

Exhibit “A-1”

Winnie-Stowell Hospital District

Balance Sheet

As of May 31, 2023

06/18/23

Accrual Basis

	<u>May 31, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	429,061.40
102 First Financial Bank	52,849,555.78
105 TexStar	714,606.50
108 Stellar Bank NH Combined	7,713,705.09
Total Checking/Savings	<u>61,706,928.77</u>
Other Current Assets	
110 Sales Tax Receivable	132,417.87
114 Accounts Receivable NH	48,284,816.91
116 - A/R Gulf Cost CHOW - LOC	3,800,000.00
117 NH - QIPP Prog Receivable	9,002,940.80
118 Prepaid Expense	35,694.65
119 Prepaid IGT	6,528,662.54
Total Other Current Assets	<u>67,784,532.77</u>
Total Current Assets	<u>129,491,461.54</u>
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	129,483.00
122 Highway 124 Property	1,197,231.85
123 Highway 124 Building	113,613.00
125 Accumulated Depreciation	-148,854.64
Total Fixed Assets	<u>1,432,128.17</u>
TOTAL ASSETS	<u><u>130,923,589.71</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	3,746,935.81
201 NHP Accounts Payable	5,098,566.21
205 FFB Loan (5 Mth)	11,694,493.49
206 FFB Loan (11 Mth)	14,353,948.46
210.22 Loan Payable 22 QIPP 6	13,057,329.45
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	1,063.58
240 Accounts Payable NH	57,671,040.13
Total Other Current Liabilities	<u>105,623,740.44</u>
Total Current Liabilities	<u>105,623,740.44</u>
Total Liabilities	<u>105,623,740.44</u>
Equity	<u>25,299,849.27</u>
TOTAL LIABILITIES & EQUITY	<u><u>130,923,589.71</u></u>

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

January through May 2023

	Jan - May 23	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	335,713.15	770,000.00	-434,286.85	43.6%
405 Investment Income	36,278.75	35,000.00	1,278.75	103.7%
407 Rental Income	17,500.00	69,500.00	-52,000.00	25.2%
409 Tobacco Settlement	14,398.30	11,000.00	3,398.30	130.9%
415 Nursing Home - QIPP Program	30,356,455.87	64,796,074.68	-34,439,618.81	46.8%
Total Income	30,760,346.07	65,681,574.68	-34,921,228.61	46.8%
Gross Profit	30,760,346.07	65,681,574.68	-34,921,228.61	46.8%
Expense				
500 Admin-Administrative Salary	34,346.55	80,312.00	-45,965.45	42.8%
502 Admin-Administrative Assnt	3,140.75	45,000.00	-41,859.25	7.0%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	2,903.45	10,025.00	-7,121.55	29.0%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	602.21	1,400.00	-797.79	43.0%
521 Professional Fees - Acctng	9,470.00	36,000.00	-26,530.00	26.3%
522 Professional Fees-Auditing	0.00	26,000.00	-26,000.00	0.0%
523 Professional Fees - Legal	5,000.00	25,000.00	-20,000.00	20.0%
550 Admin-D&O / Liability Ins.	15,883.00	16,000.00	-117.00	99.3%
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00	0.0%
562 Admin-Travel&Mileage Reimb.	5,126.45	200.00	4,926.45	2,563.2%
569 Admin-Meals	480.41	1,500.00	-1,019.59	32.0%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	2,081.33	10,000.00	-7,918.67	20.8%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	1,084.70	3,000.00	-1,915.30	36.2%
575 Admin-Cell Phone Reimburse	750.00	1,800.00	-1,050.00	41.7%
576 Admin-Telephone/Internet	1,415.54	3,500.00	-2,084.46	40.4%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	736.00	4,000.00	-3,264.00	18.4%
592 Admin Office Rent	1,700.00	4,080.00	-2,380.00	41.7%
593 Admin-Utilities	1,253.62	4,000.00	-2,746.38	31.3%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	11,800.00	6,000.00	5,800.00	196.7%
601 IC-Healthcare Expenses				
601.01a IC Pmt to Hosp-Indigent	288,767.59	288,370.10	397.49	100.1%
601.01b IC Pmt to Coastal (Ind)	0.00	147,316.76	-147,316.76	0.0%
601.02 IC-Non Hosp Costs UTMB	106,810.76	300,000.00	-193,189.24	35.6%
601.03 IC-Non Hosp-Specl Pro				
601.03a Dental	9,111.00	10,500.00	-1,389.00	86.8%
601.03b IC Vision	415.00	1,200.00	-785.00	34.6%
601.04 IC-Non Hosp Cost-Other	18,907.71	12,500.00	6,407.71	151.3%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC-Non Hosp-Specl Pro	28,433.71	49,200.00	-20,766.29	57.8%
Total 601 IC-Healthcare Expenses	424,012.06	784,886.86	-360,874.80	54.0%
602 IC-WCH 1115 Waiver Prog	34,229.89	129,340.00	-95,110.11	26.5%
603 IC-Pharmaceutical Costs	24,157.55	37,600.00	-13,442.45	64.2%
605 IC-Office Supplies/Postage	39.99	2,000.00	-1,960.01	2.0%
607 WSHD - Grants				
600 East Chambers ISD Partnersh	99,154.12	283,643.00	-184,488.88	35.0%
607.01 WCH/RMC	0.00	1,000,000.00	-1,000,000.00	0.0%
607.03 WSVEMS				
607.03c WSVEMS - Salaries	56,832.00	168,800.00	-111,968.00	33.7%
Total 607.03 WSVEMS	56,832.00	168,800.00	-111,968.00	33.7%
607.06 FQHC(Coastal)				
607.06a FQHC	463,120.75			
607.06 FQHC(Coastal) - Other	0.00	914,112.00	-914,112.00	0.0%
Total 607.06 FQHC(Coastal)	463,120.75	914,112.00	-450,991.25	50.7%
607.99 WSHD - Grants Other				
607.99a Marcelous Williams	28,719.05	57,742.12	-29,023.07	49.7%
607.Admin-Cont Ed-Med Pers.	750.70	1,801.68	-1,050.98	41.7%
Total 607.99 WSHD - Grants Other	29,469.75	59,543.80	-30,074.05	49.5%
Total 607 WSHD - Grants	648,576.62	2,426,098.80	-1,777,522.18	26.7%

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

January through May 2023

	Jan - May 23	Budget	\$ Over Budget	% of Budget
611 IC-Indigent Care Dir Salary	27,813.35	65,264.00	-37,450.65	42.6%
612 IC-Payroll Taxes -Ind Care	2,127.72	5,125.00	-2,997.28	41.5%
615 IC-Software	5,545.00	13,308.00	-7,763.00	41.7%
616 IC-Travel	140.35	600.00	-459.65	23.4%
617 Youth Programs				
617.01 Youth Counseling	6,885.00	25,000.00	-18,115.00	27.5%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
Total 617 Youth Programs	6,885.00	25,600.00	-18,715.00	26.9%
630 NH Program-Mgt Fees	7,504,072.21	17,446,084.60	-9,942,012.39	43.0%
631 NH Program-IGT	11,866,809.06	31,638,239.32	-19,771,430.26	37.5%
632 NH Program-Telehealth Fees	95,918.12	196,091.32	-100,173.20	48.9%
633 NH Program-Acctg Fees	19,867.50	35,000.00	-15,132.50	56.8%
634 NH Program-Legal Fees	128,031.82	250,000.00	-121,968.18	51.2%
635 NH Program-LTC Fees	1,200,000.00	3,120,000.00	-1,920,000.00	38.5%
637 NH Program-Interest Expense	1,477,329.66	3,656,575.04	-2,179,245.38	40.4%
638 NH Program-Bank Fees & Misc	-65.00	100.00	-165.00	-65.0%
639 NH Program-Appraisal	49,029.25	23,250.00	25,779.25	210.9%
674 - Property Acquisition	440,673.35	534,062.00	-93,388.65	82.5%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	0.00	25,000.00	-25,000.00	0.0%
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00	0.0%
675 HWY 124 Expenses - Other	87,946.51			
Total 675 HWY 124 Expenses	87,946.51	35,000.00	52,946.51	251.3%
676 Building-Property Insurance	8,469.55			
Payroll Expenses	0.00			
Total Expense	24,151,278.57	60,727,786.94	-36,576,508.37	39.8%
Net Ordinary Income	6,609,067.50	4,953,787.74	1,655,279.76	133.4%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	108,263,279.10			
Covid Provider Relief Funds	0.00			
Total Other Income	108,263,279.10			
Other Expense				
640 Nursing Home Oper. Expenses	108,263,279.10			
Total Other Expense	108,263,279.10			
Net Other Income	0.00			
Net Income	6,609,067.50	4,953,787.74	1,655,279.76	133.4%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, June 21, 2023					
Pending Expenses	For	Amount	Funds Summary		Totals
Indigent Healthcare Solutions	Inv #75950	\$1,109.00	Prosperity Operating (Unrestricted)		\$431,707.09
Brookshire Brothers	Indigent Care	2413.52	First Financial DACA (Unrestricted)		\$9,546,970.94
Wilcox Pharmacy	Indigent Care	\$2,322.61	First Financial DACA (Restricted)		\$8,847,962.23
UTMB at Galveston	Indigent Care	\$3,623.40	First Financial Money Market (Restricted)		\$13,974,201.35
UTMB Faculty Group	Indigent Care	\$1,841.16	TexStar (Restricted)		\$714,606.50
Thompson Outpatient Clinic	Indigent Care	\$1,912.02	FFB CD Balance		\$8,200,000.00
Alliance Medical Service:	Indigent Care	\$650.00	Total District Funds		\$41,715,448.11
Barrier Reef EM Phy	Indigent Care	\$101.00	Less First Financial (Restricted)		(\$8,847,962.23)
Chambers Cty PHD ER	Indigent Care	\$101.00	Less TexStar Reserve Account		(\$714,606.50)
Texas Digestive Disease Conslt	Indigent Care	147.47	Less LOC Outstanding		\$0.00
City Ambulance Service	Indigent Care	633.35	Less First Financial Money Market (Restricted)		(\$13,974,201.35)
Dr June Stansky, Optometrist	SP Program	\$300.00	Less Committed Funds (See Total Commitment)		(\$450,991.25)
\$25 Optical	SP Program	\$100.00	Cash Position (Less First Financial Restricted)		\$17,727,686.78
Omnipoint Health-Dental	SP Program	\$492.00	Pending Expenses		(\$168,116.64)
Penelope (Polly) Butler	Youth Counseling	\$170.00	Ending Balance (Cash Position-Pending Expenses)		\$17,559,570.14
Nicki Holtzman	Youth Counseling	\$510.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)		\$22,748,861.41
Kalos Counseling (Benjamin Odom)	Youth Counseling	\$680.00	Prior Month		
Technology Solutions of Tx	Inv #1781	\$75.00	Prosperity Operating (Unrestricted)		\$295,446.19
Felipe Ojedia-Yard Service	Inv #1038	\$350.00	First Financial (Unrestricted)		\$7,575,168.30
Graciela Chavez-Office Cleaning	Inv #965959	\$120.00	First Financial (Restricted)		\$8,011,906.48
Benckenstein & Oxford	Inv # 50817	\$29,317.99	TexStar		\$711,556.34
Hubert Oxford	Legal Retainer	\$1,000.00	Allegiance Bank CD Balance		\$7,029,152.70
Makayla Vidal	Inv #00020	\$6,212.50	Total District Funds		\$23,623,230.01
American Education Services	S Stern-Student Loan	\$150.14	Less First Financial (Restricted)		(\$8,011,906.48)
WSVEMS	Grant Inv (May 2023 Payroll)	\$11,904.00	Less TexStar Reserve Account		(\$711,556.34)
Coastal Gateway	Grant June 2023 Request	\$65,570.11	Less LOC Outstanding		\$0.00
Function4	Inv #1037935 (copy paper)	\$260.00	Less Committed Funds (See Total Commitment)		(\$524,294.60)
Dentons US LLP	Inv #2641791	\$8,466.00	Cash Position (Less First Financial Restricted)		\$14,375,472.59
JS Edwards	Policy #427590175345S00	8934.37	Pending Expenses		(\$326,090.03)
Vaughn's AC (balance due on completion)	Inv #WO-0259	\$15,000.00	Ending Balance (Cash Position-Pending Expenses)		\$14,049,382.56
AEJ Construction	Inv #6387 & Change Order	\$3,650.00	Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)		\$20,568,245.22
Simon Olvera					
Total Pending Expenses:		\$168,116.64			

First Financial Bank Reconciliations					
FFB Balance	\$18,394,933.17				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Gross Yr. 6, Component 1-IGT 11 (First Half)					
March (2nd Half)	\$2,749,059.05	\$2,749,059.05	\$2,749,059.05	\$0.00	\$2,749,059.05
April (2nd Half)	\$2,001,894.44	\$2,622,574.16	\$2,001,894.44	\$620,679.72	\$2,001,894.44
Total Component 1, IGT 10	\$4,750,953.49	\$5,371,633.21	\$4,750,953.49	\$620,679.72	\$4,750,953.49
5 Month Set Aside (Salt Creek & Allegiance)					
March (2nd Half)	\$2,507,629.10	\$2,507,629.10	\$2,507,629.10	\$0.00	\$2,507,629.10
April (2nd Half)	\$2,001,894.44	\$2,328,216.19	\$2,001,894.44	\$326,321.75	\$2,001,894.44
Total Loan Set Aside	\$4,509,523.54	\$4,835,845.29	\$4,509,523.54	\$326,321.75	\$4,509,523.54
Yr. 6, Component 2 (Public & Private)					
Q2-Comp. 2-December	\$346,309.49	\$644,659.92	\$644,659.92	\$0.00	\$298,350.43
Q2-Comp. 2-January	\$342,309.24	\$636,659.41	\$636,659.41	\$0.00	\$294,350.18
Q2-Comp. 2-February	\$362,237.79	\$676,516.51	\$676,516.51	\$0.00	\$314,278.73
Q3-Comp. 2-March	\$364,082.97	\$680,206.88	\$680,206.88	\$0.00	\$316,123.91
Q3-Comp. 2-April	\$273,453.90	\$654,912.22	\$498,948.73	\$155,963.49	\$225,494.84
Total Component 2 due to MGRs.	\$1,688,393.38	\$3,292,954.94	\$3,136,991.45	\$155,963.49	\$1,448,598.08
Yr. 6, Component 3 (Public & Private)					
Yr. 6, Component 3 Qtr 2 (Dec. to Feb.)	\$1,293,466.20	\$2,586,932.40	\$2,586,932.40	\$0.00	\$1,293,466.20
Total Component 3 due to MGRs	\$1,293,466.20	\$2,586,932.40	\$2,586,932.40	\$0.00	\$1,293,466.20
Yr. 6, Component 4 (Public Only)					
Yr. 6, Component 4 Q2 (Dec. to Feb.)	\$457,952.55	\$1,266,510.69	\$915,905.09	\$350,605.60	\$457,952.55
Total Component 4 due to MGRs	\$457,952.55	\$1,266,510.69	\$915,905.09	\$350,605.60	\$457,952.55
Yr. 6, Lapse Funds					
Yr. 6, Component Lapse Q2 (Dec. to Feb.)	\$680,775.37	\$2,031,299.17	\$1,361,550.74	\$669,748.43	\$680,775.37
Total Lapse Funds 4 due to MGRs	\$680,775.37	\$2,031,299.17	\$1,361,550.74	\$669,748.43	\$680,775.37

Variance Payments (Component 1, 2, 3, 4, and Lapsing Funds)					
Variance December	\$26,979.48	\$53,958.96	\$53,958.96	\$0.00	\$26,979.48
Variance January	(\$2,177.98)	(\$4,355.96)	(\$4,355.96)	\$0.00	(\$2,177.98)
Variance February	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance March	(\$630.96)	\$241,386.05	(\$1,261.92)	\$242,647.97	(\$630.96)
Variance April	\$21.95	\$43.90	\$43.90	\$0.00	\$21.95
Variance for QIPP Yr. 6, Qtr. 2 Payment	(\$48,816.24)	(\$127,306.69)	(\$97,632.48)	(\$29,674.21)	(\$48,816.24)
Variance Payment Totals	(\$24,623.75)	\$163,726.26	(\$49,247.50)	\$212,973.76	(\$24,623.75)
Non-QIPP Funds					
	\$1,045.00				
Restricted	\$8,847,962.23				
Unrestricted	\$9,546,970.94				
Total Funds	\$18,394,933.17				
Committed Funds					
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance		
1. FQHC Grant Funding-2023	\$914,112.00	\$463,120.75	\$450,991.25	January through June 2023	
2. Hospital-DY 8 Repayment	\$0.00	\$0.00	\$0.00		
3. Interim Working Capital Loan	\$7,000,000.00	\$3,800,000.00	\$3,800,000.00		
Total Commitments	\$7,914,112.00	\$4,263,120.75	\$4,250,991.25		
Gulf Coast Interim Working Capital Loan					
	Amount Advanced	Line of Credit Remaining			
Tuesday, January 10, 2023	\$760,000.00	\$6,240,000.00			
Friday, February 10, 2023	\$760,000.00	\$5,480,000.00			
Thursday, March 9, 2023	\$760,000.00	\$4,720,000.00			
Friday, April 7, 2023	\$760,000.00	\$3,960,000.00			
Tuesday, May 9, 2023	\$760,000.00	\$3,200,000.00			
Amount Paid	\$3,800,000.00	\$3,200,000.00			
5 Month Outstanding Short Term Revenue Note					
Buyout of Loan 22 and Termination Payment for Salt Creek					
Annual Interest Rate	8.25%	Payments Per Year	5	Origination Fee	\$116,944.93
Years	1	Amount	\$11,694,493.48		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-June 30, 2023 (March & April 2023, Comp. 1)	\$4,509,523.54	(\$4,509,523.54)	(\$80,399.64)	(\$4,589,923.18)	\$7,184,969.94
Payoff					
2-July 31, 2023 (May 2023, Comp. 1)		(\$2,338,898.70)	(\$49,396.67)	(\$2,388,295.36)	\$4,846,071.24
3-August 31, 2023 (June 2023 Comp. 1)		(\$2,338,898.70)	(\$33,316.74)	(\$2,372,215.44)	\$2,507,172.55
4-September 30, 2023 (July 2023, Comp. 1)		(\$2,338,898.70)	(\$17,236.81)	(\$2,356,135.51)	\$168,273.85
5-October 31, 2023 (August. 2023, Comp. 1)		(\$168,273.85)	(\$1,156.88)	(\$169,430.73)	\$0.00
6-October 31, 2023 (Adjustment-Shortfall)			\$0.00		\$0.00
Amount Paid	\$4,509,523.54	-\$11,694,493.48	(\$181,506.74)	(\$11,876,000.22)	\$0.00
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 23 (June 2023-May 31, 2023)					
1st Half of Year 7					
Annual Interest Rate	8.25%	Payments Per Year	11	Origination Fee	\$143,539.48
Years	1	Amount	\$14,353,948.46	Salt Creek Original Fee	\$450,000.00
					\$593,539.48
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-June 30, 2023			(\$98,683.40)	(\$98,683.40)	\$14,353,948.46
2-July 31, 2023			(\$98,683.40)	(\$98,683.40)	\$14,353,948.46
3-August 31, 2023			(\$98,683.40)	(\$98,683.40)	\$14,353,948.46
4-September 30, 2023			(\$98,683.40)	(\$98,683.40)	\$14,353,948.46
5-October 31, 2023 (September, Comp. 1)	\$2,252,580.63	(\$2,392,324.74)	(\$98,683.40)	(\$2,491,008.14)	\$11,961,623.72
6-November 31, 2023 (October, Comp. 1)	\$2,298,308.31	(\$2,392,324.74)	(\$82,236.16)	(\$2,474,560.91)	\$9,569,298.98
7-December 31, 2023 (November, Comp. 1)	\$2,322,357.95	(\$2,392,324.74)	(\$65,788.93)	(\$2,458,113.67)	\$7,176,974.23
8-January 31, 2024 (December, Comp. 1)	\$2,393,223.56	(\$2,392,324.74)	(\$49,341.70)	(\$2,441,666.44)	\$4,784,649.49
9-February 28, 2024 (January, Comp. 1)	\$2,343,214.45	(\$2,392,324.74)	(\$32,894.47)	(\$2,425,219.21)	\$2,392,324.74
10-March 31, 2024 (February, Comp. 1)	\$2,299,429.86	(\$2,392,324.74)	(\$16,447.23)	(\$2,408,771.98)	\$0.00
11-April 30, 2024 (Shortfall)	\$444,833.71			\$0.00	\$0.00
Amount Paid	\$14,353,948.47	(\$14,353,948.46)	(\$740,125.47)	(\$15,094,073.93)	

District's Investments

*CD at First Financial Bank Bank UPDATE	\$8,200,000.00	3.60%	5/23/2023	5/31/2023	Paid Quarterly
Texstar C.D. #1110	\$714,606.50	4.8292%	5/1/2023	5/31/2023	Paid \$3,050.16 May 2023

TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSDH

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date: _____

Date: _____

Italics are Estimated amounts

Exhibit “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of May 22, 2023 to June 21, 2023

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
100 Prosperity Bank -Checking							295,446.19
Check	05/22/2023	3837	Brookshire Brothers	IC Batch Date 04.04.2023	X	(2,447.15)	292,999.04
Check	05/22/2023	3838	Wilcox Pharmacy	IC Batch Date 04.03.2023	X	(1,292.91)	291,706.13
Check	05/22/2023	3839	UTMB at Galveston	IC Batch Date 04.01.2023	X	(19,168.26)	272,537.87
Check	05/22/2023	3840	UTMB Faculty Grou...	IC Batch Date 04.01.2023	M	(656.32)	271,881.55
Check	05/22/2023	3841	Thompson OPC (Cli...	IC Batch Date 04.11.2023	X	(1,416.60)	270,464.95
Check	05/22/2023	3842	Barrier Reef Enege...	IC Batch Date 04.01.2023	M	(121.20)	270,343.75
Check	05/22/2023	3843	Alliance Medical Se...	IC Batch Date 04.01.2023	M	(430.00)	269,913.75
Check	05/22/2023	3844	Indigent Healthcare ...	Inv #75780	M	(1,109.00)	268,804.75
Check	05/22/2023	3845	Omnipoint Health-D...	IC SP Batch Date 04.08.2023	X	(2,238.00)	266,566.75
Check	05/22/2023	3846	\$25 Optical	IC SP Batch Date 04.08.2023	X	(100.00)	266,466.75
Check	05/22/2023	3847	Penelope S Butler, ...	IC YC Batch Date 04.02.2023	X	(170.00)	266,296.75
Check	05/22/2023	3848	Nicki Holtzman MS,...	IC YC Batch Date 04.02.2023	X	(850.00)	265,446.75
Check	05/22/2023	3849	Kalos Counseling	IC YC Batch Date 04.02.2023	M	(595.00)	264,851.75
Check	05/22/2023	3866	Hubert Oxford	Legal Retainer	M	(1,000.00)	263,851.75
Check	05/22/2023	3850	Makayla Vidal	Inv #00018	X	(7,262.50)	256,589.25
Check	05/22/2023	3851	Technology Solution...	Inv # 1772	X	(75.00)	256,514.25
Check	05/22/2023	3852	Felipe Ojeda	Inv #1037	X	(450.00)	256,064.25
Check	05/22/2023	3853	Graciela Chavez	Inv #965958	X	(120.00)	255,944.25
Check	05/22/2023	3854	Winnie-Stowell Vol...	Grant (Inv Apr 2023 Payroll)	X	(11,520.00)	244,424.25
Check	05/22/2023	3856	Fittz & Shipman, Inc	Inv #0085736	X	(750.00)	243,674.25
Check	05/22/2023	3857	Lighting JB Constru...	Inv # 014	X	(4,420.00)	239,254.25
Check	05/22/2023	3858	Chambers Co Public...	IC Batch Date 04.09.2023	X	(11,189.30)	228,064.95
Check	05/22/2023	3859	Radiology Associate...	IC Batch Date 04.01.2023	X	(82.60)	227,982.35
Check	05/22/2023	3860	Bee Clean Pressure ...	Inv #27029	X	(450.00)	227,532.35
Check	05/22/2023	3861	Coastal Gateway He...	Grant (Apr 2023 Req)	X	(73,303.35)	154,229.00
Check	05/22/2023	3862	VMG Health	Inv #0058737 (6 Gulf Coast NHs)	X	(49,029.25)	105,199.75
Check	05/22/2023	3863	Philadelphia Insuran...	Inv #2005671577 (D&O Ins)	X	(15,493.00)	89,706.75
Check	05/22/2023	3864	Ramtech	Inv #8510 (Final Pmt)	X	(17,937.00)	71,769.75
Check	05/22/2023	3865	AEJ Construction	Inv 5147 (3rd Draw)	X	(48,708.45)	23,061.30
Transfer	05/22/2023			Funds Transfer	X	500,000.00	523,061.30
Check	05/22/2023	3855	American Education...	92 5529 5461 S Stern	X	(150.14)	522,911.16
Check	05/23/2023	3867	Benckenstein & Oxf...	Inv #50789 (March 2023)	X	(30,290.00)	492,621.16
Check	05/24/2023	3869	Elite Plumbing	Inv 1599 (Balance-paid in full)	X	(8,265.00)	484,356.16
Check	05/24/2023	3868	Coburn Supply	For Hwy 124 - Speptic Material	X	(30,973.06)	453,383.10
Check	05/24/2023	3870	Elite Plumbing	Inv #1712 1st Draw on Septic	X	(9,100.00)	444,283.10
Check	05/25/2023	3871	JS Edwards	Inv #123891 (adding Hwy 124 Pro...	M	(5,248.35)	439,034.75
Liability ...	05/30/2023			QuickBooks Payroll ...	X	(9,718.89)	429,315.86
Check	05/30/2023			Prosperity Bank (CC)	X	(317.50)	428,998.36
Paycheck	05/31/2023	DD1292	Norris, Sherrie	Direct Deposit	X		428,998.36
Paycheck	05/31/2023	DD1293	Ojeda, Patricia	Direct Deposit	X		428,998.36
Deposit	05/31/2023			Deposit, Processed	X	63.04	429,061.40
Check	06/02/2023	3872	AEJ Construction	Final Inv #6152 (Hwy 124 property)	M	(26,720.80)	402,340.60
Check	06/08/2023	3873		VOID:	X		402,340.60
Check	06/08/2023	3874	Elite Plumbing	Inv 1712 Pd in full with change order	M	(14,500.00)	387,840.60
Deposit	06/09/2023			ACH, Deposit, Processed	M	67,113.82	454,954.42
Check	06/09/2023		Entergy	ACH, Withdrawal, Processed	M	(169.72)	454,784.70
Check	06/09/2023		Trinity Bay Conserv...	ACH, Withdrawal, Processed	M	(66.08)	454,718.62
Deposit	06/12/2023			Tony's BBQ	M	3,500.00	458,218.62
Check	06/12/2023	995148	ECISD	Draft, Withdrawal, Processed	M	(22,077.13)	436,141.49
Check	06/12/2023	995146	Riceland Medical Ce...	Draft, Withdrawal, Processed	M	(340.00)	435,801.49
Check	06/14/2023		IRS	ACH, Withdrawal, Processed	M	(3,475.50)	432,325.99
Check	06/15/2023			Fee, Withdrawal, Processed	M	(117.90)	432,208.09
Check	06/16/2023		Funcion 4-Lease fka ...	ACH, Withdrawal, Processed	M	(216.94)	431,991.15
Check	06/16/2023		Specturm/Time War...	8260170290121119		(284.06)	431,707.09
Check	06/21/2023		Indigent Healthcare ...	Inv #75950		(1,109.00)	430,598.09
Check	06/21/2023		Brookshire Brothers	IC Batch Date 05.04.2023		(2,413.52)	428,184.57
Check	06/21/2023		Wilcox Pharmacy	IC Batch Date 05.03.2023		(2,322.61)	425,861.96
Check	06/21/2023		UTMB at Galveston	IC Batch Date 05.01.2023		(3,623.40)	422,238.56
Check	06/21/2023		UTMB Faculty Grou...	IC Batch Date 05.01.2023		(1,841.16)	420,397.40
Check	06/21/2023		Thompson OPC (Cli...	IC Batch Date 05.11.2023		(1,912.02)	418,485.38

Winnie-Stowell Hospital District
Bank Accounts Register
As of May 22, 2023 to June 21, 2023

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
Check	06/21/2023		Alliance Medical Se...	IC Batch Date 05.10.2023		(650.00)	417,835.38
Check	06/21/2023		Barrier Reef Enege...	IC Batch Date 05.01.2023		(101.00)	417,734.38
Check	06/21/2023		Chambers Co Public...	IC Batch Date 05.09.2023		(101.00)	417,633.38
Check	06/21/2023		Texas Digestive Dis...	IC Batch Date 05.01.2023		(147.47)	417,485.91
Check	06/21/2023		City Ambulance Ser...	IC Batch Date 05.09.2023		(633.35)	416,852.56
Check	06/21/2023		Dr. June Stansky, O...	IC SP Batch Date 05.08.2023		(300.00)	416,552.56
Check	06/21/2023		\$25 Optical	IC SP Batch Date 05.08.2023		(100.00)	416,452.56
Check	06/21/2023		Omnipoint Health-D...	IC SP Batch Date 05.08.2023		(492.00)	415,960.56
Check	06/21/2023		Penelope S Butler, ...	IC YC Batch Date 05.02.2023		(170.00)	415,790.56
Check	06/21/2023		Nicki Holtzman MS,...	IC YC Batch Date 05.02.2023		(510.00)	415,280.56
Check	06/21/2023		Kalos Counseling	IC YC Batch Date 05.02.2023		(680.00)	414,600.56
Check	06/21/2023		Technology Solution...	Inv # 1781		(75.00)	414,525.56
Check	06/21/2023		Felipe Ojeda	Inv #1038		(350.00)	414,175.56
Check	06/21/2023		Graciela Chavez	Inv #965959		(120.00)	414,055.56
Check	06/21/2023		Benckenstein & Oxf...	Inv #50817 (Apr 2023)		(29,317.99)	384,737.57
Check	06/21/2023		Hubert Oxford	Legal Retainer		(1,000.00)	383,737.57
Check	06/21/2023		Makayla Vidal	Inv #00020		(6,212.50)	377,525.07
Check	06/21/2023		American Education...	92 5529 5461 S Stern		(150.14)	377,374.93
Check	06/21/2023		Coastal Gateway He...	Grant (Jun 2023 Req)		(65,570.11)	311,804.82
Check	06/21/2023		Function 4	3A0064 Inv #1037935		(260.00)	311,544.82
Check	06/21/2023		Dentons US LLP	Inv #2641791		(8,466.00)	303,078.82
Check	06/21/2023		JS Edwards	WSHD Renewal Policy #42759017...		(8,934.37)	294,144.45
Check	06/21/2023		AEJ Construction	Inv #6387 & Change Order		(3,650.00)	290,494.45
Check	06/21/2023		Simion Olvera	Pending			290,494.45
Check	06/22/2023	Hold	Vaughn's Air Condit...	Inv #WO-0259 (WAIT TO PRINT)		(15,000.00)	275,494.45
Check	06/26/2023	Pending	Prosperity Bank (CC)	ACH, Withdrawal, Processed		(913.03)	274,581.42
Total 100 Prosperity Bank -Checking						(20,864.77)	274,581.42
102 First Financial Bank							17,686,667.03
102b FFB #4846 DACA							17,686,667.03
Transfer	05/22/2023			Funds Transfer Payee:ACH Payme...	X	(500,000.00)	17,186,667.03
Check	05/23/2023	Pending ...	Stellar Bank NH Hol...	Memo:ACH Paymen Winnie-Stowe...	X	(94,656.00)	17,092,011.03
Check	05/23/2023			Memo:Transfer from DDA Acct No...	X	813,143.94	17,905,154.97
Check	05/24/2023			Memo:Transfer from DDA Acct No...	X	1,602,590.13	19,507,745.10
Deposit	05/24/2023			Inbound Wire Transfer WSHD-Clo...	X	7,038,965.15	26,546,710.25
Check	05/24/2023				X	(15.00)	26,546,695.25
Check	05/25/2023	9999		Opening CD at FFB	X	(8,200,000.00)	18,346,695.25
Check	05/26/2023			Memo:Transfer from DDA Acct No...	X	434,362.36	18,781,057.61
Check	05/26/2023	9999		Payee:Deposit #\SERIAL Opening ...	X	(2,459,651.65)	16,321,405.96
Check	06/02/2023			Memo:Transfer from DDA Acct No...	M	213,164.43	16,534,570.39
Check	06/05/2023			Memo:Transfer from DDA Acct No...	M	14,750,483.65	31,285,054.04
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(115,108.67)	31,169,945.37
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(129,263.49)	31,040,681.88
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(133,484.19)	30,907,197.69
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(141,136.37)	30,766,061.32
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(155,428.45)	30,610,632.87
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(158,894.23)	30,451,738.64
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(169,085.70)	30,282,652.94
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(208,170.15)	30,074,482.79
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(209,645.68)	29,864,837.11
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(209,988.82)	29,654,848.29
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(222,548.01)	29,432,300.28
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(224,915.72)	29,207,384.56
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(230,646.28)	28,976,738.28
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(255,833.27)	28,720,905.01
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(262,335.90)	28,458,569.11
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(281,826.65)	28,176,742.46
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(285,000.76)	27,891,741.70
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(290,250.91)	27,601,490.79
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(294,780.46)	27,306,710.33

Winnie-Stowell Hospital District
Bank Accounts Register
As of May 22, 2023 to June 21, 2023

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(297,508.47)	27,009,201.86
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(301,780.65)	26,707,421.21
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(306,842.07)	26,400,579.14
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(316,535.98)	26,084,043.16
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(321,271.41)	25,762,771.75
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(329,249.57)	25,433,522.18
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(334,019.32)	25,099,502.86
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(338,668.96)	24,760,833.90
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(340,590.58)	24,420,243.32
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(368,780.11)	24,051,463.21
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(370,959.10)	23,680,504.11
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(374,870.97)	23,305,633.14
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(378,388.23)	22,927,244.91
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(380,327.01)	22,546,917.90
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(398,399.00)	22,148,518.90
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(406,972.38)	21,741,546.52
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(410,180.80)	21,331,365.72
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(417,730.04)	20,913,635.68
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(425,416.53)	20,488,219.15
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(442,728.30)	20,045,490.85
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(450,226.06)	19,595,264.79
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(468,601.58)	19,126,663.21
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(472,976.71)	18,653,686.50
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(511,838.11)	18,141,848.39
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(553,187.33)	17,588,661.06
Check	06/05/2023			TEXNET STATE COMPTRLR CC...	M	(657,555.49)	16,931,105.57
Check	06/07/2023		LTC Group	Inv #1658 (June 2023)	M	(234,000.00)	16,697,105.57
Check	06/09/2023			Paid to FFB (Origination Fee & Bu...	M	(710,484.41)	15,986,621.16
Check	06/13/2023			Memo:Transfer from DDA Acct No...	M	1,045.00	15,987,666.16
Check	06/15/2023			Memo:Transfer from DDA Acct No...	M	1,429,710.99	17,417,377.15
Check	06/16/2023			Memo:Transfer from DDA Acct No...	M	977,556.02	18,394,933.17
Total 102b FFB #4846 DACA						708,266.14	18,394,933.17
102c FFB #7190 Money Market							
Check	05/26/2023	9999		Payee:Deposit #\SERIAL Opening ...	X	2,459,651.65	2,459,651.65
Check	05/30/2023	9999	Salt Creek Capital L...	Ln 22 Int Pmt (6 of 11)	X	(182,802.61)	2,276,849.04
Deposit	05/31/2023				X	11,694,493.49	13,971,342.53
Deposit	05/31/2023				X	2,858.83	13,974,201.36
Check	06/13/2023				M	(0.01)	13,974,201.35
Total 102c FFB #7190 Money Market						13,974,201.35	13,974,201.35
Total 102 First Financial Bank						14,682,467.49	32,369,134.52
TOTAL						14,661,602.72	32,643,715.94

Exhibit “B”



06.21.2023 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients: **105** – the same as in **APR**
 - **40** Apps, [**17 Renewals**, **6 New**, **10 ER Referrals**, and **7 Previous**]
 - **20** Approved [**10 Renewals**, **4 New**, **1 ER Referrals**, & **5 Previous**]
 - **0** Withdrew / **6** Denied / **13** Incomplete / **1** Pending
- b) Youth Counseling: **25** – the same as in **APR**
- c) Irlen Services: **0** – the same since **OCT 2022**
- d) Dental: **5** clients used their benefit in **MAY**
- e) Vision Services: **3** clients used their benefit in **MAY**
- f) Riceland Emergency Room Referrals: **10** (**1 Approved**, **9 Failed to Apply**, and **0 Pending** for ICAP)

2) Riceland Hospital & Clinics:

The **MAY** charges were UP by **\$21.3 K** from **\$75.9 K** to **\$97.2 K**. The increase was due to **9** ER visits, **1** In-Patient stay, and increased Ancillary services.

3) UTMB Hospital & Clinics:

UTMB **MAY** charges were DOWN by **\$52.1 K** from **\$79.3 K** to **\$28.1 K**, due to a significant decrease in billed procedures. However, there was **1 Spine Surgery PROCEDURE** performed in May for an expected expense of **\$19.6 K**, and there are **3 PROCEDURES** scheduled in June for an expected total expense of **\$10 K**.

4) Our over-all YTD Expenditures (See Charts on next page):

We have expended **46%** of the overall Indigent Care Budget

- **59%** of the Pharmacy budget
- **79%** of the Riceland budget
- **24%** of the UTMB budget
- **57%** of the Youth Counseling budget
- **64%** of the Vision budget
- **69%** of the Dental budget
- **59%** of the Thompson Outpatient Clinic budget

5) District Programs:

- a) County Van (See attached): **4** out of **79** were WSHD clients
- b) Winnie Stowell EMS (See attached): **6** transports out of **7** were made from Riceland
- c) Marcelous Williams (See attached): **18** out of **20** were WSHD clients
- d) East Chambers School (See attached): For **Sep 2022 – May 2023**, students benefited from:
 - **59** Student Insurance Claims
 - **259** Counseling sessions
 - **72** Occupational Therapy sessions
 - **290** Speech Therapy sessions
 - **15** Physical Therapy sessions
 - **5514** Nurse Visits
 - **1565** Students screened for Vision, Hearing & Scoliosis

6) Other items of Interest:

After much prayer, thought, and consideration, I plan to retire in December of 2023.



CHART 1: 2023 YTD WSHD Services & Budget Status:

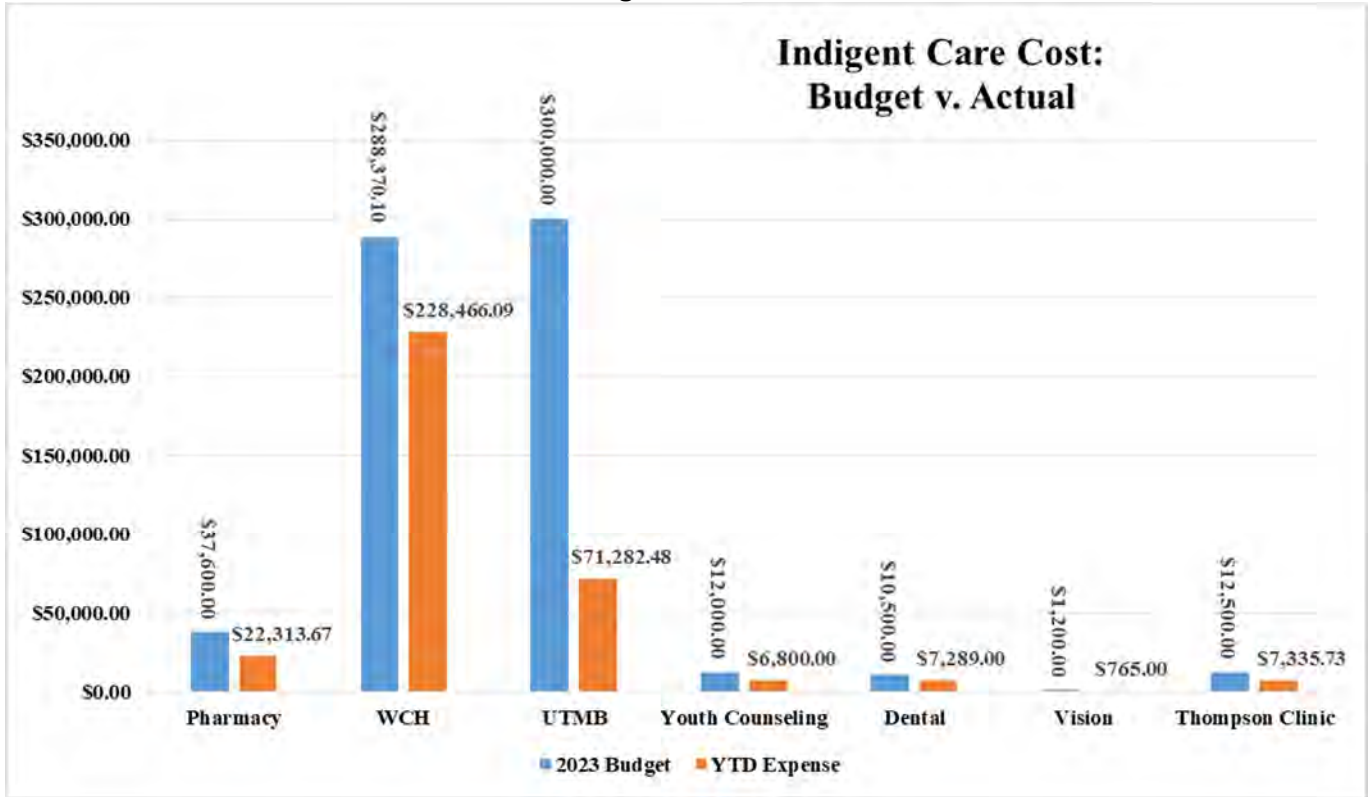
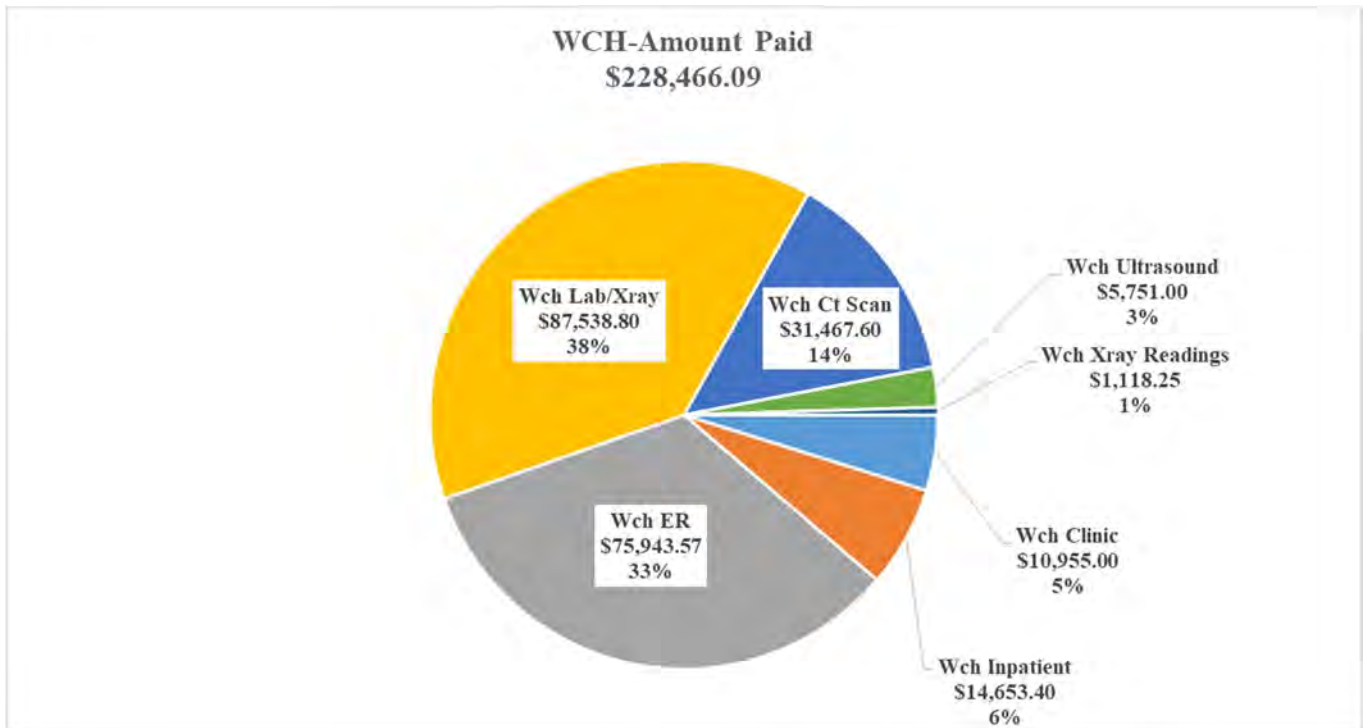


CHART 2: 2023 WCH Services Breakdown



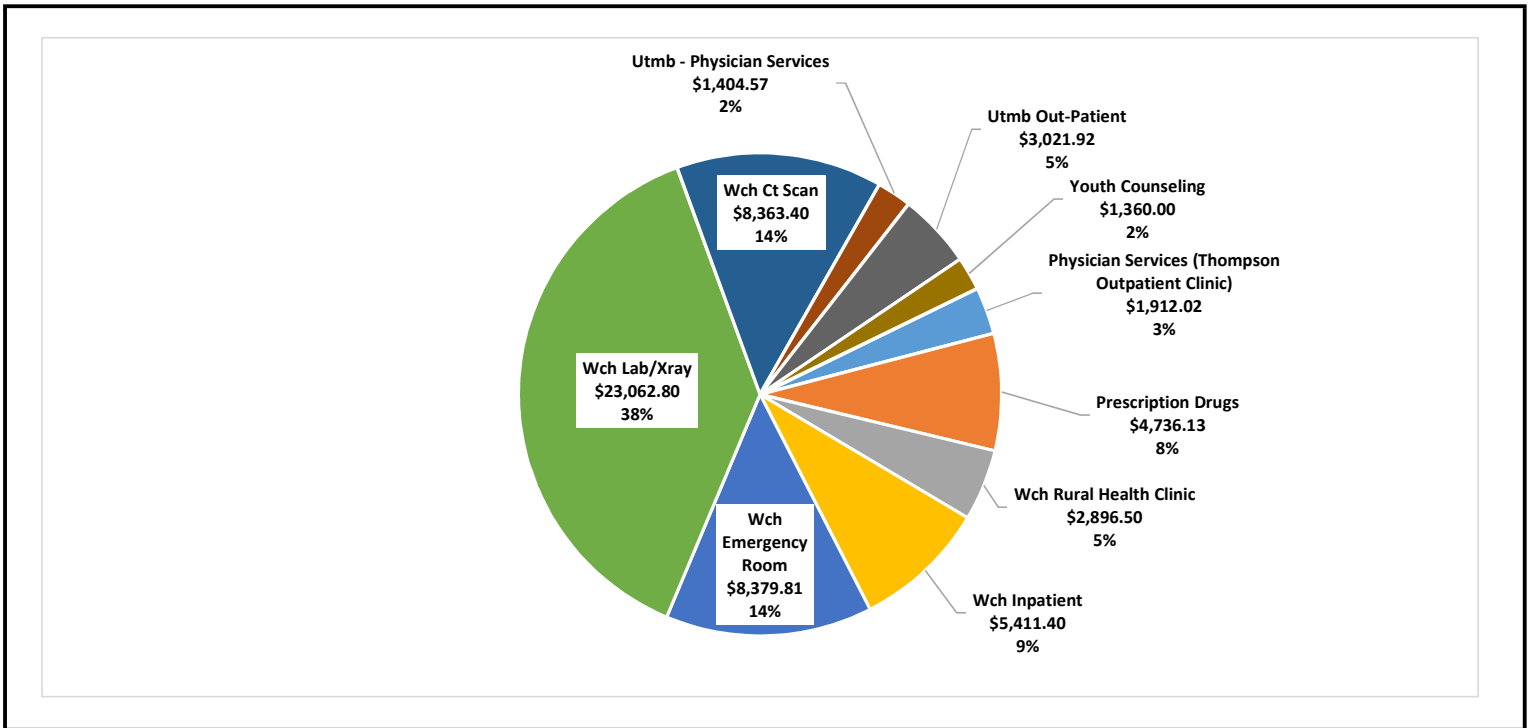
WSDH Indigent Care Director Report
Jan-Dec 2023 YTD Expenditures Worksheet

	April			May			Year to Date		
	Indigent Clients:	105		Indigent Clients:	105		Clients Enrolled:	Total Unduplicated 124	Average 99
Indigent Clients:				Indigent Clients:			YC Enrolled:	25	20
Youth Counseling:				Youth Counseling:			IS Enrolled:	0	0
Irlen Services:				Irlen Services:					
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
Pharmacy									
Brookshire Brothers Pharmacy Corp	\$3,901.49	\$3,901.49	\$2,447.15	\$2,699.79	\$2,699.79	\$2,413.52	\$17,712.24	\$16,053.60	\$13,727.66
Wilcox Pharmacy	\$1,292.91	\$1,292.91	\$1,292.91	\$2,358.11	\$2,358.11	\$2,322.61	\$8,621.51	\$8,621.51	\$8,586.01
<i>ADJUSTMENTS-Refunds/Credits</i>									\$0.00
Pharmacy Totals	\$5,194.40	\$5,194.40	\$3,740.06	\$5,057.90	\$5,057.90	\$4,736.13	\$26,333.75	\$24,675.11	\$22,313.67
Winnie Community Hospital									
WCH Clinic	\$6,318.00	\$2,330.40	\$2,330.40	\$7,171.00	\$2,896.50	\$2,896.50	\$28,698.04	\$10,955.00	\$10,955.00
WCH ER	\$14,223.00	\$6,851.09	\$6,851.09	\$18,687.00	\$8,379.81	\$8,379.81	\$142,461.00	\$75,943.57	\$75,943.57
WCH Lab/Xray	\$34,440.00	\$20,664.00	\$20,664.00	\$38,438.00	\$23,062.80	\$23,062.80	\$151,690.00	\$87,538.80	\$87,538.80
WCH CT Scan	\$9,193.00	\$5,515.80	\$5,515.80	\$13,939.00	\$8,363.40	\$8,363.40	\$52,446.00	\$31,467.60	\$31,467.60
WCH Xray (MRI)	\$0.00	\$0.00	\$0.00	\$7,476.00	\$340.28	\$340.28	\$22,428.00	\$1,038.47	\$1,038.47
WCH Lab/Xray Reading	\$2,131.00	\$299.69	\$299.69	\$1,672.00	\$218.39	\$218.39	\$8,206.00	\$1,118.25	\$1,118.25
WCH Inpatient	\$9,242.00	\$9,242.00	\$9,242.00	\$9,019.00	\$5,411.40	\$5,411.40	\$18,261.00	\$14,653.40	\$14,653.40
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Ultrasound	\$375.00	\$225.00	\$225.00	\$777.00	\$466.20	\$466.20	\$9,585.00	\$5,751.00	\$5,751.00
WCH Totals	\$75,922.00	\$45,127.98	\$45,127.98	\$97,179.00	\$49,138.78	\$49,138.78	\$433,775.04	\$228,466.09	\$228,466.09
<i>ADJUSTMENTS-Refunds/Credits</i>									\$0.00
Balance on Contracted Amount (Lump Sum Payment of \$288,370.10)		\$109,042.79			\$59,904.01			\$59,904.01	
UTMB									
UTMB Physician Services	\$9,505.00	\$1,190.70	\$1,190.70	\$7,843.00	\$1,404.57	\$1,404.57	\$40,049.00	\$7,365.25	\$7,365.25
Barrier Reef (UTMB ER Physician)	\$2,374.00	\$121.20	\$121.20	\$2,374.00	\$121.20	\$121.20	\$14,818.00	\$582.29	\$582.29
UTMB Anesthesia	\$0.00	\$0.00	\$0.00	\$732.00	\$436.59	\$436.59	\$3,746.00	\$2,742.49	\$2,742.49
UTMB In-Patient	\$45,957.26	\$15,165.90	\$15,165.90	\$0.00	\$0.00	\$0.00	\$93,479.84	\$29,571.91	\$29,571.91
UTMB Outpatient	\$12,536.53	\$2,686.98	\$2,686.98	\$14,440.99	\$3,021.92	\$3,021.92	\$131,137.84	\$27,351.04	\$27,351.04
UTMB Lab&Xray	\$8,910.70	\$1,315.38	\$1,315.38	\$2,734.00	\$601.48	\$601.48	\$19,624.61	\$3,669.50	\$3,669.50
<i>ADJUSTMENTS-Refunds/Credits</i>			\$534.38						(\$8,183.94)
UTMB Totals	\$79,283.49	\$20,480.16	\$19,945.78	\$28,123.99	\$5,585.76	\$5,585.76	\$302,855.29	\$71,282.48	\$71,282.48
Local Community Clinics (601.04)									
Coastal Gateway Health Clinic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Thompson Outpatient Clinic	\$5,438.00	\$1,416.60	\$1,416.60	\$7,600.00	\$1,912.02	\$1,912.02	\$29,585.00	\$7,335.73	\$7,335.73
Local Community Clinics	\$5,438.00	\$1,416.60	\$1,416.60	\$7,600.00	\$1,912.02	\$1,912.02	\$29,585.00	\$7,335.73	\$7,335.73
Non-Contracted Emergency Services (601.04)									
Non-Contract ER & In-Pt Services	\$11,586.30	\$11,271.90	\$11,271.90	\$7,989.50	\$881.82	\$881.82	\$19,575.80	\$12,153.72	\$12,153.72
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$11,586.30	\$11,271.90	\$11,271.90	\$7,989.50	\$881.82	\$881.82	\$19,575.80	\$12,153.72	\$12,153.72
Youth Counseling									
Benjamin Odum	\$595.00	\$595.00	\$595.00	\$680.00	\$680.00	\$680.00	\$3,145.00	\$3,145.00	\$3,145.00
Nicki Holtzman	\$850.00	\$850.00	\$850.00	\$510.00	\$510.00	\$510.00	\$2,890.00	\$2,890.00	\$2,890.00
Penelope Butler	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$765.00	\$765.00	\$765.00
Youth Counseling Totals	\$1,615.00	\$1,615.00	\$1,615.00	\$1,360.00	\$1,360.00	\$1,360.00	\$6,800.00	\$6,800.00	\$6,800.00
Irlen Services									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Irlen Services Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigent Special Services									
Dental Services	\$2,695.00	\$2,238.00	\$2,238.00	\$1,217.00	\$492.00	\$492.00	\$12,551.00	\$7,289.00	\$7,289.00
Vision Services	\$100.00	\$100.00	\$100.00	\$400.00	\$400.00	\$400.00	\$765.00	\$765.00	\$765.00
Indigent Special Services Totals	\$2,795.00	\$2,338.00	\$2,338.00	\$1,617.00	\$892.00	\$892.00	\$13,316.00	\$8,054.00	\$8,054.00
Medical Supplies (601.04)									
Alliance Medical Supply (C-PAP)	\$430.00	\$430.00	\$430.00	\$650.00	\$650.00	\$650.00	\$1,080.00	\$1,080.00	\$1,080.00
Medical Supplies Total	\$430.00	\$430.00	\$430.00	\$650.00	\$650.00	\$650.00	\$1,080.00	\$1,080.00	\$1,080.00
Grand Totals	\$182,264.19	\$87,874.04	\$85,885.32	\$149,577.39	\$65,478.28	\$65,156.51	\$833,320.88	\$359,847.13	\$357,485.69

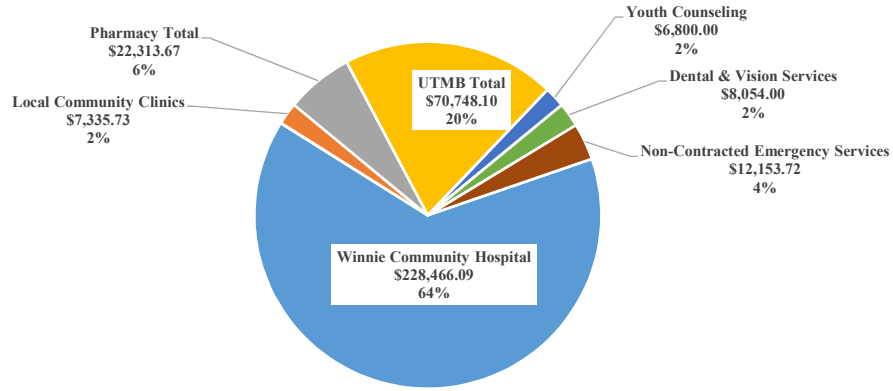
WSHD Indigent Care Director Report May 2023 SOURCE CODE REPORT

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Services (Thompson Outpatient Clinic)	\$7,600.00	\$1,912.02	2.93%
02	Prescription Drugs	\$5,057.90	\$4,736.13	7.27%
NCP	Non-Contract ER & In-Patient Services	\$7,989.50	\$881.82	1.35%
09	DME Medical Supplies	\$650.00	\$650.00	1.00%
13	Vision Services	\$400.00	\$400.00	0.61%
14	Dental Services	\$1,217.00	\$492.00	0.76%
21	Wch Rural Health Clinic	\$7,171.00	\$2,896.50	4.45%
23	Wch Inpatient	\$9,019.00	\$5,411.40	8.31%
24	Wch Emergency Room	\$18,687.00	\$8,379.81	12.86%
25	Wch Lab/Xray	\$38,438.00	\$23,062.80	35.40%
26	Wch Ct Scan	\$13,939.00	\$8,363.40	12.84%
28	Wch X-Ray (MRI)	\$7,476.00	\$340.28	0.52%
29	Wch Ultrasound	\$777.00	\$466.20	0.72%
44	Wch Xray Readings	\$1,672.00	\$218.39	0.34%
31	Utmb - Physician Services	\$7,843.00	\$1,404.57	2.16%
31-1	Utmb Anesthesia	\$732.00	\$436.59	0.67%
33	Utmb In-Patient	\$0.00	\$0.00	0.00%
34	Utmb Out-Patient	\$14,440.99	\$3,021.92	4.64%
34-1	Utmb ER Physicians - Barrier Reef	\$2,374.00	\$121.20	0.19%
35	Utmb Lab/X-Ray	\$2,734.00	\$601.48	0.92%
39	Youth Counseling	\$1,360.00	\$1,360.00	2.09%

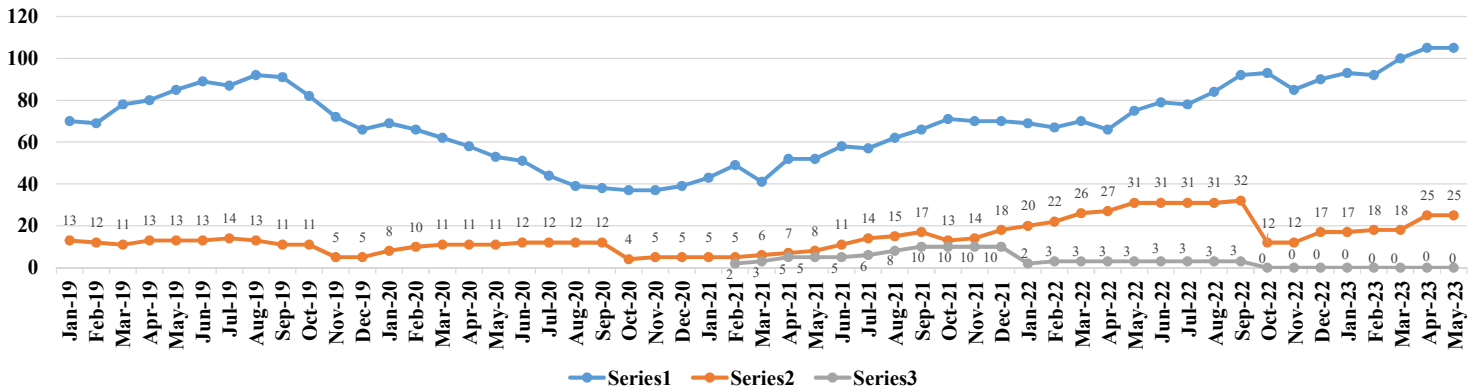
Expenditures/Reimbursements/Adjustments	\$149,577.39	\$65,156.51	100%
Grand Total	\$149,577.39	\$65,156.51	100%



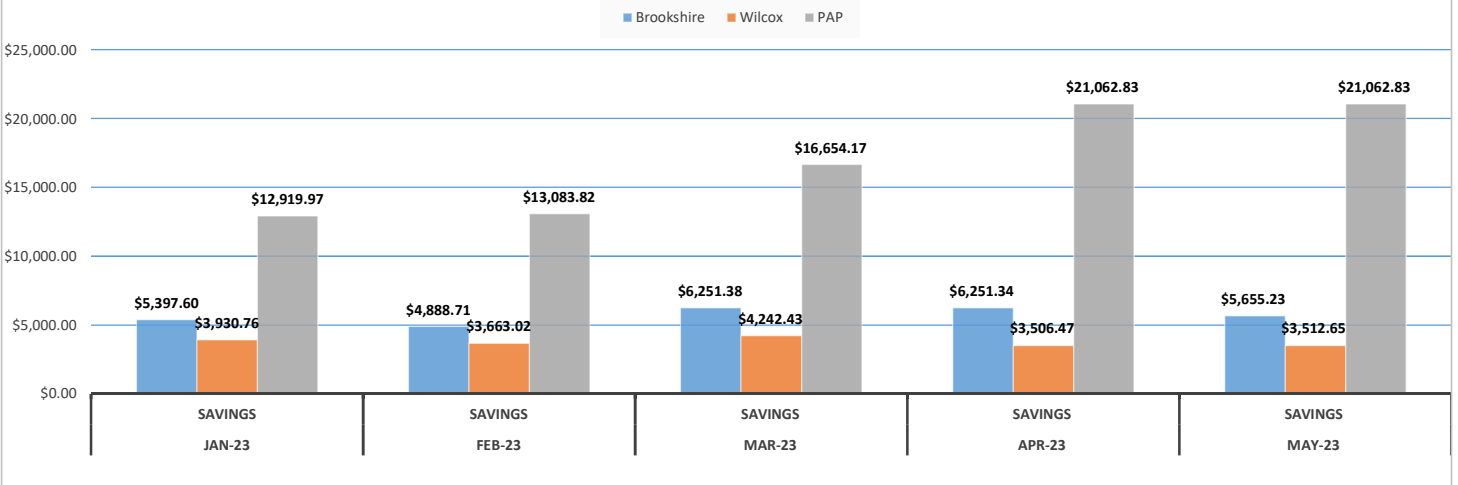
Year To Date Payments Incurred: \$356,951.31



Client Count Trending



PHARMACY SAVINGS TO DATE = \$132,083.21



Chambers County East Side Van Monthly Report



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


May-23

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2778
TOTAL HOURS DRIVEN			150.42
TOTAL EXPENSES FOR MONTH			\$1,655.79
FUEL COST			\$650.13
REPAIRS & MAINTENANCE COST	4 tires, balance		\$1,005.66
MISC EXPENSES			
TOTAL RIDERS			25
TOTAL WSHD RIDERS			0
TOTAL TRIPS			49
TOTAL TRIPS FOR WSHD RIDERS			0

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			3336
TOTAL HOURS DRIVEN			186.42
TOTAL EXPENSES FOR MONTH			\$1,870.50
FUEL COST			\$665.63
REPAIRS & MAINTENANCE COST	alignment, 4 tires, labor		\$1,204.87
MISC EXPENSES			
TOTAL RIDERS			27
TOTAL WSHD RIDERS			1
TOTAL TRIPS			54
TOTAL TRIPS FOR WSHD RIDERS			2

VEHICLE #3		RAV 4	
TOTAL MILES DRIVEN			3990
TOTAL HOURS DRIVEN			189.17
TOTAL EXPENSES FOR MONTH			\$389.15
FUEL COST			\$389.15
REPAIRS & MAINTENANCE COST			
MISC EXPENSES			
TOTAL RIDERS			27
TOTAL WSHD RIDERS			3
TOTAL TRIPS			59
TOTAL TRIPS FOR WSHD RIDERS			5

GRAND TOTALS			
MILES DRIVEN			10104
RIDERS			79
WSHD RIDERS			4
TRIPS			162
WSHD TRIPS			7
EXPENSES			\$3,915.44

 Winnie Stowell Volunteer EMS Winnie-Stowell Hospital District Report							
Year to Date Details for 2023		Jan-23	Feb-23	Mar-23	Apr-23	May-23	YTD DATE
YTD CALLS/TRANSPORTS REQUESTED		5	9	13	10	17	37
YTD CALLS/TRANSPORTS MADE		1	5	6	7	6	19
YTD CALLS/TRANSPORTS DELAYED		0	0	0	0	0	0
YTD CALLS/TRANSPORTS REASSIGNED		4	4	7	3	1	18
YTD 3RD PARTY INVOICES BILLED							
Insurance Billed		\$0.00	\$4,497.24	\$8,687.23	\$6,985.19	\$0.00	\$20,169.66
Self-Pay Billed		\$1,837.17	\$1,988.80	\$1,286.07	\$5,547.78	\$5,233.60	\$15,893.42
YTD 3RD PARTY PAYMENTS RECEIVED		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Paid		\$0.00	\$2,309.50	\$4,709.39	\$2,237.96	\$0.00	\$9,256.25
Self-Pay Paid		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
YTD STAFFING EXPENSES							
YTD PERTINENT INFORMATION REGARDING PERFORMANCE							
RICELAND REPORTED TRANSFERS		5	9	13	10	7	37

May-23				
MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL				
DATE	EMPLOYEE NAME	HOURS WORKED	SALARY (\$PR HR)	PAYROLL AMOUNT
5/1/2023	Amanda Harpst	24	16	\$384.00
5/2/2023	Brad Eads	24	16	\$384.00
5/3/2023	Hunter Traweek	24	16	\$384.00
5/4/2023	Andrew Broussard	24	16	\$384.00
5/5/2023	Nicole Treto	24	16	\$384.00
5/6/2023	Kayla Blackwell	24	16	\$384.00
5/7/2023	Travis Delacreda	24	16	\$384.00
5/8/2023	Brad Eads	24	16	\$384.00
5/9/2023	Amanda Harpst	24	16	\$384.00
5/10/2023	Andrew Broussard	24	16	\$384.00
5/11/2023	Hunter Traweek	24	16	\$384.00
5/12/2023	Mark Matak	24	16	\$384.00
5/13/2023	Nicole Treto	24	16	\$384.00
5/14/2023	Austin laaacks	24	16	\$384.00
5/15/2023	Brad Eads	24	16	\$384.00
5/16/2023	Amanda Harpst	24	16	\$384.00
5/17/2023	Hunter Traweek	24	16	\$384.00
5/18/2023	Andrew Broussard	24	16	\$384.00
5/19/2023	Haley Brandin	24	16	\$384.00
5/20/2023	Kayla Blackwell	24	16	\$384.00
5/21/2023	Haley Brandin	24	16	\$384.00
5/22/2023	Brad Eads	24	16	\$384.00
5/23/2023	Amanda Harpst	24	16	\$384.00
5/24/2023	Hunter Traweek	24	16	\$384.00
5/25/2023	Andrew Broussard	24	16	\$384.00
5/26/2023	Boyd Abshire	24	16	\$384.00
5/27/2023	Austin laaacks	24	16	\$384.00
5/28/2023	Nicole Treto	24	16	\$384.00
5/29/2023	Amanda Harpst	24	16	\$384.00
5/30/2023	Brad Eads	24	16	\$384.00
5/31/2023	Andrew Broussard	24	16	\$384.00
TOTAL SALARY EXPENSE FOR THE MONTH:				\$11,904.00

May-23					
MONTHLY CALLS/TRANSPORTS REPORT					
CALLS REQUESTED			CALL RESULTS		
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	TRANSFERRED: R
5/6/2023	Riceland	St. Elizabeth	M		
5/6/2023	Riceland	San Jacinto Methodist	M		
5/7/2023	Riceland	San Jacinto Methodist	M		
5/10/2023	Riceland	St.Lukes Houston (Needed Bariatric Unit)			R
5/17/2023	Riceland	St. Elizabeth	M		
5/25/2023	Riceland	St. Elizabeth	M		
5/25/2023	Riceland	St. Elizabeth	M		
TOTAL CALLS REQUESTED FOR MONTH & RESULTS			7	6	0

May-23			
3rd PARTY INVOICES BILLED			
DATE	3rd Party Name	AMOUNT BILLED	AMOUNT PAID
5/6/2023	Self Pay	\$1,358.67	\$0.00
5/6/2023	Self Pay	\$1,153.19	\$0.00
5/7/2023	Self Pay	\$1,702.56	\$0.00
5/17/2023	Self Pay	\$1,019.18	\$0.00
5/25/2023	United Healthcare	TBD	
5/25/2023	AETNA	TBD	
TOTAL 3rd PARTY AMOUNT BILLED FOR THE MONTH		\$5,233.60	\$0.00

**WSVEMS REPORT STATUS
CURRENT MONTH 2023**

Report Criteria	RECEIVED & CORRECT	Comments
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By the fifth (5th) business day of the month, the Recipient agrees to submit a report including the following:

YES

Received on 06/08/23.

1. Payroll Statement:

a. Transport Ambulance operators' names	YES	Employee Payroll Page/Invoice was complete.
b. Dates and time spent during the Payroll Statement period operating the Transport Ambulance for each operator	YES/NO	Dates and total hours worked were provided, but not the specific time of day worked.
c. Payment amounts owed to each employee	YES	Employee Payroll Page/Invoice was complete.
d. Total payment summary to the District for the prior month's services.	YES	Employee Payroll Page/Invoice was complete.

2. Monthly Transport Activities Report

a. Number of calls made in the month using the Transport Ambulance	YES	"Calls & Results" page was completed & valued on the YTD Report page.
b. Amount invoiced to any third parties for the calls	YES/NO	4 call charges were complete and 2 were to be determined since they happened at the end of the month.
c. Year to date funds paid by third parties for the Transport Ambulance services	YES	"Invoices Billed" page was completed and the accurate numbers were entered on the YTD Report page.
d. Year to date staffing expenses for the additional EMT Basic position	YES/NO	There were amounts showing for the individual months on the Employee Schedule & Payroll page, but the total figures were not valued on the YTD Report page.
e. Any other information reasonably requested by the District that may be helpful, including transfers delayed because operators were operating the ALS ambulance.	YES	Reason for transport request not made provided for the 05/10/23 transport.

3. December 14, 2022 Six Month Requests:

a. The WSVEMS will enter into an agreement with Hospital to provide transport services on an expedited basis; or provide proof that the WSVEMS has made a good faith attempt to secure an agreement.	YES	The contract was finalized the end of February or the beginning of March. However, no payments from the Hospital have been reported to date.
b. The District's funds shall not be used for overtime.	NO	There was no documentation provided that the District's funds were not used for overtime.
c. WSVESM shall implement a payment system for employees as required by the grant agreement.	NO	There was no documentation provided that the WSVESM has implemented a payment system for employees as required by the grant agreement.
d. The WSVEMS shall operate on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff so as to ensure that the District's funds were being used to only pay for the transport ambulance staff as required in grant agreement.	NO	There was no documentation provided that the WSVEMS has operated on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff.

e. The WSVEMS agrees to provide proof that they were billing timely for the transport ambulance because the WSVEMS's current collection rate was only twenty-one percent (21%).


NO

There was no documentation provided that the WSEMS is billing timely for the transport ambulance. I have received notification of 6 transports made by WS VEMS for WSHD Indigent Care Clients, yet the transports were not listed on the Transport page and have yet to be submitted for payment.

f. The WSVEMS shall timely provide completed reports without the District's staff having to assist with preparing the reports.

NO

The District's staff did not assist in completing the WSEMS Monthly report, but the report also was not completed accurately in all areas. The Total # of Transports requested for May shown on the YTD report was entered as 17, but the accurate number, as shown on the "Calls&Results" page, is a total of 7.

 Marcelous Williams Resource Center Winnie-Stowell Hospital District Report		Year to Date Details for 2023					
		Jan-23	Feb-23	Mar-23	Apr-23	May-23	YTD DATE
YTD WSHD REFERRALS		0	2	0	4	2	8
YTD Indigent Care (Medical, Dental & Vision)		0	2	0	3	2	7
YTD Prescription Assistance		0	0	0	1	0	1
YTD Youth Counseling		0	0	0	0	0	0
YTD Irlen Syndrome Services		0	0	0	0	0	0
YTD OTHER REFERRALS		2	10	4	4	7	27
YTD Gift of Life		0	0	0	0	0	0
YTD Work in Texas (Texas Workforce Commiss		0	0	0	0	0	0
YTD Chambers County Indigent or OmniPoint FC		0	0	0	0	0	0
YTD Chambers County Indigent Dental		0	0	0	0	0	0
YTD Transportation		0	1	0	0	0	1
YTD Medical Services (Other Than Indigent)		0	2	0	0	1	3
YTD G.E.T.-C.A.P.		0	0	0	0	0	0
YTD Misc. MWRC Available Services		2	7	4	4	6	23
YTD APPLICATIONS INITIATED/PROCESSED		29	26	24	21	28	128
YTD WSHD Indigent Care		0	0	0	1	3	4
YTD Prescription Assistance		0	0	0	0	0	0
YTD Social Security		6	4	2	6	3	21
YTD Medicare Savings Program		1	1	0	0	2	4
YTD Medicaid		2	2	2	0	0	6
YTD Food Stamps		17	19	18	13	15	82
YTD Home Repair		0	0	1	0	3	4
YTD G.E.T.-C.A.P.		3	0	1	1	2	7
YTD CLIENTS SERVED		21	27	24	19	20	111
YTD WSHD Clients		19	21	23	18	18	99
YTD Chambers County Residents		0	0	1	1	2	4
YTD Other County Residents		2	6	0	0	0	8
YTD OFFICE SUPPLIES EXPENSES		\$1,964.24	\$544.54	\$431.67	\$790.92	\$701.42	\$4,432.79
YTD STAFFING EXPENSES		\$3,984.11	\$3,984.11	\$3,904.16	\$3,253.12	\$6,420.83	\$21,546.33
YTD GRANT AMOUNT SPENT OF TO \$57,742.00		\$5,948.35	\$4,528.65	\$4,335.83	\$4,044.04	\$7,122.25	\$25,979.12
YTD GRANT BALANCE REMAINING OF		\$51,793.65	\$47,265.00	\$42,929.17	\$38,885.13	\$31,762.88	\$31,762.88
OUTREACH ACTIVITIES/EVENTS ATTENDED		0	0	9	3	2	14

May-23														
MONTHLY REFERRALS & APPLICATIONS REPORT														
CLIENT DETAILS				PROGRAM(S) CLIENT RECEIVED TO				APPLICATION(S) INITIATED WITH CLIENT						
DATE	REPORT ELEMENTS	Client Identifier Example: S-1 OR For Referred Case #	Client Residency Data Winnie Stowell Hosp Dist Chambers County	WSHD Indigent Care	Medical Services (Other Than Indigent)	Misc. MWRC Available Services	WSHD Indigent Care	WSHD Prescription Assistance	Social Security: Disability, SSI, Retirement	Medicare Savings Program	Food Stamps	Home Repair G.E.T.-C.A.P.		
5/5/2023		NELB	X	X		X		X			X	X		
5/3/2023		DEL T	X								X	X		
5/3/23		REE S	X								X	X		
5/2/2023		MIC L	X								X	X		
5/2/2023		BOJA	X		X						X	X		
5/3/2023		JACB	X								X	X		
5/4/2023		DOMA	X							X	X	X		
5/5/2023		SMJE	X							X	X	X		
5/9/2023	R	VGL	X	X		X								
5/9/2023	R	KOD	X								X	X		
5/11/2023		THOS	X			X					X	X		
5/17/2023		LOPA	X			X	X				X	X		
5/12/2023		LOPE	X								X	X		
5/17/2023	R	SMIT	X			X					X	X		
5/16/2023		MONL	X								X	X		
5/19/2023		WEL	X								X	X		
5/19/2023		STEE	X			X					X	X		
5/25/2023		ARHL D	X						X		X	X		
5/27/2023		ALC	X			X					X	X		
5/24/2023	R	LEWA	X								X	X		
20	(4)	0	18	2	2	1	6	3	0	3	2	15	3	2

May OFFICE SUPPLY EXPENSES INCURRED			
5/31/2023	Miscellaneous	stamps, supplies,etc	\$222.56
5/2/2023	T Mobile	phone	\$140.00
5/8/2023	Administrative Expenses	Project Mgr (travel)	\$219.29
5/15/2023	Ebay purchase	clear zip bags for outreach	\$119.57
TOTAL OFFICE EXPENSE FOR THE MONTH			\$701.42

May-23		
MONTHLY EMPLOYEE SCHEDULE & PAYROLL		
DATE	PAYROLL AMOUNT	
5/15/2023	Payroll Payments	\$2,125.00
5/31/2023	Payroll Payments	\$4,295.83
Hired T Sanchez/Terminate C Dickerson		
TOTAL SALARY EXPENSE FOR THE MONTH:		\$6,420.83

5/22/2023							
MONTHLY OUTREACH & EVENTS							
OUTREACH / EVENT DATE	TYPE OF OUTREACH	EVENT LOCATION	PARTNER(S)	IMPACT	PURPOSE	# OF PKTS DISTRIB	NOTES
5/3/2023	Outreach	(Toddlers) Headstart-Anahuac			presentation packages distributed	40	
May-23	Outreach	(Pre-School) Headstart-Anahuac			presentation packages distributed	40	
TOTAL OUTREACH /EVENTS FOR THE MONTH:						2	

Year to Date Details		2022	1st Qtr Totals 2022-Nov 2022	2nd Qtr Totals Dec 2022-Feb 2023	3rd Qtr Totals Mar 2023-May 2023	4th Qtr Totals June 2023-Aug 2023	YTD DATE
ACCIDENT INSURANCE							
Number of Students Insured			1555	1547	1551	0	
Number of Claims Filed			27	15	17	0	59
CONTRACTED SERVICES (THERAPY)							
Number of Students Using:			112	117	114	0	
Counseling			80	89	90	0	
Occupational Therapy			26	23	23	0	
Speech Therapy			104	104	82	0	
Physical Therapy			6	5	4	0	
SCREENINGS							
Number of Students Screened:			0	0	1565	0	1565
Vision			0	0	703	0	703
Hearing			0	0	692	0	692
Scoliosis			0	0	170	0	170
NURSE SALARY & BENEFITS, SUPPLIES, IMMUNIZATIONS, & MISC SERVICES							
Number of Nurses:			3	3	3	0	3
Number of Students:			2574	2038	2253	0	6865
Given First Aid			751	587	576	0	1914
Medication Administered			1156	1080	1283	0	3519
Injuries			41	12	28	0	81
2023 Budget							
Category		Actual (YTD)	Budget	Budget Amend.	Difference	Balance	
Insurance			\$52,000.00	\$52,000.00	\$0.00	\$52,000.00	
Therapy and Related Contracted Services (Partial)		1458.5	\$2,100.00	\$2,100.00	\$0.00	\$641.50	
*Nurse Salary/Benefits (Partial)		104783.76	\$129,800.00	\$163,494.00	\$33,694.00	\$25,016.24	
Nurse Supplies/Expenses (Partial)		7384.1	\$36,000.00	\$36,000.00	\$0.00	\$28,615.90	
Immunizations			\$100.00	\$100.00	\$0.00	\$100.00	
Total		\$113,626.36	\$220,000.00	\$253,694.00	\$33,694.00	\$106,373.64	

*Budget Amendment includes \$33,694.00, or an additional \$3,743.80 per month, for the 2023 WSHD Fiscal Year (i.e., \$18,719.00 for April through August 2023 to complete the ECISD Fiscal Year and \$14,795.20 for September through December 2023 to complete the WSHD's fiscal year).

Exhibit “C”

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
May 2023			
Facility	Operator		Comments
Garrison Nursing and Rehabilitation	Caring		Census: 76. The facility had their annual survey in May 2023, they have not received the full report from the state regarding the tags. There were no reportable incidents since the last visit. The facility needs several CNAs, they are not using agency staffing at this time. The facility is focusing on improving employee satisfaction and weight loss metrics.
Golden Villa	Caring		Census: 105. The facility had their LSC survey in early May 2023, they received two tags which have been cleared via their POC. There was one reportable incident since the last visit, it is awaiting state review. The facility is in the process of getting their CNA class approved. The facility has completed the dining room renovations and are nearly done with the nurse station renovation.
Marshall Manor Nursing and Rehabilitation	Caring		Census: 89. The facility had their annual survey in February 2023; their POC was accepted by the state. There were three reportable incidents since the last visit, they are awaiting state review. The maintenance department is focusing on renovations of the residents' rooms. The facility is not using agency staffing.
Marshall Manor West	Caring		Census: 54. The facility had their annual survey in August 2022, they will enter their survey window in June 2023. There was one reportable incident since the last visit for missing money, the state has not yet investigated. The facility has an improvement plan in place to reduce their usage of anti-psychotic medication.
Park Manor of Humble	HMG		Census: 81. The state came to the facility in February 2023 to review outstanding incidents, they were all cleared following state review. There were no reportable incidents since the last visit. The talent director is continuing to revamp the employee appreciation program, they are adding prizes as well as employee benefits.
Park Manor of Quail Valley	HMG		Census: 94. The facility had their annual survey in February 2023, their POC was accepted by the state. There were two reportable incidents and four complaints since the last visit, all have been cleared following state review. The facility is working on scanning all medical records into PCC.

Park Manor of Tomball	HMG	<p>Census: 94. The state was in the facility in February to review outstanding clinic reports, all were cleared. There were two reportable incidents since the last visit, one has been cleared and their other is awaiting state review. The facility hosted a nurses banquet to celebrate nurses week, they have also provided lunch every day.</p>
Park Manor of South Belt	HMG	<p>Census: 108. The facility had their annual survey in February 2023, they received four total tags and their POC was accepted by the state. There were two reportable incidents since the last visit, both are awaiting state review. The facility has installed new flooring in all common areas and they are beginning to repaint the walls.</p>
Rose Haven Retreat	Caring	<p>Census: 49. The facility had their annual survey in March 2023, they received three minor tags; all have been cleared via POC. There were two reportable incidents since the last visit, they are awaiting state review. The facility is hosting a garage sale where all proceeds will go to funding new activities at the facility.</p>

Administrator: Julie Johnson
DON: Samuel Gandy, RN

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. The census was at 76 residents. The facility now has an overall star rating of 5 and a star rating in Quality Measures of 5.

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

The county transmission rate for Nacogdoches is High. The Administrator reports the facility no longer requires masks.

The facility is currently COVID_19 free and the last time the facility had a COVID_19 positive employee or resident was in December 2022. PPE inventory is still good, enough for several weeks.

All visitors are now just logging in, and masks and hand sanitizer are provided if needed.

The dining room for meals and activities has good resident participation. Church volunteers still come in as well as some of the school students, fire department, hospices and home health agencies to provide activities. The Administrator reports the facility had a luncheon last Friday and passed out carnations and the mayor came and passed out gifts to all the mothers for Mother's Day. The Administrator also reports they are having a staff appreciation lunch this week and a Memorial Day celebration for all.

The facility also celebrates employee of the month (Employee Spotlight). The facility does not use agency staffing.

The Administrator reports the facility is currently working on PIPs for Employee Satisfaction and Weight Loss.

QIPP SCORECARD:

Based on QIPP Scorecard for Garrison Nursing and Rehabilitation QTR 2:

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

SURVEY INFORMATION

The facility had the state in the building last week for their full book survey and they are waiting for the 2567 with preliminary report of LSC tags (Kitchen, Pest).

REPORTABLE INCIDENTS

Information not provided

CLINICAL TRENDING

Incidents/Falls:

Information was not provided

Infection Control:

Information was not provided

Weight loss:

Information was not provided

Pressure Ulcers:

Information was not provided

Restraints:

Information was not provided

Staffing:

Facility is fully staffed except for 6 CNA positions, and Garrison does not need to use contract agency.

Administrator: Michael Herring
DON: Jerold Hindsman, RN

FACILITY INFORMATION

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

The QIPP site visit was conducted via telephone. The Administrator and DON were on the call. The COVID_19 transmission rate for Cass County is High (red) and they are currently wearing masks. The facility has no positive COVID residents or staff.

The Administrator reported the new dining room chairs issue was resolved and they are in the process of painting the dining room. All the countertop materials have been chosen and continue with changing curtains in all rooms one hall at a time. The Administrator reports the dining room renovations are complete and the nurse's station remodel is about 90% complete.

Open visitation is going well, now just logging in and provide masks if needed.

Nurses are still working 12-hour shifts which has turned out to work well for the facility. The Administrator reports that so far, they have not had to use an agency, covering internally with management staff. The facility is a certified CNA facility with no class right now. The regional DON is working on the program for the facility to get it started again, waiting on approval of the curriculum.

The facility PIP for Anti-psychotics due to inappropriate diagnosis and have been working on GDRs and education over the last 3 months and measure is improving, now trending down at 4.4%.

The Administrator reports the facility celebrated Mother's Day and they are planning a Memorial Day celebration cookout happy hour is still at the end of each month.

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

QIPP SCORECARD:

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

SURVEY INFORMATION

The Administrator reports the state was in the building on 5/4/23 for LSC survey and they received tags for fire door and sprinkler heads and POC was approved and cleared. On 5/10/23 the facility received a desk review of 4 self-reports that were unsubstantiated, no citations.

REPORTABLE INCIDENTS

The Administrator reports the facility currently has 1 self-report still pending from May.

PHARMACY: focus on anti-psychotics & metformin dosing (kidney function), prophylactic anti-biotic use

NURSING/MDS: no concerns

DIETARY/KITCHEN: no concerns, did change menu for residents to rotate quarterly

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is on current renovations, spring flowers

ACTIVITIES: no concerns

CLINICAL TRENDING**Incidents/Falls:**

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided



Golden Villa

1104 South William Street, Atlanta TX 75551

May 16, 2023

Staffing:

Administrator reported facility is fully staffed except do need a few CNAs and 3 nurses.

Administrator: Linda Benson
Assistant Administrator: Vicki Ott
DON: Robin Sharp, RN

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current over all star rating of 1 and a Quality Measures rating of 3. The census on the date of this call was 89 and 14 skilled.

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

The Covid_19 transmission rate in Harrison County is moderate and the facility is not wearing masks.

The facility currently has no COVID positive and has not had any staff or residents since April.

The Administrator reports PPE items are still fully stocked with at least 2 weeks supply.

Visitation is still open and going well. All visitors are now just logged in and masks and hand sanitizer are available on request.

Marshall Manor continues with monthly birthday parties for staff and residents. The activities department continues to have great resident participation and celebrated Mother's Day with a plan for Memorial Day.

The facility has activities planned through the Employee Council. The facility celebrated Nurse's Week and planning CNA appreciation. The Administrator reports the facility does not use agency for staffing at this time.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor QTR 2:

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

SURVEY INFORMATION

The facility had their full book survey in February and all tags were cleared and no other visits to date.

REPORTABLE INCIDENTS

The Assistant Administrator reports the facility had 3 self-reports that are all still pending.

PHARMACY: no concerns

NURSING/MDS: no concerns

DIETARY/KITCHEN: no concerns except food presentation

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns-state said it was the best they had ever seen

MAINTENANCE: focus is on room renovations

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not given

Infection Control:

Facility information not given

Weight loss:

Facility information not given

Pressure Ulcers:

Facility information not given

Restraints:

Facility information not given

Staffing:

Facility is currently fully staffed except for 4 or 5 CNAs and 1 nurse position.

Administrator: Ken Kale
DON: Lakeisha Owens

FACILITY INFORMATION

Marshall Manor West is a 118-bed facility with a current over all star rating of 5 and a Quality Measures rating of 5. The census on the date of this call was 54 (6 skill mix).

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

The Administrator reports Harrison's County is at a moderate transmission rate and the facility is no longer wearing masks. The facility is currently COVID_19 free and has not had a positive staff or resident since September 2022.

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

Dining services for all meals in the dining room continue with good participation. Volunteers are still coming in. The Administrator reports the facility had a Mother's Day brunch, and they are planning a cookout for Memorial Day for residents and staff.

The Administrator reports they do not have to use agency for staffing. The Administrator reports the facility provides gift bags for Employee of the Month and they are providing a breakfast every other week. The Administrator reports they celebrated Nurse's Week and Nursing Home Week. The facility is still working on updates to the building, focusing now on a new dining room floor and walls and furniture.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor West QTR 2:

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

SURVEY INFORMATION

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

REPORTABLE INCIDENTS

The Administrator reports the facility had one self-report for missing money that is still pending.

PHARMACY: no concerns

NURSING/MDS: pip for anti-psychotics

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is on current renovations

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not given.

Infection Control:

Facility information not given.

Weight loss:

Facility information not given.

Pressure Ulcers:

Facility information not given.

Restraints:

Facility information not given.

Staffing:

The Administrator reports the facility is in need of 2 CNAs on night shift and 1 nurse position open. The facility is working on a PIP for Employee Retention.

Administrator: Craig Cannon
DON: Charity Reece, RN

FACILITY INFORMATION

Park Manor Humble is a 125-bed facility with a current overall rating of 2 and a Quality Measures rating of 5. The census on the date of call was 81. (7) MC; (18) HMO; (45 + 4 pending) MCD; (3) Hospice; (4) PP.

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

The DON reported the facility is currently COVID_19 free. The DON reported the last outbreak of COVID was in November 2022.

100% of employees have received their Covid_19 vaccines with 3 exemptions and 90% of residents are fully vaccinated and the DON reports the facility is still reporting this information to NSHN weekly.

The DON reports the facility had a Mother's Day, Cinco De Mayo, and Memorial Day barbecue celebrations and they are planning something for Father's Day in June.

The DON reported the facility's Talent and Learning Director is working on a new staff activity calendar. The facility also continues with a MAD Genius program for staff to earn poker chips they can use to purchase paid day off, 50.00 gift card, Louis Viton purse, etc. and the Talent Director continues to make this program more robust throughout the year.

SURVEY INFORMATION-

The DON reported the facility had the state in the building in February 2023 to review 3 self-reports that were all cleared, no citations.

REPORTABLE INCIDENTS

During **Jan/Feb/March 2023** -information not provided

CLINICAL TRENDING

Incidents/Falls:

During **Oct/Nov/Dec 2022**, Park Manor of Humble reported – information not provided

Infection Control:

During **Oct/Nov/Dec 2022**, Park Manor Humble reported - information not provided

Weight loss:

During **Oct/Nov/Dec 2022**, Park Manor Humble had – information not provided

Pressure Ulcers:

During **Oct/Nov/Dec 2022**, Park Manor Humble reported – information not provided

Restraints:

Park Manor of Humble currently has - information not provided.

Staffing: Information not provided

Total number employees: _____ Turnover rate%: _____

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	Information not provided
Fall w/Major Injury (L)	%	%	%	
UTI (L) *	%	%	%	
High risk with pressure ulcers (L) *	%	%	%	
Loss of Bowel/Bladder Control(L)	%	%	%	
Catheter(L)	%	%	%	
Physical restraint(L)	%	%	%	
Increased ADL Assistance(L)	%	%	%	
Excessive Weight Loss(L)	%	%	%	
Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L) *	%	%	%	

PHARMACY Consultant reports/visit/ med destruction?

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts____ successful_yes____ failed____)
 # of Antidepressants (attempts____ successful____ failed____)
 # of Antipsychotic (attempts____ successful____ failed____)
 # of Sedatives (attempts____ successful____ failed____)

DIETICIAN Recommendation concerns/Follow Up? –

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)--

TRAUMA INFORMED CARE IDENTIFIED:

ACTIVITIES: PIP/CONCERNS:

DIETARY: PIP/CONCERNS:

ENVIRONMENTAL SERVICES: PIP/CONCERNS:

MAINTENANCE: PIP/CONCERNS:

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS:

MDS: PIPS/CONCERNS:

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)	1/19/23, 2/16/23, 3/16/23	

QIPP Component 2

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

<ul style="list-style-type: none"> ○ Discuss RCA for turnover: Has anything changed from the original RCA? ○ PIP for retention and recruitment is current: ○ NEW Retention efforts updated on Current PIP 		
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OIPP Component 3 – CMS Long-Stay Quality Metrics

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

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

➤ Current list of reportable diseases	Y				
Quarter 4	National 93.84%	Baseline %	Results %	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	%		

Administrator: Rodney Lege
DON: Susan Joy, RN, BSN

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current over all star rating of 3 and Quality Measure of 4. Given census on the date of this call was 94 **PP: 9 , MC: 6, MDC: 52, HMO: 23, Hospice: 4.**

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

The facility is currently COVID_19 Free. Still offer beds at end of 400 halls if needed for new admissions from hospital.

The facility has just received a new data logger and will be ordering new vaccines. The Administrator reports the employee COVID vaccination rate is 100% (with 3 granted exemptions) and for residents it is 38% and this information is reported weekly to NSHN.

Visitation is allowed for anyone, and they now just log them in. Visitors are provided with a surgical mask if desired.

The Administrator reports the facility provided a small celebration for Nursing Home Week. Memorial Day the facility will be providing a cookout for staff and residents.

The Administrator continues with morale boosting activities including, daily prayers, Star of the Month, birthday and anniversary cards, celebrate any national "week" and provide 'snack attacks'. Also still celebrating staff who complete correctly the Green Sheet when they take a phone call, and they will receive a 25.00 gift card. The Administrator also reports they still have the Mad Genius program that pays with tokens for certain milestones. The facility provided a staff appreciation luncheon today that was enjoyed by everyone. The facility set a census goal and if maintained, everyone gets a frozen delight, and they did meet this goal and the frozen treats were enjoyed by all.

SURVEY Information

The facility had their annual full book survey with the state exiting on 2/16/23. The POC was accepted, and desk reviewed and cleared in March.

REPORTABLE INCIDENTS

In **Feb/March/April 2023** - Park Manor of Quail Valley had 2 self-reports and 4 complaints all were unsubstantiated, no citations,

CLINICAL TRENDING:

Incidents/Falls:

In **Feb/March/April 2023**, Park Manor of Quail Valley had 37 total falls without injury (4 repeat falls) and 2 falls with injury, 4 skin tears, 1 Fracture, 0 Lacerations and 2 bruises.

Infection Control:

Facility reports 87 total infections in **Feb/March/April 2023** – 28 UTI’s; 39 Respiratory infections, 12 wound infections, 2 Blood infections, 1 EENT infections, 4 GI infections, and 1 infection.

Weight loss:

Weight loss information for **Feb/March/April 2023** includes 5 residents total with 3 with 5-10% loss and 2 with > 10% loss in 30 days.

Pressure Ulcers:

In **Feb/March/April 2023**, there were 12 residents with 24 pressure ulcer sites – 3 acquired in house.

Restraints:

In **Feb/March/April 2023**, the facility had 0 residents with restraints.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	4			
2 to 10	0	1	8			
10 to 6	0	0	1			
Other	1 (supervisor)	1 (6p-6p)	1 (rna)			
# Hired this month	0	1	2			
# Quit/Fired	1	1	2			

Total number employees: 108 Turnover rate%: 19.46%

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%	3.6%	

UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	9.3%	7.9%	9.1%	PIP
Loss of Bowel/Bladder Control(L)	54.9%	53.3%	48.1%	PIP
Catheter(L)	4.3%	1.5%	1.8%	PIP
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	0%	17.8%	15.6%	
Excessive Weight Loss(L)	0%	5.1%	.8%	
Depressive symptoms(L)	0%	6%	8.8%	
Antipsychotic medication (L) *	3.4%	9.6%	14.8%	

PHARMACY Consultant reports/visit/ med destruction? Med destruction completed, no issues

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts__1__ successful_yes__failed____)
 # of Antidepressants (attempts____ successful____ failed____)
 # of Antipsychotic (attempts____ successful____ failed____)
 # of Sedatives (attempts____successful____failed____)

DIETICIAN Recommendation concerns/Follow Up? – No concerns

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-- 6 resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: PIP on keeping food warm/hot, serving halls first for dinner and put in new hot pellet

ENVIRONMENTAL SERVICES: PIP/CONCERNS: Deep cleans, disinfecting

MAINTENANCE: PIP/CONCERNS: Continue with beautification project

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: Continue with scanning of all medical records into PCC

MDS: PIPS/CONCERNS: None

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 Entered into portal for submission on the 20 th of each month	
QAPI Meeting dates of submission (owner/operator involvement evident)	03/17/23, 04/19/23, 05/18/23	RTA, Falls, Med Rec, collection %, 5-star rating/QM rating, Admit/Discharge survey participation & likely to recommend, POC compliance

Component 2

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

<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	N	Eliminated 4/1/23
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.76%	8.30%	0.00%	Y	
Percent of residents who received an anti-psychotic medication	8.45%	16.50%	0.00%	Y	
Percent of residents whose ability to move independently has worsened	15.08%	13.38%	3.31%	Y	
Percent of residents with urinary tract infection	2.31%	1.39%	0.00%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

months of reporting period) **PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS					
Quarter 3					
➤ Designated leadership individuals for antibiotic stewardship	Y				
➤ Written policies on antibiotic prescribing	Y				
➤ Pharmacy-generated antibiotic use report from within the last six months	Y				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)	Y				
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Y				
➤ Current list of reportable diseases	Y				
Quarter 4	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	92.39%	%	%		
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	95.17%	%	%		

Administrator: Kara Musgraves
DON: Jerry Deller, RN

FACILITY INFORMATION

Park Manor Tomball is a 125-bed facility with a current overall star rating of 1 and Quality Measures star rating of 4. The census on the date of this report was 94: 5 PP; 5 MC; 66 MDC + 3 pending; 11 HMO; 4 Hospice.

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

Currently the facility is COVID_19 free but do still accept COVID positive residents.

Park Manor of Tomball still provides the Moderna (in house) and Pfizer (from local pharmacy) vaccine to its employees and residents and they now have the bivalent vaccine. If one employee decides they want the vaccination, they will give it that day. So far, 100% of employees are fully vaccinated with 3 exemptions and 80% of residents have been fully vaccinated.

The Administrator reports the facility had a nurse's banquet last night and lunch has been provided every day this week and they are planning chili dogs for the residents and a cookout for the staff.

They continue with the Mad Genius program (receive tokens that can be turned in for prizes) and they still provide food periodically.

SURVEY INFORMATION

The state came to the facility in February to review 1 self-report, it was unsubstantiated, no citations.

REPORTABLE INCIDENTS

In **Jan/Feb/March 2023**- Two self-reports were investigated, one is still pending, and one was cleared with no citations.

CLINICAL TRENDING

Incidents/Falls:

During **Jan/Feb/March 2023**-Park Manor of Tomball had 46 total falls without injury (26 repeat falls) and 20 falls with injury, 5 Skin Tears, 3 Fractures, 0 Lacerations, 0 Behaviors, 0 Elopements and 2 Bruises.

Infection Control:

Park Manor of Tomball reports 79 total infections in **Jan/Feb/March 2023**– 35 UTI’s; 11 Respiratory infections; 2 EENT infections, 0 Blood infections, 20 Wound infections, 1 Genital infections, 0 GI infections and 10 Other infections (no details).

Weight loss:

Park Manor of Tomball reported Weight loss in **Jan/Feb/March 2023**–5 residents with 5-10% and 5 residents with > 10% loss in 30 days (several were hospice residents).

Pressure Ulcers:

In **Jan/Feb/March 2023**, Park Manor of Tomball had 9 residents with 7 pressure ulcer sites – 2 acquired in house.

Restraints:

Park Manor of Tomball is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	2	0	0	0
2 to 10	0	0	5	0	0	0
10 to 6	0	0	3	0	0	0
Other	0	0	0	0	0	0
# Hired this month	0	1	3	0	0	0
# Quit/Fired	0	1	7 (some PRN)	0	0	0

Total number employees: 97 Turnover rate%: 10.16

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	2%	1.9%	
Fall w/Major Injury (L)	1.3%	3.5%	3.5%	
UTI (L) *	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	4.8%	8.5%	9.2%	
Loss of Bowel/Bladder Control(L)	78.9%	52.9%	47.4%	PIP – probably coding education needed, this is a new trigger. Not historically an issue here.
Catheter(L)	4.3%	1.7%	1.8%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	17.8%	17.2%	15.2%	PIP
Excessive Weight Loss(L)	0%	5.1%	6.6%	
Depressive symptoms(L)	0%	5.3%	8.1%	

Antipsychotic medication (L) *	8.3%	10.4%	14.5%	
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PHARMACY Consultant reports/visit/ med destruction? None

-
- # of GDR ATTEMPTS in the month: How many successful?
 - # of Anti-anxiety (attempts__1__ successful__1__ failed_0__)
 - # of Antidepressants (attempts__3__ successful_2__ failed_1__)
 - # of Antipsychotic (attempts__5_ successful__3_ failed__2__)
 - # of Sedatives (attempts__0_ successful__0_ failed__0_)
-

DIETICIAN Recommendation concerns/Follow Up? None

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)--

- ADL care – resolved
- Call light timeliness - resolved
- Missing clothes – found - resolved

TRAUMA INFORMED CARE IDENTIFIED: NONE

ACTIVITIES: PIP/CONCERNS: NONE

DIETARY: PIP/CONCERNS: C/o boiled eggs being hard – resolved

ENVIRONMENTAL SERVICES: PIP/CONCERNS: NONE

MAINTENANCE: PIP/CONCERNS: NONE

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: NONE

MDS: PIPS/CONCERNS: NONE

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)	2/15/23, 3/16/23, 4/13/23	Falls/RTAs
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Component 2

<u>Indicator</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.	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Partial	Some hours by staff, some by tele
<ul style="list-style-type: none"> 8 additional hours non-concurrency scheduled? 	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	N	Only 3days/wk
<ul style="list-style-type: none"> Telehealth used? 	Y	Some by staff some by tele
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	N	Available if needed
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 	Y	Updated to be ready for submission

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%	8.5%	4.8%	Y	
Percent of residents who received an anti-psychotic medication	19.4%	22.0%	14.7%	Y	
Percent of residents whose ability to move independently has worsened	19.5%	17.8%	23.4%	N	PIP in place – Documentation education, restorative, therapy involvement
Percent of residents with urinary tract infection	2.5%	1.5%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

➤ Current list of reportable diseases					
Quarter 4	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	93.84%	83.88%	%		
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	77.85%	%		

Administrator: David Holt
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current overall star rating of 4 and Quality Measures star rating of 5. The census on the date of this report was 108: (9) MC; (13) HMO; (14) PP; (56) MDC + 4 pending; (0) Hospice.

The QIPP site visit was conducted via telephone. The DON was on the call. The DON reported they currently have no COVID_19 in the facility.

The DON reports the facility’s emergency plan is up to date for hurricane season and letters have been sent with adequate supplies in place.

The DON reports the facility did receive new flooring in all common areas of the facility and they are working on painting throughout the building as well.

So far, 100% (with 4 approved waivers) of employees and 63% of their residents have received their COVID_19 vaccines.

Activities have been on-going with good participation. The facility had a Mother’s Day and did a cookout for Memorial Day celebrations.

The facility is still currently offering a sign on bonus for both nurses and CNAs. Usually, once per week the facility brings in food for the staff (barbeque for MLK day) and there is a snack bar available. The facility still recognizes an employee of the month, birthdays and the MAD Genius program is also in place.

SURVEY INFORMATION

Park Manor South Belt has their annual survey 2/26/23 and received 2 health tags and 2 LSC tags and POC accepted, and all tags cleared.

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	2	20	6	
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	0		
Quality of Care	SSE	Notification of changes	POC accepted
Resident Assessment	0		
Resident Rights	0		
Dietary	SSD	Expired evaporated milk	POC accepted
Pharmacy	0		
Environment	SSE	O2 cylinders not secured, fire drills not up to date	POC accepted
Infection Control	0		
Administration	0		

REPORTABLE INCIDENTS

Jan/Feb/March 2023- 2 self-reports, 1 COVID_19 report and 1 Resident to Resident hit, no injury, both still pending.

CLINICAL TRENDING

Incidents/Falls:

During **Jan/Feb/March 2023** Park Manor of South Belt had 54 total falls (16 repeats), of which 0 resulted in injury, 4 Skin tears, 0 Lacerations, 0 Elopements, 0 Fractures, 0 Bruises and 0 Behaviors.

Infection Control:

Park Manor of South Belt reports 126 total infections in **Jan/Feb/March 2023**-42 UTIs; 25 Respiratory infections; 15 Wound infections; 16 EENT infections; 4 Blood infections; 3 GI infections; 6 Genital infections and 15 Other infections. There is a PIP in place for infections.

Weight loss:

Park Manor of South Belt for **Jan/Feb/March 2023** had 6 residents with 5-10% weight loss in 1 month and 0 residents with >10% weight loss in 6 months and there is still a PIP in place.

Pressure Ulcers:

Park Manor South Belt reported in **Jan/Feb/March 2023**-25 residents with 41 total pressure ulcers and 11 were facility acquired and there is a PIP in place.

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		3	4			
2 to 10		3	7			
10 to 6			2			
Other						
# Hired this month		2	10			
# Quit/Fired		1	6			

Total number employees: 121 Turnover rate: 42% cumulative

CASPER REPORT

Indicator	Current %	Prior month %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	0%	1.9%	1.9%	
Fall w/Major Injury (L)	1.1%	1.1%	3.6%	3.5%	
UTI (L) *	0%	0%	1.5%	2.5%	
High risk with pressure ulcers (L) *	7.9%	10.3%	8.1%	9.1%	PIP in place
Loss of Bowel/Bladder Control(L)	78.1%	77.4%	53.4%	48.2%	
Catheter(L)	5.6%	4.8%	1.8%	2.2%	
Physical restraint(L)	0%	0%	0%	0.1%	
Increased ADL Assistance(L)	13.4%	15.3%	18.1%	15.7%	
Excessive Weight Loss(L)	0%	0%	5.1%	6.7%	PIP in place
Depressive symptoms(L)	1.3%	1.2%	5.9%	8.7%	
Antipsychotic medication (L) *	0%	1.1%	9.7%	14.7%	

QIPP Component 1

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

Component 2

<u>Indicator</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.	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrenty scheduled? 	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
<ul style="list-style-type: none"> Telehealth used? 	N	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Y	

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.1%	7.9%	5.9%	Y	
Percent of residents who received an anti-psychotic medication	14.49%	.17%	0%	Y	
Percent of residents whose ability to move independently has worsened	18.04%	16.21%	6.1%	Y	
Percent of residents with urinary tract infection	2.36%	.16%	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				

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

<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	Y				
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	99.28%		%		
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	98.38%		%		

Administrator: Kera Gore
DON: Randy Frachiseur, RN

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. The current census on the date of the call was 49.

The QIPP site visit was conducted via telephone with the Administrator.

The Administrator reported the Covid_19 Cass County transmission rate is low. The last COVID_19 positive employee or resident was on 12/12/22. The facility is currently COVID_19 free.

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

The Administrator reports the facility still has open visitation and it is going well, just logging them in now on entry, providing masks and hand sanitizer if needed.

The facility has good activity, and dining resident participation. The Administrator reports they had a Mother's Day tea celebration. The facility is also planning a Memorial Day cookout.

Nurses are still working 8-hour shifts. The facility continues every month celebrating birthdays/anniversaries and awards employee of the month. The facility is currently having a garage sell to raise money for more activities as well as a Family Fun Day for staff and residents and community and hope to have a band for entertainment.

QIPP SCORECARD:

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

SURVEY INFORMATION

The facility had their full book survey in March 2023 with a few minor health tags, all cleared with POC that was approved. They had a state visit in April to review a complaint and self-report that were unsubstantiated, and no citations. LSC came 2 weeks ago and the facility received a tag for a fire door that has been corrected.

REPORTABLE INCIDENTS

The facility has 2 pending self-reports (unwitnessed fall and injury of unknown origin) for review.

PHARMACY: no concerns

NURSING/MDS: no concerns

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is on landscaping

ACTIVITIES: no concerns -working on several activities for nursing home week. moved activities office and room into secure unit so they have full time access.

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is fully staffed.

Exhibit ‘D’

BANK DEPOSITORY AGREEMENT

THIS BANK DEPOSITORY AGREEMENT is entered into as of the 21st day of June, 2023, by and between WINNIE STOWELL HOSPITAL DISTRICT] (the “District”), a political subdivision of the State of Texas created and operating pursuant to the laws of the State of Texas, and STELLAR BANK (the “Bank”), a state chartered bank domiciled in the State of Texas.

RECITALS:

WHEREAS, the District has designated the Bank as a depository for certain funds of the District; and

WHEREAS, the District requires continuous security for all funds deposited with the Bank; and

WHEREAS, the Bank is a member of the Federal Deposit Insurance Corporation, and, under the terms of the Federal Deposit Insurance Act, funds deposited with the Bank are insured to the extent of at least the amounts established by Federal law; and

WHEREAS, the Bank has agreed to secure deposits of the District with securities which are acceptable as collateral under the Public Funds Collateral Act (Texas Government Code Chapter 2257) and the District’s Investment Policy, both as amended from time to time (collectively, “Approved Securities”) with an aggregate market value, increased by accrued interest, at least equal at all times to the amount of funds of the District on deposit with the Bank in excess of the amounts insured by the Federal Deposit Insurance Corporation or its successor, which Approved Securities will be pledged to the District; and

WHEREAS, the District and the Bank wish to enter into a written agreement, setting forth the terms and conditions upon which the Bank will transfer funds from the account of the District upon telephonic, telegraphic, oral or written instructions for the transfer of funds of the District;

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

Section 1. The Bank represents and warrants that it is a member of the Federal Deposit Insurance Corporation and, under the terms of the Federal Deposit Insurance Act, funds deposited with the Bank are insured to the extent of at least the amounts established by Federal law

Section 2. The Bank shall secure all deposits of the District with Approved Securities having a market value at all times equal to or greater than the funds of the District on deposit with the Bank, to the extent the funds are not insured by the Federal Deposit Insurance Corporation or its successor. The Approved Securities shall be deposited and pledged in safekeeping at another reputable bank or banks that have safekeeping accounts for the Bank or at a trust or safekeeping department within the Bank. The Bank shall: maintain a separate,

accurate, and complete record relating to a pledged investment security, a deposit of District funds, and a transaction related to a pledged investment security; furnish a written schedule of the deposited and pledged securities to the District on a monthly basis; and, ensure that the any banks holding such deposited and pledged securities in safekeeping furnish the District with appropriate safekeeping receipts. The following are Approved Securities which may be pledged as collateral:

- A. Surety bonds issued by a surety company authorized to do business in the State of Texas with a rating of at least A in the current Best's Key Rating Guide, and executed by persons authorized to do so by the laws of the State of Texas and by the surety company;
- B. An obligation that in the opinion of the Attorney General of the United States is a general obligation of the United States and backed by its full faith and credit;
- C. A general or special obligation that is (a) payable from taxes, revenues, or a combination of taxes and revenues and (b) issued by a state or political or governmental entity, agency, instrumentality or subdivision of the state, including a municipality, an institution of higher education as defined by Section 61.003, Education Code, a junior college, a district created under Article XVI, Section 59, of the Texas Constitution, and a public hospital;
- D. A fixed-rate collateralized mortgage obligation that has an expected weighted average life of 10 years or less and does not constitute a "high-risk mortgage security" as such term is defined in Section 2257.0025 of the Collateral Act;
- E. A floating-rate collateralized mortgage obligation that does not constitute a "high-risk mortgage security" as such term is defined in Section 2257.0025 of the Collateral Act; or
- F. A security in which a public entity may invest under the Public Funds Investment Act, Chapter 2256, Texas Government Code (the "Investment Act") and that is authorized by the District's Investment Policies. As of the date of this Agreement, the following securities are authorized by the District's Investment Policies:
 - (1) Obligations, including letters of credit, of the United States or its agencies and instrumentalities, including the Federal Home Loan Banks;
 - (2) Direct obligations of the State of Texas or its agencies and instrumentalities;
 - (3) Other obligations, the principal and interest of which are unconditionally guaranteed or insured by or backed by the full faith

and credit of the State of Texas or the United States or their respective agencies and instrumentalities; including obligations that are fully guaranteed or insured by the FDIC or by the explicit full faith and credit of the United States;

- (4) Obligations of states, agencies, counties, cities, and other political subdivisions of any state rated as to investment quality by a nationally recognized investment rating firm not less than A or its equivalent;
- (5) Bonds issued, assumed, or guaranteed by the State of Israel;
- (6) Interest-bearing banking deposits that comply with the Public Funds Investment Act;
- (7) Certificates of Deposit and share certificates that comply with the Public Funds Investment Act;
- (8) No-load money market mutual funds that comply with the Public Funds Investment Act;
- (9) No-load mutual funds that comply with the Public Funds Investment Act; and
- (10) An investment pool that complies with the Public Funds Investment Act, specifically TexPool, TexPool Prime, TexStar and Texas Cooperative Liquid Assets Securities System Trust.

Section 3. The Approved Securities shall be pledged to secure the payment in full upon demand of any demand deposits of the District in the Bank and the payment in full at maturity or after the expiration of the period of required notice of all time or savings deposits in the Bank. Upon such demand, maturity, or notice, the Bank shall faithfully pay over to the District or any successor bank all balances remaining in the accounts, and, upon this payment, the Approved Securities shall be released. Upon default in payment by the Bank and after giving five days' written notice to the Bank of the default, the District has all of the rights of a secured party under the Uniform Commercial Code with respect to pledged bonds.

Section 4. If the Bank desires to sell or otherwise dispose of one or more of the Approved Securities held in pledge, it may, subject to the approval of the District, substitute for any one or more of the Approved Securities other securities of the same character and amount, and this right of substitution will remain in full force and may be exercised by the Bank as often as it may desire to sell or otherwise dispose of any original or substitute securities; provided, however, that the aggregate amount of the Approved Securities held in pledge will always be such that the aggregate market value thereof is at least equal to the amount of the deposits increased by accrued interest and decreased by the amount insured by the Federal Deposit Insurance Corporation.

Section 5. If, at any time, the Approved Securities held in pledge have an aggregate market value in excess of the sum on deposit, as increased by accrued interest and decreased by the amount insured by the Federal Deposit Insurance Corporation, then the Bank will have the right to withdraw securities equal in amount to the amount of the excess. In the event of withdrawal, the Bank will promptly notify the District.

Section 6. When the Bank has paid out present and future deposits of the District to the extent that the amount that remains on deposit, including accrued interest, is less than the amount insured by the Federal Deposit Insurance Corporation, the Bank may withdraw all securities held in pledge under this agreement, but prompt notice of the withdrawal must be given to the District.

Section 7. The Bank is hereby authorized to honor, execute, and charge to the District's account at the Bank telephonic requests or orders for the transfer of funds of the District when these requests are received from the authorized representatives of the District specified below and when the requests or orders are for the sole purpose of transferring funds of the District from one District account to another District Account within the Bank. "District Account" means any account opened in the name of the District, with a signature card on file requiring the signatures of two members of the Board of Commissioners on any check or draft issued.

Section 8. The following District board members ("Authorized Representatives") are hereby authorized to issue orders for the transfer of funds of the District under Section 6 of this agreement:

Mr. Ed Murrell	President
Mr. Anthony Stramecki	Vice-President
Robert "Bobby" Way	Treasurer
Jeff Rollo	Secretary
Kacey Vratis	Director

The District, upon affirmative vote of at least three commissioners in a public meeting, may from time to time amend this list of Authorized Representatives at its sole discretion. The District will provide the Bank notice of any amendment.

Section 9. The District will supply to the Bank any other information that the Bank may reasonably request, including, but not limited to, money amounts, accounts affected, date of transfer, supplemental instructions and further evidence of any representative's authority to transfer funds or to do any other act contemplated under these procedures. The Bank will assign the District a Security Code Number which Authorized Representatives will use when requesting the Bank to make funds transfers as authorized hereunder.

Section 10. Bank services will be priced in accordance with the Bank's published Commercial Account Service Charge Schedule and other published price lists. A monthly account analysis will be provided by Bank itemizing services rendered and the price of the services. If net available balances maintained are not sufficient to cover cost of services

rendered, Bank will charge the District's account for the deficit. Notwithstanding the above, the Bank shall not charge for the written schedule required by Section 1, above.

Included in and required as part of the duties to be provided by the Bank to the District are the following:

1. Preparation of monthly statements showing debits and credits.
2. Preparation of all accounts, reports and records as needed for audits.
3. Preparation of such other reports, accounts and records from time to time required by the District which are prepared and maintained during Bank's normal course of business.

The Bank shall charge the District at the prevailing rate applicable to other Public Fund customers for furnishing the quantity, quality and type of checks necessary for the District's use during the period for which this agreement is effective.

Section 11. Each of the parties reserves the right to cancel and terminate this Agreement by giving at least 30 days' written notice, by certified mail, to the other party. In such event, this Agreement shall terminate at the expiration of the 30-day notice period.

Section 12. Nothing contained herein shall be construed to contravene the National Banking Laws or the rules and regulations promulgated from time to time by the Comptroller of the Currency.

{SIGNATURE PAGE TO FOLLOW}

IN TESTIMONY WHEREOF, the parties have executed this agreement in duplicate original by and through the undersigned, their respective duly authorized officers.

WINNIE STOWELL HOSPITAL
DISTRICT

By: _____
Name: Edward Murrell]
Title: President, Board of Directors
Address: 520 Broadway
Winnie, Texas 77665

ATTEST:

Name: Jeffrey Rollo
Title: Secretary, Board of Directors

(SEAL)

STELLAR BANK

By: _____
Name: _____
Title: _____

ATTEST:

By: _____
Name: _____
Title: _____

Exhibit ‘E-1’



CCHC MOBILE CLINIC

Open House

Thursday, May 25th ~ 2:00pm - 5:00pm

Market Basket, 1328 Tx-124, Winnie

Two Exam Rooms, along with diagnostic lab and vaccination capabilities.

Developed with You in Mind.

The CCHC Mobile Clinic will provide regular primary care services throughout the communities we serve, be available to provide for first aid/healthcare needs at community events and functions, and, improve and increase Chambers Health's disaster response capabilities.

On the Road to Meet Your Needs

Types of Visits to be offered:

- Sick Visits
- Lab Testing
- Management of Chronic Conditions
- Prescription Refills

APPOINTMENTS OR QUESTIONS:

409.267.4126



Chambers Health

CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

Market Basket

Market Basket
SMOKE HOUSE

Chambers Community Health Centers, Inc.
Mobile Clinic
www.chambershealth.org

Chambers Health
www.chambershealth.org

Market Basket
200
DELIVERY OR PICK-UP

BEVERLY BEACH
PARKING PERMITS
\$10

SECURITY
For Sale
Visit our Family
SAFE TOL

BAKERY

Exhibit ‘E-2’

**CO-APPLICANT AGREEMENT FOR THE OPERATION OF
FEDERALLY-SUPPORTED COMMUNITY HEALTH CENTER AS A UNIT OF THE
CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT #1**

This Agreement is entered into by and between Chambers Community Health Center ("CCHC"), a Texas non-profit corporation, and Chambers County Public Hospital District #1 ("CCPHD#1"), a health district under Texas law (hereinafter collectively referred to as "the Parties").

Recitals

WHEREAS, CCPHD#1, operates, as a unit of CCPHD#1, a Rural Health Clinic that provides comprehensive preventive and primary health services to residents of its service area, regardless of the individual's or family's ability to pay; and

WHEREAS, CCHC is a Texas non-profit corporation governed by a Board of Directors (the "CCHC Board") that meets the requirements of Section 330 of the Public Health Service Act, 42 U.S.C. § 254b ("Section 330") and that provides the required community-based governance for the community health center programs operated within CCPHD#1 as CCPHD#1's co-applicant governing Board for Section 330 funding purposes;

WHEREAS, consistent with applicable Federal policies regarding public health centers, the community health center collectively operated by CCPHD#1 and CCHC together is the "Health Center;" and

WHEREAS, since 2007, CCPHD#1 and CCHC have co-applied for, and have been awarded community health center grants under Section 330 by the Health Services and Resources Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS"), to support the provision of services through the Health Center; and

WHEREAS, the mission of the Health Center is to promote and improve the health status of the underserved communities and populations it serves, by providing accessible, affordable and efficient primary health care services, preventive care services, and enabling and social services, including, but not limited to, community health education, eligibility assistance, translation and transportation, in accordance with Section 330 requirements;

WHEREAS, the Parties wish to set forth in this Agreement their respective responsibilities with respect to governance and operation of the Health Center in accordance with applicable federal statutes, regulations and policies.

Agreement

NOW, THEREFORE, CCHC and CCPHD#1 agree as follows with respect to their responsibilities for the Health Center:

1. CCHC's Role

1.1 Composition of Governing Board of CCHC

As set forth in CCHC's Bylaws, the CCHC Board shall comply with the requirements of Section 330 and implementing regulations.

1.2 Authorities and Responsibilities

The CCHC Board shall exercise the following authorities and responsibilities of a co-applicant as set forth in Section 330 and implementing regulations and policies. These authorities and responsibilities include:

- 1.2.1 Adopting health care policies, including the scope and availability of services to be provided by the Health Center, and the location and hours of operation, and quality-of-care audit procedures for the Health Center, as established by CCPHD#1 pursuant to CCPHD#1's retained authority as a public entity co-applicant, so far as Section 330 and the regulations thereunder permit.
- 1.2.2 Subject to the concurrence of CCPHD#1 as described in 2.1.4, adopting a policy for eligibility for services, including criteria for a partial fee schedule of discounts off charges for services provided to uninsured and underinsured patients with annual incomes below 200% of the federal poverty level, and nominal fee policy for uninsured and underinsured patients with incomes less than or equal to 100% of the federal poverty level.
- 1.2.3 Evaluating the Health Center's activities including service utilization patterns, productivity, patient satisfaction, achievement of program objectives, and development of a process for hearing and resolving patient complaints.
- 1.2.4 Approval of the Health Center's annual operating and capital budgets, with the overall plan and budget prepared under the CCHC's Board direction by a committee consisting of representatives of the CCHC Board, the medical staff of the Health Center and in conjunction with CCPHD#1 as described in Section 2.1.1.
- 1.2.5 Approval of the Section 330 and related grant applications for the Health Center.
- 1.2.6 The selection, evaluation, and dismissal of the Chief Executive Officer ("CEO") or Program Director of the Health Center, as addressed more specifically in Section 1.3.
- 1.2.7 Assuring that providers staffing the Health Center are licensed, board certified as necessary, have hospital privileges as necessary, and have adequate malpractice coverage.

- 1.2.8 Preparing progress reports for the CCPHD#1 Board of Directors (the "CCPHD#1 Board") on a quarterly basis, and any other reports reasonably requested by the CCPHD#1 Board in order to enable the CCPHD#1 Board to fulfill its responsibilities for the Health Center.
 - 1.2.9 In conjunction with CCPHD#1, as described in Section 2.1 of this Agreement, assuring that the Health Center is operated in compliance with applicable Federal, State and local laws and regulations.
 - 1.2.10 Evaluating the Health Center achievements at least annually and utilization of the knowledge gained thereby to revise the Health Center's goals, objectives, plan and budget as necessary and appropriate, including providing recommendations regarding the establishment of linkages with other health care providers and/or health care programs.
 - 1.2.11 All other authorities and responsibilities except those specified in Section 2.1 of this Agreement, which are required by Section 330 and implementing regulations and policies to be vested in a Section 330-compliant governing board.
- 1.3 Selection and Dismissal of the CEO or Program Director
- 1.3.1 Selection of a CEO or Program Director. Subject to the CCHC Board's final approval, CCPHD#1 and the CCHC Board shall be responsible for recruiting and appointing a Program Director or Chief Executive Officer of the Health Center.
 - 1.3.2 Evaluation of the CEO or Program Director. A committee of the CCHC Board will annually review the CEO's performance. The report of the annual review shall be submitted to the CCHC Board and the CCPHD#1.
 - 1.3.3 Dismissal of the CEO or Program Director. The CCHC Board shall have the ultimate responsibility for approving the dismissal of the CEO or Program Director. The CEO or Program Director may be dismissed only:
 - 1.3.3.1 For cause; or
 - 1.3.3.2 Under the terms of the employment contract with the CCHC Board, if one exists; and
 - 1.3.3.3 Only upon a vote of the CCHC Board in accordance with the CCHC Bylaws.
 - 1.3.4 Duties of the CEO or Program Director. The CEO or Program Director will have responsibility for the general care, day-to-day management, supervision, and direction of the Health Center's affairs in furtherance of established

policies, procedures and programs, and shall have the authority to employ, supervise, and discharge all Health Center staff and personnel in accordance with the personnel policies established by CCPHD#1. The CEO or Program Director shall also have the authority to negotiate, execute and administer contracts for goods and services as required for the operation of the Health Center, subject to the general policies and specific fiscal policies established by CCPHD#1, and provided that such authority is used for the mutual benefit of the Parties. The CEO or Program Director shall report to the CCHC Board and the CCPHD#1 Board.

2. CCPHD#1's Role

2.1 Governance Authorities and Responsibilities

CCPHD#1, through its Board, shall exercise certain responsibilities and authorities with respect to the Health Center. These authorities and responsibilities include:

- 2.1.1 Adopting the Health Center's annual operating and capital budgets, as finally approved by the CCHC Board.
- 2.1.2 Subject to Section 1.3 regarding the CEO or Program Director, establishing personnel policies and procedures which shall be applicable to any CCPHD#1 employee assigned to the Health Center, which policies and procedures include, but are not limited to, selection and dismissal policies and procedures, salary and benefit scales and employee grievance policies and procedures, all of which shall meet all Texas state and federal employment requirements including, but not limited to, equal employment opportunity, drug free workplace, and non-discrimination.
- 2.1.3 Adopting policy for financial management practices, including a system to assure accountability for Health Center resources, provision of an annual audit, and long-range financial planning.
- 2.1.4 Consistent with the provisions of 1.2.2, development and approval of policies for billing and collections activities, including a policy regarding determinations of eligibility for services, a schedule of charges, a schedule of discounts off charges for services provided to uninsured and underinsured patients with annual incomes below 200% of the federal poverty level, and nominal fee policy for uninsured and underinsured patients with incomes less than or equal to 100% of the federal poverty level; and criteria for sliding fee discount schedules; and
- 2.1.5 Assuring that the Health Center is operated in compliance with applicable Federal, State and local laws and regulations.

2.2 Operational Responsibilities

CCPHD#1 shall fulfill the following obligations with respect to the Health Center.

- 2.2.1 Applying for and maintaining all licenses, permits, certifications, and approvals necessary and appropriate for the operation of the Health Center:
- 2.2.2 Receiving, managing and disbursing grant funds consistent with the budget approved in accordance with this Agreement. CCPHD#1 shall not be required to disburse funds for any expenditure not authorized by a budget approved in accordance with this Agreement. CCPHD#1 shall seek and obtain CCHC's prior written approval before implementing any line item change in the CCHC approved budget of greater than twenty percent.
- 2.2.3 Through, and under the direction of, the Health Center's CEO or Program Director, the management of the day-to-day business affairs of the Health Center. Such management functions include, but are not limited to:
 - 2.2.3.1 Directly employing or contracting for all necessary health care, managerial, financial and administrative personnel, including a finance director and medical director, as well as such other personnel as are necessary to assure the provision of high-quality health care and administrative services to Health Center patients and otherwise ensure the effective and efficient operation of the Health Center; and
 - 2.2.3.2 Except as provided in Section 1.3, managing and evaluating all Health Center staff, including providing for the removal and replacement of any and all Health Center staff, in accordance with CCPHD#1's personnel policies. Subject to CCPHD#1's Medical Staff Bylaws applicable to the credentialing of clinicians, any clinician employed by or contracted to CCPHD#1 shall meet the credentialing requirements and qualifications established by, and shall be obligated to provide services according to applicable established policies and directives, including health care policies, procedures, protocols, schedules, and service locations. CCPHD#1 shall, subject to its applicable policies and procedures, manage the performance of, or terminate privileges of, any clinician whose performance is deemed unsatisfactory in the reasonable judgment of CCHC.
- 2.2.4 Supporting the Health Center through the CCPHD#1 Human Resources Department's recruitment and training resources and activities.
- 2.2.5 Developing management, reporting and internal control systems for the Health Center that are in accordance with the sound financial management procedures, including:

- 2.2.5.1 The provision for an audit of the Health Center on an annual basis to determine, at a minimum, the fiscal integrity of financial transactions and reports and compliance with the terms of Section 330, provided that CCPHD#1 shall select an auditor acceptable to the CCHC Board, such approval not to be unreasonably withheld:
- 2.2.5.2 Establishment of billing and collection systems pursuant to which CCPHD#1 shall make every reasonable effort to bill and collect payment from patients in accordance with the fee schedule and schedule of discounts established in accordance with 42 CFR § 51c.303 and other billing and collection policies developed in conjunction with the CCHC Board, as well as which make reasonable efforts to bill and collect payments from public and private third-party payors:
- 2.2.5.3 Implementing accounting procedures and controls in accordance with generally accepted accounting principles utilized in operating the Health Center, as well as the systems for the development, preparation, and safekeeping of records and books of account relating to the business and financial affairs of the Health Center; and
- 2.2.5.4 The preparation and submission of cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs, in which the Health Center may from time-to-time participate.
- 2.2.6 Providing to patients of the Health Center access to CCPHD#1's other programs, based on CCPHD#1's established eligibility requirements for such programs.
- 2.2.7 Preparing monthly financial status reports for the CCHC Board, and any other reports reasonably requested by the CCHC Board in order to enable the CCHC Board to fulfill its responsibilities for the Health Center.

3. Mutual Obligations

- 3.1 **Representatives.** One person shall sit as a board member of both the CCHC Board and the CCPHD#1 Board, shall act as the liaison for both boards, and shall communicate and facilitate resolution of any issues between the two Boards, or as otherwise may be necessary to fulfill the mission of the Health Center.
- 3.2 **Cost Reimbursement.** The Parties agree that the Section 330 grant funds and Health Center-related program income that may be generated, including fees, premiums, third-party reimbursements and other state and local operational funding, shall be utilized to cover the costs and expenses of each Party incurred in carrying out its respective obligations for governance and operation of the Health Center pursuant to this Agreement.

3.3 Record Keeping and Reporting.

- 3.3.1 Each Party shall maintain records, reports, supporting documents and all other relevant books, papers and other documents so as to enable the Parties to meet all grant-related reporting requirements. Specifically, CCHC shall assist CCPHD#1, as requested, in the preparation of those portions of the financial status report ("FSR"), as well as other reports, which pertain to the operation of the Health Center. Records shall be maintained for a period of four (4) years from the date this Agreement expires or is terminated. If an audit, litigation, or other action involving the records is started before the end of the four (4) year period, the Parties agree to maintain the records until the end of the four (4) year period or until the audit, litigation, or other action is completed, whichever is later. The Parties shall make available to each other, DHHS and the Comptroller General of the United States, or any of their duly authorized representatives, upon appropriate notice, such financial systems, records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such systems, records, reports, books, documents, and papers are retained.
- 3.3.2 Subject to CCPHD#1's obligations to make public its records in accordance with the Texas Constitution and the provisions of Texas Government Code § 551.001, *et seq.*, the Parties agree that all information, records, data and data elements collected and maintained for the administration of this Agreement (in any form, including, but not limited to, written, oral, or contained on video tapes, audio tapes or computer diskettes) shall be treated as confidential and proprietary information. Accordingly, each Party shall take all reasonable precautions to protect such information from unauthorized disclosure; however, nothing contained herein shall be construed to prohibit any Federal or other appropriate official from obtaining, reviewing, and auditing any information, record, data, and data element to which (s)he is lawfully entitled. The Parties (and their directors, officers, employees, agents and contractors) shall maintain the privacy and confidentiality of all protected health information ("PHI" of the patients receiving care provided by the Health Center, in accordance with all applicable State and Federal laws and regulations, including the Health Insurance Portability and Accountability Act ("HIPAA").
- 3.3.3 The Parties agree that CCPHD#1 shall retain ownership of all medical records established and maintained relating to diagnosis and treatment of patients served through the Health Center.
- 3.3.4 Each Party shall retain title and all rights to the confidential and proprietary information which has been disclosed to the other Party. Upon expiration or termination of this Agreement, or upon request of a Party for any reason, each Party agrees to return promptly to the other Party all confidential and

proprietary information in any physical form whatsoever (including, but not limited to, writings, audio tapes, video tapes, and computer diskettes).

- 3.3.5 Subject to CCPHD#1's obligations to make public its records in accordance with the Texas Constitution and the provisions of Texas Government Code § 551.001, *et seq.*, the Parties agree that their obligations and representations regarding confidential and proprietary information (including the continued confidentiality of information transmitted orally), shall be in effect during the term of this Agreement and shall survive the expiration or termination (regardless of the cause of termination) of this Agreement.
- 3.3.6 Subject to CCPHD#1's obligations to make public its records in accordance with the Texas Constitution and the provisions of Texas Government Code § 551.001, *et seq.*, the Parties shall ensure that their respective directors, officers, employees, agents, and contractors are aware of and shall comply with the aforementioned obligations.
- 3.4 Legal Services. CCPHD#1 shall provide the services of CCPHD#1's internal and/or external counsel, as requested by CCHC, to offer legal consultation for the operation of the Health Center. The reasonable costs to CCPHD#1 of providing such services shall be reimbursed in accordance with Section 3.2 and consistent with the approved budget. If CCHC wishes to retain independent legal counsel, the reasonable costs for such services shall be reimbursed in accordance with Section 3.2 consistent with the approved budget.
- 3.5 Indemnification.
 - 3.5.1 CCHC agrees to hold harmless CCPHD#1 its losses arising out of CCHC's negligent performance or failure to fully perform any of its obligations under this Agreement.
 - 3.5.2 CCPHD#1 agrees to hold harmless CCHC its losses arising out of CCPHD#1's negligent performance or failure to fully perform any of its obligations under this Agreement.
- 3.6 Insurance. The Parties shall procure and maintain such minimum insurance necessary to protect the respective interests of the Parties as determined by the CCPHD#1 Board or those to whom this responsibility has been delegated. Each Party agrees to provide the other Party with a minimum of five (5) days' prior written notice in the event any required insurance policies or self-insurance funds are canceled or materially changed or materially amended. Each Party shall, from time-to-time, upon reasonable request of the other Party, furnish such Party with written evidence that the policies of insurance required hereunder are in full force and effect and valid and existing in accordance with the provisions of this Agreement.

- 3.6.1 Survival of Section 3.6. This Section 3.6 shall survive the termination of this Agreement without regard to the cause for termination.
- 3.6.2 Nothing in this Agreement shall limit, or shall be deemed to limit, CCPHD#1's right to the protections and limitations provided by statutes designed to protect and limit the exposure and liability of CCPHD#1 as a political subdivision of the State of Texas, including statutory immunity and statutory limitations on damages.
- 3.7 Ownership of Property Acquired with Grant Funds. The provisions of 45 C.F.R. 92.32, *et seq.* apply to tangible property acquired under this Agreement. The Parties agree that CCPHD#1 shall be the title holder of all property purchased with grant funds. CCPHD#1 shall further assure that all contracts executed by CCPHD#1 for the Health Center are consistent with procurement standards contained in 45 C.F.R. Part 92.
- 3.8 Copyright Material. If any copyrightable material is developed under this Agreement, CCPHD#1 shall hold all right, title and interest to such material, provided that DHHS and CCHC shall have a royalty-free, nonexclusive and irrevocable right to reproduce, publish, authorize others or otherwise use such material. CCHC must obtain CCPHD#1's prior written approval to copyright any such material or to permit any third-party to do so and must appropriately acknowledge in the materials DHHS' support.
- 3.9 Third-Party Affiliations. Neither Party shall execute a merger, consolidation, or major structural or contractual affiliation with a third-party affecting the Health Center without the written consent of the other Party.

4. Governing Law

- 4.1 Applicable Laws, Regulations and Policies. This Agreement shall be governed and construed in accordance with applicable Federal and State laws, regulations, and policies, including but not limited to: Section 330; implementing regulations at 42 C.F.R. Part 51c; the terms and conditions of Section 330 grants awarded to CCPHD#1; HRSA policies (including, but not limited to, BPHC Program Expectations), the Public Health Service Grants Policy Statement in effect as of the date the Agreement is executed; DHHS administrative regulations set forth in 45 C.F.R. Part 92; and relevant Office of Management and Budget Circulars.
- 4.2 Compliance with State and Local Law. This Agreement is governed by the laws of the State of Texas. Each party covenants to comply with all applicable laws, ordinances and codes of the State of Texas and local governments in the performance of the Agreement, including all licensing standards and applicable accreditation standards.

- 4.3 New HRSA Directives. CCPHD#1 shall submit promptly to CCHC additional directives that are received from or issued by HRSA, and the Parties shall comply with such additional directives, as applicable.
- 4.4 Non-Discrimination. Each Party agrees that it and its subcontractors, if any, will not discriminate against any employee or applicant for employment to be employed in the performance of this Agreement with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of race, religion, color, sex, disability, national origin or ancestry.
5. **Term.** This Agreement shall remain in effect during the project period of any Section 330 grant award CCPHD#1 receives with CCHC as its co-applicant, unless terminated at an earlier date in accordance with the terms of this Agreement. Subject to any Federal and/or State regulatory approval which might be required to terminate the operation of the Health Center, nothing in this Agreement is intended to require, nor should be construed to require, that the Health Center remain in operation, or that CCPHD#1 apply for any grant funding, including continued Section 330 funding, for the Health Center.
6. **Termination.**
- 6.1 Immediate Termination. This Agreement shall terminate immediately upon the effective date of any termination of CCPHD#1 Section 330 grant, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the Health Center.
- 6.2 For Cause Termination. Subject to Section 6.4, either Party may terminate this Agreement for cause in the event that the other Party fails to meet its material obligations under this Agreement. Such for cause termination shall require ninety (90) days' prior written notice of intent to terminate during which period the Party that has failed to meet its material obligations may attempt to cure such failure. If the Parties do not agree that a breach of a material obligation has occurred or that such a breach has been satisfactorily cured, the Parties shall submit their claims to a mutually-approved mediator who shall attempt to assist the Parties in resolving their disagreement.
- 6.3 Termination for Mutual Convenience. This Agreement may be terminated upon the mutual approval of the Parties, subject to Section 6.4
- 6.4 Termination Contingent upon HRSA Approval. For cause termination or termination for mutual convenience shall not become effective unless and until HRSA issues its written approval of such termination.
7. **Notices.** All notices permitted or required by this Agreement shall be deemed given when in writing and delivered personally or deposited in the United States Mail, first

class postage prepaid. Certified and Return Receipt Requested. addressed to the other Party at the address set forth below, or such other address as the Party may designate in writing:

FOR CCHC: Chambers Community Health Center
P.O.Box 398
Anahuac, Texas 77514
Attn: Executive Director

FOR CCPHD#1: Chambers County Public Hospital District #1
d/b/a Bayside Community Hospital & Clinic
P.O.Box 398
Anahuac, Texas 77514
Attn: Administrator/CEO

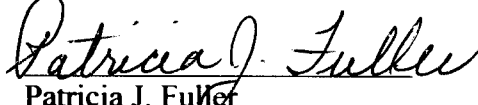
8. **Assignment.** This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective transferees, successors and assigns: provided that neither Party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other Party provided prior to such action.
9. **Non-Severability.** The provisions of this Agreement are not severable. In the event that any one or more provision of this Agreement are deemed null, void, illegal or unenforceable, or should any part of this Agreement, as determined by DHHS or any other governmental authority, cause CCHC and CCPHD#1 (as co-applicants) not to comply with Section 330, the Parties agree to attempt to amend this Agreement as shall be reasonably necessary to achieve compliance. In the event that the Parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted. In the event that no such amendments or agreements for amendments can reasonably be made, this Agreement shall immediately terminate.
10. **Waiver.** No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer of the waiving Party.
11. **Agency.** Neither Party is, nor shall be deemed to be an employee, agent, co-venturer or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.
12. **Third-Party Beneficiaries.** None of the provisions of this Agreement shall be for the benefit of or enforceable by any third-party, including, without limitation, any

creditor of either Party. No third-party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, obligation or otherwise against any Party to this Agreement.

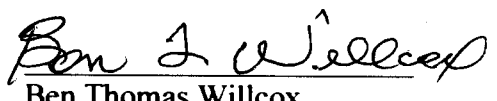
13. **Entire Agreement.** This Agreement represents the complete understanding of the Parties. Any amendment to this Agreement shall be in writing and signed by both Parties.
14. **Incorporation of Recitals.** The Recitals are incorporated into this Agreement by this reference.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement.

**CHAMBERS COMMUNITY
HEALTH CENTER**

By: 
Print: Patricia J. Fuller
Title: Chair
Date: May 22, 2007

**CHAMBERS COUNTY PUBLIC
HOSPITAL DISTRICT #1**

By: 
Print: Ben Thomas Willcox
Title: Chair, Board of Trustees
Date: May 22, 2007