

Exhibit “A-1”

Winnie-Stowell Hospital District

Balance Sheet

10/16/23

As of September 30, 2023

Accrual Basis

	Sep 30, 23
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	185,401.59
102 First Financial Bank	
102b FFB #4846 DACA	12,850,532.82
102c FFB #7190 Money Market	13,382,349.16
102d FFB #7639 CD	8,200,000.00
	34,432,881.98
Total 102 First Financial Bank	34,432,881.98
105 TexStar	727,106.95
108 Stellar Bank NH Combined	3,840,786.03
	39,186,176.55
Total Checking/Savings	39,186,176.55
Other Current Assets	
110 Sales Tax Receivable	132,417.87
114 Accounts Receivable NH	57,472,623.66
116 - A/R CHOW - LOC	
116.01 -Gulf Coast LOC Copperas	425,526.63
116.02 -Gulf Coast LOC Corrigan	689,699.39
116.03 -Gulf Coast LOC Hemphill	498,429.79
116.04 -Gulf Coast LOC Oak Vill	467,704.19
116.05 -Gulf Coast LOC ParkView	436,108.01
116.06 -Gulf Coast LOC Winnie L	731,683.13
116.07 HMG LOC Treviso	600,000.00
	3,849,151.14
Total 116 - A/R CHOW - LOC	3,849,151.14
117 NH - QIPP Prog Receivable	10,447,751.78
118 Prepaid Expense	36,494.65
119 Prepaid IGT	11,450,811.33
	83,389,250.43
Total Other Current Assets	83,389,250.43
Total Current Assets	122,575,426.98
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
	1,432,128.17
Total Fixed Assets	1,432,128.17
TOTAL ASSETS	124,007,555.15
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	3,779,907.81
201 NHP Accounts Payable	3,814,324.44
204 FFB Line of Credit	1,842,255.33
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	1,391.00
240 Accounts Payable NH	60,019,942.86
	96,869,462.66
Total Other Current Liabilities	96,869,462.66
Total Current Liabilities	96,869,462.66
Total Liabilities	96,869,462.66

1:31 PM

10/16/23

Accrual Basis

Winnie-Stowell Hospital District

Balance Sheet

As of September 30, 2023

	<u>Sep 30, 23</u>
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,217,836.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	6,901,662.64
Net Income	8,447,310.72
	<hr/>
Total Equity	27,138,092.49
	<hr/>
TOTAL LIABILITIES & EQUITY	124,007,555.15
	<hr/> <hr/>

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

	Jan - Sep 23	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	717,002.94	770,000.00	-52,997.06	93.1%
405 Investment Income	188,432.99	35,000.00	153,432.99	538.4%
407 Rental Income	31,500.00	69,500.00	-38,000.00	45.3%
409 Tobacco Settlement	14,398.30	11,000.00	3,398.30	130.9%
415 Nursing Home - QIPP Program	50,016,739.99	64,796,074.68	-14,779,334.69	77.2%
Total Income	50,968,074.22	65,681,574.68	-14,713,500.46	77.6%
Gross Profit	50,968,074.22	65,681,574.68	-14,713,500.46	77.6%
Expense				
500 Admin-Administrative Salary	60,717.23	80,312.00	-19,594.77	75.6%
502 Admin-Administrative Assnt	7,629.50	45,000.00	-37,370.50	17.0%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	6,929.26	10,025.00	-3,095.74	69.1%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	945.21	1,400.00	-454.79	67.5%
521 Professional Fees - Acctng	5,987.50	36,000.00	-30,012.50	16.6%
522 Professional Fees-Auditing	44,000.00	26,000.00	18,000.00	169.2%
523 Professional Fees - Legal	9,000.00	25,000.00	-16,000.00	36.0%
550 Admin-D&O / Liability Ins.	15,681.26	16,000.00	-318.74	98.0%
560 Admin-Cont Ed, Travel	0.00	9,000.00	-9,000.00	0.0%
562 Admin-Travel&Mileage Reimb.	5,215.54	200.00	5,015.54	2,607.8%
569 Admin-Meals	1,214.56	1,500.00	-285.44	81.0%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	4,690.98	10,000.00	-5,309.02	46.9%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	2,306.96	3,000.00	-693.04	76.9%
575 Admin-Cell Phone Reimburse	1,350.00	1,800.00	-450.00	75.0%
576 Admin-Telephone/Internet	2,551.78	3,500.00	-948.22	72.9%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	1,784.40	4,000.00	-2,215.60	44.6%
592 Admin Office Rent	3,060.00	4,080.00	-1,020.00	75.0%
593 Admin-Utilities	2,399.47	4,000.00	-1,600.53	60.0%
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	5,645.00	6,000.00	-355.00	94.1%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	345,326.94	288,370.10	56,956.84	119.8%
601.01b IC Pmt to Coastal (Ind)	0.00	147,316.76	-147,316.76	0.0%
601.01c IC Pmt to Thompson	13,139.94			
601.02 IC Pmt to UTMB	197,693.89	300,000.00	-102,306.11	65.9%
601.03 IC Special Programs				
601.03a Dental	18,275.76	10,500.00	7,775.76	174.1%
601.03b IC Vision	1,035.00	1,200.00	-165.00	86.3%
601.04 IC-Non Hosp Cost-Other	26,156.78	12,500.00	13,656.78	209.3%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	45,467.54	49,200.00	-3,732.46	92.4%
Total 601 IC Provider Expenses	601,628.31	784,886.86	-183,258.55	76.7%
602 IC-WCH 1115 Waiver Prog	123,573.14	129,340.00	-5,766.86	95.5%
603 IC-Pharmaceutical Costs	42,481.28	37,600.00	4,881.28	113.0%
605 IC-Office Supplies/Postage	39.99	2,000.00	-1,960.01	2.0%
611 IC-Indigent Care Dir Salary	49,168.03	65,264.00	-16,095.97	75.3%
612 IC-Payroll Taxes -Ind Care	2,127.72	5,125.00	-2,997.28	41.5%
615 IC-Software	10,895.00	13,308.00	-2,413.00	81.9%
616 IC-Travel	270.30	600.00	-329.70	45.1%
617 Youth Programs				
617.01 Youth Counseling	9,690.00	25,000.00	-15,310.00	38.8%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
Total 617 Youth Programs	9,690.00	25,600.00	-15,910.00	37.9%
Total 600 - IC Healthcare Expenses	839,873.77	1,063,723.86	-223,850.09	79.0%
620 WSHD - Grants				
620.01 WCH/RMC				
620.01a Hosp Uncomp. Care Repay	591,426.92			
620.01b WCH/RMC - Other	260,765.96			
620.01 WCH/RMC - Other	0.00	1,000,000.00	-1,000,000.00	0.0%
Total 620.01 WCH/RMC	852,192.88	1,000,000.00	-147,807.12	85.2%

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

	Jan - Sep 23	Budget	\$ Over Budget	% of Budget
620.03 WSVEMS				
620.03c WSVEMS - Salaries	0.00	0.00	0.00	0.0%
620.03 WSVEMS - Other	89,553.45	168,800.00	-79,246.55	53.1%
Total 620.03 WSVEMS	89,553.45	168,800.00	-79,246.55	53.1%
620.05 East Chambers ISD	187,462.64	283,643.00	-96,180.36	66.1%
620.06 FQHC(Coastal)	776,766.21	914,112.00	-137,345.79	85.0%
620.07 Marcelous Williams	57,590.11	57,742.12	-152.01	99.7%
620.09 Admin-Cont Ed-Med Pers.	2,071.86	1,801.68	270.18	115.0%
Total 620 WSHD - Grants	1,965,637.15	2,426,098.80	-460,461.65	81.0%
630 NH Program				
630 NH Program-Mgt Fees	13,729,108.87	17,446,084.60	-3,716,975.73	78.7%
631 NH Program-IGT	21,298,608.74	31,638,239.32	-10,339,630.58	67.3%
632 NH Program-Telehealth Fees	191,836.24	196,091.32	-4,255.08	97.8%
633 NH Program-Acctg Fees	53,887.50	35,000.00	18,887.50	154.0%
634 NH Program-Legal Fees	240,854.73	250,000.00	-9,145.27	96.3%
635 NH Program-LTC Fees	2,196,000.00	3,120,000.00	-924,000.00	70.4%
637 NH Program-Interest Expense	2,807,661.73	3,656,575.04	-848,913.31	76.8%
638 NH Program-Loan/Bank Fees	710,484.41	100.00	710,384.41	710,484.4%
639 NH Program-Appraisal	49,029.25	23,250.00	25,779.25	210.9%
Total 630 NH Program	41,277,471.47	56,365,340.28	-15,087,868.81	73.2%
674 - Property Acquisition	635,315.36	534,062.00	101,253.36	119.0%
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%
675.03 - Clinic Property Ins	17,403.92			
675 HWY 124 Expenses - Other	180.00			
Total 675 HWY 124 Expenses	17,583.92	35,000.00	-17,416.08	50.2%
Payroll Expenses	0.00			
Total Expense	44,918,885.32	60,727,786.94	-15,808,901.62	74.0%
Net Ordinary Income	6,049,188.90	4,953,787.74	1,095,401.16	122.1%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	268,088,662.49			
Covid Provider Relief Funds	0.00			
Total Other Income	268,088,662.49			
Other Expense				
640 Nursing Home Oper. Expenses	265,690,540.67			
Total Other Expense	265,690,540.67			
Net Other Income	2,398,121.82			
Net Income	8,447,310.72	4,953,787.74	3,493,522.98	170.5%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, October 18, 2023						
Pending Expenses		For	Amount	Funds Summary		Totals
Indigent Healthcare Solution:	Inv #76613		\$1,566.00	Prosperity Operating (Unrestricted)		\$498,270.87
Brookshire Brothers	Indigent Care		\$3,499.32	First Financial DACA (Unrestricted)		\$12,080,652.20
Wilcox Pharmacy	Indigent Care		\$1,616.86	First Financial DACA (Restricted)		\$2,464,599.10
UTMB at Galveston	Indigent Care		\$6,962.44	First Financial Money Market (Restricted)		\$13,428,373.41
UTMB Faculty Group	Indigent Care		\$5,060.56	TexStar (Restricted)		\$727,106.95
Thompson Outpatient Clinic	Indigent Care		\$1,215.24	FFB CD Balance		\$8,200,000.00
Winnie Community Hospital (RMC)	Indigent Care (<i>do not write check</i>)		\$0.00	Total District Funds		\$37,399,002.52
Advanced Cardiovascular Spec	Indigent Care		\$4.26	Less First Financial (Restricted)		(\$2,464,599.10)
Bayside Dental	SP Program		\$1,524.00	Less TexStar Reserve Account		(\$727,106.95)
Winnie Family Dental	SP Program		\$726.00	Less LOC Outstanding		(\$1,842,255.33)
Kalos Counseling (Benjamin Odom)	Youth Counseling		\$595.00	Less First Financial Money Market (Restricted)		(\$13,428,373.41)
Technology Solutions of Tx	Inv #1813		\$95.00	Less Committed Funds (See Total Commitment)		(\$2,752,350.74)
Felipe Ojedia-Yard Service	Inv #1042		\$350.00	Cash Position (Less First Financial Restricted)		\$18,026,572.33
Graciela Chavez-Office Cleaning	Inv #965964		\$120.00	Pending Expenses		\$442,767.08
Benckenstein & Oxford	Inv #50897		\$29,000.00	Ending Balance (Cash Position/Pending Expenses)		\$18,469,339.41
Hubert Oxford	Legal Retainer		\$1,000.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)		\$26,646,424.26
Makayla Vidal	Inv #00028		\$10,062.00	Prior Month		
American Education Services	Grant S Stern-Student Loan		\$150.14	Prosperity Operating (Unrestricted)		\$545,327.51
US Department of Education	Grant B Odom-Student Loan		\$1,754.58	First Financial (Unrestricted)		\$10,715,837.16
Winnie Community Hospital	WCH DY8 Recoup Demand		\$147,856.73	First Financial (Restricted)		\$1,685,496.75
Function4	Inv #1068206		\$18.75	First Financial Money Market (Restricted)		\$13,565,151.77
Vaughns AC	Inv #WO-1313		\$925.00	TexStar (Restricted)		\$723,947.12
The Hometown Press	Inv #3978		\$600.00	FFB CD Balance		\$8,200,000.00
Coastal Gateway	Grant Oct Request		\$173,988.65	Total District Funds		\$35,435,760.30
Lisa Rae LLC	Inv #1228		\$645.00	Less First Financial (Restricted)		(\$1,685,496.75)
Coastal Gateway	Vehicle Purchase (Winnie Dodge)		\$33,381.55	Less TexStar Reserve Account		(\$723,947.12)
Hall Render Killian Heath & Lyon	Legal Retainer		\$20,000.00	Less LOC Outstanding		(\$1,745,740.56)
Total Pending Expenses:			\$442,767.08	Less First Financial Money Market (Restricted)		(\$13,565,151.77)
				Less Committed Funds (See Total Commitment)		(\$1,573,783.47)
				Cash Position (Less First Financial Restricted)		\$17,887,381.20
				Pending Expenses		\$340,282.78
				Ending Balance (Cash Position/Pending Expenses)		\$18,227,663.98
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)		\$25,669,698.06

First Financial Bank Reconciliations					
FFB Balance	\$14,545,251.29				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Gross Yr. 6, Component 1-IGT 11 (First Half)					
June (2nd Half) - remainder to be received	\$0.00	\$79,569.10	\$0.00	\$79,569.10	\$0.00
July (2nd Half) - remainder to be received	\$0.00	\$174,175.98	\$0.00	\$174,175.98	\$0.00
August (2nd Half)	\$1,546,463.73	\$2,465,460.21	\$1,546,463.73	\$918,996.48	\$1,546,463.73
Total Component 1, IGT 11	\$1,546,463.73	\$2,719,205.29	\$1,546,463.73	\$1,172,741.56	\$1,546,463.73
5 Month Set Aside (FFB)					
Remainder to be received for June (2nd Half)	\$0.00	\$79,569.10	\$0.00	\$79,569.10	\$0.00
Remainder to be received for July (2nd Half)	\$0.00	\$174,175.98	\$0.00	\$174,175.98	\$0.00
August (2nd Half)	\$1,546,463.73	\$2,465,460.21	\$1,546,463.73	\$918,996.48	\$1,546,463.73
Total Loan Set Aside	\$1,546,463.73	\$2,719,205.29	\$1,546,463.73	\$1,172,741.56	\$1,546,463.73
Yr. 6, Component 2 (Public & Private)					
Q4-Comp. 2-June	\$347,341.02	\$646,722.97	\$646,722.97	\$0.00	\$299,381.96
Q4-Comp. 2-July	\$332,564.41	\$617,169.75	\$617,169.75	\$0.00	\$284,605.35
Q4-Comp. 2-August	\$223,906.23	\$652,417.81	\$399,853.40	\$252,564.41	\$175,947.17
Total Component 2 due to MGRs.	\$903,811.65	\$1,916,310.53	\$1,663,746.12	\$252,564.41	\$759,934.47
Variance Payments (Component 1, 2, 3, 4, and Lapsing Funds)					
Variance June	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance July	(\$30,933.49)	(\$61,866.97)	(\$61,866.97)	\$0.00	(\$30,933.49)
Variance August	(\$33,551.48)	(\$108,781.06)	(\$67,102.95)	(\$41,678.11)	(\$33,551.48)
Variance Payment Totals	(\$64,484.96)	(\$170,648.03)	(\$128,969.92)	(\$41,678.11)	(\$64,484.96)
Adjustment Payments (Less: Mission, Red Oak, and Texarkana)					
QIPP YR 4 Adjustment 3	\$333.36	(\$1,306.36)	\$666.71	(\$1,973.07)	\$333.36
QIPP YR 4 IGT Recon	\$27,682.56	\$56,310.57	\$55,365.11	\$945.46	\$27,682.56
QIPP YR 5 Adjustment 2	\$46,444.40	\$92,657.49	\$92,888.80	(\$231.31)	\$46,444.40
Total Adjustment & Reconciliation Payment	\$74,460.31	\$147,661.70	\$148,920.62	(\$1,258.92)	\$74,460.31
Adjustment & Refund Payments (Mission, Red Oak, and Texarkana)					
QIPP YR 4 Adjustment 3	\$13.75	(\$210.40)	\$27.50	(\$237.90)	\$13.75
QIPP YR 5 Adjustment 2	\$4,334.62	\$8,691.69	\$8,669.23	\$22.46	\$4,334.62
Total Adjustment & Reconciliation Payment	\$4,348.37	\$8,481.29	\$8,696.73	(\$215.44)	\$4,348.37
Non-QIPP Funds	\$0.00				
Restricted	\$2,464,599.10				
Unrestricted	\$12,080,652.20				
Total Funds	\$14,545,251.29				

Committed Funds				
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance	
1. FQHC Grant Funding-2023	\$914,112.00	\$776,766.21	\$137,345.79	January through Aug 2023 (Includes \$100,000 payment made before meeting, no payment in September). Total with October is \$207,370.00
2. Hospital-DY 8 Repayment	\$2,306,431.87	\$591,426.92	\$1,715,004.95	
3. Interim Working Capital Loan	\$1,500,000.00	\$600,000.00	\$900,000.00	
Total Commitments	\$4,720,543.87	\$1,968,193.13	\$2,752,350.74	

Hospital - DY 8 Repayment			
	Amount Advanced by District	IC Repayment by RMC	Balance Owed by RMC
June 28, 2023	\$147,856.73		\$147,856.73
July 19, 2023	\$147,856.73		\$295,713.46
August 16, 2023	\$147,856.73		\$443,570.19
September 20, 2023	\$147,856.73		\$591,426.92
October 18, 2023	\$147,856.73	\$29,635.54	\$709,648.11
	\$739,283.65	\$29,635.54	\$709,648.11

CHOW Interim Working Capital Loan				
	Amount Advanced	Line of Credit Remaining	Amount Paid Back to Date	Amount Due to District
Gulf Coast - Copperas Cove	\$550,000.00	\$0.00	\$220,623.97	\$329,376.03
Gulf Coast - Corrigan	\$800,000.00	\$0.00	\$196,814.87	\$603,185.13
Gulf Coast - Hemphill	\$550,000.00	\$0.00	\$116,462.20	\$433,537.80
Gulf Coast - Oak Village	\$550,000.00	\$0.00	\$164,180.20	\$385,819.80
Gulf Coast - Parkview	\$550,000.00	\$0.00	\$180,448.44	\$369,551.56
Gulf Coast - Winnie	\$800,000.00	\$0.00	\$148,403.48	\$651,596.52
Balance Owed by Gulf Coast	\$3,800,000.00		\$1,026,933.16	\$2,773,066.84
HMG - Treviso	\$600,000.00	\$900,000.00	\$0.00	\$600,000.00
Total CHOW Loan Outstanding	\$4,400,000.00	\$900,000.00	\$1,026,933.16	\$3,373,066.84

11 Month Outstanding Short Term Revenue Note-Loan 22 (November 30, 2022-Oct. 30, 2023) 2nd Half of QIPP Year 6					
Loan 22-Principle	\$13,057,329.45	Reserve	\$182,802.61		
Interest	16.80%				
Amortization Table	Date	Balance	Interest	Principal Revd.	Payment
1	12/30/2022	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
2	1/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
3	2/28/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
4	3/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
5	4/30/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
6	5/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
7	6/30/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
8	7/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
9	8/31/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
10	9/30/2023	\$13,057,329.45	\$182,802.61	\$0.00	\$182,802.61
11	10/31/2023	\$13,057,329.45	\$182,802.61	\$13,057,329.45	\$13,240,132.06
Amount Paid		\$0.00	\$2,010,828.71	\$369,551.56	\$0.00

5 Month Outstanding Short Term Revenue Note (Acct #57627) Buyout of Loan 22 and Termination Payment for Salt Creek					
Annual Interest Rate:	8.25%	Payments Per Year:	5	Origination Fee:	\$116,944.93
Year(s):	1	Initial Loan Amount:	\$11,694,493.48		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-June 30, 2023 (March & April 2023, Comp. 1) Payoff	(\$4,509,523.54)	(\$4,434,483.88)	(\$75,039.66)	(\$4,509,523.54)	\$7,260,009.60
2-July 31, 2023 (May 2023, Comp. 1)	(\$2,399,913.42)	(\$2,349,950.44)	(\$49,962.98)	(\$2,399,913.42)	\$4,910,059.16
3-August 31, 2023 (June 2023 Comp. 1)	(\$2,516,251.97)	(\$2,475,675.79)	(\$38,257.54)	(\$2,516,251.97)	\$2,434,383.37
4-September 30, 2023 (July 2023, Comp. 1)	(\$1,235,584.81)	(\$2,434,383.37)	(\$17,243.55)	(\$1,235,584.81)	\$0.00
5-October 31, 2023 (August, 2023, Comp. 1)				\$0.00	\$0.00
6-October 31, 2023 (Adjustment-Shortfall)					\$0.00
Amount Paid	(\$10,661,273.74)	(\$11,694,493.48)	(\$180,503.73)	(\$10,661,273.74)	\$0.00

First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 23 (Acct #57635) (June 2023-May 31, 2023) 1st Half of Year 7					
Annual Interest Rate:	8.25%	Payments Per Year:	11	Origination Fee:	\$593,539.48
Years:	1	Amount:	\$14,353,948.46		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-June 30, 2023			(\$101,972.84)	(\$101,972.84)	\$14,353,948.46
2-July 31, 2023			(\$101,972.84)	(\$101,972.84)	\$14,353,948.46
3-August 31, 2023			(\$105,262.29)	(\$105,262.29)	\$14,353,948.46
4-September 30, 2023			(\$105,262.29)	(\$105,262.29)	\$14,353,948.46
5-October 31, 2023		\$0.00	(\$105,262.29)	(\$105,262.29)	\$14,353,948.46
6-November 31, 2023 (September, Comp. 1)	\$2,298,308.31	(\$2,392,324.74)	(\$98,683.40)	(\$2,491,008.14)	\$11,961,623.72
7-December 31, 2023 (October, Comp. 1)	\$2,322,357.95	(\$2,392,324.74)	(\$82,236.16)	(\$2,474,560.91)	\$9,569,298.98
8-January 31, 2024 (November, Comp. 1)	\$2,393,223.56	(\$2,392,324.74)	(\$65,788.93)	(\$2,458,113.67)	\$7,176,974.23
9-February 28, 2024 (December, Comp. 1)	\$2,343,214.45	(\$2,392,324.74)	(\$49,341.70)	(\$2,441,666.44)	\$4,784,649.49
10-March 31, 2024 (January, Comp. 1)	\$2,299,429.86	(\$2,392,324.74)	(\$32,894.47)	(\$2,425,219.21)	\$2,392,324.74
11-April 30, 2024 (February, Comp. 1)		(\$2,392,324.74)	(\$16,447.23)	(\$2,408,771.98)	\$0.00
Amount Paid	\$11,656,534.13	(\$14,353,948.46)	(\$865,124.43)	(\$15,219,072.90)	

First Financial Bank - LOC					
Description	Total Amount Advanced	Total Paid Back	Total Amount Outstanding		
HMG Buyout - Treviso	\$306,028.74	\$0.00	\$306,028.74		
HMG Buyout - Gulf Pointe	\$305,916.97	\$0.00	\$305,916.97		
HMG Buyout - Arbrook Place	\$308,146.03	\$0.00	\$308,146.03		
HMG Buyout - Forum	\$322,163.59	\$0.00	\$322,163.59		
HMG Treviso CHOW Loan	\$600,000.00	\$0.00	\$600,000.00		
Total Outstanding LOC	\$1,842,255.33	\$0.00	\$1,842,255.33		
Balance: \$8,200,000.00 Principle Balance Owed \$1,842,255.33					
Interest Rate: 5.60% LOC Funds Available \$6,357,744.67					
	Date	Balance	Interest	Principal Rcvd.	Payment
1	8/31/2023	\$1,542,255.33	\$0.00	\$0.00	\$0.00
2	9/30/2023	\$1,842,255.33	\$7,437.09	\$0.00	\$7,437.09
3	10/31/2023	\$2,142,255.33	\$8,997.10	\$0.00	\$8,997.10
4	11/30/2023	\$2,442,255.33	\$11,397.19	\$0.00	\$11,397.19
5	12/31/2023	\$2,742,255.33	\$12,797.19	\$0.00	\$12,797.19
6	1/31/2024	\$2,742,255.33	\$12,797.19	\$0.00	\$12,797.19
7	2/28/2024	\$2,742,255.33	\$12,797.19	\$0.00	\$12,797.19
8	3/31/2024	\$2,742,255.33	\$12,797.19	\$0.00	\$12,797.19
9	4/30/2024	\$2,742,255.33	\$12,797.19	\$0.00	\$12,797.19
Amount Paid		\$0.00	\$91,817.34	\$0.00	\$91,817.34
District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid to date
*CD at First Financial Bank Bank UPDATE	\$8,200,000.00	3.60%	September 2023	Paid Quarterly	
Money Market-First Financial Bank	\$13,428,373.41	4.00%	September 2023	\$46,024.25	\$188,241.33
Texstar C.D. #1110	\$727,106.95	5.3105%	September 2023	3,159.83	\$26,180.34
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”

	A	D	E	G	J	K	L	M	N
		2023 YTD	2023 Original Budget	% of Budget Used	Proposed Budget Amendments	Budget (Amendment 1)	% of Budget Used	% Change in Budget	NOTES
2									
3	Revenue								
4	400 Sales Tax Revenue	\$ 717,002.94	\$ 770,000.00	93.12%	\$ -	\$ 770,000.00	93.12%	0.00%	
5	405 Investment Income	\$ 188,432.99	\$ 35,000.00	538.38%	\$ 225,000.00	\$ 260,000.00	72.47%	642.86%	CY Investment Income received with Additional \$40K for Sept & Oct - Salt Creek Loan being paid back in Oct so will not received the \$40K in interest for Nov & Dec
6	407 Rent-Highway 124	\$ 31,500.00	\$ 69,500.00	45.32%	\$ -	\$ 69,500.00	45.32%	0.00%	
7	409 Tobacco Settlement	\$ 14,398.30	\$ 11,000.00	130.89%	\$ 5,000.00	\$ 16,000.00	89.99%	45.45%	
8	410 Hosp Uncomp. Care Repay	\$ -	\$ -		\$ 1,034,997.04	\$ 1,034,997.04	0.00%	0.00%	
9	415 Nursing Home-QIPP Programs	\$ 50,016,739.99	\$ 64,796,074.68	77.19%	\$ (1,052,894.96)	\$ 63,743,179.72	78.47%	-1.62%	Loss of Spring Branch and program growth
10	Total Income	\$ 50,968,074.22	\$ 65,681,574.68	77.60%	\$ 212,102.08	\$ 65,893,676.76	77.35%	0.32%	
11									
12	Expenses								
13	500 Admin-Administrative Salary	\$ 60,717.23	\$ 80,312.00	75.60%	\$ -	\$ 80,312.00	75.60%	0.00%	
14	502 Admin-Administrative Assnt	\$ 7,629.50	\$ 45,000.00	16.95%	\$ (32,000.00)	\$ 13,000.00	58.69%	-71.11%	Reduced due to no administrative assistant for large portion of the year.
15	503 Admin - Staff Incentive Pay	\$ -	\$ 4,000.00	0.00%	\$ -	\$ 4,000.00	0.00%	0.00%	
16	504 Admin-Administrative PR Tax	\$ 6,929.26	\$ 10,025.00	69.12%	\$ -	\$ 10,025.00	69.12%	0.00%	
17	505 Admin-Board Bonds	\$ -	\$ 250.00	0.00%	\$ -	\$ 250.00	0.00%	0.00%	
18	515 Admin-Bank Service Charges	\$ 945.21	\$ 1,400.00	67.52%	\$ -	\$ 1,400.00	67.52%	0.00%	
19	521 Professional Fees - Acctng	\$ 5,987.50	\$ 36,000.00	16.63%	\$ (25,000.00)	\$ 11,000.00	54.43%	-69.44%	Moved large portion of accounting fees to NH accounting fees.
20	522 Professional Fees-Auditing	\$ 44,000.00	\$ 26,000.00	169.23%	\$ 18,000.00	\$ 44,000.00	100.00%	69.23%	
21	523 Professional Fees - Legal	\$ 9,000.00	\$ 25,000.00	36.00%	\$ 50,000.00	\$ 75,000.00	12.00%	200.00%	Includes engagement of Hall Render.
22	550 Admin-D&O / Liability Ins.	\$ 15,681.26	\$ 16,000.00	98.01%	\$ -	\$ 16,000.00	98.01%	0.00%	
23	560 Admin-Cont Ed, Travel	\$ -	\$ 9,000.00	0.00%	\$ (6,500.00)	\$ 2,500.00	0.00%	-72.22%	
24	562 Admin-Travel&Mileage Reimb.	\$ 5,215.54	\$ 200.00	2607.77%	\$ 5,050.00	\$ 5,250.00	99.34%	2525.00%	
25	569 Admin-Meals	\$ 1,214.56	\$ 1,500.00	80.97%	\$ -	\$ 1,500.00	80.97%	0.00%	
26	570 Admin-District/County Prom	\$ -	\$ 5,000.00	0.00%	\$ -	\$ 5,000.00	0.00%	0.00%	
27	571 Admin-Office Supp. & Exp.	\$ 4,690.98	\$ 10,000.00	46.91%	\$ -	\$ 10,000.00	46.91%	0.00%	
28	572 Admin-Web Site	\$ -	\$ 1,000.00	0.00%	\$ -	\$ 1,000.00	0.00%	0.00%	
29	573 Admin-Copier Lease/Contract	\$ 2,306.96	\$ 3,000.00	76.90%	\$ -	\$ 3,000.00	76.90%	0.00%	
30	575 Admin-Cell Phone Reimburse	\$ 1,350.00	\$ 1,800.00	75.00%	\$ -	\$ 1,800.00	75.00%	0.00%	
31	576 Admin-Telephone/Internet	\$ 2,551.78	\$ 3,500.00	72.91%	\$ -	\$ 3,500.00	72.91%	0.00%	

	A	D	E	G	J	K	L	M	N
		2023 YTD	2023 Original Budget	% of Budget Used	Proposed Budget Amendments	Budget (Amendment 1)	% of Budget Used	% Change in Budget	NOTES
2									
90	674 - Property Acquisition	\$ 635,495.36	\$ 534,062.00	118.99%	\$ 115,938.00	\$ 650,000.00	97.77%	21.71%	Spent \$1,310,844.85 in 2022 to purchase the property for \$1,185,234.85 for the property and then the balance for a downpayment of the building, , site preparation, etc. Overall budget for property acquisition and building installation was \$2,000,000.00.
91	675 HWY 124 Expenses								
92	675.01 Tony's BBQ Bldg Expenses	\$ -	\$ 25,000.00	0.00%	\$ -	\$ 25,000.00	0.00%	0.00%	
93	675.02 Clinic Expenses	\$ -	\$ 10,000.00	0.00%	\$ -	\$ 10,000.00	0.00%	0.00%	
94	675.03 Clinic Property Insurance	\$ 17,403.92	\$ -	0.00%	\$ 17,405.00	\$ 17,405.00	99.99%	0.00%	
95	Total 675 HWY 124 Expenses	\$ 17,403.92	\$ 35,000.00	49.73%	\$ 17,405.00	\$ 52,405.00	33.21%	49.73%	
100	Total Expense	\$ 44,918,885.33	\$ 60,727,786.94		\$ 1,002,958.04	\$ 62,024,572.35	72.42%	2.14%	
101	Total Ordinary Income	\$ 6,049,188.89	\$ 4,953,787.74	122.11%	\$ (1,084,683.33)	\$ 3,869,104.41	156.35%	-21.90%	

Exhibit “A-4”

Winnie-Stowell Hospital District
Bank Accounts Register
As of September 20, 2023 to October 17, 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							567,513.47
Check	09/20/2023	3970	Brookshire Brothers	IC RXs (July 2023)	X	(3,124.64)	564,388.83
Check	09/20/2023	3971	Brookshire Brothers	IC RXs (Aug 2023)	X	(2,769.38)	561,619.45
Check	09/20/2023	3972	Wilcox Pharmacy	IC RXs (Jul 2023)	X	(1,529.75)	560,089.70
Check	09/20/2023	3973	Wilcox Pharmacy	IC RXs (Aug 2023)	X	(1,563.81)	558,525.89
Check	09/20/2023	3969	Indigent Healthcare S...	Inv #76450	X	(1,566.00)	556,959.89
Check	09/20/2023	3980	Winnie Family Dental	IC Batch Date 08.08.2023	M	(2,867.60)	554,092.29
Check	09/20/2023	3976	Thompson OPC (Clinic)	IC Batch Date 08.11.2023	X	(1,424.13)	552,668.16
Check	09/20/2023	3974	UTMB at Galveston	IC Batch Date 08.01.2023	X	(42,705.17)	509,962.99
Check	09/20/2023	3975	UTMB Faculty Group ...	IC Batch Date 08.01.2023	M	(7,409.81)	502,553.18
Check	09/20/2023	3978	Winnie Community H...	RMC Contract (Aug 2023) Batch Date 08.05....	X	(33,551.64)	469,001.54
Check	09/20/2023	3977	Winnie-Stowell Volun...	IC Ambulance Svs (Batch Date 08.09.2023)	X	(2,093.45)	466,908.09
Check	09/20/2023	3982	Kalos Counseling	YC Batch Date 08.02.2023		(510.00)	466,398.09
Check	09/20/2023	3981	Nicki Holtzman MS, ...	YC Batch Date 08.02.2023	X	(85.00)	466,313.09
Check	09/20/2023	3984	Felipe Ojeda	Inv #1041	X	(350.00)	465,963.09
Check	09/20/2023	3985	Graciela Chavez	Inv #965963	X	(120.00)	465,843.09
Check	09/20/2023	3989	American Education S...	92 5529 5461 S Stern	X	(150.14)	465,692.95
Check	09/20/2023	3991	Hometown Press	Inv #3939	X	(600.00)	465,092.95
Check	09/20/2023	3988	Makayla Vidal	Inv #00026	X	(9,625.00)	455,467.95
Check	09/20/2023	3992	The Seabreeze Beacon	Inv #6758	X	(350.00)	455,117.95
Check	09/20/2023	3983	Technology Solutions ...	Inv #1806	X	(95.00)	455,022.95
Check	09/20/2023	3990	Vaughn's Air Conditio...	Inv # WO1037	X	(180.00)	454,842.95
Check	09/20/2023	3986	Benckenstein & Oxford	Inv #50879 (July 2023)	X	(19,550.00)	435,292.95
Check	09/20/2023	3979	Bayside Dental	Batch Date 08.08.2023	X	(770.00)	434,522.95
Check	09/20/2023	3987	Hubert Oxford	Legal Retainer	X	(1,000.00)	433,522.95
Check	09/20/2023	3993	Durbin & Company, L...	Inv #9669 (2019 Audit) Client # 102400.1	*	(10,000.00)	423,522.95
Check	09/20/2023	3994	Winnie Community H...	UC DY8 HHSC Recoupment Demand Sep	X	(147,856.73)	275,666.22
Check	09/20/2023	3995	Marcelous-Williams R...	Grant 4th Qtr Pmt	X	(14,435.53)	261,230.69
Check	09/20/2023	3996	Durbin & Company, L...	Invoice #12093 (2022 and Single Audit)	*	(34,000.00)	227,230.69
Check	09/20/2023	3997	Winnie-Stowell Volun...	Grant (May thru Aug reimb)	X	(30,628.00)	196,602.69
Check	09/26/2023	3998	US Department of Ed...	Acct #1778777792-1 B Odom (Oct 2023 Pmt)	M	(720.60)	195,882.09
Deposit	09/26/2023			Deposit, Processed	X	431.30	196,313.39
Liability ...	09/28/2023		QuickBooks Payroll S...	Created by Payroll Service on 09/26/2023	X	(9,551.87)	186,761.52
Liability ...	09/28/2023		QuickBooks Payroll S...	Created by Payroll Service on 09/26/2023	X	(725.03)	186,036.49
Check	09/28/2023		Prosperity Bank (CC)	2704	X	(704.93)	185,331.56
Paycheck	09/29/2023	DD1305	Norris, Sherrie	Direct Deposit	X		185,331.56
Paycheck	09/29/2023	DD1306	Ojeda, Patricia	Direct Deposit	X		185,331.56
Paycheck	09/29/2023	DD1307	Walters, Reagan D	Direct Deposit	X		185,331.56
Deposit	09/30/2023			Deposit, Processed	X	70.03	185,401.59
Check	10/02/2023	3999	Winnie-Stowell Volun...	Grant Advance Pmt on 2nd Grant Agmt (Sep ...	M	(35,924.67)	149,476.92
Deposit	10/04/2023			Memo:ACH PaymenWinnie-Stowell HCCD 1...	M	300,000.00	449,476.92
Check	10/05/2023	995161	Riceland Medical Cen...	Memo:Draft, Withdrawal, Processed	M	(340.00)	449,136.92
Check	10/06/2023	995162	ECISD		*	(22,077.13)	427,059.79
Check	10/10/2023		Entergy	ACH, Withdrawal, Processed	M	(252.55)	426,807.24
Check	10/10/2023		Trinity Bay Conservat...	ACH, Withdrawal, Processed	M	(67.18)	426,740.06
Liability ...	10/12/2023		QuickBooks Payroll S...	Created by Payroll Service on 10/10/2023	*	(681.55)	426,058.51
Deposit	10/12/2023		Tony's BBQ	Deposit	*	3,500.00	429,558.51
Paycheck	10/13/2023	DD1308	Walters, Reagan D	Direct Deposit	X		429,558.51
Check	10/13/2023		IRS		*	(3,771.50)	425,787.01
Deposit	10/13/2023		Texas Comptroller of ...	Deposit	*	72,032.40	497,819.41
Check	10/18/2023		Indigent Healthcare S...	Inv #76613		(1,566.00)	496,253.41
Check	10/18/2023		Brookshire Brothers	IC RX's (Sept 2023)		(3,499.32)	492,754.09
Check	10/18/2023		Wilcox Pharmacy	IC RX's (Sept 2023)		(1,616.86)	491,137.23
Check	10/18/2023		UTMB at Galveston	IC Batch Date 09.01.2023		(6,962.44)	484,174.79
Check	10/18/2023		UTMB Faculty Group ...	IC Batch Date 09.01.2023		(5,060.56)	479,114.23
Check	10/18/2023		Thompson OPC (Clinic)	IC Batch Date 09.11.2023		(1,215.24)	477,898.99
Check	10/18/2023		Advanced Cardiovasc...	IC Batch Date 09.01.2023		(54.26)	477,844.73
Check	10/18/2023		Bayside Dental	IC Batch Date 09.08.2023		(1,524.00)	476,320.73
Check	10/18/2023		Winnie Family Dental	IC SP Batch Date 09.08.2023		(726.00)	475,594.73
Check	10/18/2023		Kalos Counseling	IC YC Batch Date 09.02.2023		(595.00)	474,999.73
Check	10/18/2023		Technology Solutions ...	Inv #1813		(95.00)	474,904.73
Check	10/18/2023		Felipe Ojeda	Inv #1042		(350.00)	474,554.73
Check	10/18/2023		Graciela Chavez	Inv #965964		(120.00)	474,434.73
Check	10/18/2023		Benckenstein & Oxford	Inv #50897		(29,000.00)	445,434.73
Check	10/18/2023		Hubert Oxford	Legal Retainer		(1,000.00)	444,434.73
Check	10/18/2023		Makayla Vidal	Inv # 00028		(10,062.00)	434,372.73
Check	10/18/2023		American Education S...	92 5529 5461 S Stern		(150.14)	434,222.59
Check	10/18/2023		US Department of Ed...	Acct #1778777792-1 B Odom		(1,754.58)	432,468.01
Check	10/18/2023		Winnie Community H...	UC DY8 HHSC Recoupment Demand Oct		(147,856.73)	284,611.28

Winnie-Stowell Hospital District
Bank Accounts Register
As of September 20, 2023 to October 17, 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	10/18/2023		Function 4	3A0064 Inv #1068206		(18.75)	284,592.53
Check	10/18/2023		Vaughn's Air Conditio...	Inv WO-1313		(925.00)	283,667.53
Check	10/18/2023		Hometown Press	Inv #3978		(600.00)	283,067.53
Check	10/18/2023		Coastal Gateway Healt...	Grant (Oct 2023 Req)		(173,988.65)	109,078.88
Check	10/18/2023		Lisa Rae LLC	Inv #1228		(645.00)	108,433.88
Check	10/18/2023		Coastal Gateway Healt...	Grant-Vehicle Purchase		(33,381.55)	75,052.33
Check	10/18/2023		Hall Render Killian H...	Retainer		(20,000.00)	55,052.33
Check	10/26/2023	Pending	Prosperity Bank (CC)	2704		(1,233.69)	53,818.64
Check	11/07/2023	Pending	ECISD			(22,077.13)	31,741.51
Check	11/07/2023	Pending	Riceland Medical Cen...			(340.00)	31,401.51
Total 100 Prosperity Bank -Checking						(536,111.96)	31,401.51
102 First Financial Bank							25,966,485.67
102b FFB #4846 DACA							12,401,333.90
Check	09/20/2023			Memo:Transfer from DDA Acct No. 1110214...	X	1,696,609.08	14,097,942.98
Check	09/27/2023			Memo:Transfer from DDA Acct No. 1110214...	X	1,316,916.14	15,414,859.12
Check	09/29/2023	Pending	First Financial Bank	(Int Pmt 11 mth Ln)	X	(105,262.29)	15,309,596.83
Check	09/29/2023	Pending	First Financial Bank	Principal & Int 5 mth (to be adj with add'l Fun...	X	(1,234,435.24)	14,075,161.59
Check	09/29/2023		First Financial Bank	Transfer from XXX4846 to XXX7759: Conf ...	X	(7,437.09)	14,067,724.50
Check	09/29/2023		First Financial Bank	Transfer from XXX4846 to XXX7627: Conf ...	X	(1,217,191.68)	12,850,532.82
Check	10/02/2023			Memo:Transfer from DDA Acct No. 1110214...	M	11,802.00	12,862,334.82
Deposit	10/02/2023			ACH Winnie Stowell CCD 2673787	M	64,891.99	12,927,226.81
Deposit	10/02/2023			ACH Winnie Stowell CCD 2673791	M	66,556.45	12,993,783.26
Deposit	10/02/2023			ACH Winnie Stowell CCD 2673794	M	80,086.61	13,073,869.87
Deposit	10/02/2023			ACH Winnie Stowell CCD 2673790	M	81,884.38	13,155,754.25
Deposit	10/02/2023			ACH Winnie Stowell CCD 2673785	M	86,514.26	13,242,268.51
Deposit	10/02/2023			ACH Winnie Stowell CCD 2673784	M	96,150.60	13,338,419.11
Deposit	10/04/2023			Memo:ACH PaymenWinnie-Stowell HCCD 1...	M	(300,000.00)	13,038,419.11
Check	10/04/2023			Memo:ACH Paymen Winnie-Stowell HCCD ...	M	(78,382.00)	12,960,037.11
Check	10/04/2023		LTC Group	ACH PaymenWinnie-Stowell HCCD 1611500...	M	(294,000.00)	12,666,037.11
Check	10/11/2023			Memo:Transfer from DDA Acct No. 1110214...	M	604,160.85	13,270,197.96
Total 102b FFB #4846 DACA						868,864.06	13,270,197.96
102c FFB #7190 Money Market							13,565,151.77
Check	09/29/2023		Salt Creek Capital LLC	Ln 22 Int Pmt (10 of 11)	X	(182,802.61)	13,382,349.16
Deposit	10/01/2023				X	46,024.25	13,428,373.41
Check	10/30/2023	Pending	Salt Creek Capital LLC	Ln 22 Int Pmt (11 of 11)		(182,802.61)	13,245,570.80
Check	10/30/2023	Pending	Salt Creek Capital LLC	Loan 22 Interest & Principal balance		(13,057,329.45)	188,241.35
Total 102c FFB #7190 Money Market						(13,376,910.42)	188,241.35
Total 102 First Financial Bank						(12,508,046.36)	13,458,439.31
TOTAL						(13,044,158.32)	13,489,840.82

Exhibit “B”



10/18/23 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients: **95** –DOWN by **7** from **102** in **AUG**
 - **35** Apps, [**26** ICAP Renewals, **24** YC Renewals, **5** Previous, **4** New, and **0** ER Referrals]
 - **20** Approved [**15** Renewals, **3** YC Renewals, **2** Previous, **0** New, and **0** ER Referrals]
 - **0** Withdrew / **6** Denied / **10** Incomplete / **2** Pending
- b) Youth Counseling: **23** – the same as in **AUG**
- c) Irlen Services: **0** – the same since **OCT 2022**
- d) Dental: **2** clients used their benefit in **SEP**
- e) Vision Services: **0** clients used their benefit in **SEP**

2) Riceland Hospital & Clinics:

The **SEP** charges were DOWN by **\$2.6K** from **\$69.1K** to **\$6.5K**.

3) UTMB Hospital & Clinics:

UTMB **SEP** charges were DOWN by **\$190K** from **\$238.1K** to **\$48.1K**, which included **2 surgeries/procedures** for a total payment of **\$11.2 K**. There were **2 surgeries** that have not been billed yet - a **Back Surgery** for an expected payment of **\$19.1K** done the end of **AUG**, and a **Heart Surgery** with a **1-day In-Patient stay** for an expected payment of **\$19.5K** done early **OCT**.

4) Our over-all YTD expenditure Charts:

We have expended **80%** of the overall Indigent Care Budget

- **109%** for Pharmacy
- **130%** for Riceland
- **56%** for UTMB
- **74%** for Youth Counseling
- **82%** for Vision
- **173%** for Dental
- **104%** for Thompson Outpatient Clinic
- **26.1 K** for Non-Budgeted Services

5) District Programs:

- a) County Van (See attached): **8** out of **87** were WSHD clients
- b) Winnie Stowell EMS (See attached): **10** transports out of **12** were made from Riceland
- c) Marcelous Williams (See attached): **40** out of **40** were WSHD clients
- d) East Chambers School will provider their next report in **DEC**.

6) Other pertinent Information:

- a) I sent a draft Contract Agreement to UHPhealth to provide Adult Behavioral Health services to the District's Indigent residents.
- b) I met with the new Physical Therapy provider here in Winnie and they are considering entering into a Contract Agreement with the District to provide services to the District's Indigent residents.



CHART 1: 2023 YTD WSHD Services & Budget Status:

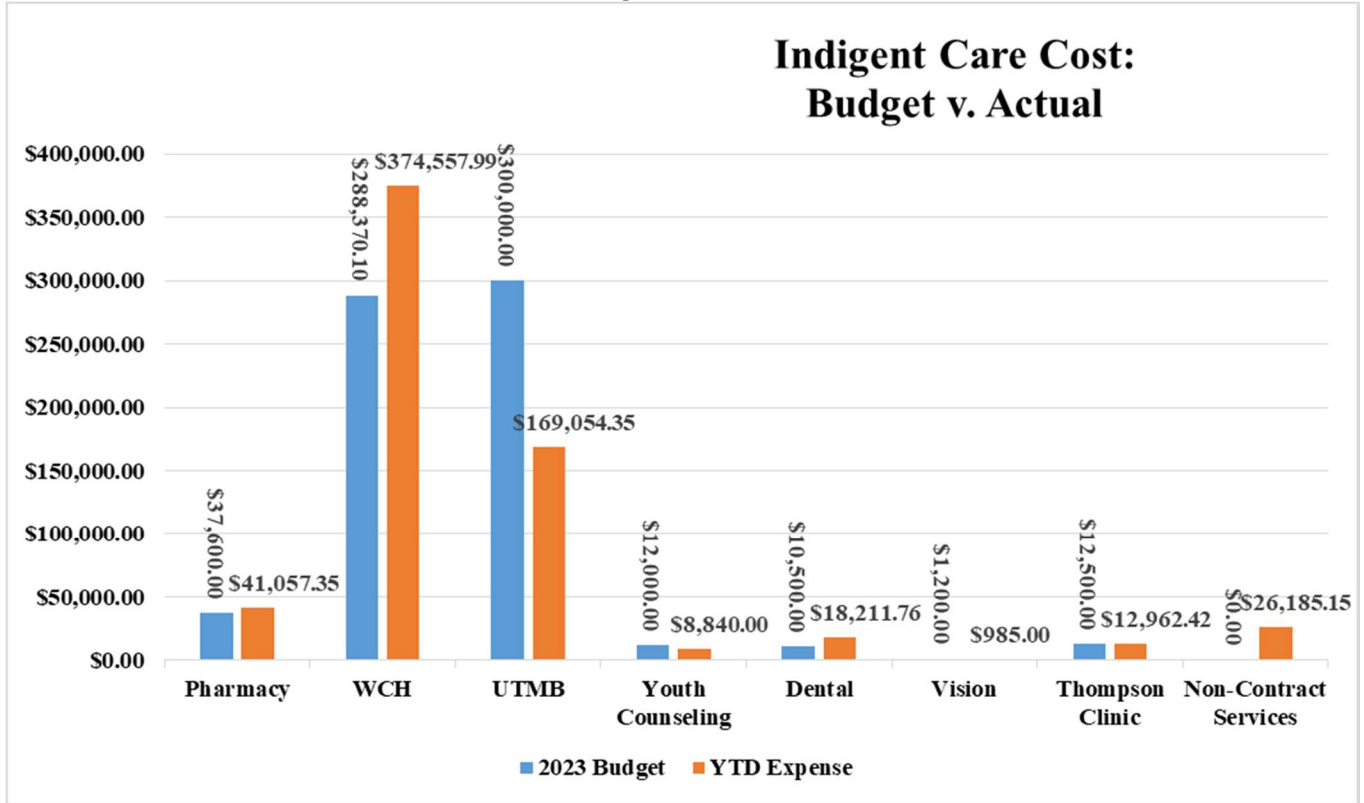
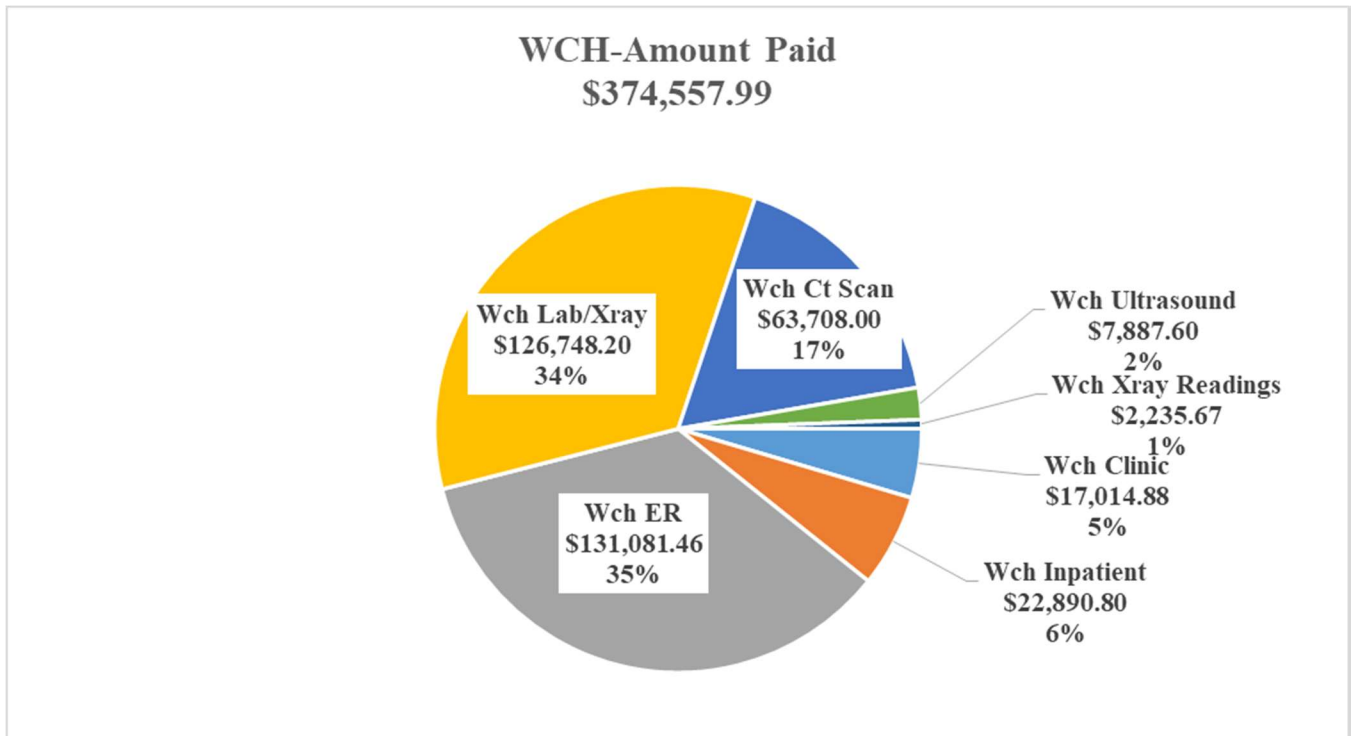


CHART 2: 2023 WCH Services Breakdown



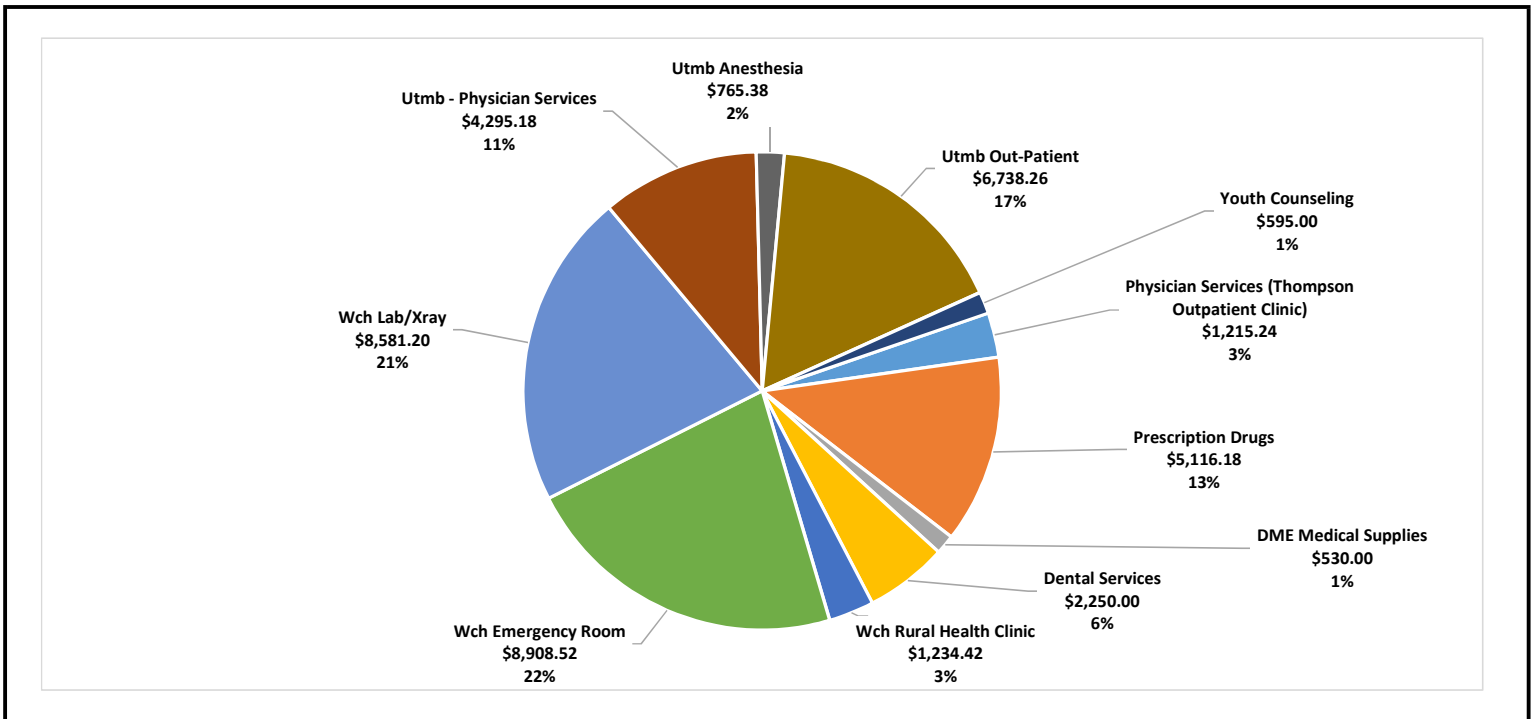
WSHD Indigent Care Director Report
Jan-Dec 2023 YTD Expenditures Worksheet

	August			September			Year to Date				
	Indigent Clients:	Youth Counseling:	Irlen Services:	Indigent Clients:	Youth Counseling:	Irlen Services:	Clients Enrolled:	YC Enrolled:	IS Enrolled:	Total Unduplicated	Average
PROVIDER TOTALS											
Pharmacy											
Brookshire Brothers Pharmacy Corp	\$6,238.94	\$5,894.02		\$3,499.32	\$3,499.32		\$32,243.68	\$29,418.34	\$26,047.02	134	99
Wilcox Pharmacy	\$3,120.40	\$3,093.56		\$1,616.86	\$1,616.86		\$15,072.67	\$15,045.83	\$15,010.33	27	21
ADJUSTMENTS-Refunds/Credits											
Pharmacy Totals	\$9,359.34	\$8,987.58		\$5,116.18	\$5,116.18		\$47,316.35	\$44,464.17	\$41,057.35		
Winnie Community Hospital											
WCH Clinic	\$2,755.00	\$1,234.42		\$1,234.42	\$1,234.42		\$42,050.04	\$17,014.88	\$17,014.88		
WCH ER	\$20,753.00	\$10,333.13		\$8,908.52	\$8,908.52		\$253,017.00	\$131,081.46	\$131,081.46		
WCH Lab/Xray	\$12,667.00	\$7,600.20		\$8,581.20	\$8,581.20		\$217,039.00	\$126,748.20	\$126,748.20		
WCH CT Scan	\$12,648.00	\$7,588.80		\$9,134.40	\$9,134.40		\$109,923.00	\$63,708.00	\$63,708.00		
WCH Optional Services (Infusion)	\$1,050.00	\$184.26		\$92.13	\$92.13		\$3,553.00	\$624.96	\$624.96		
WCH Xray (MRI)	\$7,476.00	\$330.65		\$496.11	\$496.11		\$52,332.00	\$2,366.42	\$2,366.42		
WCH Lab/Xray Reading	\$1,924.00	\$348.58		\$1,825.00	\$256.36		\$15,855.00	\$2,235.67	\$2,235.67		
WCH Inpatient	\$9,109.00	\$5,465.40		\$0.00	\$0.00		\$31,990.00	\$22,890.80	\$22,890.80		
WCH Ultrasound	\$777.00	\$466.20		\$932.40	\$932.40		\$13,146.00	\$7,887.60	\$7,887.60		
WCH Totals	\$69,159.00	\$33,551.64		\$29,635.54	\$29,635.54		\$738,905.04	\$374,557.99	\$374,557.99		
ADJUSTMENTS-Refunds/Credits											
Balance on Contracted Amount (Lump											
Sum Payment of \$288,370.10)											
UTMB											
UTMB Physician Services	\$17,436.00	\$4,886.26		\$4,295.18	\$4,295.18		\$99,557.00	\$23,378.98	\$23,378.98		
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00		\$0.00	\$0.00		\$20,378.00	\$582.29	\$582.29		
UTMB Anesthesia	\$4,296.00	\$2,523.55		\$765.38	\$765.38		\$13,484.00	\$8,269.08	\$8,269.08		
UTMB In-Patient	\$0.00	\$0.00		\$0.00	\$0.00		\$93,479.84	\$29,571.91	\$29,571.91		
UTMB Outpatient	\$204,872.19	\$40,638.60		\$6,738.26	\$6,738.26		\$498,236.74	\$100,866.14	\$100,866.14		
UTMB Lab&Xray	\$11,498.52	\$2,066.57		\$1,263.00	\$224.18		\$35,834.13	\$6,385.95	\$6,385.95		
ADJUSTMENTS-Refunds/Credits											
UTMB Totals	\$238,102.71	\$50,114.98		\$12,023.00	\$12,023.00		\$760,969.71	\$169,054.35	\$169,054.35		
Local Community Clinics (601.04)											
Coastal Gateway Health Clinic	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		
Thompson Outpatient Clinic	\$5,678.00	\$1,424.13		\$1,215.24	\$1,215.24		\$52,343.00	\$12,962.42	\$12,962.42		
Local Community Clinics	\$5,678.00	\$1,424.13		\$1,215.24	\$1,215.24		\$52,343.00	\$12,962.42	\$12,962.42		
Non-Contracted Emergency Services (601.04)											
Non-Contract ER & In-Pt Services	\$0.00	\$0.00		\$185.00	\$54.26		\$136,150.40	\$24,091.70	\$24,091.70		
Winnie-Stowell EMS	\$8,403.21	\$2,093.45		\$0.00	\$0.00		\$8,403.21	\$2,093.45	\$2,093.45		
Non-Contract Services Totals	\$8,403.21	\$2,093.45		\$185.00	\$54.26		\$144,553.61	\$26,185.15	\$26,185.15		
Youth Counseling											
Benjamin Odum	\$510.00	\$510.00		\$595.00	\$595.00		\$4,675.00	\$4,675.00	\$4,675.00		
Nicki Holzman	\$85.00	\$85.00		\$0.00	\$0.00		\$3,400.00	\$3,400.00	\$3,400.00		
Penelope Butler	\$0.00	\$0.00		\$0.00	\$0.00		\$765.00	\$765.00	\$765.00		
Youth Counseling Totals	\$595.00	\$595.00		\$595.00	\$595.00		\$8,840.00	\$8,840.00	\$8,840.00		
Irlen Services											
Nancy Gaudet	\$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		
Indigent Special Services											
Dental Services	\$5,435.60	\$3,637.60		\$2,250.00	\$2,250.00		\$39,866.91	\$18,211.76	\$18,211.76		
Vision Services	\$0.00	\$0.00		\$0.00	\$0.00		\$985.00	\$985.00	\$985.00		
Indigent Special Services Totals	\$5,435.60	\$3,637.60		\$2,250.00	\$2,250.00		\$40,851.91	\$19,196.76	\$19,196.76		
Medical Supplies (601.04)											
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00		\$830.00	\$530.00		\$2,560.00	\$2,560.00	\$2,260.00		
Medial Supplies Total	\$0.00	\$0.00		\$830.00	\$530.00		\$2,560.00	\$2,560.00	\$2,260.00		
Grand Totals	\$336,732.86	\$100,749.30		\$51,719.22	\$51,419.22		\$1,796,339.62	\$657,820.84	\$654,114.02		

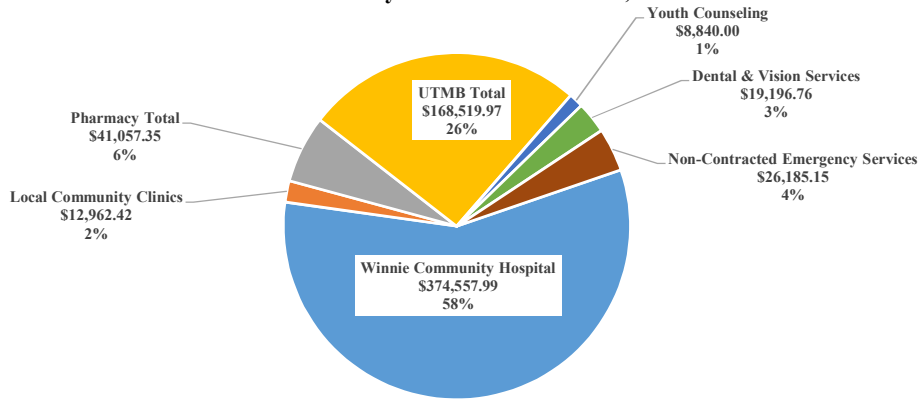
WSHD Indigent Care Director Report Sep 2023 SOURCE CODE REPORT

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Services (Thompson Outpatient Clinic)	\$5,223.00	\$1,215.24	2.38%
02	Prescription Drugs	\$6,282.88	\$5,116.18	10.03%
NCP	Non-Contract ER & In-Patient Services	\$185.00	\$54.26	0.11%
09	DME Medical Supplies	\$830.00	\$530.00	1.04%
14	Dental Services	\$13,863.91	\$2,250.00	4.41%
20	Wch Physical Therapy	\$0.00	\$0.00	0.00%
21	Wch Rural Health Clinic	\$3,201.00	\$1,234.42	2.42%
23	Wch Inpatient	\$0.00	\$0.00	0.00%
24	Wch Emergency Room	\$18,700.00	\$8,908.52	17.47%
25	Wch Lab/Xray	\$14,302.00	\$8,581.20	16.83%
26	Wch Ct Scan	\$15,224.00	\$9,134.40	17.91%
27	Wch Optional Services (Infusion Therapy)	\$525.00	\$92.13	0.18%
28	Wch X-Ray (MRI)	\$11,214.00	\$496.11	0.97%
29	Wch Ultrasound	\$1,554.00	\$932.40	1.83%
44	Wch Xray Readings	\$1,825.00	\$256.36	0.50%
31	Utmb - Physician Services	\$13,563.00	\$4,295.18	8.42%
31-1	Utmb Anesthesia	\$1,200.00	\$765.38	1.50%
33	Utmb In-Patient	\$0.00	\$0.00	0.00%
34	Utmb Out-Patient	\$32,072.47	\$6,738.26	13.22%
34-1	Utmb ER Physicians - Barrier Reef	\$0.00	\$0.00	0.00%
35	Utmb Lab/X-Ray	\$1,263.00	\$224.18	0.44%
39	Youth Counseling	\$595.00	\$595.00	1.17%

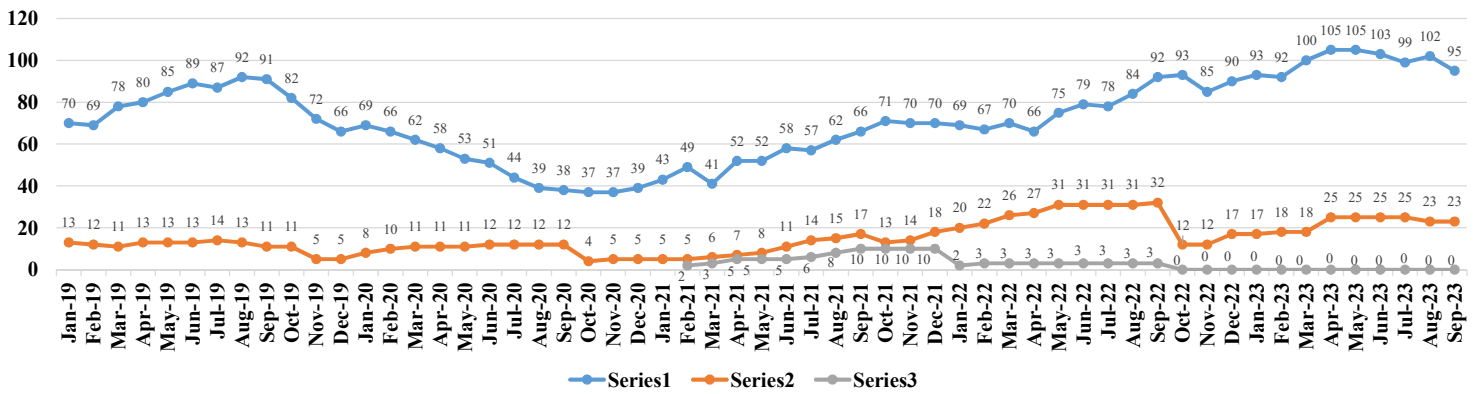
	Expenditures	\$141,623.26	\$51,419.22	100%
11	UTMB Refund for 2022 charges	\$0.00	(\$431.30)	
	Grand Total	\$141,623.26	\$50,987.92	100%



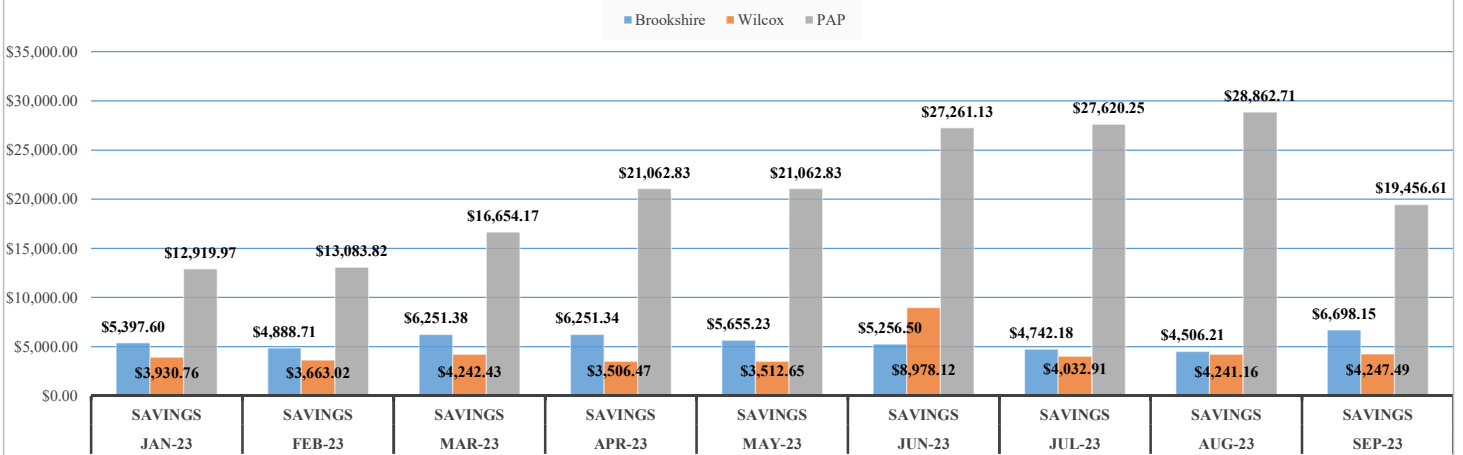
Year To Date Payments Incurred: \$653,579.64



Client Count Trending



PHARMACY SAVINGS TO DATE = \$287,592.93



Chambers County East Side Van Monthly Report



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

Sep-23


VEHICLE #1	EAST SIDE VAN #1
TOTAL MILES DRIVEN	2922
TOTAL HOURS DRIVEN	142.75
TOTAL EXPENSES FOR MONTH	\$770.26
<i>FUEL COST</i>	\$770.26
<i>REPAIRS & MAINTENANCE COST</i>	
<i>MISC EXPENSES</i>	
TOTAL RIDERS	27
<i>TOTAL WSHD RIDERS</i>	4
TOTAL TRIPS	52
<i>TOTAL TRIPS FOR WSHD RIDERS</i>	5

VEHICLE #2	EAST SIDE VAN #2
TOTAL MILES DRIVEN	3466
TOTAL HOURS DRIVEN	176.08
TOTAL EXPENSES FOR MONTH	\$786.41
<i>FUEL COST</i>	\$786.41
<i>REPAIRS & MAINTENANCE COST</i>	
<i>MISC EXPENSES</i>	
TOTAL RIDERS	29
<i>TOTAL WSHD RIDERS</i>	1
TOTAL TRIPS	63
<i>TOTAL TRIPS FOR WSHD RIDERS</i>	1

VEHICLE #3	RAV 4
TOTAL MILES DRIVEN	3270
TOTAL HOURS DRIVEN	171.67
TOTAL EXPENSES FOR MONTH	\$356.10
<i>FUEL COST</i>	\$356.10
<i>REPAIRS & MAINTENANCE COST</i>	
<i>MISC EXPENSES</i>	
TOTAL RIDERS	31
<i>TOTAL WSHD RIDERS</i>	3
TOTAL TRIPS	56
<i>TOTAL TRIPS FOR WSHD RIDERS</i>	3

GRAND TOTALS	
MILES DRIVEN	9658
RIDERS	87
<i>WSHD RIDERS</i>	8
TRIPS	171
<i>WSHD TRIPS</i>	9
EXPENSES	\$1,912.77

**Marcelous Williams Resource Center
Year 2023 Report**

 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	Jun-23	Jul-23	Aug-23	Sep-23	YTD DATE	
YTD WSHD REFERRALS	0	2	0	4	2	0	0	0	0	0	8
YTD Indigent Care (Medical, Dental & Vision)	0	2	0	3	2	0	0	0	0	0	7
YTD Prescription Assistance	0	0	0	1	0	0	0	0	0	0	1
YTD Youth Counseling	0	0	0	0	0	0	0	0	0	0	0
YTD Irlen Syndrome Services	0	0	0	0	0	0	0	0	0	0	0
YTD OTHER REFERRALS	2	10	4	4	7	8	7	5	2	49	
YTD Gift of Life	0	0	0	0	0	0	0	0	0	0	
YTD Work in Texas (Texas Workforce Commiss	0	0	0	0	0	0	0	0	0	0	
YTD Chambers County Indigent or OmniPoint FC	0	0	0	0	0	0	0	0	0	0	
YTD Chambers County Indigent Dental	0	0	0	0	0	0	0	0	0	0	
YTD Transportation	0	1	0	0	0	0	0	0	0	1	
YTD Medical Services (Other Than Indigent)	0	2	0	0	1	1	1	0	0	5	
YTD G.E.T.-C.A.P.	0	0	0	0	0	0	0	0	0	0	
YTD Misc. MWRC Available Services	2	7	4	4	6	7	6	5	2	43	
YTD APPLICATIONS INITIATED/PROCESSED	29	26	24	21	28	21	23	40	45	257	
YTD WSHD Indigent Care	0	0	0	1	3	0	0	0	0	4	
YTD Prescription Assistance	0	0	0	0	0	0	0	0	0	0	
YTD Social Security	6	4	2	6	3	4	4	11	7	47	
YTD Medicare Savings Program	1	1	0	0	2	0	0	1	1	6	
YTD Medicaid	2	2	2	0	0	4	3	7	6	26	
YTD Food Stamps	17	19	18	13	15	11	14	16	28	151	
YTD Home Repair	0	0	1	0	3	2	2	1	1	10	
YTD G.E.T.-C.A.P.	3	0	1	1	2	0	0	4	2	13	
YTD CLIENTS SERVED	21	27	24	19	20	24	30	41	40	246	
YTD WSHD Clients	19	21	23	18	18	23	29	41	40	232	
YTD Chambers County Residents	0	0	1	1	2	0	1	0	0	5	
YTD Other County Residents	2	6	0	0	0	0	0	0	0	8	
YTD OFFICE SUPPLIES EXPENSES	\$1,964.24	\$544.54	\$431.67	\$790.92	\$701.42	\$534.93	\$238.35	\$407.66	\$580.91	\$6,194.64	
YTD STAFFING EXPENSES	\$3,984.11	\$3,984.11	\$3,904.16	\$3,253.12	\$6,420.83	\$5,791.13	\$5,466.66	\$5,426.03	\$3,572.08	\$41,802.23	
YTD GRANT AMOUNT SPENT OF TO \$57,742.00	\$5,948.35	\$4,528.65	\$4,335.83	\$4,044.04	\$7,122.25	\$6,326.06	\$5,705.01	\$5,833.69	\$4,152.99	\$47,996.87	
YTD GRANT BALANCE REMAINING OF	\$51,793.65	\$47,265.00	\$42,929.17	\$38,885.13	\$31,762.88	\$25,436.82	\$19,731.81	\$13,898.12	\$9,745.13	\$9,745.13	
OUTREACH ACTIVITIES/EVENTS ATTENDED	0	0	9	3	2	1	1	1	1	18	

Sep-23 MONTHLY REFERRALS & APPLICATIONS REPORT											
CLIENT DETAILS				APPLICATION(S) INITIATED WITH CLIENT							
DATE	REPEAT CLIENT'S Enter "R"	Client Identifier Client Name: Example: SMH, J OR For Repeat Clients: R	Client Residence: Winnie Stowell Hosp Dist	Social Security: Disability, SSI, Retirement	Medicare Savings Program	Medicaid	Food Stamps	Home Repair	G.E.T.-C.A.P.		
9/6/2023	R	WHLV	X				X				
9/6/2023		WHLL	X				X				
9/6/2023		WJLM	X			X	X				
9/8/2023	R	DeHT	X	X			X				
9/11/2023	R	THOP	X				X				
9/11/2023	R	HERJ	X				X				
9/11/2023	R	SCHC	X			X	X				
9/11/2023	R	REES	X	X			X				
9/13/2023	R	DIER	X						X		
9/13/2023		TOUR	X				X				
9/14/2023	R	ENSM	X			X	X				
9/14/2023		KERM	X				X				
9/14/2023	R	HOLB	X				X				
9/14/2023		MGC	R	X		X	X				
9/14/2023	R	HELJ	X	X			X				
9/15/2023		SHAJ	X				X				
9/15/2023		MATF	X				X				
9/18/2023		PALI	X			X	X				
9/18/2023		MCLC	X				X				
9/18/2023		CART	X	X			X				
9/20/2023	R	DeHT	X	X			X				
9/20/2023		DOUJ	X			X	X				
9/20/2023	R	PALI	X				X				
9/21/2023		BOWM	X					X			
9/21/2023	R	DeHT	X	X			X				
9/22/2023	R	HELJ	X	X			X				
9/25/2023		FIGM	X				X				
9/25/2023		STEH	X				X				
9/26/2023	R	DOUJ	X				X				
9/26/2023	R	MADL	X				X				
9/27/2023		LEDL	X		X		X				
9/27/2023	R	DIER	X				X				
9/28/2023	R	WHLL	X				X				
9/28/2023	R	REES	X				X				
9/28/2023	R	DIER	X				X		X		
9/29/2023	R	SONM	X				X				
9/29/2023	R	ROYJ	X				X				
9/29/2023	R	FIGM	X				X				
9/29/2023	R	WHLL	X				X				
9/29/2023	R	STEH	X				X				
40	(24)	0	40	7	1	6	28	1	2		

09/2023 OFFICE SUPPLY EXPENSES INCURRED	
2023-09-05 T Mobile	\$140.00
2023-09-05 Web/ 800 services	\$71.34
2023-09-20 Stamps/Myfax	\$42.19
2023-09-13 Office Depot	\$59.19
2023-09-06 Administrative Expense	\$268.19
TOTAL	\$580.91

9/1/2023	
MONTHLY EMPLOYEE SCHEDULE & PAYROLL	
DATE	PAYROLL AMOUNT
8/31/2023 Payroll (BA)	\$650.00
9/12/2023 Payroll (BA)	\$370.00
9/15/2023 Payroll Expense	\$1,276.04
9/28/2023 Payroll Expense	\$1,276.04
TOTAL SALARY EXPENSE FOR THE MONTH:	\$3,572.08

9/22/2023							
MONTHLY OUTREACH & EVENTS							
OUTREACH / EVENT DATE	TYPE OF OUTREACH	EVENT LOCATION	PARTNER(S)	IMPACT	PURPOSE	# OF PKTS DISTRIB	NOTES
9/12/2023	Open House	Winnie Elementary School	Devoted Insurance	Promote both Winnie and Anahuac Locations	Distributed water bottles provided by Devoted	200	Met Principal (Britney) and school counselor (Leslie) Will set up a Meet and Greet in later weeks of September.
TOTAL OUTREACH /EVENTS FOR THE MONTH:							1

Winnie Stowell Volunteer EMS Report Year 2023

Winnie Stowell Volunteer EMS Winnie-Stowell Hospital District Report		Previous Year End	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD DATE
Year to Date Details for 2023												
CALL SUMMARY												
CALLS/TRANSPORTS REQUESTED	117	4	9	13	10	7	6	8	10	12	79	
CALLS/TRANSPORTS MADE												
INSURED	-	0	4	6	3	5	3	7	6	10	44	
SELF-PAY	-	1	1	0	4	1	1	0	3	0	11	
TOTAL CALLS MADE	76	1	5	6	7	6	4	7	9	10	55	
CALLS/TRANSPORTS DELAYED												
TRANSPORTS NOT MADE	1	0	0	0	0	0	0	1	1	0	2	
PERCENTAGE OF CALLS MADE	65%	25.0%	55.6%	46.2%	70.0%	85.7%	66.7%	87.5%	90.0%	83.3%	30.4%	
INVOICED/BILLED												
Insurance Billed during Month	\$54,348.70	\$0.00	\$4,497.24	\$7,934.94	\$4,968.54	\$5,999.41	\$3,324.41	\$8,923.00	\$8,137.31	\$8,884.40	\$52,669.25	
Self-Pay Billed during the Month	\$55,989.76	\$716.96	\$2,704.02	\$0.00	\$10,650.64	\$2,554.53	\$1,868.40	\$1,149.20	\$1,863.55	\$0.00	\$21,507.30	
Total	\$110,338.46	\$716.96	\$7,201.26	\$7,934.94	\$15,619.18	\$8,553.94	\$5,192.81	\$10,072.20	\$10,000.86	\$8,884.40	\$74,176.55	
PAYMENTS RECEIVED												
Insurance Payments Rcvd during in the Month	\$24,896.99	\$0.00	\$2,305.50	\$3,761.87	\$2,237.36	\$2,850.70	\$1,846.19	\$2,591.91	\$1,898.28	\$0.00	\$17,491.81	
Self-Pay Billed Rcvd during the Month	\$0.00	\$716.96	\$715.22	\$0.00	\$3,088.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,520.39	
Total	\$24,896.99	\$716.96	\$3,020.72	\$3,761.87	\$5,325.57	\$2,850.70	\$1,846.19	\$2,591.91	\$1,898.28	\$0.00	\$22,012.20	
ACCOUNTS RECEIVABLE-FUNDS OWED												
Owed by Insurance		\$0.00	\$437.17	\$637.27	\$1,026.77	\$672.29	\$663.64	\$4,006.77	\$3,826.98	\$8,884.40	\$20,155.29	
Owed by Self-Pay		\$0.00	\$0.00	\$0.00	\$716.96	\$851.97	\$715.22	\$1,149.20	\$1,323.55	\$0.00	\$4,756.90	
Total	\$0.00	\$0.00	\$437.17	\$637.27	\$1,743.73	\$1,524.26	\$1,378.86	\$5,155.97	\$5,150.53	\$8,884.40	\$24,912.19	
STAFFING EXPENSES												
	\$122,976.00	\$11,904.00	\$10,752.00	\$11,904.00	\$11,520.00	\$6,896.00	\$5,688.00	\$6,320.00	\$11,724.00	\$11,152.00	\$87,860.00	

Sep-23												
MONTHLY CALLS/TRANSPORTS REPORT												
CALLS REQUESTED			CALL RESULTS			BILLING DETAILS		TIMELY BILLING				
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSEMS Incident#	Billing Identifier	Billing Date	Days from DOS to Billed			
9/3/2023	Riceland ER	Unknown, (unable to make, due to 911 volume)			R							N/A
9/3/2023	Riceland ER	Baytown Methodist	M			CS-23-26480	1868	9/15/2023	12			
9/5/2023	Riceland ER	St. Elizabeth	M			CS-23-26733	1880	9/22/2023	17			
9/9/2023	Riceland ER	Baytown Methodist	M			CS-23-27220	1874	9/21/2023	12			
9/10/2023	Riceland ER	St. Elizabeth	M			CS-23-27284	1864	9/13/2023	3			
9/16/2023	Riceland ER	UTMB Galveston	M			CS-23-27996	573	9/26/2023	10			
9/19/2023	Riceland ER	UTMB Galveston	M			CS-23-28335	1889	9/28/2023	9			
9/22/2023	Riceland ER	Memorial Herman TMC Texas Childrens TMC	M			CS-23-28725	1904	9/30/2023	8			
9/24/2023	Riceland ER	(Unable to make due to no medic available.)			R							N/A
9/26/2023	Riceland ER	St. Elizabeth	M			CS-23-29098						Not Billed Yet
9/28/2023	Riceland ER	St. Elizabeth	M			CS-23-29376						Not Billed Yet
9/28/2023	Riceland ER	Baytown Methodist	M			CS-23-29391						Not Billed Yet
TOTAL CALLS & RESULTS			12	0	2	AVERAGE DAYS TO BILL:						

Sep-23											
MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL											
DATE	EMPLOYEE NAME	SHIFT SCHEDULE	HOURS WORKED	OVER-TIME HOURS	GRANT ALLOWED SALARY (SPR HR)	GRANT FUNDED PAYROLL AMOUNT	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or DEFICIT		
9/1/2023	Kayla Blackwell	7am - 7am	24	0	\$16	\$384.00	\$15.00	\$360.00	\$24.00		
9/2/2023	Nicole Treto	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/3/2023	Ron Nichols	7am - 7am	24	0	\$16	\$384.00	\$21.00	\$504.00	(\$120.00)		
9/4/2023	Brad Eads	7am - 7am	24	0	\$16	\$384.00	\$20.00	\$480.00	(\$96.00)		
9/5/2023	Amanda Harpst	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/6/2023	Andrew Broussard	7am - 7am	24	0	\$16	\$384.00	\$18.00	\$432.00	(\$48.00)		
9/7/2023	Nicole Treto	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/8/2023	Haley Brandin	7am - 7am	24	0	\$16	\$384.00	\$15.00	\$360.00	\$24.00		
9/9/2023	Ruthann Broussard	7am - 7am	24	0	\$16	\$384.00	\$15.00	\$360.00	\$24.00		
9/10/2023	Jarrold Brannon	7am - 7pm	12	0	\$16	\$192.00	\$15.00	\$180.00	\$12.00		
9/10/2023	Jennifer Hafford	7pm - 4am	9	0	\$16	\$144.00	\$20.00	\$180.00	(\$36.00)		
9/11/2023	Brad Eads	7am - 7am	24	0	\$16	\$384.00	\$20.00	\$480.00	(\$96.00)		
9/12/2023	Amanda Harpst	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/13/2023	Andrew Broussard	7am - 7am	24	0	\$16	\$384.00	\$18.00	\$432.00	(\$48.00)		
9/14/2023	Tiffany Woodland	7am - 7am	24	0	\$16	\$384.00	\$20.00	\$480.00	(\$96.00)		
9/15/2023	Kayla Blackwell	7am - 7am	24	0	\$16	\$384.00	\$15.00	\$360.00	\$24.00		
9/16/2023	Mark Matak	7am - 7am	24	0	\$16	\$384.00	\$17.00	\$408.00	(\$24.00)		
9/17/2023	Nicole Treto	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/18/2023	Brad Eads	7am - 7am	24	0	\$16	\$384.00	\$20.00	\$480.00	(\$96.00)		
9/19/2023	Amanda Harpst	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/20/2023	Andrew Broussard	7am - 7am	24	0	\$16	\$384.00	\$18.00	\$432.00	(\$48.00)		
9/21/2023	Hunter Traweek	7am - 4am	21	0	\$16	\$336.00	\$16.00	\$336.00	\$0.00		
9/22/2023	Austin Isaacks	7am - 7am	24	0	\$16	\$384.00	\$15.00	\$360.00	\$24.00		
9/23/2023	Boyd Abshire	7pm - 7am	12	0	\$16	\$192.00	\$17.00	\$204.00	(\$12.00)		
9/24/2023	Haley Brandin	7am - 7am	24	0	\$16	\$384.00	\$15.00	\$360.00	\$24.00		
9/25/2023	Joshua Wahleithner	8am - 7am	23	0	\$16	\$368.00	\$30.00	\$690.00	(\$322.00)		
9/26/2023	Amanda Harpst	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/27/2023	Ura Lara	7am - 7pm	12	0	\$16	\$192.00	\$21.00	\$252.00	(\$60.00)		
9/27/2023	Jennifer Hafford	7pm - 4am	9	0	\$16	\$144.00	\$20.00	\$180.00	(\$36.00)		
9/28/2023	Kayla Blackwell	7am - 7am	24	0	\$16	\$384.00	\$15.00	\$360.00	\$24.00		
9/29/2023	Nicole Treto	7am - 7am	24	0	\$16	\$384.00	\$16.00	\$384.00	\$0.00		
9/30/2023	Ruthann Broussard	8am - 7am	23	0	\$16	\$368.00	\$15.00	\$345.00	\$23.00		
TOTAL SALARY EXPENSE FOR THE MONTH:							\$11,152.00	\$17.47	\$12,087.00	DEFICIT (\$935.00)	

**WSVEMS REPORT STATUS
CURRENT MONTH 2023**

Report Criteria	RECEIVED & CORRECT	Comments
-----------------	-----------------------	----------

By the fifth (5th) business day of the month, the Recipient agrees to submit a report including the following:

YES

Report was received via email on 10/05/23.

1. Payroll Statement:

a. Transport Ambulance operators' names	YES	All employee names were provided.
b. Dates and time spent during the Payroll Statement period operating the Transport Ambulance for each operator	YES	The dates & schedule times for the Employee Payroll Statement were provided.
c. Payment amounts owed to each employee	YES	The total payment amounts for each employee were provided.
d. Total payment summary to the District for the prior month's services.	YES	As presented, the District is being invoiced everyday, at either \$144 per day for a 9 hour shift, \$192.00 per day for a 12 hour shift or \$384.00 per day for a 24 hours shift for the month of September.

2. Monthly Transport Activities Report

a. Number of calls made in the month using the Transport Ambulance	YES	WS VEMS transported 10 out of 12 calls for the month of September.
b. Amount invoiced to any third parties for the calls	YES	A total of \$8,884.40 was billed to insurance for the month of September.
c. Year to date funds paid by third parties for the Transport Ambulance services	YES	The year to date amount paid by third parties for the Transport Ambulance is \$22,012.20.
d. Year to date staffing expenses for the additional EMT Basic position		The year to date staffing expense for the additional EMT Basic position is \$87,860.00.
e. Any other information reasonably requested by the District that may be helpful, including transfers delayed because operators were operating the ALS ambulance.	NONE	

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., and payments from the Hospital have now been received by WSVEMS.
b. The District's funds shall not be used for overtime.	YES	Payroll records for employees funded by the District staffing the Transport Ambulance, as well as the regular WSVEMS employees has been provided showing no overtime was paid by the district's grant money.
c. WSVESM shall implement a payment system for employees as required by the grant agreement.	YES	A new separate bank account for the District's grant contribution has now been established and is operational.
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.	YES	Payroll records for the three regular WSVEMS employees, as well as the employee(s) staffing the Transport Ambulance has been provided. The documentation provided shows that the WSVEMS is and has been operating on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff, at least since June 2023.

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%).

YES

The Calls & Results page of the WSVEMS report for the District has been modified and updated to show timely billing of charges for the transport ambulance. The average billing time is 10 days form date of service.

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

YES

The WSEMS Monthly Report was updated and completed by WSVEMS staff without any assistance form the WSHD staff.

Winnie-Stowell EMS Payroll Week of August 21st, 2023 - August 27th, 2023

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	21-Aug	22-Aug	23-Aug	24-Aug	25-Aug	26-Aug	27-Aug
Abshire, Boyd							
Aslin, Clint	12	12		24			
Blackwell, Kayla							
Brandin, Haley							
Brannon, Jarrod							
Broussard, Andrew			24	23.5			
Broussard, Ruthann					23		
Delacerda, Travis							
Eads, Brad	24	24					
Eshliman, James							
Gibson, Jeff							13
Gilbert, Keven							
Hafford, Jennifer			9				
Harpst, Amanda	24	24					
Hurych, Carolyn	13	9	11.5	2	4	4	
Isaacks, Austin						24	
Kirkland, Brady						24	
Land, Richard							24
Lara, Ura	24			12			
Lucia, Amber							
Matak, Mark					12	24	
Nichols, Ron		18	24	12	24		
Traweek, Hunter			5.75		18.25		23.5
Treto, Nicole				28		24	24
Wahleithner, Joshua	15	21	24		24		24
Woodland, Tiffany	12						
	21-Aug	22-Aug	23-Aug	24-Aug	25-Aug	26-Aug	27-Aug
Total for day:	124	108	98.25	101.5	105.25	100	108.5

Winnie-Stowell EMS Payroll Week of August 28th, 2023 - September 3rd, 2023

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	28-Aug	29-Aug	30-Aug	31-Aug	1-Sep	2-Sep	3-Sep
Abshire, Boyd							
Aslin, Clint	12			23.75			
Blackwell, Kayla					24	12	
Brandin, Haley							
Brannon, Jarrod							
Broussard, Andrew			24	23.5			
Broussard, Ruthann							
Delacerda, Travis							
Eads, Brad	24	24					12
Eshliman, James							
Gibson, Jeff							12
Gilbert, Keven						9	
Hafford, Jennifer							
Harpst, Amanda	24	24					
Hurych, Carolyn	9	9	9				
Isaacks, Austin							
Kirkland, Brady						27	
Land, Richard						24	
Lara, Ura	24						
Lucia, Amber							
Matak, Mark							
Nichols, Ron	12	24		23.75	24		24
Traweek, Hunter	24		24	24			24
Treto, Nicole					24	24	24
Wahleithner, Joshua		24	24.25		21		
Woodland, Tiffany			24				
	28-Aug	29-Aug	30-Aug	31-Aug	1-Sep	2-Sep	3-Sep
total for the day:	129	105	105.25	95	93	96	96

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI
Payroll Register

For the Period From Sep 6, 2023 to Sep 6, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Loan_401K Life_ADD Crit_III FUTA_ER	Fed_Income K401 Vizion Child_Garn SUI_ER	Soc_Sec Roth_401k Medical Soc_Sec_ER Medical_C	Medicare DentVis Accident Medicare_ER
ASLIN CLINT L. ASLIN XXX-XX-2714 4214 9/6/23	Regular Overtime	75.75 8.00	1,552.88 246.00	1,517.79	1,798.88	-143.48	-111.53 -111.53	-26.08 -26.08
BLACKWELL KAYLA BLACKWELL XXX-XX-9963 4215 9/6/23	Regular	36.00	540.00	470.08	540.00	-28.61 -1.24	-33.48 -33.48	-7.83 -7.83
GIBSON JEFFERY E. GIBSON XXX-XX-6557 4216 9/6/23	Regular	25.00	425.00	367.49	425.00	-25.00 -0.98	-26.35 -26.35	-6.16 -6.16
BROUSSARD ANDREW BROUSSARD XXX-XX-3442 4217 9/6/23	Regular Overtime	80.00 15.00	1,440.00 405.00	1,534.54	1,845.00 -8.75	-123.88	-111.34 -111.34	-26.04 -28.34 -12.11 -26.04
GILBERT KEVEN GILBERT XXX-XX-3395 4218 9/6/23	Regular	9.00	180.00	166.23	180.00		-11.16 -11.16	-2.61 -2.61
BROUSSARD R RUTHANN BROUSSARD XXX-XX-7436 4219 9/6/23	Regular	23.00	345.00	278.61	345.00	-40.00 -0.79	-21.39 -21.39	-5.00 -5.00
HAFFORD JENNIFER HAFFORD XXX-XX-4065 4220 9/6/23	Regular	9.00	180.00	160.83	180.00	-5.40 -0.41	-11.16 -11.16	-2.61 -2.61
EADS BRAD EADS XXX-XX-5751 4221	Regular Overtime	80.00 28.00	1,600.00 840.00	2,014.21	2,440.00	-239.13	-151.28 -151.28	-35.38 -35.38

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI

Payroll Register

For the Period From Sep 6, 2023 to Sep 6, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Loan_401K Life_ADD Crit_III FUTA_ER	Fed_Income K401 Vision Child_Garn SUI_ER	Soc_Sec Roth_401k Medical Soc_Sec_ER Medical_C	Medicare DentVis Accident Medicare_ER
9/6/23								
HARPST AMANDA HARPST XXXXXX3411 4222 9/6/23	Regular Overtime	80.00 16.00	1,280.00 384.00	1,536.70	1,664.00		-103.17	-24.13
							-103.17	-24.13
9/6/23								
HURYCH CAROLYN S. HURYCH XXX-XX-3382 4223 9/6/23	Regular Overtime	67.00 3.50	1,172.50 91.88	1,046.55	1,264.38	-101.84	-77.10	-18.03
					-8.75		-77.10	-18.03
9/6/23								
ISAACKS AUSTIN ISAACKS XXX-XX-2411 4224 9/6/23	Regular	24.00	384.00	354.62	384.00		-23.81	-5.57
							-23.81	-5.57
9/6/23								
KIRKGARD KENDALL B. KIRKGARD XXX-XX-6537 4225 9/6/23	Regular	51.00	1,020.00	941.97	1,020.00		-63.24	-14.79
							-63.24	-14.79
9/6/23								
LAND RICHARD LAND XXX-XX-8477 4226 9/6/23	Regular	48.00	960.00	793.74	960.00	-92.82	-59.52	-13.92
							-59.52	-13.92
9/6/23								
LARA URA LARA XXX-XX-6650 4227 9/6/23	Regular	60.00	1,260.00	925.32	1,260.00	-225.26	-77.25	-18.07
					-14.10		-77.25	-18.07
9/6/23								
LUCIA AMBER M. LUCIA XXX-XX-1857 4228 9/6/23	Salary	80.00	3,307.70	2,240.85	3,307.70	-443.66 -100.00	-186.94	-43.72 -30.42
					-28.18		-233.93 -186.94	-43.72
9/6/23								
MATAK MARCUS MATAK	Regular	36.00	612.00	557.26	612.00	-7.93	-37.94	-8.87

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI

Payroll Register

For the Period From Sep 6, 2023 to Sep 6, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Loan_401K Life_ADD Crit_III FUTA_ER	Fed_Income K401 Vision Child_Garn SUI_ER	Soc_Sec Roth_401k Medical Soc_Sec_ER Medical_C	Medicare DentVis Accident Medicare_ER
XXXXXX2646 4229 9/6/23							-37.94	-8.87
NICHOLS RONALD W. NICHOLS XXX-XX-6392 4230 9/6/23	Regular Overtime	80.00 105.75	1,680.00 3,331.13	3,146.80	5,011.13	-820.98	-310.69	-72.66
TRA WEEK HUNTER TRA WEEK XXX-XX-7003 4231 9/6/23	Regular Overtime	80.00 63.50	1,280.00 1,524.00	2,192.28	2,804.00	-297.21 -100.00	-173.85	-40.66
TRETO NICOLE P. TRETO XXX-XX-3558 4232 9/6/23	Regular Overtime	80.00 68.00	1,280.00 1,632.00	2,346.27	2,912.00	-342.97	-180.54	-42.22
WAHLEITHNER JOSHUA D. WAHLEITHNE XXXXXX7345 4233 9/6/23	Regular Overtime	80.00 97.25	2,080.00 3,792.75	3,737.89	5,872.75	-1,354.95 -293.64	-361.63	-84.57 -13.53
WOODLAND TIFFANY A. WOODLAND XXX-XX-4974 4234 9/6/23	Regular	36.00	720.00	649.84	720.00	-15.08	-44.64	-10.44
Summary Total 9/6/23 thru 9/6/23	Salary Regular Overtime	80.00 1,059.75 405.00	3,307.70 19,991.38 12,246.76	26,979.87	35,545.84	-4,302.80 -499.04 -86.32	-2,178.01 -233.93 -2,178.01	-509.36 -72.29 -24.22 -509.36
Report Date Final Total 9/6/23 thru 9/6/23	Salary Regular Overtime	✓ 80.00 ✓ 1,059.75 ✓ 405.00	3,307.70 19,991.38 12,246.76	26,979.87	35,545.84	① 4,302.80 ② -499.04 ③ -660.00 -6.49	① 2,178.01 -233.93 ① -2,178.01	① -509.36 -72.29 -24.22 ① -509.36

941
 509677.54
 Soc Sec 4356.02
 mcare 1018.72
 w/H 4302.80
 9477.54
 401-K
 ② 499.04
 ③ Child Support (Nichols)
 660

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI
Payroll Register

For the Period From Sep 6, 2023 to Sep 6, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID	Pay Type	Pay Hrs	Pay Amt	Amount	Gross	Fed_Income	Soc_Sec	Medicare
Employee					Loan_401K	K401	Roth_401k	DentVis
Masked SS No					Life_ADD	Vision	Medical	Accident
Reference					Crit_III	Child_Garn	Soc_Sec_ER	Medicare_ER
Date					FUTA_ER	SUI_ER	Medical_C	

=====

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI

Payroll Register

For the Period From Sep 20, 2023 to Sep 20, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Loan_401K Life_ADD Crit_III FUTA_ER	Fed_Income K401 Vision Child_Garn SUI_ER	Soc_Sec Roth_401k Medical Soc_Sec_ER Medical_C	Medicare DentVis Accident Medicare_ER
ASLIN CLINT L. ASLIN XXX-XX-2714 4236 9/20/23	Regular	48.50	994.25	871.26	994.25	-46.93	-61.64	-14.42
							-61.64	-14.42
BLACKWELL KAYLA BLACKWELL XXX-XX-9963 4237 9/20/23	Regular Overtime	40.00 8.00	600.00 180.00	662.92	780.00	-57.41	-48.36	-11.31
						-1.79	-48.36	-11.31
BRANDIN BRIDGES HALEY BRANDIN BRIDG XXX-XX-0371 4238 9/20/23	Regular Overtime	40.00 21.00	600.00 472.50	990.45	1,072.50		-66.50	-15.55
						-1.62	-66.50	-15.55
BRANNON JARROD BRANNON XXX-XX-1029 4239 9/20/23	Regular	33.25	498.75	460.60	498.75		-30.92	-7.23
						-1.15	-30.92	-7.23
BROUSSARD ANDREW BROUSSARD XXX-XX-3442 4240 9/20/23	Regular Overtime	80.00 28.25	1,440.00 762.75	1,821.99	2,202.75	-166.81	-133.52	-31.23
					-8.75		-133.52	-28.34
								-12.11
								-31.23
BROUSSARD R RUTHANN BROUSSARD XXX-XX-7436 4241 9/20/23	Regular	47.00	705.00	593.84	705.00	-57.23	-43.71	-10.22
						-1.62	-43.71	-10.22
DELACERDA TRAVIS DELACERDA XXX-XX-7087 4242 9/20/23	Regular	25.00	375.00	346.31	375.00		-23.25	-5.44
						-0.86	-23.25	-5.44
EADS BRAD EADS XXX-XX-5751 4243	Regular Overtime	56.00 40.00	1,120.00 1,200.00	1,929.79	2,320.00	-212.73	-143.84	-33.64
							-143.84	-33.64

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI
Payroll Register

For the Period From Sep 20, 2023 to Sep 20, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Loan_401K Life_ADD Crit_III FUTA_ER	Fed_Income K401 Vision Child_Garn SUI_ER	Soc_Sec Roth_401k Medical Soc_Sec_ER Medical_C	Medicare DentVis Accident Medicare_ER
9/20/23								
HAFFORD JENNIFER HAFFORD XXX-XX-4065 4244 9/20/23	Regular	18.00	360.00	321.66	360.00	-10.80	-22.32	-5.22
						-0.83	-22.32	-5.22
HARPST AMANDA HARPST XXXXXX3411 4245 9/20/23	Regular Overtime	56.00 40.00	896.00 960.00	1,711.88	1,856.00	-2.14	-115.07	-26.91
							-115.07	-26.91
HURYCH CAROLYN S. HURYCH XXX-XX-3382 4246 9/20/23	Regular Overtime	45.00 9.00	787.50 236.25	853.21	1,023.75	-72.96	-62.18	-14.54
					-8.75		-62.18	-12.11 -14.54
KIRKGARD KENDALL B. KIRKGARD XXX-XX-6537 4247 9/20/23	Regular	48.00	960.00	886.56	960.00		-59.52	-13.92
							-59.52	-13.92
LAND RICHARD LAND XXX-XX-8477 4248 9/20/23	Regular Overtime	76.00 32.00	1,520.00 960.00	1,992.35	2,480.00	-297.93	-153.76	-35.96
							-153.76	-35.96
LARA URA LARA XXX-XX-6650 4249 9/20/23	Regular	25.00	525.00	346.69	525.00	-125.12	-31.68	-7.41
					-14.10		-31.68	-7.41
LUCIA AMBER M. LUCIA XXX-XX-1857 4250 9/20/23	Salary	80.00	3,307.70	2,240.85	3,307.70	-443.66 -100.00	-186.94	-43.72 -30.42
					-28.18		-233.93 -186.94	-43.72
MATAK MARCUS MATAK	Regular	24.00	408.00	376.78	408.00		-25.30	-5.92

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI
Payroll Register

For the Period From Sep 20, 2023 to Sep 20, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Loan_401K Life_ADD Crit_III FUTA_ER	Fed_Income K401 Vision Child_Garn SUI_ER	Soc_Sec Roth_401k Medical Soc_Sec_ER Medical_C	Medicare DentVis Accident Medicare_ER
XXXXXX2646 4251 9/20/23						-0.94	-25.30	-5.92
NICHOLS RONALD W. NICHOLS XXX-XX-6392 4252 9/20/23	Regular Overtime	67.00 44.00	1,407.00 1,386.00	1,602.54	2,793.00	-316.79	-173.17	-40.50
TRAWEEK HUNTER TRAWEEK XXX-XX-7003 4253 9/20/23	Regular Overtime	56.00 63.00	896.00 1,512.00	1,913.69	2,408.00	-210.09 -100.00	-149.30	-34.92
TRETO NICOLE P. TRETO XXX-XX-3558 4254 9/20/23	Regular Overtime	80.00 65.00	1,280.00 1,560.00	2,295.61	2,840.00	-327.13	-176.08	-41.18
WAHLEITHNER JOSHUA D. WAHLEITHNE XXXXXX7345 4255 9/20/23	Regular Overtime	80.00 64.00	2,080.00 2,496.00	3,024.16	4,576.00	-935.97 -228.80 -26.54	-281.23	-65.77 -13.53 -281.23 -65.77
WOODLAND TIFFANY A. WOODLAND XXX-XX-4974 4256 9/20/23	Regular	24.00	480.00	443.28	480.00		-29.76	-6.96
Summary Total 9/20/23 thru 9/20/23	Salary Regular Overtime	80.00 968.75 414.25	3,307.70 17,932.50 11,725.50	25,686.42	32,965.70	-3,272.90 -439.60 -86.32 -660.00 -9.91	-2,018.05 -233.93 -2,018.05	-471.97 -72.29 -24.22 -471.97
Report Date Final Total 9/20/23 thru 9/20/23	Salary Regular Overtime	✓ 80.00 ✓ 968.75 ✓ 414.25	3,307.70 17,932.50 11,725.50	25,686.42	√ 32,965.70	⊖ -3,272.90 √ -439.60 -86.32 -660.00 -9.91	⊖ -2,018.05 -233.93 ⊖ -2,018.05	⊖ -471.97 -72.29 -24.22 ⊖ -471.97

Soc Sec 4036.10
Mcare 943.94
W/H 3272.90
8252.94

END PAGE 04

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI
Payroll Register

For the Period From Sep 20, 2023 to Sep 20, 2023

Filter Criteria includes: 1) Check Numbers from 4258 to 4258. Report order is by Check Number. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Loan_401K Life_ADD Crit_III FUTA_ER	Fed_Income K401 Vision Child_Garn SUI_ER	Soc_Sec Roth_401k Medical Soc_Sec_ER Medical_C	Medicare DentVis Accident Medicare_ER
ASLIN CLINT L. ASLIN XXX-XX-2714 4258 9/20/23	Overtime	12.00	369.00	340.77	369.00		① -22.88	① -5.35
							① -22.88	① -5.35
Summary Total 9/20/23 thru 9/20/23	Overtime	12.00	369.00	340.77	369.00		-22.88	-5.35
							-22.88	-5.35
Report Date Final Total 9/20/23 thru 9/20/23	Overtime	12.00	369.00	340.77	369.00		-22.88	-5.35
							-22.88	-5.35

Σ 56.46

Soc Sec 45.74
Medicare 10.70

56.44

WINNIE STOWELL VOLUNTEER EMERGENCY MEDI

Payroll Register

For the Period From Sep 20, 2023 to Sep 20, 2023

Filter Criteria includes: Report order is by Check Date. Report is printed in Detail Format.

Employee ID	Pay Type	Pay Hrs	Pay Amt	Amount	Gross	Fed_Income	Soc_Sec	Medicare
Employee					Loan_401K	K401	Roth_401k	DentVis
Masked SS No					Life_ADD	Vision	Medical	Accident
Reference					Crit_III	Child_Garn	Soc_Sec_ER	Medicare_ER
Date					FUTA_ER	SUI_ER	Medical_C	

=====

Exhibit “C”

Facility ID	Operator	Facility Name	August Metrics Met?				YTD Comp 1 Attainment					YTD Comp 2 Attainment				
			Comp 1	Comp 2: 4 Hrs	Comp 2: 8 Hrs	Comp 2: Staffing	Yes	Yes %	No	No %	Total	Yes	Yes %	No	No %	Total
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5297	Regency	Hallettsville Rehabilitation & Nursing Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5234	Regency	Monument Hill Rehabilitation & Nursing Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5203	Regency	The Woodlands Healthcare Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4154	Caring	Garrison Nursing Home & Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4376	Caring	Golden Villa	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
110098	Caring	Highland Park Care Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4730	Caring	Marshall Manor West	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4798	Caring	Rose Haven Retreat	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5383	Caring	Spring Branch Transitional Care Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5182	Caring	The Villa at Texarkana	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5166	Nexion	Oak Manor Nursing Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5307	SLP	Oakland Manor Nursing Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
100790	HMG	Park Manor Conroe	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4456	HMG	Park Manor Cyfair	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
101489	HMG	Park Manor Cypress Station	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
101633	HMG	Park Manor Humble	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
102417	HMG	Park Manor Quail Valley	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
102294	HMG	Park Manor Westchase	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
104661	HMG	Park Manor The Woodands	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
103191	HMG	Park Manor of Tomball	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5400	HMG	Park Manor of Southbelt	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
104541	HMG	Deerbrook Skilled Nursing and Rehab	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4286	HMG	Friendship Haven Healthcare & Rehab Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5225	HMG	Willowbrook Nursing Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
106988	HMG	Accel at College Station	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
102375	HMG	Cimarron Place Health & Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
106050	HMG	Silver Springs Health & Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4158	HMG	Red Oak Health and Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5255	HMG	Mission Nursing and Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
4053	HMG	Stephenville Rehabilitation and Wellness Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
103743	HMG	Hewitt Nursing and Rehabilitation	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
103011	HMG	Stallings Court Nursing and Rehabilitation	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
104537	HMG	Pecan Bayou Nursing and Rehabilitation	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5372	HMG	Holland Lake Rehabilitation and Wellness Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
5387	HMG	Stonegate Nursing and Rehabilitation	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
102993	HMG	Green Oaks Nursing and Rehabilitation	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
103223	HMG	Crowley Nursing and Rehabilitation	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	YES	YES	YES	YES	12	100.0%	0	0.0%	12	36	100.0%	0	0.0%	36
Total NSGO							480	100.0%	0	0.0%	480	1440	100.0%	0	0.0%	1440

Administrator: Jennifer Steele

Facility licensed for 120 beds. Current census is 75. 4 planned discharges in the next few days, and 1 admit for respite care, waiting on insurance.

Facility is struggling with staffing issues. Need help on the 2-10 shift. Need several CNA's (7). They also need a weekend double RN.

No regulatory findings.

Last full book survey was in March of this year. 6 tags, 4 were life safety. POC was accepted. In the last month they have had 1 COVID self report, and 1 self report for an allegation of abuse against a resident by a family member (unsubstantiated).

Facility is maintaining an overall 4 star rating. With 5 stars in Health, 1 in staff, and 4 in quality. They are hopeful their staff rating will go up and take them to a 5 star overall rating. They are currently working on addressing issues with pressure ulcers. They did better last quarter, but in the most recent quarter they had an increase. Discussed best practices. Otherwise the facility is doing really well on resident care.

This past week they had one resident and one staff member test positive for COVID. They are still in their 14 day window. No other positive cases so far. Discussed best practices.

Current vaccination rates are not great. Staff is 20% or below. Residents are around 50%. Leadership is educating and making the vaccinations available. They have ordered the new boosters.

No current capital improvement projects. Although they did replace the duct work recently and this improved the AC performance.

Administrator: Lorraine Haynes

Building is licensed for 120 beds. Current census is 91. 1 planned admit.

Staffing in the building is good. They have avoided agency staffing since the beginning of the pandemic. They are proud of this.

No major regulatory findings of note.

The last full book survey was last September. They expect the state in any day now. During the last survey they had 10 violations, and 2 life safety tags.

They have had several self reports in the last month. They self report for everything. She said the state has been backed up on clearing tags and last time they were in they had 3 or 4 months to clear.

The facility is maintaining a 1 star overall rating. They have 1 in health, 2 in staff and 3 in quality. They have been doing great on meeting their quality goals. They hit 100% of their goals in the last quarter, and have been doing good all year.

The facility has experienced a COVID outbreak. They currently have 7 positive residents, and they are still in their 14 day window. One resident was sent out to the hospital. They are waiting on the new vaccine to come in. They did not have very good compliance prior to the new one rolling out. They educate staff, residents and families.

The facility has been replacing a few beds each month, and proceeding with a slow remodel a few rooms at a time. But the facility did undergo a big remodel several years ago, and they are just freshening things up a little at a time now.

Administrator: Dylan Gadberry

The facility is licensed for 120 beds. The current census is 79. They have 2 pending admits, and no planned discharges.

The staffing in the building has been really good lately. They have not had to use any agency staffing. They are opening and all female secure unit soon, and they are looking to fill two positions for that.

No regulatory findings of significance recently.

The last full book survey was in March of 2023. It had two very minor tags, and was basically deficiency free.

There were two self reports in the last month. The state has been coming out fairly quickly to clear tags.

The facility currently has an overall rating of 2 stars. They have 2 in Health, 1 in Staff, and 5 in Quality. They are proud of their Quality score. They have been carrying an old IJ from the previous managers. They are hopeful that will come off soon and their star ratings will improve. The facility has been consistently meeting their quality goals. Discussed PIP's and ongoing efforts for staff retention.

The facility has had no COVID in a while. They did admit one resident who was COVID positive, but no additional staff or residents tested positive.

The facility does have a clinic site and they do administer COVID vaccines/boosters. Prior to the change in vaccine status, the facility had 75% of staff vaccinated, and 80% of residents.

The major capital improvement project lately has been the renovation of the 3rd wing into the all female secure unit. They are getting close to needing a new roof.

Administrator William (Steve) Hooper

The facility is licensed for 139 beds, and currently they have a census of 100. They have a couple of admits pending.

The facility has no regulatory findings.

The last full book survey was completed in October of last year. They had 8 violations and 7 of those were life safety tags.

The facility had two self reports in the last month. The state has not yet come to investigate.

The facility is doing great and currently has a 5 star overall rating. They have 5 stars in health, 2 in staff and 4 in quality. They have been tracking their quality goals and they continue to hit their benchmarks.

The facility currently has no COVID among staff or residents. They haven't had any in a while. Vaccination rates have been good, and they are preparing for the new vaccine rollout.

The physical plant is 8 years old, and there are currently no active projects under way. Their maintenance director is awesome and is very proactive. They are very proud of their facility and what they have going on.

Administrator: Dennis Horsch

The Winnie facility is licensed for 105 beds, with a current census of 47. They have 3 planned admits, and 1 discharge.

The facility is proud to report that they are currently fully staffed. They have not had to use any agency staffing.

The facility has no major regulatory findings.

The facility had its last full book survey in March of 2023. They had 7 violations, and none were life safety tags.

The facility reports that they do not have many self reports. Typically one or two every other month.

The facility currently has a 1 star overall rating. They have 2 stars in health, 1 in staff and 2 for quality. They are working on improving quality and concentrating on addressing pressure ulcers. Discussed best practices and what steps the facility is taking.

The facility has had some COVID cases, but not this month. They last had 3 staff members and no residents. Vaccination compliance has actually been very good. They had 9 residents opt out and 4 staff chose to submit waivers.

The building is in good shape. It won building of the year last year. They have 16 AC units, and end up replacing a few each year. They do need some new kitchen appliances, but this is more of a wish list item.

Facility Administrator: Jodi Scarbro

Arbrook is licensed for 120 beds and has 91 current residents. They have 2 residents discharging today, and they are processing 4 new admits.

The staffing in the building is improving. They still need some CNAs. The facility has not used agency staffing since 2021.

No regulatory findings.

The facility had its last full book survey last week. They had 2 F tags they are working on along with their POC.

They had two open self reports that were also cleared at the time of the survey.

The facility is currently rated 5 stars overall. They have 4 stars in health, 2 in staff and 5 in quality. They have been working to maintain high performance against their benchmarks and they have several active PIPs. Their key personnel are well tenured and this really helps throughout the building.

The facility has not had much in house COVID, but they did admit 1 patient yesterday and last month they admitted 3 with COVID. No staff have tested positive and the other residents have managed to avoid it. Vaccination compliance has been good, but the facility is aware of the reset for compliance measurement. They are preparing to make the new vaccine available when it arrives.

The facility performs regular upkeep and renovations. They purchase 5 new beds per quarter. They have also recently repainted a lot of space inside the building and replaced old light fixtures.

Facility Administrator Christopher (Chris) Cholico

Harbor Lakes is licensed for 142 beds and currently has a census of 64. They have 5 possible admissions.

The facility is fully staffed in nursing. They are about to start a CNA class. No agency has worked in the building since April.

The facility has no regulatory findings.

The last full book survey of the facility was in June of this year. They had 8 violations and no life safety tags.

There were 2 self reports for COVID positives. And also one for a fall with injury.

The facility is currently rated at 5 stars overall. They have 5 stars in Health, 2 stars in Staff and 5 stars in Quality. The facility has been meeting most of their goals for quality of care. They have not met their goals for pressure ulcers and have been working to address this. Discussed best practices and what the facility has been doing.

Currently there is one staff member with COVID, but no residents.

The facility was proud to report that they recently hosted an open house to showcase their full remodel. They are very proud of the results.

Administrator: Melissa Harris

Hewitt is licensed for 140 beds and currently has a census of 73. They have 1 admit for today, and no discharges planned.

Staffing has been an issue for the facility. They have 8 new hires, and they with their new DON (whom they love), they are reducing agency staffing. They have none, but the last time they used it was last weekend.

No regulatory findings.

The facility last had a full book survey in January. They had 6 violations and 2 of them were life safety.

The facility had two self reports in August. 1 was a complaint. No state investigator yet.

The facility is currently rated at 3 stars overall, with 4 stars in health, 1 star in staff and 3 stars in quality. The facility is working hard to address their quality performance. They have been doing well overall but they are using antipsychotic medication due to patient needs. They are working on minimizing this. They also continue to focus on wound care and development. We discussed best practices.

The last positive COVID cases were last month. They are out of their 14 day window now. They think it came from a residents family member (who later reported they had been exposed. No hospitalizations resulted.

Vaccination rates have been mediocre in the facility. They are aware of the new vaccine and will make it available to those that wish to take it.

No capital improvement projects recently. The AC and the Kitchen equipment are all good, except they did get a new oven in June.

Facility Administrator: Donna Tillman

The facility is licensed for 120 beds and has current census of 80. They are working a few referrals for new admits.

Staffing in the building has been better lately. They have no more agency working in the building. They have a few open positions, but they are doing much better.

There have been no regulatory findings.

The facility had the state in the building last month for a life safety survey. It went well. There were no self reports in the last month.

The facility has a current 3 star overall rating. They have 3 stars in Health, 1 star in Staff and 5 stars in Quality. They have been doing great with their quality metrics. They have been consistently beating their goals, and they hope to continue that success. They have reduced pressure ulcers and antipsychotic medication use.

The facility has had 2 residents test positive for COVID a month or so ago. No staff. They have admitted some from the hospital with COVID.

Currently, 75% of residents have opted to be vaccinated for COVID. The administrator is aware of the new vivalant vaccine. They will make it available when they get it.

The facility recently received the Bronze award from AHCA. They have staff going to Denver to be recognized. There were only 7 buildings in TX to receive the award.

Administrator: Josi Pebsworth

Pecan Bayou is licensed for 90 beds and currently has a census of 57. They are hoping to admit 4 new residents today.

The facility has good staffing and proudly reports they have never had to use agency staffing. They do have 1 opening for a day time CNA. They have a great DON, and people love to work for her.

The facility has not regulatory findings.

The facility last had their full book survey in May of this year. They had 5 violations of life safety code.

The facility has had self reports for COVID. They had a resident come back from the hospital with it, and subsequently had 1 additional resident and 1 staff member test positive.

The facility is currently rated at 5 star overall. They have 5 stars in Health, 3 stars in Staff and 5 stars in Quality. They have been working hard to keep their quality of care above their benchmarks. They have hit all of their goals in the past few months. We discussed what they have been doing.

The only COVID they have had has been recently. They do have good vaccination compliance, but some of their residents and staff just don't want to keep getting boosters. They have plans to offer the new vaccine to those that want it.

The facility has installed a new AC unit, and they also recently got new dining room chairs. They have also been replacing breakers and updating their electrical systems.

Facility Administrator: Michael Higgins

Gulf Pointe is licensed for 120 beds and currently has a census of 80. They are admitting one today, and will discharge 3 tomorrow.

The facility is looking for 3 nurses so they can open another hall. They also need a few CNA's. They are not using agency staffing at this time.

The facility has no regulatory findings.

The facility is in the middle of their full book survey related to their CHOW. (It appears to be going well so far)

There have been two self reports for falls with injury, and one COVID positive.

The facility is currently rated at 5 stars overall. They have 5 stars in Health, 2 in Staff and 5 in Quality. They are doing very good meeting their quality goals and have consistently beat their internal benchmarks.

There was a COVID outbreak a few months ago. Resident vaccinations are around 66% and staff is at 100% including those with a waiver. The administrator is aware of the new vaccine and will prepare to make it available when it arrives.

There have been some minor capital improvement items recently. They recently got a new range in the kitchen. The building is in really good shape, but they do deal with humidity issues, and they are constantly touching up the paint outside.

Administrator: Drew Gurley

The facility is licensed for 140 beds and currently has a census of 73. They always have a few patients coming and a few patients going. They have 7 pending admits.

The facility is having to use agency staffing for night shifts. They are working to eliminate agency staffing by Oct. 1.

The facility has no regulatory findings.

The last full book survey for the facility was in May of this year. They had 12 violations and no life safety tags.

The facility does have 2 current self reportable incidents open. They are not sure when the state will be in. Apparently they have been back logged in this region.

The facility is currently a 1 star overall. They have 2 stars in Health, 1 in Staff and 4 stars in Quality.

The facility has accepted some residents with COVID from the hospital. They have had 1 staff test positive. Vaccination rates have not been great. The administrator is aware of the new vaccination vivalant. They are working on education and plan to give the vaccinations to all the staff and residents that want it.

There are no capital improvement projects going on at this time.

Administrator: Jana Sanders

The facility is licensed for 122 beds and has a current census of 84. They have 3 pending admissions and 2 planned discharges.

The facility reports excellent staffing among key personnel. They do conduct their own CNA class. They have one open nurse position and 4 CNAs (but expect to fill those quickly). No agency staff being utilized.

No regulatory findings.

The facility had their last full book survey in June of this year. They had 3E tags and 1 C level.

There have been no self reports this month. They did have one last month that was cleared by desk review.

The facility has an overall 3 star rating. They have 3 stars in Health, 2 in Staff and 3 in Quality. The facility has been doing well meeting their quality goals. They do have some patients that require antipsychotic medications, and that is hurting their performance in that measure. They have been working to address this issue with their medical director and other staff.

The facility has not had any COVID cases in a while. Their residents are vaccinated at 80%, and staff is vaccinated at 90%.

The facility was constructed in 2008, and is still in excellent shape. They have recently completed a project to replace a lot of furniture and beds. They also got new dining room chairs.

DON: Kamora Barnes

Facility is licensed for 142 beds. They currently have a census of 74. They have 1 pending discharge. And 2 possible admits.

Facility staffing is good. No agency staffing. Currently 3.93 PPD.

There have been no regulatory findings.

Last full book survey was in October of 2022. There were 3 violations, all life safety. They expect the state to be out soon. They are said to be working through the area.

There were 2 self reports recently. Investigations have been cleared within 30 days routinely. No back log.

The facility is currently a 2 star overall, with 3 in health, 1 in staff and 4 in quality. The facility has been doing good on meeting their quality goals. They are working on reducing antipsychotic medications. Although with their patient mix, this has been hard over the past several months. Discussed their situation, and it appears they are making every effort to approach this responsibly.

There was 4 COVID cases among residents last month, and 2 for staff. They are out of their 14 day window, and they do have communal dining.

The facility did have a remodel in July. They got all new furniture, and new nightstands for the patient rooms.

Administrator: Kristi Blackwell

Facility is licensed for 134 beds, and currently has a census of 76. They have 3 planned admits, and 1 planned discharge. One more discharge planned for next week.

Staffing has been struggling lately. They have 5 nurse openings, and have had to use agency to plug the gaps. They are offering sign on bonuses. And they are working on better retention methods. Discussed some of their plans for addressing this.

No regulatory findings to note.

The last full book was at the beginning of this month. They have their POC prepared. They have an old IJ from 2021. Their last complaint survey was in May.

They had one self report earlier this month. Life Safety team was in the building 9/6.

The facility is maintaining a overall 2 star rating. They have 2 stars in health, 1 in staff and 5 in quality. They previously messed up on reporting RN hours and they hope to see their staffing rating go up soon. The facility has been doing great meeting their Quality goals. They have been hitting at 100% for the past three months.

The facility has had 2 residents with COVID. Both came from the hospital with it. A few staff have tested positive. They have gotten past their 14 day window and they are now out of the N95's. Vaccination rates have run 54 of 76 residents, and 68 of 81 staff. They have ordered the new vaccine and will offer it when it arrives. Communal dining was stopped but will start again next Tuesday.

Facility has made several improvements by replacing furniture, and putting up new wall paper in common areas. They have also gotten a lot of new beds, and dressers and tables.

DON: Cathi Skaggs

Facility is licensed for 120 beds. The current census in the building is 79. They had two discharges today.

No agency staffing has been used in the past few months. They have been hiring new staff, but still need some more aides.

No regulatory findings.

Last full book survey was in August of 2022. They had a good survey then, with 4 minor violations. They are in their window and expect the state at any time. They did have some fines in late July.

There was 1 recent self report for resident on resident abuse. They did have a COVID self report a few weeks ago.

The facility maintains a 3 star overall rating. They have 3 stars in Health, 1 in staff and 5 in Quality. They hope they will move up to 4 stars overall soon.

The facility has been doing great on meeting their quality goals. They recently hit all of their goals. They had a hiccup a few months ago with their mobility metrics, but have put a special focus on that and things have been trending upward. Discussed measures taken and plans for future mitigation.

The COVID in the building topped out at 5 residents, and 1 staff (9/5). They are still in their 14 day window, but almost out. The facility is waiting on the new booster to be delivered to offer that to staff and residents.

The facility is trying to hire a new maintenance director, but have had the regional guy helping out. No big capital improvement projects right now. The building is not very old.

Administrator: John Hass
DON: Rachel Glaze

Met with DON. Facility is licensed for 124 beds. The current census is 70. They have 1 planned admission and 2 planned discharges.

Staffing is currently a struggle for the facility. They did have to use agency last night. They need 4 CNA's and 1 med aide.

Regulatory findings are clear for the past few years.

The last full book survey was in June of this year. They had three minor tags, no life safety. They were very happy with their survey results.

The facility has had two recent self reports. 1 fall with fracture, and 1 positive COVID. Waiting on state to investigate.

The facility has a 1 star overall rating. Two in Health, one in staff, and three in quality.

The facility has had a problem with COVID cases. They have had 11 staff test positive, and still have 2 residents who are testing positive. They are still in their 14 day window. 1 resident did go to the hospital. Vaccination rates are good in the buildings. Prior to the new vaccine rollout, they had 75% of residents compliant, and 80% of staff (with others having waivers). Facility plans to order the new vaccine soon.

The facility is old, built in the 1960's. They had a full remodel in 2014, and things are still in pretty good shape. They did have some flooring replaced in D hall last month. The AC units need periodic maintenance, but they have made it through the summer without too many issues.

Administrator: Leigh Richardson

Facility is licensed for 144 beds. The current census in the facility is 104. No planned discharges at this time.

Facility staffing has been stable. No agency usage since January.

No Regulatory findings of note.

Last full book survey was in November of 2022. They had 7 violations and 1 life safety tag. The facility did have an IJ in February.

There were three self reports during the last two weeks. Still waiting on the state to come in and investigate.

The facility is maintaining a 1 star overall rating. They have 1 in health, 1 in staff and 4 in quality. They are proud of their quality performance. They have been hitting their goals for all major quality measures. Reviewed facility data.

The facility has several COVID positive residents and several positive staff. They are in their 14 day window. They think the outbreak has been contained and they will be out of their 14 day window next week. No hospitalizations due to COVID.

Staff and Residents have been pretty compliant with vaccinations. They have a majority of staff and over 80% of residents. They are waiting for the new vaccine to come in to offer it.

The facility did receive some new furniture last month.

Administrator: Daniel Rodriguez

Facility is licensed for 170 beds. Current Census is 88. Two pending discharges and two pending admissions.

Staffing has been better. It was a rough week last week. They have 7 CNA's open. They will onboard 3 on Monday and 2 on Tuesday.

There have been no regulatory findings of significance.

Their last full book survey was last July. The state is rumored to be in the area and they expect them to be in for full book in the next few weeks.

There was 1 self report in the last week. And only 1 the previous month. The state has been backed up and not come out to clear them.

The facility is doing great. They have an overall 4 star rating, 3 in health, 2 in staff, and 5 in quality.

Quality of care in the facility is high. They are hitting their metrics consistently, and staying on top of their targets. Discussed PIP's and ongoing focus on keeping pressure ulcers low.

They currently do not have any COVID in the building. Vaccination rates have been mediocre. They do make it available, but not everyone opts in. They have plans to order the new vaccine.

No major capital improvement projects recently. They did do some work to replace the external lights of the building, and the lights in the parking lot.

Winnie-Stowell Hospital District			
Executive Summary of Nursing Home Monthly Site Visits			
September 2023			
Facility	Operator		Comments
Park Manor of Conroe	HMG		Census: 92. The state came to the facility to review outstanding incidents and complaints, all were unsubstantiated. There were eleven incidents and six complaints since the last visit, the facility was not cited for any. The facility is still doing outside trips for residents, mostly to play bingo. The facility hosted a party for all staff due to meeting their POC goal at their August in-service.
Park Manor of Woodlands	HMG		Census: 92. The state came to the facility in August for a complaint review, the facility was not cited. There were two reportable incidents since the last visit, one has been cleared and the other is awaiting review. The facility has ordered more COVID vaccines, but they are currently on backorder. The facility is not using any agency staffing.
Spindletop Hill	Regency		Census: 96. The facility had a trust fund audit in July, the facility received three IJ tags, three D tags; facility has an observation plan in place to clear the tags. There were fifteen reportable incidents since the last visit, the state has not yet been investigated. The facility hosts outings every Thursday, they were taking residents to the casino during the visit.
The Woodlands Nursing and Rehabilitation Center	Regency		Census: 128. The state came to the facility to review outstanding reportable incidents, all were cleared. There were nine reportable incidents since the last visit, all have been cleared following state review. The facility is no longer using agency staffing. The facility is hosting a fall fest and Halloween party for residents and staff.
Willowbrook Nursing Center	HMG		Census: 102. There were two state visits, both to review outstanding reportable incidents, all were cleared. There were five reportable incidents since the last visit, two have been cleared and three are awaiting review. The facility is hosting activities for staff twice per week, it is well received.

Administrator: Crystal Quintero
DON: Alethia Francis Dyke, RN

FACILITY INFORMATION

Park Manor Conroe is a licensed 123- bed facility with an overall star rating of 3 and Quality of Care of 3. Census given that day was 92: PP (7); MC (5); MCD; (58+ 4 pending) Hospice (2) and HMO (18).

The QIPP site visit was conducted over the phone. The DON was on the call.

The facility is currently COVID_19 free. Those employees who have been fully vaccinated add up to 100% with 6 approved exemptions and 80% of the residents have been vaccinated. The DON reports the facility submits this vaccine information to NSHN weekly.

The residents are still coming out to the dining room for meals and activities with good participation. Continue with groups of residents for exercise classes. The residents continue to love and play Bingo 3 times per week. The facility had a 4th of July and Labor Day celebrations, and they are planning activities for the fall as well. The DON reports the facility does take residents off site for community Bingo.

The DON reports the facility continues to provide chips/tokens to staff who go above and beyond and they can turn them in for gift cards or merchandise. Additionally, meals are provided periodically and some type of recognition for staff every month. The facility recently celebrated meeting their POC goal at their in-service in August.

SURVEY Information

The facility had the state in the building in June to review 7 self-reports and 3 complaints and again on July to review 6 self-reports and 3 complaints and all were unsubstantiated with no citations.

REPORTABLE INCIDENTS

During **June/July/Aug 2023**, the facility had 11 self-reports and 6 complaints, all cleared with no citations.

CLINICAL TRENDING

Incidents/Falls:

June/July/Aug 2023, Park Manor of Conroe had 67 total falls without injury (31 repeat falls) and 15 falls with injury, 2 Skin Tears, 0 Elopements, 2 Fractures, 0 Lacerations, 2 Bruises and 2 Behaviors. The facility does still have a PIP in place for falls.

Infection Control:

Park Manor of Conroe reported 28 infections during **June/July/Aug 2023**, of which 20 were UTI's, 6 Respiratory infections, 1 Wound infection, 0 Blood infections and 1 GI infection.

Weight loss:

June/July/Aug 2023, Park Manor of Conroe had 10 residents with 5-10% weight loss in 1 month and 8 with >10% weight loss in 6 months.

Pressure Ulcers:

During **June/July/Aug 2023** Park Manor of Conroe reported 30 residents with pressure ulcers with 37 sites, 8 of them facility-acquired. The facility does have a PIP for this measure.

Restraints:

Park Manor of Conroe does not use restraints and has four residents who use side rails.

Staffing:

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

Total number employees: _115_ Turnover rate%: 16.5__

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.2 %	1.7%	1.9%	
Fall w/Major Injury (L)	0.0%	3.5%	3.4%	
UTI (L) *	0.0%	1.3%	2.4%	
High risk with pressure ulcers (L) *	2.1%	7.6%	8.8%	
Loss of Bowel/Bladder Control(L)	84.4%	54.3%	48.8%	Will review for a PIP
Catheter(L)	0.0%	1.4%	1.6%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Increased ADL Assistance(L)	8.3	16.6%	14.5%	
Excessive Weight Loss(L)	0.0%	4.8%	6.3%	
Depressive symptoms(L)	2.8%	5.5%	9.1%	

Antipsychotic medication (L) *	1.4%	9.2%	14.8%	
--------------------------------	------	------	-------	--

Does the PHARMACY Consultant report/visit/ med destruction? No concerns, med destruction completed

- # of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts 0 successful 0 failed 0)
 # of Antidepressants (attempts 0 successful 0 failed 0)
 # of Antipsychotic (attempts 5 successful 4 failed 1)
 # of Sedatives (attempts 1 successful 1 failed 0)

DIETICIAN Recommendation concerns/Follow Up? N/A

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 36, All are resolved

TRAUMA INFORMED CARE IDENTIFIED: N/A

ACTIVITIES: PIP/CONCERNS - out of room activities.

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS None

MAINTENANCE: PIP/CONCERNS: - None

MEDICAL RECORDS/ CENTRAL SUPPLY: (0) 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	Pressure Ulcers Yr. 6 looking at what to choose for Yr. 7
QAPI Meeting dates of submission (owner/operator involvement evident)	June 10, 2023 July 10, 2023 August 10, 2023	

Component 2

Indicator	Benchmark	Comments
<u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u>	Met Y/N	
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	N	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	N	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	N	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 	N	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	N	
<ul style="list-style-type: none"> Telehealth used? 	N	Don't have the equipment-has been requested
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	N	
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	Looking at what to choose for yr 7

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.8	7.6%	2.1%	Y	
Percent of residents who received an anti-psychotic medication	14.8%	9.2%	1.4%	Y	
Percent of residents whose ability to move independently has worsened	17.3%	14.4%	12.3%	Y	
Percent of residents with urinary tract infection	2.4%	1.3%	0.0%	y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
Quarter 1	Y				
➤ 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	Y				

<p>months (or from regional hospital)</p> <ul style="list-style-type: none"> ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	<p>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) 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>			

<ul style="list-style-type: none"> ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	<p>Y</p> <p>Y</p> <p>Y</p>				
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	<p>93.84%</p>	<p>95%</p>	<p>%</p>		<p>Information not provided</p>
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	<p>96.07%</p>	<p>100%</p>	<p>%</p>		

Administrator: AV Meghani
DON: Julie Slyotsky, RN

FACILITY INFORMATION

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 5 and a rating of 5 stars in Quality Measures. Current census given 92: 8 PP; 14 MC; 29 MCD; 40 HMO; 2 Hospice.

The QIPP site visit was conducted over the phone this quarter. The Administrator was on the call.

The Administrator reports the facility has 6 positive COVID_19 residents but testing will be complete Saturday and if no more positives they will be clear. Fully vaccinated resident percentage is 80% and fully vaccinated staff is at 100% with exemptions. This is reported to NSHN weekly. The Administrator reported they are still able to allocate vaccinations in-house but right now they are on back order.

The facility had a 4th of July and Labor Day party, and they are planning their Halloween and Thanksgiving celebration. The Administrator reports they have been taking some of the residents out to eat. The Administrator also reports they do a weekly happy hour.

No contract agency currently in use. The Administrator reports the facility continues with monthly Employee Appreciation Day, as well as celebrating birthdays. The facility has an employee activity calendar as well and they pass out tokens they can cash in for medical equipment or a day off, etc.

SURVEY INFORMATION

The facility last had the state in the building in August 2023 for complaint investigation and to clear several self-reports, no citations.

REPORTABLE INCIDENTS

Park Manor Woodlands had two self-reports, one cleared (COVID), no citations and one still under review for **June/July/Aug 2023**.

CLINICAL TRENDING

Incidents/Falls:

During **June/July/Aug 2023**, Park Manor Woodlands had 30 total falls without injury (16 repeat) and 3 falls with injury; 29 skin tears; 3 fractures; 0 elopement; 4 bruises; 0 lacerations and 2 behaviors.

Infection Control:

Park Manor Woodlands reported 118 infections during **June/July/Aug 2023**, of which 29 were UTI's; 25 Respiratory infections; 22 Wound infections; 9 Blood infections, 4 GI infections, 0 Genital infections and 29 Other infections. The facility has a PIP in place for infections.

Weight loss:

June/July/Aug 2023, Park Manor Woodlands had 0 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

June/July/Aug 2023, Park Manor Woodlands reported 17 residents with pressure ulcers with 31 sites and 5 were facility acquired.

Restraints:

Park Manor Woodlands does not use restraints.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	1	1	2	0	0	0
2 to 10	0	5	1	0	0	0
10 to 6	0	1	1	0	0	0
Other	0	0	0	0	0	0
# Hired this month	0	6	18	0	0	0
# Quit/Fired	0	11	7	0	0	0

Total number employees: 151 Turnover rate%: 27.8%

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.2%	1.7%	1.9%	
Fall w/Major Injury (L)	0%	3.5%	3.4%	
UTI (L) *	0%	1.3%	2.4%	
High risk with pressure ulcers (L) *	0%	7.6%	8.8%	
Loss of Bowel/Bladder Control(L)	45%	54%	48.8%	
Catheter(L)	0%	1.3%	2.4%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	5.1%	16.6%	14.5%	
Excessive Weight Loss(L)	2.6%	4.8%	6.3%	
Depressive symptoms(L)	20%	5.5%	9.1%	PIP in place
Antipsychotic medication (L) *	7%	9.2%	14.8%	

PHARMACY Consultant reports/visit/ med destruction?

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts__3__ successful__3__ failed____)
 # of Antidepressants (attempts__0__ successful ____ failed____)
 # of Antipsychotic (attempts__0__ successful ____ failed____)
 # of Sedatives (attempts__0__ successful____ failed____)

DIETICIAN Recommendation concerns/Follow Up? 100 %

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

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

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)	6/12/23, 7/12/23, 8/14/23	Fall PIP in place

Component 2

Indicator	Benchmark	Comments
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.	Met Y/N	
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 8 additional hours non-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	
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 	Y	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
-----------	--------------------	-----------------	---------	---------	----------

Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.8%	2.5%	0%	Y	
Percent of residents who received an anti-psychotic medication	14.8%	6.0%	7.0%	Y	
Percent of residents whose ability to move independently has worsened	17.3%	5.0%	6.3%	Y	
Percent of residents with urinary tract infection	2.4%	0%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
Quarter 1					
➤ 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)					
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Y				
➤ Current list of reportable diseases	Y				

<p>Quarter 2</p> <ul style="list-style-type: none"> ➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. ➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period) <p>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</p>	Y				
<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	Y				
<p>Quarter 4 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	National 93.84%	Baseline 100%	Results 100%	Met Y/N Y	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	96.07%	100%	100%	Y	

Administrator: Teresa Parker
DON: Jessica Says, RN

FACILITY INFORMATION

Spindletop Hill is a licensed 148- bed facility with an overall star rating of 1 and a rating of 3 stars in Quality Measures. The facility met all 4 components for QIPP quarter 3. Census on the given day of call was 96. Private Pay 3; Medicare 0; HMO 8; Medicaid 68 + 8 pending; Hospice 9 and Memory Care 25.

The QIPP site visit was conducted over the phone. The Administrator and DON were on the call and reported the facility is currently COVID_19 free. The Administrator reports the facility does have a local pharmacy that will come and do the COVID vaccine clinics, including the bivalent (currently on back order). The Administrator stated none of the residents have taken the bivalent (unable to get the vaccine) and 100% (with 6 approved exemptions) of staff have been vaccinated and this information is reported to NSHN weekly.

Residents are coming out to the dining room for eating and activities with good participation. The Administrator reports the facility still has outings on Thursdays, and they have a trip to the casino today. The facility celebrated 4th of July and Labor Day and they are planning a fall festival and Thanksgiving celebration.

The Administrator reports the facility celebrates monthly birthdays and Employee of the Month and continues with a recognition program when anyone is seen providing above and beyond care. Spindletop Hill is currently not using an agency for staffing.

SURVEY INFORMATION

The facility had Trust Fund Audit on 7/13; 7/10 – 7/20 self-reports & P1 complaints, 3 IJs 3 D tags (initially 2 G tags, reduced to D) POR ANE test, post questionnaire, 100% education; 2567 – monitoring 4 x a week for 3 weeks, monthly for 2 months; interview & observation of staff; review in QAPI.

REPORTABLE INCIDENTS

March/April/May/2023: June - 6/15 – Injury of unknown origin; 6/30 Abuse; **July** - 7/01 – unwitnessed fall w/injury; 7/08 – unwitnessed fall w/injury; 7/18 – COVID; 7/13 – Resident to resident; 7/17 – Neglect; **August** – 8/8 – exploitation; 8/9 – resident to resident; 8/13 – resident to resident; 8/18 – Injury of unknown source; 8/20 – resident to resident X2; 8/22 – exploitation; 8/28 – resident to resident; 8/29 – unwitnessed fall w/injury

CLINICAL TRENDING

Incidents/Falls:

During **June/July/Aug 2023**, Spindletop Hill had 59 total falls without injury and 18 falls with injury, 1 Fracture, 4 Skin Tears, 1 Elopement, 0 Bruises, 3 Lacerations, and 0 Behaviors. PIP in place for falls.

Infection Control:

Spindletop Hill reported 14 infections during **June/July/Aug 2023** of which 7 were UTI's, 2 Respiratory infections, 0 EENT infections, 3 wound infections, 0 Blood infections, 0 GI infections, 0 Genital infection and 2 Other infections.

Weight loss:

June/July/Aug 2023, Spindletop Hill had 8 residents with 5-10% weight loss in 1 month and 17 with >10% weight loss in 6 months. PIP in place.

Pressure Ulcers:

June/July/Aug 2023, Spindletop Hill reported 25 residents with pressure ulcers with 43 sites, 13 of them facility acquired. PIP in place (annual for QIPP).

Restraints:

Spindletop Hill does not use side rails or restraints.

Staffing:

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

Total number employees: 120 Turnover rate%: 11.67%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.7%	1.9%	
Fall w/Major Injury (L)	6.3%	3.5%	3.4%	
UTI (L) *	1.3%	1.3%	2.4%	
High risk with pressure ulcers (L) *	3.3%	7.6%	8.8%	
Loss of Bowel/Bladder Control(L)	66.7%	54.3%	48.8%	
Catheter(L)	2.0%	1.4%	1.6%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Increased ADL Assistance(L)	16.4%	16.6%	14.5%	
Excessive Weight Loss(L)	6.0%	4.8%	6.3%	
Depressive symptoms(L)	1.4%	5.5%	9.1%	
Antipsychotic medication (L) *	14.5%	9.2%	14.8%	

PHARMACY Consultant reports/visit/ med destruction: Med destruction completed and no concerns

of GDR ATTEMPTS in the month: How many successful?

of Anti-anxiety (attempts 0 successful 0 failed 0)
 # of Antidepressants (attempts 2 successful 2 failed 0)
 # of Antipsychotic (attempts 2 successful 2 failed 0)
 # of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up – Comes minimum of 1 time per week, no concerns

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

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None – have new assistant really doing great

DIETARY: PIP/CONCERNS: Dietary Supervisor – placed on PIP for job performance.

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS:

MDS: PIPS/CONCERNS: None

QIPP MEASURES

Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	June – 7/7 July - 8/8 August – 9/19	Submitted 20 th of each month

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.4%	9.39%	3.4%	Y	
Percent of residents who received an anti-psychotic medication	14.4%	14.49%	13.3%	Y	

Percent of residents whose ability to move independently has worsened	23.6%	18.04%	7.10%	Y	
Percent of residents with urinary tract infection	2.5%	0.90%	1.3%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Yes				
Quarter 1					
<ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>				
Quarter 2					
<ul style="list-style-type: none"> ➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing 	Yes				

<p>Home Infection Preventionist Training Course” developed by CMS and the CDC.</p> <ul style="list-style-type: none"> ➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period) <p>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</p>	Yes				
<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>	National 93.84%	Baseline 99.98%	Results 98.7%	Met Y/N Y	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	96.07%	99.90%	100%	Y	

Acting Administrator: David Bilbo, LNFA
DON: Belencia Wallace, RN

FACILITY INFORMATION

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 1 and a rating of 4 stars in Quality Measures. Census given was 128: 5 PP; 2 MC; 88 MDC; 6 HMO; 7 Hospice; 20 VA; and 17 Memory Care.

The QIPP site visit was conducted over the phone with the Administrator. The Administrator reports the facility does have a CNA class currently in progress.

The Administrator reports the facility is currently COVID_19 free. The facility is offering the bivalent vaccine and working on providing another clinic soon. Resident COVID_19 vaccination rate was unavailable. All employees have been vaccinated except the those that have approved exemptions and this information is reported to NSHN weekly.

Dining participation is going very well. Participation for activities is still good, working on more variety. The facility celebrated July 4th and Labor Day and they are planning a Halloween and Fall Fest as well as Veterans Day and Thanksgiving. The Activity Director is working on a beer and pizza night for the Astros games.

Contract agency is no longer being used. The facility celebrates Employee of the Month, usually with a barbeque. The Administrator reports they also provide snacks and gift cards periodically.

SURVEY INFORMATION

The facility had state visits in June, July and August to review several self-reports and all cleared with no citations.

REPORTABLE INCIDENTS

During **June/July/Aug 2023** the facility had 9 self-reports, and all have been cleared with no citations.

CLINICAL TRENDING

Incidents/Falls:

During **June/July/Aug 2023-** The Woodlands had 61 total falls without injury (13 repeat falls) and 16 falls with injury, 1 Fracture, 7 Skin Tears, 0 Elopements, 0 Bruises, 0 Lacerations, and 7 Behaviors. PIP in place for falls.

Infection Control:

The Woodlands reported 99 infections during **June/July/Aug 2023** of which 31 were UTI's, 14 Respiratory infections, 1 EENT infection, 30 wound infections, 2 Blood infections, 4 GI infections, 0 Genital infection and 17 Other infections (no details).

Weight loss:

June/July/Aug 2023, The Woodlands had 0 residents with 5-10% weight loss in 1 month and 1 with >10% weight loss in 6 months.

Pressure Ulcers:

June/July/Aug 2023, The Woodlands reported 9 residents with pressure ulcers with 13 sites, 3 of them facility acquired.

Restraints:

The Woodlands does not use side rails or restraints.

Staffing: Information not provided

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

Total number employees: _143_ Turnover rate%: _29_ %

CASPER REPORT - Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	Information not provided
Fall w/Major Injury (L)	.9%	3.5%	3.4%	
UTI (L) *	0%	1.3%	2.4%	
High risk with pressure ulcers (L) *	6.3%	7.8%	8.8%	
Loss of Bowel/Bladder Control(L)	54.3%	54.3%	48.8%	Will review for PIP
Catheter(L)	0%	1.4%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	2.2%	16.6%	15.5%	
Excessive Weight Loss(L)	1.1%	4.8%	6.3%	
Depressive symptoms(L)	0%	5.5%	9.1%	
Antipsychotic medication (L) *	8.5%	9.2%	14.8%	

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)	Y	

Component 2

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.</u>	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 8 additional hours non-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	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?	N	
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: 	Y	

<ul style="list-style-type: none"> ○ During the first reporting period? ○ Subsequently reported outcomes related to the plan throughout the eligibility period? ○ Discuss RCA for turnover: Has anything changed from the original RCA? ○ PIP for retention and recruitment is current: ○ NEW Retention efforts updated on Current PIP 		
--	--	--

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	9.21%	9.21%	6.3%	Y	
Percent of residents who received an anti-psychotic medication	12.47 %	10.99%	8.5%	Y	
Percent of residents whose ability to move independently has worsened	18.57%	18.04%	6.6%	Y	
Percent of residents with urinary tract infection	2.24%	.93%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
Quarter 1 <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from 	Y				

<p>within the last six months</p> <ul style="list-style-type: none"> ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
<p>Quarter 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 	<p>Y</p>				

<ul style="list-style-type: none"> ➤ 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 					
Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Quarter 4 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	y	93.85%	%	100%	Y
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	y	96.07%	%	98.2%	Y

Administrator: Jimmy Sanders, LNFA
DON: Rhonda Benevides, RN

FACILITY INFORMATION

Willowbrook-Nacogdoches is a licensed 161- bed facility with an overall star rating of 3 and a rating of 2 stars in Quality Measures. The facility reports census of 102: 11 PP; 3 MC; 67 +7 pending MDC; 9 HMO; 5 Hospice and 14 Memory Care.

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

Willowbrook-Nacogdoches currently has 6 residents and 1 staff COVID_19 positive. The Administrator reports the resident COVID_19 vaccination rate is at 62% and the employee rate is at 100% with three exemptions. The Administrator reports the facility submits these rates weekly to NSHN.

The Administrator reports the facility still holds activities twice per week for all the staff and it continues to be well received. The facility recently celebrated housekeeping week and made a cake in shape of 'wet floor sign'.

Resident participation for dining and activities is excellent and the facility celebrated. The facility celebrated 4th of July and Labor Day and they are planning a Halloween trunk or treat and a Thanksgiving dinner.

SURVEY INFORMATION

The facility had 2 state visits to clear 2 self-reports, both were unsubstantiated, no citations.

REPORTABLE INCIDENTS

Willowbrook-Nacogdoches had 5 self-reports for **June/July/Aug 2023**. Two have been cleared and 3 are still pending.

CLINICAL TRENDING

Incidents/Falls:

During **June/July/Aug 2023**, Willowbrook-Nacogdoches had 80 total falls without injury (19 repeat falls) and 8 falls with injury, 9 Skin Tears, 0 Elopements, 0 Fractures, 0 Lacerations and 5 behaviors and 6 Bruises. The facility does still have a PIP in place for falls.

Infection Control:

Willowbrook-Nacogdoches reported 95 infections during **June/July/Aug 2023**, of which 50 were UTI's, 18 Respiratory infections, 15 Wound infections, 1 Blood infection, 1 GI infection, 7 EENT infections, 0 Genital infections and 10 Other (no details). The facility has a PIP in place for UTIs.

Weight loss:

June/July/Aug 2023, Willowbrook-Nacogdoches had 10 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months. The facility has a PIP in place for this measure.

Pressure Ulcers:

June/July/Aug 2023, Willowbrook-Nacogdoches reported 16 residents with pressure ulcers with 33 sites, 13 of them facility-acquired. The facility has a PIP in place for this measure.

Restraints:

Willowbrook-Nacogdoches does not use side rails or restraints.

Staffing:

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

Total number employees: 120 Turnover rate%: 12%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0.0%	1.7%	1.9%	
Fall w/Major Injury (L)	3.7%	3.5%	3.4%	PIP in place
UTI (L) *	0.0%	1.3%	2.4%	
High risk with pressure ulcers (L) *	7.8%	7.6%	8.8%	PIP in place
Loss of Bowel/Bladder Control(L)	43.8%	54.3%	48.8%	
Catheter(L)	2.7%	1.4%	1.6%	Appropriate diagnosis
Physical restraint(L)	0.0%	0.0%	0.1%	
Increased ADL Assistance(L)	18.6%	16.6%	14.5%	PIP in place
Excessive Weight Loss(L)	1.3%	4.8%	6.3%	
Depressive symptoms(L)	2.8%	5.5%	9.1%	
Antipsychotic medication (L) *	9.9%	9.2%	14.8%	

PHARMACY Consultant reports/visit/ med destruction? No concerns; 8/24/23

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts 2 successful 1 failed 1)
 # of Antidepressants (attempts 9 successful 9 failed 0)
 # of Antipsychotic (attempts 19 successful 17 failed 2)
 # of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up? Comes weekly, no concerns

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 13, all resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

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)	6/9/23, 7/14/23, 8/11/23	

Component 2

Indicator	Benchmark	Comments
<u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u>	Met Y/N	
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Y8 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	No encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	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 	N	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.8%	8.8%	7.8%	Y	
Percent of residents who received an anti-psychotic medication	14.8%	14.8%	9.9%	Y	

Percent of residents whose ability to move independently has worsened	17.3%	17.3%	8.1%	Y	
Percent of residents with urinary tract infection	2.4%	2.4%	0.0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
Quarter 1 <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	Y				
Quarter 2 <ul style="list-style-type: none"> ➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. ➤ Infection control policies demonstrating data-driven 	Y				

analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)					
**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS					
Quarter 3	Y				
<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	93.84%	%	10%		
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	40%		

Exhibit “D”



**WINNIE-STOWELL HOSPITAL DISTRICT
INDIGENT HEALTHCARE
POLICY & PROCEDURE STATEMENT**

Adopted October 18, 2023

- G. At Fault Injuries. Be aware that a person involved in a motor vehicle accident or an assault will not receive benefit coverage for any medical expenses related to that accident or assault, unless proper documentation is provided showing no other liability. The minimum documentation required consists of at least police report or auto insurance information. Other documentation may be necessary.

V. ELIGIBILITY

A. "Disqualified Persons" are:

1. A person who receives or is categorically eligible to receive Medicaid;
2. A person who receives TANF benefit;
3. A person who receives SSI benefits and is eligible for Medicaid;
4. A person who receives Qualified Medicare Beneficiary (QMB), Medicaid Qualified Medicare Beneficiary (MQMB);
5. Specified Low Income Medicare Beneficiary (SLMB);
6. Qualified Individual-1 (QI- 1);
7. Qualified Disabled and Working Individuals (QDWI); and
8. A Medicaid recipient who partially exhausts some component of his Medicaid benefits.

B. Citizenship. A person applying for WSHD ICAP must be one of the following:

1. A natural born citizen;
2. A naturalized citizen;
3. A Sponsored Alien. A "Sponsored Alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person. *See* Tex. Health & Safety Code Section 61.008(c);
4. Documented Alien. A documented alien that has a green card and has had the status for at least five (5) years from their legal entry date into the United States; or
5. Legally Admitted Alien. A legally admitted alien means a person who is legally admitted for permanent residency and who is:
 - a. An honorably discharged U.S. Veteran;
 - b. U.S. active-duty military personnel, or the spouse;
 - c. Minor unmarried dependent child of an honorably discharged U.S. Veteran or U.S. active-duty military personnel;
 - d. An alien admitted with a valid Work Permit and files income tax returns; or
 - e. An alien who is protected under Deferred Action for Childhood Arrivals (DACA), which gives undocumented immigrants: 1) protection from deportation, and 2) a work permit. The alien must file tax returns.

C. Residence Eligibility

1. A person must live in the WSHD when the person applies;
2. A person lives in the WSHD if the person's home or fixed place of habitation is in the WSHD, and he/she intends to return to the WSHD after any temporary absences;

- b. A person who receives SSI benefits;
- c. A person who receives Qualified Medicare Beneficiary (QMB);
- d. Medicaid Qualified Medicare Beneficiary (MQMB);
- e. Specified Low-Income Medicare Beneficiary (SLMB);
- f. Qualified Individual-1(QI-1) or Qualified Disabled and Working Individuals (QDWI); and
- g. a Medicaid recipient who partially exhausts some component of his Medicaid benefits.

3. One-Person Household.

- a. A person living alone;
- b. An adult living with others who are not legally responsible for the adult's support;
- c. A minor child living alone or with others who are not legally responsible for the child's support;
- d. A Medicaid-ineligible spouse;
- e. A Medicaid-ineligible parent whose spouse and/or minor children are Medicaid-eligible;
- f. An inmate in a county jail (not state or federal).

4. Group Households. Two or more persons who are living together and meet one of the following descriptions:

- a. Two persons legally married to each other;
- b. Two persons who are legally married and not divorced;
- c. One or both legal parents and their legal minor children;
- d. A managing conservator and a minor child and the conservator's spouse and other legal minor children, if any;
- e. Minor children, including unborn children, who are siblings; and
- f. Both Medicaid-ineligible parents of Medicaid-eligible children.

G. Financial Eligibility. Services shall be provided to those residents of the WSHD who have:

- 1. "Income" Requirement. a gross yearly Income of less than or equal to **200% of the Federal Poverty Income Level** per Household, and who are not Disqualified Persons; and
- 2. "Resources" Requirement. Resources may not exceed \$2,000 or \$3,000 for a person meeting the relationship/relative requirements who is aged or disabled living in the house.

VI. INCOME

A. General Principles.

- 1. Monthly Income Levels. Income levels are based on monthly income using the most current Federal Poverty Guidelines. For current Federal Poverty Limits, see the following link: [CIHCP monthly income standard](#).

other established optional health care services that the WSHD determines to be cost-effective. The extended healthcare service(s) provide is(are):

1. Emergency Medical Services are defined as a medical services whose purpose is to provide immediate assistance to a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: 1) placing the patient's health in serious jeopardy; 2) serious impairment of bodily functions; or serious dysfunction of any bodily organ or part.

The Winnie Stowell EMS ("EMS") is the WSHD's Mandated Provider for EMS services to patients in the WSHD's ICAP. However, EMS is independently responsible in determining the most appropriate course of treatment and healthcare provider for the ICAP client as set forth by its policies and procedures for all transported patients, including ICAP client patients.

2. Behavioral Health, Youth Counseling. Psychological Counseling Services shall be available to residents of the WSHD who qualify to attend a school in the East Chambers Independent School District. The Mandated Provider for the counseling service shall be provided by the WSHD and shall be a Licensed Professional Counselor or Licensed Professional Counselor-Intern.
3. Behavioral Health, Adult Counseling for ICAP Clients. Psychological Counseling Services shall be available to adult Clients of the WSHD's ICAP program. The Mandated Provider for the counseling service shall be provided by the WSHD and shall be a licensed Professional Counselor or Licensed Professional Counselor-Intern.

C. Service Restrictions and Exclusions.

1. Medically Necessary Procedures.

- a. Within WSHD. Healthcare providers legally within the WSHD Boundaries and subject to the WSHD Board's discretion, may be designated as a WSHD's Mandated Provider (hereafter referred to as "Mandated Providers") and all medically necessary inpatient and/or outpatient procedures shall be performed within the boundaries of the WSHD unless specifically provided otherwise by the WSHD in this policy.
- b. Outside WSHD. Medically necessary inpatient and outpatient procedures that cannot be performed by a hospital or medical provider inside the WSHD boundaries may be treated outside of the WSHD subject to the following requirements:
 - i. Procedure declared "medically necessary" by a healthcare provider inside the WSHD's boundaries;
 - ii. Procedure referred by the WSHD Indigent Care Director, with consideration given toward healthcare provider's recommendation; and
 - iii. Procedure paid for by the WSHD subject to the rules set forth in this Policy; Chapter 61 of the Texas Health & Safety Code, and the Texas Administrative

Exhibit “E-1”

AGREEMENT FOR HEALTHCARE PROVIDERS

This Independent Contractor Agreement (“Agreement”) is made effective the 19th day of October 2023, between Winnie Stowell Hospital District, a political entity of the State of Texas (hereinafter referred to as “District”) and UHPhealth Inc. (hereinafter referred to as “Provider”).

RECITALS

WHEREAS, the District is a hospital district located in Chambers County, Texas and governed by of Article IX, Section 9 of the Texas Constitution and Chapter 286 of the Texas Health & Safety Code, and is subject to the terms and conditions of the Texas Indigent Health Care and Treatment Act (Texas Health & Safety Code Ch. 61); and

WHEREAS, in accordance with its mission and statutory requirements, WSHD is obligated to assume full responsibility for providing basic medical and hospital care for its Indigent inhabitants without charge as set forth in Chapter 61 of the Texas Health and Safety Code. *See* Tex. Const. Art. IX, § 9 (2014) (emphasis added); Tex. Health & Safety Code §§ 286.073, 286.082, and 61.052(a).Tex. Att’y. Gen. Op. No.JM-858 (1988); and Tex. Att’y. Gen. Op. No. JC-0220 (2000); and

WHEREAS, in addition to the basic medical and hospital care required by Chapter 61 of the Texas Health and Safety Code, the District is authorized to provide “Optional Health Care Services. *See* Tex. Health & Safety Code §. 61.0285; and

WHEREAS, the District is empowered by Sec. 61.056 the Texas Health and Safety Code (the “Indigent Healthcare and Treatment Act”) to arrange to provide health care services through contracts with public or private healthcare providers; and

WHEREAS, to perform its statutory duties of providing healthcare to the District’s needy, the District’s Board of Directors has adopted an Indigent Care Assistance Program (“ICAP”) and residents of the District enrolled in the ICAP program are referred to as “Clients” and the “Indigent Care Director” oversees and is responsible for the ICAP program. and

WHEREAS, during the October 18, 2023 Regular Meeting, the District’s Board unanimously agreed to authorize the President to execute a Healthcare Provider agreement with the Provider to provide behavioral and mental health services to treat, among other things, depression, anxiety, anger, or grief services (“Behavioral Health Services”).

THEREFORE, BE IT RESOLVED THAT, the Provider and the District enter into this Agreement in consideration of the mutual promises herein contained, the parties agree as follows:

1. District’s Responsibilities:

- Upon qualification by the District’s ICAP Client for healthcare services by the Provider, the District’s, the District’s Indigent Care Director will submit a prior

authorization to the Provide for healthcare services.

- The District's ICAP Client is responsible for scheduling the appointment(s) with the Provider but all appointments, and transportation, if necessary, will be confirmed by the District with the Client and the Provider twenty-four hours in advance of an upcoming appointment.
- If the District's ICAP Client fails to attend the previously scheduled appointment, the District agrees to pay the Provider the current Texas Medicaid Rate for the CPT code being billed per appointment.
- Upon receipt of an invoice for providing the pre-approved healthcare services to the Client, the District shall pay the invoice within a timely manner as set forth in Section (5) of this Agreement.

2. Provider's Responsibilities.

- Provide Behavioral Health Services ("referred to as "healthcare" or "healthcare services").
- Perform such services, in strict accordance with currently approved and accepted methods and practices of a Behavioral Health Services Provider.
- Provide services in a professional, timely and competent manner, and to comply with all applicable procedures, policies, and requirements of District, including, but not limited to establishing a process to document clients and to verify residency requirements of the children receiving services pursuant to this agreement.
- Provide such services as may be requested by the District and as needed to discharge the duties and obligations of this Agreement.
- Invoice the District in a timely manner, but no later than thirty (30) days after each appointment.

3. Prior Authorization and Annual Spending Caps.

- A. **Prior Authorization.** Provider agrees that before providing any Healthcare to the District's ICAP Client, the Provider will receive written authorization defining: 1) the scope of the services to be performed; and 2) the approved compensation rate for the services.
- B. **Spending Caps.** The maximum amount allowed to be paid to Provider per patient per annum is \$2,500.00. If the needed services exceed \$2,500.00, prior approval must be obtained from the Indigent Care Director.

3. **Contract Rate.** Provider shall be compensated for services performed under this Agreement at the current Texas Medicaid Rate for the CPT code being billed. Provider shall be paid only for work actually performed by Provider under the terms of this Agreement, and Provider shall not be entitled to any additional compensation or other benefits of any kind.
4. **Billing.** Provider shall invoice District each month, which invoice shall be due and payable 30 days from receipt. Invoices should be sent to the following District individual by way of first-class mail or fax:
 5. Winnie-Stowell Hospital District
c/o Indigent Care Director
P.O. Box 1997
Winnie, Texas 77665
or
Fax: (409) 400-4023
4. **Term.** This Agreement shall be effective for a term of one (1) year beginning on October 19, 2023 unless terminated earlier in accordance with this Agreement. Thereafter, the contract may be extended on an annual basis if approved by the District's Board as part of its proposed budget adopted at the December regular meeting.
5. **Termination.** Either party may terminate this Agreement by providing thirty (30) days prior, written notice to the other party at any time. Additionally, either party may terminate this Agreement immediately as a result of a breach of any of the provisions or terms of this Agreement by the other party if the breaching party fails, after ten (10) days written notice, to cure such breach to the reasonable satisfaction of the non-breaching party. District may terminate this Agreement immediately if any of the representations of Provider in paragraphs 3, 4 or 8 of this Agreement become untrue.
6. **Independent Contractor.** Provider agrees to provide the professional services described herein as an independent contractor. It is mutually understood and agreed that Provider is at all times acting and performing these duties and functions in the capacity of an independent contractor; that District shall neither have nor exercise any control or direction over the methods by which Provider performs his or her services, nor shall District and Provider be deemed partners. District shall have the right to determine what services shall be provided, but not the manner in which services shall be provided. It is expressly agreed by the parties hereto that no work, act, commission or omission by Provider pursuant to the terms and conditions of this Agreement shall be construed to make or render Provider the agent, employee or servant of District. Provider shall be responsible for the payment of all federal, state, and local taxes incurred as a result of this Agreement, and further agrees to indemnify and hold District harmless from the same.

7. **Licensure and Professional Liability Insurance.** As a condition of this Agreement, the Provider shall maintain all applicable licenses and certification requirements and shall at all times during the term of this Agreement, meet all requirements of the State of Texas or other regulatory entity for such licensing, certification or credentialing. Provider shall maintain, in force, throughout the term of this Agreement such policies of professional liability insurance as shall be required to qualify Provider for coverage under the State of Texas Medical Malpractice statutes, and to insure Provider against any claim or claims for damage arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance or any service provided hereunder in such amount as shall be required from time to time under the statute. Provider shall demonstrate two (2) proofs of such insurance coverage by providing District with the applicable certificate or policy.

8. **Representations of Provider.** Provider represents and warrants that, except as previously disclosed in writing to District, the following are true with respect to each Provider (if applicable):
 - A. Provider's license or certification in any state has never been suspended, revoked, restricted, or deemed to be probationary;
 - B. Provider has never been reprimanded, sanctioned, or disciplined by any licensing or accreditation board;
 - C. There has never been entered against Provider a final judgment in a professional liability action and no action, based on an allegation of professional liability or malpractice by the Provider has ever been settled by payment to the plaintiff;
 - D. Provider has never been denied membership or reappointment of membership on the medical staff of any hospital, and no clinical privileges of the Provider have ever been suspended, curtailed, or revoked; and
 - E. As of the date hereof, Provider has not been the subject of any report or disclosure submitted to the National Practitioner Data Bank.

9. **Compliance with Laws.** Provider agrees to comply with all federal and state laws or regulations applicable to the services to be provided under this Agreement. The parties further agree that they will protect and secure the privacy and confidentiality of patient information and will comply with the requirements contained in the attached Business Associate Agreement. (*See Exhibit "B"*).

10. **Debarment.** Provider represents and warrants that Provider has never been sanctioned by the State of Texas or barred from any federal or state procurement programs or convicted of a criminal offense with respect to health care reimbursement. Provider shall notify District immediately if the foregoing representation becomes untrue, or if Provider is notified by

the State of Texas or other enforcement agencies that an investigation has begun which could lead to such sanction, debarment, or conviction.

11. **Confidentiality.** The parties hereby acknowledge and agree that the terms of this Agreement shall be kept confidential and that neither party shall disclose matters related to this Agreement without the expressed written consent of the other party, unless required to disclose such information by statute, regulation or court order. In addition, during the term of this Agreement, each of the parties hereto may receive intentionally or unintentionally certain proprietary and confidential information (which may include confidential medical information and records) not otherwise a part of public domain through no fault of a party hereto ("Proprietary Information"), the disclosure of which would be extremely detrimental to the business affairs of the other. Therefore, each of the parties hereto (for itself and its employees, agents and representatives) agrees to keep the Proprietary Information of the other in the strictest confidence and each agrees not to duplicate any Proprietary Information of the other and not to directly or indirectly divulge, disclose, reveal, report or transfer such Proprietary Information without the prior written consent of the other. This provision shall survive the termination of this Agreement.

12. **Indemnity. PROVIDER AGREES TO INDEMNIFY AND HOLD HARMLESS DISTRICT, ITS EMPLOYEES, OFFICERS, AGENTS AND REPRESENTATIVES FROM AND AGAINST ANY LOSSES, COSTS, DAMAGES, AND EXPENSES RESULTING FROM ANY AND ALL CLAIMS ARISING OUT OF THE PROVIDER'S SERVICES UNDER THIS AGREEMENT.** fabl (Initial)

13. **Notice.** Any notice required to be provided to any party to this Agreement shall be considered effective as of the date an electronic mail (i.e., e-mail) was sent; or the date deposit with the United States Postal Service by certified or registered mail, postage prepaid, return receipt and addressed to the party at the following address:

If to Provider:

UHPhealth Inc.
110 Rockleigh Pl
Houston TX 77017
Phone: (346) 352-3118
Fax: (713) 321-2727
Email:bkoko@uhphealth.org

If to District:

Winnie-Stowell Hospital District
c/o Indigent Care Director
P.O. Box 1997

Winnie, Texas 77665
Fax: (409) 400-4023

14. **Governing Law and Venue.** The validity, construction and effect of this Agreement, and all extensions and modifications thereof, shall be construed in accordance with the laws of the State of Texas without regard to its choice of law rules, and Chambers County, Texas shall be the exclusive venue for any suit, litigation or alternate dispute resolution brought pursuant to this Agreement.
15. **Dispute Resolution and Waiver of Jury Trial.** Prior to the commencement of a lawsuit by either party to this agreement, the Parties agree to mediate any dispute that may arise resulting from this Agreement or services provided. In the event that the Parties to this Agreement are not able to resolve their differences at mediation, the Parties agree to waive their right to a jury trial and have the dispute decided on by a District Court judge in Chambers, County, Texas.
16. **Medical Records.**
 - A. Provider agrees to complete all required charting in the medical record in a prompt and timely manner and in accordance with any applicable policies and procedure of required by the requisite licensing agency and the District. A copy of the District's Document Retention Policy is set forth in **Exhibit "C"**.
 - B. The ownership and right of control of all reports, records and supporting documents prepared in connection with the services contemplated herein shall vest exclusively with District and shall remain, at all times, at the District's office; provided, however, that Provider shall have such right of access to such reports, records and supporting documentation as necessary for the provision of professional services hereunder.
17. **No Assignment.** Neither this Agreement nor any rights or obligations hereunder shall be assigned by either party without the prior written consent of the non-assigning party.
18. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties with respect to the matters contained herein, and supersedes any and all other discussions, statements and understandings regarding such matters. This Agreement shall be amended only upon the execution of a written agreement by both parties hereto. Any attempt to amend or modify this Agreement in any manner other than by written instrument executed by the parties shall be void.
19. **No Third-Party Beneficiaries.** Nothing expressed or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or permitted assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever.

20. **Miscellaneous.**

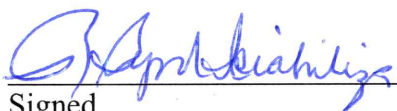
- A. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.
- B. Each party to this Agreement acknowledges that no representations, inducements, promises or agreements, orally or otherwise, have been made by either party, or anyone acting on behalf of either party, which are not embodied herein, and that no other arrangement, statement or promise not contained in this Agreement shall be valid or binding.
- C. In addition to those remedies provided for herein, both parties shall have available all remedies provided by law.

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Agreement.

WINNIE STOWELL HOSPITAL DISTRICT

UHPhealth Inc.

Signed



Signed

Printed

RENEE B. ISIAHILIZA
Printed

Exhibit "A"
Business Associate Agreement

HIPAA BUSINESS ASSOCIATE AGREEMENT

This HIPAA Business Associate Agreement is made the 19th day of October, 2023, ("Effective Date"), by and between UHPhealth Inc.. ("Covered Entity"); and Winnie Stowell Hospital District, a political subdivision of the State of Texas ("Business Associate" or "District").

ARTICLE 1 Applicability

- 1.1 Business Associate has entered into a Service Agreement dated 19th day of October, 2023 to allow the Covered Entity to provide BEHAVIORAL HEALTH to any eligible resident that that resides in the District and is approved for the WSHD Indigent Care Assistance Program. During the course of the performance of such services, Business Associate may have access to certain individually identifiable health information maintained by Covered Entity. This Agreement applies to all present and future contracts and relationships between Covered Entity and Business Associate, written or unwritten, formal or informal, in which Covered Entity provides any Protected Health Information to Business Associate in any form whatsoever. As of the Effective Date, this Agreement automatically amends all existing agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, including the Main Agreement. This Agreement shall automatically be incorporated in all subsequent agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, in which a business associate relationship exists, whether or not specifically referenced therein. In the event of any conflict or inconsistency between the provisions of this Agreement and the provisions of any other agreement between Business Associate and Covered Entity, the provisions of this Agreement shall control unless Covered Entity specifically agrees to the contrary in writing.
- 1.2 Business Associate acknowledges that the provisions of the Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009 imposes certain privacy and security obligations on Business Associate under the HITECH Act and under existing privacy and security standards at 45 Code of Federal Regulations Parts 160 and 164, as amended.

ARTICLE 2 Terms Used in this Agreement

- 2.1 "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended by Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009, and codified at 45 Code of Federal Regulations Parts 160 and 164.
- 2.2 "Privacy Rule" shall mean those rules and standards in 45 CFR Part 164, Subpart E.

- 2.3 “Security Rule” shall mean those rules and standards in 45 CFR Part 164, Subpart C.
- 2.4 “Breach Notification Rule” shall mean those rules and standards in 45 CFR Part 164, Subpart D.
- 2.5 “Business Associate” shall generally have the same meaning as the term “Business Associate” at 45 CFR 160.103, and in this Agreement shall mean Winnie Stowell Hospital District, a political entity of the State of Texas, and its directors, officers, employees, contractors and agents.
- 2.6 “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.130, and in this Agreement shall mean UHPhealth Inc., and includes directors, officers, employees, volunteers, and contractors employed by or working for UHPhealth Inc...
- 2.7 Catch-All Definition. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
- 2.8 Capitalized terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the HIPAA Rules.

ARTICLE 3
Obligations of Business Associate

- 3.1 Obligations. Business Associate agrees to:
 - 3.1.1 Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
 - 3.1.2 Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
 - 3.1.3 Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
 - 3.1.4 In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate

with respect to such information;

- 3.1.5 Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;
 - 3.1.6 Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;
 - 3.1.7 Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;
 - 3.1.8 To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
 - 3.1.9 Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.
- 3.2 Permitted Uses and Disclosures by Business Associate.
- 3.2.1 Business Associate may only use or disclose protected health information as necessary to perform the services set forth in Agreement.
 - 3.2.2 Business Associate may use or disclose protected health information as required by law.
 - 3.2.3 Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
 - 3.2.4 Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.
 - 3.2.5 Business Associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
 - 3.2.6 Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required

by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

- 3.2.7 Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

ARTICLE 4 Privacy Practices and Restrictions

- 4.1 Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.
- 4.2 Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.
- 4.3 Covered Entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

Article 5 Permissible Requests by Covered Entity

- 5.1 Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

Article 6 Term and Termination

- 6.1 Term. The Term of this Agreement shall begin upon the Effective Date and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or if it is infeasible to return or destroy Protected Health Information, protections are extended to such information.
- 6.2 Destruction of PHI. At the termination of the Agreement for whatever reason, Business Associate agrees to return or destroy all Protected Health Information received from, or

created or received by Business Associate on behalf of Covered Entity and will not retain any copies. If return or destruction is not feasible, Business Associate agrees to an extension of the protections of this Agreement for as long as necessary to protect Covered Entity's Protected Health Information and to limit further uses and disclosures to those purposes that make the return or destruction of Covered Entity's Protected Health Information unfeasible.

- 6.3 Consequences of Breach by Business Associate. On Covered Entity's learning of a material breach of this Agreement by Business Associate, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. If Business Associate does not cure the breach or end the violation within fourteen (14) days of being notified by Covered Entity, or if cure or ending the violation is not possible, Covered Entity may terminate this Agreement and those portions of the Main Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if non-severable, the Main Agreement.

ARTICLE 7 Miscellaneous

- 7.1 Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA and its applicable implementing regulation.
- 7.2 Notices. All notices pursuant to this Agreement must be given in writing and shall be effective when received if hand-delivered or sent by facsimile or upon dispatch if sent by a reputable overnight delivery service or by U.S. Mail, certified, return receipt requested and addressed as follows:

To Covered Entity:

UHPhealth Inc.
110 Rockleigh Pl
Houston TX 77017
Phone: (346) 352-3118
Fax: (713) 321-2727
Email:bkoko@uhphealth.org

To Business Associate:

Winnie-Stowell Hospital District
c/o Indigent Care Director
P.O. Box 1997
Winnie, Texas 77665
Fax: (409) 400-4023

- 7.3 Change in Law. On the enactment of any federal law or regulation, or law or regulation of

any state to whose jurisdiction Covered Entity is subject, affecting the use or disclosure of Covered Entity's Protected Health Information, or on the publication of any decision of a court of the United States or of any state to whose jurisdiction Covered Entity is subject relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, Covered Entity may, by written notice to Business Associate, amend this Agreement in such manner as Covered Entity determines necessary to comply with such law or regulation. If Business Associate disagrees with any such amendment, it shall so notify Covered Entity in writing within thirty (30) days of receipt of Covered Entity's notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate this Agreement and those portions of the Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if non-severable, the Agreement by written notice to the other.

- 7.4 Jurisdiction and Venue. This Agreement is governed by the laws of the State of Texas and the federal government. Venue shall be in Chambers County, Texas.
- 7.5 Severability. In the event that any provision of this Agreement violates any applicable statute, ordinance or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

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

COVERED ENTITY:

By:  _____

Printed: Renée B. Isiahiliza
Director
BUSINESS ASSOCIATE: UHPhealth Inc.

By: _____
WINNIE-STOWELL HOSPITAL DISTRICT
Printed: Edward Murrell
Title: President

Exhibit "B"
WSHD Document Retention Policy

Exhibit “E-2”

AGREEMENT FOR HEALTHCARE PROVIDERS

This Independent Contractor Agreement (“Agreement”) is made effective the _____ day of _____ between Winnie Stowell Hospital District, a political entity of the State of Texas (hereinafter referred to as “District”) and CABA THERAPY SERVICES dba PHYSIO. (hereinafter referred to as “Provider”).

RECITALS

WHEREAS, the District is a hospital district located in Chambers County, Texas and governed by of Article IX, Section 9 of the Texas Constitution and Chapter 286 of the Texas Health & Safety Code, and is subject to the terms and conditions of the Texas Indigent Health Care and Treatment Act (Texas Health & Safety Code Ch. 61); and

WHEREAS, in accordance with its mission and statutory requirements, WSHD is obligated to assume full responsibility for providing basic medical and hospital care for its Indigent inhabitants without charge as set forth in Chapter 61 of the Texas Health and Safety Code. *See* Tex. Const. Art. IX, § 9 (2014) (emphasis added); Tex. Health & Safety Code §§ 286.073, 286.082, and 61.052(a).Tex. Att’y. Gen. Op. No.JM-858 (1988); and Tex. Att’y. Gen. Op. No. JC-0220 (2000); and

WHEREAS, in addition to the basic medical and hospital care required by Chapter 61 of the Texas Health and Safety Code, the District is authorized to provide “Optional Health Care Services. *See* Tex. Health & Safety Code §. 61.0285; and

WHEREAS, the District is empowered by Sec. 61.056 the Texas Health and Safety Code (the “Indigent Healthcare and Treatment Act”) to arrange to provide health care services through contracts with public or private healthcare providers; and

WHEREAS, to perform its statutory duties of proving healthcare to the District’s needy, the District’s Board of Directors has adopted an Indigent Care Assistance Program (“ICAP”) and residents of the District enrolled in the ICAP program are referred to as “Clients” and the “Indigent Care Director” oversees and is responsible for the ICAP program. and

WHEREAS, during the October 18, 2023 Regular Meeting, the District’s Board unanimously agreed to authorize the President to execute a Healthcare Provider agreement with the Provider to provide Physical Therapy services.

THEREFORE, BE IT RESOLVED THAT, the Provider and the District enter into this Agreement in consideration of the mutual promises herein contained, the parties agree as follows:

1. District’s Responsibilities.

- Upon qualification by the District’s ICAP Client for healthcare services by the Provider, the District’s, the District’s Indigent Care Director will submit a prior authorization to the Provide for healthcare services.

- The District’s ICAP Client is responsible for scheduling the appointment(s) with the Provider but all appointments, and transportation, if necessary, will be confirmed by the District with the Client and the Provider twenty-four hours in advance of an upcoming appointment.
- If the District’s ICAP Client fails to attend the previously scheduled appointment, the District agrees to pay the Provider a flat fee of \$35 per patient or simply state per appointment.
- Upon receipt of an invoice for providing the pre-approved healthcare services to the Client, the District shall pay the invoice within a timely manner as set forth in Section (5) of this Agreement.

2. **Provider’s Responsibilities.**

- Provide Physical Therapy (“referred to as “healthcare” or “healthcare services”).
- Perform such services, in strict accordance with currently approved and accepted methods and practices of a Physical Therapist as a Physical Therapy Provider.
- Provide services in a professional, timely and competent manner, and to comply with all applicable procedures, policies, and requirements of District, including, but not limited to establishing a process to document clients and to verify residency requirements of the children receiving services pursuant to this agreement.
- Provide such services as may be requested by District and as needed to discharge the duties and obligations of this Agreement.
- Invoice the District on a timely manner, but no later than thirty (30) days after each appointment.

3. **Prior Authorization and Annual Spending Caps.**

- A. **Prior Authorization.** Provider agrees that before providing any Healthcare to the District’s ICAP Client, the Provider will receive written authorization defining: 1) the scope of the services to be performed; and 2) the approved compensation rate for the services.
- B. **Spending Caps.** The maximum amount allowed to be paid to Provider per patient per annum is \$2,500.00. If the needed services exceed \$2,500.00, prior approval must be obtained from the Indigent Care Director.

4. **Prior Authorization.** Provider agrees that before providing any Healthcare to the District's ICAP Client, the Provider will receive written authorization defining: 1) the scope of the services to be performed; and 2) the approved compensation rate for the services.
5. **Contract Rate.** Provider shall be compensated for services performed under this Agreement at the current Texas Medicaid Rate for the CPT code being billed. Provider shall be paid only for work actually performed by Provider under the terms of this Agreement, and Provider shall not be entitled to any additional compensation or other benefits of any kind.
6. **Billing.** Provider shall invoice District each month, which invoice shall be due and payable 30 days from receipt. Invoices should be sent to the following District individual by way of first-class mail or fax:

Winnie-Stowell Hospital District c/o Indigent Care Director
P.O. Box 1997
Winnie, Texas
77665 or
Fax: (409) 400-4023
7. **Term.** This Agreement shall be effective for a term of one (1) year beginning on _____, _____ unless terminated earlier in accordance with this Agreement. Thereafter, the contract may be extended on an annual basis if approved by the District's Board as part of its proposed budget adopted at the December regular meeting.
8. **Termination.** Either party may terminate this Agreement by providing thirty (30) days prior, written notice to the other party at any time. Additionally, either party may terminate this Agreement immediately as a result of a breach of any of the provisions or terms of this Agreement by the other party if the breaching party fails, after ten (10) days written notice, to cure such breach to the reasonable satisfaction of the non-breaching party. District may terminate this Agreement immediately if any of the representations of Provider in paragraphs 3, 4 or 8 of this Agreement become untrue.
9. **Independent Contractor.** Provider agrees to provide the professional services described herein as an independent contractor. It is mutually understood and agreed that Provider is at all times acting and performing these duties and functions in the capacity of an independent contractor; that District shall neither have nor exercise any control or direction over the methods by which Provider performs his or her services, nor shall District and Provider be deemed partners. District shall have the right to determine what services shall be provided, but not the manner in which services shall be provided. It is expressly agreed by the parties hereto that no work, act, commission or omission by Provider pursuant to the terms and conditions of this Agreement shall be construed to make or render Provider the agent, employee or servant of District. Provider shall be responsible for the payment of all federal, state, and local taxes incurred as a result of this Agreement, and further agrees to indemnify and hold District harmless from the same.
10. **Licensure and Professional Liability Insurance.** As a condition of this Agreement, the Provider shall maintain all applicable licenses and certification requirements and shall at all

times during the term of this Agreement, meet all requirements of the State of Texas or other regulatory entity for such licensing, certification or credentialing. Provider shall maintain, in force, throughout the term of this Agreement such policies of professional liability insurance as shall be required to qualify Provider for coverage under the State of Texas Medical Malpractice statutes, and to insure Provider against any claim or claims for damage arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance or any service provided hereunder in such amount as shall be required from time to time under the statute. Provider shall demonstrate two (2) proofs of such insurance coverage by providing District with the applicable certificate or policy.

11. **Representations of Provider.** Provider represents and warrants that, except as previously disclosed in writing to District, the following are true with respect to each Provider (if applicable):
 - A. Provider's license or certification in any state has never been suspended, revoked, restricted, or deemed to be probationary;
 - B. Provider has never been reprimanded, sanctioned, or disciplined by any licensing or accrediting board;
 - C. There has never been entered against Provider a final judgment in a professional liability action and no action, based on an allegation of professional liability or malpractice by the Provider has ever been settled by payment to the plaintiff;
 - D. Provider has never been denied membership or reappointment of membership on the medical staff of any hospital, and no clinical privileges of the Provider have ever been suspended, curtailed, or revoked; and
 - E. As of the date hereof, Provider has not been the subject of any report or disclosure submitted to the National Practitioner Data Bank.
12. **Compliance with Laws.** Provider agrees to comply with all federal and state laws or regulations applicable to the services to be provided under this Agreement. The parties further agree that they will protect and secure the privacy and confidentiality of patient information and will comply with the requirements contained in the attached. (*See Exhibit "B"*).
13. **Debarment.** Provider represents and warrants that Provider has never been sanctioned by the State of Texas or barred from any federal or state procurement programs or convicted of a criminal offense with respect to health care reimbursement. Provider shall notify District immediately if the foregoing representation becomes untrue, or if Provider is notified by the State of Texas or other enforcement agencies that an investigation has begun which could lead to such sanction, debarment, or conviction.
14. **Confidentiality.** The parties hereby acknowledge and agree that the terms of this Agreement shall be kept confidential and that neither party shall disclose matters related to this Agreement without the expressed written consent of the other party, unless required to disclose such

information by statute, regulation or court order. In addition, during the term of this Agreement, each of the parties hereto may receive intentionally or unintentionally certain proprietary and confidential information (which may include confidential medical information and records) not otherwise a part of public domain through no fault of a party hereto (“Proprietary Information”), the disclosure of which would be extremely detrimental to the business affairs of the other. Therefore, each of the parties hereto (for itself and its employees, agents and representatives) agrees to keep the Proprietary Information of the other in the strictest confidence and each agrees not to duplicate any Proprietary Information of the other and not to directly or indirectly divulge, disclose, reveal, report or transfer such Proprietary Information without the prior written consent of the other. This provision shall survive the termination of this Agreement.

15. **Indemnity.** PROVIDER AGREES TO INDEMNIFY AND HOLD HARMLESS DISTRICT, ITS EMPLOYEES, OFFICERS, AGENTS AND REPRESENTATIVES FROM AND AGAINST ANY LOSSES, COSTS, DAMAGES, AND EXPENSES RESULTING FROM ANY AND ALL CLAIMS ARISING OUT OF THE PROVIDER’S SERVICES UNDER THIS AGREEMENT. ____ (Initial).
16. **Notice.** Any notice required to be provided to any party to this Agreement shall be considered effective as of the date an electronical mail (i.e., e-mail) was sent; or the date deposit with the United States Postal Service by certified or registered mail, postage prepaid, return receipt and addressed to the party at the following address:

If to Provider:

CABA THERAPY SERVICES dba PHYSIO
3818 Decker Dr.
Baytown, TX 77520
Phone: (281) 424-7557, Ext 150
Fax: (281) 424-7567
Email: tbalcerak@physiostaff.com

If to District:

Winnie-Stowell Hospital District c/o
Indigent Care Director
P.O. Box 1997
Winnie, Texas 77665
Fax: (409) 400-4023

17. **Governing Law and Venue.** The validity, construction and effect of this Agreement, and all extensions and modifications thereof, shall be construed in accordance with the laws of the State of Texas without regard to its choice of law rules, and Chambers County, Texas shall be the exclusive venue for any suit, litigation or alternate dispute resolution brought pursuant to this Agreement.

18. **Dispute Resolution and Waiver of Jury Trial.** Prior to the commencement of a lawsuit by either party to this agreement, the Parties agree to mediate any dispute that may arise resulting from this Agreement or services provided. In the event that the Parties to this Agreement are not able to resolve their differences at mediation, the Parties agree to waive their right to a jury trial and have the dispute decided on by a District Court judge in Chambers, County, Texas.
19. **Medical Records.**
 - A. Provider agrees to complete all required charting in the medical record in a prompt and timely manner and in accordance with any applicable policies and procedure of required by the requisite licensing agency and the District. A copy of the District's Document Retention Policy is set forth in **Exhibit "C"**.
 - B. The ownership and right of control of all reports, records and supporting documents prepared in connection with the services contemplated herein shall vest exclusively with District and shall remain, at all times, at the District's office; provided, however, that Provider shall have such right of access to such reports, records and supporting documentation as necessary for the provision of professional services hereunder.
20. **No Assignment.** Neither this Agreement nor any rights or obligations hereunder shall be assigned by either party without the prior written consent of the non-assigning party.
21. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties with respect to the matters contained herein, and supersedes any and all other discussions, statements and understandings regarding such matters. This Agreement shall be amended only upon the execution of a written agreement by both parties hereto. Any attempt to amend or modify this Agreement in any manner other than by written instrument executed by the parties shall be void.
22. **No Third-Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or permitted assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever.
23. **Miscellaneous.**
 - A. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.
 - B. Each party to this Agreement acknowledges that no representations, inducements, promises or agreements, orally or otherwise, have been made by either party, or anyone acting on behalf of either party, which are not embodied herein, and that no

other arrangement, statement or promise not contained in this Agreement shall be valid or binding.

- C. In addition to those remedies provided for herein, both parties shall have available all remedies provided by law.

{SIGNATURE PAGE TO FOLLOW}

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Agreement.

WINNIE STOWELL HOSPITAL DISTRICT

CABA THERAPY SERVICES, DBA
PHYSIO

By: _____

Tracey Balcerak

Printed: Edward Murrell, Board President

By:
Printed: Tracey Balcerak, Practice
Administrator

Exhibit "A"
Business Associate Agreement

HIPAA BUSINESS ASSOCIATE AGREEMENT

This HIPAA Business Associate Agreement is made the _____ day of _____, 20__ ("Effective Date"), by and between CABA THERAPY SERVICES dba PHYSIO. ("Covered Entity"); and Winnie Stowell Hospital District, a political subdivision of the State of Texas ("Business Associate" or "District").

ARTICLE 1-Applicability

- 1.1 Business Associate has entered into a Service Agreement to allow the Covered Entity to provide PHYSICAL THERAPY to any eligible resident that that resides in the District and is approved for the WSHD Indigent Care Assistance Program. During the course of the performance of such services, Business Associate may have access to certain individually identifiable health information maintained by Covered Entity. This Agreement applies to all present and future contracts and relationships between Covered Entity and Business Associate, written or unwritten, formal or informal, in which Covered Entity provides any Protected Health Information to Business Associate in any form whatsoever. As of the Effective Date, this Agreement automatically amends all existing agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, including the Main Agreement. This Agreement shall automatically be incorporated in all subsequent agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, in which a business associate relationship exists, whether or not specifically referenced therein. In the event of any conflict or inconsistency between the provisions of this Agreement and the provisions of any other agreement between Business Associate and Covered Entity, the provisions of this Agreement shall control unless Covered Entity specifically agrees to the contrary in writing.
- 1.2 Business Associate acknowledges that the provisions of the Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009 imposes certain privacy and security obligations on Business Associate under the HITECH Act and under existing privacy and security standards at 45 Code of Federal Regulations Parts 160 and 164, as amended.

ARTICLE 2--Terms Used in this Agreement

- 2.1 "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended by Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009, and codified at 45 Code of Federal Regulations Parts 160 and 164.
- 2.2 "Privacy Rule" shall mean those rules and standards in 45 CFR Part 164, Subpart E.
- 2.3 "Security Rule" shall mean those rules and standards in 45 CFR Part 164, Subpart C.

- 2.4 “Breach Notification Rule” shall mean those rules and standards in 45 CFR Part 164, Subpart D.
- 2.5 “Business Associate” shall generally have the same meaning as the term “Business Associate” at 45 CFR 160.103, and in this Agreement shall mean Winnie Stowell Hospital District, a political entity of the State of Texas, and its directors, officers, employees, contractors and agents.
- 2.6 “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.130, and in this Agreement shall mean CABA THERAPY SERVICES dba PHYSIO, and includes directors, officers, employees, volunteers, and contractors employed by or working for CABA THERAPY SERVICES dba PHYSIO.
- 2.7 Catch-All Definition. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
- 2.8 Capitalized terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the HIPAA Rules.

ARTICLE 3-Obligations of Business Associate

- 3.1 **Obligations.** Business Associate agrees to:
- 3.1.1 Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- 3.1.2 Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
- 3.1.3 Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
- 3.1.4 In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information; Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.524;

- 3.1.5 Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;
- 3.1.6 Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;
- 3.1.7 To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
- 3.1.8 Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

3.2 Permitted Uses and Disclosures by Business Associate.

- 3.2.1 Business Associate may only use or disclose protected health information as necessary to perform the services set forth in Agreement.
- 3.2.2 Business Associate may use or disclose protected health information as required by law.
- 3.2.3 Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
- 3.2.4 Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.
- 3.2.5 Business Associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- 3.2.6 Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

3.2.7 Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

ARTICLE 4-Privacy Practices and Restrictions

- 4.1 Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.
- 4.2 Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.
- 4.3 Covered Entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

Article 5-Permissible Requests by Covered Entity

- 5.1 Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

Article 6-Term and Termination

- 6.1 **Term.** The Term of this Agreement shall begin upon the Effective Date and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or if it is infeasible to return or destroy Protected Health Information, protections are extended to such information.
- 6.2 **Destruction of PHI.** At the termination of the Agreement for whatever reason, Business Associate agrees to return or destroy all Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity and will not retain any copies. If return or destruction is not feasible, Business Associate agrees to an extension of the protections of this Agreement for as long as necessary to protect Covered Entity's Protected Health Information and to limit further uses and disclosures to those purposes that make the return or destruction of Covered Entity's Protected Health Information unfeasible.
- 6.3 **Consequences of Breach by Business Associate.** On Covered Entity's learning of a material breach of this Agreement by Business Associate, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. If Business Associate does not cure the breach or end the violation within fourteen (14) days of being notified by Covered Entity, or if cure or ending the violation is not possible, Covered Entity

may terminate this Agreement and those portions of the Main Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if non-severable, the Main Agreement.

ARTICLE 7-Miscellaneous

- 7.1 **Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA and its applicable implementing regulation.
- 7.2 **Notices.** All notices pursuant to this Agreement must be given in writing and shall be effective when received if hand-delivered or sent by facsimile or upon dispatch if sent by a reputable overnight delivery service or by U.S. Mail, certified, return receipt requested and addressed as follows:

To Covered Entity:

CABA THERAPY SERVICES dba PHYSIO
3818 Decker Dr.
Baytown, TX 77520
Phone: (281) 424-7557, Ext 150
Fax: (281) 424-7567
Email: tbalcerak@physiostaff.com

To Business Associate:

Winnie-Stowell Hospital
District c/o Indigent Care
Director
P.O. Box 1997
Winnie, Texas 77665
Fax: (409) 400-4023

- 7.3 **Change in Law.** On the enactment of any federal law or regulation, or law or regulation of any state to whose jurisdiction Covered Entity is subject, affecting the use or disclosure of Covered Entity's Protected Health Information, or on the publication of any decision of a court of the United States or of any state to whose jurisdiction Covered Entity is subject relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, Covered Entity may, by written notice to Business Associate, amend this Agreement in such manner as Covered Entity determines necessary to comply with such law or regulation. If Business Associate disagrees with any such amendment, it shall so notify Covered Entity in writing within thirty (30) days of receipt of Covered Entity's notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate this Agreement and those portions of the Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if non-severable, the Agreement by written notice to the other.

7.4 **Jurisdiction and Venue.** This Agreement is governed by the laws of the State of Texas and the federal government. Venue shall be in Chambers County, Texas.

7.5 **Severability.** In the event that any provision of this Agreement violates any applicable statute, ordinance or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

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

COVERED ENTITY:

By: Tracey Balcerak

Printed: Tracey Balcerak, Practice Administrator

BUSINESS ASSOCIATE:

By: _____ WINNIE-STOWELL HOSPITAL DISTRICT

Printed: Edward

Murrell Title: President

Exhibit "B"
WSHD Document Retention Policy

Exhibit “F”



October 18, 2023

To: Winnie-Stowell Hospital District Board of Directors
From: Kaley Smith, CEO; Coastal Gateway Health Center
Re: Landscaping Bids

Discussion:

The health center is recommending landscaping to make the new site look more presentable, inviting and professional. The health center sought bids/quotes from various companies in the area. See the attached document titled 'Landscaping Information' that provided the general details of the project. There were three companies (individuals) that responded and provided a quotes/bids, below under the pricing section (and attached documents):

Pricing:

	Irrigation as part of pricing	Total Cost (including irrigation)
Jimenez, Venancio 'Nacho'	N	\$ 5,700.00
Arteaga, Teo	Y	\$ 7,700.00
Breaux, Russell	N	\$ 8,245.00

Recommendation:

The recommendation is to approve **Teo Arteaga** for the landscaping project (including the irrigation) in the amount of **\$7,700**.

Landscaping Information

Coastal Gateway Health Center is seeking bids/quotes for basic landscaping at its location at 2584 SH 124, Winnie, Texas 77665. Please provide detailed information for the two items below. It is important to note that the clinic does not currently have any exterior faucets for watering grass/plants.

Provide information on adding edging (117' length by 5-6' wide) for a flower bed in front of clinic, along the front part of the cement driveway and along the front side of the building. Please include pricing for rock overlay material, and low-maintenance plants. Please include total price for material and labor. Can also provide pricing for mulch in lieu of rock for the overlay.



Provide information on laying 10 pallets of grass in front section of clinic site. Please include the total price for material and labor.



Deadline

All bids/quotes are due by Friday, October 13th and submitted in person or by email to admin@coastalgatewayhc.org. For questions, please call 409.296.4444.

Quote

Venancio 'Nacho' Jimenez 409.543.9490

Landscaping Estimate

\$3,200 for materials and labor for flower beds

\$2,500 for 10 pallets of grass and labor

\$5,700 Total

Quote

Teo Arteaga 409.790.4702

Landscaping Estimate

\$2,500 sprinkler

\$2,800 landscaping

\$2,400 grass

Total: \$7,700 (labor included in the above amounts)



Bid for
Coastal Gateway Health Center
10/10/23

Landscaping bid to include the following:

One - 150' by 3.5' landscape bed. The bed will include ground cover for weed control, white rock, black mulch and 30 - 3-gallon Azalea plants.

10 pallets of freshly cut sod to be delivered and laid from the front facing road area to the back porch area.

Total Bid price: \$8,245.00

Conditions of bid: 50% of bid price paid upon approval of bid remaining 50% paid after all work is completed.

Notes of bid:

1. Sod season is just starting and to have fresh cut sod it will be a 3 to 4 week wait period for delivery.
2. This bid pricing is good for 30 days of dated bid.

If you have any questions, please contact:
Russell Breaux, Owner at 409-656-5918

Thank you for your consideration of this bid.



October 18, 2023

To: Winnie-Stowell Hospital District Board of Directors
From: Kaley Smith, CEO; Coastal Gateway Health Center
Re: Landscaping Bids

Discussion:

The health center is recommending landscaping to make the new site look more presentable, inviting and professional. The health center sought bids/quotes from various companies in the area. See the attached document titled 'Landscaping Information' that provided the general details of the project. There were three companies (individuals) that responded and provided a quotes/bids, below under the pricing section (and attached documents):

Pricing:

	Irrigation as part of pricing	Total Cost (including irrigation)
Jimenez, Venancio 'Nacho'	N	\$ 5,700.00
Arteaga, Teo	Y	\$ 7,700.00
Breaux, Russell	N	\$ 8,245.00

Recommendation:

The recommendation is to approve **Teo Arteaga** for the landscaping project (including the irrigation) in the amount of **\$7,700**.

Landscaping Information

Coastal Gateway Health Center is seeking bids/quotes for basic landscaping at its location at 2584 SH 124, Winnie, Texas 77665. Please provide detailed information for the two items below. It is important to note that the clinic does not currently have any exterior faucets for watering grass/plants.

Provide information on adding edging (117' length by 5-6' wide) for a flower bed in front of clinic, along the front part of the cement driveway and along the front side of the building. Please include pricing for rock overlay material, and low-maintenance plants. Please include total price for material and labor. Can also provide pricing for mulch in lieu of rock for the overlay.






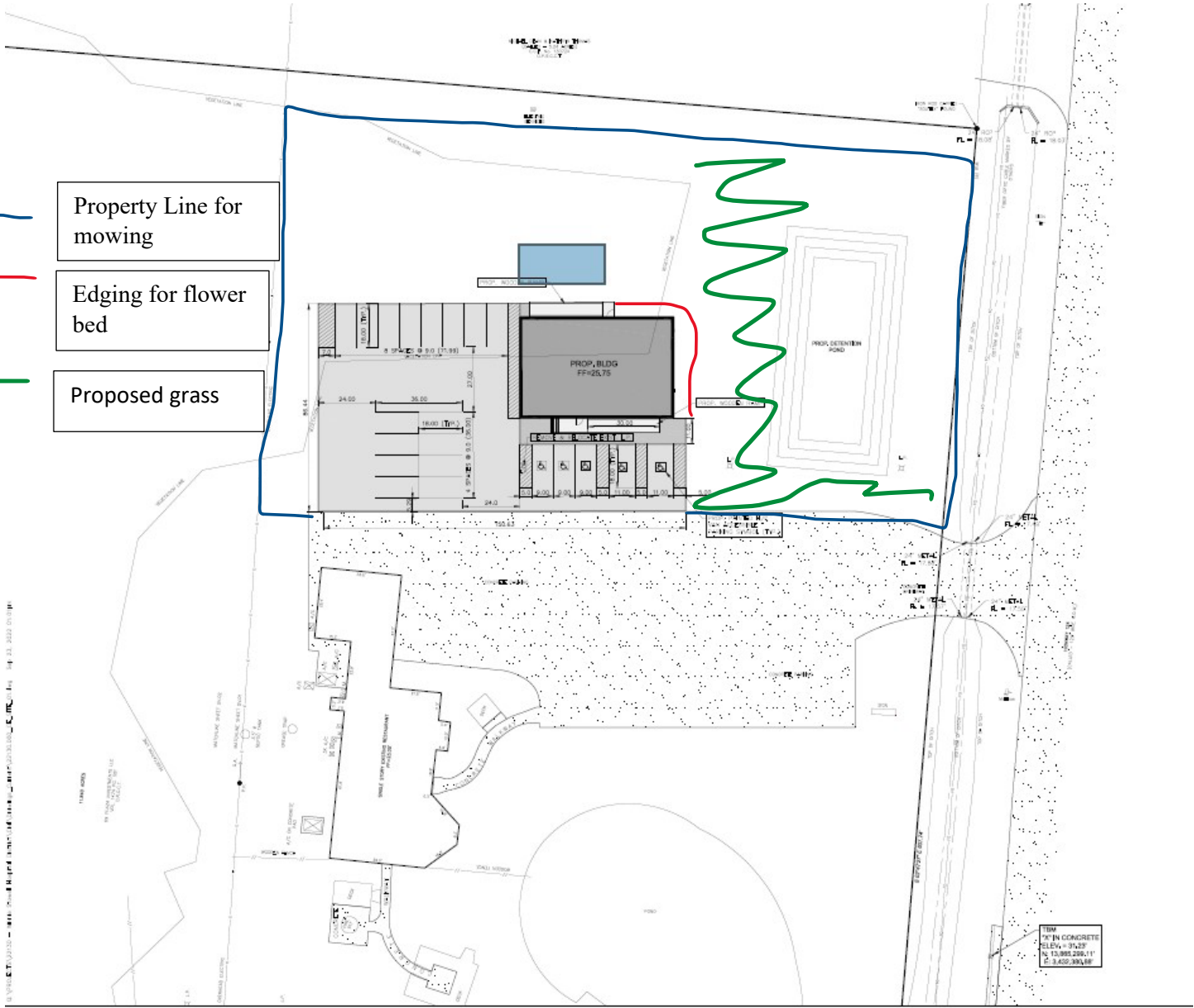
Provide information on laying 10 pallets of grass in front section of clinic site. Please include the total price for material and labor.



Deadline

All bids/quotes are due by Friday, October 13th and submitted in person or by email to admin@coastalgatewayhc.org. For questions, please call 409.296.4444.

-  Property Line for mowing
-  Edging for flower bed
-  Proposed grass



Quote

Venancio 'Nacho' Jimenez 409.543.9490

Landscaping Estimate

\$3,200 for materials and labor for flower beds

\$2,500 for 10 pallets of grass and labor

\$5,700 Total

Quote

Teo Arteaga 409.790.4702

Landscaping Estimate

\$2,500 sprinkler

\$2,800 landscaping

\$2,400 grass

Total: \$7,700 (labor included in the above amounts)



Bid for
Coastal Gateway Health Center
10/10/23

Landscaping bid to include the following:

One - 150' by 3.5' landscape bed. The bed will include ground cover for weed control, white rock, black mulch and 30 - 3-gallon Azalea plants.

10 pallets of freshly cut sod to be delivered and laid from the front facing road area to the back porch area.

Total Bid price: \$8,245.00

Conditions of bid: 50% of bid price paid upon approval of bid remaining 50% paid after all work is completed.

Notes of bid:

1. Sod season is just starting and to have fresh cut sod it will be a 3 to 4 week wait period for delivery.
2. This bid pricing is good for 30 days of dated bid.

If you have any questions, please contact:
Russell Breau, Owner at 409-656-5918

Thank you for your consideration of this bid.