053(a) of the Texas
(date on which election was scheduled to be held)
**Election Code. The following candidates have been certified as unopposed and are hereby
elected as follows:**

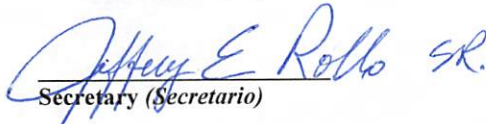
El Distrito Hospitalario Winnie Stowell *por la presente cancela la elección que, de lo contrario,*
(nombre oficial de la entidad gobernante)
se hubiera celebrado el 8 de noviembre de 2022 *de conformidad, con*
(fecha en que se hubiera celebrado la elección)
*la Sección 2.053(a) del Código de Elecciones de Texas. Los siguientes candidatos han sido
certificados como candidatos únicos y por la presente quedan elegidos como se haya indicado
a continuación:*

Candidate (Candidato)	Office Sought (Cargo al que presenta candidatura)
The Honorable <u>Kasey Lei Vratiss</u>	At Large Board Member
The Honorable <u>George Robert Way, Jr.</u>	At Large Board Member

**A copy of this order will be posted on Election Day at each polling place that would have
been used in the election.**

*El Día de las Elecciones se exhibirá una copia de esta orden en todas las mesas electorales
que se hubieran utilizado en la elección.*


President (Presidente)


Secretary (Secretario)

(seal) (sello)

August 29, 2022
Date of adoption (Fecha de adopción)

See reverse side for instructions
Instrucciones en el reverso

Instructions for sample order of cancellation:

To cancel an election, the governing body must first receive and accept the Certification of Unopposed Candidates form (or the authority may create its own form) from the authority responsible for preparing the ballot. The cancellation order/ordinance must be adopted in an open meeting. The candidates are not required to be present. Certificates of election should be prepared for each unopposed candidate; however, the certificates of election should not be issued until after Election Day, as follows. Section 2.053 provides that the certificate of election shall be issued "in the same manner and at the same time" as for a candidate elected at an election. Therefore, the candidates, who have been declared "elected" at the meeting ordering the cancellation, must wait until after the official election day (even though no election is held) and no earlier than the prescribed canvassing period (even though no canvass is held) to be sworn in and assume their duties. Candidates may complete the Statement of Elected Officer prior to Election Day. The Statement should be kept locally; it does not need to be sent to the Secretary of State's Office. Copies of this order/ordinance must be posted on Election Day at each polling place that would have been used had the election not been cancelled.

An election* may be cancelled if:

- 1) The election is one in which a declaration of write-in candidacy is required; and
- 2) No opposed at-large race is on the ballot* within that election;*and
- 3) Each candidate whose name is to appear on the ballot* is unopposed, with some exceptions;
This means:
 - In an all at-large election* (with no single-member districts), if there is one or more opposed at-large races, then all the races go on the ballot within that election.*
 - In an election* in which any members of the governing body are elected from single-member districts, an election in a particular district may be cancelled if the candidate is unopposed and the election otherwise meets the above requirements (i.e., there is no at-large opposed race on the ballot).

Note: A general election (for full terms) or a special election (to fill a vacancy in an unexpired term) is considered a *separate election* with a *separate ballot* for purposes of these tests, even if held on the same election date. See our online Cancellation guide for details.

Instrucciones para el ejemplo de orden de cancelación:

Para cancelar una elección, la entidad gobernante primero debe recibir y aceptar, de la autoridad responsable para preparar la boleta, el formulario de Certificación para Candidatos Sin Oposición (o la autoridad puede crear su propio formulario) de la autoridad responsable para preparar la boleta. La orden/ordenanza de cancelación debe ser adoptada en una reunión abierta. No se requiere que los candidatos estén presentes. Se debe preparar un certificado de elección para cada candidato sin oposición; sin embargo, los certificados de elección no se deben emitir hasta el Día de las Elecciones, así como se detalla a continuación. La sección 2.053 indica que el certificado de elección será publicado "en la misma manera y al mismo tiempo" para un candidato elegido en una elección. Por lo tanto, los candidatos que hayan sido declarados "elegido" en la reunión de la cancelación, deben esperar hasta después del día oficial de elecciones (aunque no se hayan llevado una elección) y no antes del período prescrito de la campaña política (aunque no se lleve a cabo la campaña política) a ser jurados y asumir sus deberes. Los candidatos pueden llenar la Declaración de Funcionario Elegido antes del Día de las Elecciones. Este documento se debe mantener en los archivos locales. No es necesario enviarlo a la Oficina del Secretario de Estado. El Día de las Elecciones se debe exhibir una copia de esta orden/ordenanza en todos los sitios de votación que se hubieran utilizado en la elección si no hubiera sido cancelada.

Una elección* puede ser cancelada si:

- 1) la elección es una en la que se requiere una declaración de candidatos por escrito en la boleta de votación; y,
- 2) no hay oposición para la carrera por acumulación en la boleta* de votación dentro de esa elección* y
- 3) Todos los candidatos cuyos nombres deben aparecer en la boleta* de votación no tienen oposición, con unas excepciones;
Esto significa:
 - En una elección* por acumulación (sin ningún distrito con miembro único), si se encuentra una o más de una carrera por acumulación con oposición, entonces todas las carreras estarán en la boleta dentro de esa elección*.
 - En una elección* en la que cualquiera de los miembros de la entidad gobernante se eligen de distritos con un solo miembro, se puede cancelar una elección en un distrito específico si hay oposición para el candidato y la elección cumple con los requisitos que anteceden (ej. no hay oposición para la carrera por acumulación en la boleta).

Nota: Una elección general (con términos completos) o una elección especial (para llenar una vacante de un término no vencido) es considerada como una elección distinta con una boleta distinta con los propósitos de estas pruebas, aunque se lleven a cabo en la misma fecha electoral. Vea nuestra guía de cancelación en línea para más detalles.

EXHIBIT “B”

**CERTIFICATION OF UNOPPOSED CANDIDATES FOR
OTHER POLITICAL SUBDIVISIONS (NOT COUNTY)
CERTIFICACIÓN DE CANDIDATOS ÚNICOS
PARA OTRAS SUBDIVISIONES POLITICAS (NO EL CONDADO)**

To: Presiding Officer of Governing Body
Al: Presidente de la entidad gobernante

As the authority responsible for having the official ballot prepared, I hereby certify that the following candidates are unopposed for election to office for the election scheduled to be held on November 8, 2022

Como autoridad a cargo de la preparación de la boleta de votación oficial, por la presente certifico que los siguientes candidatos son candidatos únicos para elección para un cargo en la elección que se llevará a cabo el 8 de noviembre de 2022

List offices and names of candidates:
Lista de cargos y nombres de los candidatos:

Office(s) *Cargo(s)*

Candidate(s) *Candidato(s)*

Edward Murrell
Signature *(Firma)*

Edward Murrell
Printed name *(Nombre en letra de molde)*

President
Title *(Puesto)*

8-29-2022
Date of signing *(Fecha de firma)*

(Seal) *(sello)*

See reverse side for instructions
(Instrucciones en el reverso)

Instructions for certification of unopposed candidates:

The authority responsible for preparing the ballot must certify the unopposed status to the authority responsible for ordering the election. This document is filed with the presiding officer of the political subdivision. The governing body must meet, accept this certification, and issue an order or ordinance declaring the election cancelled and the unopposed candidates elected. To complete the cancellation process, a copy of the order or ordinance canceling the election must be posted on Election Day at each polling place that would have been used in the election. See sample Order of Cancellation and outlines for additional instructions.

An election* may be cancelled if:

- 1) The election is one in which a declaration of write-in candidacy is required; and
- 2) No opposed at-large race is on the ballot* within that election;*and
- 3) Each candidate whose name is to appear on the ballot* is unopposed, with some exceptions;

This means:

- In an all at-large election* (with no single-member districts), if there is one or more opposed at-large races, then all the races go on the ballot within that election.*
- In an election* in which any members of the governing body are elected from single-member districts, an election in a particular district may be cancelled if the candidate is unopposed and the election otherwise meets the above requirements (i.e., there is no at-large opposed race on the ballot).

Note: A general election (for full terms) or a special election (to fill a vacancy in an unexpired term) is considered a *separate election* with a *separate ballot* for purposes of these tests, even if held on the same election date. See our online Cancellation guide for details.

Instrucciones para la certificación de una elección con candidatos únicos:

La autoridad a cargo de preparar la boleta de votación debe certificar los candidatos únicos sin oposición a la autoridad encargada de ordenar la elección. Este documento se debe presentar al presidente de la subdivisión política. La entidad gobernante debe reunirse, aceptar esta certificación y emitir una orden o una ordenanza en la que declara la cancelación de la elección y la elección de los candidatos únicos sin oposición. Para completar el proceso de cancelación, se debe exhibir el Día de la Elección una copia de la orden u ordenanza de cancelación de la elección en todos los sitios de votación que se hubieran utilizado en la elección. Vea el ejemplo Orden de Cancelación y el resumen para más instrucciones.

Una elección* puede ser cancelada si:

- 1) *la elección es una en la que se requiere una declaración de candidatos por escrito en la boleta de votación; y,*
- 2) *no hay oposición para la carrera por acumulación en la boleta* de votación dentro de esa elección**
- 3) *Todos los candidatos cuyos nombres deben aparecer en la boleta* de votación no tienen oposición, con unas excepciones;*

Esto significa:

- *En una elección* por acumulación (sin ningún distrito con miembro único), si se encuentra una o más de una carrera por acumulación con oposición, entonces todas las carreras estarán en la boleta dentro de esa elección*.*
- *En una elección* en la que cualquiera de los miembros de la entidad gobernante se eligen de distritos con un solo miembro, se puede cancelar una elección en un distrito específico si hay oposición para el candidato y la elección cumple con los requisitos que anteceden (ej. no hay oposición para la carrera por acumulación en la boleta).*

Nota: *Una elección general (con términos completos) o una elección especial (para llenar una vacante de un término no vencido) es considerada como una elección distinta con una boleta distinta con los propósitos de estas pruebas, aunque se lleven a cabo en la misma fecha electoral. Vea nuestra guía de cancelación en línea para más detalles.*

Exhibit “A-1”

Winnie-Stowell Hospital District
Balance Sheet
As of July 31, 2022

	Jul 31, 22
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	120,437.04
104c Allegiance Bank -CD#1771	7,000,000.00
105 TexStar	692,497.44
108 Allegiance Bank NH Combined	4,189,905.19
109 First Financial Bank	16,156,062.09
Total Checking/Savings	28,158,901.76
Other Current Assets	
110 Sales Tax Receivable	132,417.87
114 Accounts Receivable NH	24,431,631.87
117 NH - QIPP Prog Receivable	9,851,579.42
118 Prepaid Expense	34,494.65
119 Prepaid IGT	17,978,790.91
Total Other Current Assets	52,428,914.72
Total Current Assets	80,587,816.48
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	129,483.00
125 Accumulated Depreciation	-143,675.64
Total Fixed Assets	126,462.32
TOTAL ASSETS	80,714,278.80
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	4,186,715.01
201 NHP Accounts Payable	3,064,241.87
210.20 Loan Payable 20 QIPP 5	11,786,158.80
210.21 Loan Payable 21 QIPP 6	9,014,433.31
210.50 Allegiance Bk Ln 6 QIPP6	7,000,000.00
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	1,131.44
240 Accounts Payable NH	26,711,678.44
Total Other Current Liabilities	61,764,722.18
Total Current Liabilities	61,764,722.18
Total Liabilities	61,764,722.18
Equity	
300 Net Assets, Capital, net of	126,462.00
310 Net Assets-Unrestricted	17,624,127.13
315 Committed for Capital Proj	-450,000.00
Net Income	1,648,967.49
Total Equity	18,949,556.62
TOTAL LIABILITIES & EQUITY	80,714,278.80

Exhibit “A-2”

WSDH Treasurer's Report

Reporting Date: Wednesday, August 17, 2022				
Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$1,819.26	Prosperity Operating (Unrestricted)	\$184,787.71
Wilcox Pharmacy	Indigent Care	\$1,327.97	First Financial (Unrestricted)	\$10,838,973.58
UTMB at Galveston	Indigent Care	\$1,472.65	First Financial (Restricted)	\$13,807,827.92
UTMB Faculty Group	Indigent Care	\$980.34	TexStar	\$692,497.44
Thompson Outpatient Clinic	Indigent Care	\$1,006.49	Allegiance Bank LOC (Available)	\$0.00
Omnipoint Health-Dental	SP Program	\$1,020.00	Total District Funds	\$25,524,086.64
Penelope (Polly) Butler	Youth Counseling	\$170.00	Less First Financial (Restricted)	(\$13,807,827.92)
Nicki Holtzman	Youth Counseling	\$680.00	Less TexStar Reserve Account	(\$692,497.44)
Kalos Counseling (Benjamin Odom)	Youth Counseling	\$425.00	Less Committed Funds (Capital Acquisition and Grant Funding-See below)	(\$4,494,396.88)
Indigent Healthcare Solutions	IC Inv #41218	\$1,109.00	Cash Position (Less First Financial Restricted)	\$6,529,364.41
Benckenstein & Oxford	Inv #50501	\$22,820.00	Pending Expenses	(\$257,793.59)
Hubert Oxford	Legal Retainer	\$1,000.00	Ending Balance (Less expenses-Available Cash, not Committed)	\$6,271,570.82
David Sticker	Inv #83	\$2,031.25	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$14,168,983.66
Technology Solutions of Tx	Inv #s 1686 & 1704	\$604.99	Prior Month	
Felipe Ojedia-Yard Service	Inv #1028	\$300.00	Prosperity Operating (Unrestricted)	\$248,453.75
Graciela Chavez-Office Cleaning	Inv #8018612	\$60.00	First Financial (Unrestricted)	\$8,824,450.97
WSVEMS (dated)	Grant Inv July 2022	\$10,416.00	First Financial (Restricted)	\$7,879,023.42
American Education Services	S Stern-Student Loan	\$150.14	TexStar	\$691,674.44
Function4-contract	Inv #954530 & 953037	\$274.11	Allegiance Bank LOC (Available)	\$0.00
Allegiance Bank	LOC Interest-Auto Pay	\$15,370.83	Total District Funds	\$17,643,602.57
Cigna (overpayment)	Reimb C RH QY5 May&Jun	\$68.38	Less First Financial (Restricted)	(\$7,879,023.42)
Coastal Gateway Health Center	Grant (Aug Req)	\$194,687.18	Less TexStar Reserve Account	(\$691,674.44)
Total Pending Expenses:		\$257,793.59	Funding-See below)	(\$4,891,436.33)
			Cash Position (Less First Financial Restricted)	\$4,181,468.39
			Pending Expenses	(\$118,125.33)
			Ending Balance (Less expenses)	\$4,063,343.06
			Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding)	\$13,364,456.76

First Financial Bank Reconciliations

FFB Balance Aug 16, 2022	\$24,646,801.49				
	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
Component 1-April (2nd Half)	\$1,976,669.79	\$1,976,669.79	\$1,976,669.79	\$0.00	\$1,976,669.79
Component 1-May (2nd Half)	\$1,871,362.51	\$1,871,362.51	\$1,871,362.51	\$0.00	\$1,871,362.51
Component 1-June (2nd Half)	\$1,957,750.53	\$1,957,750.53	\$1,938,110.49	\$19,640.04	\$1,957,750.53
Total Component 1, IGT 10	\$7,707,285.46	\$7,707,285.46	\$7,687,645.42	\$19,640.04	\$7,707,285.46
Loan 20 Set Aside (Salt Creek & Allegiance)					
Loan 20 Payment-March (2nd Half)	\$1,901,502.63	\$1,901,502.63	\$1,901,502.63	\$0.00	\$1,901,502.63
Loan 20 Payment-April (2nd Half)	\$1,976,669.79	\$1,976,669.79	\$1,976,669.79	\$0.00	\$1,976,669.79
Loan 20 Payment-May (2nd Half)	\$1,871,362.51	\$1,871,362.51	\$1,871,362.51	\$0.00	\$1,871,362.51
Component 1-June (2nd Half)	\$1,957,750.53	\$1,957,750.53	\$1,938,110.49	\$19,640.04	\$1,957,750.53
Total Loan 20 Set Aside	\$7,707,285.46	\$7,707,285.46	\$7,687,645.42	\$19,640.04	\$7,707,285.46
Yr. 5, Component 2 (Public & Private)					
Y5/Q2-Comp. 2-March.	\$248,800.99	\$466,476.23	\$466,476.23	\$0.00	\$217,675.25
Y5/Q2-Comp. 2-April	\$257,859.28	\$484,592.82	\$484,592.82	\$0.00	\$226,733.54
Y5/Q2-Comp. 2-May	\$250,845.22	\$470,564.69	\$470,564.69	\$0.00	\$219,719.48
Y5/Q2-Comp. 2-June	\$264,410.33	\$502,740.99	\$497,694.91	\$5,046.08	\$233,284.59
Total Component 2 due to MGRs.	\$1,021,915.81	\$1,924,374.73	\$1,919,328.65	\$5,046.08	\$897,412.85
Yr. 5, Component 3 (Public & Private)					
Yr. 5 Component 3, Q3 (March to May 2022)	\$1,015,136.63	\$2,053,415.89	\$2,030,273.25	\$23,142.64	\$1,003,565.31
Total Component 3 due to MGRs	\$1,015,136.63	\$2,053,415.89	\$2,030,273.25	\$23,142.64	\$1,003,565.31
Yr. 5, Component 4 (Public Only)					
Yr. 5 Component 4, Q3 (March to May 2022)	\$984,407.23	\$1,992,390.61	\$1,968,814.45	\$23,576.16	\$972,619.15
Total Component 4 due to MGRs	\$984,407.23	\$1,992,390.61	\$1,968,814.45	\$23,576.16	\$972,619.15
Yr. 5, Lapse Funds					
Yr. 5 Lapse Funds, Q3 (March to May 2022)	\$653,859.69	\$1,322,549.55	\$1,307,719.38	\$14,830.17	\$646,444.61
Total Component 4 due to MGRs	\$653,859.69	\$1,322,549.55	\$1,322,549.55	\$14,830.17	\$646,444.61
Variance Payments					
Variance Payment March	(\$8,219.36)	(\$16,438.72)	(\$16,438.72)	\$0.00	(\$8,219.36)
Variance Payment April	\$583.85	\$1,167.70	\$1,167.70	\$0.00	\$583.85
Variance Payment May	(\$86,593.67)	(\$173,187.33)	(\$173,187.33)	\$0.00	(\$86,593.67)
Variance Payment May	(\$17,141.17)	(\$34,282.33)	(\$33,058.94)	(\$1,223.39)	(\$33,058.94)
Variance Payment Totals	(\$111,370.34)	(\$222,740.68)	(\$221,517.29)	(\$1,223.39)	(\$127,288.12)
Mission and Red Oak Funds	\$1,553,974.03				
(See below for details)					
Texarkana Funds	\$58,703.55				
(See below for details)					
Non-QIPP Funds	\$50,291.00				
Interest Reserves					
Reserve Ln 20 (Balance Due-3 months)	\$495,018.66				

Reserve Ln 21 (Balance Due-3 months)	\$378,606.21
Total Reserves	\$873,624.87
Restricted	\$13,807,827.92
Unrestricted	\$10,838,973.58
Total Funds	\$24,646,801.49

Committed Funds	Paid for FQHC: 2021-2022	Quarterly Payment	Balance Due	Paid
1. Property Acquisition (\$150,000.00 for 2019, 2020, 2021)	\$0.00			
2. FQHC Grant Funding-2022	\$848,763.55	\$397,076.45		\$451,687.10
3. FQHC Grant Funding-2023	\$754,885.00	\$0.00		
4. Hospital Surgical Center	\$2,890,748.33	\$0.00		
Total Commitments	\$4,494,396.88			

Mission and Red Oak QIPP Payments					
Mission and Red Oak Year 5 QIPP Payments	Payment to HMG	Total Due	Balance Received	Unpaid	Cap X Account
Component 1					
Received and Paid					
Component 1-March (2nd Half)	\$117,889.65	\$213,082.20	\$117,889.65	\$95,192.55	\$1,900,875.45
Component 1-April (2nd Half)	\$221,847.16	\$221,847.16	\$221,847.16	\$0.00	\$221,847.16
Component 1-May (2nd Half)	\$201,736.11	\$201,736.11	\$201,736.11	\$0.00	\$201,736.11
Component 1-June (2nd Half)	\$212,671.79	\$212,906.45	\$212,671.79	\$234.66	\$212,671.79
Qtr. 2 Totals	\$754,144.71	\$849,571.92	\$754,144.71	\$95,427.21	\$754,144.71
Component 2					
Yr. 5, Component 2 Funds-March	\$28,947.48	\$52,387.86	\$28,947.48	\$23,440.38	\$0.00
Yr. 5, Component 2 Funds-April	\$54,412.78	\$54,412.78	\$54,412.78	\$0.00	\$0.00
Yr. 5, Component 2 Funds-May	\$50,689.90	\$50,689.90	\$50,689.90	\$0.00	\$0.00
Yr. 5, Component 2 Funds-June	\$54,585.24	\$54,645.48	\$54,585.24	\$60.24	\$0.00
Qtr. 2 Totals	\$188,635.40	\$212,136.02	\$188,635.40	\$23,500.62	\$0.00
Component 3, 4, and Lapsing Funds					
Yr. 5, Qtr. 3-Component 3 Funds	\$229,504.24	\$229,858.15	\$229,504.24	\$353.91	\$0.00
Yr. 5, Qtr. 3 Component 4 Funds	\$238,634.19	\$238,864.44	\$238,634.19	\$230.25	\$238,634.19
Yr. 5, Qtr. 3 Lapse Funds	\$147,356.87	\$147,631.85	\$147,356.87	\$274.98	\$0.00
Through 3rd Qtr., Year 5	\$615,495.30	\$616,354.44	\$615,495.30	\$859.14	\$238,634.19
Variance Payments					
Yr. 5, March 2022 Variance Payment	(\$511.26)	(\$1,753.16)	(\$511.26)	(\$728.32)	\$0.00
Yr. 5, April 2022 Variance Payment	\$407.49	\$407.49	\$407.49	\$0.00	\$0.00
Yr. 5, May 2022 Variance Payment	(\$17,131.31)	(\$17,131.31)	(\$17,131.31)	\$0.00	\$0.00
Yr. 5, June 2022 Variance Payment	(\$15,309.05)	(\$15,358.68)	(\$15,309.05)	(\$49.63)	\$0.00
3rd Qtr. Variance Payment	(\$1,757.25)	(\$3,414.55)	(\$1,757.25)	(\$1,657.30)	\$0.00
Qtr. 3 Totals	(\$34,301.38)	(\$37,250.21)	(\$34,301.38)	(\$2,435.25)	\$0.00
Reimbursement Payments from Abri (\$60,000-\$10,000 per month-Comp. 2)	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	
Total for Mission and Red Oak	\$1,553,974.03	\$1,670,812.17	\$1,553,974.03	\$147,351.72	\$992,778.90

Caring-Villa of Texarkana					
Texarkana Year 5 QIPP Payments	Payment to HMG	Total Due	Balance Received	Unpaid	Cap X Account
Component 1					
Received and Paid					
Component 1-March (2nd Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Component 1-April (2nd Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Component 1-May (2nd Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Component 1-June (2nd Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Qtr. 2 Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Component 2					
Yr. 5, Component 2 Funds-March	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Component 2 Funds-April	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, Component 2 Funds-May	\$6,969.20	\$18,251.40	\$6,969.20	\$11,282.20	\$0.00
Yr. 5, Component 2 Funds-June	\$7,455.60	\$19,661.20	\$7,455.60	\$12,205.60	\$0.00
Qtr. 2 Totals	\$14,424.80	\$37,912.60	\$14,424.80	\$23,487.80	\$0.00
Component 3, 4, and Lapsing Funds-Through 2nd Qtr, Year 5					
Yr. 5, Qtr. 3-Component 3 Funds	\$31,817.40	\$84,907.20	\$31,817.40	\$53,089.80	\$0.00
Yr. 5, Qtr. 3 Component 4 Funds	\$917.40	\$917.40	\$917.40	\$0.00	\$917.40
Yr. 5, Qtr. 3 Lapse Funds	\$6,406.95	\$17,119.46	\$6,406.95	\$10,712.51	\$0.00
Through 2nd Qtr., Year 5	\$39,141.75	\$102,944.06	\$39,141.75	\$63,802.31	\$917.40
Variance Payments					
Yr. 5, March 2022 Variance Payment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, April 2022 Variance Payment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 5, May 2022 Variance Payment	\$4,747.05	\$4,747.05	\$531.75	\$4,215.30	\$0.00
Yr. 5, June 2022 Variance Payment	\$496.30	\$4,147.78	\$496.30	\$3,651.48	\$0.00
Qtr. 3, Comp 3, 4, and Lapsing Variance Pmt	(\$106.35)	(\$434.31)	(\$106.35)	(\$327.96)	\$0.00
Qtr. 3 Totals	\$5,137.00	\$8,460.52	\$921.70	\$7,538.82	\$0.00
Qtr. 2, Component 3, 4, and Lapsing Variance Payment					
Total Villa of Texarkana	\$58,703.55	\$149,317.18	\$54,488.25	\$94,828.93	\$917.40

**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%		Interest		
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	\$1,976,669.79	\$2,141,676.01
7-(May 2022, Comp. 1)	6/30/2022	\$11,786,158.80	\$165,006.22	\$1,871,362.51	\$2,036,368.73
8-(June 2022, Comp. 1)	7/31/2022	\$11,786,158.80	\$165,006.22	\$1,957,750.53	\$2,122,756.75
9 (July 2022, Comp. 1)	8/31/2022	\$0.00	\$165,006.22	\$1,894,367.37	\$2,059,373.59
10 (Aug. 2022, Comp. 1)	9/30/2022	\$0.00	\$165,006.22	\$1,995,187.15	\$2,160,193.37
Reserve		\$11,786,158.80	\$0.00	\$189,318.82	\$189,318.82
11	10/31/2022	\$0.00	\$165,006.22	\$0.00	\$165,006.22
Amount Paid		\$0.00	\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Due: October 31, 2021			\$1,815,068.42	\$11,786,158.80	\$13,601,227.22
Amount Remaining				\$0.00	\$0.00

**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	\$2,468,658.75	\$2,594,860.82
6-(Oct. 2021, Comp. 1)	11/30/2022	\$9,014,433.31	\$126,202.07	\$2,509,398.55	\$2,635,600.62
7-(Nov. 2022, Comp. 1)	12/31/2022	\$9,014,433.31	\$126,202.07	\$2,441,475.55	\$2,567,677.62
8-(Dec. 2022 Comp. 1)	1/31/2023	\$9,014,433.31	\$126,202.07	\$1,594,900.46	\$1,721,102.53
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:	\$7,000,000.00	Principle Balance Owed		\$7,000,000.00	
Interest Rate:	2.55%	LOC Funds Available		\$0.00	
Amortization Table	Date	Balance	Interest	Principal Rcvd.	Payment
1	6/30/2022	Interest Payment	\$11,404.16	\$0.00	\$11,404.16
2	7/23/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00
3	8/23/2022	Interest Payment	\$15,370.83	\$0.00	\$15,370.83
4	9/30/2022	Interest Payment	\$14,617.23	\$0.00	\$14,617.23
5-(Sept. 2022, Comp. 1)	10/31/2022	Interest Payment	\$15,160.27	\$0.00	\$15,160.27
6-(Oct. 2021, Comp. 1)	11/30/2022	Interest Payment	\$14,617.23	\$0.00	\$14,617.23
7-(Nov. 2022, Comp. 1)	12/31/2022	Interest Payment	\$15,160.27	\$0.00	\$15,160.27
8-(Dec. 2022 Comp. 1)	1/31/2023	Interest Payment	\$15,160.27	\$1,129,944.50	\$1,145,104.77
9 (Jan. 2023, Comp. 1)	2/28/2023	Interest Payment	\$11,482.79	\$2,716,210.19	\$2,727,692.98
10 (Feb. 2023, Comp. 1)	3/31/2023	Interest Payment	\$6,830.45	\$2,672,502.52	\$2,679,332.97
Reserve				\$481,342.78	\$481,342.78
11	4/30/2023		\$1,008.84	\$0.00	\$1,008.84
Amount Paid		\$0.00	\$134,678.50	\$7,000,000.00	\$7,134,678.50

District's Investments

	Amount	Percentage	From	To	Interest
*CD at Allegiance Bank C.D. #1771	\$7,000,000.00	0.55%	5/23/2022	5/31/2022	Paid Quarterly
Texstar C.D. #1110	\$692,497.44	0.9999396%	7/1/2022	7/31/2022	Paid \$559.50 Jun 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

Date

Robert "Bobby" Way
Treasurer/Investment Officer

Date

Exhibit “A-3”

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

As of July 31, 2022

Accrual Basis

	Jan - Jul 22	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	432,124.47	650,000.00	-217,875.53	66.5%
405 Investment Income	8,536.00	16,000.00	-7,464.00	53.4%
407 Rental Income	5,000.00	0.00	5,000.00	100.0%
409 Tobacco Settlement	11,952.67	12,500.00	-547.33	95.6%
415 Nursing Home - QIPP Program	27,621,559.00	52,902,730.70	-25,281,171.70	52.2%
Total Income	28,079,172.14	53,581,230.70	-25,502,058.56	52.4%
Gross Profit	28,079,172.14	53,581,230.70	-25,502,058.56	52.4%
Expense				
500 Admin-Administrative Salary	43,336.51	71,920.00	-28,583.49	60.3%
502 Admin-Administrative Assnt	9,948.50	24,960.00	-15,011.50	39.9%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	4,123.25	7,847.28	-3,724.03	52.5%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	815.31	560.00	255.31	145.6%
521 Professional Fees - Acctng	18,187.50	25,000.00	-6,812.50	72.8%
522 Professional Fees-Auditing	25,905.00	25,000.00	905.00	103.6%
523 Professional Fees - Legal	7,000.00	25,000.00	-18,000.00	28.0%
550 Admin-D&O / Liability Ins.	15,673.26	15,000.00	673.26	104.5%
560 Admin-Cont Ed, Travel	88.54	9,000.00	-8,911.46	1.0%
561 Admin-Cont Ed-Medical Pers.	1,050.98	2,000.00	-949.02	52.5%
562 Admin-Travel&Mileage Reimb.	67.65	2,400.00	-2,332.35	2.8%
569 Admin-Meals	522.62	1,000.00	-477.38	52.3%
570 Admin-District/County Prom	0.00	10,000.00	-10,000.00	0.0%
571 Admin-Office Supp. & Exp.	6,024.74	7,000.00	-975.26	86.1%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	1,549.82	4,000.00	-2,450.18	38.7%
575 Admin-Cell Phone Reimburse	1,050.00	1,800.00	-750.00	58.3%
576 Admin-Telephone/Internet	1,957.50	3,000.00	-1,042.50	65.3%
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	2,380.00	4,080.00	-1,700.00	58.3%
593 Admin-Utilities	1,602.20	3,600.00	-1,997.80	44.5%
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	3,460.00	6,000.00	-2,540.00	57.7%
600 East Chambers ISD Partnersh	128,333.31	220,000.00	-91,666.69	58.3%
601 IC-Healthcare Expenses				
601.01 IC Pmt to Hosp-Indigent	266,892.94	240,000.00	26,892.94	111.2%
601.02 IC-Non Hosp Costs UTMB	203,962.84	250,000.00	-46,037.16	81.6%
601.03 IC-Non Hosp-Specl Pro				
608.01 IC Dental	4,386.00			
608.02 IC Vision	650.00			
601.03 IC-Non Hosp-Specl Pro - Oth...	0.00	7,000.00	-7,000.00	0.0%
Total 601.03 IC-Non Hosp-Specl Pro	5,036.00	7,000.00	-1,964.00	71.9%
601.04 IC-Non Hosp Cost-Other	3,562.74	2,000.00	1,562.74	178.1%
Total 601 IC-Healthcare Expenses	479,454.52	499,000.00	-19,545.48	96.1%
602 IC-WCH 1115 Waiver Prog	47,049.92	75,000.00	-27,950.08	62.7%
603 IC-Pharmaceutical Costs	20,687.80	40,000.00	-19,312.20	51.7%
605 IC-Office Supplies/Postage	1,501.66	500.00	1,001.66	300.3%
607 WSHD - Grants				
607.03 WSVEMS	165,295.71	125,000.00	40,295.71	132.2%
607.04 SVDP	11,900.00			
607.06 Marcelous Williams	41,662.50	50,000.00	-8,337.50	83.3%
607.07 Thompson OPC	117,368.18			
Total 607 WSHD - Grants	336,226.39	175,000.00	161,226.39	192.1%
611 IC-Indigent Care Dir Salary	35,093.31	58,240.00	-23,146.69	60.3%
612 IC-Payroll Taxes -Ind Care	2,715.49	4,717.44	-2,001.95	57.6%
615 IC-Software	7,763.00	13,308.00	-5,545.00	58.3%
616 IC-Travel	207.54	500.00	-292.46	41.5%
617 Youth Programs				
617.01 Youth Counseling	11,560.00	9,500.00	2,060.00	121.7%
617.02 Irlen Program	496.00	2,500.00	-2,004.00	19.8%
Total 617 Youth Programs	12,056.00	12,000.00	56.00	100.5%
630 NH Program-Mgt Fees	6,935,523.00	13,460,078.00	-6,524,555.00	51.5%
631 NH Program-IGT	13,750,520.00	26,351,286.64	-12,600,766.64	52.2%
632 NH Program-Telehealth Fees	93,190.37	160,753.96	-67,563.59	58.0%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	66,495.02	250,000.00	-183,504.98	26.6%
635 NH Program-LTC Fees	1,407,000.00	2,544,000.00	-1,137,000.00	55.3%
637 NH Program-Interest Expense	2,093,751.72	3,334,960.64	-1,241,208.92	62.8%
638 NH Program-Bank Fees & Misc	7.50	300.00	-292.50	2.5%
639 NH Program-Appraisal	46,076.76	0.00	46,076.76	100.0%
640 Nursing Home Acquisition	3,328.00	0.00	3,328.00	100.0%
642 FQHC	397,076.45	1,318,730.00	-921,653.55	30.1%
674 - Property Acquisition	1,202,181.85	2,000,000.00	-797,818.15	60.1%

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

Accrual Basis

As of July 31, 2022

	Jan - Jul 22	Budget	\$ Over Budget	% of Budget
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	9,060.28	0.00	9,060.28	100.0%
Total 675 HWY 124 Expenses	9,060.28	0.00	9,060.28	100.0%
Total Expense	27,223,531.51	50,819,236.96	-23,595,705.45	53.6%
Net Ordinary Income	855,640.63	2,761,993.74	-1,906,353.11	31.0%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	129,915,934.92			
Total Other Income	129,915,934.92			
Other Expense				
640 Nursing Home Oper. Expenses	129,122,608.06			
Total Other Expense	129,122,608.06			
Net Other Income	793,326.86			
Net Income	1,648,967.49	2,761,993.74	-1,113,026.25	59.7%

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/04/22-07/04/22

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	1,819.26
Expenditures		1,819.26
Reimb/Adjustments		
Grand Total		1,819.26

90 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*65460*28	WSHD	07/21/2022	10.79	10.79
1000*65460*29	WSHD	07/21/2022	9.86	9.86
1019*65460*109	WSHD	07/07/2022	10.24	10.24
1019*65460*110	WSHD	07/07/2022	8.66	8.66
1024*65460*48	WSHD	07/19/2022	16.54	16.54
1024*65460*49	WSHD	07/06/2022	12.00	12.00
1061*65460*31	WSHD	07/05/2022	9.82	9.82
1065*65460*41	WSHD	07/30/2022	13.08	13.08
1065*65460*42	WSHD	07/08/2022	57.11	57.11
1065*65460*43	WSHD	07/08/2022	22.01	22.01
1065*65460*44	WSHD	07/08/2022	14.45	14.45
1065*65460*45	WSHD	07/08/2022	58.95	58.95
1065*65460*46	WSHD	07/08/2022	15.35	15.35
1091*65460*102	WSHD	07/01/2022	22.36	22.36
1091*65460*103	WSHD	07/01/2022	15.78	15.78
1091*65460*104	WSHD	07/01/2022	12.12	12.12
1091*65460*105	WSHD	07/01/2022	11.21	11.21
1096*65460*125	WSHD	07/24/2022	9.24	9.24
1096*65460*126	WSHD	07/24/2022	20.59	20.59
1108*65460*50	WSHD	07/27/2022	12.09	12.09
1108*65460*51	WSHD	07/01/2022	8.70	8.70
1108*65460*52	WSHD	07/01/2022	10.91	10.91
1108*65460*53	WSHD	07/01/2022	9.20	9.20
1108*65460*54	WSHD	07/01/2022	38.74	38.74
1111*65460*21	WSHD	07/28/2022	29.29	29.29
1111*65460*22	WSHD	07/28/2022	9.47	9.47
1114*65460*49	WSHD	07/05/2022	8.65	8.65
1114*65460*50	WSHD	07/05/2022	8.66	8.66
1114*65460*51	WSHD	07/05/2022	12.12	12.12
1140*65460*71	WSHD	07/18/2022	9.20	9.20
1140*65460*72	WSHD	07/18/2022	9.99	9.99
1151*65460*124	WSHD	07/05/2022	8.82	8.82
1151*65460*125	WSHD	07/05/2022	8.22	8.22
1151*65460*126	WSHD	07/05/2022	8.46	8.46

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/04/22-07/04/22

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1165*65460*46	WSHD	07/19/2022	15.64	15.64
1165*65460*47	WSHD	07/11/2022	11.66	11.66
1166*65460*44	WSHD	07/14/2022	9.75	9.75
1166*65460*45	WSHD	07/14/2022	14.65	14.65
1166*65460*46	WSHD	07/01/2022	56.41	56.41
1166*65460*47	WSHD	07/01/2022	9.20	9.20
1167*65460*14	WSHD	07/19/2022	439.02	439.02
1167*65460*15	WSHD	07/19/2022	38.74	38.74
1183*65460*1	WSHD	07/06/2022	9.77	9.77
1207*65460*19	WSHD	07/26/2022	10.21	10.21
1207*65460*20	WSHD	07/26/2022	14.62	14.62
1207*65460*21	WSHD	07/26/2022	26.65	26.65
1214*65460*93	WSHD	07/29/2022	12.47	12.47
1214*65460*94	WSHD	07/20/2022	9.96	9.96
1214*65460*95	WSHD	07/05/2022	11.89	11.89
1214*65460*96	WSHD	07/05/2022	12.47	12.47
1214*65460*97	WSHD	07/05/2022	10.28	10.28
1214*65460*98	WSHD	07/05/2022	10.92	10.92
1233*65460*10	WSHD	07/25/2022	26.29	26.29
1233*65460*11	WSHD	07/25/2022	28.87	28.87
1233*65460*12	WSHD	07/25/2022	11.63	11.63
1233*65460*13	WSHD	07/25/2022	15.30	15.30
1233*65460*14	WSHD	07/19/2022	26.29	26.29
1233*65460*15	WSHD	07/15/2022	9.82	9.82
1238*65460*9	WSHD	07/07/2022	10.25	10.25
1238*65460*10	WSHD	07/07/2022	11.71	11.71
1238*65460*11	WSHD	07/07/2022	14.56	14.56
1244*65460*13	WSHD	07/29/2022	11.65	11.65
1244*65460*14	WSHD	07/29/2022	10.79	10.79
1244*65460*15	WSHD	07/29/2022	9.97	9.97
1244*65460*16	WSHD	07/29/2022	9.30	9.30
1244*65460*17	WSHD	07/29/2022	9.87	9.87
1244*65460*18	WSHD	07/19/2022	17.64	17.64
1249*65460*10	WSHD	07/11/2022	11.21	11.21
1249*65460*11	WSHD	07/11/2022	9.52	9.52
1249*65460*12	WSHD	07/11/2022	10.79	10.79
1250*65460*5	WSHD	07/17/2022	8.74	8.74
1250*65460*6	WSHD	07/17/2022	23.73	23.73
1250*65460*7	WSHD	07/17/2022	18.71	18.71
1250*65460*8	WSHD	07/17/2022	10.24	10.24
2458*65460*122	WSHD	07/27/2022	28.63	28.63
2458*65460*123	WSHD	07/20/2022	10.40	10.40
2458*65460*124	WSHD	07/14/2022	12.24	12.24
2458*65460*125	WSHD	07/05/2022	9.82	9.82
2815*65460*206	WSHD	07/05/2022	10.79	10.79
2815*65460*207	WSHD	07/03/2022	22.36	22.36
2815*65460*208	WSHD	07/03/2022	11.54	11.54

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Issued 08/09/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 07/04/22-07/04/22

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2815*65460*209	WSHD	07/03/2022	10.37	10.37
2815*65460*210	WSHD	07/03/2022	11.21	11.21
2815*65460*211	WSHD	07/03/2022	11.29	11.29
2815*65460*212	WSHD	07/03/2022	19.62	19.62
2815*65460*213	WSHD	07/03/2022	29.29	29.29
2815*65460*214	WSHD	07/03/2022	10.78	10.78
2815*65460*215	WSHD	07/03/2022	9.55	9.55
3363*65460*24	WSHD	07/29/2022	16.08	16.08
3363*65460*25	WSHD	07/01/2022	11.42	11.42
90 invoices, 90 line items			1,819.26	1,819.26
Grand Totals			1,819.26	1,819.26

90 total invoices
90 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/03/22-07/03/22

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,327.97
Expenditures		1,327.97
Reimb/Adjustments		
Grand Total		1,327.97

63 total invoices

GL Totals Detail
Invoice #

GL #	Date in	Amt Billed	Amt Paid
1040*18651*75	07/13/2022	9.23	9.23
1093*18651*109	07/25/2022	14.63	14.63
1093*18651*110	07/19/2022	9.16	9.16
1093*18651*111	07/18/2022	8.98	8.98
1094*18651*5	07/27/2022	16.00	16.00
1095*18651*96	07/20/2022	10.32	10.32
1095*18651*97	07/20/2022	8.85	8.85
1095*18651*98	07/20/2022	10.05	10.05
1095*18651*99	07/20/2022	9.37	9.37
1107*18651*67	07/22/2022	10.33	10.33
1107*18651*68	07/07/2022	16.93	16.93
1144*18651*25	07/06/2022	10.17	10.17
1157*18651*117	07/08/2022	21.76	21.76
1157*18651*118	07/08/2022	8.74	8.74
1157*18651*119	07/08/2022	10.47	10.47
1191*18651*95	07/13/2022	10.94	10.94
1191*18651*96	07/26/2022	13.33	13.33
1191*18651*97	07/26/2022	35.84	35.84
1191*18651*98	07/13/2022	9.34	9.34
1191*18651*99	07/13/2022	10.59	10.59
1199*18651*28	07/07/2022	124.94	124.94
1199*18651*29	07/06/2022	402.92	402.92
1199*18651*30	07/07/2022	74.95	74.95
1204*18651*40	07/27/2022	8.85	8.85
1204*18651*41	07/27/2022	12.10	12.10
1204*18651*42	07/15/2022	18.78	18.78
1206*18651*24	07/08/2022	20.09	20.09
1206*18651*25	07/07/2022	8.22	8.22
1206*18651*26	07/07/2022	9.93	9.93
1226*18651*26	07/19/2022	11.44	11.44
1226*18651*27	07/19/2022	9.88	9.88
1226*18651*28	07/19/2022	9.78	9.78
1226*18651*29	07/19/2022	10.39	10.39
1227*18651*19	07/27/2022	10.68	10.68

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 07/03/22-07/03/22

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

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1227*18651*20	WSHD	07/27/2022	14.97	14.97
1227*18651*21	WSHD	07/27/2022	25.50	25.50
1227*18651*22	WSHD	07/22/2022	8.58	8.58
1227*18651*23	WSHD	07/22/2022	9.34	9.34
1228*18651*33	WSHD	07/11/2022	10.20	10.20
1228*18651*34	WSHD	07/11/2022	8.43	8.43
1228*18651*35	WSHD	07/11/2022	14.02	14.02
1228*18651*36	WSHD	07/11/2022	14.30	14.30
1228*18651*37	WSHD	07/11/2022	10.22	10.22
1235*18651*9	WSHD	07/15/2022	9.56	9.56
1245*18651*5	WSHD	07/05/2022	10.48	10.48
1245*18651*6	WSHD	07/05/2022	8.45	8.45
1246*18651*5	WSHD	07/23/2022	8.91	8.91
1246*18651*6	WSHD	07/23/2022	12.04	12.04
1252*18651*1	WSHD	07/26/2022	10.03	10.03
1292*18651*39	WSHD	07/26/2022	9.59	9.59
1292*18651*40	WSHD	07/20/2022	8.85	8.85
1292*18651*41	WSHD	07/08/2022	8.55	8.55
2994*18651*51	WSHD	07/15/2022	10.03	10.03
3343*18651*15	WSHD	07/08/2022	18.98	18.98
3343*18651*16	WSHD	07/05/2022	11.74	11.74
3343*18651*17	WSHD	07/08/2022	27.00	27.00
3364*18651*101	WSHD	07/25/2022	9.81	9.81
3364*18651*102	WSHD	07/25/2022	9.47	9.47
3364*18651*103	WSHD	07/25/2022	14.16	14.16
3364*18651*104	WSHD	07/25/2022	9.78	9.78
3364*18651*105	WSHD	07/25/2022	8.73	8.73
3364*18651*106	WSHD	07/25/2022	9.29	9.29
3364*18651*107	WSHD	07/25/2022	8.98	8.98
63 invoices, 63 line items ***			1,327.97	1,327.97
Grand Totals			1,327.97	1,327.97

63 total invoices
63 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/01/22-07/01/22

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	1,472.65
	Expenditures	1,511.76
	Reimb/Adjustments	-39.11
	Grand Total	1,472.65

12 total invoices

GL Totals Detail

Invoice #	GL #	Date In	Amt Billed	Amt Paid
1093*63614*35	WSHD	06/02/2022	1,033.00	247.92
1094*63614*3	WSHD	06/03/2022	1,076.00	0.00
1107*63614*16	WSHD	06/06/2022	323.00	77.52
1146*63614*12	WSHD	06/03/2022	983.00	235.92
1177*63614*23	WSHD	05/18/2022	156.00	37.44
1204*63614*5	WSHD	02/11/2022	0.00	-39.11
1222*63614*5	WSHD	06/08/2022	323.00	77.52
1233*63614*2	WSHD	05/31/2022	323.00	77.52
1241*63614*1	WSHD	06/07/2022	323.00	77.52
1247*63614*1	WSHD	06/09/2022	1,021.00	245.04
1247*63614*1	WSHD	06/09/2022	261.00	62.64
2475*63614*1	WSHD	06/16/2022	125.00	30.00
2475*63614*1	WSHD	06/16/2022	391.00	93.84
2815*63614*18	WSHD	05/23/2022	323.00	77.52
2815*63614*18	WSHD	06/15/2022	391.00	93.84
2815*63614*18	WSHD	06/09/2022	323.00	77.52

12 invoices, 16 line items ******* **7,375.00** **1,472.65**

Grand Totals **7,375.00** **1,472.65**

12 total invoices
 16 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/01/22-07/01/22

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

Vendor #: 63615
 NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	980.34
Expenditures		980.34
Reimb/Adjustments		
Grand Total		980.34

15 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1093*63615*38	WSHD	06/02/2022	270.00	56.08
1093*63615*38	WSHD	06/02/2022	80.00	8.66
1107*63615*16	WSHD	06/06/2022	183.00	39.92
1146*63615*17	WSHD	06/03/2022	415.00	95.54
1146*63615*17	WSHD	06/03/2022	23.00	7.70
1177*63615*26	WSHD	05/18/2022	80.00	20.21
1191*63615*15	WSHD	05/10/2022	513.00	118.78
1194*63615*2	WSHD	06/27/2022	118.00	0.00
1194*63615*2	WSHD	06/28/2022	180.00	0.00
1197*63615*2	WSHD	04/28/2022	178.00	36.37
1219*63615*21	WSHD	05/26/2022	270.00	0.00
1233*63615*2	WSHD	05/31/2022	270.00	56.08
1235*63615*3	WSHD	04/25/2022	30.00	10.26
1241*63615*1	WSHD	06/07/2022	273.00	65.29
1241*63615*1	WSHD	06/10/2022	273.00	51.69
1247*63615*1	WSHD	06/09/2022	273.00	65.29
1247*63615*1	WSHD	06/09/2022	140.00	38.50
2475*63615*1	WSHD	06/16/2022	415.00	95.54
2475*63615*1	WSHD	06/16/2022	45.00	17.96
2815*63615*26	WSHD	05/23/2022	270.00	56.08
2815*63615*26	WSHD	06/09/2022	183.00	39.92
2815*63615*26	WSHD	06/15/2022	270.00	56.08
2994*63615*21	WSHD	06/28/2022	270.00	44.39
15 invoices, 23 line items	***		5,022.00	980.34
Grand Totals			5,022.00	980.34

15 total invoices
 23 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/11/22-07/11/22

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

Vendor #: 68539
 NPI: 1982805586

GL #	Description	Amount
WSHD	Wshd	1,006.49
Expenditures		1,006.49
Reimb/Adjustments		
Grand Total		1,006.49

15 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*68539*1	WSHD	07/22/2022	193.00	47.68
1024*68539*2	WSHD	07/05/2022	193.00	47.68
1024*68539*2	WSHD	07/05/2022	30.00	2.92
1024*68539*2	WSHD	07/06/2022	129.00	33.95
1024*68539*2	WSHD	07/19/2022	129.00	33.95
1061*68539*2	WSHD	07/05/2022	129.00	33.95
1093*68539*2	WSHD	07/06/2022	193.00	47.68
1095*68539*1	WSHD	07/26/2022	280.00	94.10
1107*68539*2	WSHD	07/06/2022	129.00	33.95
1108*68539*1	WSHD	07/06/2022	146.00	41.09
1111*68539*1	WSHD	07/19/2022	293.00	81.24
1111*68539*1	WSHD	07/19/2022	193.00	47.68
1111*68539*1	WSHD	07/19/2022	35.00	1.98
1111*68539*1	WSHD	07/19/2022	30.00	10.96
1183*68539*1	WSHD	07/06/2022	146.00	41.09
1206*68539*1	WSHD	07/07/2022	293.00	81.24
1214*68539*1	WSHD	07/05/2022	293.00	81.24
1235*68539*1	WSHD	07/05/2022	293.00	81.24
2815*68539*3	WSHD	07/25/2022	193.00	47.68
3343*68539*2	WSHD	07/05/2022	129.00	33.95
3363*68539*1	WSHD	07/01/2022	293.00	81.24
15 invoices, 21 line items	***		3,742.00	1,006.49
Grand Totals			3,742.00	1,006.49

15 total invoices
 21 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/08/22-07/08/22

Omnipoint Health-Dental
 Po Box 398
 Anahuac, TX 77514

Vendor #: 90012

GL #	Description	Amount
WSHD	Wshd	1,020.00
	Expenditures	1,020.00
	Reimb/Adjustments	
	Grand Total	1,020.00

6 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1108*90012*1	WSHD	07/27/2022	110.00	110.00
1111*90012*1	WSHD	02/04/2022	70.00	70.00
1166*90012*3	WSHD	07/20/2022	70.00	70.00
1206*90012*6	WSHD	07/08/2022	110.00	110.00
1206*90012*6	WSHD	07/18/2022	110.00	110.00
1206*90012*7	WSHD	08/01/2022	220.00	220.00
2994*90012*4	WSHD	07/28/2022	330.00	330.00
2994*90012*4	WSHD	05/19/2022	70.00	0.00
2994*90012*4	WSHD	06/09/2022	110.00	0.00
6 invoices, 9 line items	***		1,200.00	1,020.00
Grand Totals			1,200.00	1,020.00

6 total invoices
 9 total line items

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GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/02/22-07/02/22

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

Vendor #: 13632

GL #	Description	Amount
WSHD	Wshd	170.00
	Expenditures	170.00
	Reimb/Adjustments	
	Grand Total	170.00
1 total invoices		

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*35	WSHD	07/01/2022	85.00	85.00
YC17*13632*35	WSHD	07/19/2022	85.00	85.00
1 invoices, 2 line items	***		170.00	170.00
Grand Totals			170.00	170.00

1 total invoices
2 total line items

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/02/22-07/02/22

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

Vendor #: 90007

GL #	Description	Amount
WSHD	Wshd	680.00
	Expenditures	680.00
	Reimb/Adjustments	
	Grand Total	680.00

5 total invoices

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC38*90007*9	WSHD	07/06/2022	85.00	85.00
YC38*90007*9	WSHD	07/18/2022	85.00	85.00
YC48*90007*8	WSHD	07/06/2022	85.00	85.00
YC48*90007*8	WSHD	07/18/2022	85.00	85.00
YC50*90007*7	WSHD	07/06/2022	85.00	85.00
YC50*90007*7	WSHD	07/18/2022	85.00	85.00
YC57*90007*4	WSHD	07/06/2022	85.00	85.00
YC59*90007*3	WSHD	07/06/2022	85.00	85.00
5 invoices, 8 line items	***		680.00	680.00
Grand Totals			680.00	680.00

5 total invoices
 8 total line items

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 Issued 08/08/22

GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services
 Batch Dates 07/02/22-07/02/22

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

Vendor #: 90009

GL #	Description	Amount
WSHD	Wshd	425.00
	Expenditures	425.00
	Reimb/Adjustments	
	Grand Total	425.00
4 total invoices		

GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC42*90009*8	WSHD	07/05/2022	85.00	85.00
YC54*90009*5	WSHD	07/20/2022	85.00	85.00
YC58*90009*4	WSHD	07/07/2022	85.00	85.00
YC61*90009*2	WSHD	07/07/2022	85.00	85.00
YC61*90009*2	WSHD	07/21/2022	85.00	85.00
4 invoices, 5 line items	***		425.00	425.00
Grand Totals			425.00	425.00

4 total invoices
5 total line items

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

Invoice # 74218

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

Date: 8/1/2022

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

Terms: Net receipt of invoice

Professional services for the month of September 2022	1,109.00
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Total	\$1,109.00
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PLEASE REMIT PAYMENT TO
INDIGENT HEALTHCARE SOLUTIONS, LTD
ATTN: KELLEY ASTOLOS
3011 ARMORY DRIVE, SUITE 190
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!



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

August 16, 2022

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

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

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for June 2022. This invoice is for \$23,820.00 but the amount due is \$22,820.00 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 \$22,820.00 representing the balance owed for June 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

August 16, 2022

INVOICE #: 50501 **HOIV**
Billed through: June 30, 2022
Client/Matter #: WSHD 87250

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

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

06/01/22	HOIV	Read and reviewed four (4) e-mails between staff, LTC, and Managers regarding the Y5Q2 Component distribution.	0.40 hrs
06/01/22	HOIV	Read, reviewed, and responded to four (4) e-mails between staff and Board members regarding the reconciliation of Thompson OC Grant payroll records.	0.40 hrs
06/01/22	HOIV	Conference call with managers of Tony's BBQ regarding insurance policy and status of lease agreements; and prepared e-mail summarizing conference call.	0.60 hrs
06/01/22	HOIV	Worked with staff and LTC by exchanging six (6) e-mails and three (3) conference calls to prepare reconciliation spreadsheets for QIPP Year 5, Qtr. 2 Component payments and extracted information for Mission and Red Oak in order to separate the payments for these facilities.	2.70 hrs
06/01/22	HOIV	Exchanged ten (10) e-mails with LTC, staff, and HMG regarding QIPP Year 5, Qtr 2 Component 3,4, and Lapse Fund reconciliation spreadsheet for Mission and Red Oak; and reviewed and revised proposed spreadsheet.	2.70 hrs
06/02/22	HOIV	Read and reviewed e-mail from LTC Group regarding \$29,000 overpayment by Cigna for Mission and Red Oak; participated in conference call with LTC Group to confirm the basis for the overpayment; and prepared e-mail to LTC, staff, and HMG to confirm corrective action.	0.80 hrs
06/02/22	HOIV	Read and reviewed Cigna Consultant Questionnaire and Consultant NDA Form; and responded to e-mail confirming the execution of the documents.	0.40 hrs
06/02/22	HOIV	Exchanged three (3) e-mails with Coastal Gateway staff to inquire about the status of modular building and registration through cooperative.	0.30 hrs
06/02/22	HOIV	Conference call with HMG CFO regarding HMG Cap X projects; and then received and reviewed proposed list of Cap X projects for the District's nursing facilities managed by HMG.	0.60 hrs
06/02/22	HOIV	Prepared follow up e-mail to Tony's BBQ manager requesting insurance; then exchanged three (3) e-mails and two (2) conference calls with JS Edwards and Sherlock regarding the acquisition of insurance for the District's building located on the Highway 124 property.	1.40 hrs

Client-	WSHD	87250	Invoice #	50501	PAGE	2
06/03/22	HOIV	Reviewed 2021 audit notes and gathered files and agreements, etc. to include in the 2021 Audit file for all of the District's 2021 agreements.			6.00	hrs
06/06/22	HOIV	Conference call with tenant of Highway 124 Property and drafted third e-mail to tenant to inquire about the status of insurance for the property.			1.20	hrs
06/06/22	HOIV	Read, reviewed, and responded to four (4) e-mails with Allegiance Bank regarding the Federal Home Loan Bank security pledge and the basis for the amount of collateral to be assigned to the District's accounts.			0.40	hrs
06/06/22	HOIV	Exchanged five (5) e-mails with Coastal Gateway staff regarding status of modular building recommendations.			0.60	hrs
06/06/22	HOIV	Received e-mail with insurance policy from management of Tony's BBQ store in Winnie, Texas; participated in conference call with management of facility regarding insurance, and status of ownership; participated in conference call with JS Edwards & Sherlock to convey discussion with Tony's BBQ; and then exchanged six (6) e-mails with insurance agent regarding plan of action to secure insurance policies for Highway 124 properties.			1.80	hrs
06/06/22	HOIV	Exchanged five (5) e-mails with realtor and staff regarding the completion of Highway 124 survey and payment of surveyor.			0.40	hrs
06/06/22	HOIV	Performed additional research on Chapter 271 of the Government Code regarding advertisement for certain purchases; and then prepared e-mail to Board and staff to provide results of research and prior minutes that discuss this issue when the Board purchased its existing facility.			0.60	hrs
06/06/22	HOIV	Received, received, and responded to e-mail from Coastal Gateway staff to update on meeting with County Engineer.			0.40	hrs
06/07/22	HOIV	Researched Commercial Leases and begin blending leases into a master form; researched lease provisions for commercial lease; and exchanged multiple phone calls with tenant to inquire about status of insurance and franchise agreements; and participated in multiple phone calls with insurance agent to provide an explanation on prior leasing and insurance provisions in lease and current owner's policies.			5.50	hrs
06/08/22	HOIV	Continued working with staff to locate various documents requested by the Auditor for the 2021 Audit.			2.40	hrs
06/08/22	HOIV	Continued working on master Commercial Lease for the Highway 124 Property.			1.50	hrs
06/09/22	HOIV	Prepared e-mail to staff and LTC Group to inquire about the status of payment for Mission and Red Oak funds as well as the refund to Cigna in the amount of \$29,000; and responded to seven (7) e-mails between LTC Group, Staff, and Laurence to confirm payment amounts due.			1.20	hrs
06/09/22	HOIV	Participated in initial conference call with Counsel for Tony's BBQ to discuss status of purchase of property on Highway 124 and need for insurance; and then exchanged four (4) e-mails to provide requested documents and to summarize conference calls.			1.50	hrs
06/09/22	HOIV	Received e-mail from Coastal Gateway staff to advise of meeting with			1.20	hrs

		County Engineers and request site map of Highway 124 in anticipation of the meeting; and then prepared site map and submitted for review.	
06/09/22	HOIV	Began drafting minutes for the May 18, 2022 Regular Meeting.	1.50 hrs
06/10/22	HOIV	Exchanged six (6) e-mails with LTC Group to inquire about the QIPP Model cash flow and discrepancies between the District's Component 1 spreadsheet and LTC QIPP Model Spreadsheet; and then began to updated Treasurer's Report for June 2022 to account for the third quarter of QIPP Year 5 and reconciled against QIPP Spreadsheet.	3.30 hrs
06/10/22	HOIV	Received, read, and reviewed title commitment for Highway 124 Property.	0.60 hrs
06/10/22	HOIV	Exchanged four e-mails with counsel for Tony's BBQ clarifying client, parties to the purchase of Highway 124 property, and the need for the District to be listed as an additional insured on Tony's BBQ insurance policy.	0.40 hrs
06/10/22	HOIV	Conference call with staff to discuss upcoming transfer from First Financial to Prosperity Bank to pay for the Highway 124 property; building acquisition; and associated costs; and exchanged three (3) -emails with staff to confirm discussion.	0.60 hrs
06/11/22	HOIV	Continued to draft minutes of the May 18, 2022 Regular Meeting.	2.00 hrs
06/12/22	HOIV	Prepared e-mail to WSVEMS, their counsel, and staff to discuss the transfers from Riceland using the WSVEMS and the need for a contract with Riceland to provide transfer services.	0.30 hrs
06/12/22	HOIV	Finalized draft set of minutes for the May 18, 2022; gathered attachments; and circulated to Board for review.	1.60 hrs
06/12/22	HOIV	Prepared e-mail to realtor in Highway 124 property acquisition to ask for assistance to review draft answers and to provide answers in response to multiple questions from insurance agent regarding property and building specifics.	0.70 hrs
06/13/22	HOIV	Prepared e-mail to counsel for Tony's BBQ to inquire into the status of securing an additional insured certificate for the District and to advise of the District's status of a governmental entity for purposes of the Tort Claims Act; and responded to three (3) e-mails regarding the District's request to be named as an additional insured.	0.60 hrs
06/13/22	HOIV	Conference call with counsel for Arboretum who called to inquire about the District's ownership of the facility; and prepared e-mail to counsel to provide information on the property owned by the Arboretum and to express the District's interest in the property.	0.80 hrs
06/13/22	HOIV	Updated draft November 8, 2022 election calendar using information available on Texas Secretary of State website and prepared draft election orders.	2.10 hrs
06/14/22	HOIV	Received and reviewed CMS Letter to the State of Texas advising of approval of ten (1) year extension for 1115 Waiver program.	0.30 hrs
06/14/22	HOIV	Prepared follow up e-mails to counsel for Tony's BBQ and management of Tony's BBQ in Winnie, Texas requesting assistance with questions by	1.60 hrs

		District's insurance agent; received photographs of building from the District's real estate agent; and prepared draft answers to questions in light of the lack of assistance from Tony's BBQ.	
06/15/22	HOIV	Prepared for and attended Regular monthly meeting.	3.00 hrs
06/15/22	HOIV	Worked with staff to finalize the updates to the Treasurer's Report and to prepare for upcoming Board meeting.	2.70 hrs
06/16/22	HOIV	Prepared draft update to Student Loan Policy and made three (3) revisions to staff pursuant to the Board's instruction during the June 15, 2022 Regular Meeting.	1.30 hrs
06/16/22	HOIV	Participated in conference call with HHSC regarding repayment demand for DY 7 Uncompensated Care payment; and then exchange two (2) e-mails with HHSC regarding the same.	0.40 hrs
06/16/22	HOIV	Researched BuyBoard website; located and reviewed agreement; submitted to staff to complete; and then reviewed the final completed agreement.	0.70 hrs
06/17/22	HOIV	Exchanged seven (7) e-mails with staff regarding modifications to Student Loan Policy provisions regarding volunteers and part time employees; and made modifications pursuant to the e-mail exchanges.	1.00 hrs
06/20/22	HOIV	Participated in extensive conference call with Ms. Kaley Smith of Coastal Gateway to discuss site plan for Highway 124 property and then exchanged ten (10) e-mails with Ms. Smith following the call; prepared revised site plan; and submitted to Ms. Smith for review.	3.00 hrs
06/21/22	HOIV	Participated in multiple conference calls with District's realtor, District's insurance agent, staff, and Board President to discuss status of closing on Highway 124 property; and then prepared e-mail to all to advise that the closing needed to be postponed due to outstanding insurance issues.	2.40 hrs
06/22/22	HOIV	Drafted e-mail to counsel for Tony's BBQ to inquire on the status of adding the District as an additional insured; received a response and forward response to realtor, Board Members, and insurance agent.	0.60 hrs
06/22/22	HOIV	Conference call with District realtor regarding the need to reschedule closing date and then exchanged five (5) e-mails with District realtor and title company regarding the same.	0.80 hrs
06/23/22	HOIV	Read, reviewed, and responded to e-mail from Ms. Kaley Smith regarding meeting with County to discuss site plan and to provide the District with a plan of action to comply with the County's regulatory requirements.	0.20 hrs
06/23/22	HOIV	Exchanged eleven (11) e-mails with counsel for Tony's BBQ regarding the refusal to add the District as an additional insured and participated with multiple phone calls with District's insurance agent, realtor, and Board President regarding the exchange.	1.60 hrs
06/24/22	HOIV	Continued exchange with Tony's BBQ counsel regarding adding the District as an additional insured by exchanging an additional eleven (11) e-mails insisting that the District be added as an additional insured and participated with multiple phone calls with District's insurance agent, realtor, and Board President regarding the exchange.	1.80 hrs

06/24/22	HOIV	Received e-mail from staff requesting assistance with recording nursing home funds; and provided a response.	0.20 hrs
06/27/22	HOIV	Drafted e-mail to Emergency Management Coordinator with Chambers County to inquire about the status of the fire protection system at Highway 124 property (i.e., Tony's); received certificate; and provided copy to insurance agent.	0.40 hrs
06/27/22	HOIV	Due to the fact Tony's BBQ's lawyer informed the District that Tony's was not going to add the District as an additional insured; we participated in conference call with District's insurance agent to determine whether the District would be able to secure property insurance in a timely manner; received e-mail from insurance agent with additional questions for Highway 124 property; gathered documents to respond and prepared a comprehensive response.	2.10 hrs
06/28/22	HOIV	Conference calls with staff Insurance Agent, Realtor, and Board concerning rescheduling closing for Friday July 1, 2022; and discussed the need to schedule a Special Meeting on July 1, 2022; prepared agenda for Special Meeting; and read and reviewed proposed bids for new modular building and then prepared a model comparison of the building for Clinic staff to complete.	3.30 hrs
06/29/22	HOIV	Review Modular Building proposals and prepared a comparison spreadsheet; and gathered documents to prepare Board Binder for July 1, 2022 Special Meeting.	2.50 hrs
		Total fees for this matter	\$23,820.00

BILLING SUMMARY:

Oxford, IV Hubert	79.40 hrs @	\$300.00 /hr	\$23,820.00
TOTAL FEES			\$23,820.00
TOTAL CHARGES FOR THIS INVOICE			\$23,820.00
RETAINER			\$1,000.00 CR

TOTAL BALANCE NOW DUE \$22,820.00

Federal ID# 74-1646478

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

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

August 12, 2022

Mr. Edward Murrell
President
Winnie Stowell Hospital District
825 State Hwy 124
Winnie Texas 77665

Re: Invoice and Draft Minutes for the Regular Meeting on July 20, 2022 Regular Meeting; Our File No. 87250.

Dear President Murrell,

Attached, please find the draft minutes for the Regular Meeting on July 20, 2022. After you have had a chance to review these minutes, please let me know if there are any changes that need to be made.

Also, please allow this letter to serve as a *partial invoice* for \$1,000.00 representing the retainer for work performed in July 2022. We would request that you put this invoice in line for payment at the August 17, 2022 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for July 2022.

If you concur, please draft a check in the amount of \$1,000.00 to Hubert Oxford, IV.

With best wishes, I am

Sincerely,
BENCKENSTEIN & OXFORD, L.L.P.

Hubert Oxford, IV

David B Sticker & Company PC2180 Eastex Freeway
Beaumont, TX 77703**Invoice****Invoice #:** 83**Invoice Date:** 08/10/2022**Due Date:** 08/10/2022**Project:****P.O. Number:****Bill To:**Winnie Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Date	Description	Amount
07/19/2022	Review Quickbooks transactions and entries for June. 1.25 Hrs.	
07/19/2022	Prepare Quarterly Payroll reports for State and Fed. 1.75 Hrs.	
07/19/2022	To Winnie - work on various issues and questions regarding QIPP. Begin JEs for the month. 3.50 Hrs.	
07/20/2022	Review bank blances and reconciliations. 2.75 Hrs.	
07/20/2022	Make additional JEs, check balances and prepare financial staements for June. 2.50 Hrs.	
07/20/2022	Prepare for and attand regular board meeting. 3.50 Hrs.	
07/26/2022	Review and transmit payroll for July. 1.00 Hrs.	
07/31/2022	16.25 Hrs @ \$125.00 = \$2,031.25	2,031.25

Total \$2,031.25**Payments/Credits** \$0.00**Balance Due** \$2,031.25

Technology Solutions of Texas,
L.L.C.

Invoice 1686

TECHNOLOGY SOLUTIONS-TX

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

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

DATE	PLEASE PAY	DUE DATE
05/12/2022	\$529.99	05/12/2022

DATE	DESCRIPTION	QTY	RATE	AMOUNT
04/06/2022	IT Services:OOB-PC Out-Of-Box New Computer	1	190.00	190.00
05/11/2022	Hardware:Hardware - Misc. Jabra Speak 750 Conference Speaker	2	329.99	659.98T
05/11/2022	credit Jabra Speak 710 Conference Speaker	1	-319.99	-319.99T

Traded simplex 710 speaker phone with dual duplex 750's to provide better audio coverage during conference calls.

SUBTOTAL	529.99
TAX	0.00
TOTAL	529.99

TOTAL DUE **\$529.99**

THANK YOU.

Technology Solutions of Texas,
L.L.C.

Invoice 1704

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
08/15/2022

PLEASE PAY
\$75.00

DUE DATE
08/15/2022

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
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THANK YOU.

Yard Service Invoice

Felipe Ojeda

Invoice# 1028

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

RECEIVED

AUG 15 2022

DATE August 15, 2022

Property Location:

Winnie-Stowell Hospital District
520 Broadway
Winnie, TX 77665

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

AUG 15 2022

DATE 8-2-22 NO. 08918612

CUSTOMER'S ORDER NO.

NAME *Graciela*

ADDRESS *220 8th st*

CITY, STATE, ZIP *Winnie 77665*

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

QUAN.	DESCRIPTION	PRICE	AMOUNT
1			
2	<i>office</i>		
3			
4	<i>cleaning</i>	<i>\$120</i>	
5			
6		<i>\$60</i>	
7	<i>ago 2</i>		
8			
9			
10	<i>Total</i>	<i>\$60 00</i>	
11			
12			

RECEIVED BY

KEEP THIS SLIP FOR REFERENCE

Volunteer EMS Report Year 2022
Employee Payroll

Jul-22

MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

RECEIVED

AUG 04 2022

DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR HR)	PAYROLL AMOUNT
7/1/2022	Hunter Traweek	24	14	\$336.00
7/2/2022	Dustin Donladson	24	14	\$336.00
7/3/2022	Andrew Broussard	24	14	\$336.00
7/4/2022	Amanda Harpst	24	14	\$336.00
7/5/2022	Brad Eads	24	14	\$336.00
7/6/2022	Andrew Broussard	24	14	\$336.00
7/7/2022	Dustin Donladson	24	14	\$336.00
7/8/2022	Hunter Traweek	12	14	\$168.00
7/8/2022	Iva Morrison	12	14	\$168.00
7/9/2022	Austin Isaaks	24	14	\$336.00
7/10/2022	Kayla Blackwell	24	14	\$336.00
7/11/2022	Amanda Harpst	24	14	\$336.00
7/12/2022	Brad Eads	24	14	\$336.00
7/13/2022	Dustin Donladson	24	14	\$336.00
7/14/2022	Andrew Broussard	24	14	\$336.00
7/15/2022	Travis Delacerda	24	14	\$336.00
7/16/2022	Austin Isaaks	24	14	\$336.00
7/17/2022	Hunter Traweek	24	14	\$336.00
7/18/2022	Amanda Harpst	24	14	\$336.00
7/19/2022	Brad Eads	24	14	\$336.00
7/20/2022	Andrew Broussard	24	14	\$336.00
7/21/2022	Dustin Donladson	24	14	\$336.00
7/22/2022	Dustin Donladson	24	14	\$336.00
7/23/2022	Austin Isaaks	24	14	\$336.00
7/24/2022	Kayla Blackwell	24	14	\$336.00
7/25/2022	Hunter Traweek	24	14	\$336.00
7/26/2022	Amanda Harpst	24	14	\$336.00
7/27/2022	Andrew Broussard	24	14	\$336.00
7/28/2022	Dustin Donladson	24	14	\$336.00
7/29/2022	Hunter Traweek	24	14	\$336.00
7/30/2022	Austin Isaaks	24	14	\$336.00
7/31/2022	Jeff Gibson	12	14	\$168.00
7/31/2022	Hunter Traweek	12	14	\$168.00
				\$0.00
				\$0.00
TOTAL SALARY EXPENSE FOR THE MONTH:				\$10,416.00



RECEIVED
AUG 16 2022

21602601269501

August 4, 2022

MONTHLY BILL

Name: SHERRY STERN
Account Number: 92 5529 5461

Payment Summary	
Last Payment Received	07/22/2022
Current Payment Due	\$150.14
Total Due by 08/25/2022	\$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	\$2,699.70	\$3.60	3.750%	\$90.67	\$90.67
*1001	11/29/2006	UNCNS	\$8,625.28	\$1,770.44	\$2.36	3.750%	\$59.47	\$59.47

Outstanding interest accrued as of 08/04/2022

*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
09/08/2022	\$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:

92 5529 5461

Due Date:

08/25/2022

\$

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Total Amount Due:

\$150.14

20222160192552954611000015014000000000000000002



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



#BWNDHKB
#B612 1327 2508 04L3#
SHERRY STERN
538 BROADWAY
WINNIE TX 77665-7600

ADDITIONAL LOAN DETAILS

See below for the Current Owner and Repayment Term for each loan listed.

Loan Sequence	Date Disbursed	Loan Program	Current Owner	Repayment Term
*1002	11/29/2006	SUBCNS	CIT EDUCATION LOAN T	240
*1001	11/29/2006	UNCNS	CIT EDUCATION LOAN T	240

Would you rather receive this statement electronically?

Sign in to Account Access at aesSuccess.org and update your Account Profile preferences if you would prefer that we send you an email reminder instead of a paper statement.

Total paid since your last statement	\$150.14
Interest Satisfied	\$14.65
Principal Satisfied	\$135.49
Late Fees Paid	\$0.00

As of today, the amount paid on your loans	\$20,719.33
Total Interest Satisfied	\$5,478.52
Total Principal Satisfied	\$15,233.31
Total Late Fees Paid	\$7.50

The Total Principal Satisfied includes any payment that satisfies principal (not just payments made by you) and may include consolidation payments, refunds, cancellation payments, returned disbursements, etc.

METHODS TO PAY

- **Pay Automatically:** Sign up for Direct Debit to make automated payments at aesSuccess.org. You may qualify for an interest rate reduction!
- **Pay Online:** aesSuccess.org
- **Pay by Phone:** 800-233-0557
- **Pay by Mail or Bill Payer:** American Education Services
PO Box 65093
Baltimore, MD 21264-5093
Send only payments to this address.

Payment Instructions: Send all other mail, including payment application instructions, to our correspondence address:

American Education Services
PO Box 2461
Harrisburg, PA 17105-2461

Check or Money Order Instructions: Make checks and money orders payable to **American Education Services** and include your account number. *Do not send cash.*

Payment Processing: Payments are effective the same day when received by 11:59 PM EST. It may take a few days for the payment to post to your account. To view payment history and see how your payments have been applied, select Payment History within Account Access at aesSuccess.org.

Late Payments: Late payments may result in late charges based on the loan terms and loan owner's policy. As interest accrues daily, you will pay interest on a higher balance each day the payment is late.

PAYMENT OPTIONS

If you can't afford your payment, you may be able to:

- Lower your monthly payments*
- Temporarily postpone payments*
- Change your due date*
- Reduce or discharge your loan*

** Subject to eligibility requirements*

Payment Plans: Federal Family Education Loan Program (FFELP) loans are eligible for Standard, Graduated, 25-Year Extended (fixed or graduated), Income-Sensitive Repayment, and Income-Based Repayment plans. You can change your repayment plan at any time. For additional information for FFELP loans, please call or visit aesSuccess.org/PaymentsPlans. You can also explore your options at the U.S. Department of Education's website, studentaid.gov. If you have **Private Student Loans**, select *Repayment Options* within *Account Access* or call us to learn more about your repayment plan options.

Deferment or Forbearance: Trouble making payments? You and your co-signer, if applicable, may qualify for a deferment or forbearance to temporarily reduce or postpone payments. To consider your options, log in to aesSuccess.org or call us. Use of deferment or forbearance may delay or impact your eligibility for specific borrower benefits, such as co-signer release and interest rate reductions, depending on your lender.

Consumer Reporting: We report information on loans to consumer reporting agencies. Late payments, missed payments or other defaults may be reflected in your credit report and the credit report for any other party to the loans.

GENERAL INFORMATION

Over Payment Allocation: When you have not provided payment instructions, an overpayment is allocated to the loan with the highest effective interest rate. If more than one loan has the same interest rate, the overpayment will go first to any unsubsidized or private education loan, allocated proportionately across such loans based on the loan balance.

Under Payment Allocation: When you have not provided payment instructions, an underpayment is allocated to loans in the order of most to least delinquent. If loans are at the same level of delinquency, the payment is allocated to the loans which will credit report first followed by those with late fees that will be assessed first. Then to the loans in order of lowest amount due to highest. For additional information visit aesSuccess.org/PaymentApplication.

Payment Application: After a payment is allocated to one or more loans, the amount is generally applied to each loan first to any fees, then interest, and then the principal balance. This may differ based on specific loan terms and repayment plans. Visit aesSuccess.org/PaymentApplication for more information on payment application and allocation.

Payoff & Conditional Payments: The balance on this bill is not a payoff amount, as it only accounts for accrued interest or fees as of the date the bill was printed. To obtain a payoff, select Loan Payoff within *Account Access* or call our toll-free number. Any payment that you send for less than the full balance due that is marked "paid in full" or contains similar language, or that you remit to fully satisfy a disputed amount, must be sent to: AES/Conditional Payments, PO Box 2251, Harrisburg, PA 17105-2251.

Paid Ahead Status & Borrower Benefits: Depending on loan owner policies, payments in excess of the Amount Total Due may be applied to satisfy future bills, resulting in a paid ahead status. If you have satisfied a full future bill, your amount due could be less than the normal Monthly Payment or even \$0. If you have a \$0 required payment under IBR or are on a reduced payment forbearance, an overpayment may not satisfy future bills. While paid ahead or partially paid ahead, you should continue to make payments since interest will continue to accrue daily and this could impact your eligibility for applicable benefits, such as co-signer release and interest rate reductions.

Opt Out of Paid Ahead: If you do not want overpayments to be applied to future bills, email or call us to opt out of paid ahead status.

Co-signer Notice: If you are a co-signer for loans that are past due, you are responsible for payment. **Michigan** residents have 30 days from the date of this statement to either pay the past due amount or contact us to make a payment arrangement. **Illinois** residents have 15 days from the date of this statement to either pay the past due amount or contact us to make a payment arrangement.

Interest: Interest accrues daily, even if your loans are not in repayment. Payments can only satisfy already accrued interest and not interest that has not yet accrued (future interest).

- You are responsible for all interest that accrues during **forbearance**.
- During a **deferment**, the government pays the interest that accrues on your subsidized federal student loans; however, you remain responsible for interest that accrues on your unsubsidized federal student loans and Private Student Loans.
- Capitalization is the addition of accrued and unpaid interest to the principal balance, resulting in a balance increase. This may occur at the end of grace, deferment, or forbearance periods and during certain times when on an Income-Based Repayment plan. This increase may result in a higher monthly installment amount, and it may take you longer to pay off your student loans.
- To avoid capitalization of interest, limit the use of forbearances or deferments or pay the interest that accrues during these periods, if you are able to do so.

Questions? For more information on any of these topics or to request a change, call us or visit your online account at aesSuccess.org.

Visit phaea.org/oca for state and federal consumer advocacy resources.

Save Time and Money at aesSuccess.org

- Make Payments • Explore Repayment Plan Options • Update Contact Information • Review Account History • Go Paperless

Need help understanding your bill?
Visit aesSuccess.org/Bill.

Attention Servicemembers

Learn about the benefits that you may be eligible for, including the Servicemembers Civil Relief Act (SCRA), at aesSuccess.org/Servicemembers.



Questions?

Visit aesSuccess.org or call us toll-free at 800-233-0557; TTY: Dial 711; Mon - Fri 7:30 a.m. to 9 p.m. (EST). You can also send a secure email through your online account, *Account Access*.

Correspondence Address: American Education Services
PO Box 2461
Harrisburg, PA 17105-2461

Credit Dispute: AES Credit
PO Box 61047
Harrisburg, PA 17106-1047

Do not send payments to these addresses. This will cause a delay and could cause your loans to show past due.

Winnie - Stowell Hospital District
 PO Box 1997
 Winnie, TX 77665

Statement Date		Account No.			Amount Due				
8/5/2022		3A0064			\$274.11				
Transaction Type	Date	Due Date	Number	Description	Invoice Amt	Pmt/Credit	Invoice Balance		
Sales Invoice	7/13/2022	8/12/2022	INV953037	Paper	\$260.00		\$260.00		
Contract Invoice	7/21/2022	8/20/2022	INV954530	7987PTM-01	\$14.11		\$14.11		
Current		1 to 30 days		31 to 60 days		61 to 90 Days		Over 90 Days	
\$274.11		\$0.00		\$0.00		\$0.00		\$0.00	

Invoice Number: INV954530

Invoice Date: 07/21/2022

Bill To: Winnie - Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Customer: Winnie - Stowell Hospital District
520 Broadway
Winnie, TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
3A0064	Net 30	08/20/2022	\$14.11	\$14.11	
Invoice Remarks					
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
7987PTM-01		\$14.11		07/05/2019	10/04/2024
Contract Remarks					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 04/05/2022 to 07/04/2022 overage period	\$14.11 **
	\$14.11

**See overage details below

Detail:

Equipment included under this contract

HP/E57540dn

Number	Serial Number	Base Adj.	Location						
3A4114	MXBCM5M00N	\$0.00	Winnie - Stowell Hospital District 520 Broadway Winnie, TX 77665						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
Color	3A4114 - Color	3,394	3,400		6	300	0	\$0.090800	\$0.00
BW	3A4114 - B\W	111,067	121,128		10,061	9,000	1,061	\$0.013300	\$14.11
									\$14.11

 Hello, paperless billing!
CONVENIENCE • SECURITY • ECO-FRIENDLY
Log in to sign up at function-4.com/paperless

Please include invoice number on payment.
Remit Payment To:
Function 4, LLC
12560 Reed Rd, Ste 200
Sugar Land, TX 77478

3A0064	INV954530
Invoice SubTotal	\$14.11
Tax:	\$0.00
Invoice Total	\$14.11
Balance Due:	\$14.11

RE: [External] WSHD Unknown funds from HSLH (Cigna)

1 message

Hernandez, Araceli HHHH <Araceli.Hernandez@cigna.com>
 To: Sherrie Norris <sherrie@wshd-tx.com>
 Cc: Charice Cole <charice.finch@newlighthhealthcare.com>

Mon, Aug 15, 2022 at 6:23 P

Good evening,

I just went through the remits received from our Accounts Payable department to confirm the payments we sent. Remits are attached.

Our Finance department has 1.) bulked the payments for the June monthly component and Qtr 3 scorecards into a single payment and 2.) offset any negative amounts that were still outstanding from the May scorecard. I have extracted the Cigna payment info from the QIPP scorecards in the table below for your review –

Facility Name	Owner Name	Facility ID	NPI	May 2022	June 2022	Q3 2022	June 2022 + Q3 Bulk Pymt + May Offset (if applicable)
GARRISON NURSING HOME & REHABILITATION CENTER	WINNIESTOWELL HOSPITAL DISTRICT	4154	1932517026	\$ (532.13)	\$ 74.64	\$ 671.70	\$ 214.21
GOLDEN VILLA	WINNIESTOWELL HOSPITAL DISTRICT	4376	1447668538	\$ (395.39)	\$ 87.90	\$ 631.24	\$ 323.75
MARSHALL MANOR NURSING & REHABILITATION CENTER	WINNIESTOWELL HOSPITAL DISTRICT	4484	1629486717	\$ (543.34)	\$ (45.88)	\$ 751.32	\$ 162.10
MARSHALL MANOR WEST	WINNIESTOWELL HOSPITAL DISTRICT	4730	1871907675	\$ (454.00)	\$ 12.98	\$ 664.66	\$ 223.64
ROSE HAVEN RETREAT	WINNIESTOWELL HOSPITAL DISTRICT	4798	1073927018	\$ (327.54)	\$ (40.14)	\$ 299.30	\$ (68.38)
WILLOWBROOK NURSING CENTER	WINNIESTOWELL HOSPITAL DISTRICT	5225	1851938112	\$ (452.74)	\$ 19.64	\$ 664.40	\$ 231.30

For the Rose Haven Retreat facility outstanding negative balance, you can send a refund via a check sent to –

Cigna STAR+PLUS Medicaid Finance

Attn: Toby Mathews - QIPP

2800 North Loop West

Suite 400

Houston, TX 77092

Please make sure to include a memo indicating the name of the building and NPI/TIN the refund should be applied to. I would recommend to send me a quick note letting me know if you send us anything so I can give Finance a heads' up this is for QIPP, not for claims. Otherwise, we will make attempts to recoup from future payments through the end of year 5. Let me know if there's anything else you need for now.

Thank you,

Araceli Hernandez

Provider Relations Sr. Supervisor

Cigna STAR+PLUS & MMP

2208 Hwy 121, Suite 210

Bedford, TX 76021



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From: Sherrie Norris [mailto:sherrie@wshd-tx.com]
Sent: Friday, August 12, 2022 9:57 AM
To: Hernandez, Araceli HHHH <Araceli.Hernandez@cigna.com>
Cc: Charice Cole <charice.finch@newlighthhealthcare.com>
Subject: [External] WSHD Unknown funds from HSLH (Cigna)

Araceli

See below these funds are being received in the Districts First Financial Daisa account today. Can you please advise what nursing home and which QIPP Y5 they apply.

Thank you in advance for your assistance.

Post Date	Description	Credit	Status	FFB ACH Report Details
8/12/2022	HSLH MEDICAID ST ACH PAYMNT	\$162.10	Pending	ACHAJ11111301122PGIN2022081116 4745787.ach
8/12/2022	HSLH MEDICAID ST ACH PAYMNT	\$214.21	Pending	ACHAJ11111301122PGIN2022081116 4745787.ach
8/12/2022	HSLH MEDICAID ST ACH PAYMNT	\$223.64	Pending	ACHAJ11111301122PGIN2022081116 4745787.ach
8/12/2022	HSLH MEDICAID ST ACH PAYMNT	\$231.30	Pending	ACHAJ11111301122PGIN2022081116 4745787.ach
8/12/2022	HSLH MEDICAID ST ACH PAYMNT	\$323.75	Pending	ACHAJ11111301122PGIN2022081116 4745787.ach
8/12/2022	HSLH MEDICAID ST ACH PAYMNT	\$872.89	Pending	ACHAJ11111301122PGIN2022081116 4745787.ach
		\$2,027.89		

Thank you

Sherrie Norris

WSHD Administrator

Office: (409)296-1003

Fax: (409)400-4023

Cell: (409) 201-3922

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6 attachments

WILLOWBROOK NURSING CENTER RA.pdf
93K

GARRISON NURSING HOME & REHABILITATION CENTER RA.pdf

92K

 **GOLDEN VILLA RA.pdf**
95K

 **MARSHALL MANOR NURSING & REHABILITATION CENTER RA.pdf**
93K

 **ROSE HAVEN RETREAT RA.pdf**
106K

 **MARSHALL MANOR WEST RA.PDF**
95K

Exhibit “B”

08.17.22 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients – **78** – DOWN by **1** from **79** in JUN
 - **23** Apps, [**13** Renewals, **8** New, and **2** Previous]
 - **16** Approved [**12** Renewals, **3** New, & **1** Previous]
 - **2** Withdrew/Denied
 - **5** Incomplete
- b) Youth Counseling – **31** – the same as in JUN
- c) Irlen Services – **3** – the same as in JUN
- d) Dental & Vision Services – **5** clients used the Dental benefits , and **0** used the Vision benefits in JUN

2) Riceland Hospital & Clinics:

The JUN charges were DOWN by **24.7 K** from **72 K** to **47.3 K**, which led to an overall **61%** for their reimbursement rate.

3) UTMB Hospital & Clinics:

- a) UTMB JUN charges were DOWN by **347.7 K** from **361 K** to **13.3 K**. There were **NO** surgeries/procedures, ER Visits, or In-Patient Stays in JUN. However, there is **1** Heart Cath Procedure scheduled for 08.31.22 with an estimated cost of **\$17.2 K**.

4) Our over-all YTD expenditure Charts:

CHART 1: 2022 YTD WSHD Services & Budget Status

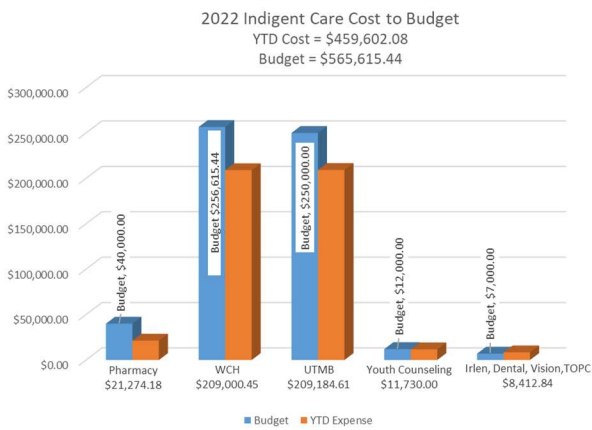
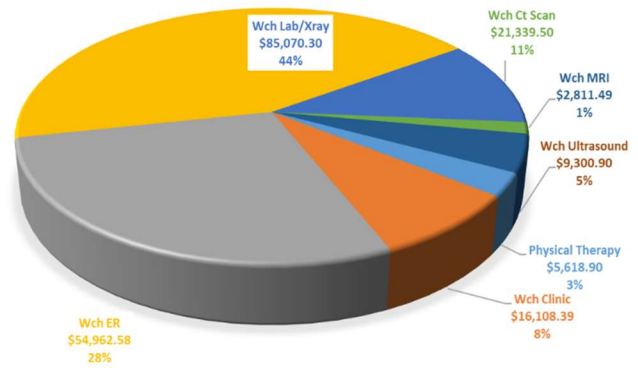


Chart 2: Services provided by WCH



We have expended **81%** of the overall Indigent Care Budget

- **53%** of the Pharmacy budget
- **81%** of the Riceland budget
- **84%** of the UTMB budget
- **98%** of the Youth Counseling budget
- **120%** of the Special Services – Irlen, Vision, Dental, & Thompson Outpatient Clinic

5) District Programs:

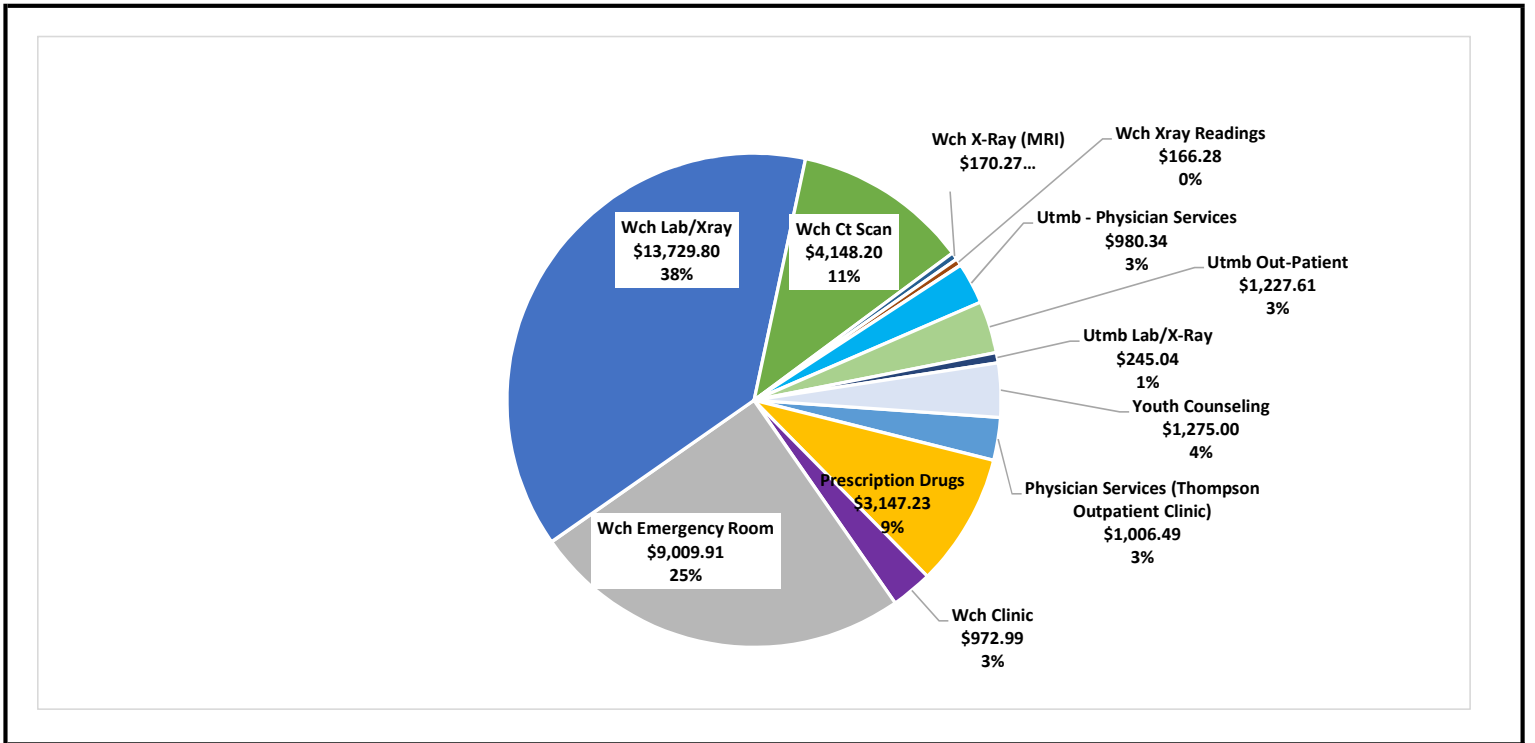
- a) County Van – See attached – **2** out of **51** were WSHD clients
- b) Winnie Stowell EMS – See attached – **6** transports out of **13** were made from Riceland
- c) Marcelous Williams – See attached – **20** out of **20** were WSHD clients

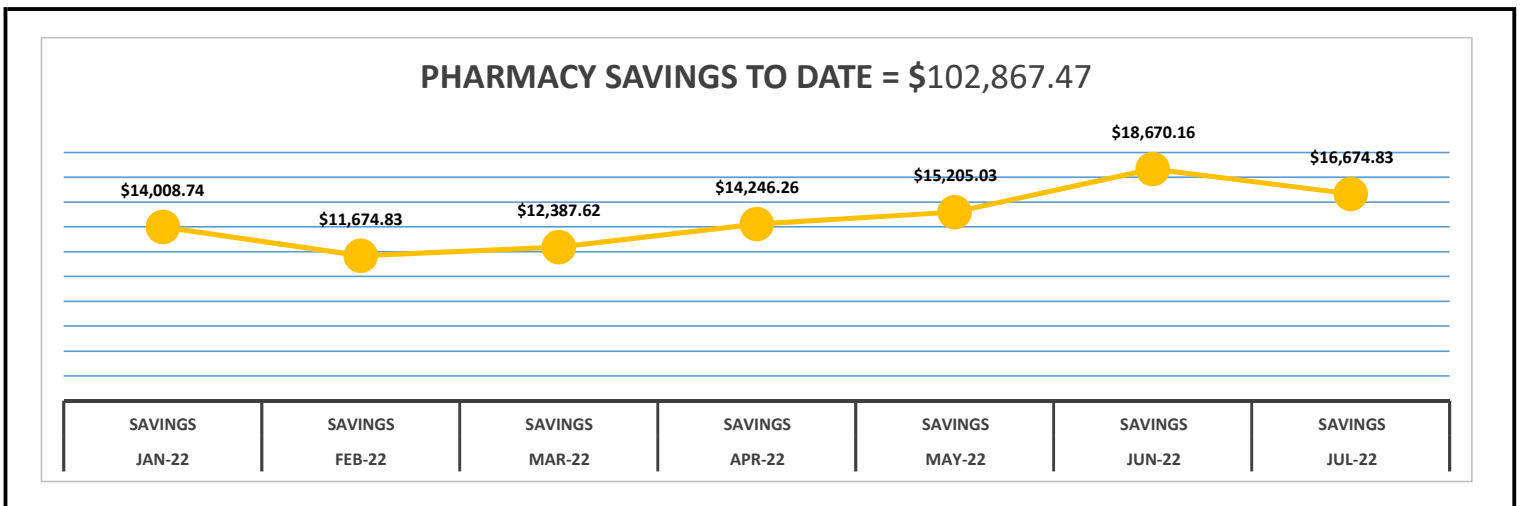
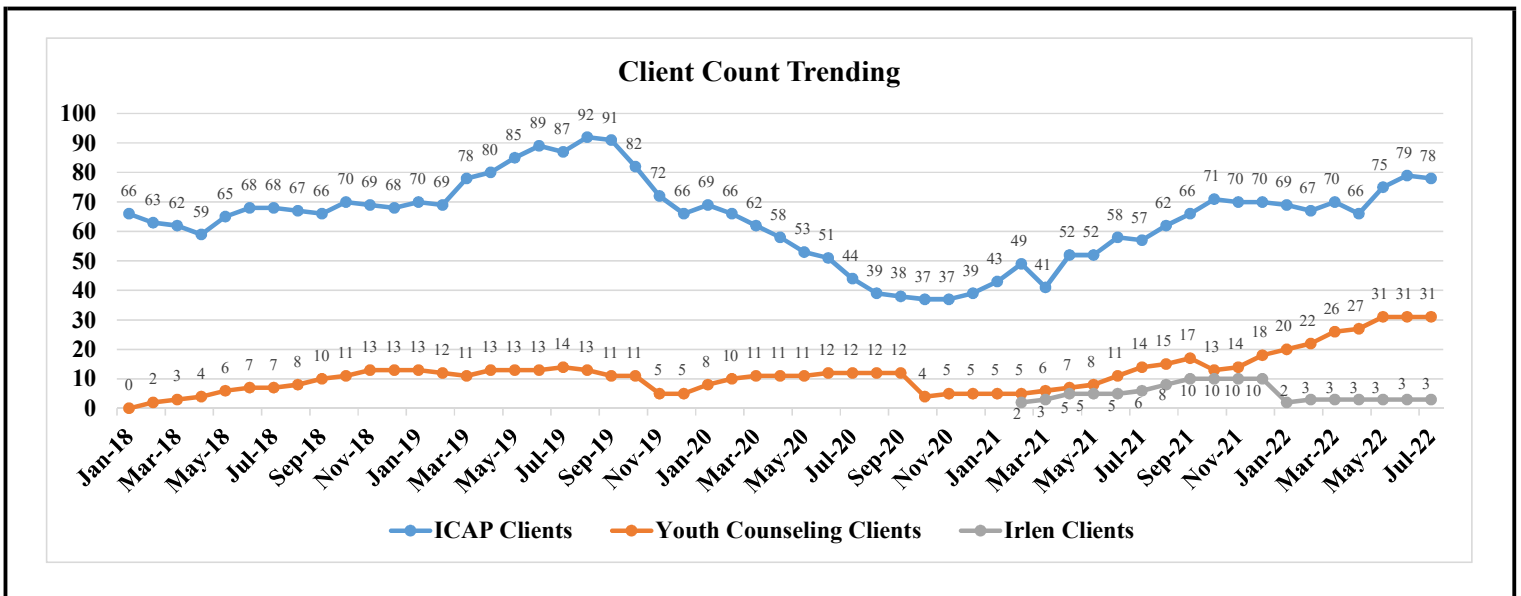
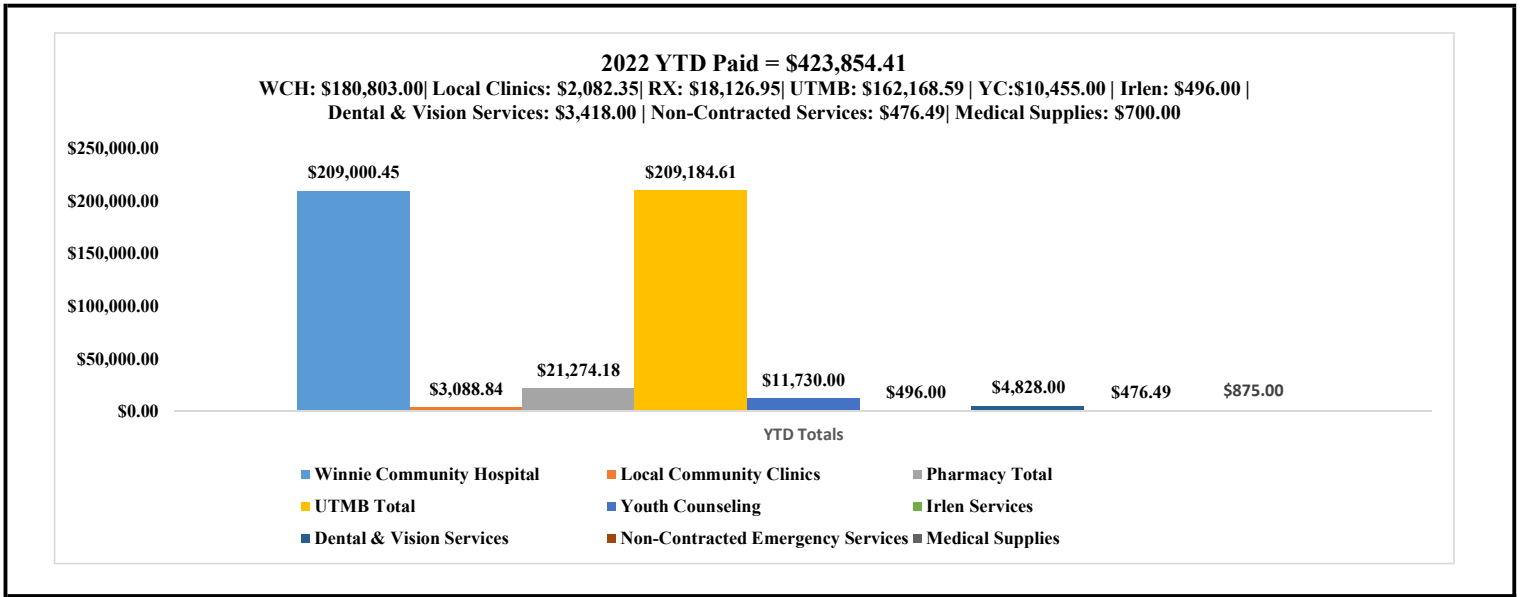
WSHD Indigent Care Director Report
Jan-Dec 2022 YTD Expenditures Worksheet

	June			July			Year to Date		
	Indigent Clients:	Youth Counseling:	Irlen Services:	Indigent Clients:	Youth Counseling:	Irlen Services:	Clients Enrolled:	YC Enrolled:	IS Enrolled:
	79	31	3	78	31	3	102	31	3
							Total Unduplicated	Average	
							72	25	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	\$3,373.52	\$3,373.52	\$3,373.52	\$1,819.26	\$1,819.26	\$1,819.26	\$12,055.96	\$11,576.56	\$11,159.86
Wilcox Pharmacy	\$1,271.49	\$1,271.49	\$1,271.49	\$1,327.97	\$1,327.97	\$1,327.97	\$10,114.32	\$10,114.32	\$10,114.32
ADJUSTMENTS-Refunds/Credits									
Pharmacy Totals	\$4,645.01	\$4,645.01	\$4,645.01	\$3,147.23	\$3,147.23	\$3,147.23			(\$106.80)
							\$22,170.28	\$21,690.88	\$21,274.18
Winnie Community Hospital									
WCH Clinic	\$4,654.01	\$1,621.65	\$1,621.65	\$2,452.00	\$972.99	\$972.99	\$39,276.01	\$16,108.39	\$16,108.39
WCH Observation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$24,399.00	\$14,692.68	\$14,692.68	\$14,451.00	\$9,009.91	\$9,009.91	\$93,623.00	\$54,962.58	\$54,962.58
WCH Lab/Xray	\$27,577.00	\$19,303.90	\$19,303.90	\$19,614.00	\$13,729.80	\$13,729.80	\$121,529.00	\$85,070.30	\$85,070.30
WCH CT Scan	\$0.00	\$0.00	\$0.00	\$5,926.00	\$4,148.20	\$4,148.20	\$30,485.00	\$21,339.50	\$21,339.50
WCH Xray (MRI)	\$8,291.00	\$495.58	\$495.58	\$3,629.00	\$170.27	\$170.27	\$56,345.00	\$2,811.49	\$2,811.49
WCH Lab/Xray Reading	\$1,041.00	\$139.27	\$139.27	\$1,250.00	\$166.28	\$166.28	\$7,796.00	\$1,071.72	\$1,071.72
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,847.00	\$12,716.67	\$12,716.67
WCH Physical Therapy	\$6,033.00	\$4,223.10	\$4,223.10	\$0.00	\$0.00	\$0.00	\$8,027.00	\$5,618.90	\$5,618.90
WCH Ultrasound	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,287.00	\$9,300.90	\$9,300.90
WCH Totals	\$71,995.01	\$40,476.18	\$40,476.18	\$47,322.00	\$28,197.45	\$28,197.45	\$391,215.01	\$209,000.45	\$209,000.45
ADJUSTMENTS-Refunds/Credits									
Balance on Contracted Amount (Lump Sum Payment of \$256,615.44)		\$75,812.44			\$47,614.99				\$0.00
Actual Medicaid Rate Incurred							\$256,615.45	\$17,339.09	\$208,471.26
UTMB									
UTMB Physician Services	\$10,119.00	\$2,679.17	\$2,679.17	\$6,010.00	\$980.34	\$980.34	\$124,685.00	\$27,927.21	\$27,908.96
UTMB Anesthesia	\$1,952.00	\$1,250.48	\$1,250.48	\$0.00	\$0.00	\$0.00	\$29,389.00	\$10,630.21	\$10,630.21
UTMB In-Patient	\$299,775.13	\$29,155.29	\$29,155.29	\$0.00	\$0.00	\$0.00	\$648,465.00	\$82,683.04	\$82,683.04
UTMB Outpatient	\$43,658.35	\$10,221.21	\$10,221.21	\$5,278.00	\$1,227.61	\$1,227.61	\$363,364.01	\$86,460.48	\$86,460.48
UTMB Lab&Xray	\$5,237.00	\$1,256.88	\$1,256.88	\$2,097.00	\$245.04	\$245.04	\$7,364.00	\$1,501.92	\$1,501.92
ADJUSTMENTS-Refunds/Credits									
UTMB Totals	\$360,741.48	\$44,563.03	\$44,563.03	\$13,385.00	\$2,452.99	\$2,452.99	\$1,173,267.01	\$209,202.86	\$209,184.61
Local Community Clinics									
Thompson Outpatient Clinic	\$4,063.00	\$1,069.40	\$1,069.40	\$3,742.00	\$1,006.49	\$1,006.49	\$11,607.00	\$3,088.84	\$3,088.84
Local Community Clinics	\$4,063.00	\$1,069.40	\$1,069.40	\$3,742.00	\$1,006.49	\$1,006.49	\$11,607.00	\$3,088.84	\$3,088.84
Non-Contracted Emergency Services									
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,195.00	\$476.49	\$476.49
Youth Counseling									
Benjamin Odom	\$340.00	\$340.00	\$340.00	\$425.00	\$425.00	\$425.00	\$6,800.00	\$6,800.00	\$6,800.00
Nicki Holtzman	\$595.00	\$595.00	\$595.00	\$680.00	\$680.00	\$680.00	\$3,910.00	\$3,910.00	\$3,910.00
Penelope Butler	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$1,020.00	\$1,020.00	\$1,020.00
Youth Counseling Totals	\$1,105.00	\$1,105.00	\$1,105.00	\$1,275.00	\$1,275.00	\$1,275.00	\$11,730.00	\$11,730.00	\$11,730.00
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	\$250.00	\$250.00	\$250.00	\$1,200.00	\$1,020.00	\$1,020.00	\$4,358.00	\$4,178.00	\$4,178.00
Vision Services	\$140.00	\$140.00	\$140.00	\$0.00	\$0.00	\$0.00	\$650.00	\$650.00	\$650.00
Indigent Special Services Totals	\$390.00	\$390.00	\$390.00	\$1,200.00	\$1,020.00	\$1,020.00	\$5,008.00	\$4,828.00	\$4,828.00
Medical Supplies									
Alliance Medical Supply (C-PAP)	\$175.00	\$175.00	\$175.00	\$175.00	\$0.00	\$0.00	\$1,050.00	\$875.00	\$875.00
Medial Supplies Total	\$175.00	\$175.00	\$175.00	\$175.00	\$0.00	\$0.00	\$1,050.00	\$875.00	\$875.00
Grand Totals	\$443,114.50	\$92,423.62	\$92,423.62	\$70,246.23	\$37,099.16	\$37,099.16	\$1,627,738.30	\$461,388.52	\$460,953.57

WSHD Indigent Care Director Report Jul 2022 SOURCE CODE REPORT

Source	Description	Amount Billed	Amount Paid	% of Total
1	Physician Services (Thompson Outpatient Clinic)	\$3,742.00	\$1,006.49	2.71%
02	Prescription Drugs	\$3,147.23	\$3,147.23	8.48%
09	DME Medical Supplies	\$175.00	\$0.00	0.00%
14	Dental Services	\$1,200.00	\$1,020.00	2.75%
21	Wch Clinic	\$2,452.00	\$972.99	2.62%
24	Wch Emergency Room	\$14,451.00	\$9,009.91	24.29%
25	Wch Lab/Xray	\$19,614.00	\$13,729.80	37.01%
26	Wch Ct Scan	\$5,926.00	\$4,148.20	11.18%
28	Wch X-Ray (MRI)	\$3,629.00	\$170.27	0.46%
44	Wch Xray Readings	\$1,250.00	\$166.28	0.45%
31	Utmb - Physician Services	\$6,010.00	\$980.34	2.64%
34	Utmb Out-Patient	\$5,278.00	\$1,227.61	3.31%
35	Utmb Lab/X-Ray	\$2,097.00	\$245.04	0.66%
39	Youth Counseling	\$1,275.00	\$1,275.00	3.44%
Expenditures/Reimbursements/Adjustments		\$70,246.23	\$37,099.16	100%
Grand Total		\$70,246.23	\$37,099.16	100%





Chambers County East Side Van Monthly Report



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

Jul-22

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			3227
TOTAL HOURS DRIVEN			166.58
TOTAL EXPENSES FOR MONTH			\$1,035.19
FUEL COST			\$1,035.19
REPAIRS & MAINTENANCE COST			
MISC EXPENSES			
TOTAL RIDERS			20
TOTAL WSHD RIDERS			1
TOTAL TRIPS			58
TOTAL TRIPS FOR WSHD RIDERS			1

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			739
TOTAL HOURS DRIVEN			32.17
TOTAL EXPENSES FOR MONTH			\$313.73
FUEL COST			\$206.51
REPAIRS & MAINTENANCE COST	Oil change		\$48.74
MISC EXPENSES	Wiper blades		\$58.48
TOTAL RIDERS			9
TOTAL WSHD RIDERS			0
TOTAL TRIPS			15
TOTAL TRIPS FOR WSHD RIDERS			0

VEHICLE #3		RAV4	
TOTAL MILES DRIVEN			2801
TOTAL HOURS DRIVEN			98.00
TOTAL EXPENSES FOR MONTH			\$658.19
FUEL COST			\$484.13
REPAIRS & MAINTENANCE COST	Oil change, new tire, labor		\$174.06
MISC EXPENSES			
TOTAL RIDERS			22
TOTAL WSHD RIDERS			1
TOTAL TRIPS			43
TOTAL TRIPS FOR WSHD RIDERS			2

GRAND TOTALS	
MILES DRIVEN	6767
RIDERS	51
WSHD RIDERS	2
TRIPS	116
WSHD TRIPS	3
EXPENSES	\$2,007.11

Winnie Stowell Volunteer EMS Report Year 2022

Year to Date Details for 2022	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED	2	4	7	14	12	15	13	67
<i>YTD CALLS/TRANSPORTS MADE</i>	2	4	7	10	9	9	6	47
<i>YTD CALLS/TRANSPORTS DELAYED</i>	0	0	1	0	0	0	0	1
<i>YTD CALLS/TRANSPORTS REASSIGNED</i>	0	0	0	4	3	6	7	20
YTD 3RD PARTY INVOICES BILLED	\$3,143.93	\$6,529.28	\$9,559.09	\$16,124.52	\$15,264.99	\$11,735.33	\$4,233.61	\$66,590.75
<i>Insurance Billed</i>	<i>\$3,143.93</i>	<i>\$5,193.01</i>	<i>\$6,049.16</i>	<i>\$5,738.60</i>	<i>\$4,485.46</i>	<i>\$2,577.40</i>		<i>\$27,187.56</i>
<i>Self-Pay Billed</i>	<i>\$0.00</i>	<i>\$4,368.03</i>	<i>\$1,831.47</i>	<i>\$10,385.92</i>	<i>\$10,779.53</i>	<i>\$8,366.18</i>		<i>\$35,731.13</i>
YTD 3RD PARTY PAYMENTS RECEIVED	\$1,005.50	\$0.00	\$4,864.60	\$4,688.81	\$3,112.61	\$1,767.13	\$0.00	\$15,438.65
<i>Insurance Paid</i>	<i>\$1,005.50</i>	<i>\$0.00</i>	<i>\$4,820.18</i>	<i>\$2,590.40</i>	<i>\$1,721.64</i>	<i>\$1,147.77</i>		<i>\$11,285.49</i>
<i>Self-Pay Paid</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,447.41</i>	<i>\$0.00</i>	<i>\$0.00</i>		<i>\$1,447.41</i>
YTD STAFFING EXPENSES	\$10,416.00	\$9,408.00	\$10,080.00	\$10,080.00	\$10,416.00	\$10,416.00	\$10,416.00	\$71,232.00
<i>Corrected Amt</i>								
YTD PERTINENT INFORMATION REGARDING PERFORMANCE								
RICELAND REPORTED TRANSFERS	13	10	10	14	12	15	13	87

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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED	2	4	7	14	12	15	13	0	0	0	0	0	67
YTD CALLS/TRANSPORTS MADE	2	4	7	10	9	9	6	0	0	0	0	0	47
YTD CALLS/TRANSPORTS DELAYED	0	0	1	0	0	0	0	0	0	0	0	0	1
YTD CALLS/TRANSPORTS REASSIGNED	0	0	0	4	3	6	7	0	0	0	0	0	20
YTD 3RD PARTY INVOICES BILLED	\$3,143.93	\$6,529.28	\$9,559.09	\$16,124.52	\$15,264.99	\$11,735.33	\$4,233.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$66,590.75
YTD 3RD PARTY PAYMENTS RECEIVED	\$1,005.50	\$0.00	\$4,864.60	\$4,688.81	\$3,112.61	\$1,767.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,438.65
YTD STAFFING EXPENSES	\$10,416.00	\$9,408.00	\$10,080.00	\$10,080.00	\$10,416.00	\$10,416.00	\$10,416.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71,232.00
YTD PERTINENT INFORMATION REGARDING PERFORMANCE													
RICELAD REPORTED TRANSFERS	13	10	10	14	12	15	13						87

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Jul-22			
3rd PARTY INVOICES BILLED			
DATE	3rd Party Name	\$AMOUNT BILLED	\$AMOUNT PAID
7/3/2022	Self Pay	\$1,720.33	\$0.00
7/10/2022	Self Pay	\$1,361.23	\$0.00
7/14/2022	TBD	\$0.00	\$0.00
7/18/2022	Self Pay	\$1,152.05	\$0.00
7/27/2022	TBD	\$0.00	\$0.00
7/30/2022	TBD	\$0.00	\$0.00
TOTAL 3rd PARTY AMOUNT BILLED FOR THE MONTH		\$4,233.61	\$0.00

Jul-22					
MONTHLY CALLS/TRANSPORTS REPORT					
CALLS REQUESTED			CALL RESULTS		
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R
7/2/2022	Riceland	VA Houston (Needed Paramedic)			R
7/2/2022	Riceland	St. Elizabeth (Needed Paramedic)			R
7/3/2022	Riceland	Hermann Houston	M		
7/10/2022	Riceland	San Jacinto Methodist	M		
7/14/2022	Riceland	UTMB	M		
7/18/2022	Riceland	St. Elizabeth	M		
7/19/2022	Riceland	Texas Childrens (was on a 911 call & they did not want to wait)			R
7/19/2022	Riceland	Lake Charles (don't cross state lines)			R
7/20/2022	Riceland	St. Elizabeth (Needed Paramedic)			R
7/20/2022	Riceland	Wexford, Tx (Needed Paramedic)			R
7/27/2022	Riceland	Baptist Beaumont	M		
7/30/2022	Riceland	Baptist Beaumont	M		
7/31/2022	Riceland	UTMB (Needed Paramedic)			R
TOTAL CALLS REQUESTED FOR MONTH & RESULTS			13	6	0

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Jul-22				
MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL				
DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR HR)	PAYROLL AMOUNT
7/1/2022	Hunter Traweek	24	14	\$336.00
7/2/2022	Dustin Donladson	24	14	\$336.00
7/3/2022	Andrew Broussard	24	14	\$336.00
7/4/2022	Amanda Harpst	24	14	\$336.00
7/5/2022	Brad Eads	24	14	\$336.00
7/6/2022	Andrew Broussard	24	14	\$336.00
7/7/2022	Dustin Donladson	24	14	\$336.00
7/8/2022	Hunter Traweek	12	14	\$168.00
7/8/2022	Iva Morrison	12	14	\$168.00
7/9/2022	Austin Isaaks	24	14	\$336.00
7/10/2022	Kayla Blackwell	24	14	\$336.00
7/11/2022	Amanda Harpst	24	14	\$336.00
7/12/2022	Brad Eads	24	14	\$336.00
7/13/2022	Dustin Donladson	24	14	\$336.00
7/14/2022	Andrew Broussard	24	14	\$336.00
7/15/2022	Travis Delacerda	24	14	\$336.00
7/16/2022	Austin Isaaks	24	14	\$336.00
7/17/2022	Hunter Traweek	24	14	\$336.00
7/18/2022	Amanda Harpst	24	14	\$336.00
7/19/2022	Brad Eads	24	14	\$336.00
7/20/2022	Andrew Broussard	24	14	\$336.00
7/21/2022	Dustin Donladson	24	14	\$336.00
7/22/2022	Dustin Donladson	24	14	\$336.00
7/23/2022	Austin Isaaks	24	14	\$336.00
7/24/2022	Kayla Blackwell	24	14	\$336.00
7/25/2022	Hunter Traweek	24	14	\$336.00
7/26/2022	Amanda Harpst	24	14	\$336.00
7/27/2022	Andrew Broussard	24	14	\$336.00
7/28/2022	Dustin Donladson	24	14	\$336.00
7/29/2022	Hunter Traweek	24	14	\$336.00
7/30/2022	Austin Isaaks	24	14	\$336.00
7/31/2022	Jeff Gibson	12	14	\$168.00
7/31/2022	Hunter Traweek	12	14	\$168.00
TOTAL SALARY EXPENSE FOR THE MONTH:				\$10,416.00


 Marcelous Williams Resource Center Winnie-Stowell Hospital District Report		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD DATE
Year to Date Details for 2022									
YTD WSHD REFERRALS		0	2	2	1	0	1	0	7
YTD Indigent Care (Medical, Dental & Vision)		0	2	2	1	0	0	0	6
YTD Prescription Assistance		0	0	0	0	0	0	0	0
YTD Youth Counseling		0	0	0	0	0	1	0	1
YTD Irlen Syndrome Services		0	0	0	0	0	0	0	0
YTD OTHER REFERRALS		3	7	15	4	7	5	4	47
YTD Gift of Life		0	0	0	0	0	0	0	0
YTD Work in Texas (Texas Workforce Commission)		1	1	1	0	0	0	0	3
YTD Chambers County Indigent or OmniPoint FQHC		0	0	0	0	1	1	0	2
YTD Chambers County Indigent Dental		0	0	0	0	0	0	0	0
YTD Transportation		0	1	0	0	0	0	0	1
YTD Medical Services (Other Than Indigent)		2	3	3	1	0	1	0	10
YTD G.E.T.-C.A.P.		0	1	2	0	0	0	0	4
YTD Misc. MWRC Available Services		0	1	9	3	6	3	4	27
YTD APPLICATIONS INITIATED/PROCESSED		19	22	30	22	29	31	23	179
YTD WSHD Indigent Care		0	2	1	1	1	0	0	5
YTD Prescription Assistance		0	0	0	0	0	0	0	0
YTD Social Security		8	9	3	9	5	8	3	46
YTD Medicare Savings Program		1	0	2	1	3	2	2	11
YTD Medicaid		0	0	1	2	2	3	0	8
YTD Food Stamps		8	8	14	7	12	11	13	75
YTD Home Repair		1	1	4	1	3	3	2	15
YTD G.E.T.-C.A.P.		1	2	5	1	3	4	3	19
YTD CLIENTS SERVED		10	18	22	15	19	25	20	131
YTD WSHD Clients		5	9	17	8	16	24	20	101
YTD Chambers County Residents		0	1	3	0	3	0	0	7
YTD Other County Residents		2	1	2	0	3	1	0	9
YTD OFFICE SUPPLIES EXPENSES		\$0.00	\$0.00	\$490.62	\$67.42	\$59.29	\$500.00	\$258.57	\$1,375.90
YTD STAFFING EXPENSES		\$0.00	\$4,114.36	\$6,290.19	\$4,043.77	\$2,052.28	\$5,787.98	\$4,917.36	\$27,205.94
YTD GRANT AMOUNT SPENT OF TOTAL \$55,550.00		\$0.00	\$4,114.36	\$6,780.81	\$4,111.19	\$2,111.57	\$6,287.98	\$5,175.93	\$28,581.84
YTD GRANT BALANCE REMAINING OF TOTAL		\$55,550.00	\$51,435.64	\$44,654.83	\$40,543.64	\$38,432.07	\$32,144.09	\$26,968.16	\$26,968.16
OUTREACH ACTIVITIES/EVENTS ATTENDED		1	1	13	1	7	4	2	29

Exhibit “C”

TEXARKANA SNF LLC

8/11/22

Mr. Edward Murrell, President
Winnie Stowell Hospital District
PO Box 1997
Winnie, Texas 77665

Re: Letter Agreement Related to QIPP Year 5 Funds for Villa at Texarkana

Dear Mr. Murrell:

As of April 1, 2022, the Winnie Stowell Hospital District (“District”) acquired the Villa at Texarkana (“Facility”) through the Texas Health and Human Services Commission’s (“HHSC”) Change of Ownership (“CHOW”) process and entered into a lease for this for the Facility.

Prior to the CHOW, the Facility participated in the Quality Improvement Payment Program (“QIPP”) as private nursing facility. In QIPP Year 6, which starts on September 1, 2022, the facility is going to participate in QIPP as non-state government owned (NSGO) nursing facility operated by the District and managed by Caring Healthcare.

As private facility participating in QIPP Year 4, the Facility received Component 2 and 3 funds as well as Adjustments or Variance payments. Nevertheless, even though the Facility was not enrolled in QIPP Year 5 as a NSGO operated entity, starting in May 2022, the District began receiving Component 2 fund payments on its behalf. Since then, the District has received Component 3, 4, Lapsing Payments, and Variance Payments for June 2022.

In light of the receipt of the various QIPP Component payments for the Facility, the District and Texarkana SNF, LLC and Caring Healthcare (“Caring”)) wish to enter into this Letter Agreement to set forth the terms of, and manner in which, the funds for QIPP Year 5 derived from the Facility will be used as follows:

1. Caring, and its affiliates, will receive 100% of the QIPP Year 5 funds (i.e., Components 1, 2, 3, 4, Lapsed Funds, and any associated QIPP Year 5 funds) derived for the Facility that is received by the District. Upon receipt of all the QIPP Year 5 funds for each quarter, the District will pay Caring the QIPP Year 5 funds received within seven (7) days after the Parties to this Agreement reconcile the quarterly amounts owed.
2. In exchange, Caring Healthcare agrees to dedicate the Component 1 and 4 funds received from the District, as well as any Variance and Lapsing Funds derived from Components 1 and 4 Funds (“Dedicated Funds”) to capital improvements for the Caring Healthcare facilities operated by the District. In addition, Caring agrees to provide quarterly reports to

District on: (a) balance of the Dedicated Funds received; and (b) the manner in which funds were spent for capital improvements on the Caring facilities.

3. Caring Healthcare and Texarkana SNF, LLC further agrees to indemnify District in the event there is a recoupment of the QIPP Year 5 funds attributable to the Facility.

Please confirm your acknowledgement and agreement to the above-referenced terms by signing in the space provided below. If you have any questions, please do not hesitate to contact me.

Sincerely,

Mendy Shipiro
Chief Executive Officer
Texarkana SNF LLC and Caring
Healthcare

AGREED AND ACCEPTED:

Winnie Stowell Hospital District,
a governmental entity and political subdivision of the State of Texas

By: Edward Murrell
Its: President

cc: Hubert Oxford
Benckenstein & Oxford, LLP
3535 Calder Avenue, Suite 300
Beaumont, Texas 77706

Exhibit “D”

Pages Removed
Confidential information

Exhibit “E”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
July 2022			
Facility	Operator		Comments
Oak Manor	SLP		Census: 25. The state came to the facility for a complaint survey, the complaint was unsubstantiated. There were no reportable incidents since the last visit. The facility is in need of staff in the kitchen, the administrator has had to work in the dining area to help out. The facility is not having to use agency staffing at this time, they are having trouble meeting their budgeted targets due to the low census.
Oakland Manor	SLP		Census: 69. The state has not been to the facility since the last visit. There were two reportable incidents since the last visit, one for a resident-to-resident altercation and one for a COVID outbreak; the facility was not cited for either. The facility is not having to use agency staffing but their cost of staffing is high due to paying overtime hours.
Hallettsville Rehabilitation and Nursing Center	Regency		Census: 82. The facility had their annual survey in June 2022, they had zero deficiencies. The state came to the facility for a complaint survey, the complaint was unsubstantiated. There were three reportable incidents since the last visit, the facility was not cited following state review. The facility is doing well meeting their targeted budgets, they are using agency staffing because of the higher census.
LaGrange Rehab and Nursing Center	Regency		Census: 57. The state has not been to the facility since the last visit. There were no reportable incidents since the last visit. The facility has completed their remodel and the upgrades have made the facility much more attractive. The administrator is working to maintain the hours of his staff as he is trying to avoid burnout.
Deerbrook Skilled Nursing and Rehab Center	HMG		Census: 78. The facility is currently in their survey window. There were 20 reportable incidents since the last visit, all have been unsubstantiated following five state visits. The facility has hired a development director whose job is to hire and retain staff. The facility is using a new staff evaluation program to determine which team members are going above and beyond, those staff members are then rewarded.
Friendship Haven	HMG		Census: 110. The facility had their annual survey in July 2022, they received four deficiencies and are preparing to submit their POC. There were eight reportable incidents since the last visit, all were cleared following state review. The facility has a new recruitment/retention team, they plan

			events and prizes for the staff. The facility has promoted a staff member to activities director, they are having great participation with activities.
Park Manor of Cyfair	HMG		Census: 100. The facility had their annual survey in February 2022. There were five reportable incidents since the last visit, all were cleared following state review. This facility is a community vaccination clinic, they offer the shots to anyone in the community. The facility celebrated nurse's week and CNA week with meals and prizes for the nurses.
Park Manor of Cypress Station	HMG		Census: 82. The state came to the facility for a complaint survey at the end of July, the facility is still awaiting a full report. There were four reportable incidents since the last visit, the state has not yet investigated. The facility had a food truck come to the facility for the staff and they are recognized nurses of the month and of the year.
Park Manor of Humble	HMG		Census: 86. The facility is currently in their survey window. The state was in the facility on the day of a visit for an infection control survey. There were two reportable incidents since the last visit, one for a staff member with COVID and the other is pending investigation. The activities director is still having activities such as hallway bingo or using the TVs in the residents' rooms as a way to play a game.
Park Manor of South Belt	HMG		Census: 97. The state came to the facility for a complaint survey, it was cleared following the visit. There were eight reportable incidents since the last visit, the facility was cited for one report of improper care planning. The facility has used sign-on bonuses to attract new nurses, they are no longer having to use agency staffing.
Park Manor of Westchase	HMG		Census: 80. The facility is currently in their survey window. There were two reportable incidents since the last visit, both were unsubstantiated following state review. The facility has hosted entertainers for the residents including an Elvis impersonator. The facility had a few residents who had repeat falls, they have given those residents a designation so that all staff is aware.

CONTACT:

Administrator: Pat Reyes
D.O.N.: Beverley Thomas

The current census is 25. The breakdown is; Medicare-; Medicaid-17; Private Pay-2; Private Insurance-6; Hospice-; Pending Status-. 3 Covid-19 in the facility.

SURVEY:

The state came in on a complaint - unsubstantiated.

REPORTABLE INCIDENTS:

Came in on a privacy issue: cited and corrected. The state has cleared the citation.

A. Infections: 0

B. Weight Loss: 0

ADDITIONAL COMMENTS:

Restraints-0
Pressure ulcers- - 6.7%
Falls with major injuries-0%
Anti-psychotic medicines- 18.3%

Currently not meeting the budget. Currently not using an agency. The QAPI program is working well. The medical director is working closely with the staff. The biggest issue at this time is finding kitchen help. Mrs. Reyes pulls several hours in the kitchen just to help get some rest for staff.

CONTACT:

Administrator: The site visit was conducted on July 18, 2022. I visited with Christy Bryan, Administrator.

FACILITY:

The census target is 58 and the current census is 69. The census breakdown is; Medicare-5; Medicaid-35; Private Pay-21; Private Insurance -1; Hospice-4; Pending Status-3. 4 Covid in facility.

SURVEY:

The state was not in for a survey.

REPORTABLE INCIDENTS:

1. Resident to resident: One resident hit another resident, accidentally. State came in - unsubstantiated.
2. Covid breakout: Substantiated, nothing cited.

CLINICAL TRENDING:**Infections:**

No issues

Weight Loss:

No issues with gain or loss of weight.

ADDITIONAL COMMENTS:

Restraints; 0

Falls with major injuries; 1.5%

Anti-psychotics; 17.9%

Pressure ulcers- 4.5%

Overall quality is 4 star.

Overall star rating is 3.

No agency staff last month. Not meeting the budget but still in the black. Staffing is still an issue - a lot of overtime. The QAPI program is helpful to staff and the medical director. Area outside and around the property was neat and well kept. Facility looked clean and well kept.

CONTACT

Administrator: Ms. Courtney Korenek, MBA-LNFA

The site visit was conducted on July 18, 2022. There were no COVID positive patients on this visit.

FACILITY

The current census target is 78. The current census is 82. The breakdown is as follows; Medicare-5; Medicaid-34; Private Pay-16; Private Insurance-2 Hospice-2; Pending Status-7; V.A.-16.

SURVEY

Full book survey - 0 deficiencies last month. (That is an outstanding achievement.) Came in on a complaint. Resident wanted to move to a different room. Facility could not do what they wanted so the resident called the state - unsubstantiated.

REPORTABLE INCIDENTS:

1. Covid positive
2. Injury of unknown origin - unsubstantiated
3. Resident to resident - unsubstantiated

Infections:

1 covid

Weight Loss:

No issues.

ADDITIONAL COMMENT:

The facility is working hard to control the quality measures.

Restraints-0

Pressure ulcers; 0

Falls with Major injuries- 1.6%.

Anti-psychotic medicine- Currently at 3.7%.

Budget is being met. They are using agency staff. QAPI is very beneficial and approved by the medical director. Mrs. Korenek said that in spite of staffing issues and covid, things around her facility are still very good and positive.

CONTACT:

Administrator: Mr. Ray Vasquez

The site visit was conducted on July 18, 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 57. The breakdown is; Medicare-7; Medicaid-21; Private Pay-19; Private Insurance-, Hospice-2; Pending Status-2. No Covid in the facility.

SURVEY:

The state was not in the facility in June.

REPORTABLE INCIDENTS:

None for last month.

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-14% for the month of March.

Falls with Major injuries- 2%

Anti-psychotics- Currently at 6%.

Facility looks very well kept. All remodels are complete. still having to use some agencies. Met budget for June. Mr. Vasquez said his biggest concern is staff having to cover so many extra hours. He fears burnout is a big issue. QAPI working well for staff and medical director. Needing staff for dietary dept.

Administrator: Tangela Manuel
DON: Erica Moreau, RN

FACILITY INFORMATION

Deerbrook Skilled Nursing and Rehab Center is a 124-bed facility with a current overall star rating of 3 and a Quality Measures rating of 5. The census given on the date of this Report was 78: (9) PP; (2) MC; (43 + 8 pending) MDC; (15) HMO; and (1) Hospice.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. The positivity rate in Harris County is in the Red for transmission rate.

At this time, Deerbrook has 5 residents in their COVID Unit. Administrator reported no residents, (new admissions) in their Warm Zone. The Administrator reported the last time a resident tested COVID_19 positive was 7/13/22. The last time an employee tested COVID_19 positive was on 7/11/2022. Testing is twice per week for all staff during the outbreak and high transmission status.

To date, 88% of residents received their full vaccinations and 98% of employees received theirs (2 exemptions). PPE inventory is still good with at least 2 weeks supply. The facility staff are all wearing N-95 masks and face shield if going into the Warm or Hot Zone. All unvaccinated staff are being tested twice per week and they wear N-95 masks.

Visitation is fully open with screening for all, and all visitors wear surgical masks and if visiting in the warm zone a COVID_19 positive resident they are provided with N-95 mask.

Residents are taking advantage of current activities, including some outside functions. The facility had a Mother's Day Tea, Gentleman's Day for Fathers, Juneteenth, and July 4th parties with good participation.

The administrator reports the facility continues to provide a meal to all staff at least once per week and celebrate their birthdays once per month. The Administrator reports the facility is currently using a staffing agency for nursing and CNAs. The Administrator reports the MAD Genius program for the staff moral (rewarding them on the spot) has been successful. The Administrator reports the facility hired a Training and Learning Development Director to secure, hire and provide various programs to retain staff.

SURVEY INFORMATION

The facility's last state visit was on 7/08/22 for clearing 3 self-reports and 1 complaint, all unsubstantiated and no citations. The facility is currently in the annual full book window.

REPORTABLE INCIDENTS

Complaints/Self Reports: 20 Self Reports

State visits/desk reviews: 5 Physical Visits/2 Desk Reviews – all unsubstantiated, no citations

CLINICAL TRENDING

Incidents/Falls:

In **April/May/June 2022**, Deerbrook had 56 total falls (3 repeat falls), of which 7 resulted in injury, 12 Skin tears, 4 Bruises, 2 Lacerations, 0 Elopements, 2 Fractures, and 1 Behavior.

Infection Control:

Facility reports 38 total infections in **April/May/June 2022**– 8 UTI’s; 6 URIs; 6 Wound infections; 6 EENT infections; 1 GI infection; and 11 Other infections.

Weight loss:

During **April/May/June 2022**, Deerbrook had 7 residents with 5% in 1 month or less weight loss and 1 resident with greater than 10% weight loss in 6 months.

Pressure Ulcers:

Deerbrook reported that during **April/May/June 2022** the facility had 16 residents with pressure ulcers, totaling 30 sites. Eight of them facility acquired.

Restraints:

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

Staffing:

Deerbrook facility is currently in need of (2) LVNs 6a-2p; (5) LVNs 2p-10p; (1) LVN 10p-6a; (6) CNAs 6a-2p; and (6) CNAs 2p-10p. The facility’s turnover rate is 4%.

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.0%	2.0%	2.0%	
Fall w/Major Injury (L)	0%	3.5%	3.5%	Ongoing
UTI (L) *	0%	1.6%	2.5%	
High risk with pressure ulcers (L) *	10%	8.9%	9.3%	
Loss of Bowel/Bladder Control(L)	77.3%	52.9%	47.3%	
Catheter(L)	6.9%	2.2%	2.3%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	12.7%	18.4%	15.7%	
Excessive Weight Loss(L)	6.9%	5.6%	6.9%	
Depressive symptoms(L)	0%	5.3%	7.9%	
Antipsychotic medication (L) *	10.3%	10.8%	14.5%	

QIPP Measures

Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	4/19/2022 5/12/2022, 6/9/2022	Drug Destruction, POC Compliance, Pressure Ulcers (Facility Acquired and Long Stay), Falls, Storing Resident Funds, Employee Retention
QAPI Meeting dates of submission (owner/operator involvement evident)	4/20/2022 5/20/2022, 6/20/22	

Component 2

<u>Indicator</u> <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>	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> • 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	Had actual encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	

<ul style="list-style-type: none"> 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 	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	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.26%	9.15%	8.16%	Y	
Percent of residents who received an anti-psychotic medication	14.32%	11.43%	7.27%	Y	
Percent of residents whose ability to move independently has worsened	25.37%	23.07%	19.23%	Y	
Percent of residents with urinary tract infection	2.52%	0.48%	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 protective equipment use ➤ Current list of reportable diseases 	Y				
Quarter 2					
<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>	Y				
Quarter 3					
<ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship 	Y				

<ul style="list-style-type: none"> ➤ 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				
Quarter 4	%	%	42%	No	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	%	%	58%	No	

Administrator: Laura Cardenas
DON: Shana Green

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 110. PP:12; MC: 8; MDC: 76; HMO: 14.

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 Transmission Rate is High (Red). Testing of all employees is twice per week and residents is once per week. The facility is working on updating their Emergency Preparedness plan for hurricane readiness.

The Administrator reported the last time an employee tested COVID_19 positive was in 7/13/22 and a resident tested positive on 7/12/22. 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 and Hot Zones.

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

The Administrator reported 100% of employees (with exemptions) and 95% of residents have received their COVID_19 vaccinations. The Administrator reports the facility is storing and able to provide the vaccine onsite and provide as needed and if enough signed up, hold special clinic so the vaccine is not wasted.

Visitation is going well and only essential caregivers in warm and hot zones. General visitation remains open with visitors wearing mask (their own or provided if needed) and social distancing (out front or in resident room) after passing screening at front (no longer documenting).

Most of the residents come out to the large dining room with social distancing for all meals. New Activities Director started this month (promoted within) with group activities (social distancing) the focus and good participation noted as well as one on one in resident rooms. Currently there are no planned activities outside the building.

Agency is still being used at Friendship Haven for CNAs and nurses. This month they will be having pie and apple days celebrations. The Administrator reports the facility had banquets for CNA and

Nurse's week and the new recruiting/retention staff have planned something every month for the employees.

SURVEY INFORMATION

Friendship Haven had their annual survey last week on 7/12/22 with 4 Health Deficiencies of D and E level received (POC due 7/15/22):

F550- Resident Rights SS=D

F558 Reasonable Accommodations Needs/Preferences Needs/Preferences SS=D

F584 Safe/Clean/Comfortable/Homelike Environment SS=E

F804 Nutritive/Appear, Palatable/Prefer Temp SS=E

REPORTABLE INCIDENTS

Self-Reports:

6/6/22- SR- Fall with Injury- cleared on 6/17/22

6/5/22-SR- Fall with Injury- cleared on 6/17/22

5/19/22-SR- Positive COVID-cleared on 6/17/22

5/18/22-SR-Fall with injury-cleared on 6/17/22

5/15/22-SR-Missing money-cleared on 6/17/22

5/10/22-SR-Drug Diversion-cleared on 6/17/22

State visits/desk reviews:

5/14/22-5/18/22- State visit: Reviewed SR from 02/18/22, 2 complaints - No citations.

CLINICAL TRENDING

Incidents/Falls:

Friendship Haven in **April/May/June 2022** reported 53 total Falls without injury (8 repeat falls) and 1 Fall with injury, 5 Skin tears, 0 Elopements, 3 Bruises, 1 Fracture, 0 Lacerations, and 0 Behaviors.

Infection Control:

Administrator reported 79 infections during, **April/May/June 2022** of which 30 were UTI, 11 were respiratory infections, 11 wound infections, 3 EENT infections, 2 blood infections, 3 GI infections and 19 Other infections.

Weight loss:

During **April/May/June 2022**, Friendship Haven had 2 residents with 5-10% weight loss in 1 month and 4 with >10% weight loss in 6 months.

Pressure Ulcers:

In **April/May/June 2022**, Friendship Haven had 36 residents with 47 pressure ulcer sites – 8 acquired in house.

Restraints:

Friendship Haven is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2		1	1			
2 to 10		1	5			
10 to 6		1	3			
Other						
# Hired this month	2	4	17			
# Quit/Fired			13			

Total number employees: 144 Turnover rate%: 27%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	
Fall w/Major Injury (L)	3.4%	3.5%	3.5%	
UTI (L) *	0%	1.6%	2.5%	
High risk with pressure ulcers (L) *	12.5%	8.9%	9.3%	
Loss of Bowel/Bladder Control(L)	76.3%	52.9%	47.3%	
Catheter(L)	5.8%	2.2%	2.3%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	12.7%	18.4%	15.70%	
Excessive Weight Loss(L)	0%	5.6%	6.9%	
Depressive symptoms(L)	0%	5.3%	7.9%	
Antipsychotic medication (L) *	4.9%	10.8%	14.5%	

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Yes	
QAPI Meeting dates of submission (owner/operator involvement evident)	04/14/22 05/19/22 06/16/22	06/15/22-Transmitted late assessments

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-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	No encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> 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: 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	9.3%	8.9%	12.5%	N	

Percent of residents who received an anti-psychotic medication	14.5%	10.8%	4.9%	Y	
Percent of residents whose ability to move independently has worsened	17.8%	16.5%	9.8%	Y	
Percent of residents with urinary tract infection	2.5%	1.6%	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 months (or from regional hospital)	Y				
5. Audits (monitors and documents) of adherence to hand hygiene	Y				
6. Audits (monitors and documents) of adherence to personal protective equipment use	Y				

<p>7. Current list of reportable diseases</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>Y</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>Y</p>				
<p>3. **PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</p> <p>➤</p>	<p>Y</p>				
<p>Quarter 3</p>					
<p>➤ Designated leadership individuals for antibiotic stewardship</p> <p>➤ Written policies on antibiotic prescribing</p> <p>➤ Pharmacy-generated antibiotic use report from within the last six months</p> <p>➤ Lab-generated antibiogram report from within the last six</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					
Quarter 4 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.			100%	Y	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine			100%	Y	

Administrator: Lisa Arnold
DON: Dee Linden, RN

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 2 and Quality Measures star rating of 4. The census on the date of this report was 100: (6) PP; (6) MC; (58 + 6 pending) MDC; (3) Hospice and (21) 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 Transmission Rate for Harris County is High, in the Red. The facility is now testing all staff 2x/week. The end of May 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, Pfizer and Janson shots. Currently, Park Manor of Cy-fair has four residents (new admissions unvaccinated) in the Warm Zone. The facility staff COVID_19 vaccination rate is at 98% (all others have exemptions) and resident's is at 90%.

PPE inventory is still great, with at least 2 weeks supply. Employees working the Warm Zone are wearing N95 and face shields. Those working outside resident rooms are wearing K-N95 masks and staff working in resident rooms are wearing N-95 masks.

Ambassador Rounds are still held every day by the staff. Continue focusing on Care plans, Infection Control Rounds and looking at MARS and PASRRS.

The residents are still coming out to the dining room for meals. 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.

The facility did celebrate CNA Week, Nurses Week, and July Fourth celebration. Just hired a Talent and Learning Educator who will focus on recruitment/retention for the facility. Thank You Tuesday cards are passed out to staff for encouragement.

SURVEY INFORMATION

Park Manor Cy-fair had their full book survey in February 2022.

REPORTABLE INCIDENTS

In **April/May/June 2022**, the facility had (5) self-reports with 2 onsite visits in the last quarter to clear them all with no citations.

CLINICAL TRENDING

Incidents/Falls:

During **April/May/June 2022** Park Manor of Cy-fair had 66 total falls without injury, and 1 fall with injury, and 0 repeat Falls, 1 Skin Tear, 2 Lacerations, 1 Fracture, 1 Bruise and 1 Behavior.

Infection Control:

Park Manor of Cy-fair reports 22 total infections in **April/May/June 2022** – 6 UTI’s; 11 URI’s; 1 GI infection; 3 Blood infections and 1 Other.

Weight loss:

Park Manor of Cy-fair reported Weight loss in **April/May/June 2022** – 5 residents with 5-10% and 0 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **April/May/June 2022** Park Manor of Cy-fair had 32 residents with 59 pressure ulcer sites – 5 acquired in house.

Restraints:

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

Staffing:

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

Total number employees: 116 Turnover rate 4.3

CASPER REPORT

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	3.6	2.5	2.0	1.9	
Fall w/Major Injury (L)	2.7	3.1	3.5	3.5	
UTI (L) *	0	0	1.6	2.6	

High risk with pressure ulcers (L) *	1.9	0	9.3	9.3	
Loss of Bowel/Bladder Control(L)	83	90	52.4	47	
Catheter(L)	0	0	2.2	2.3	
Physical restraint(L)	0	0		16	
Increased ADL Assistance(L)	13.2	15.5	18.4	15.4	
Excessive Weight Loss(L)	4.6	3.6	5.1	6.8	
Depressive symptoms(L)	0	0	5.3	7.9	
Antipsychotic medication (L) *	3.9	6.8	11.6	14.5	

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.	4/20/22, 5/20/22, 6/20/22	Catheter Usage, Falls,
QAPI Meeting dates of submission (owner/operator involvement evident)	4/20/22, 5/20/22, 6/20/22	Review PIPS triggered on Casper Report

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	
• 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	Did have some encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
• Was Workforce Development data submitted q month to QIPP during the quarter?	Y	Continue to recruit and hire-
• Agency usage or need d/t critical staffing levels	N	
• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> ○ 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%	%	1.9%	Y	
Percent of residents who received an anti-psychotic medication	14.5%	%	4.5%	Y	
Percent of residents whose ability to move independently has worsened	22%	%	15.5%	n	Therapy Evaluating residents to help with ability to move.

Percent of residents with urinary tract infection	2.6%	%	0%	Y	
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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					
➤ 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				

<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>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 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>				

➤ Current list of reportable diseases	Y				
Quarter 4					Information not provided
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine					

Administrator: Josh Yarborough (interim)
DON: Myra Polio, RN
Traveling Corporate: Shamika White, 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 82. PP:5; MCR: 8 MDC: 41 (+6 pending); HMO:17; Hospice 5.

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

The Administrator continues to report implementing their emergency plan and following all the state/federal/local mandates. The transmission rate for Harris County is high (Red).

Park Manor of Cypress Station now has a COVID_19 Unit with three residents as of today. Cypress Station is also now accepting COVID_19 admissions from hospitals, assisted living facilities and other nursing homes. Currently, Park Manor of Cypress has no residents in their Warm Zone. There have been no positive residents or staff in the last 14 days.

Testing of all staff is twice per week. All staff are currently wearing N-95 masks, but it is not mandated per policy since not in outbreak. PPE inventory is still good, at least a 2 week's supply.

Administrator reports the facility continues providing the COVID_19 vaccine (including booster) in house to staff and residents. The Administrator did not have the resident or staff vaccination rates.

Visitations are still going well, wearing their own masks or provided by the facility. Residents are mostly eating in the dining room for lunch and dinner meals. Activities continue being held in common area as well as room to room with very good participation. The Administrator reports the facility had a singer come into the facility recently and they try to have 3 activities per day.

The Administrator reports the facility recently had a food truck feed the staff and they celebrate employee of the month and of the year.

SURVEY Information

Park Manor of Cypress Station had the state in the building July 20, 2022 for a complaint, awaiting the report.

REPORTABLE INCIDENTS

Four self-reports, still pending for **April/May/June**.

CLINICAL TRENDING

Incidents/Falls:

Park Manor Cypress Station reported 9 total falls without injury and 1 fall with injury with 2 repeat falls during **April/May/June 2022**, 1 skin tear, 0 bruises, 0 fractures, 0 Lacerations 1 behavior and 0 Elopements.

Infection Control:

Administrator reported 9 infections during, **April/May/June 2022** of which 4 were UTIs, 3 were Respiratory infections, and 2 wound infections.

Weight Loss:

During **April/May/June**, Park Manor Cypress Station had 1 resident with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

In **April/May/June 2022**, Park Manor Cypress Station had 5 residents with pressure ulcer sites – 0 acquired in house.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

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

Total number employees: Turnover rate%:

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	
Fall w/Major Injury (L)	7.1%	3.5%	3.5%	
UTI (L) *	0%	1.6%	2.5%	
High risk with pressure ulcers (L) *	2.9%	8.9%	9.3%	
Loss of Bowel/Bladder Control(L)	75%	52.9%	47.3%	
Catheter(L)	3.9%	2.2%	2.3%	

Physical restraint(L)	0%	0.0%	0.1%	
Increased ADL Assistance(L)	43.8%	18.4%	15.7%	
Excessive Weight Loss(L)	2.1%	5.6%	6.9%	
Depressive symptoms(L)	2.0%	5.3%	7.9%	
Antipsychotic medication (L) *	8.7%	10.8%	14.5%	

QIPP Component 1

Indicator	QAPI Program Y/N	PIP's Implemented (Name specific PIP's)
	Mtg Dates	
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	YES	
QAPI Meeting dates of submission (owner/operator involvement evident)	6.20.22 5.20.22 4.20.22	

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?	YES	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	YES	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	YES	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 	YES	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	YES	
<ul style="list-style-type: none"> Telehealth used? 	YES	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	YES	

NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	YES	
<ul style="list-style-type: none"> 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	9.3%	7.5%	5.9%	Y	
Percent of residents who received an anti-psychotic medication	14.5%	9.34%	8.37%	Y	
Percent of residents whose ability to move independently has worsened	25.37%	8.0%	6.8%	Y	
Percent of residents with urinary tract infection	2.52%	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:	yes				

<p>Quarter 1</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 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</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>	<p>Yes</p> <p>Yes</p> <p>Yes</p>				
<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship 	<p>Yes</p>				

➤ 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	100%	79.77%	100%	Y	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	55.41%	78%	80.55%	N	

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 86. (10) MC; (24) HMO; (40 + 8 pending) MCD; (2) Hospice; (2) 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 High (Red). The Administrator reports they have all their evacuation plans in place and water bladders ready to fill in preparation for hurricane season.

The Administrator reported they have had a recent outbreak of COVID with 4 residents and 2 employees testing positive 7/11/2022. The facility has 4 residents in their COVID unit and 8 residents in their Warm Zone. The is testing all staff and residents 2x/week while in outbreak.

PPE inventory is still good and if they start to get low the corporate office will provide what is needed. Medical supply company up the road is selling the facility 260 masks per week for 60.00 each. N-95 masks and face shields are being worn in the general population by all employees. The facility has not had to use agency for staffing since October.

Park Manor has Moderna and Pfizer vaccines (1st & 2nd & booster 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 if needed. 88% of employees have received their Covid_19 vaccines (the rest have exemptions) and 93% of residents are fully vaccinated.

Visitation is fully open with screening (now using digital screener with daily report) 7a-7p during outbreak and going well. All visitors are wearing N-95 masks.

The Administrator reports the facility is still holding activities during outbreak, including hallway bingo or getting all of them on a TV channel to play. The Administrator reports the facility celebrated CNA and Nurse's week and plan different food theme days, like frank and beans day, etc.

The Administrator reports the facility has a calendar with at least one activity planned for all staff and this month they are donating lightly used shoes (get 10.00/set) to raise funds for their Christmas funds. The facility also has a MAD Genius program for staff to earn poker chips they can use to purchase paid day off, 50.00 gift card, Louis Viton purse, etc.

SURVEY INFORMATION

Park Manor of Humble has not had their annual survey but they are currently in their window. The state is in the building today for their infection control survey due to COVID+ staff.

REPORTABLE INCIDENTS

During **April/May/June** -The facility had 2 self-reports, one (+COVID staff) being investigated by state today and the other is still pending.

CLINICAL TRENDING

Incidents/Falls:

During **April/May/June**, Park Manor of Humble reported 15 total falls without injury (2 repeat falls), 3 falls with injury, 9 skin tears, 2 fractures, 0 elopements, 9 bruises, 2 behaviors, and 0 lacerations.

Infection Control:

During **April/May/June**, Park Manor Humble reported 118 infections of which 10 were UTI's, 8 were Respiratory, 2 wound infections, 42 EENT infections, 26 GI infections, 15 Blood infections 2 Genital infections and 13 Other.

Weight loss:

During **April/May/June**, Park Manor Humble had 2 residents with 5% in 1 month or less weight loss and 3 residents with greater than 10% weight loss in 6 months.

Pressure Ulcers:

During **April/May/June** Park Manor Humble reported 2 residents with pressure ulcers with 4 sites, 0 of them facility acquired.

Restraints:

Park Manor of Humble is a restraint free facility.

Staffing:

Currently the facility is recruiting for: (1) LVN 10p-6a and (6) CNAs 2p-10p. The facility reports a 3.2% turnover rate.

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	2%	2%	
Fall w/Major Injury (L)	2.1%	3.5%	3.5%	
UTI (L) *	0%	1.6%	2.5%	
High risk with pressure ulcers (L) *	5.7	8.9	9.3	
Loss of Bowel/Bladder Control(L)	92.3	52.9	47.3	

Catheter(L)	1.7	2.2	2.3	
Physical restraint(L)	0	0	0.1	
Increased ADL Assistance(L)	20	18.4	15.7	
Excessive Weight Loss(L)	0	5.6	6.9	
Depressive symptoms(L)	0	5.3	7.9	
Antipsychotic medication (L) *	7.5	10.8	14.5	

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Yes 20 th of each month	
QAPI Meeting dates of submission (owner/operator involvement evident)		Annual QIPP Quality measure is ADL function for ST residents.

QIPP Component 2

<u>Indicator</u> <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>	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
• 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-concurrency 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	
<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: 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	%	%	%		Information not provided
Percent of residents who received an anti-psychotic medication	%	%	%		
Percent of residents whose ability to move independently has worsened	%	%	%		
Percent of residents with urinary tract infection	%	%	%		

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

<p>Quarter 1</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 	<p>Y Y Y Y Y Y Y</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>	<p>Y Y Y</p>			
<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing 	<p>Y Y</p>			

➤ 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.					Information not provided
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 97: (10) MC; (14) HMO; (19) PP; (47) MDC + 7 pending; (1) 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 High, and the facility has a cold, warm and hot unit (no residents right now in the hot unit) in place.

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

The last positive COVID_19 resident was on June 13, 22 (admitted with) and July 12, 2022, for an employee. Testing is twice per week for all staff due to High transmission rate and currently in outbreak status. So far, 92% (3 approved waivers) of employees and over 84% of their residents have received their COVID_19 vaccines.

Currently, Park Manor South Belt has no residents in the warm Unit. Staff are wearing N95 masks in the general population. PPE inventory is good with at least 2 weeks supply.

The facility is open for visitation with screening (still documenting) 6a-7p then a nurse takes over on off hours. Visitors wear masks.

Most residents are eating in the dining room with good participation. Activities have been on-going with good participation. The DON reports the facility now has a beautician and the salon is open. The facility had a nursing home week celebration for staff and residents. The new activity director has great activities regularly scheduled like nail day, bingo, bands and now the churches have started coming back into the facility.

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 had CNA and Nurse's Day celebrations. Usually, once per week the facility brings in food for the staff. The facility recognizes an employee of the month, birthdays and the MAD Genius program is also in place.

SURVEY INFORMATION

Park Manor South Belt had a state visit for a self-report last quarter, and it was cleared with no deficiencies.

REPORTABLE INCIDENTS

Five self-reports and three complaints for **April/May/June 2022** and all except one (cited for care planning) were unsubstantiated.

CLINICAL TRENDING

Incidents/Falls:

During **April/May/June 2022** Park Manor of South Belt had 55 total falls (23 repeats), of which 2 resulted in injury, 15 Skin tears, 0 Lacerations, 0 Elopements, 2 Fractures, 7 Bruises and 2 Behaviors.

Infection Control:

Park Manor of South Belt reports 99 total infections in **April/May/June 2022** -26 UTIs; 18 URIs; 23 Wound infections; 8 EENT infections; 2 Blood infections; 2 GI infections and 20 Other infections.

Weight loss:

Park Manor of South Belt for **April/May/June 2022** had 7 residents with 5-10% weight loss in 1 month and 1 resident with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor South Belt reported in **April/May/June 2022** -17 residents with 36 total pressure ulcers and 12 were facility acquired.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	1	2	3	0	0	0
2 to 10	2	4	6	0	0	0
10 to 6	0	0	0	0	0	0
Other	0	0	0	0	0	0
# Hired this month	1	5	8	0	0	1 director
# Quit/Fired	0	1	4	0	0	0

Total number employees: 102

Turnover rate%: 15%

CASPER REPORT

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2%	0%	2%	2%	
Fall w/Major Injury (L)	1.5%	1.6%	3.5%	3.5%	
UTI (L) *	0%		1.6%	2.5%	
High risk with pressure ulcers (L) *	4.2%	2.47%	8.9%	9.3%	
Loss of Bowel/Bladder Control(L)	77.8%	75.6%	52.9%	47.3%	
Catheter(L)	5.7%	4%	2.5%	2.3%	
Physical restraint(L)	0%	0%	0%	0.1%	
Increased ADL Assistance(L)	16.1%	14%	18.4%	15.7%	
Excessive Weight Loss(L)	3.8%	2.10%	5.6%	6.9%	
Depressive symptoms(L)	3.2%		5.3%	7.9%	
Antipsychotic medication (L) *	0%	0%	10.8%	14.5%	

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)	Y	

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-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: 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	9.3%	2.5	3%	N	Pip in place
Percent of residents who received an anti-psychotic medication	2%	2%	2%0	Y	

Percent of residents whose ability to move independently has worsened	15.7%	23.7%	22%	Y	
Percent of residents with urinary tract infection	1.6%	2.5%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
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 protective equipment use ➤ Current list of reportable diseases 	Y				

<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>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 	<p>Y</p>				

➤ Current list of reportable diseases					
Quarter 4	55%			N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	59%			N	

Cory Thompson-Administrator
Christina Gibbs-DON

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current overall star rating of 1 and a Quality of Resident Care star rating of 3. The census on the date of the report was 80: 11 PP; 4 MC; 44 + 7 pending MDC; 10 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 transmission rate for Harris County is high (Red). Testing is twice per week for all employees. Last time an employee and resident tested COVID_19 positive was 7/5/2022.

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

All staff are currently wearing N-95 masks. PPE inventory is fine, at least 2 weeks supply.

100% of employees (no exemptions) and 62% 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 but very sparingly with a PIP in place. The facility had gone over 30 days without using agency but when the COVID+ staff were out they had to start using agency.

Visitation is going well, with screening on-going (no longer documenting). All visitors are wearing surgical masks in general population.

Activities are going well, with good participation especially when entertainment comes into the facility. The facility had special dinners, Elvis with back up dancers, live music all to celebrate different days so far this summer.

The facility celebrated Nurses and CNA week for all staff and some of the families donated food/snacks for the staff. The Administrator reports the facility does celebrate Star of the month with 100.00 gift certificate and a food truck comes out once per quarter and the facility also as the MAD Genius program for daily recognition of staff. Cory also goes down the hall daily to recognize staff that the DON believes it makes a huge difference.

SURVEY Information

The facility had a state visit for a priority one that they did not close so they expect them back anytime since they are also in their full book window.

REPORTABLE INCIDENTS

The facility had 2 self-reports (Neglect/Abuse and COVID+) for **April/May/June**, and all cleared, unsubstantiated by state reviews.

CLINICAL TRENDING

Incidents/Falls

During **April/May/June 2022**, Park Manor Westchase reported 28 total falls without injury (4 repeat falls), 2 falls with injury, 3 skin tears, 2 lacerations 2 behaviors, 0 fractures, and 0 bruises.

Infection Control:

During **April/May/June 2022**, Park Manor Westchase reported 54 infections of which 15 were UTI's, 17 were Respiratory, 8 wound infections, 5 Blood infections, 2 EENT infections and 7 Other.

Weight loss:

During **April/May/June 2022**, Park Manor Westchase had 5 residents with 5% in 1 month or less weight loss and 0 residents with greater than 10% weight loss in 6 months.

Pressure Ulcers:

During **April/May/June 2022** Park Manor Westchase reported 21 residents with pressure ulcers with 48 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) LVN 6a-2p; (1) LVN 2p-10p; (1) LVN 10p-6a; (5) CNAs 6a-2p and (5) CNAs 2p-10p. The facility reports a 7% turnover rate.

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.1%	2.0%	1.8%	
Fall w/Major Injury (L)	0.0%	3.5%	3.5%	
UTI (L) *	0.0%	1.6%	2.5%	
High risk with pressure ulcers (L) *	4.0%	8.9%	9.3%	

Loss of Bowel/Bladder Control(L)	82.8%	51.3%	47.0%	
Catheter(L)	6.3%	2.2%	2.3%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	22.8%	18.4%	15.7%	
Excessive Weight Loss(L)	1.9%	5.6%	6.9%	
Depressive symptoms(L)	3.2%	5.3%	7.9%	
Antipsychotic medication (L) *	5.4%	10.8%	14.5%	

OIPP Measures

Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	7/12/22;6/17/22;5/10/22	PASRR Compliance & Staffing/Personnel Annual-Staffing & Falls with major injury

Component 2

<u>Indicator</u> <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>	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 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? 	?	

• Additional hours provided by direct care staff?	?	
• Telehealth used?	N	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
• Was Workforce Development data submitted q month to QIPP during the quarter?	Y	
• Agency usage or need d/t critical staffing levels	N	
• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> ○ 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	9.3%	8.3%	4%	Y	
Percent of residents who received an anti-psychotic medication	10.8%	14.5%	5.4%	Y	
Percent of residents whose ability to move independently has worsened	17.8%	23.7%	18.1%	Y	
Percent of residents with urinary tract infection	2.5%	2.5%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
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				
	Y				
Quarter 2					
➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training	Y				

<p>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 ANGIOBIOTIC 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				
<p>Quarter 4 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	Y	93%	95%	100%	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	Y	95.7%	95%	100%	

Exhibit “F”

ORDER OF ELECTION FOR WINNIE STOWELL HOSPITAL DISTRICT

An election is hereby ordered to be held on November 8, 2022 for the purpose of: electing two (2) at-large Board members for four (4) year terms.

Applications for a place on the ballot shall be filed by: August 22, 2022

Early voting by personal appearance will be conducted each weekday at:

EARLY VOTING & GENERAL ELECTION HOURS & LOCATIONS	
October 24-28th, 2022	8 a.m. – 5 p.m. ALL LOCATIONS
October 31 st -November 4, 2022	7 a.m. – 7 p.m. ALL LOCATIONS
Election Day-November 8, 2022	7 a.m. – 7 p.m. ALL LOCATIONS
Locations and times for Early Voting Polling Places Include Name of Building and Address	
Main Branch	American Legion Hall, 1704 South Main St., Anahuac, Texas 77514
Winnie Branch	Commissioner Mark Huddleston Community Building, 924 State Highway 124, Winnie, Texas 77665
Mont Belvieu Branch	Goss Library, 1 John Hall Dr., Mont Belvieu, TX, 77580
Cedar Bayou Branch	Cedar Bayou Community Building, 7711 HWY 146, Baytown, TX. 77523
Cove Branch	Cove Community Building, 5757 FM 565, Cove, Texas 77520
Limited Ballots	Chambers County Court House, 404 Washington Avenue, Anahuac, Texas 77514

ALL REQUESTS FOR APPLICATION FOR BALLOT BY MAIL SHOULD BE SENT TO:

The Honorable Heather Hawthorne
 P.O. Box 728
 Anahuac, Texas 77514
 Phone Number: (409)267-2418
 E-mail Address: hhawthorne@chamberstx.gov
 Website: <https://www.co.chambers.tx.us/page/elections>

Applications for ballots by mail must be received no later than the close of business on October 28, 2022.

Issued this the _____ day of _____, 2022

 Signature of Presiding Officer

 Signature of Election Agent

See attached schedule for Election Day Polling location and hours.

ORDEN DE ELECCION PARA EL DISTRITO DE HOSPITALARIO WINNIE STOWELL

Por la presente se ordena que se llevará a cabo una elección el 8 de noviembre de 2022 con el propósito de elegir duos (2) en general miembros de la Junta por cuatro (4) años.

Solicitudes para un lugar en la boleta serán presentadas por: 22 de Agosto de 2022.

La votación adelantada en persona se llevará a cabo de lunes a viernes en:

HORARIOS Y LUGARES DE VOTACIÓN ANTICIPADA Y ELECCIONES GENERALES	
<i>24 de octubre – 28 de octubre de 2022</i>	8 a.m. – 5 p.m. todas las ubicaciones
<i>31 de octubre - 4 de noviembre 2022</i>	7 a.m. – 5 p.m. todas las ubicaciones
<i>Día de elección 8 de noviembre 2022</i>	7 a.m. – 7 p.m. todas las ubicaciones
Lugar y horarios para los centros de votación anticipada incluyen el nombre del edificio y la dirección.	
Sucursal Principal	Salon del American Legion, 1704 Calle Main Sur, Anahuac, TX 77514
Sucursal de Winnie	<i>Comisionado Mark Huddleston Edificio Comunitario 924 Carretera estatal 124, Winnie 77665</i>
Sucursal de Mont Belvieu	Biblioteca Goss, Uno John Hall Dr., Mont Belvieu, TX 77580
Sucursal de Cedar Bayou	<i>Edificio de la Comunidad de Cedar Bayou, Carretera 146 # 7711, Baytown, 77523</i>
Sucursal de Cove	<i>Edificio de la Comunidad de Cove, Carretera rural 565, #5757, Cove 77520</i>
BOLETAS LIMITADAS	<i>Palacio de justicia del condado de Chambers, 404 Washington Avenue, Anahuac, 77514</i>

La Honorable Heather Hawthorne
 P.O. Box 728
 Anahuac, Texas 77514
 Número de teléfono: (409)267-2418
 Dirección de correo electrónico: hhawthorne@chamberstx.gov
 Sitio web: <https://www.co.chambers.tx.us/page/elections>

Las solicitudes para boletas que se votarán en ausencia por correo deberán recibirse para el fin de las horas de las horas de negocio el 28 de octubre de 2022.

Emitida este día _____ de _____, 2022

 Firma del Presidente

 Firma del Agente Electoral

Consulte el programa adjunto para conocer el lugar y el horario de votación del día de las elecciones.

CHAMBERS COUNTY, TEXAS
NOVEMBER 8, 2022 JOINT GENERAL ELECTION
EARLY VOTING HOURS & LOCATIONS

OCTOBER 24 – OCTOBER 28, 2022
24 de octubre – 28 de octubre de 2022

8AM – 5PM ALL LOCATIONS
8a.m - 5 p.m todas las ubicaciones

OCTOBER 31- NOVEMBER 4, 2022
31 de octubre - 4 de noviembre 2022

7AM – 7PM ALL LOCATIONS
7a.m - 7 p.m todas las ubicaciones

Election Day NOVEMBER 8, 2022
Día de elección 8 de noviembre 2022

7AM – 7PM ALL LOCATIONS
7a.m - 7 p.m todas las ubicaciones

Main Branch	American Legion Hall, 1704 South Main Street, Anahuac, 77514 <i>Salon del American Legion, 1704 Calle Main Sur, Anahuac, 77514</i>
Winnie Branch	Commissioner Mark Huddleston Community Building 924 State Highway 124, Winnie 77665 <i>Comisionado Mark Huddleston Edificio Comunitario 924 Carretera estatal 124, Winnie 77665</i>
Mont Belvieu Branch	Goss Library 1 John Hall Drive Mont Belvieu, 77523 <i>Biblioteca Goss Uno John Hall Dr Mont Belvieu 77523</i>
Cedar Bayou Branch	Cedar Bayou Community Building, 7711 HWY 146, Baytown, 77523 <i>Edificio de la Comunidad de Cedar Bayou, Carretera 146 # 7711, Baytown, 77523</i>
Cove Branch	Cove Community Building, 5757 FM 565, Cove, 77520 <i>Edificio de la Comunidad de Cove, Carretera rural 565, #5757, Cove 77520</i>
LIMITED BALLOTS	Chambers County Courthouse, 404 Washington Avenue, Anahuac, 77514 <i>Palacio de justicia del condado de Chambers, 404 Washington Avenue, Anahuac, 77514</i>

ALL REQUESTS FOR APPLICATION FOR BALLOT BY MAIL SHOULD BE SENT TO:

Heather H. Hawthorne
Chambers County Clerk / Early Voting Clerk
Post Office Box 728, Anahuac, Texas 77514
404 Washington Avenue, Anahuac, Texas 77514
hhawthorne@chamberstx.gov 409-267-2418

Deadline to Receive an Application for Ballot By Mail is Friday, October 28, 2022 (TEC 84.007)

CHAMBERS COUNTY, TEXAS
NOVEMBER 8, 2022 JOINT GENERAL ELECTION
COUNTYWIDE ELECTION DAY POLLING LOCATIONS & HOURS

(DIECCION[ES] DE LAS CASILLAS ELECTORALES)

Chambers County Voters can vote Election Day at ANY of the following locations:

Los votantes del condado de Chambers pueden votar el día de las elecciones en cualquiera de los siguientes lugares

ALL PRECINCTS 7 A.M.-7 P.M.

todos los distritos electorales

American Legion Hall, 1704 South Main Street, Anahuac, 77514
Salon del American Legion, 1704 Calle Main Sur, Anahuac, 77514

ALL PRECINCTS 7 A.M.-7 P.M

todos los distritos electorales

White Park Community Building, 222 White Park Road # 220, Hankamer, 77560
Edificio Comunitario de White Park, 222 White Park Road # 220, Hankamer, 77560

ALL PRECINCTS 7 A.M.-7 P.M

todos los distritos electorales

Commissioner Mark Huddleston Community Building
924 State Highway 124, Winnie 77665
*Comisionado Mark Huddleston Edificio Comunitario
924 Carretera estatal 124, Winnie 77665*

ALL PRECINCTS 7 A.M.-7 P.M

todos los distritos electorales

Goss Library 1 John Hall Drive Mont Belvieu, 77523
Biblioteca Goss Uno John Hall Dr Mont Belvieu 77523

ALL PRECINCTS 7 A.M.-7 P.M

todos los distritos electorales

Beach City Community Building, 12723 FM 2354, Beach City, 77523
Edificio de la Comunidad de Beach City, 12723 FM 2354, Beach City, 77523

ALL PRECINCTS 7 A.M.-7 P.M

todos los distritos electorales

Cove Community Building, 5757 FM 565, Cove, 77520
Edificio de la Comunidad de Cove, Carretera rural 565, #5757, Cove 77520

ALL PRECINCTS 7 A.M.-7 P.M

todos los distritos electorales

Cedar Bayou Community Building, 7711 HWY 146, Baytown, 77523
Edificio de la Comunidad de Cedar Bayou, Carretera 146 # 7711, Baytown, 77523

Exhibit “G”

JOINT CONTRACT FOR ELECTION SERVICES

THIS CONTRACT (this "Agreement") is made effective as of the Effective Date (as defined below), by and between WINNIE STOWELL HOSPITAL DISTRICT, TEXAS, acting by and through its governing body, hereinafter referred to as "Political Subdivision," and County Clerk of Chambers County, Texas, hereinafter referred to as "County," and by authority of Section 31.092(a), Texas Election Code, and Chapter 791, Texas Local Government Code, for the conduct and supervision of the Political Subdivision's election to be held on November 8, 2022. Political Subdivision and County may be referred to individually as a "Party" and collectively as "the Parties."

The purpose of this contract is for the performance of election services as authorized by statute. This contract shall serve as the general contract for each election for which the Political Subdivision requests the assistance of the County Clerk. Provisions specific to each particular election will be included as an attachment to the original contract. Political Subdivision and County Clerk may be referred to individually as "Party" or collectively as "Parties."

RECITALS

The County Clerk has care, custody, and control over the electronic voting system, the Hart InterCivic Verity Duo Voting System (Version 2.5.1), which has been duly approved by the Secretary of State pursuant to Texas Election Code Chapter 122, as amended, and is compliant with the accessibility requirements set forth by Texas Election Code Section 61.012. Political Subdivision desires to use the electronic voting system and to compensate the County Clerk for such use and to share in certain other expenses connected with joint election in accordance with the applicable provisions of Chapters 31 and 271 of the Texas Election Code.

NOW, THEREFORE, in consideration of the mutual covenants, agreements, and benefits to the parties, IT IS AGREED as follows:

I. ADMINISTRATION

The Parties agree to hold a "Joint Election" in accordance with Chapter 271 of the Texas Election Code and this Agreement. The County Clerk shall coordinate, supervise, and handle all aspects of administering the Joint Election as provided in this Agreement. Political Subdivision agrees to pay County Clerk for equipment, supplies, services and administrative costs as provided in this Agreement. The County Clerk shall serve as the administrator for the Joint Election; however, the Political Subdivision shall remain responsible for the decisions and actions of its officers necessary for the lawful conduct of its election. The County Clerk shall provide advisory services in connection with decisions to be made and actions to be taken by the officers of the Political Subdivision.

It is understood that other political subdivisions may wish to participate in the use of the electronic voting system and polling places, and it is agreed that the County Clerk may enter into other joint election agreements and contracts for election services for those purposes on terms and conditions set forth in the Texas Election Code. Political Subdivision agrees that County Clerk may enter into joint election agreements with other political subdivisions that may have territory located partially or wholly within the boundaries of Political Subdivision, and, in such case, all parties sharing common territory shall share a joint ballot on the electronic voting system at the applicable polling places. In such cases, total costs shall be divided among the participants.

At each polling location, joint participants shall share voting equipment and supplies to the extent possible. The participating parties shall share a mutual ballot in those precincts where jurisdictions overlap. However, in no instance shall a voter be permitted to receive a ballot containing an office or proposition stating a measure on which the voter is ineligible to vote. Multiple ballot styles shall be available in those shared polling places where jurisdictions do not overlap.

II. LEGAL DOCUMENTS

Political Subdivision shall be responsible for the preparation, adoption, and publication of all required election orders, resolutions, notices, and any other pertinent documents required by the Texas Election Code or Political Subdivision's governing body, charter, or ordinances. With reference to publications, the County Clerk will publish the "Notice of Test of Automatic Tabulating Equipment" and the "Notice of Election". If a Political Subdivision is holding any type of Special Election, the Political Subdivision may have to publish their own "Notice of Election" in order to meet additional requirements. Please advise the County Clerk if the Political Subdivision must publish a separate notice so the Political Subdivision's notice is not included in the Notice published by the County Clerk.

Preparation of the necessary materials for notices and the official ballot shall be the responsibility of each participating authority, including translation to languages other than English. Each participating authority shall provide a copy of their respective election orders and notices to the County Clerk.

III. STATUTORY COMPLIANCE

Political subdivisions shall follow all applicable State and Federal laws related to elections, including, but not limited to, Section 52.072 of the Texas Election Code, which states in part, "A proposition shall be printed on the ballot in the form of a single statement..." **Failure to do so may prohibit the political subdivision's participation in a Joint Election.**

IV. VOTING LOCATIONS

The County Clerk shall select and arrange for the use of and payment for all Election Day voting locations. In the event a voting location is not available, the County Clerk will arrange for use of an alternate location with the approval of the Political Subdivision.

If polling places for the joint election are different from the polling place(s) used by Political Subdivision in its most recent election, Political Subdivision agrees to post a notice no later than the date of the election, at the entrance to any previous polling places in the jurisdiction, stating that the polling location has changed, and stating the political subdivision's polling place name(s) and address(s) in effect for the election. Any changes in voting location from those that were used in the most recent COUNTYWIDE JOINT election will be posed by the County Clerk's Election Office.

V. ELECTION JUDGES, CLERKS, AND OTHER ELECTION PERSONNEL

The Chambers County Commissioners Court shall be responsible for the appointment of the presiding judge and alternate judge for each polling location in accordance with Chapter 32 of the Texas Election Code. In the event an emergency appointment is necessary, appointment shall be made in accordance with the Texas Election Code §32.007, which authorizes the presiding officer of the Chambers County Commissioners Court to make an emergency appointment. Should that officer not be

available, the County Clerk's office shall make emergency appointments of election officials. Upon request by the County Clerk, Political Subdivision agrees to assist in recruiting polling place officials who are bilingual (fluent in both English and Spanish).

The County Clerk shall notify all election judges of the eligibility requirements of Subchapter C of Chapter 32 of the Texas Election Code, and will take the necessary steps to ensure that all election judges appointed for the Joint Election are eligible to serve.

The County Clerk shall arrange for the training and compensation of all election judges and clerks. The County Clerk shall arrange for the date, time, and place for the presiding election judge to pick up their election supplies. Each presiding election judge will be sent a letter from the County Clerk notifying him of his appointment, the time and location of training and distribution of election supplies, and the number of election clerks that the presiding judge may appoint.

Each election judge will receive compensation at an hourly rate of \$14.00. Each election clerk will receive compensation at an hourly rate of \$12.00. The election judge will receive an additional sum of \$25.00 for returning the supplies and equipment to the central counting station after the polls close. All judges and clerks who attend training will be compensated at an hourly rate of \$8.00 as compensation for same.

It is agreed by all Parties that at all times and for all purposes hereunder, all election judges, clerks, and other personnel involved in this election are a temporary part-time employee subject only to those benefits available to such employees.

VI. PREPARATION OF SUPPLIES AND VOTING EQUIPMENT

The County Clerk shall arrange for all election supplies and voting equipment including, but not limited to, official ballots, sample ballots, voter registration lists, and all forms, signs and other materials used by the election judges at the voting locations. At each polling location, joint participants shall share voting equipment and supplies to the extent possible. The participating parties shall share a mutual ballot in those precincts where jurisdictions overlap. However, in no instance shall a voter be permitted to receive a ballot containing an office or proposition stating a measure on which the voter is ineligible to vote. Multiple ballot styles shall be available in those shared polling places where jurisdictions do not overlap. The County Clerk shall provide the necessary voter registration information, instructions, and other information needed to enable the election judges in the voting locations that have more than one ballot style to conduct a proper election. If special maps are needed for a particular Political Subdivision, the County Clerk will order the maps and pass that charge on to that particular Political Subdivision.

Political Subdivision shall furnish the County Clerk a list of candidates and/or propositions showing the order and the exact manner in which the candidate names and/or propositions(s) are to appear on the official ballot (including titles and text in each language in which the authority's ballot is to be printed). **THE POLITICAL SUBDIVISION SHALL ALSO PROVIDE A COPY OF EACH CANDIDATE'S APPLICATION TO THE COUNTY CLERK ELECTION OFFICE.** This list shall be delivered to the County Clerk as soon as possible after ballot positions have been determined by each of the participating authorities. Each participating authority shall be responsible for proofreading and approving the ballot insofar as it pertains to that authority's candidates and/or propositions.

VII EARLY VOTING

The Parties agree to conduct joint early voting and to appoint the County Clerk as the Early Voting Clerk in accordance with Sections 31.097 and 271.006 of the Texas Election Code. Political Subdivision agrees to appoint the County Clerk’s permanent county employees as deputy early voting clerks. The Parties further agree that each Early Voting location will have an “Officer in Charge” who will receive compensation at an hourly rate of \$14.00. The clerks at each location will receive compensation at an hourly rate of \$12.00. Any qualified voter of the Joint Election may vote early by personal appearance at any one of the joint early voting locations.

As Early Voting Clerk, the County Clerk shall receive applications for early voting ballots to be voted by mail in accordance with Chapter 86 of the Texas Election Code. Any requests for early voting ballots to be voted by mail received by the Political Subdivision shall be forwarded immediately by fax, email or courier to the County Clerk for processing.

The County Clerk shall, upon request, provide the Political Subdivision a copy of the early voting report on a daily basis and a cumulative final early voting report following the election. The list will be posted to the Secretary of States website by 11am each day in accordance with the Texas Election Code.

VIII EARLY VOTING BALLOT BOARD

The County Clerk shall appoint an Early Voting Ballot Board (EVBB) to process early voting MAIL BALLOTS from the Joint Election. The Presiding Judge, with the assistance of the County Clerk, shall appoint two or more additional members to constitute the EVBB. The County Clerk shall determine the number of EVBB members required to efficiently process the early voting ballots.

IX. CENTRAL COUNTING STATION AND ELECTION RETURNS

The County shall be responsible for establishing and operating the central counting station to receive and tabulate the voted ballots in accordance with the provisions of the Texas Election Code and of this agreement.

The participating authorities hereby, in accordance with Section 127.002, 127.003, and 127.005 of the Texas Election Code, appoint the following central counting station officials:

Counting Station Manager:	Sheri Hemphill
Alternate Counting Station Manager:	Melinda Rhame
Tabulation Supervisor:	Austin Dubose
Alternate Tabulation Supervisor:	Gabriel Schmitt
Presiding Judge:	Robin Edmonds
Alternate Presiding Judge	Shelby Morgan

The County Clerk will prepare the unofficial canvass reports after all precincts have been counted, and will deliver a copy of the unofficial canvass to the Political Subdivision as soon as possible after all returns have been tabulated. All participating authorities shall be responsible for the official canvass of their respective elections. Results will be immediately posted on the Chambers County Website.

The County Clerk shall be responsible for conducting the post-election manual recount required by Section 127.201 of the Texas Election Code unless a waiver is granted by the Secretary of State. Notification and copies of the recount, if waiver is denied, will be provided to each participating authority and the Secretary of State’s Office.

The County Clerk shall submit all precinct by precinct returns to the Texas Secretary of State's Office electronically.

X. ELECTION EXPENSES AND ALLOCATION OF COSTS

The Parties agree to share the costs of administering the Joint Election. Allocation of costs, unless specifically stated otherwise, is mutually agreed to be shared.

It is agreed that the Political Subdivision and County will split the cost of poll workers and paper ballots evenly for the Mark Huddleston Community Building Winnie, TX polling location for Early Voting and Election Day. Each Political Subdivision will be responsible for the payment of programming and the audio programming of their Political Subdivision. The County Clerk will attach a copy of the invoice from Hart, Inc. to the final invoice. The County Clerk will pay the programming charges up front from the vendor, and will receive reimbursement from each Political Subdivision.

Costs for Election Day will be calculated by the number of precincts in each Political Subdivision and divided equally among the Political Subdivisions in the respected precincts for costs associated with Election Day.

Political Subdivision contracting for a runoff is not included in this agreement and each Political Subdivision shall be responsible for all associated costs of holding a runoff election.

XI. WITHDRAWAL FROM CONTRACT DUE TO CANCELLATION OF ELECTION

Political Subdivision may withdraw from this agreement and the Joint Election should it cancel its election in accordance with Sections 2.051 – 2.053 of the Texas Election Code, or should it be later ruled that the election is not needed. Political Subdivision is fully liable for any expenses incurred by County Clerk on behalf of the Political Subdivision. Any monies deposited with the county by the withdrawing authority shall be refunded, minus the aforementioned expenses.

XII. RECORDS OF THE ELECTION

The County Clerk is hereby appointed general custodian of the voted ballots and all records of the Joint Election as authorized by Section 271.010 of the Texas Election Code.

Access to the election records shall be available to each participating authority, as well as to the public, in accordance with applicable provisions of the Texas Elections Code and the Texas Public Information Act. The election records shall be stored at the offices of the County Clerk or at an alternate facility used for storage of county records. The County Clerk shall ensure that the records are maintained in an orderly manner so that the records are clearly identifiable and retrievable.

Records of the election shall be retained and disposed of in accordance with the provisions of Section 66.058 of the Texas Election Code. If records of the election are involved in any pending election contest, investigation, litigation, or open records request, the County Clerk shall maintain the records until final resolution or until final judgement, whichever is applicable. It is the responsibility of each participating authority to bring to the attention of the County Clerk any notice of pending election contest, investigation, litigation or open records request which may be filed with the participating authority.

XIII. RECOUNTS

A recount may be obtained as provided by Title 13 of the Texas Election Code. Political Subdivision agrees that any recount shall take place at the offices of the County Clerk and that the County Clerk shall serve as Recount Supervisor and the Political Subdivision's official or employee who performs the duties of a secretary under the Texas Election Code shall serve as Recount Coordinator.

The County Clerk agrees to provide advisory services to the Political Subdivision as necessary to conduct a proper recount and cost of the recount depends on the size of the election and number of precincts to be recounted.

XIV. MISCELLANEOUS PROVISIONS

1. It is understood that to the extent space is available, that other districts and political subdivisions may wish to participate in the use of the election equipment and voting places; it is agreed that the County Clerk may contract with such other districts or political subdivisions for such purposes, and that in such event, there may be an adjustment of the pro-rata share to be paid to the County by the participating authorities.
2. The County Clerk shall file copies of this document with the County Treasurer and the County Auditor in accordance with Section 31.099 of the Texas Election Code.
3. In the event that legal action is filed contesting the Political Subdivision's election under Title 14 of the Texas Election Code, Political Subdivision shall choose and provide, at its own expense, legal counsel for the County, the County Clerk, and additional election personnel as necessary.
4. Nothing in this contract prevents any party from taking appropriate legal action against any other party and/or other election personnel for a breach of this contract or a violation of the Texas Election Code; however, any action taken is subject to any immunity provided by statute or common law to governmental entities. For purposes of this contract, the County Clerk's office is acting as a governmental entity covered by any immunity available to Chambers County.
5. The parties agree that under the Constitution and laws of the State of Texas, neither Chambers County nor Political Subdivision can enter into an agreement whereby either party agrees to indemnify or hold harmless another party; therefore, all references of any kind, if any, to indemnifying or holding or saving harmless for any reason are hereby deleted.
6. This agreement shall be construed under and in accord with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Chambers County, Texas.
7. In the event of one or more of the provisions contained in the Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision hereof and this agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.
8. All parties shall comply with all applicable laws, ordinances, and codes of the State of Texas, all local governments, and any other entities with local jurisdiction.
9. The waiver by any party of a breach of any provision of this agreement shall not operate as or be construed as a waiver of any subsequent breach.
10. Any amendments of this agreement shall be of no effect unless in writing and signed by all parties hereto.

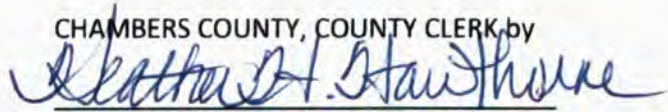
11. **Authorization of Agreement.** This Agreement has been approved and authorized by the governing body of the Political Subdivision.
12. **Purpose, Terms, Rights and Duties of the Parties.** The purpose, terms, rights, and duties of the Parties shall be as set forth in this agreement.
13. **Payments from Current Revenues.** Each Party paying for the performance of governmental functions or services must make those payments from current revenues available to that paying Party.
14. **Fair Compensation.** The Parties acknowledge and agree that each of the payments contemplated by this Agreement fairly compensate the performing Party.
15. **Termination.** At any time and for any reason, either Party may terminate this Agreement by providing thirty (30) days' written notice of termination to the other Party.
16. **Funding.** The Parties understand and acknowledge that the funding of this Agreement is contained in each Party's annual budget and is subject to the approval of each Party in each fiscal year. The Parties further agree that should the governing body of any Party fail to approve a budget that includes sufficient funds for the continuation of this Agreement, or should the governing body of any Party fail to certify funds for any reason, then and upon the occurrence of such event, this Agreement shall automatically terminate as to that Party and that Party shall then have no further obligation to the other Party. When the funds budgeted or certified during any fiscal year by a Party to discharge its obligations under this Agreement are expended, the other Party's ***sole and exclusive remedy*** shall be to terminate this Agreement.
17. **No Joint Enterprise.** The Agreement is not intended to, and shall not be construed to, create any joint enterprise between or among the Parties.
18. **Public Information.** This Agreement is public information. To the extent, if any, that any provision of this Agreement is in conflict with Texas Government Code Chapter 552, et seq., as amended (the "Texas Public Information Act"), such provision shall be void and have no force or effect.
19. **No Third-Party Beneficiaries.** This Agreement is entered solely by and between, and may be enforced only by and among the Parties. Except as set forth herein, this Agreement shall not be deemed to create any rights in, or obligations to, any third parties.
20. **No Person Liability.** Nothing in this Agreement shall be construed as creating any personal liability on the part of any employee, officer, or agent of any Party to this Agreement.
21. Nothing in this Agreement requires that either the Political Subdivision or County incur debt, assess or collect funds, or create a sinking fund.
22. **Sovereign Immunity Acknowledged and Retained.** **THE PARTIES EXPRESSLY ACKNOWLEDGE AND AGREE THAT NO PROVISION OF THIS AGREEMENT IS IN ANY WAY INTENDED TO CONSTITUTE A WAIVER BY ANY PARTY OF ANY IMMUNITY FROM SUIT OR LIABILITY THAT A PARTY MAY HAVE BY OPERATION OF LAW. THE CITY AND THE COUNTY RETAIN ALL GOVERNMENTAL IMMUNITIES.**

XV. COST ESTIMATES AND DEPOSIT OF FUNDS

It is estimated that the Political Subdivision's obligation under the terms of this agreement shall be DETERMINED AFTER THE ELECTION. The exact amount of the Political Subdivision's obligation under the terms of this Agreement shall be calculated after the November 8, 2022, election; is **due within thirty (30) days after receipt of the final invoice from the County Clerk.**

IN TESTIMONY HEREOF, this agreement, its multiple originals all of equal force, has been executed on behalf of the parties.

- (1) On the 27th day of July, 2022 been executed on behalf of the County Clerk by the County Clerk pursuant to the Texas Election Code;
- (2) On the _____ day of _____, 2022 been executed on behalf of the Political Subdivision by its Mayor, Chairman of the Board, or authorized representative, pursuant to an action of the Political Subdivision.

CHAMBERS COUNTY, COUNTY CLERK, by

Heather H. Hawthorne, County Clerk

ATTEST:

DATE

WINNIE STOWELL HOSPITAL DISTRICT

By _____
Presiding Officer or Authorized Representative
WINNIE STOWELL HOSPITAL DISTRICT

By  _____
Chambers County Judge, Jimmy Sylvia

July 27, 2022
DATE

Exhibit “H”

SEVENTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS SEVENTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT (“Agreement”) is effective as of September 1, 2022 (“Effective Date”), by and between Winnie-Stowell Hospital District, a governmental entity and body politic established pursuant to Chapter 286 of the Texas Health & Safety Code, as amended (“District” or “Operator”), and LTC Group, LLC, a Texas limited liability company (“LTC Group”).

RECITALS

WHEREAS, on August 27, 2021, the District held a Special Meeting to discuss, among other things, authorized the execution of the Sixth Amended and Restated Professional Services Agreement (“Sixth Amended Agreement”) with the LTC Group.

WHEREAS, the Parties wish to amend Exhibit “A” to the Sixth Amended Agreement to revise the payment amounts for the eleven (11) nursing facilities added to the Agreement in the Sixth Amended Agreement and to include an additional nursing facility to the Agreement.

NOW THEREFORE, for and in consideration of the execution of this Agreement and of the mutual covenants and agreements herein contained, the parties hereby enter into this Sixth Amended and Restated Professional Services Agreement and in so doing, completely supersede and replace Third Amended Agreement, and covenant and agree as follows:

1. Words whose initial letters are capitalized are defined terms. When terms are used in this Sixth Amended Agreement, such terms shall have the meaning assigned to them in the context of Easement Agreement.
2. Exhibit “A” is hereby amended to modify the payment payment amounts for the fair market value of services rendered for each of the eleven (11) nursing facilities included in the Sixth Amended Agreement and to include the Villas of Texarkana as part of the Professional Services Agreement between the Parties.
3. The Parties hereto represent and warrant to each other, which representations and warranties shall survive the execution and delivery hereof, that this Seventh Amendment constitutes the legal, valid and binding obligation of each such party, enforceable against such party in accordance with its terms.
4. Except as modified by this Seventh Amendment, the Sixth Amended Agreement is hereby ratified and confirmed (giving legal effect to this Amendment).
5. This Seventh Amendment is binding on and enforceable by and against the Parties hereto and their successors and permitted assigns. The Recitals hereto are hereby incorporated into this Seventh Amendment by this reference thereto. This Seventh Amendment may be executed in any number of counterparts, each of which shall be an original, but all of which shall when taken together constitute one agreement.

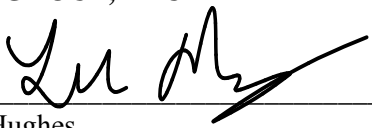
Signature Page Follows

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the Effective Date.

WINNIE-STOWELL HOSPITAL DISTRICT:

By: _____
Printed:
Title: President

LTC GROUP, LLC

By:  _____
Lee Hughes
for The Sage Group Services, LLC, its Manager

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**EXHIBIT “A”
FACILITIES AND SERVICES FEES**

Facility	Address	Service Fee
Park Manor of Cypress Station	420 Lantern Bend Dr, Houston, TX, 77090	\$6,000 per month
Park Manor of Humble	19424 McKay Dr, Humble, TX, 77338	\$6,000 per month
Park Manor of Westchase	11910 Richmond Ave, Houston, TX, 77082	\$6,000 per month
Park Manor of Cyfair	11001 Crescent Moon Dr, Houston, TX, 77064	\$6,000 per month
Park Manor of Quail Valley	2350 FM 1092, Missouri City, TX, 77459	\$6,000 per month
Park Manor of Conroe	1600 Grand Lake Dr, Conroe, TX, 77301	\$6,000 per month
Park Manor of The Woodlands	1014 Windsor Lakes Blvd, The Woodlands, TX, 77384	\$6,000 per month
Park Manor of Tomball	250 School St, Tomball, TX, 77375	\$6,000 per month
Park Manor of Southbelt	11902 Resource Pkway, Houston, TX, 77089	\$6,000 per month
Deerbrook Skilled Nursing	9250 Humble Westfield Rd, Humble, TX, 77338	\$6,000 per month
Friendship Haven Healthcare	1500 Sunset Dr, Friendswood, TX, 77546	\$6,000 per month
Marshall Manor Nursing and Rehabilitation Center	1007 S Washington Ave, Marshall, TX, 75670	\$6,000 per month
Park Manor of Willowbrook	227 Russell Blvd, Nacogdoches, Texas 75965	\$6,000 per month
Highland Park Care Center	2714 Morrison, Houston, TX, 77009	\$6,000 per month
Marshall Manor West	207 West Merritt St, Marshall, TX, 75670	\$6,000 per month
Golden Villa	1104 S William St, Atlanta, TX, 75551	\$6,000 per month
Rose Haven Retreat	200 Live Oak Street, Atlanta, TX, 75551	\$6,000 per month
Spring Branch Transitional Care Center	1615 Hillendahl Rd, Houston, TX, 77055	\$6,000 per month
Garrison Nursing Home and Rehabilitation Center	333 North FM 95, Garrison, TX, 75946	\$6,000 per month
Clairmont Beaumont	1020 S 23rd St, Beaumont, TX, 77707	\$6,000 per month
The Woodlands Healthcare Center	4650 S Panther Creek Dr, The Woodlands, TX 77381	\$6,000 per month
Monument Rehabilitation and Nursing Center	120 State Loop 92, La Grange, TX, 78945	\$6,000 per month
Oakland Manor Nursing Center	1400 N Main St, Giddings, TX, 78942	\$6,000 per month
Hallettsville Rehabilitation and Nursing Center	825 W Fairwinds, Hallettsville, TX, 77964	\$6,000 per month
Oak Manor Nursing Center	624 N Converse St, Flatonia, TX, 78941	\$6,000 per month
Accel at College Station	1500 Medical Avenue, College Station, TX 77845	\$6,000 per month
Cimarron Place Health & Rehabilitation	3801 Cimarron Blvd, Corpus Christi Texas 78414	\$6,000 per month
Silver Springs Health & Rehabilitation Center	1690 N. Treadaway Blvd, Abilene, Texas 79601	\$6,000 per month

Facility	Address	Service Fee
Crowley Nursing and Rehabilitation	920 E. FM 1187, Crowley, Texas 76036	\$6,000 per month \$3,000 per month
Green Oaks Nursing and Rehabilitation	3033 W. Green Oaks Blvd, Arlington, Texas 76016	\$36,000 per month
Harbor Lakes Nursing and Rehabilitation Center	13002 nd Street, Granbury, Texas 76048	\$6,000 per month \$3,000 per month
Hewitt Nursing and Rehabilitation	8836 Mars Dr, Hewitt, Texas 77643	\$6,000 per month \$3,000 per month
Holland Lake Rehabilitation and Wellness Center	1201 Holland Lake Dr, Weatherford, Texas 76086	\$6,000 per month \$3,000 per month
Mission Nursing and Rehabilitation Center	1013 Bryan Rd, Mission, Texas 78572	\$6,000 per month \$3,000 per month
Pecan Bayou Nursing and Rehabilitation	2700 Memorial Park Dr, Brownwood, Texas 76801	\$6,000 per month \$3,000 per month
Red Oak Health and Rehabilitation	101 Reese Dr, Red Oak, Texas 75154	\$6,000 per month \$3,000 per month
Stallings Court Nursing and Rehabilitation	4616 NE Stallings Dr, Nacodoches, Texas 75965	\$6,000 per month \$3,000 per month
Stephenville Rehabilitation and Wellness Center	2601 Northwest Loop, Stephenville, Texas 76401	\$6,000 per month \$3,000 per month
Stonegate Nursing and Rehabilitation	4201 Stonegate Blvd, Fort Worth, Texas 76109	\$6,000 per month \$3,000 per month
Villa of Texarkana	4920 Elizabeth Street, Texarkana, Texas 75503	\$6,000 per month

**EXHIBIT “B”
SERVICES**

LTC Group shall perform the following services subject to Operator's review and oversight:

1. A regular review of the Facility’s finances, including, but not limited to, the following:
 - a. Monthly Payor Mix Trending and Analysis;
 - b. Monthly Financial Benchmarking;
 - c. Monthly A/R Review;
 - d. Monthly Bad Debt Review;
 - e. Monthly Budget Review: As necessary, a review of Manager’s collection and deposit of all net patient revenue to the depository account and management of the cash flow of the Facility, including, without limitation, billing all patients and governmental or other third-party payors for all services provided by or at the facility, collecting all net patient revenue and paying all operating expenses and other accounts payable related to the operation of the facility;
 - f. As necessary, a review of all books and records relating to the operation of the facility;
 - g. As necessary, a review of all cost, expense and reimbursement reports and related documents relating to services provided to residents, including without limitation the Medicare and Medicaid cost reports and Texas supplemental payment programs;
 - h. As necessary, review of Minimum Data Set (“MDS”) and Resident Assessment Protocols (“RAPs”) on a schedule and as required by applicable federal regulations, including 42 C.F.R. §483.20;
 - i. LTC Group, as necessary, shall request and review the HHSC annual RUG review/audit; and
 - j. A review of annual operating budget proposed by Manager.

2. A regular review of the Facility’s operations, including, but not limited to, the following:
 - a. Daily census tracking and review of monthly occupancy report;
 - b. Minimum of one (1) quarterly on-site visit with staff and/or administrator at each of the Facilities set forth in Exhibit “A”; and additional on-site visits, as needed, for Facilities identified by either party as: 1) under performing; 2) subject to an investigation or ongoing fines the State of Texas or the Centers for Medicare and Medicaid; or 3) lawsuit for failure to maintain standard of care.
 - c. Monthly operational compliance monitoring;
 - d. As needed, assist with any survey, inspection or site investigation or accreditation process conducted by a governmental, regulatory, certifying or accrediting entity with authority or jurisdiction over the Facility, and assist with the implementation of any official findings of such reviews;
 - e. Assist Operator with any legal dispute in which Operator is involved relating to the ownership, services or operation of the facility; and
 - f. Assist Operator and its certified public accountants in connection with any audit, review or reports conducted or prepared in connection with the ownership or operation of the Facility.

3. A regular review of the Facility’s clinic performance, including, but not limited to, the following:
 - a. Monthly Weight Assessment Review;
 - b. Monthly Skin Assessment Review;
 - c. As necessary, review clinical compliance for facilities;
 - d. As necessary, Annual Clinical Policy Review;
 - e. As needed, a review of the Facility's resident care and health care policies and procedures and general administrative policies and procedures, including, without limitation, policies

- and procedures for the control of revenue and expenditures, for the purchasing of supplies and services, for the control of credit, and for the scheduling of maintenance;
- f. As necessary, assist facility in accordance with a quality assessment performance improvement program and a compliance plan; and
 - g. As necessary, as reasonably requested, review and assist with quality assurance committee.
4. Upon the request of Operator, attend meetings of Operator's governing board or executive staff to discuss services and other relevant issues.
 5. Financial services on behalf of the Operator:
 - a. Daily review of accounts for deposits; weekly wire transfers to the operators;
 - b. Review and/or prepare monthly reconciliation of back accounts;
 - c. Prepare month end closing journal entries for Operator financial statements;
 - d. Ensure financial mechanisms are in place to ensure timely distribution of funds to meet obligations;
 - e. Assist with annual Operator audits.
 6. Assist the Operator to oversee and assure compliance with the Year 3, Quality Incentive Payment Program Components and Metrics.
 7. Assist the Operator with other matters involving nursing home operations, including but not limited to, distribution of Covid-19 funds.
 8. Manager will serve as Operator's agent for purposes of demonstrating operator involvement, as delineated in 42 CFR §483.75(f), such as proof of oversight, monitoring, or attendance.