

# **Exhibit “A-1”**

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

	Oct 31, 22
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	991,343.45
104c Allegiance Bank -CD#1771	7,009,704.10
105 TexStar	696,634.26
108 Allegiance Bank NH Combined	6,484,534.12
109 First Financial Bank	12,990,010.79
<b>Total Checking/Savings</b>	28,172,226.72
<b>Other Current Assets</b>	
110 Sales Tax Receivable	132,417.87
114 Accounts Receivable NH	24,431,631.87
117 NH - QIPP Prog Receivable	7,056,836.75
118 Prepaid Expense	34,494.65
119 Prepaid IGT	12,085,710.91
<b>Total Other Current Assets</b>	43,741,092.05
<b>Total Current Assets</b>	71,913,318.77
<b>Fixed Assets</b>	
120 Equipment	140,654.96
121 Office Building	129,483.00
125 Accumulated Depreciation	-143,675.64
<b>Total Fixed Assets</b>	126,462.32
<b>TOTAL ASSETS</b>	<b>72,039,781.09</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	6,457,822.94
201 NHP Accounts Payable	1,288,553.94
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	1,133.72
240 Accounts Payable NH	26,691,728.44
<b>Total Other Current Liabilities</b>	50,454,035.66
<b>Total Current Liabilities</b>	50,454,035.66
<b>Total Liabilities</b>	50,454,035.66
<b>Equity</b>	
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	4,285,156.30
<b>Total Equity</b>	21,585,745.43
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>72,039,781.09</b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
**January through October 2022**

	Jan - Oct 22	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	649,501.93	650,000.00	-498.07	99.9%
405 Investment Income	22,475.09	16,000.00	6,475.09	140.5%
407 Rental Income	15,000.00	35,000.00	-20,000.00	42.9%
409 Tobacco Settlement	11,952.67	12,500.00	-547.33	95.6%
415 Nursing Home - QIPP Program	41,508,004.64	57,000,000.00	-15,491,995.36	72.8%
<b>Total Income</b>	42,206,934.33	57,713,500.00	-15,506,565.67	73.1%
<b>Gross Profit</b>	42,206,934.33	57,713,500.00	-15,506,565.67	73.1%
<b>Expense</b>				
500 Admin-Administrative Salary	61,316.50	71,920.00	-10,603.50	85.3%
502 Admin-Administrative Assnt	14,844.50	24,960.00	-10,115.50	59.5%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	5,873.54	7,847.28	-1,973.74	74.8%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	1,044.89	560.00	484.89	186.6%
521 Professional Fees - Acctng	25,843.75	25,000.00	843.75	103.4%
522 Professional Fees-Auditing	25,905.00	25,000.00	905.00	103.6%
523 Professional Fees - Legal	10,000.00	25,000.00	-15,000.00	40.0%
550 Admin-D&O / Liability Ins.	15,673.26	15,700.00	-26.74	99.8%
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00	0.0%
562 Admin-Travel&Mileage Reimb.	130.76	2,400.00	-2,269.24	5.4%
569 Admin-Meals	1,076.76	1,000.00	76.76	107.7%
570 Admin-District/County Prom	-5,000.00	5,000.00	-10,000.00	-100.0%
571 Admin-Office Supp. & Exp.	8,043.10	7,000.00	1,043.10	114.9%
572 Admin-Web Site	555.00	1,000.00	-445.00	55.5%
573 Admin-Copier Lease/Contract	2,370.62	4,000.00	-1,629.38	59.3%
575 Admin-Cell Phone Reimburse	1,500.00	1,800.00	-300.00	83.3%
576 Admin-Telephone/Internet	2,802.54	3,000.00	-197.46	93.4%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
590 Admin-Election Cost	0.00	0.00	0.00	0.0%
591 Admin-Notices & Fees	2,748.00	3,500.00	-752.00	78.5%
592 Admin Office Rent	3,400.00	4,080.00	-680.00	83.3%
593 Admin-Utilities	2,405.29	3,600.00	-1,194.71	66.8%
594 Admin-Casualty & Windstorm	2,540.24	2,600.00	-59.76	97.7%
597 Admin-Flood Insurance	0.00	1,450.00	-1,450.00	0.0%
598 Admin-Building Maintenance	4,660.00	6,000.00	-1,340.00	77.7%
600 East Chambers ISD Partnersh	183,333.30	220,000.00	-36,666.70	83.3%
601 IC-Healthcare Expenses	561,680.97	796,000.00	-234,319.03	70.6%
602 IC-WCH 1115 Waiver Prog	91,015.06	75,000.00	16,015.06	121.4%
603 IC-Pharmaceutical Costs	30,333.41	40,000.00	-9,666.59	75.8%
605 IC-Office Supplies/Postage	1,559.66	2,500.00	-940.34	62.4%
607 WSHD - Grants	974,290.92	1,656,923.89	-682,632.97	58.8%
611 IC-Indigent Care Dir Salary	49,653.30	58,240.00	-8,586.70	85.3%
612 IC-Payroll Taxes -Ind Care	3,829.04	4,717.44	-888.40	81.2%
615 IC-Software	11,090.00	13,308.00	-2,218.00	83.3%
616 IC-Travel	423.37	500.00	-76.63	84.7%
617 Youth Programs	16,221.00	20,000.00	-3,779.00	81.1%
630 NH Program-Mgt Fees	10,227,494.14	14,257,340.32	-4,029,846.18	71.7%
631 NH Program-IGT	19,643,600.00	26,009,618.00	-6,366,018.00	75.5%
632 NH Program-Telehealth Fees	149,962.30	193,421.32	-43,459.02	77.5%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	129,915.02	250,000.00	-120,084.98	52.0%
635 NH Program-LTC Fees	2,088,000.00	2,568,000.00	-480,000.00	81.3%
636 NH Program-Bonds	0.00	0.00	0.00	0.0%
637 NH Program-Interest Expense	3,012,993.26	3,438,473.96	-425,480.70	87.6%
638 NH Program-Bank Fees & Misc	57.50	300.00	-242.50	19.2%
639 NH Program-Appraisal	46,076.76	46,076.76	0.00	100.0%
640 Nursing Home Acquisition	3,328.00	3,328.00	0.00	100.0%
674 - Property Acquisition	1,293,304.85	2,000,000.00	-706,695.15	64.7%
675 HWY 124 Expenses	9,060.28	9,060.28	0.00	100.0%

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
 January through October 2022

	Jan - Oct 22	Budget	\$ Over Budget	% of Budget
676 Building-Property Insurance	149.00			
Payroll Expenses	0.00			
<b>Total Expense</b>	<b>38,715,104.89</b>	<b>51,955,370.25</b>	<b>-13,240,265.36</b>	<b>74.5%</b>
<b>Net Ordinary Income</b>	<b>3,491,829.44</b>	<b>5,758,129.75</b>	<b>-2,266,300.31</b>	<b>60.6%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	216,526,558.20			
<b>Total Other Income</b>	<b>216,526,558.20</b>			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	215,733,231.34			
<b>Total Other Expense</b>	<b>215,733,231.34</b>			
<b>Net Other Income</b>	<b>793,326.86</b>			
<b>Net Income</b>	<b>4,285,156.30</b>	<b>5,758,129.75</b>	<b>-1,472,973.45</b>	<b>74.4%</b>

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

January through October 2022

	Jan - Oct 22	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	649,501.93	650,000.00	-498.07	99.9%
405 Investment Income	22,475.09	16,000.00	6,475.09	140.5%
407 Rental Income	15,000.00	35,000.00	-20,000.00	42.9%
409 Tobacco Settlement	11,952.67	12,500.00	-547.33	95.6%
415 Nursing Home - QIPP Program	41,508,004.64	57,000,000.00	-15,491,995.36	72.8%
<b>Total Income</b>	<b>42,206,934.33</b>	<b>57,713,500.00</b>	<b>-15,506,565.67</b>	<b>73.1%</b>
<b>Gross Profit</b>	<b>42,206,934.33</b>	<b>57,713,500.00</b>	<b>-15,506,565.67</b>	<b>73.1%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	61,316.50	71,920.00	-10,603.50	85.3%
502 Admin-Administrative Assnt	14,844.50	24,960.00	-10,115.50	59.5%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administative PR Tax	5,873.54	7,847.28	-1,973.74	74.8%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	1,044.89	560.00	484.89	186.6%
521 Professional Fees - Acctng	25,843.75	25,000.00	843.75	103.4%
522 Professional Fees-Auditing	25,905.00	25,000.00	905.00	103.6%
523 Professional Fees - Legal	10,000.00	25,000.00	-15,000.00	40.0%
550 Admin-D&O / Liability Ins.	15,673.26	15,700.00	-26.74	99.8%
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00	0.0%
562 Admin-Travel&Mileage Reimb.	130.76	2,400.00	-2,269.24	5.4%
569 Admin-Meals	1,076.76	1,000.00	76.76	107.7%
570 Admin-District/County Prom	-5,000.00	5,000.00	-10,000.00	-100.0%
571 Admin-Office Supp. & Exp.	8,043.10	7,000.00	1,043.10	114.9%
572 Admin-Web Site	555.00	1,000.00	-445.00	55.5%
573 Admin-Copier Lease/Contract	2,370.62	4,000.00	-1,629.38	59.3%
575 Admin-Cell Phone Reimburse	1,500.00	1,800.00	-300.00	83.3%
576 Admin-Telephone/Internet	2,802.54	3,000.00	-197.46	93.4%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
590 Admin-Election Cost	0.00	0.00	0.00	0.0%
591 Admin-Notices & Fees	2,748.00	3,500.00	-752.00	78.5%
592 Admin Office Rent	3,400.00	4,080.00	-680.00	83.3%
593 Admin-Utilities	2,405.29	3,600.00	-1,194.71	66.8%
594 Admin-Casualty & Windstorm	2,540.24	2,600.00	-59.76	97.7%
597 Admin-Flood Insurance	0.00	1,450.00	-1,450.00	0.0%
598 Admin-Building Maintenance	4,660.00	6,000.00	-1,340.00	77.7%
600 East Chambers ISD Partnersh	183,333.30	220,000.00	-36,666.70	83.3%
601 IC-Healthcare Expenses				
601.01 IC Pmt to Hosp-Indigent	315,065.78	379,000.00	-63,934.22	83.1%
601.02 IC-Non Hosp Costs UTMB	229,684.20	350,000.00	-120,315.80	65.6%
601.03 IC-Non Hosp-Specl Pro				
601.03a Dental	7,972.00			
601.03b IC Vision	975.00			
601.04 IC-Non Hosp Cost-Other	7,983.99	10,000.00	-2,016.01	79.8%
601.05 IC - Charity Care Prog	0.00	50,000.00	-50,000.00	0.0%
601.03 IC-Non Hosp-Specl Pro - Other	0.00	7,000.00	-7,000.00	0.0%
<b>Total 601.03 IC-Non Hosp-Specl Pro</b>	<b>16,930.99</b>	<b>67,000.00</b>	<b>-50,069.01</b>	<b>25.3%</b>
601 IC-Healthcare Expenses - Other	0.00	0.00	0.00	0.0%
<b>Total 601 IC-Healthcare Expenses</b>	<b>561,680.97</b>	<b>796,000.00</b>	<b>-234,319.03</b>	<b>70.6%</b>
602 IC-WCH 1115 Waiver Prog	91,015.06	75,000.00	16,015.06	121.4%
603 IC-Pharmaceutical Costs	30,333.41	40,000.00	-9,666.59	75.8%
605 IC-Office Supplies/Postage	1,559.66	2,500.00	-940.34	62.4%
607 WSHD - Grants				
607.03 WSVEMS				
607.03a WSVEMS - Monitors	104,815.71	104,815.71	0.00	100.0%
607.03c WSVEMS - Salaries	91,392.00	125,000.00	-33,608.00	73.1%
607.03 WSVEMS - Other	0.00	0.00	0.00	0.0%
<b>Total 607.03 WSVEMS</b>	<b>196,207.71</b>	<b>229,815.71</b>	<b>-33,608.00</b>	<b>85.4%</b>
607.04 SVDP	11,900.00	11,900.00	0.00	100.0%
607.06 FQHC(Coastal)				
607.06a FQHC	591,763.63	1,245,840.00	-654,076.37	47.5%
<b>Total 607.06 FQHC(Coastal)</b>	<b>591,763.63</b>	<b>1,245,840.00</b>	<b>-654,076.37</b>	<b>47.5%</b>
607.99 WSHD - Grants Other				
607.99a Marcelous Williams	55,550.00	50,000.00	5,550.00	111.1%
607.99b Thompson OPC	117,368.18	117,368.18	0.00	100.0%
607.Admin-Cont Ed-Med Pers.	1,501.40	2,000.00	-498.60	75.1%
<b>Total 607.99 WSHD - Grants Other</b>	<b>174,419.58</b>	<b>169,368.18</b>	<b>5,051.40</b>	<b>103.0%</b>
607 WSHD - Grants - Other	0.00	0.00	0.00	0.0%
<b>Total 607 WSHD - Grants</b>	<b>974,290.92</b>	<b>1,656,923.89</b>	<b>-682,632.97</b>	<b>58.8%</b>
611 IC-Indigent Care Dir Salary	49,653.30	58,240.00	-8,586.70	85.3%
612 IC-Payroll Taxes -Ind Care	3,829.04	4,717.44	-888.40	81.2%
615 IC-Software	11,090.00	13,308.00	-2,218.00	83.3%
616 IC-Travel	423.37	500.00	-76.63	84.7%
617 Youth Programs				
617.01 Youth Counseling	15,725.00	17,000.00	-1,275.00	92.5%
617.02 Irlen Program	496.00	3,000.00	-2,504.00	16.5%
617 Youth Programs - Other	0.00	0.00	0.00	0.0%
<b>Total 617 Youth Programs</b>	<b>16,221.00</b>	<b>20,000.00</b>	<b>-3,779.00</b>	<b>81.1%</b>
630 NH Program-Mgt Fees	10,227,494.14	14,257,340.32	-4,029,846.18	71.7%
631 NH Program-IGT	19,643,600.00	26,009,618.00	-6,366,018.00	75.5%
632 NH Program-Telehealth Fees	149,962.30	193,421.32	-43,459.02	77.5%
633 NH Program-Acctg Fees	0.00	35,000.00	-35,000.00	0.0%
634 NH Program-Legal Fees	129,915.02	250,000.00	-120,084.98	52.0%
635 NH Program-LTC Fees	2,088,000.00	2,568,000.00	-480,000.00	81.3%
636 NH Program-Bonds	0.00	0.00	0.00	0.0%
637 NH Program-Interest Expense	3,012,993.26	3,438,473.96	-425,480.70	87.6%
638 NH Program-Bank Fees & Misc	57.50	300.00	-242.50	19.2%
639 NH Program-Appraisal	46,076.76	46,076.76	0.00	100.0%
640 Nursing Home Acquisition	3,328.00	3,328.00	0.00	100.0%
674 - Property Acquisition	1,293,304.85	2,000,000.00	-706,695.15	64.7%

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

January through October 2022

Accrual Basis

	Jan - Oct 22	Budget	\$ Over Budget	% of Budget
<b>675 HWY 124 Expenses</b>				
675.01 Tony's BBQ Bldg Expenses	9,060.28	9,060.28	0.00	100.0%
675 HWY 124 Expenses - Other	0.00	0.00	0.00	0.0%
<b>Total 675 HWY 124 Expenses</b>	9,060.28	9,060.28	0.00	100.0%
<b>676 Building-Property Insurance</b>	149.00			
<b>Payroll Expenses</b>	0.00			
<b>Total Expense</b>	38,715,104.89	51,955,370.25	-13,240,265.36	74.5%
<b>Net Ordinary Income</b>	3,491,829.44	5,758,129.75	-2,266,300.31	60.6%
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	216,526,558.20			
<b>Total Other Income</b>	216,526,558.20			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	215,733,231.34			
<b>Total Other Expense</b>	215,733,231.34			
<b>Net Other Income</b>	793,326.86			
<b>Net Income</b>	4,285,156.30	5,758,129.75	-1,472,973.45	74.4%

# **Exhibit “A-2”**

**WSHD Treasurer's Report**

<b>Reporting Date: Wednesday, November 16, 2022</b>					
<b>Pending Expenses</b>	<b>For</b>	<b>Amount</b>	<b>Funds Summary</b>		<b>Totals</b>
Brookshire Brothers	Indigent Care	\$2,820.75	Prosperity Operating (Unrestricted)		\$1,062,945.32
Wilcox Pharmacy	Indigent Care	\$984.03	First Financial (Unrestricted)		\$11,393,944.09
UTMB at Galveston	Indigent Care	\$9,689.02	First Financial (Restricted)		\$6,664,575.35
UTMB Faculty Group	Indigent Care	\$2,299.23	TexStar		\$696,634.26
Thompson Outpatient Clinic	Indigent Care	\$1,231.22	Allegiance Bank LOC (Available)		\$9,704.10
Riceland Medical Center	Indigent Care	\$58,284.10	Total District Funds		<b>\$19,827,803.12</b>
Indigent Healthcare Solutions	IC Inv #74774	\$1,109.00	Less First Financial (Restricted)		(\$6,664,575.35)
OmniPoint Health-Dental	SP Program	\$1,130.00	Less TexStar Reserve Account		(\$696,634.26)
\$25 Optical	SP Program	\$25.00	Less Committed Funds (Capital Acquisition and		(\$1,512,581.10)
Dr. June Stansky	SP Program	\$180.00	Cash Position (Less First Financial Restricted)		<b>\$10,954,012.41</b>
Penelope (Polly) Butler	Youth Counseling	\$85.00	Pending Expenses		<b>(\$273,740.33)</b>
Nicki Holtzman	Youth Counseling	\$255.00	Ending Balance (Less expenses-Available Cash, not		<b>\$10,680,272.08</b>
Kalos Counseling (Benjamin Odum)	Youth Counseling	\$1,360.00	Committed)		
			Total Funds (Ending Balance+LOC Outstanding+QIPP		<b>\$18,351,701.64</b>
			Funds Outstanding)		
			<b>Prior Month</b>		
Benckenstein & Oxford	Inv #50624	\$17,840.00	Prosperity Operating (Unrestricted)		\$126,912.70
Hubert Oxford	Legal Retainer	\$1,000.00	First Financial (Unrestricted)		\$9,775,523.41
David Sticker	Inv #88	\$2,062.50	First Financial (Restricted)		\$13,205,460.46
Technology Solutions of Tx	Inv #1725	\$75.00	TexStar		\$694,950.44
Felipe Ojedia-Yard Service	Inv #1031	\$300.00	Allegiance Bank LOC (Available)		\$9,704.10
Graciela Chavez-Office Cleaning	Inv #965951	\$120.00	Total District Funds		<b>\$23,812,551.11</b>
American Education Services	S Stern-Student Loan	\$150.14	Less First Financial (Restricted)		(\$13,205,460.46)
WSVEMS	Grant Inv Oct 2022 Payroll	\$10,416.00	Less TexStar Reserve Account		(\$694,950.44)
Carroll Hand Insurance	5 Invs Bond Renewal All BMs	\$250.00	Grant Funding-See below)		(\$1,659,284.61)
Coastal Gateway Health Center	Grant (Nov Req)	\$146,703.51	Cash Position (Less First Financial Restricted)		<b>\$8,252,855.60</b>
Allegiance Bank	LOC Interest-Auto Pay	\$15,370.83	Pending Expenses		<b>(\$365,726.60)</b>
			Ending Balance (Less expenses)		<b>\$7,887,129.00</b>
<b>Total Pending Expenses:</b>		<b>\$273,740.33</b>	Total Funds (Ending Balance+LOC Outstanding+QIPP		<b>\$15,345,546.35</b>
			Funds Outstanding)		

**First Financial Bank Reconciliations**

<b>FFB Balance November 15, 2022</b>	<b>\$18,058,519.44</b>				
	<b>Restricted Funds</b>	<b>Total Scheduled Payment</b>	<b>Balance Received</b>	<b>Balance Due</b>	<b>Due to District</b>
<b>Yr. 6, Component 1-IGT 11, QIPP Year 5</b>					
Component 1-September (1st Half)	\$1,757,095.86	\$2,390,039.85	\$1,757,095.86	\$632,943.99	\$1,757,095.86
<b>Total Component 1, IGT 10</b>	<b>\$1,757,095.86</b>	<b>\$2,390,039.85</b>	<b>\$1,757,095.86</b>	<b>\$632,943.99</b>	<b>\$1,757,095.86</b>
<b>Loan 20 Set Aside (Salt Creek &amp; Allegiance)</b>					
Loan 20 Payment-September (1st Half)	\$1,757,095.86	\$2,390,039.85	\$1,757,095.86	\$632,943.99	\$1,757,095.86
<b>Total Loan 20 Set Aside</b>	<b>\$1,757,095.86</b>	<b>\$2,390,039.85</b>	<b>\$1,757,095.86</b>	<b>\$632,943.99</b>	<b>\$1,757,095.86</b>
<b>Yr. 5, Component 2 (Public &amp; Private)</b>					
Y5/Q4-Comp. 2-June	\$266,933.37	\$502,740.99	\$502,740.99	\$0.00	\$235,807.63
Y5/Q4-Comp. 2-Jul	\$256,258.51	\$481,459.31	\$481,391.27	\$0.00	\$225,132.77
Y5/Q4-Comp. 2-Aug	\$241,614.91	\$452,104.07	\$452,104.07	\$0.00	\$210,489.17
<b>Year 5, 4th Qtr. Comp. 2 Totals</b>	<b>\$764,806.78</b>	<b>\$1,436,304.37</b>	<b>\$1,436,236.33</b>	<b>\$0.00</b>	<b>\$671,429.56</b>
Y6/Q1-Comp. 2-Sep	\$244,654.93	\$600,318.46	\$441,350.79	\$158,967.67	\$196,695.87
<b>Total Component 2 due to MGRs.</b>	<b>\$1,009,461.70</b>	<b>\$2,036,622.83</b>	<b>\$1,877,587.12</b>	<b>\$158,967.67</b>	<b>\$671,429.56</b>
<b>Yr. 5, Component 3 (Public &amp; Private)</b>					
Yr. 5 Component 3, Q4 (Jun to Aug 2022)	\$1,029,704.26	\$2,059,408.52	\$2,059,408.52	\$0.00	\$1,029,704.26
<b>Total Component 3 due to MGRs</b>	<b>\$1,029,704.26</b>	<b>\$2,059,408.52</b>	<b>\$2,059,408.52</b>	<b>\$0.00</b>	<b>\$1,029,704.26</b>
<b>Yr. 5, Component 4 (Public Only)</b>					
Yr. 5 Component 4, Q4 (Jun to Aug 2022)	\$670,734.39	\$1,341,468.78	\$1,341,468.78	\$0.00	\$670,734.39
<b>Total Component 4 due to MGRs</b>	<b>\$670,734.39</b>	<b>\$1,341,468.78</b>	<b>\$1,341,468.78</b>	<b>\$0.00</b>	<b>\$670,734.39</b>
<b>Yr. 5, Lapse Funds</b>					
Yr. 5 Lapse Funds, Q4 (Jun to Aug 2022)	\$1,233,111.50	\$2,466,222.99	\$2,466,222.99	\$2,466,222.99	\$1,233,111.50
<b>Total Lapse Funds 4 due to MGRs</b>	<b>\$1,233,111.50</b>	<b>\$2,466,222.99</b>	<b>\$2,466,222.99</b>	<b>\$2,466,222.99</b>	<b>\$1,233,111.50</b>
<b>Cash Flow Timing Adjustment</b>	<b>(\$686,121.50)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$686,121.50</b>
<b>Variance Payments</b>					
Variance Payment Jun	(\$15,358.68)	(\$15,358.68)	(\$15,358.68)	\$0.00	(\$15,358.68)
Variance Payment Jul	(\$23,291.09)	(\$23,334.03)	(\$23,291.09)	(\$42.94)	(\$23,291.09)
Variance Payment Aug	(\$5,916.21)	(\$5,863.89)	(\$5,916.21)	\$52.32	\$0.00
Variance Payment Qtr 4	(\$32,682.50)	(\$65,364.99)	(\$65,364.99)	\$0.00	(\$32,682.50)
<b>Variance Payments Rcvd for 4th Qtr., QIPP Year 5</b>	<b>(\$77,248.48)</b>	<b>(\$109,921.59)</b>	<b>(\$109,930.97)</b>	<b>\$9.38</b>	<b>(\$71,332.27)</b>
Variance Payment Sept.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Variance Payment Totals</b>	<b>(\$77,248.48)</b>	<b>(\$109,921.59)</b>	<b>\$0.00</b>	<b>\$9.38</b>	<b>(\$71,332.27)</b>



Adjustment & Refund Payments					
Yr. 3 Final Adjustment	\$1,909.42	\$3,818.84	\$3,818.84	\$0.00	\$1,909.42
Yr. 3 IGT Refund	\$106,297.27	\$212,594.54	\$212,594.54	\$0.00	\$106,297.27
<b>Total Adjustment Payment</b>	<b>\$108,206.69</b>	<b>\$216,413.38</b>	<b>\$216,413.38</b>	<b>\$0.00</b>	<b>\$108,206.69</b>
<b>Mission and Red Oak Funds</b>					
(See below for details)	\$1,165,082.87				
<b>Texarkana Funds</b>					
(See below for details)	\$266,301.84				
<b>Non-QIPP Funds</b>					
	\$23,240.00				
<b>Interest Reserves</b>					
Reserve Ln 21	\$165,006.22				
<b>Total Reserves</b>	<b>\$165,006.22</b>				
<b>Restricted</b>					
	\$6,664,575.35				
<b>Unrestricted</b>					
	\$11,393,944.09				
<b>Total Funds</b>	<b>\$18,058,519.44</b>				

Committed Funds	Paid for FQHC: 2021-2022	Quarterly Payment	Balance Due
1. FQHC Grant Funding-2022	\$507,372.86	\$738,467.14	\$507,372.86
2. FQHC Grant Funding-2023	\$754,885.00	\$0.00	\$754,885.00
3. Hospital-DY 7 Repayment	\$250,323.24	\$0.00	\$250,323.24
<b>Total Commitments</b>	<b>\$1,512,581.10</b>	<b>\$738,467.14</b>	<b>\$1,512,581.10</b>

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
<b>Received and Paid</b>					\$3,319,493.92
<b>Component 1</b>					
Component 1-Jun (2nd Half)	\$212,906.45	\$212,906.45	\$212,906.45	\$0.00	\$212,906.45
Component 1-Jul (2nd Half)	\$190,903.26	\$190,903.26	\$190,903.26	\$0.00	\$190,903.26
Component 1-Aug (2nd Half)	\$181,539.86	\$181,727.86	\$181,539.86	\$188.00	\$181,539.86
<b>Qtr. 4 Totals</b>	<b>\$585,349.57</b>	<b>\$585,537.57</b>	<b>\$585,349.57</b>	<b>\$188.00</b>	<b>\$585,349.57</b>
<b>Component 2</b>					
Yr. 5, Component 2 Funds-Jun	\$54,645.48	\$54,645.48	\$54,645.48	\$0.00	\$0.00
Yr. 5, Component 2 Funds-Jul	\$50,262.86	\$50,242.78	\$50,262.86	\$0.00	\$0.00
Yr. 5, Component 2 Funds-Aug	\$48,481.10	\$48,551.38	\$48,481.10	\$70.28	\$0.00
<b>Qtr. 4 Totals</b>	<b>\$153,389.44</b>	<b>\$153,439.64</b>	<b>\$153,389.44</b>	<b>\$70.28</b>	<b>\$0.00</b>
<b>Component 3, 4, and Lapsing Funds</b>					
Yr. 5, Qtr. 4-Component 3 Funds	\$228,714.95	\$228,714.95	\$228,714.95	\$0.00	\$0.00
Yr. 5, Qtr. 4 Component 4 Funds	\$13,315.94	\$13,315.94	\$13,315.94	\$0.00	\$13,315.94
Yr. 5, Qtr. 4 Lapse Funds	\$226,182.87	\$226,182.87	\$226,182.87	\$0.00	\$0.00
<b>Through 4rd Qtr., Year 5</b>	<b>\$468,213.76</b>	<b>\$468,213.76</b>	<b>\$468,213.76</b>	<b>\$0.00</b>	<b>\$13,315.94</b>
<b>Variance Payments</b>					
Yr. 5, Jun 2022 Variance Payment	(\$15,358.68)	(\$15,358.68)	(\$15,358.68)	\$0.00	\$0.00
Yr. 5, Jul 2022 Variance Payment	(\$23,334.03)	(\$23,334.03)	(\$23,334.03)	\$0.00	\$0.00
Yr. 5, Aug 2022 Variance Payment	(\$5,811.57)	(\$5,863.89)	(\$5,811.57)	\$52.32	\$0.00
4th Qtr. Variance Payment	(\$7,365.62)	(\$7,365.62)	(\$7,365.62)	\$0.00	\$0.00
<b>Total Variance Payments</b>	<b>(\$51,869.90)</b>	<b>(\$51,922.22)</b>	<b>(\$51,869.90)</b>	<b>\$52.32</b>	<b>\$0.00</b>
<b>Adjustment Payments</b>					
Yr. 3 IGT Refund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Yr. 3 Final Adjustment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Adjustment Payments</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Reimbursement Payments from Abri</b>					
(\$60,000-\$10,000 per month-Comp. 2)	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00
<b>Total for Mission and Red Oak</b>	<b>\$1,165,082.87</b>	<b>\$1,155,268.75</b>	<b>\$1,155,082.87</b>	<b>\$310.60</b>	<b>\$3,928,159.43</b>

Caring-Villa of Texarkana					
Texarkana Year 5 QIPP Payments	Payment to HMG	Total Due	Balance Received	Unpaid	Cap X Account
<b>Received and Paid</b>					\$46,536.65
<b>Component 1</b>					
Component 1-Jun (2nd Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Component 1-Jull (2nd Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Component 1-Aug (2nd Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Qtr. 4 Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Component 2</b>					
Yr. 5, Component 2 Funds-June	\$7,455.60	\$19,661.20	\$7,455.60	\$12,205.60	\$7,455.60
Yr. 5, Component 2 Funds-Jul	\$19,349.60	\$19,364.80	\$19,349.60	\$15.20	\$19,349.60
Yr. 5, Component 2 Funds-Aug	\$17,404.00	\$17,449.60	\$17,404.00	\$45.60	\$17,404.00
<b>Qtr. 4 Totals</b>	<b>\$44,209.20</b>	<b>\$56,475.60</b>	<b>\$44,209.20</b>	<b>\$12,266.40</b>	<b>\$44,209.20</b>

Component 3, 4, and Lapsing Funds-Through 4th Qtr, Year 5					
Yr. 5, Qtr. 4-Component 3 Funds	\$84,519.60	\$84,713.40	\$84,519.60	\$193.80	\$0.00
Yr. 5, Qtr. 4 Component 4 Funds	\$76,989.60	\$76,989.60	\$76,989.60	\$0.00	\$76,989.60
Yr. 5, Qtr. 4 Lapse Funds	\$51,372.51	\$51,429.29	\$51,372.51	\$56.78	\$0.00
<b>Through 4th Qtr., Year 5</b>	<b>\$212,881.71</b>	<b>\$213,132.29</b>	<b>\$212,881.71</b>	<b>\$250.58</b>	<b>\$76,989.60</b>

Variance Payments					
Yr. 5, Jun 2022 Variance Payment	\$496.30	\$4,147.78	\$496.30	\$3,651.48	\$0.00
Yr. 5, Jul 2022 Variance Payment	\$3,802.68	\$5,232.24	\$3,802.68	\$1,429.56	\$0.00
Yr. 5, Aug 2022 Variance Payment	\$3,801.50	\$4,595.70	\$3,801.50	\$794.20	\$0.00
Qtr. 3, Comp 3, 4, and Lapsing Variance Pmt	\$1,190.33	\$1,488.29	\$1,190.33	\$297.96	\$0.00
<b>Qtr. 4 Totals</b>	<b>\$9,290.81</b>	<b>\$15,464.01</b>	<b>\$9,290.81</b>	<b>\$6,173.20</b>	<b>\$0.00</b>
Adjustment Payments					
Yr. 3 Adjustment Payment 3	(\$79.88)	(\$79.88)	\$0.00	(\$79.88)	\$0.00
<b>Total Adjustment Payment</b>	<b>(\$79.88)</b>	<b>(\$79.88)</b>	<b>\$0.00</b>	<b>(\$79.88)</b>	<b>\$0.00</b>
<b>Total Villa of Texarkana</b>	<b>\$266,301.84</b>	<b>\$284,992.02</b>	<b>\$266,381.72</b>	<b>\$18,610.30</b>	<b>\$167,735.45</b>

11 Month Outstanding Short Term Revenue Note-Loan 20 (December 1, 2021-Oct. 31, 2022) 2nd Half of QIPP Year 5					
<b>Loan 20-Principle</b>	\$11,786,158.80		<b>Reserve</b>	\$165,006.22	
<b>Interest</b>	16.80%				
<b>Amortization Table</b>	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	12/30/2021	\$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	\$1,718,986.89	\$1,883,993.11
6-(April 2022, Comp. 1)	5/31/2022	\$11,786,158.80	\$165,006.22	\$1,920,173.37	\$2,085,179.59
7-(May 2022, Comp. 1)	6/30/2022	\$11,786,158.80	\$165,006.22	\$1,465,345.25	\$1,630,351.47
8-(June 2022, Comp. 1)	7/31/2022	\$11,786,158.80	\$165,006.22	\$2,118,652.40	\$2,283,658.62
9 (July 2022, Comp. 1)	8/31/2022	\$0.00	\$165,006.22	\$1,631,534.68	\$1,796,540.90
10 (Aug. 2022, Comp. 1)	9/30/2022	\$0.00	\$165,006.22	\$1,559,223.33	\$1,724,229.55
Reserve		\$11,786,158.80	\$0.00	<b>\$1,372,242.88</b>	\$1,372,242.88
11	10/31/2022	\$0.00	\$165,006.22	\$0.00	\$1,537,249.10
<b>Amount Paid</b>		\$0.00	<b>\$1,815,068.42</b>	<b>\$11,786,158.80</b>	<b>\$13,601,227.22</b>
<b>Amount Due: October 31, 2021</b>			<b>\$1,815,068.42</b>	<b>\$11,786,158.80</b>	<b>\$13,601,227.22</b>

11 Month Outstanding Short Term Revenue Note-Loan 21 (May 31, 2022-Apr. 30, 2023) 1st Half of QIPP Year 6					
<b>Loan 21-Principle</b>	\$9,014,433.31		<b>Reserve</b>	\$126,202.07	
<b>Interest</b>	16.80%		<b>Interest</b>	\$1,381,653.31	
<b>Amortization Table</b>	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	6/30/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$1,381,653.31
2	7/31/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07
3	8/31/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07
4	9/30/2022	\$9,014,433.31	\$126,202.07	\$0.00	\$126,202.07
5-(Sept. 2022, Comp. 1)	10/31/2022	\$9,014,433.31	\$126,202.07	\$2,390,039.85	\$2,516,241.92
6-(Oct. 2021, Comp. 1)	11/30/2022	\$9,014,433.31	\$126,202.07	\$2,509,398.55	\$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	\$78,618.90	\$78,618.90
11	4/30/2023	\$0.00	\$126,202.07	\$0.00	\$126,202.07
<b>Amount Paid</b>		\$0.00	<b>\$1,388,222.77</b>	<b>\$9,014,433.31</b>	<b>\$10,402,656.08</b>
<b>Amount Due: October 31, 2021</b>			<b>\$1,388,222.77</b>	<b>\$9,014,433.31</b>	<b>\$10,402,656.08</b>
<b>Amount Remaining</b>				<b>(\$0.00)</b>	<b>(\$0.00)</b>

Allegiance Bank Line of Credit					
<b>Balance:</b>	\$7,000,000.00	<b>Principle Balance Owed</b>	\$7,000,000.00		
<b>Interest Rate:</b>	2.55%	<b>LOC Funds Available</b>	\$0.00		
	<b>Date</b>	<b>Balance</b>	<b>Interest</b>	<b>Principal Rcvd.</b>	<b>Payment</b>
1	6/30/2022	Interest Payment	\$11,404.16	\$0.00	\$11,404.16
2	7/23/2022	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	9/23/2022	Interest Payment	\$15,370.84	\$0.00	\$15,370.84
5-(Sept. 2022, Comp. 1)	10/23/2022	Interest Payment	\$14,875.00	\$0.00	\$14,875.00
6-(Oct. 2021, Comp. 1)	11/23/2022	Interest Payment	\$15,370.83	\$0.00	\$15,370.83
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
<b>Amount Paid</b>		\$0.00	<b>\$135,900.44</b>	<b>\$7,000,000.00</b>	<b>\$7,135,900.44</b>

<b>District's Investments</b>						
	<b>Amount</b>	<b>Percentage</b>	<b>From</b>	<b>To</b>	<b>Interest</b>	
*CD at Allegiance Bank C.D. #1771	\$7,009,704.10	0.55%	9/1/2022	9/30/2022	\$9,704.10 Quarterly	Paid
Texstar C.D. #1110	\$696,634.26	0.999510%	10/1/2022	10/31/2022	Paid \$1,683.82 Oct 2022	
<p><b>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.</b></p>						
<p>_____ Edward Murrell, President</p>			<p>_____ Robert "Bobby" Way Treasurer/Investment Officer</p>			
<p>Date: _____</p>			<p>Date: _____</p>			
<p>Italics are Estimated amounts</p>						

# **Exhibit “A-3”**

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/04/22-10/17/22

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

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,820.75
<b>Expenditures</b>		<b>2,820.75</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>2,820.75</b>

147 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*65460*36	WSHD	10/14/2022	10.73	10.73
1000*65460*37	WSHD	10/14/2022	18.39	18.39
1000*65460*38	WSHD	10/14/2022	10.19	10.19
1000*65460*39	WSHD	10/14/2022	10.40	10.40
1024*65460*52	WSHD	10/21/2022	9.52	9.52
1024*65460*53	WSHD	10/21/2022	8.66	8.66
1024*65460*54	WSHD	10/17/2022	8.58	8.58
1065*65460*53	WSHD	09/28/2022	8.31	8.31
1065*65460*54	WSHD	09/28/2022	10.59	10.59
1065*65460*55	WSHD	09/28/2022	15.49	15.49
1065*65460*56	WSHD	09/28/2022	11.21	11.21
1091*65460*119	WSHD	10/19/2022	151.78	151.78
1091*65460*120	WSHD	10/17/2022	10.14	10.14
1096*65460*135	WSHD	10/18/2022	11.10	11.10
1096*65460*136	WSHD	10/07/2022	20.59	20.59
1096*65460*137	WSHD	10/07/2022	9.24	9.24
1096*65460*138	WSHD	09/13/2022	11.46	11.46
1108*65460*57	WSHD	10/25/2022	9.20	9.20
1111*65460*24	WSHD	10/21/2022	27.79	27.79
1111*65460*25	WSHD	10/21/2022	9.47	9.47
1111*65460*26	WSHD	10/03/2022	22.21	22.21
1111*65460*27	WSHD	10/03/2022	9.77	9.77
1111*65460*28	WSHD	09/29/2022	9.47	9.47
1111*65460*29	WSHD	09/28/2022	29.29	29.29
1114*65460*58	WSHD	10/25/2022	15.02	15.02
1114*65460*59	WSHD	10/24/2022	14.95	14.95
1114*65460*60	WSHD	10/17/2022	8.66	8.66
1114*65460*61	WSHD	10/14/2022	11.58	11.58
1114*65460*62	WSHD	09/16/2022	10.82	10.82
1128*65460*129	WSHD	10/13/2022	12.75	12.75
1128*65460*130	WSHD	10/11/2022	23.37	23.37
1128*65460*131	WSHD	10/11/2022	12.83	12.83
1128*65460*132	WSHD	10/11/2022	11.46	11.46
1128*65460*133	WSHD	10/10/2022	11.03	11.03

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 10/04/22-10/17/22

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1128*65460*134	WSHD	10/10/2022	8.80	8.80
1128*65460*135	WSHD	10/10/2022	12.09	12.09
1132*65460*25	WSHD	10/25/2022	8.56	8.56
1132*65460*26	WSHD	10/25/2022	11.21	11.21
1140*65460*77	WSHD	10/26/2022	30.91	30.91
1140*65460*78	WSHD	10/26/2022	8.87	8.87
1140*65460*79	WSHD	10/26/2022	27.77	27.77
1140*65460*80	WSHD	10/17/2022	9.20	9.20
1151*65460*136	WSHD	10/06/2022	8.82	8.82
1151*65460*137	WSHD	10/06/2022	8.22	8.22
1151*65460*138	WSHD	10/06/2022	8.46	8.46
1151*65460*139	WSHD	10/05/2022	10.19	10.19
1165*65460*51	WSHD	10/26/2022	8.23	8.23
1165*65460*52	WSHD	10/26/2022	10.02	10.02
1165*65460*53	WSHD	10/11/2022	28.14	28.14
1165*65460*54	WSHD	10/11/2022	10.81	10.81
1165*65460*55	WSHD	10/10/2022	12.15	12.15
1165*65460*56	WSHD	10/10/2022	15.98	15.98
1165*65460*57	WSHD	10/10/2022	9.82	9.82
1166*65460*54	WSHD	10/25/2022	9.20	9.20
1166*65460*55	WSHD	10/25/2022	16.97	16.97
1166*65460*56	WSHD	10/25/2022	14.65	14.65
1166*65460*57	WSHD	09/27/2022	16.86	16.86
1167*65460*16	WSHD	09/16/2022	439.02	439.02
1167*65460*17	WSHD	09/16/2022	38.74	38.74
1195*65460*10	WSHD	09/14/2022	15.06	15.06
1207*65460*22	WSHD	10/21/2022	14.62	14.62
1207*65460*23	WSHD	10/21/2022	25.92	25.92
1207*65460*24	WSHD	09/13/2022	14.62	14.62
1207*65460*25	WSHD	09/13/2022	26.65	26.65
1213*65460*4	WSHD	10/18/2022	9.87	9.87
1213*65460*5	WSHD	10/13/2022	8.22	8.22
1213*65460*6	WSHD	09/29/2022	9.14	9.14
1214*65460*107	WSHD	10/03/2022	9.96	9.96
1214*65460*108	WSHD	10/03/2022	11.89	11.89
1214*65460*109	WSHD	10/03/2022	10.28	10.28
1214*65460*110	WSHD	10/03/2022	12.47	12.47
1214*65460*111	WSHD	04/30/2022	10.28	10.28
1214*65460*112	WSHD	04/30/2022	21.27	21.27
1219*65460*59	WSHD	04/30/2022	12.35	12.35
1222*65460*10	WSHD	04/18/2022	12.38	12.38
1233*65460*28	WSHD	10/19/2022	41.39	41.39
1233*65460*29	WSHD	10/18/2022	25.69	25.69
1233*65460*30	WSHD	10/17/2022	10.87	10.87
1233*65460*31	WSHD	10/17/2022	10.81	10.81
1233*65460*32	WSHD	10/17/2022	26.29	26.29
1233*65460*33	WSHD	10/14/2022	16.99	16.99

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/04/22-10/17/22

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1233*65460*34	WSHD	10/11/2022	47.68	47.68
1233*65460*35	WSHD	09/20/2022	10.87	10.87
1233*65460*36	WSHD	09/19/2022	9.82	9.82
1236*65460*1	WSHD	10/29/2022	9.75	9.75
1236*65460*2	WSHD	10/29/2022	13.33	13.33
1240*65460*5	WSHD	10/26/2022	10.24	10.24
1240*65460*6	WSHD	10/26/2022	18.25	18.25
1240*65460*7	WSHD	10/25/2022	11.23	11.23
1240*65460*8	WSHD	10/25/2022	8.80	8.80
1244*65460*26	WSHD	09/01/2022	12.43	12.43
1249*65460*19	WSHD	10/14/2022	11.47	11.47
1249*65460*20	WSHD	10/14/2022	10.40	10.40
1249*65460*21	WSHD	10/14/2022	13.08	13.08
1249*65460*22	WSHD	10/14/2022	10.79	10.79
1249*65460*23	WSHD	09/13/2022	10.40	10.40
1249*65460*24	WSHD	09/13/2022	13.08	13.08
1249*65460*25	WSHD	09/13/2022	11.35	11.35
1250*65460*15	WSHD	10/20/2022	39.46	39.46
1250*65460*16	WSHD	09/28/2022	8.74	8.74
1250*65460*17	WSHD	09/28/2022	18.71	18.71
1250*65460*18	WSHD	09/28/2022	10.24	10.24
1250*65460*19	WSHD	09/27/2022	48.26	48.26
1250*65460*20	WSHD	09/13/2022	12.93	12.93
1252*65460*1	WSHD	10/27/2022	22.20	22.20
1253*65460*6	WSHD	10/06/2022	13.15	13.15
1255*65460*1	WSHD	10/07/2022	9.26	9.26
1257*65460*1	WSHD	10/24/2022	8.92	8.92
1257*65460*2	WSHD	10/24/2022	15.24	15.24
1260*65460*10	WSHD	09/26/2022	8.22	8.22
1264*65460*1	WSHD	10/05/2022	7.63	7.63
1264*65460*2	WSHD	10/05/2022	10.00	10.00
1265*65460*2	WSHD	09/20/2022	185.43	185.43
1268*65460*2	WSHD	10/13/2022	11.02	11.02
1268*65460*3	WSHD	10/13/2022	9.82	9.82
1269*65460*1	WSHD	10/20/2022	9.02	9.02
1273*65460*1	WSHD	10/20/2022	12.56	12.56
1273*65460*2	WSHD	10/20/2022	15.92	15.92
1273*65460*3	WSHD	10/20/2022	11.18	11.18
1275*65460*1	WSHD	10/26/2022	5.00	5.00
1275*65460*2	WSHD	10/26/2022	9.33	9.33
2458*65460*139	WSHD	10/24/2022	17.56	17.56
2458*65460*140	WSHD	10/07/2022	9.82	9.82
2458*65460*141	WSHD	10/05/2022	12.24	12.24
2458*65460*142	WSHD	09/19/2022	8.58	8.58
2815*65460*237	WSHD	09/30/2022	10.37	10.37
2815*65460*238	WSHD	09/30/2022	10.79	10.79
2815*65460*239	WSHD	09/30/2022	22.36	22.36

©IHS  
Issued 11/15/22

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 10/04/22-10/17/22

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

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2815*65460*240	WSHD	09/30/2022	11.54	11.54
2815*65460*241	WSHD	09/30/2022	13.08	13.08
2815*65460*242	WSHD	09/30/2022	11.29	11.29
2815*65460*243	WSHD	09/30/2022	19.62	19.62
2815*65460*244	WSHD	09/30/2022	10.78	10.78
2815*65460*245	WSHD	10/03/2022	12.64	12.64
2815*65460*246	WSHD	10/03/2022	12.82	12.82
2815*65460*247	WSHD	09/30/2022	5.00	5.00
3363*65460*30	WSHD	10/31/2022	38.74	38.74
3363*65460*31	WSHD	10/31/2022	27.77	27.77
3363*65460*32	WSHD	10/31/2022	9.42	9.42
3363*65460*33	WSHD	10/25/2022	16.08	16.08
3363*65460*34	WSHD	09/20/2022	10.86	10.86
3363*65460*35	WSHD	09/20/2022	19.82	19.82
3384*65460*1	WSHD	10/14/2022	8.76	8.76
3384*65460*2	WSHD	10/11/2022	10.67	10.67
3384*65460*3	WSHD	10/11/2022	8.80	8.80
3384*65460*4	WSHD	10/11/2022	9.30	9.30
3384*65460*5	WSHD	10/04/2022	10.07	10.07
<b>147 invoices, 147 line items</b>			<b>2,820.75</b>	<b>2,820.75</b>
<b>Grand Totals</b>			<b>2,820.75</b>	<b>2,820.75</b>

147 total invoices  
147 total line items



**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/03/22-10/03/22

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

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	984.03
<b>Expenditures</b>		<b>984.03</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>984.03</b>

84 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1040*18651*78	WSHD	10/03/2022	8.95	8.95
1065*18651*1	WSHD	10/06/2022	25.50	25.50
1093*18651*120	WSHD	10/24/2022	8.98	8.98
1093*18651*121	WSHD	10/20/2022	9.16	9.16
1093*18651*122	WSHD	10/03/2022	9.23	9.23
1094*18651*6	WSHD	10/10/2022	9.65	9.65
1094*18651*7	WSHD	10/10/2022	9.38	9.38
1095*18651*108	WSHD	10/11/2022	10.32	10.32
1095*18651*109	WSHD	10/12/2022	16.21	16.21
1095*18651*110	WSHD	10/11/2022	8.85	8.85
1095*18651*111	WSHD	10/11/2022	10.05	10.05
1095*18651*112	WSHD	10/11/2022	9.37	9.37
1107*18651*79	WSHD	10/20/2022	14.02	14.02
1107*18651*80	WSHD	10/17/2022	13.76	13.76
1107*18651*81	WSHD	10/10/2022	9.02	9.02
1107*18651*82	WSHD	10/06/2022	11.50	11.50
1107*18651*83	WSHD	10/04/2022	12.99	12.99
1107*18651*84	WSHD	10/04/2022	19.55	19.55
1107*18651*85	WSHD	10/04/2022	10.02	10.02
1107*18651*86	WSHD	10/03/2022	21.56	21.56
1110*18651*49	WSHD	10/25/2022	8.49	8.49
1110*18651*50	WSHD	10/25/2022	11.35	11.35
1110*18651*51	WSHD	10/25/2022	11.63	11.63
1144*18651*31	WSHD	10/12/2022	9.67	9.67
1144*18651*32	WSHD	10/03/2022	10.03	10.03
1144*18651*33	WSHD	10/03/2022	10.17	10.17
1157*18651*124	WSHD	10/10/2022	12.88	12.88
1157*18651*125	WSHD	10/10/2022	10.02	10.02
1157*18651*126	WSHD	10/10/2022	9.84	9.84
1157*18651*127	WSHD	10/03/2022	10.47	10.47
1182*18651*11	WSHD	10/07/2022	8.71	8.71
1191*18651*119	WSHD	10/31/2022	10.94	10.94
1191*18651*120	WSHD	10/06/2022	10.94	10.94
1191*18651*121	WSHD	10/31/2022	16.21	16.21

**GL Totals**

Issued 11/10/22

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 10/03/22-10/03/22Wilcox Pharmacy  
P. O. Box 1850  
Winnie, TX 77665

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1191*18651*122	WSHD	10/31/2022	35.84	35.84
1191*18651*123	WSHD	10/31/2022	14.02	14.02
1191*18651*124	WSHD	10/31/2022	9.34	9.34
1191*18651*125	WSHD	10/24/2022	8.99	8.99
1191*18651*126	WSHD	10/24/2022	10.18	10.18
1191*18651*127	WSHD	10/06/2022	9.34	9.34
1204*18651*49	WSHD	10/18/2022	12.10	12.10
1204*18651*50	WSHD	10/18/2022	17.97	17.97
1220*18651*15	WSHD	10/17/2022	8.37	8.37
1220*18651*16	WSHD	10/17/2022	21.33	21.33
1220*18651*17	WSHD	10/13/2022	12.04	12.04
1220*18651*18	WSHD	10/13/2022	17.15	17.15
1225*18651*28	WSHD	10/06/2022	9.78	9.78
1225*18651*29	WSHD	10/06/2022	11.44	11.44
1226*18651*41	WSHD	10/24/2022	9.88	9.88
1226*18651*42	WSHD	10/24/2022	12.79	12.79
1226*18651*43	WSHD	10/24/2022	9.78	9.78
1226*18651*44	WSHD	10/19/2022	8.74	8.74
1226*18651*45	WSHD	10/19/2022	11.44	11.44
1226*18651*46	WSHD	10/06/2022	9.88	9.88
1226*18651*47	WSHD	10/06/2022	12.79	12.79
1226*18651*48	WSHD	10/06/2022	8.74	8.74
1228*18651*52	WSHD	10/10/2022	10.20	10.20
1228*18651*53	WSHD	10/27/2022	10.22	10.22
1228*18651*54	WSHD	10/25/2022	9.01	9.01
1228*18651*55	WSHD	10/12/2022	12.22	12.22
1228*18651*56	WSHD	10/12/2022	13.76	13.76
1228*18651*57	WSHD	10/11/2022	14.02	14.02
1228*18651*58	WSHD	10/10/2022	9.01	9.01
1246*18651*12	WSHD	10/03/2022	9.76	9.76
1252*18651*5	WSHD	10/20/2022	18.64	18.64
1252*18651*6	WSHD	10/20/2022	10.01	10.01
1267*18651*1	WSHD	10/13/2022	10.15	10.15
1271*18651*1	WSHD	10/05/2022	10.47	10.47
1274*18651*1	WSHD	10/31/2022	16.21	16.21
1292*18651*46	WSHD	10/26/2022	8.85	8.85
1292*18651*47	WSHD	10/26/2022	9.59	9.59
1292*18651*48	WSHD	10/26/2022	10.93	10.93
1292*18651*49	WSHD	10/11/2022	8.55	8.55
2397*18651*16	WSHD	10/03/2022	13.05	13.05
3292*18651*5	WSHD	10/24/2022	9.90	9.90
3292*18651*6	WSHD	10/24/2022	8.55	8.55
3292*18651*7	WSHD	10/24/2022	9.66	9.66
3292*18651*8	WSHD	10/21/2022	8.98	8.98
3364*18651*121	WSHD	10/24/2022	9.81	9.81
3364*18651*122	WSHD	10/24/2022	14.16	14.16
3364*18651*123	WSHD	10/24/2022	9.78	9.78

©IHS  
Issued 11/10/22

**GL Totals**  
Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 10/03/22-10/03/22

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

Vendor #: 18651

<b>Invoice #</b>	<b>GL #</b>	<b>Date in</b>	<b>Amt Billed</b>	<b>Amt Paid</b>
3364*18651*124	WSHD	10/24/2022	8.73	8.73
3364*18651*125	WSHD	10/24/2022	9.48	9.48
3364*18651*126	WSHD	10/24/2022	8.98	8.98
<b>84 invoices, 84 line items</b>	<b>***</b>		<b>984.03</b>	<b>984.03</b>
<b>Grand Totals</b>			<b>984.03</b>	<b>984.03</b>
<b>84 total invoices</b>				
<b>84 total line items</b>				

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/01/22-10/01/22

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

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	9,689.02
<b>Expenditures</b>		<b>9,689.02</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>9,689.02</b>

12 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*63614*2	WSHD	09/01/2022	2,655.00	584.10
1000*63614*2	WSHD	09/01/2022	6,547.78	1,440.51
1031*63614*9	WSHD	09/06/2022	1,170.30	257.47
1065*63614*16	WSHD	09/13/2022	323.00	71.06
1091*63614*26	WSHD	09/13/2022	22,766.21	5,008.57
1096*63614*22	WSHD	09/02/2022	331.00	72.82
1096*63614*22	WSHD	09/02/2022	323.00	71.06
1191*63614*18	WSHD	09/13/2022	323.00	71.06
1199*63614*4	WSHD	09/02/2022	466.00	102.52
1233*63614*4	WSHD	08/31/2022	323.00	71.06
1233*63614*4	WSHD	08/31/2022	200.00	44.00
1241*63614*2	WSHD	09/02/2022	323.00	71.06
1249*63614*2	WSHD	09/02/2022	738.00	162.36
1249*63614*2	WSHD	09/02/2022	1,828.00	402.16
1249*63614*2	WSHD	09/02/2022	2,829.00	622.38
1249*63614*2	WSHD	09/02/2022	1,828.00	402.16
1249*63614*2	WSHD	09/02/2022	83.70	18.41
2397*63614*1	WSHD	08/29/2022	323.00	71.06
2397*63614*1	WSHD	08/30/2022	291.00	64.02
CC001*63614*1	WSHD	09/02/2022	738.00	81.18
<b>12 invoices, 20 line items</b>	***		<b>44,409.99</b>	<b>9,689.02</b>

**Grand Totals**

**44,409.99**      **9,689.02**

12 total invoices  
 20 total line items

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/01/22-10/01/22

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

Vendor #: 63615  
 NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	2,299.23
<b>Expenditures</b>		<b>2,299.23</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>2,299.23</b>

17 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*63615*2	WSHD	09/01/2022	158.00	58.06
1031*63615*7	WSHD	09/06/2022	183.00	39.32
1031*63615*7	WSHD	09/06/2022	160.00	42.34
1091*63615*28	WSHD	09/13/2022	118.00	0.00
1091*63615*28	WSHD	09/13/2022	793.00	275.22
1091*63615*28	WSHD	09/13/2022	220.00	68.64
1091*63615*28	WSHD	09/13/2022	132.00	11.23
1091*63615*28	WSHD	09/13/2022	87.00	29.84
1096*63615*21	WSHD	09/02/2022	183.00	40.74
1096*63615*21	WSHD	09/02/2022	23.00	7.70
1115*63615*28	WSHD	04/15/2022	178.00	0.00
1115*63615*28	WSHD	04/15/2022	340.00	0.00
1191*63615*19	WSHD	08/25/2022	270.00	44.39
1191*63615*19	WSHD	09/13/2022	270.00	56.08
1199*63615*4	WSHD	09/02/2022	270.00	56.08
1233*63615*4	WSHD	08/31/2022	415.00	95.54
1233*63615*4	WSHD	08/31/2022	25.00	8.66
1241*63615*2	WSHD	09/02/2022	183.00	31.61
1249*63615*2	WSHD	08/12/2022	136.00	0.00
1249*63615*2	WSHD	09/02/2022	225.00	81.48
1249*63615*2	WSHD	09/02/2022	180.00	66.40
1249*63615*2	WSHD	09/02/2022	149.00	53.89
1249*63615*2	WSHD	09/02/2022	88.00	31.12
2397*63615*1	WSHD	08/30/2022	188.00	48.32
2397*63615*1	WSHD	08/29/2022	360.00	68.33
CC001*63615*3	WSHD	08/30/2022	1,810.00	194.62
CC001*63615*4	WSHD	08/30/2022	2,048.00	154.77
CC001*63615*5	WSHD	08/30/2022	1,723.00	126.39
CC001*63615*6	WSHD	08/30/2022	1,200.00	395.26
CC001*63615*7	WSHD	08/30/2022	630.00	197.64
CC001*63615*8	WSHD	09/02/2022	88.00	15.56
<b>17 invoices, 31 line items</b>	***		<b>12,833.00</b>	<b>2,299.23</b>

©IHS

**GL Totals**

Issued 11/14/22

Winnie Stowel Hospital District Indigent Healthcare Services

Batch Dates 10/01/22-10/01/22

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

Vendor #: 63615  
NPI: 1942241146

<b>Invoice #</b>	<b>GL #</b>	<b>Date in</b>	<b>Amt Billed</b>	<b>Amt Paid</b>
<b>Grand Totals</b>			<b>12,833.00</b>	<b>2,299.23</b>

**17 total invoices**  
**31 total line items**

**GL Totals**

Issued 11/10/22

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 10/11/22-10/11/22Thompson Outpatient Clinic, Llc  
P. O. Box 714  
Winnie, TX 77665Vendor #: 68539  
NPI: 1982805586

GL #	Description	Amount
WSHD	Wshd	1,231.22
<b>Expenditures</b>		<b>1,231.22</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>1,231.22</b>

**21 total invoices****GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*68539*2	WSHD	10/05/2022	129.00	33.95
1024*68539*3	WSHD	10/17/2022	129.00	33.95
1024*68539*3	WSHD	10/21/2022	129.00	33.95
1091*68539*2	WSHD	10/17/2022	129.00	33.95
1091*68539*2	WSHD	10/17/2022	32.00	0.68
1091*68539*2	WSHD	10/17/2022	36.00	5.55
1091*68539*2	WSHD	10/17/2022	30.00	10.96
1091*68539*2	WSHD	10/19/2022	129.00	33.95
1095*68539*2	WSHD	10/12/2022	129.00	33.95
1095*68539*2	WSHD	10/12/2022	32.00	0.68
1095*68539*2	WSHD	10/12/2022	30.00	10.96
1107*68539*5	WSHD	10/03/2022	129.00	33.95
1107*68539*5	WSHD	10/03/2022	78.00	1.12
1107*68539*5	WSHD	10/03/2022	30.00	10.96
1107*68539*5	WSHD	10/20/2022	129.00	33.95
1107*68539*5	WSHD	10/20/2022	30.00	2.92
1111*68539*3	WSHD	10/03/2022	129.00	33.95
1111*68539*3	WSHD	10/20/2022	76.00	13.49
1111*68539*3	WSHD	10/27/2022	76.00	13.49
1132*68539*1	WSHD	10/25/2022	293.00	81.24
1144*68539*5	WSHD	10/03/2022	35.00	1.98
1144*68539*5	WSHD	10/03/2022	30.00	10.96
1144*68539*5	WSHD	10/12/2022	35.00	1.98
1144*68539*5	WSHD	10/12/2022	30.00	10.96
1144*68539*5	WSHD	10/26/2022	35.00	1.98
1144*68539*5	WSHD	10/26/2022	30.00	10.96
1157*68539*3	WSHD	10/10/2022	92.00	22.59
1165*68539*2	WSHD	10/26/2022	129.00	33.95
1182*68539*2	WSHD	10/07/2022	129.00	33.95
1182*68539*2	WSHD	10/24/2022	193.00	47.68
1204*68539*1	WSHD	10/18/2022	212.00	55.52
1213*68539*2	WSHD	10/13/2022	193.00	47.68
1214*68539*3	WSHD	10/03/2022	193.00	47.68
1240*68539*1	WSHD	10/26/2022	212.00	55.52

**GL Totals**

Issued 11/10/22

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 10/11/22-10/11/22Thompson Outpatient Clinic, Llc  
P. O. Box 714  
Winnie, TX 77665Vendor #: 68539  
NPI: 1982805586

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1249*68539*4	WSHD	10/06/2022	129.00	33.95
1252*68539*1	WSHD	10/20/2022	146.00	41.09
1252*68539*1	WSHD	10/20/2022	32.00	0.68
1252*68539*1	WSHD	10/20/2022	36.00	5.55
1252*68539*1	WSHD	10/20/2022	30.00	10.96
1268*68539*2	WSHD	10/13/2022	193.00	47.68
1274*68539*1	WSHD	10/31/2022	212.00	55.52
2397*68539*3	WSHD	10/06/2022	3.00	1.98
2397*68539*3	WSHD	10/06/2022	30.00	10.96
2397*68539*3	WSHD	10/13/2022	193.00	47.68
2397*68539*3	WSHD	10/20/2022	35.00	1.98
2397*68539*3	WSHD	10/20/2022	30.00	10.96
2397*68539*3	WSHD	10/28/2022	35.00	1.98
2397*68539*3	WSHD	10/28/2022	30.00	10.96
2815*68539*4	WSHD	10/11/2022	193.00	47.68
2815*68539*4	WSHD	10/11/2022	35.00	1.98
2815*68539*4	WSHD	10/11/2022	30.00	10.96
2815*68539*4	WSHD	10/25/2022	193.00	47.68
<b>21 invoices, 52 line items</b>	<b>***</b>		<b>5,037.00</b>	<b>1,231.22</b>
<b>Grand Totals</b>			<b>5,037.00</b>	<b>1,231.22</b>

**21 total invoices**  
**52 total line items**



**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/05/22-10/07/22  
 Source Group Riceland Indigent Care  
 All Vendors

GL #	Description	Amount
WSHD	Wshd	58,284.10
	<b>Expenditures</b>	<b>58,284.10</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>58,284.10</b>

59 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1000*093271*4	WSHD	10/14/2022	553.00	108.11
1024*63057*39	WSHD	10/20/2022	661.00	81.24
1024*63057*40	WSHD	10/28/2022	754.00	527.80
1024*63057*40	WSHD	10/28/2022	754.00	527.80
1024*63057*40	WSHD	10/17/2022	849.00	594.30
1024*63057*40	WSHD	10/21/2022	1,316.00	921.20
1065*63057*31	WSHD	10/27/2022	454.00	55.52
1065*63057*32	WSHD	10/27/2022	1,025.00	717.50
1093*63057*50	WSHD	10/02/2022	661.00	81.24
1093*63057*50	WSHD	10/11/2022	454.00	55.52
1093*63057*51	WSHD	09/12/2022	554.00	387.80
1093*63057*51	WSHD	09/12/2022	662.00	463.40
1093*63057*51	WSHD	10/02/2022	2,316.00	1,621.20
1093*63057*51	WSHD	10/02/2022	3,069.00	2,148.30
1093*63057*51	WSHD	10/11/2022	1,599.00	1,119.30
1093*093271*11	WSHD	10/04/2022	259.00	108.11
1095*63057*18	WSHD	10/12/2022	358.00	250.60
1107*63057*54	WSHD	10/02/2022	661.00	81.24
1107*63057*55	WSHD	10/02/2022	2,115.00	1,480.50
1110*093271*8	WSHD	10/05/2022	259.00	108.11
1114*63057*29	WSHD	10/24/2022	1,782.00	1,247.40
1114*63057*29	WSHD	10/24/2022	1,609.00	1,126.30
1114*093271*9	WSHD	10/24/2022	259.00	108.11
1116*63057*10	WSHD	08/30/2022	168.00	24.32
1128*63057*38	WSHD	09/21/2022	58.00	8.29
1132*63057*18	WSHD	10/25/2022	2,605.00	1,823.50
1140*63057*22	WSHD	10/26/2022	3,521.00	2,464.70
1140*093271*9	WSHD	10/19/2022	305.00	108.11
1140*093271*9	WSHD	10/26/2022	651.00	108.11
1157*63057*16	WSHD	09/08/2022	58.00	8.29
1180*63057*4	WSHD	10/01/2022	322.00	41.09
1180*63057*5	WSHD	10/01/2022	1,382.00	967.40
1182*63057*6	WSHD	10/13/2022	3,629.00	175.35

### GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/05/22-10/07/22  
 Source Group Riceland Indigent Care  
 All Vendors

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1204*63057*11	WSHD	10/19/2022	1,955.00	1,368.50
1213*63057*2	WSHD	09/14/2022	58.00	8.29
1224*63057*1	WSHD	10/27/2022	3,521.00	2,464.70
1224*093271*1	WSHD	10/28/2022	451.00	108.11
1232*63057*1	WSHD	10/12/2022	1,448.00	1,013.60
1232*093271*1	WSHD	10/04/2022	285.00	108.11
1236*63057*2	WSHD	10/05/2022	879.00	101.00
1236*63057*2	WSHD	10/26/2022	879.00	101.00
1236*63057*3	WSHD	10/05/2022	4,143.00	2,900.10
1236*63057*3	WSHD	10/26/2022	4,469.00	3,128.30
1249*63057*8	WSHD	10/11/2022	1,129.00	790.30
1250*63057*4	WSHD	09/13/2022	45.00	6.68
1250*63057*5	WSHD	10/11/2022	754.00	527.80
1250*63057*5	WSHD	10/01/2022	751.00	525.70
1250*63057*5	WSHD	10/01/2022	5,469.00	3,828.30
1250*093271*4	WSHD	10/05/2022	523.00	108.11
1255*63057*1	WSHD	10/12/2022	5,029.00	3,520.30
1255*093271*2	WSHD	10/12/2022	372.00	108.11
1257*63057*1	WSHD	10/24/2022	952.00	666.40
1257*093271*1	WSHD	10/24/2022	259.00	108.11
1258*093271*1	WSHD	10/31/2022	285.00	108.11
1260*63057*6	WSHD	09/08/2022	116.00	16.84
1260*63057*6	WSHD	09/08/2022	174.00	18.18
1264*093271*2	WSHD	10/05/2022	566.00	108.11
1266*63057*2	WSHD	09/27/2022	57.00	7.22
1267*63057*4	WSHD	10/21/2022	754.00	527.80
1267*093271*2	WSHD	10/05/2022	259.00	108.11
1269*63057*1	WSHD	10/06/2022	2,507.00	1,754.90
1269*093271*1	WSHD	10/06/2022	285.00	108.11
1269*093271*1	WSHD	10/20/2022	351.00	108.11
1271*093271*1	WSHD	10/05/2022	285.00	108.11
1273*63057*1	WSHD	10/27/2022	1,599.00	1,119.30
1273*63057*1	WSHD	10/31/2022	1,496.00	1,047.20
1273*093271*1	WSHD	10/20/2022	285.00	108.11
1273*093271*1	WSHD	10/31/2022	374.00	108.11
1274*63057*1	WSHD	10/31/2022	952.00	666.40
1275*63057*1	WSHD	10/26/2022	1,420.00	994.00
1275*093271*1	WSHD	10/26/2022	285.00	108.11
2397*63057*7	WSHD	10/13/2022	454.00	55.52
2397*63057*8	WSHD	10/13/2022	1,847.00	1,292.90
2397*63057*8	WSHD	10/13/2022	1,958.00	1,370.60
2397*63057*8	WSHD	10/13/2022	4,465.00	3,125.50
2458*63057*31	WSHD	09/14/2022	60.00	8.55
2458*63057*31	WSHD	09/18/2022	71.00	10.16
2815*63057*18	WSHD	10/11/2022	358.00	250.60
2815*63057*18	WSHD	10/26/2022	2,509.00	1,756.30
3363*63057*5	WSHD	10/29/2022	454.00	55.52

### GL Totals

Winnie Stowel Hospital District Indigent Healthcare Services  
Batch Dates 10/05/22-10/07/22  
Source Group Riceland Indigent Care  
All Vendors

Invoice #	GL #	Date in	Amt Billed	Amt Paid
3363*63057*5	WSHD	10/30/2022	661.00	81.24
3363*63057*6	WSHD	10/29/2022	1,133.00	793.10
3363*63057*6	WSHD	10/30/2022	1,740.00	1,218.00
<b>59 invoices, 83 line items</b>		***	<b>96,813.00</b>	<b>58,284.10</b>
<b>Grand Totals</b>			<b>96,813.00</b>	<b>58,284.10</b>

**59 total invoices**  
**83 total line items**

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

RECEIVED  
NOV - 2 2022

Invoice # 74774

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

Date: 11/1/2022

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

Terms: Net receipt of invoice

---

Professional services for the month of December 2022

1,109.00

---

**Total**

**\$1,109.00**

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

*THANK YOU FOR YOUR BUSINESS!!!*

**IHS**

©IHS  
 Issued 11/10/22

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/08/22-10/08/22

Omnipoint Health-Dental  
 Po Box 398  
 Anahuac, TX 77514

Vendor #: 90012  
 NPI: 1417032343

GL #	Description	Amount
WSHD	Wshd	1,130.00
	<b>Expenditures</b>	<b>1,130.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>1,130.00</b>

9 total invoices

**GL Totals Detail**  
**Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1061*90012*1	WSHD	10/18/2022	110.00	110.00
1094*90012*2	WSHD	10/10/2022	110.00	110.00
1094*90012*3	WSHD	10/19/2022	110.00	110.00
1110*90012*3	WSHD	10/12/2022	220.00	220.00
1110*90012*4	WSHD		220.00	220.00
1110*90012*5	WSHD	11/01/2022	110.00	110.00
1238*90012*4	WSHD	10/11/2022	70.00	70.00
1257*90012*1	WSHD	10/24/2022	110.00	110.00
3343*90012*2	WSHD	10/18/2022	70.00	70.00
<b>9 invoices, 9 line items</b>	<b>***</b>		<b>1,130.00</b>	<b>1,130.00</b>
<b>Grand Totals</b>			<b>1,130.00</b>	<b>1,130.00</b>

9 total invoices  
 9 total line items

©IHS  
 Issued 11/14/22

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/08/22-10/08/22

\$25 Optical  
 545 South 11Th Street  
 Beaumont, TX 77701

Vendor #: 90010

GL #	Description	Amount
WSHD	Wshd	25.00
	<b>Expenditures</b>	<b>25.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>25.00</b>

1 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1269*90010*1	WSHD	10/24/2022	25.00	25.00
<b>1 invoices, 1 line items</b>	<b>***</b>		<b>25.00</b>	<b>25.00</b>
<b>Grand Totals</b>			<b>25.00</b>	<b>25.00</b>

1 total invoices  
 1 total line items

©IHS  
 Issued 11/10/22

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/08/22-10/08/22

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

Vendor #: 90011

GL #	Description	Amount
WSHD	Wshd	180.00
	<b>Expenditures</b>	<b>180.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>180.00</b>

**3 total invoices**

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1195*90011*1	WSHD	09/27/2022	60.00	60.00
1257*90011*1	WSHD	10/22/2022	60.00	60.00
1269*90011*1	WSHD	10/22/2022	60.00	60.00
<b>3 invoices, 3 line items</b>	<b>***</b>		<b>180.00</b>	<b>180.00</b>
<b>Grand Totals</b>			<b>180.00</b>	<b>180.00</b>

**3 total invoices**  
**3 total line items**

©IHS  
 Issued 11/10/22

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/02/22-10/02/22

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

Vendor #: 13632

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

1 total invoices

**GL Totals Detail**  
**Invoice #**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC17*13632*38	WSHD	10/26/2022	85.00	85.00
<b>1 invoices, 1 line items</b>	<b>***</b>		<b>85.00</b>	<b>85.00</b>
<b>Grand Totals</b>			<b>85.00</b>	<b>85.00</b>

1 total invoices  
 1 total line items



©IHS  
 Issued 11/10/22

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/02/22-10/02/22

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

Vendor #: 90007

GL #	Description	Amount
WSHD	Wshd	255.00
	<b>Expenditures</b>	<b>255.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>255.00</b>

3 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC38*90007*11	WSHD	10/31/2022	85.00	85.00
YC50*90007*10	WSHD	10/17/2022	85.00	85.00
YC50*90007*11	WSHD	10/31/2022	85.00	85.00
<b>3 invoices, 3 line items</b>	<b>***</b>		<b>255.00</b>	<b>255.00</b>
<b>Grand Totals</b>			<b>255.00</b>	<b>255.00</b>

3 total invoices  
 3 total line items

**GL Totals**

Winnie Stowel Hospital District Indigent Healthcare Services  
 Batch Dates 10/02/22-10/02/22

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

Vendor #: 90009

GL #	Description	Amount
WSHD	Wshd	1,360.00
	<b>Expenditures</b>	<b>1,360.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>1,360.00</b>

16 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC34*90009*5	WSHD	10/05/2022	85.00	85.00
YC35*90009*2	WSHD	10/20/2022	85.00	85.00
YC36*90009*15	WSHD	10/07/2022	85.00	85.00
YC36*90009*16	WSHD	10/21/2022	85.00	85.00
YC37*90009*9	WSHD	10/19/2022	85.00	85.00
YC54*90009*8	WSHD	10/12/2022	85.00	85.00
YC54*90009*9	WSHD	10/26/2022	85.00	85.00
YC56*90009*7	WSHD	10/13/2022	85.00	85.00
YC56*90009*8	WSHD	10/25/2022	85.00	85.00
YC61*90009*5	WSHD	10/11/2022	85.00	85.00
YC61*90009*6	WSHD	10/25/2022	85.00	85.00
YC64*90009*2	WSHD	10/04/2022	85.00	85.00
YC64*90009*3	WSHD	10/18/2022	85.00	85.00
YC65*90009*1	WSHD	10/18/2022	85.00	85.00
YC66*90009*1	WSHD	10/14/2022	85.00	85.00
YC66*90009*2	WSHD	10/27/2022	85.00	85.00
<b>16 invoices, 16 line items</b>	<b>***</b>		<b>1,360.00</b>	<b>1,360.00</b>
<b>Grand Totals</b>			<b>1,360.00</b>	<b>1,360.00</b>

16 total invoices  
 16 total line items

**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

November 15, 2022

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

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

Dear President Murrell,

Attached, please find Benckenstein & Oxford's monthly time entry invoice for September 2022. This invoice is for \$18,840.00 but the amount due is \$17,840.00 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 \$17,840.00 representing the balance owed for September 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

November 15, 2022

**INVOICE #:** 50624      **HOIV**  
**Billed through:** September 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

09/01/22	HOIV	Read, reviewed, and revised draft Charity Care Program.	1.30 hrs
09/01/22	HOIV	Read and reviewed draft Physician Employment Agreement for Approval as prepared by Coastal Gateway; and then provided a response with comments within the Agreement to the Coastal Gateway CEO regarding termination provisions and choice of law provisions.	1.80 hrs
09/01/22	HOIV	Received and reviewed notice from HHSC regarding Default of Settlement Agreement for Accel at College Station Facility and a separate notice regarding an amelioration request to waive a \$18,000.00 assessment for Spring Branch Nursing Facility; exchanged twelve (12) e-mails with nursing facilities and staff regarding the same.	2.60 hrs
09/02/22	HOIV	Received and reviewed revised Charity Care Policy from the Indigent Care Director; and accepted the changes.	0.60 hrs
09/06/22	HOIV	Read, reviewed, and revised to final draft of Charity Care Agreements and supporting documents and application; and responded to seven (7) e-mails regarding the same.	1.40 hrs
09/06/22	HOIV	Read, reviewed, and responded to extensive e-mail from Michelle Gaut, a concerned citizen visiting the Willowbrook facility; and submitted to HMG for review and a response to the correspondence.	0.40 hrs
09/06/22	HOIV	Received draft Waiver request for the Underwood firm to represent Spring Branch Nursing Facility in a matters involving a potential federal civil money penalty and state administrative penalty arising out of April 25, 2022 and August 20, 2022 Texas Health and Human Services Commission surveys and responded to said correspondence with a recommendation that the Board approve at the next upcoming meeting.	0.40 hrs
09/08/22	HOIV	Worked on cash flow model for District through August 2024 and charts to demonstrate the model.	6.00 hrs
09/09/22	HOIV	Revised cash flow sheet to demonstrate cash flow comparisons using Salt Creek Capital and traditional bank; and submitted spreadsheet to LTC, Finance Committee, and staff for review.	3.30 hrs
09/13/22	HOIV	Exchanged four (4) e-mails with Indigent Care Director to respond to	0.50 hrs

questions about budgets and the timing for amending the budgets for indigent care line items.

09/13/22	HOIV	Received e-mail from Hospital staff with information for DY-11 Uncompensated Care; and exchanged two e-mails with staff and Hospital Staff regarding final IGT amounts and deadlines.	0.40 hrs
09/13/22	HOIV	Read, reviewed, and responded to eleven (11) e-mails between staff, LTC Group, and Nursing Home staff regarding Single Use Audit and status of the audit.	1.30 hrs
09/13/22	HOIV	Participated in conference call with Auditor regarding status of 2021 audit and West Wharton Hospital District's acquisition of nursing facilities; and then exchanged three e-mails with LTC Group discussing West Wharton and to advise of discussion with auditor.	1.00 hrs
09/14/22	HOIV	Continued to update, review, and revise cash flow models through August 2022.	5.00 hrs
09/14/22	HOIV	Received notice of mediation in the Norah Okere v. Mission Nursing and Rehab Center employment discrimination case; and forwarded the documents to HMG staff; and then exchanged three (3) e-mails regarding the same.	0.60 hrs
09/14/22	HOIV	Conference call with HMG to discuss the acquisition of transport vans and the need to acquire the vans through a Buy Board.	0.40 hrs
09/14/22	HOIV	Conference call with Salt Creek Capital regarding amending the District's Transfer Policy; prepared amendments following the call to track discussion; and submitted proposed changes to Salt Creek Capital for approval.	1.30 hrs
09/15/22	HOIV	Read and reviewed three (3) e-mails from Staff to Hospital and LTC staff regarding Local Funds Monitoring Phase 2 for Governmental Entities.	0.40 hrs
09/16/22	HOIV	Read and reviewed e-mail and spreadsheet from LTC Group regarding the District's Covid grant distributions; and reviewed three e-mails between LTC and Nursing Facilities to confirm the spreadsheet was correct.	0.60 hrs
09/16/22	HOIV	Received redline changes to Transfer Policy from Salt Creek Capital; reviewed proposed changes and accepted the changes; and then submitted document back to Salt Creek Capital with changes accepted.	0.50 hrs
09/16/22	HOIV	Received and reviewed extensive e-mail response from LTC group regarding the proposed cash flow timeline; provided responses to statements in the e-mail; made the suggested changes to the spreadsheet; and returned a response with the spreadsheet for LTC Group's review and consideration.	3.70 hrs
09/17/22	HOIV	Began drafting minutes of the August 17, 2022 Regular Meeting and the August 29, 2022 Special Meeting.	1.70 hrs
09/18/22	HOIV	Received draft Quickbooks version of detailed budget from the District's CPA and began to reconcile, with notes, the proposed budget amendments with notes in Excel to be discussed at the upcoming meeting.	2.10 hrs
09/19/22	HOIV	Continued drafting minutes from August 17, 2022 Regular Meeting and August 29, 2022 Special Meeting and distributed to the Board and staff for review.	3.50 hrs

09/19/22	HOIV	Worked with LTC Group to revise cash flow models from vertical view to horizontal view; and exchanged multiple conference calls with Christ Rutledge to discuss several nuisances for consideration in anticipation of obtaining Line of Credit in June 2023.	2.80 hrs
09/19/22	HOIV	Conference call with Indigent Care Director regarding Hospital Indigent Care Budget; reviewed Hospital Indigent Care Agreement; responded to ten (10) e-mails between Winnie Community Hospital Staff and Indigent Care Director with an explanation of the contract terms; and drafted e-mail to the District's CPA to explain the need to amend this budget line item.	2.40 hrs
09/20/22	HOIV	Reviewed LTC revisions to cash flow spreadsheet; updated spreadsheet for Reserve and No Reserve Worksheet; prepared flow chart for Board; and updated and formatted budget worksheet in anticipation of meeting.	3.00 hrs
09/20/22	HOIV	Conference call with a Director regarding West Wharton Hospital District and prepared e-mail to the Director with information regarding West Wharton and its CEO.	0.40 hrs
09/20/22	HOIV	Received and reviewed draft 2021 Audit.	0.30 hrs
09/20/22	HOIV	Read and reviewed Notice of Discrimination filed by employee of the Mission Facility and communicated with HMG to determine the status of the claim by participating in a conference call and by exchanging three (3) e-mails.	0.60 hrs
09/21/22	HOIV	Prepare for and attend September 21, 2022 Regular Monthly Meeting.	3.00 hrs
09/21/22	HOIV	Received adjustments for 2021 audit from Auditor and participated in a conference call with the auditor to receive an explanation for the need to make the adjustments.	0.60 hrs
09/21/22	HOIV	Worked with staff to prepare and update Treasurer's Report for September 21, 2022 Regular Meeting; and then prepared Board Binder for the upcoming meeting.	2.60 hrs
09/21/22	HOIV	Worked with District CPA to make a final reconciliation for his Income Statement compared to the master Income Statement prepared for the upcoming meeting.	1.20 hrs
09/23/22	HOIV	Drafted e-mail to Salt Creek Capital with executed 5th Amended and Restated Banking Policy and along with an explanation of the District's QIPP IGT schedule moving forward.	0.40 hrs
09/27/22	HOIV	Received e-mail from Kaley Smith with invoice for County Permit, and then exchanged four (4) e-mails with Ms. Smith and District staff regarding the same.	0.40 hrs
09/27/22	HOIV	Received e-mail from Indigent Care Director regarding the payment of ER Services at the Winnie Community Hospital for patients that are no enrolled into the Indigent Care Program; researched the District's obligations pursuant to Chapters 61 and 286 of the Health and Safety Code; and prepared extensive e-mail to Indigent Care Director and Hospital Staff to provide a legal opinion on the interpretation of these statutes regarding the scenario at issue.	2.70 hrs

09/28/22 HOIV Read and reviewed six (6) e-mails between HMG finance staff and LTC regarding the need to receive certain financial information in order for Auditor to complete single purpose audit; and participated in conference call with HMG and LTC to discuss the issues. 1.20 hrs

09/30/22 HOIV Received a request from Senior Living Centers to provide a copy of the Lease, Sub-lease and Management Agreement between Flatonia and Winnie-Stowell and provided copies of these documents. 0.40 hrs

Total fees for this matter \$18,840.00

**BILLING SUMMARY:**

Oxford, IV Hubert 62.80 hrs @ \$300.00 /hr \$18,840.00

TOTAL FEES \$18,840.00

TOTAL CHARGES FOR THIS INVOICE \$18,840.00

RETAINER \$1,000.00 CR

**TOTAL BALANCE NOW DUE \$17,840.00**

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

November 11, 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 October 19, 2022;  
Our File No. 87250.

Dear President Murrell,

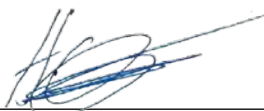
Attached, please find a set of draft minutes for the Regular Meeting on October 19, 2022. After you have had a chance to review these minutes, please let me know if there are any changes that need to be made.

Also, please allow this letter to serve as a *partial invoice* for \$1,000.00 representing the retainer for work performed in October 2022. We would request that you put this invoice in line for payment at the October 19, 2022 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for October 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 PC**2180 Eastex Freeway  
Beaumont, TX 77703**Invoice****Invoice #:** 88**Invoice Date:** 11/08/2022**Due Date:** 11/08/2022**Project:****P.O. Number:****Bill To:**Winnie Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

Date	Description	Amount
10/11/2022	Review and verify payroll tax deposit. .25 Hrs.	
10/12/2022	Review IRS Letter regarding 1099's with incomplete data. Begin books for Sept and Begin JE's. Prepare Quarterly payroll tax reports, forms 941 and TWC. 2.75 Hrs.	
10/17/2022	Continue Sept books, make additional entries, review balances & prepare preliminary financials. 2.25 Hrs.	
10/18/2022	Go through Quickbooks and review account changes, review budget and discuss various issues for the month. Complete JEs 3.00 Hrs.	
10/18/2022	Review and verify bank balances. Additional work on books. 1.75 Hrs.	
10/18/2022	Make necessary adjustments, Complete financials. 2.25 Hrs.	
10/19/2022	Review Board packet and agenda, prepare for and attend regular board meeting. 3.50 Hrs.	
10/26/2022	Review and transmit payroll for October. Discuss dropbox syncing issue with Sherrie. .75 Hrs.	
10/31/2022	Total - 16.50 Hrs @ \$125.00 = \$2,062.50	2,062.50

**Total** \$2,062.50**Payments/Credits** \$0.00**Balance Due** \$2,062.50

Technology Solutions of Texas,  
L.L.C.

5725 Frost St

Beaumont, TX 77706

4095545953

ronnie@techsol-tx.com

<http://www.techsol-tx.com>

Invoice 1725

# TECHNOLOGY SOLUTIONS-TX

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  
11/15/2022

PLEASE PAY  
**\$75.00**

DUE DATE  
11/15/2022

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

SUBTOTAL	75.00
TAX	0.00
TOTAL	75.00

---

TOTAL DUE	<b>\$75.00</b>
-----------	----------------

---

THANK YOU.

# Yard Service Invoice

**Felipe Ojeda**

Invoice# 1031

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

**RECEIVED**  
NOV 07 2022

**DATE** November 7, 2022

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

Description	AMOUNT
Yard Maintenance	\$ 250.00
Trash Service	\$ 50.00
<b>TOTAL</b>	<b>\$ 300.00</b>

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

NOV 08 2022

965951

CUSTOMER'S ORDER NO.		DATE			
		11-20-22			
NAME Graciela Chavez					
ADDRESS 220 8th st					
CITY, STATE, ZIP winnie TX 77665					
SOLD BY	CASH	C.O.D.	CHARGE ON ACCT.	MOSE. RETD.	PAID OUT
			<input checked="" type="checkbox"/>		
QUAN.	DESCRIPTION	AMOUNT			
1					
2					
3	office cleaning				\$ 120.00
4					
5					
6	october				
7	4 th				
8					
9	october				
10	20 th				
11					
12					
	Total				\$ 120.00
RECEIVED BY					

**Volunteer EMS Report Year 2022  
Employee Payroll**

**Oct-22**

**MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL**

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

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

Date Printed: OCT 14 2022

Invoice Number: 17005  
CLIENT#: 2133

Due Date: NOV 20 2022

**Total amount due: \$50.00**

Remit To:

Carroll R. Hand Insurance Agency  
P O Drawer 1000  
Anahuac, TX 77514

**RECEIVED**  
NOV - 2 2022

**Amount of remittance: \$ \_\_\_\_\_**

Please return this portion with payment

Invoice Date: NOV 20 2022

Type: A

**Invoice # 17005**

Trans Code	Coverage Eff Date	Policy#	Line of Business	Description	Amount
RE	NOV 20 2022	TX5144024	Surety Bonds	Renewal George Bobby Way bond	\$50.00

**TOTAL AMOUNT DUE: \$50.00**

**Carroll R. Hand Insurance Agency**  
P O Drawer 1000  
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

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

Date Printed: OCT 14 2022

Invoice Number: 17006  
CLIENT#: 2133

Due Date: NOV 23 2022  
Total amount due: \$50.00

Remit To:

Carroll R. Hand Insurance Agency  
P O Drawer 1000  
Anahuac, TX 77514

RECEIVED  
NOV - 2 2022

Amount of remittance: \$

Please return this portion with payment

Invoice Date: NOV 23 2022

Type: A

Invoice # 17006

Trans Code	Coverage Eff Date	Policy#	Line of Business	Description	Amount
RE	NOV 23 2022	TX832807	Surety Bonds	Renewal Anthony Stramecki bond	\$50.00

**TOTAL AMOUNT DUE:** \$50.00

**Carroll R. Hand Insurance Agency**  
P O Drawer 1000  
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

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

Date Printed: OCT 31 2022

**RECEIVED**

NOV - 3 2022

Invoice Number: 17022

CLIENT#: 2133

Due Date: DEC 11 2022

Total amount due: \$50.00

Remit To:

Amount of remittance: \$ \_\_\_\_\_

**Carroll R. Hand Insurance Agency**  
P O Drawer 1000  
Anahuac, TX 77514

Please return this portion with payment

Invoice Date: DEC 11 2022

Type: A

**Invoice # 17022**

Trans Coverage Code	Eff Date	Policy#	Line of Business	Description	Amount
RE	DEC 11 2022	TX5408778	Surety Bonds	Renewal Kacey Vratiss bond	\$50 00

**TOTAL AMOUNT DUE: \$50.00**

**Carroll R. Hand Insurance Agency**  
P O Drawer 1000  
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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



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

RECEIVED

Date Printed: OCT 31 2022

NOV - 3 2022

Invoice Number: 17023  
CLIENT#: 2133

Due Date: DEC 10 2022  
Total amount due: \$50.00

Remit To:

Amount of remittance: \$ \_\_\_\_\_

**Carroll R. Hand Insurance Agency**  
P O Drawer 1000  
Anahuac, TX 77514

Please return this portion with payment

invoice Date: DEC 10 2022

Type: A

**Invoice # 17023**

Trans Coverage Code	Eff Date	Policy#	Line of Business	Description	Amount
RE	DEC 10 2022	TX 804414	Surety Bonds	Renewal Edward Murrell bond	\$50.00

**TOTAL AMOUNT DUE:** \$50.00

**Carroll R. Hand Insurance Agency**  
P O Drawer 1000  
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

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

RECEIVED

NOV - 3 2022

Date Printed: OCT 31 2022

Invoice Number: 17024  
CLIENT#: 2133

Due Date: DEC 10 2022

Total amount due: \$50.00

Remit To:

Amount of remittance: \$ \_\_\_\_\_

Carroll R. Hand Insurance Agency  
P O Drawer 1000  
Anahuac, TX 77514

Please return this portion with payment

Invoice Date: DEC 10 2022

Type: A

Invoice # 17024

Trans Coverage Code	Eff Date	Policy#	Line of Business	Description	Amount
RE	DEC 10 2022	TX 804413	Surety Bonds	Renewal Jeff Rollo bond	\$50.00

TOTAL AMOUNT DUE: \$50.00

Carroll R. Hand Insurance Agency  
P O Drawer 1000  
Anahuac, TX 77514

PHONE : (409) 267-3115

FAX: (409) 267-3451

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

**Total Cash Expenditures per Bank 425,708.16**

Total of Check Register:	363,448.94
Less O/S Checks	-32,537.59
Less Payroll Fee ACH as Check	-766.28
Less Bank Processing Error	-0.81
<b>Net Checks:</b>	<b>330,144.26</b>
Bank Fees:	198.54
Payroll ACHs:	94,765.36
Application Fee:	600.00
<b>Total Expenditures per GL:</b>	<b>425,708.16</b>
Ending Bank Balance	103,296.49
<b>Balance Needed:</b>	<b>146,703.51</b>



Sherrie Norris <sherrie@wshd-tx.com>

---

**RE: Reports for WSHD BOD**

1 message

Hubert Oxford IV <hoxfordiv@benoxford.com>

Mon, Nov 14, 2022 at 10:29 AM

To: "kaley.smith@coastalgatewayhc.org" <kaley.smith@coastalgatewayhc.org>, Sherrie Norris <sherrie@wshd-tx.com>

Cc: Jeremy Wilson <jeremy.wilson@thriveandachieve.com>

Sherrie,

For this meeting, we need a check for \$146,703.51 to be paid to Coastal Gateway.

Hubert Oxford, IV

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue, Suite 300

Beaumont, Texas 77706

(409) 951-4721 Direct

(409) 351-0000 Cell

(409) 833-8819 Fax

CONFIDENTIAL NOTICE

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

---

**From:** kaley.smith@coastalgatewayhc.org <kaley.smith@coastalgatewayhc.org>

**Sent:** Monday, November 14, 2022 10:00 AM

**To:** Hubert Oxford IV <hoxfordiv@benoxford.com>; 'Sherrie Norris' <sherrie@wshd-tx.com>

**Cc:** 'Jeremy Wilson' <jeremy.wilson@thriveandachieve.com>

**Subject:** Reports for WSHD BOD

Good morning,

Attached are the reports for the WSHD Board. The request for funding is included on the last page.

We will send over budget numbers here shortly.

Thanks,

Kaley



**Kaley Smith, MHA**

Chief Executive Officer

- 📞 409.296.4444
- ✉️ [kaley.smith@coastalgatewayhc.org](mailto:kaley.smith@coastalgatewayhc.org)
- 📍 P.O. Box 2264, Winnie, Texas 77665
- 🌐 [www.coastalgatewayhc.org](http://www.coastalgatewayhc.org)



P.O. Box 41314  
Houston, TX 77241-1314

066028 Statement Date 11/08/22  
Account Number Due Date Interest Rate  
790154 30 11/23/22 2.55000%

Principal Amount Due  
Interest Amount Due 15370.83  
Late Charge and/or Escrow  
Past Due  
Total Due 15370.83

000000 TABLOAN0110920220020 0000000 028  
Winnie-Stowell Hospital District  
PO Box 1997  
Winnie TX 77665-1997

For billing questions please contact:  
Beaumont  
409-861-5000

COMMERCIAL LOANS				11/08/22
Acct No	790154	Beaumont		Branch 028
Beginning Balance	7000000.00	Ending Balance	7000000.00	
Interest Paid YTD	71895.83			
- - - - - Current Period Transactions - - - - -				
Eff Date Description		Principal		Escrow
		Interest		Other
A transfer from 217819409 is scheduled for 11/23/22				
10/23/22 Auto Transfer Ln#0154		.00		.00
		14875.00		.00
- - - - - End of Statement - - - - -				

000000 TABLOAN0110920220020



# **Exhibit ‘B-1’**



### 11.16.22 WSHD Regular Board Meeting Indigent Care Report

#### 1) Active Client Count:

- a) Indigent Clients – 93 – UP by 1 from 92 in SEP
  - 29 Apps, [20 Renewals, 7 New, and 2 Previous]
  - 16 Approved [10 Renewals, 4 New, & 2 Previous]
  - 4 Withdrew/Denied
  - 9 Incomplete
- b) Youth Counseling – 12 – DOWN by 20 from 32 in SEP
- c) Irlen Services – 0 –DOWN by 3 from 3 in SEP
- d) Riceland Emergency Room referrals – 11 – 1 Approved for ICAP and 10 Not Eligible
- e) Dental & Vision Services – 6 clients used the Dental benefits , and 3 used the Vision benefits in OCT

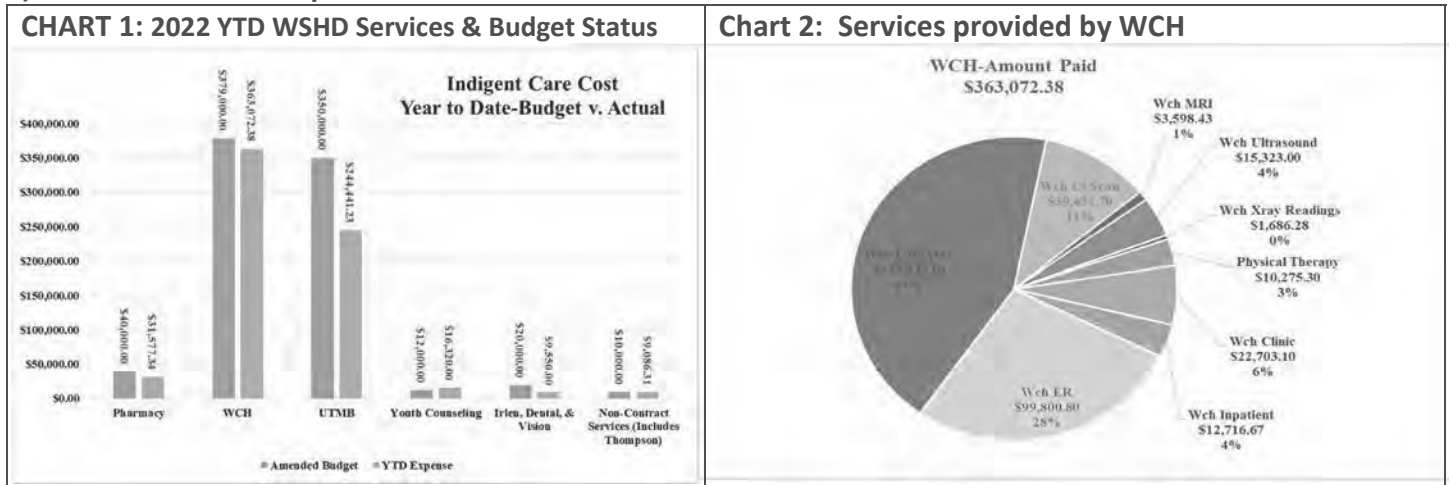
#### 2) Riceland Hospital & Clinics:

The OCT charges were UP by 18.8 K from 88 K to 96.8 K, which led to an overall 61% for their reimbursement rate.

#### 3) UTMB Hospital & Clinics:

- a) UTMB OCT charges were UP by 31.8 K from 25.4 K to 57.2 K, which included 1 HEART procedure for a total billed amount of \$24.1 K and payment of \$5.4 K, partial billing for the Charity Care procedure for a total billed amount of \$8.2 K and payment of \$1.2 K

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



We have expended **84%** of the overall Indigent Care Budget

- **79%** of the Pharmacy budget
- **96%** of the Riceland budget
- **70%** of the UTMB budget
- **136%** of the Youth Counseling budget
- **48%** of the Special Services – Irlen, Vision, Dental, & Thompson Outpatient Clinic

#### 5) District Programs:

- a) County Van –See attached – 6 out of 68 were WSHD clients
- b) Winnie Stowell EMS-See attached – 4 transports out of 8 were made from Riceland
- c) Marcelous Williams-See attached – 21 out of 21 were WSHD clients



# **Exhibit “B-2”**

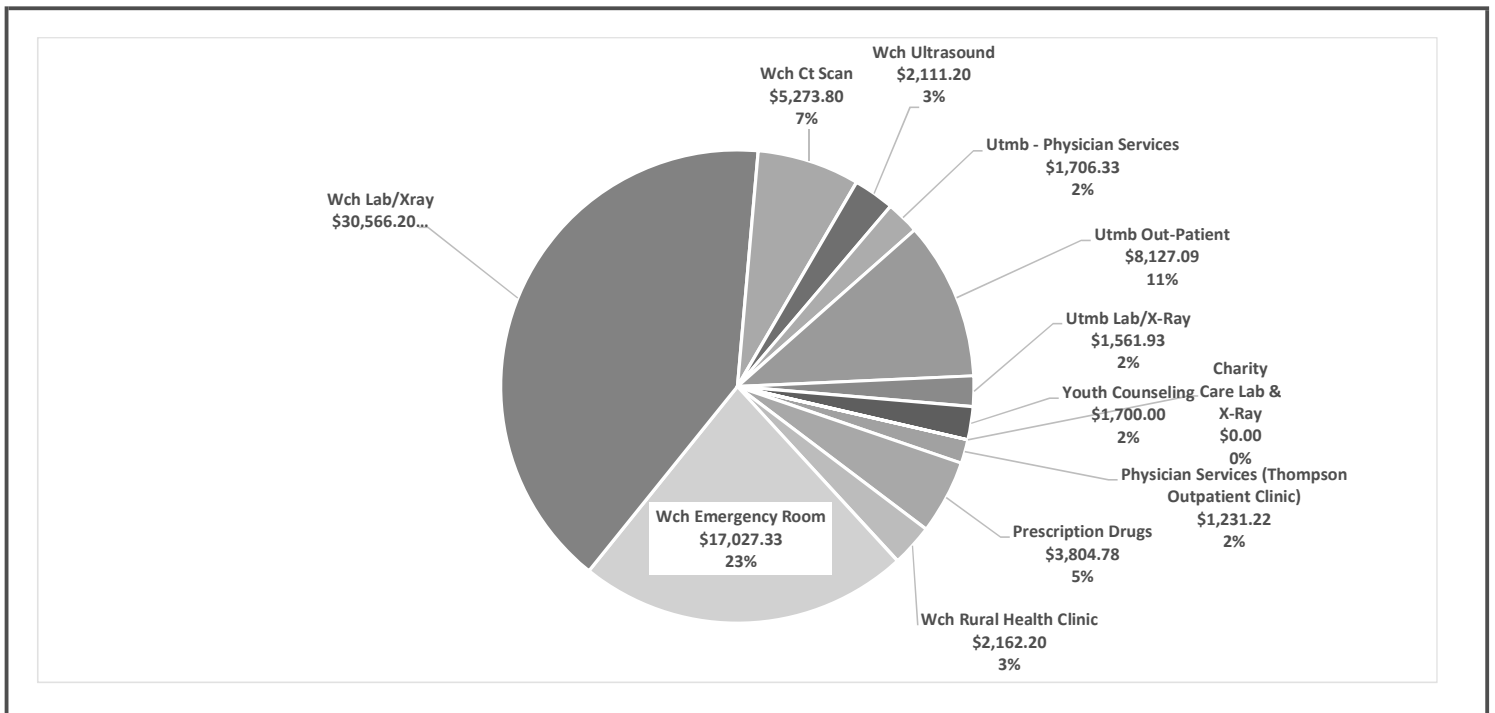
WSHD Indigent Care Director Report  
Jan-Dec 2022 YTD Expenditures Worksheet

	September			October			Year to Date		
	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Total Unduplicated	Average	
<b>Indigent Clients:</b>		92			93		<b>Clients Enrolled:</b>	124	77
<b>Youth Counseling:</b>		32			12		<b>YC Enrolled:</b>	35	25
<b>Irlen Services:</b>		3			0		<b>IS Enrolled:</b>	3	3
<b>PROVIDER TOTALS</b>									
<b>Pharmacy</b>									
Brookshire Brothers Pharmacy Corp	\$1,190.56	\$1,190.56	\$1,190.56	\$2,820.75	\$2,820.75	\$2,820.75	\$18,477.54	\$17,998.14	\$17,581.44
Wilcox Pharmacy	\$1,549.42	\$1,549.42	\$1,549.42	\$984.03	\$984.03	\$984.03	\$13,995.90	\$13,995.90	\$13,995.90
<b>ADJUSTMENTS-Refunds/Credits</b>									
<b>Pharmacy Totals</b>	\$2,739.98	\$2,739.98	\$2,739.98	\$3,804.78	\$3,804.78	\$3,804.78	\$32,473.44	\$31,994.04	\$31,577.34
<b>Winnie Community Hospital</b>									
WCH Clinic	\$6,033.00	\$2,162.20	\$2,162.20	\$7,151.00	\$2,162.20	\$2,162.20	\$58,594.03	\$22,703.10	\$22,703.10
WCH Observation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$19,676.00	\$11,248.93	\$11,248.93	\$29,736.00	\$17,027.33	\$17,027.33	\$169,475.00	\$99,800.80	\$99,800.80
WCH Lab/Xray	\$38,474.00	\$26,166.00	\$26,166.00	\$43,666.00	\$30,566.20	\$30,566.20	\$226,147.00	\$157,537.10	\$157,537.10
WCH CT Scan	\$13,705.00	\$9,593.50	\$9,593.50	\$7,534.00	\$5,273.80	\$5,273.80	\$56,331.00	\$39,431.70	\$39,431.70
WCH Xray (MRI)	\$4,506.00	\$280.94	\$280.94	\$3,629.00	\$175.35	\$175.35	\$71,738.00	\$3,598.43	\$3,598.43
WCH Lab/Xray Reading	\$2,484.00	\$319.97	\$319.97	\$865.00	\$116.82	\$116.82	\$12,532.00	\$1,686.28	\$1,686.28
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	\$1,688.00	\$1,181.60	\$1,181.60	\$1,216.00	\$851.20	\$851.20	\$14,679.00	\$10,275.30	\$10,275.30
WCH Ultrasound	\$1,453.00	\$1,017.10	\$1,017.10	\$3,016.00	\$2,111.20	\$2,111.20	\$21,890.00	\$15,323.00	\$15,323.00
<b>WCH Totals</b>	\$88,019.00	\$51,970.24	\$51,970.24	\$96,813.00	\$58,284.10	\$58,284.10	\$652,233.03	\$363,072.38	\$363,072.38
<b>ADJUSTMENTS-Refunds/Credits</b>									
<b>Balance on Contracted Amount (Lump Sum Payment of \$256,615.44)</b>									
<b>Actual Medicaid Rate Incurred</b>									
		(\$48,172.84)			(\$106,456.94)			(\$106,456.94)	
							\$256,615.45	\$17,339.09	\$208,471.26
<b>UTMB</b>									
UTMB Physician Services	\$8,684.00	\$1,568.36	\$1,568.36	\$11,003.00	\$1,706.33	\$1,706.33	\$160,011.00	\$36,848.79	\$36,830.54
UTMB Anesthesia	\$0.00	\$0.00	\$0.00	\$1,830.00	\$592.90	\$592.90	\$33,733.00	\$12,881.25	\$12,881.25
UTMB In-Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$648,465.00	\$82,683.04	\$82,683.04
UTMB Outpatient	\$11,699.00	\$2,292.48	\$2,292.48	\$37,310.29	\$8,127.09	\$8,127.09	\$506,695.12	\$107,900.79	\$107,900.79
UTMB Lab&Xray	\$5,023.70	\$405.44	\$405.44	\$7,099.70	\$1,561.93	\$1,561.93	\$22,363.40	\$4,145.61	\$4,145.61
<b>ADJUSTMENTS-Refunds/Credits</b>									
<b>UTMB Totals</b>	\$25,406.70	\$4,266.28	\$4,266.28	\$57,242.99	\$11,988.25	\$11,988.25	\$1,371,267.52	\$244,459.48	\$244,441.23
<b>Local Community Clinics (601.04)</b>									
Thompson Outpatient Clinic	\$6,223.00	\$1,455.91	\$1,455.91	\$5,037.00	\$1,231.22	\$1,231.22	\$27,451.00	\$6,911.82	\$6,911.82
<b>Local Community Clinics</b>	\$6,223.00	\$1,455.91	\$1,455.91	\$5,037.00	\$1,231.22	\$1,231.22	\$27,451.00	\$6,911.82	\$6,911.82
<b>Non-Contracted Emergency Services (601.04)</b>									
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,569.00	\$597.69	\$597.69
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	\$3,056.27	\$701.80	\$701.80	\$0.00	\$0.00	\$0.00	\$3,056.27	\$701.80	\$701.80
<b>Non-Contract Services Totals</b>	\$3,056.27	\$701.80	\$701.80	\$0.00	\$0.00	\$0.00	\$16,625.27	\$1,299.49	\$1,299.49
<b>Youth Counseling</b>									
Benjamin Odom	\$765.00	\$765.00	\$765.00	\$1,360.00	\$1,360.00	\$1,360.00	\$9,860.00	\$9,860.00	\$9,860.00
Nicki Holtzman	\$340.00	\$340.00	\$340.00	\$255.00	\$255.00	\$255.00	\$5,100.00	\$5,100.00	\$5,100.00
Penelope Butler	\$170.00	\$170.00	\$170.00	\$85.00	\$85.00	\$85.00	\$1,360.00	\$1,360.00	\$1,360.00
<b>Youth Counseling Totals</b>	\$1,275.00	\$1,275.00	\$1,275.00	\$1,700.00	\$1,700.00	\$1,700.00	\$16,320.00	\$16,320.00	\$16,320.00
<b>Irlen Services</b>									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00
<b>Irlen Services Totals</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$496.00	\$496.00	\$496.00
<b>Indigent Special Services</b>									
Dental Services	\$990.00	\$990.00	\$990.00	\$1,130.00	\$1,130.00	\$1,130.00	\$8,054.00	\$7,874.00	\$7,874.00
Vision Services	\$50.00	\$50.00	\$50.00	\$205.00	\$205.00	\$205.00	\$1,180.00	\$1,180.00	\$1,180.00
<b>Indigent Special Services Totals</b>	\$1,040.00	\$1,040.00	\$1,040.00	\$1,335.00	\$1,335.00	\$1,335.00	\$9,234.00	\$9,054.00	\$9,054.00
<b>Medical Supplies (601.04)</b>									
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,050.00	\$875.00	\$875.00
<b>Medial Supplies Total</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,050.00	\$875.00	\$875.00
<b>Grand Totals</b>	\$127,759.95	\$63,449.21	\$63,449.21	\$165,932.77	\$78,343.35	\$78,343.35	\$2,127,150.26	\$674,482.21	\$674,047.26

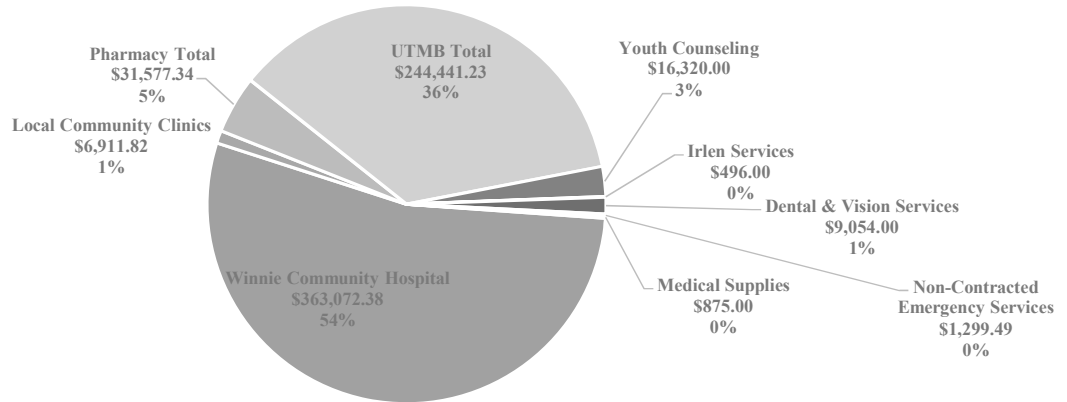
### WSHD Indigent Care Director Report Oct 2022 SOURCE CODE REPORT

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Services (Thompson Outpatient Clinic)	\$5,037.00	\$1,231.22	1.57%
02	Prescription Drugs	\$3,804.78	\$3,804.78	4.86%
09	DME Medical Supplies	\$0.00	\$0.00	0.00%
10	Optional Services (EMS-Ambulance)	\$0.00	\$0.00	0.00%
12	Irlen Services	\$0.00	\$0.00	0.00%
13	Vision Services	\$205.00	\$205.00	0.26%
14	Dental Services	\$1,130.00	\$1,130.00	1.44%
20	Wch Physical Therapy	\$1,216.00	\$851.20	1.09%
21	Wch Rural Health Clinic	\$7,151.00	\$2,162.20	2.76%
23	Wch Inpatient	\$0.00	\$0.00	0.00%
24	Wch Emergency Room	\$29,736.00	\$17,027.33	21.73%
25	Wch Lab/Xray	\$43,666.00	\$30,566.20	39.02%
26	Wch Ct Scan	\$7,534.00	\$5,273.80	6.73%
28	Wch X-Ray (MRI)	\$3,629.00	\$175.35	0.22%
29	Wch Ultrasound	\$3,016.00	\$2,111.20	2.69%
44	Wch Xray Readings	\$865.00	\$116.82	0.15%
31	Utmb - Physician Services	\$11,003.00	\$1,706.33	2.18%
31-1	Utmb Anesthesia	\$1,830.00	\$592.90	0.76%
33	Utmb In-Patient	\$0.00	\$0.00	0.00%
34	Utmb Out-Patient	\$37,310.29	\$8,127.09	10.37%
34-1	Utmb ER Physicians - Barrier Reef	\$0.00	\$0.00	0.00%
35	Utmb Lab/X-Ray	\$7,099.70	\$1,561.93	1.99%
39	Youth Counseling	\$1,700.00	\$1,700.00	2.17%
51	Charity Care Physician Services	\$5,669.00	\$491.34	0.63%
52	Charity Care Out-Patient Services	\$738.00	\$81.18	0.10%
53	Charity Care Inpatient Services	\$0.00	\$0.00	0.00%
54	Charity Care Anesthesia Services	\$1,830.00	\$592.90	0.76%
55	Charity Care Lab & X-Ray	\$0.00	\$0.00	0.00%

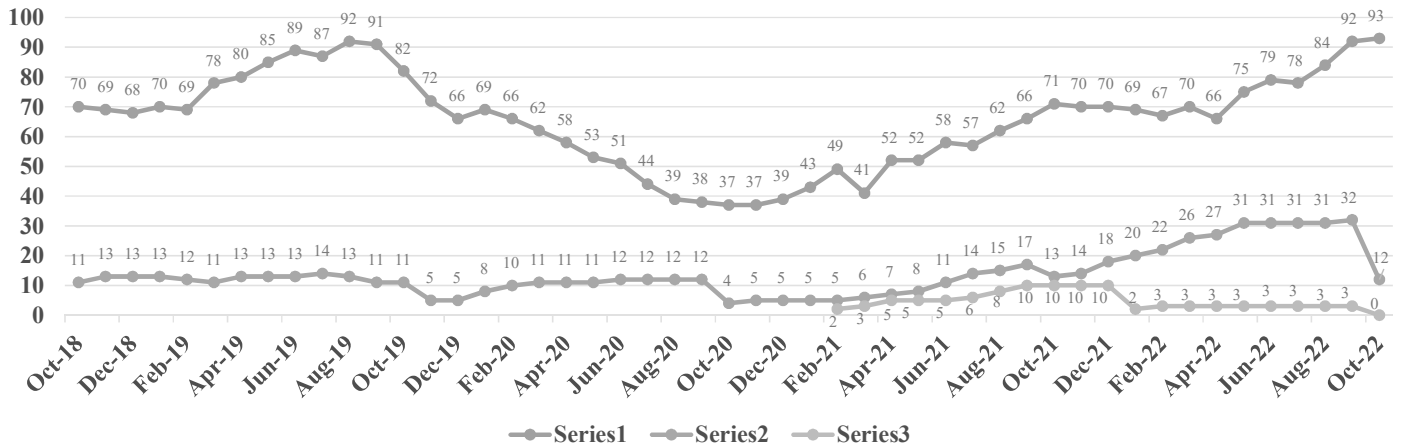
<b>Expenditures/Reimbursements/Adjustments</b>	\$165,932.77	\$78,343.35	100%
<b>Grand Total</b>	<b>\$165,932.77</b>	<b>\$78,343.35</b>	<b>100%</b>



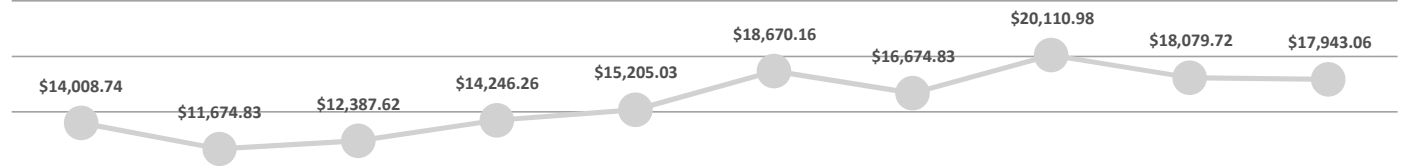
Year To Date Payments Incurred: \$674,047.26



Client Count Trending



PHARMACY SAVINGS TO DATE = \$159,001.23



SAVINGS	SAVINGS	SAVINGS	SAVINGS	SAVINGS	SAVINGS	SAVINGS	SAVINGS	SAVINGS	SAVINGS
JAN-22	FEB-22	MAR-22	APR-22	MAY-22	JUN-22	JUL-22	AUG-22	SEP-22	OCT-22

# Chambers County East Side Van Monthly Report



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

## Nov-21

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2288
TOTAL HOURS DRIVEN			133.95
TOTAL EXPENSES FOR MONTH			\$606.44
<i>FUEL COST</i>			\$606.44
<i>REPAIRS &amp; MAINTENANCE COST</i>			
<i>MISC EXPENSES</i>			
TOTAL RIDERS			33
<i>TOTAL WSHD RIDERS</i>			5
TOTAL TRIPS			47
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			8

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			2608
TOTAL HOURS DRIVEN			110.17
TOTAL EXPENSES FOR MONTH			\$639.49
<i>FUEL COST</i>			\$639.49
<i>REPAIRS &amp; MAINTENANCE COST</i>			
<i>MISC EXPENSES</i>			
TOTAL RIDERS			19
<i>TOTAL WSHD RIDERS</i>			1
TOTAL TRIPS			35
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			1

VEHICLE #3		RAV 4	
TOTAL MILES DRIVEN			2344
TOTAL HOURS DRIVEN			96.92
TOTAL EXPENSES FOR MONTH			\$301.97
<i>FUEL COST</i>			\$293.14
<i>REPAIRS &amp; MAINTENANCE COST</i>			
<i>MISC EXPENSES</i>	oil,brake fluid		\$8.83
TOTAL RIDERS			16
<i>TOTAL WSHD RIDERS</i>			0
TOTAL TRIPS			34
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			0

GRAND TOTALS			
MILES DRIVEN			7240
RIDERS			68
<i>WSHD RIDERS</i>			6
TRIPS			116
<i>WSHD TRIPS</i>			9
EXPENSES			\$1,547.90

## 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	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED		2	4	7	14	12	15	13	9	17	8	101
YTD CALLS/TRANSPORTS MADE		2	4	7	10	9	9	6	5	10	4	66
YTD CALLS/TRANSPORTS DELAYED		0	0	1	0	0	0	0	0	0	0	1
YTD CALLS/TRANSPORTS REASSIGNED		0	0	0	4	3	6	7	4	7	4	35
YTD 3RD PARTY INVOICES BILLED		\$3,143.93	\$6,969.27	\$9,559.09	\$16,306.96	\$13,412.37	\$11,735.33	\$8,235.64	\$6,890.37	\$14,312.98	\$0.00	\$90,565.94
Insurance Billed		\$3,143.93	\$5,193.01	\$6,049.16	\$5,738.60	\$4,485.46	\$2,577.40	\$2,999.96	\$4,235.07	\$0.00	\$0.00	\$34,422.59
Self-Pay Billed		\$0.00	\$4,368.03	\$1,831.47	\$10,385.92	\$10,779.53	\$8,366.18	\$5,235.68	\$2,655.30	\$14,312.98	\$0.00	\$57,935.09
YTD 3RD PARTY PAYMENTS RECEIVED		\$1,005.50	\$0.00	\$3,984.00	\$3,441.40	\$3,229.29	\$2,033.81	\$1,588.16	\$2,608.00	\$0.00	\$0.00	\$17,890.16
Insurance Paid		\$1,005.50	\$0.00	\$4,820.18	\$2,590.40	\$1,721.64	\$1,147.77	\$1,588.16	\$2,608.00	\$0.00	\$0.00	\$15,481.65
Self-Pay Paid		\$0.00	\$0.00	\$0.00	\$1,447.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,447.41
YTD STAFFING EXPENSES		\$10,416.00	\$9,408.00	\$10,080.00	\$10,080.00	\$10,416.00	\$10,416.00	\$10,416.00	\$10,416.00	\$10,080.00	\$10,416.00	\$102,144.00
	Corrected Amt											
<b>YTD PERTINENT INFORMATION REGARDING PERFORMANCE</b>												
RICELAND REPORTED TRANSFERS		13	10	10	14	12	15	13	7	16	8	118

## 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	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED	2	4	7	14	12	15	13	9	17	8	101
YTD CALLS/TRANSPORTS MADE	2	4	7	10	9	9	6	5	10	4	66
YTD CALLS/TRANSPORTS DELAYED	0	0	1	0	0	0	0	0	0	0	1
YTD CALLS/TRANSPORTS REASSIGNED	0	0	0	4	3	6	7	4	7	4	35
YTD 3RD PARTY INVOICES BILLED	\$3,143.93	\$6,969.27	\$9,559.09	\$16,306.96	\$13,412.37	\$11,735.33	\$8,235.64	\$6,890.37	\$14,312.98	\$0.00	\$90,565.94
Insurance Billed	\$3,143.93	\$5,193.01	\$6,049.16	\$5,738.60	\$4,485.46	\$2,577.40	\$2,999.96	\$4,235.07	\$0.00	\$0.00	\$34,422.59
Self-Pay Billed	\$0.00	\$4,368.03	\$1,831.47	\$10,385.92	\$10,779.53	\$8,366.18	\$5,235.68	\$2,655.30	\$14,312.98	\$0.00	\$57,935.09
YTD 3RD PARTY PAYMENTS RECEIVED	\$1,005.50	\$0.00	\$3,984.00	\$3,441.40	\$3,229.29	\$2,033.81	\$1,588.16	\$2,608.00	\$0.00	\$0.00	\$17,890.16
Insurance Paid	\$1,005.50	\$0.00	\$4,820.18	\$2,590.40	\$1,721.64	\$1,147.77	\$1,588.16	\$2,608.00	\$0.00	\$0.00	\$15,481.65
Self-Pay Paid	\$0.00	\$0.00	\$0.00	\$1,447.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,447.41
YTD STAFFING EXPENSES	\$10,416.00	\$9,408.00	\$10,080.00	\$10,080.00	\$10,416.00	\$10,416.00	\$10,416.00	\$10,416.00	\$10,080.00	\$10,416.00	\$102,144.00
Corrected Amt											
<b>YTD PERTINENT INFORMATION REGARDING PERFORMANCE</b>											
RICELAND REPORTED TRANSFERS	13	10	10	14	12	15	13	7	16	8	118

Copy & Paste Invoices Here

Oct-22			
3rd PARTY INVOICES BILLED			
DATE	3rd Party Name	SAMOUNT BILLED	SAMOUNT PAID
10/26/2022	TBD		
10/27/2022	TBD		
10/28/2022	TBD		
10/30/2022	TBD		
<b>TOTAL 3rd PARTY AMOUNT BILLED FOR THE MONTH</b>		<b>\$0.00</b>	<b>\$0.00</b>


Copy & Paste Calls Here

Oct-22					
MONTHLY CALLS/TRANSPORTS REPORT					
DATE	PICK UP LOCATION	DROP OFF LOCATION	CALL RESULTS		
			MADE: M	DELAYED: D	NO RESPONSE: R
10/2/2022	Riceland	MD Anderson(No Extra Paramedic)			R
10/2/2022	Riceland	St Elizabeth(No Extra Paramedic)			R
10/5/2022	Riceland	UTMB Galveston(No Extra Paramedic)			R
10/20/2022	Riceland	Memorial Hermann(Never Contacted)			R
10/26/2022	Riceland	St. Elizabeth	M		
10/27/2022	Riceland	St. Elizabeth	M		
10/28/2022	Riceland	Memorial Hermann	M		
10/30/2022	Riceland	Memorial Hermann	M		
<b>TOTAL CALLS REQUESTED FOR MONTH &amp; RESULTS</b>			<b>8</b>	<b>4</b>	<b>0</b>

Copy & Paste Payroll Here


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

Marcelous Williams Resource Center Year 2022 Report

 Marcelous Williams Resource Center 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	YTD DATE
<b>YTD WSHD REFERRALS</b>	0	2	2	1	0	1	0	2	0	0	8
YTD Indigent Care (Medical, Dental & Vision)	0	2	2	1	0	0	0	2	0	0	7
YTD Prescription Assistance	0	0	0	0	0	0	0	0	0	0	0
YTD Youth Counseling	0	0	0	0	0	1	0	0	0	0	1
YTD Irlen Syndrome Services	0	0	0	0	0	0	0	0	0	0	0
<b>YTD OTHER REFERRALS</b>	3	7	15	4	7	5	4	4	2	2	53
YTD Gift of Life	0	0	0	0	0	0	0	0	0	0	0
YTD Work in Texas (Texas Workforce Commission)	1	1	1	0	0	0	0	0	0	0	3
YTD Chambers County Indigent or OmniPoint FQHC	0	0	0	0	1	1	0	0	0	0	2
YTD Chambers County Indigent Dental	0	0	0	0	0	0	0	0	0	0	0
YTD Transportation	0	1	0	0	0	0	0	0	0	0	1
YTD Medical Services (Other Than Indigent)	2	3	3	1	0	1	0	0	0	0	10
YTD G.E.T.-C.A.P.	0	1	2	0	0	0	0	1	0	0	4
YTD Misc. MWRC Available Services	0	1	9	3	6	3	4	3	2	2	33
<b>YTD APPLICATIONS INITIATED/PROCESSED</b>	19	22	30	22	29	32	23	29	19	26	251
YTD WSHD Indigent Care	0	2	1	1	1	0	0	0	0	2	7
YTD Prescription Assistance	0	0	0	0	0	0	0	0	0	0	0
YTD Social Security	8	9	3	9	5	8	3	7	3	3	58
YTD Medicare Savings Program	1	0	2	1	3	2	2	0	1	1	13
YTD Medicaid	0	0	1	2	2	4	0	4	4	5	22
YTD Food Stamps	8	8	14	7	12	11	13	11	11	12	107
YTD Home Repair	1	1	4	1	3	3	2	3	0	1	19
YTD G.E.T.-C.A.P.	1	2	5	1	3	4	3	4	0	2	25
<b>YTD CLIENTS SERVED</b>	10	18	22	15	19	25	20	24	16	21	190
YTD WSHD Clients	5	9	17	8	16	24	20	21	15	21	156
YTD Chambers County Residents	0	1	3	0	3	0	0	1	0	0	8
YTD Other County Residents	2	1	2	0	3	1	0	2	1	0	12
<b>YTD OFFICE SUPPLIES EXPENSES</b>	\$0.00	\$0.00	\$595.62	\$67.42	\$59.29	\$500.00	\$360.57	\$859.87	\$254.95	\$116.94	\$2,814.66
<b>YTD STAFFING EXPENSES</b>	\$0.00	\$4,114.36	\$6,185.19	\$4,043.77	\$2,052.28	\$5,787.98	\$4,917.36	\$3,849.64	\$4,743.83	\$4,050.21	\$39,744.62
<b>YTD GRANT AMOUNT SPENT OF TOTAL \$55,550.00</b>	\$0.00	\$4,114.36	\$6,780.81	\$4,111.19	\$2,111.57	\$6,287.98	\$5,277.93	\$4,709.51	\$4,998.78	\$4,167.15	\$42,559.28
<b>YTD GRANT BALANCE REMAINING OF</b>	\$55,550.00	\$51,435.64	\$44,654.83	\$40,543.64	\$38,432.07	\$32,144.09	\$26,866.16	\$22,156.65	\$17,157.87	\$12,990.72	\$12,990.72
<b>OUTREACH ACTIVITIES/EVENTS ATTENDED</b>	1	1	13	1	7	4	2	5	5	5	44



Marcelous Williams Resource Center Year 2022 Report

 <p>Marcelous Williams Resource Center Winnie-Stowell Hospital District Report</p>												
<b>Year to Date Details for 2022</b>		<b>Jan-22</b>	<b>Feb-22</b>	<b>Mar-22</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>YTD DATE</b>
<b>YTD WSHD REFERRALS</b>		0	2	2	1	0	1	0	2	0	0	8
YTD Indigent Care (Medical, Dental & Vision)		0	2	2	1	0	0	0	2	0	0	7
YTD Prescription Assistance		0	0	0	0	0	0	0	0	0	0	0
YTD Youth Counseling		0	0	0	0	0	1	0	0	0	0	1
YTD Irlen Syndrome Services		0	0	0	0	0	0	0	0	0	0	0
<b>YTD OTHER REFERRALS</b>		<b>3</b>	<b>7</b>	<b>15</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>53</b>
<b>YTD APPLICATIONS INITIATED/PROCESSED</b>		<b>19</b>	<b>22</b>	<b>30</b>	<b>22</b>	<b>29</b>	<b>32</b>	<b>23</b>	<b>29</b>	<b>19</b>	<b>26</b>	<b>251</b>
YTD WSHD Indigent Care		0	2	1	1	1	0	0	0	0	2	7
<b>YTD CLIENTS SERVED</b>		<b>10</b>	<b>18</b>	<b>22</b>	<b>15</b>	<b>19</b>	<b>25</b>	<b>20</b>	<b>24</b>	<b>16</b>	<b>21</b>	<b>190</b>
YTD WSHD Clients		5	9	17	8	16	24	20	21	15	21	156
YTD Chambers County Residents		0	1	3	0	3	0	0	1	0	0	8
YTD Other County Residents		2	1	2	0	3	1	0	2	1	0	12
<b>YTD OFFICE SUPPLIES EXPENSES</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$595.62</b>	<b>\$67.42</b>	<b>\$59.29</b>	<b>\$500.00</b>	<b>\$360.57</b>	<b>\$859.87</b>	<b>\$254.95</b>	<b>\$116.94</b>	<b>\$2,814.66</b>
<b>YTD STAFFING EXPENSES</b>		<b>\$0.00</b>	<b>\$4,114.36</b>	<b>\$6,185.19</b>	<b>\$4,043.77</b>	<b>\$2,052.28</b>	<b>\$5,787.98</b>	<b>\$4,917.36</b>	<b>\$3,849.64</b>	<b>\$4,743.83</b>	<b>\$4,050.21</b>	<b>\$39,744.62</b>
<b>YTD GRANT AMOUNT SPENT OF TOTAL \$55,550.00</b>		<b>\$0.00</b>	<b>\$4,114.36</b>	<b>\$6,780.81</b>	<b>\$4,111.19</b>	<b>\$2,111.57</b>	<b>\$6,287.98</b>	<b>\$5,277.93</b>	<b>\$4,709.51</b>	<b>\$4,998.78</b>	<b>\$4,167.15</b>	<b>\$42,559.28</b>
<b>YTD GRANT BALANCE REMAINING OF</b>		<b>\$55,550.00</b>	<b>\$51,435.64</b>	<b>\$44,654.83</b>	<b>\$40,543.64</b>	<b>\$38,432.07</b>	<b>\$32,144.09</b>	<b>\$26,866.16</b>	<b>\$22,156.65</b>	<b>\$17,157.87</b>	<b>\$12,990.72</b>	<b>\$12,990.72</b>
<b>OUTREACH ACTIVITIES/EVENTS ATTENDED</b>		<b>1</b>	<b>1</b>	<b>13</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>44</b>

Oct-22														
MONTHLY REFERRALS & APPLICATIONS REPORT														
DATE	REPEAT CLIENTS Enter "R"	Client Identifier Client Name	Client Residency Data		PROGRAM(S)		APPLICATION(S) INITIATED WITH CLIENT							
			Stovall	County	WSHD Indigent Care	Misc. MWRC Available Services	WSHD Indigent Care	Security: Disability, SSI	Medicare Savings Program	Medicaid	Food Stamps	Home Repair	G.E.T.-C.A.P.	
10/19/2022	R	ROJ, Y	X						X	X				
10/19/2022		RIC, M	X						X	X			X	
10/19/2022	R	YOU, C	X					X						
10/19/2022		MOO, D	X						X					
10/19/2022		CAS, T	X						X					
10/18/2022		CLO, J	X			X			X					
10/3/2022	R	CAR, M	X					X		X				
10/3/2022		CAR, T	X					X						
10/10/2022		MUN, B	X			X								
10/20/2022	R	DE, R	X							X				
10/28/2022	R	HEB, L	X					X						
10/25/2022	R	CLO, J	X						X					
10/20/2022		EVA, R	X						X					
10/18/2022		LED, C	X						X			X		
10/11/2022		LES, A	X						X					
10/5/2022		GOZ, R	X						X					
10/19/2022	R	GRE, L	X									X		
10/27/2022		ALA, V	X					X						
10/27/2022	R	CHA, I	X						X					
10/4/2022	R	GLE, K	X							X				
10/29/2022		VID, M	X					X		X				
<b>21</b>	<b>(9)</b>	<b>0</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>12</b>	<b>1</b>	<b>2</b>		

Oct-22		
MONTHLY EMPLOYEE SCHEDULE & PAYROLL		
DATE		PAYROLL AMOUNT
10/4/2022	Payroll Fees (Gusto)	\$67.16
10/13/2022	Payroll Employee Deposits	\$1,656.42
10/13/2022	Payroll Taxes	\$335.10
10/28/2022	Payroll Employee Deposits	\$1,656.41
10/28/2022	Payroll Taxes	\$335.12
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>		<b>\$4,050.21</b>

Oct-22		
OFFICE SUPPLY EXPENSES INCURRED		
DATE	EXPENSE DESCRIPTION	\$ AMOUNT SPENT
	Postage Stamps	\$0.00
	Phone Service	
	Printer Ink Cartridges	
	Tech Support	
10/13/2022	Misc Office Supplies (Pens, Note Pads, Etc.)	\$27.59
10/20/2022	Walmart (Halloween candy) - Outreach event	\$89.35
<b>TOTAL OFFICE SUPPLY EXPENSE FOR THE MONTH</b>		<b>\$116.94</b>

# **Exhibit “C”**

Pages Removed  
Confidential information

# **Exhibit “D”**

<b>Winnie-Stowell Hospital District</b>			
<b>Executive Summary of Nursing Home Monthly Site Visits</b>			
<b>October 2022</b>			
<b>Facility</b>	<b>Operator</b>		<b>Comments</b>
<b>Deerbrook Skilled Nursing and Rehab Center</b>	HMG		Census: 87. The facility had their annual survey in September 2022, they received four total tags and their POC was accepted by the state. The facility was cited during a complaint survey for residents being picked up late for dialysis appointments, that citation has been cleared. The facility is using agency staffing for CNA's.
<b>Friendship Haven Healthcare Center</b>	HMG		Census: 114. The facility had their OIG survey in September, there was a \$1600 take back. There were eight reportable incidents since the last visit, they are still awaiting state review. The facility is hosting events for Halloween and Thanksgiving for staff and residents. The facility is hosting a celebration for staff on a monthly basis.
<b>Park Manor of Cyfair</b>	HMG		Census: 97. The facility had their annual survey in February 2022, their POC was accepted by the state. There were five reportable incidents since the last visit, they are awaiting state review. The facility has been focusing on retaining staff members via incentivization programs, they currently only need PRN's to be fully staffed.
<b>Park Manor of Cypress Station</b>	HMG		Census: 75. The state came to the facility in September for a complaint survey, it was unsubstantiated following state review. There were four reportable incidents since the last visit, they are awaiting state review. The facility has good participation from the residents in group meals and activities. The activity director has three activities a day planned for residents.
<b>Park Manor of Humble</b>	HMG		Census: 79. The facility had their annual survey in September 2022, they received eight total tags all with a D/E severity; they have submitted their POC to the state for review. There was one reportable incident since the last visit for an injury of unknown origin, it was unsubstantiated following state review. The facility is taking advantage of the nice weather by hosting group activities outside.
<b>Park Manor of Southbelt</b>	HMG		Census: 97. The state came to the facility for a complaint survey, the complaint was unsubstantiated following state review. There were four reportable incidents since the last visit, they have not yet been investigated. The facility had to use agency staffing during their COVID outbreak, but have stopped now that everyone has returned.

<b>Park Manor of Westchase</b>	HMG	Census: 84. The facility had their annual survey since the last visit, they received four total tags all with D severity; they have submitted their POC to the state for review. There were no reportable incidents since the last visit. The facility is utilizing corporate scholarships to help its nurses become LVN or RN's.
<b>Oak Manor</b>	SLP	Census: 27. The facility will be in their survey window in February 2023. The facility had a substandard dietary survey and have hired a new dietary manager who is doing a great job. The new administrator has asked corporate for funds to upgrade the dietary department as well as repaint the residents' rooms.
<b>Oakland Manor</b>	SLP	Census: 58. The state came to the facility for an infection control survey, the facility was not cited. There was one reportable incident for a resident to resident altercation, the facility was not cited following state review. The facility has reduced their use of agency staffing. The facility is hoping for funds to put in new carpet and hardwood flooring.

Administrator: Tangela Manuel  
DON: Tia Ketter, RN

## **FACILITY INFORMATION**

Deerbrook Skilled Nursing and Rehab Center is a 124-bed facility with a current overall star rating of 4 and a Quality Measures rating of 5. The census given on the date of this Report was 87: (9) PP; (2) MC; (43 + 11 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 transmission rate in Harris County is Moderate. Emergency binder is up to date and ready for hurricane season.

At this time, Deerbrook no longer has zones and isolate with contact precautions any new admissions who have not been vaccinated. The Administrator reported the last time a resident tested COVID\_19 positive was in September of 2022. The last time an employee tested COVID\_19 positive was in August of 2022. Testing is once per week for all unvaccinated staff.

To date, 96% of residents received their full vaccinations and 100% of employees received theirs (2 exemptions). PPE inventory is still good with at least 2 weeks supply. The facility unvaccinated staff are all wearing N-95 masks and all other staff are wearing surgical masks.

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

Residents are taking advantage of current activities, including some music outside functions and exercises. The facility is planning a pumpkin patch Halloween party and a Thanksgiving and Christmas meals.

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 CNAs. The Administrator reports the MAD Genius program for the staff moral (rewarding them on the spot) continues as well as Star of the Month.

## **SURVEY INFORMATION**

The facility's last state visit was on 9/12-15/2022 for their annual full book survey resulting in 2 Health and 2 LSC deficiencies of E and D level severity.

## **REPORTABLE INCIDENTS**

Complaints/Self Reports: 12 Self Reports - (5 Abuse and Neglect; 3 Fall w/ Injury; 1 Theft; 1 Drug Diversion)

Complaint Surveys (9 Complaints w/ 1 Citation for Dialysis due to residents being picked up late for Dialysis appts. placing them at risk for not being fully dialyzed. Hired 2nd EMS service and reassigned Dialysis residents to new service.

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

## CLINICAL TRENDING

### Incidents/Falls:

In **July/Aug/Sept 2022**, Deerbrook had 70 total falls (8 repeat falls), of which 6 resulted in injury (PIP is in Place), 17 Skin tears, 0 Bruises, 8 Lacerations, 0 Elopements, 0 Fractures, and 0 Behaviors.

### Infection Control:

Facility reports 21 total infections in **July/Aug/Sept 2022**– 3 UTI’s; 9 Respiratory infections; 8 Wound infections; and 1 Blood infection.

### Weight loss:

During **July/Aug/Sept 2022**, Deerbrook had 18 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 **July/Aug/Sept 2022** the facility had 36 residents with pressure ulcers, totaling 71 sites, 17 of them facility acquired.

### Restraints:

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

### Staffing:

Deerbrook facility is currently in need of (1) LVN 6a-2p; (2) LVNs 2p-10p; (1) LVN 10p-6a; (2) CNAs 6a-2p; and (3) CNAs 2p-10p. The facility’s turnover rate is 10% cumulative for the year.

## CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.9%	1.9%	
Fall w/Major Injury (L)	1.6%	3.5%	3.5%	Ongoing PIP
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	7.3%	8.4%	9.24	
Loss of Bowel/Bladder Control(L)	78.3%	53.3%	47.3%	
Catheter(L)	4.8%	2.2%	2.3%	All with appropriate diagnosis
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	6.6%	17.7%	15.1%	
Excessive Weight Loss(L)	5.3%	6.1%	6.5%	



Depressive symptoms(L)	0%	5.2%	8.1%	
Antipsychotic medication (L) *	6.2%	10.2%	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	Securing Medication Cart Securing Elopement Binder Preventing In-House Pressure Ulcers Fall Prevention Dialysis Appointment Tracking
QAPI Meeting dates of submission (owner/operator involvement evident)	7/20/22, 8/20/22, 9/20/22	

**Component 2**

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.3%	10.86%	5.26%	Y	PIP in Place
Percent of residents who received an anti-psychotic medication	14.24%	5.78%	10.71%	Y/N	
Percent of residents whose ability to move independently has worsened	17.09%	14.35%	15.91%	Y/N	
Percent of residents with urinary tract infection	2.65%	0.67%	0%	Y	

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

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

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

<ul style="list-style-type: none"> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y				
<b>Quarter 4</b>	%	%	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 114. PP:8; MC: 13; MDC: 68; HMO: 19 and Hospice: 6.

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

The Administrator reported they are implementing their emergency plan and are following all the state/federal/local mandates. Galveston County Transmission Rate is Moderate. Testing of all employees is twice per week and residents is once per week during outbreak status. The facility has an updated Emergency Preparedness plan for hurricane readiness.

The DON reported the last time an employee tested COVID\_19 positive was in 10/19/22 and a resident tested positive the end of September 2022. Employees are currently wearing N95 masks and face shields.

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

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

Visitation is going well after passing screening at front door.

Residents come out to the large dining room with social distancing for all meals with good participation. The facility is planning jersey day, trunk or treat, Thanksgiving meal and they had a food truck this week. Currently there are no planned activities outside the building.

Agency is still being used at Friendship Haven for CNAs and nurses. The Administrator reports the facility continues to have something every month for the employees.

### **SURVEY INFORMATION**

Friendship Haven had an OIG visit in September with a total of 1600.00 take back.

**REPORTABLE INCIDENTS**

7/10/22- Abuse- Has not been cleared  
 8/3/22- Theft- has not been cleared  
 8/8/22- Fall with injury- has not been cleared  
 8/9/22- Theft- has not been cleared  
 8/16/22- Abuse- has not been cleared  
 8/17/22- Neglect- has not been cleared  
 9/3/22- Fall with injury- has not been cleared  
 9/20/22- COVID (+)- has not been cleared

State visits/desk reviews:

7/12/22- State visit- No deficiencies  
 8/6/22- State visit- No deficiencies  
 9/16/22- OIG Visit

**CLINICAL TRENDING**

**Incidents/Falls:**

Friendship Haven in **July/Aug/Sept 2022** reported 53 total Falls (PIP in place) without injury (5 repeat falls) and 2 Falls with injury, 1 Skin tear, 0 Elopements, 3 Bruises, 0 Fractures, 0 Lacerations, and 0 Behaviors.

**Infection Control:**

Administrator reported 137 infections during, **July/Aug/Sept 2022** of which 38 were UTI, 34 were respiratory infections, 16 wound infections, 7 EENT infections, 8 blood infections, 8 Genital infections, 1 GI infection and 25 Other infections.

**Weight loss:**

During **July/Aug/Sept 2022**, Friendship Haven had 10 residents with 5-10% weight loss in 1 month and 3 with >10% weight loss in 6 months.

**Pressure Ulcers:**

In **July/Aug/Sept 2022**, Friendship Haven had 3 residents with 5 pressure ulcer sites – 5 acquired in house (PIP in place).

**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		2	1			

Other		2			
# Hired this month	4	9	20		
# Quit/Fired	3	12	25		

**Total number employees:** 151 **Turnover rate%:** 36%

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.9%	1.9%	1.9%	
Fall w/Major Injury (L)	3.4%	3.5%	3.5%	
UTI (L) *	1.4%	1.5%	2.5%	
High risk with pressure ulcers (L) *	6.8%	8.4%	9.2%	
Loss of Bowel/Bladder Control(L)	88.2%	53.3%	47.4%	PIP in place
Catheter(L)	2.8%	2.2%	2.3%	Several residents with wounds
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	25.9%	17.7%	15.1%	PIP in place
Excessive Weight Loss(L)	0%	5.1%	6.5%	
Depressive symptoms(L)	0%	5.2%	8.1%	
Antipsychotic medication (L) *	6.2%	10.2%	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)	07/19/22 08/18/22 09/16/22	<ul style="list-style-type: none"> <li>Falls above company benchmark of 6% for July</li> <li>PASSAR completion and entered in portal</li> <li>Outstanding NFSS Form not signed by physician</li> <li>Facility Acquired wounds over benchmark</li> <li>Falls above company benchmark of 6% for August</li> </ul>

**Component 2**

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.4%	8.4%	6.8%	Y	



Percent of residents who received an anti-psychotic medication	14.5%	7.5%	6.2%	Y	
Percent of residents whose ability to move independently has worsened	16.1%	14.6%	14.5%	Y	
Percent of residents with urinary tract infection	2.5%	1.5%	1.4%	Y	

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

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
<b>Quarter 1</b>					
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><b>Quarter 2</b></p> <p>1. Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</p> <p>2. Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</p> <p>3. <b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p>	<p>Y</p> <p>Y</p> <p>Y</p>			
<p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> </ul>	<p>Y</p>			

<ul style="list-style-type: none"> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>			100%	Y	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>			100%	Y	

Administrator: Lisa Arnold  
DON: Cindy Cain, RN

### **FACILITY INFORMATION**

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 2 and Quality Measures star rating of 4. The census on the date of this report was 97: (9) PP; (4) MC; (57 + 9 pending) MDC; (2) Hospice and (16) HMO.

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

The Administrator reported they are still implementing their emergency plan which has been updated due to the draught conditions and are hurricane prepared, following all state/federal/local mandates. COVID\_19 Transmission Rate for Harris County is High, is moderate. The facility is no longer requiring masks unless in outbreak status and all unvaccinated staff are being tested once per week. August 8, 2022, 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 and just received the Moderna booster. Several of the residents have received the booster but not many of the staff. Currently, Park Manor of Cy-fair has no 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 fine, with at least 2 weeks supply. Ambassador Rounds are still held every day by the staff. Continue focusing on Care plans, Infection Control Rounds and looking at MARS and PASRRS.

The residents are still coming out to the dining room for meals with very good participation. Activities continue and social distancing in full swing. Working on getting more volunteers to increase more activities, including church with communion and students who are vaccinated. The Administrator reports the facility is holding regular exercise & music classes outside in the gazebo area. The facility will be holding a Thanksgiving meal in November a hall at a time the week before.

Visitation is open and going smoothly. Visitors enter after passing screening and documenting via kiosk.

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

**SURVEY INFORMATION**

Park Manor Cy-fair had their full book survey in February 2022 and the state came in on July 24, 2022 to follow-up on a previous self-report resulting in a supervisory tag.

**REPORTABLE INCIDENTS**

In **July/Aug/Sept 2022**, the facility had (5) self-reports all still pending- 3 falls, one allegation of abuse and one HIPPA violation.

**CLINICAL TRENDING**

**Incidents/Falls:**

During **July/Aug/Sept 2022** Park Manor of Cy-fair had 66 total falls without injury, and 1 fall with injury, and 3 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 **July/Aug/Sept 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 **July/Aug/Sept 2022** – 5 residents with 5-10% and 0 residents with > 10% loss in 30 days.

**Pressure Ulcers:**

In **July/Aug/Sept 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						
2 to 10			3			
10 to 6	1					
Other						
# Hired this month	8	5	10			
# Quit/Fired					3	

**Total number employees: 136 Turnover rate 6%**

### CASPER REPORT

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0	3.9	2.0	1.9	
Fall w/Major Injury (L)	2.5	2.7	3.5	3.5	
UTI (L) *	0	0	1.6	2.6	
High risk with pressure ulcers (L) *	1.7	1.9	9.3	9.3	
Loss of Bowel/Bladder Control(L)	83	90	52.4	47	PIP in place
Catheter(L)	0	0	2.2	2.3	
Physical restraint(L)	0	0		16	
Increased ADL Assistance(L)	29.2	15.5	18.4	15.4	Reviewing this data, does not seem correct
Excessive Weight Loss(L)	1.4	4.6	5.1	6.8	
Depressive symptoms(L)	1.3	0	5.3	7.9	
Antipsychotic medication (L) *	4.2	3.9	10.4	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	Catheter Usage, Falls, Neuro checks, Dietary and meal service on time.
QAPI Meeting dates of submission (owner/operator involvement evident)	7/15/22, 8/15/22, 9/15/22	Review PIPS triggered on Casper Report

### Component 2

Indicator	Benchmark	Comments
<b>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE</b>	<b>Met Y/N</b>	

<b><u>FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>		
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrency scheduled?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	Y	Continue to recruit and hire
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>	N	
<ul style="list-style-type: none"> <li>PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>During the first reporting period?</li> <li>Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>PIP for retention and recruitment is current:</li> <li><b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	Y	Continue to recruit through Indeed. CNA Schools.  Hired a Talent and Educator Director- 7.22

**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	%	%	%		
Percent of residents who received an anti-psychotic medication	%	%	%		
Percent of residents whose ability to move independently has worsened	%	%	%		Therapy Evaluating residents to help with ability to move.
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				
<b>Quarter 1</b>					
➤ Designated leadership individuals for antibiotic stewardship					
➤ Written policies on antibiotic prescribing	Y				
➤ Pharmacy-generated antibiotic use report from within the last six months	Y				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Y				
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				



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

<p>adherence to hand hygiene</p> <ul style="list-style-type: none"> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					<p>Harris County Moderate, Mask is not required in building, optional.</p> <p>Y</p>
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>					<p>Yes documented acceptance or decline.</p>
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>					<p>Consents signed residents receiving 96 patients- 2 have not</p>

Administrator: Vincent Mitchell  
DON: Myra Polio, RN

### **FACILITY INFORMATION**

Park Manor Cypress Station is a 125-bed facility with a current star rating of 2 and a Quality Measures rating of 5. The census on the date of this report was 75. PP:6; MCR: 5; MDC: 38 (+6 pending); HMO:13; Hospice 4.

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 Moderate. The facility is no longer requiring staff to wear masks but most of them still are.

Park Manor of Cypress Station now has a COVID\_19 Unit with two residents as of today admitted from the hospital. There have been no positive residents or staff in the last 14 days.

Testing of all unvaccinated staff is once per week. 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 reports the staff COVID\_19 vaccination rate is 100% with exemptions and the resident vaccination rate is 79%.

Visitations are still going well after screening and documenting via kiosk. Residents are mostly eating in the dining room for all meals with good participation. Activities continue being held in common area as well as room to room with very good participation. The Administrator reports the facility has music and memory, etc. and they try to have 3 activities per day. The Administrator reports the facility is holding a Halloween party with a pumpkin decorating contest and hosting a Thanksgiving dinner for staff and residents with their families.

The Administrator reports the facility tries to feed the staff at least monthly and they continue celebrating employee of the month and of the year.

### **SURVEY Information**

Park Manor of Cypress Station had the state in the building September 20, 2022, for a complaint, it was unsubstantiated and no citations.

## REPORTABLE INCIDENTS

Four self-reports, still pending for **July/Aug/Sept 2022**.

## CLINICAL TRENDING

### Incidents/Falls:

Park Manor Cypress Station reported 57 total falls without injury and 2 fall with injury with 5 repeat falls during **July/Aug/Sept 2022**, 1 skin tear, 1 bruise, 0 fractures, 1 Laceration, 1 behavior and 0 Elopements.

### Infection Control:

Administrator reported 53 infections during, **July/Aug/Sept 2022** of which 16 were UTIs, 23 were Respiratory infections, 10 wound infections and 4 Other.

### Weight Loss:

During **July/Aug/Sept 2022**, Park Manor Cypress Station had 2 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

### Pressure Ulcers:

In **July/Aug/Sept 2022**, Park Manor Cypress Station had 5 residents with 2 pressure ulcer sites – 2 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	0	1	6	0	0	0
2 to 10	0	0	5	0	0	0
10 to 6	0	0	4	0	0	0
Other						
# Hired this month						
# 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)	5.2%	3.5	3.5%	
UTI (L) *	0.0%	1.2%	2.5%	
High risk with pressure ulcers (L) *	9.1%	8.4%	9.2%	
Loss of Bowel/Bladder Control(L)	60.9%	53.3%	47.4%	
Catheter(L)	4.2%	2.2%	2.3%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	20.8%	17.7%	15.1%	
Excessive Weight Loss(L)	2.0%	5.1%	6.5%	
Depressive symptoms(L)	1.8%	5.2%	8.1%	
Antipsychotic medication (L) *	10.4%	10.2%	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)	7.20.22, 8.20.22, 9.20.22	

### Component 2

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

• 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	
• Was Workforce Development data submitted q month to QIPP during the quarter?	YES	
• Agency usage or need d/t critical staffing levels	YES	
<ul style="list-style-type: none"> <li>• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>○ During the first reporting period?</li> <li>○ Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>○ Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>○ PIP for retention and recruitment is current:</li> <li>○ <b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	YES	

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.26%	5.00%	4.00%	Y	
Percent of residents who received an anti-psychotic medication	14.32%	9.84%	7.88%	Y	
Percent of residents whose ability to move independently has worsened	25.37%	8.01%	6.41%	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				
<b>Quarter 1</b>					
➤ Designated leadership individuals for antibiotic stewardship	Yes				
➤ Written policies on antibiotic prescribing	Yes				
➤ Pharmacy-generated antibiotic use report from within the last six months	Yes				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Yes				
➤ Audits (monitors and documents) of adherence to hand hygiene	Yes				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Yes				
➤ Current list of reportable diseases	Yes				
<b>Quarter 2</b>					
➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.	Yes				
➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)	Yes				
<b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b>	Yes				

<b>Quarter 3</b>					
➤ Designated leadership individuals for antibiotic stewardship	Yes				
➤ Written policies on antibiotic prescribing	Yes				
➤ Pharmacy-generated antibiotic use report from within the last six months	Yes				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Yes				
➤ Audits (monitors and documents) of adherence to hand hygiene	Yes				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Yes				
➤ Current list of reportable diseases	Yes				
<b>Quarter 4</b>					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	100%	79.77%	100%	Y	
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 79. (7) MC; (19) HMO; (40 + 11 pending) MCD; (0) 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 Transmission rate for Harris County is Moderate. The Administrator reports unless a COVID\_19 outbreak occurs, the facility fully vaccinated (2 initial and the latest booster) do not have to wear masks and all staff with only initial 2 shots are wearing surgical masks and all unvaccinated staff are wearing N-95 masks and are tested once per week. The Administrator reports they still have all their evacuation plans in place and water bladders ready to fill in preparation for hurricane season.

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

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 still selling the facility 260 masks per week for 60.00 each. The facility has not had to use agency for staffing since October 2021.

Park Manor has Moderna and Pfizer vaccines (1<sup>st</sup> & 2<sup>nd</sup> & bivalent booster dose) for new admissions who need their vaccine and for staff. 100% of employees have received their Covid\_19 vaccines (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. The facility just installed a timer for their front door to be unlocked during visitation hours.

The Administrator reports the facility is still holding activities and planning more group and outdoor activities. The Administrator reports the facility is planning a fall festival and a Thanksgiving dinner with 4 guests per resident.

The Administrator reports the facility has a calendar with at least one activity planned for all staff and they continue to have fundraisers for their Christmas fund. This week they are making chili for the staff to purchase as a donation. The facility also continues with a MAD Genius program for staff to earn poker chips they can use to purchase paid day off, 50.00 gift card, Louis Viton purse, etc.

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

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	6	8	3	Med error rate,
Number of Fire Safety Code Deficiencies	2			
Annual Full Book State Survey Characteristics (include only if within last 2 months)				
Deficiency Area	Scope & Severity	Explanation		Plan of Correction
Abuse & Neglect				
Quality of Care				
Resident Assessment	(3) D/E	Care Plans Timely, PASRR, 48-Hour Care Plans		Hired an MDS nurse so we have a PPS/MDS nurse
Resident Rights				
Dietary				
Pharmacy				
Environment				
Infection Control				
Administration				

**REPORTABLE INCIDENTS**

During **July/Aug/Sept 2022** -The facility had 1 self-report of injury of unknown origin that was unsubstantiated and no citations. Also, during their September full book survey, 7 self-reports & 3 complaints were all cleared, all but 1 unsubstantiated and no citations.

**CLINICAL TRENDING**

**Incidents/Falls:**

During **July/Aug/Sept 2022**, Park Manor of Humble reported 35 total falls without injury (1 repeat fall), 2 falls with injury, 4 skin tears, 2 fractures, 1 elopement, 0 bruises, 6 behaviors, and 0 lacerations.

**Infection Control:**

During **July/Aug/Sept 2022**, Park Manor Humble reported 81 infections of which 32 were UTI's, 12 were URIs, 22 GI infections, 11 Blood infections and 4 wound infections.

**Weight loss:**

During **July/Aug/Sept 2022**, Park Manor Humble had 0 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 **July/Aug/Sept 2022**, Park Manor Humble reported 9 residents with pressure ulcers with 12 sites, 2 of them facility acquired.

**Restraints:**

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

**Staffing:**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2			4	2		
2 to 10		1	4			
10 to 6			2			
Other						
# Hired this month	22					
# Quit/Fired	18					

**Total number employees:** 83 **Turnover rate%:** 118% (annual)

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.9%	1.9%	
Fall w/Major Injury (L)	0%	3.5%	3.5%	
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	3.1%	8.4%	9.2%	
Loss of Bowel/Bladder Control(L)	91.7%	53.3%	47.4%	PIP in place
Catheter(L)	2.5%	2.2%	2.3%	
Physical restraint(L)	0%	0%	0%	
Increased ADL Assistance(L)	15.9%	17.7%	15.1%	PIP in place
Excessive Weight Loss(L)	0%	5.1%	6.5%	
Depressive symptoms(L)	0%	5.2%	8.1%	
Antipsychotic medication (L) *	7.5%	10.2%	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.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	7/19/2022 8/12/22 9/16/22	Pest Control, Care Plans, PASRR, Transportation

**QIPP Component 2**

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

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.2%%	8.4%	3.1%	Y	

Percent of residents who received an anti-psychotic medication	14.5%	10.2%	7.5%	Y	
Percent of residents whose ability to move independently has worsened	16.1%	14.6%	22.5%	N	PIP in Place
Percent of residents with urinary tract infection	2.5%	1.5%	0%	Y	

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

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

<b>Quarter 2</b>					
<ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC.</li> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul>	Y				
<p><b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p>					
<b>Quarter 3</b>					
<ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y	Y	Y	Y	Y
<b>Quarter 4</b>	National	Baseline	Results	Met Y/N	Residents have had one clinic and will be having a second clinic this wk.
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	93.84%	94%	75%	NO	



Park Manor of Humble  
19424 McKay Dr. Humble, TX 77338 Site Visit:  
10/21/2022

Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	94%	50%	NO	Residents have had one clinic and will be having a second clinic this wk.
--	--------	-----	-----	----	---

Administrator: Joseph Davis  
DON: Tina Cook, RN

### **FACILITY INFORMATION**

Park Manor South Belt is a 120-bed facility with a current overall star rating of 2 and Quality Measures star rating of 5. The census on the date of this report was 97: (6) MC; (20) HMO; (19) PP; (44) MDC + 6 pending; (2) 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 transmission rate is moderate, and the facility is no longer wearing masks as long as not in outbreak status.

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

The last positive COVID\_19 resident and staff was 3 weeks ago. Testing is now being done based on symptoms unless unvaccinated staff and they are still tested weekly. So far, 100% (3 approved waivers) of employees and over 66.7% of their residents have received their COVID\_19 vaccines.

Currently, Park Manor South Belt no longer has a warm Unit and if a COVID+ resident they will still move them to the back of 400 hall. PPE inventory is good with at least 2 weeks supply.

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

Most residents are eating in the dining room with fair participation for breakfast and dinner but good for lunch. Activities have been on-going with good participation. The facility is planning a big Thanksgiving luncheon and there will be a Halloween party Monday and an airshow in the vicinity this weekend.

The DON reports the facility is starting to do better on staffing after their COVID outbreak, 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. Usually, once per week the facility brings in food for the staff and there is a snack bar available. The facility still recognizes an employee of the month, birthdays and the MAD Genius program is also in place.

### **SURVEY INFORMATION**

Park Manor South Belt had a state visit for a complaint that was unsubstantiated with no citations.

### **REPORTABLE INCIDENTS**

**July/Aug/Sept 2022**- 4 self-reports, 1 complaint visit and 1 infection control deficiency-cleared.



## CLINICAL TRENDING

### Incidents/Falls:

During **July/Aug/Sept 2022** Park Manor of South Belt had 46 total falls (8 repeats), of which 3 resulted in injury, 4 Skin tears, 1 Laceration, 0 Elopements, 3 Fractures, 2 Bruises and 0 Behaviors.

### Infection Control:

Park Manor of South Belt reports 189 total infections in **July/Aug/Sept 2022** -36 UTIs; 90 URIs; 36 Wound infections; 6 EENT infections; 12 Blood infections and 9 Other infections.

### Weight loss:

Park Manor of South Belt for **July/Aug/Sept 2022** had 7 residents with 5-10% weight loss in 1 month and 1 resident with >10% weight loss in 6 months and there is a PIP in place.

### Pressure Ulcers:

Park Manor South Belt reported in **July/Aug/Sept 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	0
# 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)	0%	3.3%	1.9%	1.9%	
Fall w/Major Injury (L)	1.3%	0%	3.5%	3.5%	
UTI (L) *	0%	0	1.5%	2.5%	
High risk with pressure ulcers (L) *	415.9%	4.5%	8.4%	9.2%	
Loss of Bowel/Bladder Control(L)	85.7%	78.6%	53.3%	47.4%	

Catheter(L)	4.0%	3.2%	2.2%	2.3%	
Physical restraint(L)	0%	0%	0%	0.1%	
Increased ADL Assistance(L)	17.4%	15.5%	17.7%	15.1%	
Excessive Weight Loss(L)	1.9%	6.0%	5.1%	6.5%	
Depressive symptoms(L)	7.4%	6.7	5.2%	8.1%	
Antipsychotic medication (L) *	0%	0%	10.2%	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
<b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>	<b>Met Y/N</b>	
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrenty scheduled?</li> </ul>	Y	

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.2%	2.5	15.9%	N	PIP in place
Percent of residents who received an anti-psychotic medication	14.5%	2%	0%	Y	
Percent of residents whose ability to move independently has worsened	16.1%	23.7%	15.7%	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				
<b>Quarter 1</b> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y				
<b>Quarter 2</b> <ul style="list-style-type: none"> <li>➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course"</li> </ul>	Y				

<p>developed by CMS and the CDC.</p> <ul style="list-style-type: none"> <li>➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</li> </ul> <p><b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b></p> <ul style="list-style-type: none"> <li>➤</li> </ul>				
<p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>➤ Designated leadership individuals for antibiotic stewardship</li> <li>➤ Written policies on antibiotic prescribing</li> <li>➤ Pharmacy-generated antibiotic use report from within the last six months</li> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>	Y			
<p><b>Quarter 4</b></p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	99.28%		55%	N



Park Manor South Belt  
11902 Resource Parkway, Houston, TX 77089  
Site Visit: 10/27/2022

Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	98.38%		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 84: 9 PP; 5 MC; 44 + 11 pending MDC; 10 HMO; and 5 Hospice.

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

The Administrator reported they are still implementing their emergency plan and are following all the state/federal/local mandates. Administrator reports the transmission rate for Harris County is Moderate. The facility is no longer requiring masks except in outbreak status. Testing is once per week for all unvaccinated employees. Last time an employee and resident tested COVID\_19 positive was in August 2022.

The facility no longer has Hot Zone or warm zones. PPE inventory is fine, at least 2 weeks supply.

100% of employees (no exemptions) and 87% of residents have received their COVID\_19 vaccines. The facility provides vaccines and boosters in house. The DON reports the facility has had their flu clinic for residents and will be holding one for staff next week. The Administrator reported they are no longer using contract agency for staffing.

Visitation is going well, with screening on-going and documenting using kiosk.

Activities are still going well, with good participation especially when entertainment comes into the facility. The facility is planning a Thanksgiving and Christmas dinner with limited guests and Trunk or Treat for Halloween along with costume and door contests for 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 (sno-cones in September) and the facility also continues with the MAD Genius program for daily recognition of staff. Cory also goes down the hall daily to recognize staff that the DON believes it makes a huge difference. HMG University through the corporate office offers scholarships for CNAs to become LVN/RN or LVN to become RN.

**SURVEY Information**

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	3	6	5	Stain on wall and open medication cart

Number of Fire Safety Code Deficiencies	1		Oven Hood Repair
Annual Full Book State Survey Characteristics (include only if within last 2 months)			
Deficiency Area	Scope & Severity	Explanation	Plan of Correction
Abuse & Neglect	-	-	-
Quality of Care	-	-	-
Resident Assessment	-	-	-
Resident Rights	-	-	-
Dietary	-	-	-
Pharmacy	D	Unlocked Med Cart	In-services
Environment	D	Coffee Stain on Wall	In-services
Infection Control	-	-	-
Administration	-	-	-

### REPORTABLE INCIDENTS

The facility had no self-reports or complaints for **July/Aug/Sept 2022**.

### CLINICAL TRENDING

#### Incidents/Falls

During **July/Aug/Sept 2022**, Park Manor Westchase reported 47 total falls (PIP in place) without injury (6 repeat falls), 1 fall with injury, 5 skin tears, 1 laceration, 0 behaviors, 0 fractures, and 0 bruises.

#### Infection Control:

During **July/Aug/Sept 2022**, Park Manor Westchase reported 54 infections of which 16 were UTI's (PIP put in place and greatly reduced), 22 were Respiratory, 9 wound infections, 2 Blood infections, 2 GI infections, 1 EENT infection and 27 Other.

#### Weight loss:

During **July/Aug/Sept 2022**, Park Manor Westchase had 9 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 **July/Aug/Sept 2022** Park Manor Westchase reported 4 residents with pressure ulcers with 8 sites, 2 of them facility acquired.

#### Restraints:



Park Manor Westchase does not use side rails or restraints.

**Staffing:**

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

Total number employees: 90 Turnover rate%: 8

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.4%	1.9%	1.7%	PIP in place
Fall w/Major Injury (L)	0%	3.5%	3.5%	
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	5.4%	8.4%	9.2%	
Loss of Bowel/Bladder Control(L)	91%	51%	47%	PIP in place for MDS
Catheter(L)	1.9%	2.2%	2.3%	
Physical restraint(L)	0%	0%	.1%	
Increased ADL Assistance(L)	11.5%	17.7%	15.1%	
Excessive Weight Loss(L)	15.8%	5.1%	6.5%	Putting PIP in place
Depressive symptoms(L)	0%	5.2%	8.1%	
Antipsychotic medication (L) *	14.5%	22%	19.5%	

**QIPP Measures**

**Component 1**

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

QAPI Meeting dates of submission (owner/operator involvement evident)	8/16/22;9/20/22; 7/12/22	
--	-----------------------------	--

**Component 2**

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

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

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.2%	8.4%	5.4%		
Percent of residents who received an anti-psychotic medication	14.5%	10.2%	0%		
Percent of residents whose ability to move independently has worsened	16.1%	14.6%	15.1%		
Percent of residents with urinary tract infection	2.5%	1.5%	0%		

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

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

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

<b>Quarter 3</b>					
➤ Designated leadership individuals for antibiotic stewardship	Y				
➤ Written policies on antibiotic prescribing	Y				
➤ Pharmacy-generated antibiotic use report from within the last six months	Y				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Y				
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Y				
➤ Current list of reportable diseases	Y				
<b>Quarter 4</b>	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	92.7%	95%	100%	Y	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	95.4%	95%	100%	Y	

**CONTACT:**

I met with Darren Glazier, the new administrator. Darren has been in the facility for 2 weeks.

The current census is 27. The breakdown is; Medicare-; Medicaid-20; Private Pay-6; Private Insurance-1; Hospice-; Pending Status-. 0 Covid-19 in the facility.

**SURVEY:**

The state was not in for any reason. The facility will be in their survey window in February. There were several issues with dietary on their last survey. They have hired a new dietary manager, and all is going well.

**REPORTABLE INCIDENTS:**

None for last month.

A. Infections: Below Threshold

B. Weight Loss: Below Threshold

**ADDITIONAL COMMENTS:**

Restraints-0

Pressure ulcers- - 6.7%

Falls with major injuries-0%

Anti-psychotic medicines- 11.8%

Mr. Glazier hopes to get permission from corporate to do some fixing up in the dietary department and painting residents' rooms. Staffing is good at this time with no agency in use.

**CONTACT:**

Administrator: I visited with Christy Bryan, Administrator.

**FACILITY:**

The census target is 58 and the current census is 62. The census breakdown is; Medicare-3; Medicaid-33; Private Pay-21; Private Insurance -; Hospice-3; Pending Status-2. 0 Covid in facility.

**SURVEY:**

The state was in for infection control. Nothing was cited.

**REPORTABLE INCIDENTS:**

Resident to resident confrontation: State was in to investigate. Nothing was cited.

**CLINICAL TRENDING:**

**Infections:**

7.73% due to COVID previous months. All was cleared, nothing cited.

**Weight Loss:**

No issues with gain or loss of weight.

**ADDITIONAL COMMENTS:**

Restraints; 0

Falls with major injuries; 0

Anti-psychotics; 13.1%

Pressure ulcers- 2.0%

Overall quality is 4 star.

Overall star rating is 3.

QAPI program is working well. Medical director works with the program and staff well. Using some agency but a lot less than a year ago. Corporate is considering some remodeling; new carpet and flooring. Facility had 8 new admissions last month.

# **Exhibit “E”**



**Memorandum**

**To:** Board of Directors  
**From:** Hubert Oxford, IV  
**Date:** November 9, 2022  
**Re:** Insurance and taxes for 2626 SH-124 Winnie, TX 77665

On June 15, 2015, Tony’s BBQ entered into a lease with Chambers Property Investments, LLC for \$3,000.00 per month. This lease was amended in the last year to increase the monthly rent to \$5,000.00. The reason being, according to Chris Portner and the current tenants was to account for the payment of property taxes and property insurance, where were being paid by the landlord. Per the 2015 lease, it specifies that the Landlord was to pay the taxes and the language regarding the insurance was very vague.

After discussing with the Board, it is my understanding that the District will agree to pay the taxes and we have already purchased property insurance (i.e., wind, fire, & flood) for \$9,060.28. With this in mind, we called the tax office and found out that last year (i.e., 2021), Tony’s paid \$6,412.12 in Property Taxes. Per the table below, we measured the property occupied by the building and existing parking lot (i.e., .6 acres) and divided by the total 12.680 acres to assess the portion of the property utilized by Tony’s and assigned 100% of the improvements to Tony’s since the District was not occupying any of the property as of the time of the tax assessment. In total, the taxes and insurance assigned to Tony’s should be approximately \$13,549.68 or \$1,129.14 per month.

	2021 Appraised Value	Taxes Paid	Percentage of Property Utilized	Tony's Share of Property Taxes and Property Insurance
Land (.6 acres out of 12.680)	\$93,670.00	\$2,018.22	4.73%	\$95.50
Improvement (100% of improvements including parking lot)	\$268,120.00	\$4,393.90	100.00%	\$4,393.90
<b>Total Taxes</b>	\$361,790.00	\$6,412.12		\$4,489.40
<b>Property Insurance</b>		\$9,060.28	100.00%	\$9,060.28
<b>Total Taxes and Insurance</b>		<b>\$15,472.40</b>		<b><u>\$13,549.68</u></b>
			<b>Per Month</b>	<b><u>\$1,129.14</u></b>

Using these calculations, it is my opinion that the fair amount of rent to charge Tony’s is \$3,000.00 as they were originally paying plus the actual cost of taxes and insurance or \$1,000.00. If the Board agreed with this recommendation, this would result in a savings of \$871.00 per month to \$1,000.00. By charging \$3,000.00 per month, the District will be able to set aside money for repairs, if needed.

**COMMERCIAL LEASE**

1. **Effective Date:** Click or tap to enter a date.
2. **Landlord.** Winnie Stowell Hospital District, a political entity of the State of Texas formed pursuant to Chapter 286 of the Texas Health and Safety Code.
3. **Landlord’s Address.** P.O. Box 1997, Winnie, Texas 77665  
E-mail: [sherrie@wshd-tx.com](mailto:sherrie@wshd-tx.com)
4. **Tenant.** Candelarias BBQ & Smokehouse, Inc.
5. **Tenant’s Address.** 2626 Highway 124, Winnie, Texas 77665  
E-mail: \_\_\_\_\_
6. ~~Guarantor~~
7. ~~Guarantor’s Address~~
8. **Property.** A portion of the real property and improvements commonly known as 2626 Hwy 124, Chambers County, Texas (Parcel ID, 16879), as more particularly described as follows, to wit:

Being all of Block Thirteen (13) of the M.M. Gregory Subdivision, a subdivision in Chambers County, Texas, according to the map or plat thereof, recorded in Volume "A" Page 24 of the Plat Records of Chambers County, Texas, SAVE AND EXCEPT that portion of said Block Thirteen (13) included within the present right of way limits of State Highway No. 124.

The real property is approximately 12.680 acres, or 552,340.80 square feet, as measured by the Chambers County Appraisal District. The Property to be leased includes the existing parking lot and structure detailed in Section 9 of this Lease.

9. **Premises Detail.** Improvements to the Property include the restaurant, concrete parking area, decks, and storage more specifically described below:

Premise Details	Square Feet
Restaurant	3,493
Concrete Pro-Rata (Half of Parking)	8,154
Concrete	256
Deck	160
Rest-CPY	572
DECK	100

Storage	176
Rest-CPY	175
Deck	60
Storage	977
Total Square Feet of Premise	14,123

10. **Commencement Date:** Click or tap to enter a date.

The Commencement Date will be the first (1<sup>st</sup>) day of the first complete month after the Effective Date and the Base Rent ~~as well as any Common Area Maintenance Charges~~ (described in Sections 14-18 of this Lease) for the first day of the first complete month shall include the pro-rata rental for the initial incomplete month in addition to the first full month's rent. Thereafter, the Base Rental ~~and any Common Area Maintenance Charges~~ shall be paid as provided in this Agreement.

11. **Permitted Use.** The operation of a restaurant and reserves the right to simultaneously operate a bar serving alcoholic beverages including liquor, beer and wine and other uses related to a bar subject to the rules and regulations of the Federal government, State of Texas, and Chambers County, Texas. Tenant will be permitted to have kitchen facilities for food services. Tenant will not make any unlawful or disreputable use of the Premises. Tenant agrees to notify Landlord if Tenant allows alcohol consumption on the premises or applies for a liquor license. If Tenant allows alcohol consumption or applies for a liquor license, Tenant agrees to comply with the terms of this Lease pursuant to Sections 20(b) and (c).

12. **Term** (months). 12 months

13. **Holdover Period.** No holding over by Tenant after the Term shall operate to extend the Lease, but instead Lease shall continue monthly until such time as either Landlord or Tenant provides thirty (30) day notice of final surrender date. Thereafter, Landlord, at its sole option, may retain, destroy, or dispose of any property left in the Premises at the end of the term.

14. **Base Rental.** The monthly rent for the Premises is the sum Five Thousand Dollars (\$45,000.00) payable on or before the first day of each month during the Term or Holdover Period. All such payments shall be made to Landlord by electronic funds transfer or ACH (at Landlord's election) or at such address as Landlord may from time to time designate in writing. Tenant will pay a charge of ten percent (10%) of any rent or reimbursement due from Tenant and not received by Landlord within five (5) days of the date due.

15. Common Area Maintenance Charges (“CAM Charges”).

In a typical Commercial Lease, the Tenants are charged a percentage above the base rent for “common area maintenance charges” hereafter “CAM(s)”. Given the fact that the Board has expressed their desire to lower the rent in order to assist the tenant’s to establish their new business, I have struck all the provisions for CAM payments.

~~at such address as Landlord may from time to time designate in writing. Tenant will pay a charge of ten percent (10%) of any rent or reimbursement due from Tenant and not received by Landlord within five (5) days of the date due.~~

- b) **Annual CAM Reconciliation Payment.** ~~Annual CAM Reconciliation amounts or credits due to Tenant as set forth in Section 17(e) are to be made within thirty (30) days of receipt of recollection.~~4

16. Common Areas.

- a) ~~The term “Common Area” means all facilities and areas of the Property that are intended and designated by Landlord from time to time for the common, general, and nonexclusive use of all tenants of the Property, including parking lots. Landlord has the exclusive control over and right to manage the Common Areas.~~
- b) ~~Tenant, and its employees and customers, and when duly authorized pursuant to the provisions of this Lease, its subtenants, licensees and concessionaires, shall have the nonexclusive right to use the Common Area (excluding roofs of buildings in the Shopping Center) as constituted from time to time, such use to be in common with Landlord, other tenants in the Property and other persons permitted by the Landlord to use the same, and subject to such reasonable and uniform rules and regulations governing use as Landlord from time to time may prescribe.~~
- c) ~~In addition to the rentals and other charges prescribed in this Lease, Landlord may assess Tenant a proportionate share of the cost of operation and maintenance of the CAM Charges described Section 17, which may be incurred by Landlord in its discretion including, among other costs for lighting, painting, cleaning, trash and garbage removal, policing, inspecting, or other capital cost for repairing or improving Common Areas; and cost for ad valorem taxes attributable to the Common Areas; and cost of any insurance for which Landlord is not reimbursed.~~
- d) ~~With regard to capital expenditures (i) the original investment in capital improvements (i.e., upon the initial construction of the Property, if applicable, shall not be included and (ii) improvements and replacements, to the extent capitalized on Landlord’s records, shall be included only to the extent of a reasonable depreciation or amortization (including interest accruals commensurate with Landlord’s interest cost).~~

- e) ~~Tenant shall not solicit business within the Common Area nor take any action which would interfere with the rights of other persons to use the Common Area.~~
- f) ~~Landlord may temporarily close any part of the Common Area for such periods of time as may be necessary to make repairs or alterations or to prevent the public from obtaining prescriptive rights.~~
- g) ~~The Tenant's Premises' (i) roof, (ii) foundation, (iii) structural soundness of the exterior walls, and (v) other structures serving the Premises shall not deemed to be Common Areas for purposes of Landlord's duty to make repairs and improvements.~~

17. **Calculation of CAM Charges.** ~~CAM Charges shall be calculated as follows:~~

- a) **Tenant's Proportionate Share.** ~~CAM Charges are the square footage of Tenant's Premise divided by the gross leasable square footage times total operating expenses of the Property's leasable square footage. For example, if Tenant leased 3,000 square feet of Properties 30,000 square feet of leasable square footage, Tenant's share of CAM Charges would be 10% (3,000/30,000 = 0.1 = 10%).~~
- b) **Total Operating Expenses.** ~~The Total Operating expenses are estimated annually, then divided into monthly payments based on Tenant's Proportionate Share. The Total Operating Expenses consist of the following:-~~
  - 1) ~~"Controllable Expenses" that that the Landlord has direct control over and do not vary based on occupancy or usage. Examples of Controllable Expenses include janitorial, yard maintenance, and utilities associated with Common Areas based on prior year's costs; and~~
  - 2) ~~"Uncontrollable Expenses" encompass the Common Area items that Landlord does not have control over and may vary based on maintenance needs, occupancy, usage, and day to day operations.~~
- c) **Annual CAM Reconciliation Payment.** ~~CAM Charges shall be estimated before the first day of the first month of the year. However, the year's actual CAM Charges will be calculated at the year's end. If the total CAM Charges are greater than the estimated amount, then Tenant must pay the difference based on Tenant's Proportionate Share. If the total CAM Charges is less than the amount paid by the Tenant, Landlord shall credit the Tenant for the amount that was overpaid.~~

18. **Utilities.** Tenant shall be responsible for arranging for and paying for all utility services required on the Premises during the term of this Lease.

19. **Property Taxes.** Landlord shall be responsible for all general real estate taxes and installments of special assessments coming due on the Premises, ~~and Tenant's Share of~~

~~Common Areas. Landlord shall also be responsible for all taxes assessed and due for its personal property located on the Premises during the Term.~~

20. **Insurance.**

- a) **Tenant's Insurance.** Tenant agrees to maintain the following coverages: (i) Commercial property insurance written on a causes of loss-special form with wind coverage (formerly known as "all risks" form) covering Tenant's personal property, fixtures, signage, and leasehold improvements on the Premises; (ii) Commercial general liability insurance written on an occurrence basis, including contractual liability, covering Tenant's operations within the Premises, naming Landlord as "additional insured," and having limited of not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate; (iii) Business auto liability insurance written on an occurrence basis and having a combined single limit of not less than \$1,000,000; and (iv) Workers' compensation insurance in the statutory amount and employer's liability insurance having limits of not less than \$1,000,000 each accident for bodily injury by accident, \$1,000,000 each employee for bodily injury by disease, and \$1,000,000 bodily injury by disease for entire policy. Both policies must have a waiver of subrogation in favor of Landlord. Tenant agrees to deliver certificates of insurance and copies of any additional insured and waiver of subrogation endorsements to Landlord before entering the Premises and thereafter, at least ten days before the expiration of the policies.
- b) **Liquor Liability Insurance.** In the event that at any time during the term of this Lease or any extension or renewal thereof, beer, wines or other alcoholic liquors or beverages are sold or given away upon or from the Premises (it being understood and agreed, however, that the foregoing provision shall not authorize the use of the Premises for such purposes without the express consent of Landlord being set forth otherwise in this Lease), Tenant shall, at its sole expense, obtain, maintain and keep in force, \$5,000,000 in liquor liability insurance protecting Tenant and Landlord in connection therewith within policy limits acceptable to Landlord. In the event such insurance is not carried, sales of the foregoing products shall be suspended until such coverage is in force. Landlord shall be named as an additional insured on such policy.
- c) **Dram Shop.** Prior to any Tenant selling alcoholic beverages on any part of the Premises, Tenant shall provide evidence of so-called "Dram Shop" against claims or liabilities arising directly or indirectly to persons or property on account of the sale or dispensing of alcoholic beverages. Coverage shall include loss of means of support. Limits shall equal those limits as may be required by applicable Laws or \$5,000,000, whichever is greater. Landlord shall be named as an additional insured on such policy.

Franchise agreement requires that "Franchisee shall obtain and maintain (at all times during the Term) insurance coverage in the types and amounts of coverage and deductibles specified in the Manuals which shall in each instance designate Franchisor and its designated Affiliates as additional named insureds, with an insurance company approved by Franchisor, which approval shall not be unreasonably withheld."

21. **Landlord's Insurance.** Landlord agrees to maintain: (1) Commercial property insurance written on a cause of loss-special form including wind coverage covering the Premises and (2) Commercial general liability insurance written on an occurrence basis, including contractual liability, covering the Premises, and having limits of not less than \$1,000,000 per occurrence and \$2,000,000 general aggregate.
22. **Security Deposit.** Tenant will pay to Landlord \$ [REDACTED] as a security deposit at the time of Tenant's execution and delivery of this Lease. The security deposit may be commingled by Landlord with its other funds and will be held by Landlord without liability for interest as security for the faithful performance of all of the terms and provisions of this Lease by Tenant, including the obligation to pay rent. If Tenant should default with respect to any covenant, duty or obligation of Tenant hereunder, then Landlord thereof, may apply the Security Deposit, or any part on the damages sustained by Landlord by reason of any such default or on indebtedness owing by reason of any failure of Tenant to make any required monetary payment hereunder. If at any time or times Landlord has made any such application of all or any portion of the Security Deposit, Landlord shall have the right at any time thereafter to request that Tenant pay to Landlord a sum equal to the amount(s) so applied by Landlord so that Landlord will always be in possession of a sum equal to \$ [REDACTED].
23. **Maintenance and Repair.**
- a) Landlord will repair, replace, and maintain the (i) roof, (ii) foundation, (iii) parking and Common Areas, (iv) structural soundness of the exterior walls, and (v) other structures serving the Premises.
  - b) Tenant shall keep the Premises in good, clean and habitable condition and shall at its sole cost and expense keep the Premises free of insects, rodents, vermin and other pests and make all needed repairs and replacements, including replacement of cracked or broken glass, except for repairs and replacements required to be made by Landlord. It is understood that Tenant's responsibilities therein include the repair and replacement of all lighting, heating, air conditioning, plumbing and other electrical, mechanical and electromotive installation, equipment and fixtures and also include all utility repairs in ducts, conduits, pipes and wiring, and any sewer stoppage located in, under and above the Premises, regardless of when or how the defect or other cause for repair or replacement occurred or became apparent. If any repairs required to be made by Tenant hereunder are not made within ten (10) days after written notice delivered to Tenant by Landlord, then Landlord may, at its option, make such repairs without liability to Tenant for any loss or damage which may result to its stock or business by reason of such repairs; and Tenant shall pay to Landlord upon demand, as additional rental hereunder, the cost of such repairs plus interest at the maximum contractual rate which could legally be charged in the event of a loan of such payment to Tenant (but in no event to exceed 1.5% per month), such interest to accrue continuously from the date of payment by Landlord until repayment by Tenant. At the expiration of this Lease, Tenant shall surrender the Premises in good condition, excepting

reasonable wear and tear.

- c) Landlord will have a right to enter the Premises at any reasonable time (including during Tenant's business hours) to inspect the condition thereof, to make necessary repairs and improvements, to show the Premises to prospective purchasers or lenders and for other lawful purposes; provided however, such right shall not be exercised in a manner which would materially interfere with Tenant's conduct of its business at the Premises.

#### 24. **Alterations.**

- a) Tenant, after receiving Landlord's written consent (which Landlord may not withhold without reasonable cause), may make alterations, improvements, or additions to the Premises so long as same are made in accordance with the requirements of applicable laws and ordinances and do not diminish the value of the Premises, or increase Landlord's maintenance costs for the Premises. Upon the expiration of this Lease, Tenant shall leave the alterations unless Tenant has provided notice to Landlord at the time of receiving Landlord's approval for such alterations that it intends to remove such alterations, and further provided that Tenant repairs any damage caused by such removal. Should any mechanic's liens or other liens or affidavits claiming liens be filed against the Premises or any portion thereof or interest therein for any reason whatsoever incident to the acts or omissions of Tenant or any contractor of Tenant or any such contractor's subcontractor or any laborer performing labor or materialmen furnishing materials at or for the Premises or by reason of any specially fabricated materials whether or not placed at the Premises, Tenant shall cause the same to be cancelled and discharged of record by payment, bonding or otherwise, within thirty (30) days after notice by Landlord, or at such earlier time as is necessary to prevent the foreclosure thereof.
- b) All construction work done by Tenant within the Premises shall be performed in a good and workmanlike manner, lien free and in compliance with all governmental requirements, and in such manner as to cause a minimum of interference with other construction in progress and with the transaction of business in the Property. Tenant agrees to indemnify Landlord and hold Landlord harmless against any loss, liability or damage resulting from such work, and Tenant shall, if requested by Landlord, furnish a bond or other security satisfactory to Landlord against any such loss, liability, or damage.
- c) Any contractor or subcontractor of Tenant shall provide evidence to Landlord, in form satisfactory to Landlord, that it has the following insurance coverages: (i) Worker's compensation insurance in accordance with the statutory requirements of the State of Texas; (ii) Employer's Liability insurance in a minimum amount of \$1,000,000.00; (iii) Commercial General Liability including Contractual Liability, Broad Form Property Damage (including deletion of exclusions for explosion, collapse and underground property damage), Products/Completed



Operation, Personal Injury, Advertising Injury, Fire Damage, Legal Liability, Premises Medical Payments, Interests of Employees as Additional Insureds, Incidental Medical Malpractice and Broad Form General Liability Endorsement and General Aggregate per project endorsement, with limits of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate. All policies of insurance obtained by contractors and subcontractors of Tenant shall contain a waiver of subrogation clause with respect to Landlord, and property manager in form acceptable to Landlord. All such policies shall name such parties as additional insureds thereunder with respect to Commercial General Liability and Comprehensive Automobile Liability coverages. Tenant shall cause such contractor or subcontractor to provide to Landlord certificates of insurance evidencing the required coverage and shall subsequently obtain additional certificates of insurance thirty (30) days prior to the renewal date of each of such policies. Landlord shall have the right to demand, at any time and from time to time, that such contractor or subcontractor deliver a complete and certified copy of any insurance policy to Landlord. Each certificate of insurance must provide that the insurance company will provide Landlord and its property manager with thirty (30) days prior written notice of the cancellation of any such insurance policy or of any material change therein.

- d) If Landlord elects to make alterations or improvements to all or any portion of the Property, Tenant will cooperate with such remodeling, including Tenant's tolerating temporary inconveniences (and even the temporary removal of Tenant's signs in order to facilitate such remodeling).

**25. Landlord's Right of Access.**

- a) Landlord shall have the right to enter upon the Premises at any time for the purpose of inspecting the same, or of making repairs to the Premises, or of making repairs, alterations, or additions to adjacent premises, or of showing the Premises to prospective purchasers, Tenants or lenders.
- b) Tenant will permit Landlord to place and maintain "For Rent" or "For Lease" signs on the Premises during the last 180 days of the Lease term, it being understood that such signs shall in no way affect Tenant obligations pursuant to this Lease.
- c) Use of the roof above the Premises is reserved to Landlord; however, Landlord agrees that it will not use the roof above the Premises for signage or other advertising displays without Tenant's consent.

**26. Signs and Store Fronts.**

- a) Tenant shall not, without Landlord's prior written consent, (a) make any changes to the exterior of the Premises, or (b) install any exterior lighting, decorations, paintings, awnings, canopies or the like, or (c) erect or install any signs, window or door lettering, placards, decorations or advertising media of any type which

can be viewed from the exterior of the Premises, excepting only dignified displays of customary type for its display windows. All signs shall be always kept in good condition and in proper operating order and shall remain lit during all times from sunset to sunrise. Tenant shall be responsible to ensure all signage is adequately insured.

- b) Subject to the restrictions of Section 25(a) above, Tenant agrees to install and maintain a quality signage on the front of the Property or Premises during the term of this Lease.

27. **Quiet Enjoyment.**

- a) Tenant shall not commit any waste upon the Premise, nor cause any public or private nuisance or other act that may disturb the quiet enjoyment of any other tenant, nor shall Tenant allow the Premise to be used for any improper, immoral, unlawful, or unsafe purpose, including, but not limited to, the storage of any flammable materials.
- b) Tenant agrees not to use any apparatus, machinery, or device in or on said Premise that shall make any noise or cause any vibration that can be detected by other Tenants, or that shall in any way be a detriment to the Office Space.
- c) Tenant further agrees that except for the tenant improvements contemplated in this Lease, or as previously installed, Tenant will not install or construct within the Office Space electrical wires, water or drainpipes, machinery, or other permanently installed devices, including, but not limited to, alarm systems, private music systems, or special ventilation, without the prior written consent of Landlord.

28. **Compliance with Regulations.** Tenant shall promptly comply with all laws, ordinances, requirements, and regulations of the federal, state, county, municipal and other authorities, and the fire insurance underwriters. However, Tenant shall not by this provision be required to make alterations to the exterior of the building or alterations of a structural nature.

29. **Mechanics Lien.** Neither the Tenant, nor anyone claiming through the Tenant, shall have the right to file mechanics liens or any other kind of lien on the Premises and the filing of this Lease constitutes notice that such liens are invalid. Further, Tenant agrees to (1) give actual advance notice to any contractors, subcontractors or suppliers of goods, labor, or services that such liens will not be valid, and (2) take whatever additional steps that are necessary to keep the premises free of all liens resulting from construction done by or for the Tenant.

30. **Mortgage or Encumber Property.** Tenant shall not mortgage, pledge or otherwise encumber its interest in this Lease or in the Property.

31. **Waiver.** Landlord and Tenant hereby waive any rights each may have against the other on account of any loss or damage (INCLUDING LOSS OR DAMAGE RESULTING FROM NEGLIGENCE AND STRICT LIABILITY) occasioned to Landlord or Tenant arising from any risk covered by any policy of insurance covering the Premises and maintained or required to be maintained (whether or not actually maintained) by either Landlord or Tenant in accordance with this Lease. Landlord and Tenant, on behalf of their respective insurance company or companies insuring the Premises and any property located thereon, hereby waive any right of subrogation that they may have one against the other and agree to cause their respective insurance policies to be endorsed so as to give full effect to the foregoing waivers.
32. **Indemnifications.** TENANT COVENANTS THAT LANDLORD SHALL NOT BE LIABLE FOR ANY DAMAGE OR LIABILITY OF ANY KIND OR FOR ANY INJURY TO OR DEATH OF PERSONS OR DAMAGE TO PROPERTY OF TENANT OR ANY OTHER PERSON DURING THE TERM OF THIS LEASE, FROM ANY CAUSE WHATSOEVER BY REASON OF THE USE, OCCUPANCY, OR ENJOYMENT OF THE PREMISES BY TENANT, OR ANY PERSON THEREIN OR HOLDING UNDER TENANT. TENANT HEREBY AGREES TO INDEMNIFY, DEFEND, AND HOLD LANDLORD HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, DEMANDS, SUITS, LOSSES, COSTS, EXPENSES, AND LIABILITIES WHATSOEVER, INCLUDING REASONABLE ATTORNEY'S FEES AND EXPENSES OF LITIGATION, ON ACCOUNT OF ANY SUCH REAL OR CLAIMED DAMAGE OR LIABILITY, AND FROM ALL LIENS, CLAIMS, AND DEMANDS OCCURRING IN, ON OR ABOUT THE PREMISES, OR ARISING OUT OF THE USE, OCCUPANCY, OR ENJOYMENT OF THE PREMISES AND ITS FACILITIES, OR ANY REPAIRS OR ALTERATIONS WHICH TENANT MAY MAKE UPON THE PREMISES, OR OCCASIONED IN WHOLE OR IN PART BY ANY ACT OR OMISSION OF TENANT, ITS AGENTS, CONTRACTORS, SERVANTS OR EMPLOYEES OR WHETHER AS A RESULT OF THE LANDLORD'S ALLEGED NEGLIGENCE OR OTHERWISE, EXCEPT FOR THE LANDLORD'S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.
33. **Assignment and Subletting.**
- a) Tenant shall not assign or in any manner transfer this Lease or any estate or interest therein, or sublet the Premises or any part thereof, or grant any license, concession or other right of occupancy of any portion of the Premises without the prior written consent of Landlord. Tenant shall have the right to sublet the Premises or any portion thereof or assign, the Lease to any parent, subsidiary, affiliate, franchisor, franchisee or authorized agent of Tenant or to any company with which Tenant merges with Landlord's prior written approval, not to be unreasonably withheld. Landlord agrees that it will not withhold consent in a wholly unreasonable and arbitrary manner; however, in determining whether or not to grant its consent, Landlord shall be entitled to take into consideration factors such as Landlord's desired Tenant mix, the reputation and net worth of the proposed transferee, and the then current market conditions (including market

rentals). In addition, Landlord shall also be entitled to charge Tenant a reasonable fee for processing Tenant's request. Consent by Landlord to one or more assignments or subletting shall not operate as a waiver of Landlord's rights as to any subsequent assignments and subletting.

- b) If Tenant is a corporation, partnership or other entity and if at any time during the term of this Lease the person or persons who own a majority of either the outstanding voting rights or the outstanding ownership interests of Tenant at the time of the execution to this Lease cease to own a majority of such voting rights or ownership interests (except as a result of transfers by devise or descent), the loss of a majority of such voting rights or ownership interests shall be deemed an assignment of this Lease by Tenant and, therefore, subject in all respects to the provisions of Section 3+2(a) above. The previous sentence shall not apply, however, if at the time of the execution of this Lease, Tenant is a corporation and the outstanding voting shares of capital stock of Tenant are listed on a recognized security exchange or over-the-counter market.
- c) Any approved assignee or subTenant of an interest in and to this Lease shall be deemed, by acceptance of such assignment or sublease or by taking actual or constructive possession of the Premises, to have assumed all of the obligations set forth in or arising under this Lease. Such assumption shall be effective as of the earlier of the date of such assignment or sublease or the date on which the assignee or subTenant obtains possession of the Premises.
- d) Notwithstanding any assignment or subletting, Tenant and any guarantor of Tenant's obligations under this Lease shall at all times remain fully responsible and liable for the payment of the rent herein specified and for compliance with all of its other obligations under this Lease (even if future assignments and subletting occur subsequent to the assignment or subletting by Tenant, and regardless of whether or not Tenant's approval has been obtained for such future assignments and subletting). Moreover, in the event that the rental due and payable by a subTenant (or a combination of the rental payable under such sublease plus any bonus or other consideration thereto or incident thereto) exceeds the rental payable under this Lease, or if with respect to a permitted assignment, permitted license or other transfer by Tenant permitted by Landlord, the consideration payable to Tenant by the assignee, licensee or other transferee exceeds the rental payable under this Lease, then Tenant shall be bound and obligated to pay Landlord all such excess rental and other excess consideration within ten (10) days following receipt thereof by Tenant from such subTenant, assignee, licensee or other transferee, as the case may be. Finally, in the event of an assignment or subletting, it is understood and agreed that all rentals paid to Tenant by an assignee, or subtenant, shall be received by Tenant in trust for Landlord, to be forwarded immediately to Landlord without offset or reduction of any kind; and upon election by Landlord such rentals shall be paid directly to Landlord as required by this Lease (to be applied as a credit and offset to Tenant's rental obligation).

e) In the event of the transfer and assignment by Landlord of its interest in this Lease and in the building containing the Premises to a person expressly assuming Landlord's obligations under this Lease, Landlord shall thereby be released from any further obligations hereunder, and Tenant agrees to look solely to such successor in interest of the Landlord for performance of such obligations. Any security given by Tenant to secure performance of Tenant's obligations hereunder may be assigned and transferred by Landlord to such successor in interest and Landlord shall thereby be discharged of any further obligation relating thereto.

34. **Condition of Premises.** Tenant is thoroughly familiar with the condition of the Premises and is not relying on any representations from Landlord of any kind concerning the Premises. Tenant herewith accepts the Premises in its present AS-IS, WHERE-IS condition. Tenant will not commit waste and will not injure the Premises but will maintain it in good condition during the Term. LANDLORD AND TENANT EXPRESSLY AGREE THAT THERE ARE NO IMPLIED WARRANTIES OF MERCHANTABILITY, SUITABILITY, HABITABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER KIND ARISING, OUT OF THE LEASE AND THAT ALL EXPRESS OR IMPLIED WARRANTIES IN CONNECTION THEREWITH ARE EXPRESSLY DISCLAIMED BY LANDLORD.

35. **Force Majeure.** If, during the Term, the Premises are totally or substantially destroyed by fire, storm, earthquake, inherent defect or other cause whether like or unlike, then this Lease shall terminate and be of no further force or effect, and any rent that may have been paid in advance and not earned shall be refunded by Landlord. Likewise, if the Premises shall sustain damage by any of such causes, and such repairs cannot reasonably be made within one hundred twenty (120) days of the date of such damage, then either party may elect to terminate this Lease, provided that the party making such election shall notify the other party thereof within sixty (60) days after the occurrence of such damage, in which case, the Lease shall terminate as of the date of such destruction, and all parties shall be released from further obligation hereunder, except that any rent that may have been paid in advance and not earned shall be refunded by Landlord. If neither party terminates this Lease, Landlord shall be responsible for completing any repairs of the casualty damage at its own cost, whether or not sufficient insurance proceeds are available.

If property is destroyed (i.e., unable to be used) by storm, the lease shall terminate. Likewise, if property can be repaired but it takes more than 120 days, either may terminate as of the date of the destruction.

During a Force Majeure event, do you want to abate the rent or require the tenant to pay rent and then get reimbursed if the lease is terminated?

36. **Surrender of Premises.** At the expiration or earlier termination of this Lease, however same be brought about, Tenant shall quit and surrender the Premises to Landlord in as good condition as they now are in, normal wear and tear and casualty damage excepted.

37. **Default.**

- a) Each of the following acts or omissions of Tenant or occurrence shall constitute an "event of default" (1) failure or refusal by Tenant to timely pay the rental or any other sum due hereunder upon expiration of a period of ten (10) days following written notice to Tenant by Landlord of such failure or refusal; or (2) failure to perform or observe any other covenant or condition of this Lease by Tenant to be performed or observed upon expiration of a period of ten (10) days following written notice to Tenant by Landlord of such failure. If Tenant does not pay rent on a timely basis, the tenant shall be charged 7.5% interest on all past due rent.
  - b) Upon the occurrence of any event of default, Landlord shall have the option, to (a) enter and take possession of the Premises, after which Landlord may relet the Premises on behalf of Tenant and receive the rent directly by reason of the reletting, and Tenant agrees to reimburse Landlord for any expenditures made in order to relet; (b) enter the Premises and perform Tenant's obligations; (c) terminate this Lease by written notice and sue for damages; or (d) declare that Tenant has forfeited the Security Deposit whereupon Tenant will have no further rights, duties or obligations under this Lease (other than to vacate the Premises immediately) and the deposit will be the property of Landlord. Landlord may enter and take possession of the Premises by self-help, by picking or changing locks if necessary, and may lock out Tenant or any other person who may be occupying the Premises, until the default is cured, without being liable for damages.
  - c) It is not a waiver of default if the non-defaulting party fails to declare immediately a default or delays in taking any action. Pursuit of any remedies set forth in this Lease does not preclude pursuit of other remedies in this Lease or provided by law.
  - d) In the event that Landlord institutes any action or proceeding to enforce any term of this Lease and is the prevailing party in such action then, in such event, Tenant will pay to Landlord all costs and expenses incurred by Landlord in attempting to enforce such term, including attorney's fees.
38. **Subordination.** This lease and all rights of Tenant under it are and shall be subject to and subordinate to the rights of any mortgage holder now or hereafter having a security interest in the leased premises or any other encumbrances Landlord desires to place on the property.
39. **Condemnation.** In the event of any condemnation (including a voluntary conveyance by Landlord) of any part or parts or all of the Premises, the condemnation award or awards (or agreed upon purchase price) shall be the property of Landlord, and Tenant shall not be entitled to any portion of same and either Landlord or Tenant shall have the right to terminate the Lease effective on the date of such taking or conveyance.

40. **Insolvency, Bankruptcy, Etc. of Tenant.** If Tenant is declared insolvent or adjudicated a bankrupt; if Tenant makes an assignment for the benefit of creditors; if Tenant's leasehold interest is sold under execution or by a trustee in bankruptcy; or if a receiver is appointed for Tenant, Landlord, without prejudice to its rights hereunder and at its option, may terminate this lease and retake possession of the premises immediately and without notice to Tenant or any assignee, transferee, trustee, or any other person or persons, using force if necessary.
41. **Landlord to Have Lien.** Landlord will have a lien against all goods, equipment, furniture, and other personal property of Tenant brought, stored, or kept on the leased premises during the lease term, in the aggregate amount of all rent, damages, and other sums that may at any time be owed by Tenant to Landlord under the lease. In the event of any default by Tenant, Landlord may foreclose the lien in the same manner that a mortgage would be foreclosed, and in that event, Tenant shall be obligated for all court costs and reasonable attorneys' fees.
42. **Election by Landlord not Exclusive.** The exercise by Landlord of any right or remedy to collect rent or enforce its rights under this lease will not be a waiver or preclude the exercise of any other right or remedy afforded Landlord by this Lease or by statute or law. The failure of Landlord in one or more instances to insist on strict performance or observations of one or more of the covenants or conditions of this lease or to exercise any remedy, privilege, or option conferred by this lease on or reserved to Landlord shall not operate or be construed as a relinquishment or future waiver of the covenant or condition or the right to enforce it or to exercise that remedy, privilege, or option; that right shall continue in full force and effect. The receipt by Landlord of rent or any other payment or part of payment required to be made by the Tenant shall not act to waive any other additional rent or payment then due. Even with the knowledge of the breach of any covenant or condition of this lease, receipt will not operate as or be deemed to be a waiver of this breach, and no waiver by Landlord of any of the provisions of this lease, or any of Landlord's rights, remedies, privileges, or options under this lease, will be deemed to have been made unless made by Landlord in writing.
43. **Notices.** Any notice required or permitted under this Lease must be in writing and delivered to the addresses, or contact information set forth in Sections 3 and 5 of this Lease. Any notice required by this Lease will be deemed to be delivered (whether actually received or not) three (3) business days after being deposited with the U.S. Postal Service, postage prepaid, certified mail, return receipt requested, and addressed to the intended recipient at the address for notice in this Lease (and to the parties to be copied). Notice may also be given by regular mail, personal delivery, courier delivery, facsimile transmission, or other commercially reasonable means and will be effective when actually received. Any address for notice may be changed by written notice delivered as provided herein. Notice may also be given to Tenant by posting notice on the front door of the Premises and will be effective on the date said notice is posted.
44. **Independent Covenants.** All obligations of Landlord hereunder will be construed as independent covenants, not conditions; and all such obligations will be binding upon

Parties only during the period of its possession of the Premises and not thereafter. The obligation of Tenant to pay all rent and other sums hereunder provided to be paid by Tenant and the obligation of Tenant to perform Tenant's other covenants and duties hereunder constitute independent, unconditional obligations to be performed at all times provided for hereunder.

45. **Limitation of Damages.** TENANT WAIVES AND RELINQUISHES ALL RIGHTS WHICH TENANT MIGHT HAVE TO CLAIM ANY NATURE OF LIEN AGAINST OR WITHHOLD OR DEDUCT FROM OR OFF-SET AGAINST ANY RENT AND OTHER SUMS PROVIDED HEREUNDER TO BE PAID LANDLORD BY TENANT. UNDER NO CIRCUMSTANCES WHATSOEVER SHALL LANDLORD EVER BE LIABLE HEREUNDER FOR CONSEQUENTIAL DAMAGES OR SPECIAL DAMAGES; AND ALL LIABILITY OF LANDLORD FOR DAMAGES FOR BREACH OF ANY COVENANT, DUTY OR OBLIGATION OF LANDLORD HEREUNDER MAY BE SATISFIED ONLY OUT OF THE INTEREST OF LANDLORD IN THE PREMISES EXISTING AT THE TIME ANY SUCH LIABILITY IS ADJUDICATED IN A PROCEEDING AS TO WHICH THE JUDGMENT ADJUDICATING SUCH LIABILITY IS NON-APPEALABLE AND NOT SUBJECT TO FURTHER REVIEW.
46. **Waiver of Consumer Rights.** TENANT WAIVES ITS RIGHTS UNDER THE DECEPTIVE TRADE PRACTICES- CONSUMER PROTECTION ACT, SECTION 17.41 ET SEQ., BUSINESS & COMMERCE CODE, A LAW THAT GIVES CONSUMERS SPECIAL RIGHTS AND PROTECTIONS. AFTER CONSULTATION WITH AN ATTORNEY OF ITS OWN SELECTION, TENANT VOLUNTARILY CONSENTS TO THIS WAIVER.
47. **Venue.** The parties agree that the exclusive venue for any dispute resulting from this Lease and/or any interpretation of this Lease shall be in the state district courts of Chambers County, Texas.
48. **Binding Effect; Entire Agreement.** The provisions of this Lease shall be binding upon and inure to the benefit of the parties hereto and their successors and assigns. This Lease constitutes the entire agreement of the parties with respect to the matters herein, and all prior agreements, whether written or oral, with respect to such matters are merged herein. This Lease may not be modified, waived or cancelled except by written instrument subscribed by all parties hereto.
49. **No Broker or Relator.** Tenant represents and warrants to Landlord that it has not dealt with any broker in connection with this Lease or the options and rights of first refusal set forth herein and that no brokers are entitled to any fees or commissions in connection herewith or in connection with the options or rights of first refusal set forth herein. Tenant shall indemnify Landlord and hold Landlord harmless from and against all claims (and costs of defending against and investigating such claims) of any other brokers or similar parties claiming under Tenant in connection with this Lease.



[SIGNATURE PAGE FOLLOWS.]

# **Exhibit ‘F-1’**

	Potential Six Facilities							Remainder Facilities						
Facility ID	4561	5289	5240	5154	5350	5236	Total	4663	4340	4747	5169	5193	5369	Total
Facility Name	PARK PLAZA LTC PARTNERS	WINNIE L LTC PARTNERS INC	HEMPHILL CARE CENTER	COPPERAS COVE LTC PARTNERS	SHEPHERD LTC PARTNERS	WEST TEXAS LTC PARTNERS		CREEKSIDE VILLAGE HEALTHCARE	CLUTE LTC PARTNERS INC	PARKVIEW MANOR NURSING	WELLS LTC PARTNERS INC	CORRIGAN LTC PARTNERS	OAK VILLAGE HEALTHCARE LTC	
Medicaid Days	14,375	13,443	13,109	12,971	12,880	12,761		11,716	11,691	9,059	8,662	8,226	6,709	
Medicaid %	56.9%	52.8%	46.7%	50.4%	62.8%	51.4%		54.9%	61.3%	42.8%	56.6%	47.6%	51.9%	
IGT	\$ 555,566	\$ 519,546	\$ 506,638	\$ 501,304	\$ 497,787	\$ 493,188	\$ 3,074,029	\$ 452,801	\$ 451,835	\$ 350,113	\$ 334,770	\$ 317,919	\$ 259,290	\$ 5,240,756
Comp 1 Value (after IGT)	\$ 51,441	\$ 48,106	\$ 46,911	\$ 46,417	\$ 46,091	\$ 45,666	\$ 284,632	\$ 41,926	\$ 41,837	\$ 32,418	\$ 30,997	\$ 29,437	\$ 24,008	\$ 485,255
Comp 2 Value	\$ 135,226	\$ 126,459	\$ 123,317	\$ 122,019	\$ 121,163	\$ 120,043	\$ 748,226	\$ 110,213	\$ 109,978	\$ 85,218	\$ 81,484	\$ 77,382	\$ 63,112	\$ 1,275,613
Comp 3 Value	\$ 202,839	\$ 189,688	\$ 184,975	\$ 183,028	\$ 181,744	\$ 180,065	\$ 1,122,339	\$ 165,319	\$ 164,966	\$ 127,828	\$ 122,226	\$ 116,073	\$ 94,668	\$ 1,913,419
Comp 4 Value	\$ 205,508	\$ 192,184	\$ 187,409	\$ 185,436	\$ 184,135	\$ 182,434	\$ 1,137,108	\$ 167,495	\$ 167,137	\$ 129,510	\$ 123,834	\$ 117,601	\$ 95,913	\$ 1,938,597
Total Component Value	\$ 595,015	\$ 556,437	\$ 542,612	\$ 536,900	\$ 533,133	\$ 528,208	\$ 3,292,306	\$ 484,953	\$ 483,918	\$ 374,973	\$ 358,541	\$ 340,493	\$ 277,701	\$ 5,612,885
Comp 1 Attainment	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	
Comp 2 Attainment	100%	100%	100%	100%	100%	100%		75%	75%	75%	75%	75%	75%	
Comp 3 Attainment	85%	85%	85%	85%	85%	85%		75%	75%	75%	75%	75%	75%	
Comp 4 Attainment	85%	85%	85%	85%	85%	85%		75%	75%	75%	75%	75%	75%	
Comp 1 Payout	\$ 51,441	\$ 48,106	\$ 46,911	\$ 46,417	\$ 46,091	\$ 45,666	\$ 284,632	\$ 41,926	\$ 41,837	\$ 32,418	\$ 30,997	\$ 29,437	\$ 24,008	\$ 485,255
Comp 2 Payout	\$ 135,226	\$ 126,459	\$ 123,317	\$ 122,019	\$ 121,163	\$ 120,043	\$ 748,226	\$ 82,660	\$ 82,483	\$ 63,914	\$ 61,113	\$ 58,037	\$ 47,334	\$ 1,143,766
Comp 3 Payout	\$ 172,413	\$ 161,235	\$ 157,229	\$ 155,574	\$ 154,482	\$ 153,055	\$ 953,989	\$ 123,989	\$ 123,725	\$ 95,871	\$ 91,669	\$ 87,055	\$ 71,001	\$ 1,547,299
Comp 4 Payout	\$ 174,682	\$ 163,357	\$ 159,298	\$ 157,621	\$ 156,515	\$ 155,069	\$ 966,542	\$ 125,621	\$ 125,353	\$ 97,132	\$ 92,875	\$ 88,201	\$ 71,935	\$ 1,567,659
Lapse Funds	\$ 96,464	\$ 90,210	\$ 87,969	\$ 87,043	\$ 86,432	\$ 85,633	\$ 533,751	\$ 66,454	\$ 66,312	\$ 51,383	\$ 49,131	\$ 46,658	\$ 38,054	\$ 851,745
Total Payments	\$ 630,227	\$ 589,367	\$ 574,723	\$ 568,673	\$ 564,684	\$ 559,466	\$ 3,487,140	\$ 440,650	\$ 439,710	\$ 340,718	\$ 325,786	\$ 309,388	\$ 252,332	\$ 5,595,724
NSGO Split	50%	50%	50%	50%	50%	50%		50%	50%	50%	50%	50%	50%	50%
Net After Split	\$ 315,114	\$ 294,683	\$ 287,362	\$ 284,337	\$ 282,342	\$ 279,733	\$ 1,743,570	\$ 220,325	\$ 219,855	\$ 170,359	\$ 162,893	\$ 154,694	\$ 126,166	\$ 2,797,862
Interest Expense	\$ (85,557)	\$ (80,010)	\$ (78,022)	\$ (77,201)	\$ (76,659)	\$ (75,951)	\$ (473,400)	\$ (69,731)	\$ (69,583)	\$ (53,917)	\$ (51,555)	\$ (48,960)	\$ (39,931)	\$ (807,076)
LTC Fees	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (432,000)	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (72,000)	\$ (864,000)
NSGO Net	\$ 157,557	\$ 142,673	\$ 137,340	\$ 135,136	\$ 133,683	\$ 131,782	\$ 838,170	\$ 78,594	\$ 78,273	\$ 44,442	\$ 39,339	\$ 33,735	\$ 14,235	\$ 1,126,787
	28.4%	27.5%	27.1%	27.0%	26.9%	26.7%		17.4%	17.3%	12.7%	11.8%	10.6%	5.5%	21.5%

# **Exhibit ‘F-2’**

NON-QIPP HOMES  
ESTIMATE OF MEDICAID CASH NEEDED

Facility		Average Monthly Medicaid Cash Collected	6 Months of Medicaid Cash	9 Months of Medicaid Cash
Cedar Manor	WEST TEXAS LTC PARTNERS INC	\$ 201,757.17	\$ 1,210,543.05	\$ 1,815,814.57
Clute	CLUTE LTC PARTNERS INC	\$ 166,747.60	\$ 1,000,485.57	\$ 1,500,728.36
Copperas Cove	COPPERAS COVE LTC PARTNERS INC	\$ 147,988.10	\$ 887,928.63	\$ 1,331,892.94
Corrigan	CORRIGAN LTC PARTNERS INC	\$ 182,574.55	\$ 1,095,447.29	\$ 1,643,170.93
Creekside	CREEKSIDE VILLAGE HEALTHCARE	\$ 226,717.31	\$ 1,360,303.84	\$ 2,040,455.76
Dimmitt		\$ 126,339.36	\$ 758,036.14	\$ 1,137,054.21
Hemphill	HEMPHILL CARE CENTER	\$ 111,983.97	\$ 671,903.82	\$ 1,007,855.72
Oak Village	OAK VILLAGE HEALTHCARE LTC PA	\$ 122,184.19	\$ 733,105.13	\$ 1,099,657.70
Park Plaza	PARK PLAZA LTC PARTNERS INC	\$ 175,281.74	\$ 1,051,690.42	\$ 1,577,535.63
Parkview	PARKVIEW MANOR NURSING AND R	\$ 126,602.26	\$ 759,613.54	\$ 1,139,420.31
Shepherd	SHEPHERD LTC PARTNERS INC	\$ 172,748.67	\$ 1,036,492.00	\$ 1,554,738.00
Wells	WELLS LTC PARTNERS INC	\$ 182,281.63	\$ 1,093,689.79	\$ 1,640,534.68
Winnie L	WINNIE L LTC PARTNERS INC	\$ 192,372.38	\$ 1,154,234.28	\$ 1,731,351.41
Total		\$ 2,135,578.91	\$ 12,813,473.47	\$ 19,220,210.21
	<b>Estimated Cost for Six Facilities</b>	<b>\$ 1,002,132.03</b>	<b>\$ 6,012,792.18</b>	<b>\$ 9,019,188.27</b>

# **Exhibit “G”**



**Winnie Banking Center**  
146 Spur 5 P O Box 743 Winnie, TX 77665  
409-296-3000 409-296-4585(fax)

November 4, 2022

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

Ladies and Gentlemen,  
The Depository Services Contract between Winnie - Stowell Hospital District and Prosperity Bank has been renewed on a two-year basis. The previous renewal of the contract by and between the District and the Bank was as of January 1, 2021.

By signing this letter and returning it for our files, you agree to renewal of this contract for an additional two years- January 1, 2023 through December 31, 2024. All terms will remain the same except for the following:

- NOW Accounts-** Prosperity Bank NOW sheet rate +0.05%
- Money Market Accounts-** Prosperity Bank Premier Money Market sheet rate
- Certificates –** Sheet Rates

Prosperity Bank reserves the right to accept or decline additional depository funds in the aggregate, in excess of \$10,000,000.00.

We appreciate our business relationship with Winnie - Stowell Hospital District and look forward to working with you in the future. If you have any questions, please let me know. I may be reached at 409-296-3000 or by email [carolee.simon@prosperitybankusa.com](mailto:carolee.simon@prosperitybankusa.com).

Sincerely,

Carolee Simon,  
AVP / Banking Center Manager

**Agreed and accepted on behalf Winnie - Stowell Hospital District:**

_____	_____	_____
Winnie - Stowell Hospital District	Title	Date

**Agreed and accepted on behalf of Prosperity Bank:**

_____	AVP / Banking Center Manager	_____
Carolee Simon	Title	Date