

EXHIBIT “A”

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		2023 YTD	2023 Budget (Amendment 1)	2024 Original Budget (DRAFT)	2024 NEW Budget (DRAFT)	Difference between Original Draft and New Draft 2024	% Change between Original and New Draft 2024
4	Revenue						
5	400 Sales Tax Revenue	\$ 862,298.27	\$ 770,000.00	\$ 850,000.00	\$ 850,000.00	\$ -	0.00%
6	405 Investment Income	\$ 279,129.80	\$ 260,000.00	\$ 150,000.00	\$ 150,000.00	\$ -	0.00%
7	407 Rent-Highway 124	\$ 38,500.00	\$ 69,500.00	\$ 42,000.00	\$ 42,000.00	\$ -	0.00%
8	409 Tobacco Settlement	\$ 14,398.30	\$ 16,000.00	\$ 15,000.00	\$ 15,000.00	\$ -	0.00%
9	410 Hosp Uncomp. Care Repayment	\$ 887,145.38	\$ 1,034,997.04	\$ 591,426.96	\$ -	\$ (591,426.96)	-100.00%
10	415 Nursing Home-QIPP Programs	\$ 62,764,342.37	\$ 63,743,179.72	\$ 86,889,790.06	\$ 93,098,874.94	\$ 6,209,084.88	7.15%
11	Total Income	\$ 64,845,814.12	\$ 65,893,676.76	\$ 88,538,217.02	\$ 94,155,874.94	\$ 5,617,657.92	6.34%
12							
13	Expenses						
14	500 Admin-Administrative Salary	\$ 73,902.57	\$ 80,312.00	\$ 105,000.00	\$ 105,000.00	\$ -	0.00%
15	502 Admin-Administrative Assnt	\$ 11,109.50	\$ 13,000.00	\$ 35,000.00	\$ 35,000.00	\$ -	0.00%
16	503 Admin - Staff Incentive Pay	\$ -	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ -	0.00%
17	504 Admin-Administrative PR Tax	\$ 9,039.52	\$ 10,025.00	\$ 16,800.00	\$ 16,800.00	\$ -	0.00%
18	505 Admin-Board Bonds	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	\$ -	0.00%
19	515 Admin-Bank Service Charges	\$ 1,151.77	\$ 1,400.00	\$ 1,400.00	\$ 1,400.00	\$ -	0.00%
20	521 Professional Fees - Acctng	\$ 8,000.83	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00	\$ -	0.00%
21	522 Professional Fees-Auditing	\$ 44,000.00	\$ 44,000.00	\$ 30,000.00	\$ 30,000.00	\$ -	0.00%
22	523 Professional Fees - Legal	\$ 35,680.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ -	0.00%
23	550 Admin-D&O / Liability Ins.	\$ 15,681.26	\$ 16,000.00	\$ 16,000.00	\$ 16,000.00	\$ -	0.00%
24	560 Admin-Cont Ed. Travel	\$ -	\$ 2,500.00	\$ 5,250.00	\$ 5,250.00	\$ -	0.00%
25	562 Admin-Travel&Mileage Reimb.	\$ 5,260.08	\$ 5,250.00	\$ 2,500.00	\$ 2,500.00	\$ -	0.00%
26	569 Admin-Meals	\$ 1,390.03	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ -	0.00%
27	570 Admin-District/County Prom	\$ -	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ -	0.00%
28	571 Admin-Office Supp. & Exp.	\$ 6,211.38	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ -	0.00%
29	572 Admin-Web Site	\$ 645.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ -	0.00%
30	573 Admin-Copier Lease/Contract	\$ 2,771.23	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ -	0.00%
31	575 Admin-Cell Phone Reimburse	\$ 1,650.00	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ -	0.00%
32	576 Admin-Telephone/Internet	\$ 3,119.90	\$ 3,500.00	\$ 3,500.00	\$ 3,500.00	\$ -	0.00%
33	577 Admin Dues	\$ 1,895.00	\$ 1,895.00	\$ 1,895.00	\$ 1,895.00	\$ -	0.00%
34	591 Admin-Notices & Fees	\$ 2,684.40	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ -	0.00%
35	592 Admin Office Rent	\$ 3,740.00	\$ 4,080.00	\$ 4,080.00	\$ 4,080.00	\$ -	0.00%
36	593 Admin-Utilities	\$ 2,979.95	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ -	0.00%
37	594 Admin-Casualty & Windstorm	\$ -	\$ 2,800.00	\$ 2,800.00	\$ 2,800.00	\$ -	0.00%
38	597 Admin-Flood Insurance	\$ -	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ -	0.00%
39	598 Admin-Building Maintenance	\$ 7,184.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ -	0.00%
40	Total Admin Expenses	\$ 238,346.42	\$ 313,112.00	\$ 352,575.00	\$ 352,575.00	\$ -	0.00%
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43	600 IC Healthcare Expenses						
44	601 IC Provider Expenses						
45	601.01a IC Pmt to Hosp-Indigent	\$ 426,652.60	\$ 435,700.00	\$ 435,700.00	\$ 435,700.00	\$ -	0.00%
46	601.01b IC Pmt to Coastal (Ind)	\$ -	\$ 147,316.76	\$ 25,000.00	\$ 25,000.00	\$ -	0.00%

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47	601.01c IC Pmt to Thompson	\$ 15,502.63	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00	\$ -	0.00%
48	601.02 IC Pmt to UTMB	\$ 232,510.75	\$ 300,000.00	\$ 300,000.00	\$ 300,000.00	\$ -	0.00%
49	601.03 IC-Special Programs						
50	601.03a Dental	\$ 20,665.76	\$ 24,000.00	\$ 24,000.00	\$ 24,000.00	\$ -	0.00%
51	601.03b IC Vision	\$ 1,035.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ -	0.00%
52	601.04 IC-Non Hosp Cost-Other	\$ 27,902.02	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ -	0.00%
53	601.05 IC - Charity Care Prog	\$ -	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ -	0.00%
54	Total 601.03 IC-Non Hosp-Specl Pro	\$ 49,602.78	\$ 85,500.00	\$ 85,500.00	\$ 85,500.00	\$ -	0.00%
55	601 IC Provider Expenses Total	\$ 724,268.76	\$ 986,516.76	\$ 864,200.00	\$ 864,200.00	\$ -	0.00%
56	602 IC-WCH 1115 Waiver UC/IGT Prog	\$ 123,573.14	\$ 129,340.00	\$ 129,340.00	\$ 129,340.00	\$ -	0.00%
57	603 IC-Pharmaceutical Costs	\$ 52,408.04	\$ 56,650.00	\$ 56,650.00	\$ 56,650.00	\$ -	0.00%
58	605 IC-Office Supplies/Postage	\$ 171.99	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ -	0.00%
59	611 IC-Indigent Care Dir Salary	\$ 59,845.37	\$ 65,264.00	\$ 45,000.00	\$ 45,000.00	\$ -	0.00%
60	612 IC-Payroll Taxes -Ind Care	\$ 2,127.72	\$ 5,125.00	\$ 5,125.00	\$ 5,125.00	\$ -	0.00%
61	612 IC-Contract Services			\$ 75,000.00	\$ 75,000.00	\$ -	0.00%
62	615 IC-Software	\$ 14,027.00	\$ 13,308.00	\$ 14,500.00	\$ 14,500.00	\$ -	0.00%
63	616 IC-Travel	\$ 354.14	\$ 600.00	\$ 600.00	\$ 600.00	\$ -	0.00%
64	617 Youth Programs				\$ -	\$ -	
65	617.01 Youth Counseling	\$ 10,625.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ -	0.00%
66	617.02 Irlen Program	\$ -	\$ 600.00	\$ 600.00	\$ 600.00	\$ -	0.00%
67	Total 617 Youth Programs	\$ 10,625.00	\$ 25,600.00	\$ 25,600.00	\$ 25,600.00	\$ -	0.00%
68	Total 600 - IC Healthcare Expenses	\$ 987,401.16	\$ 1,284,403.76	\$ 1,218,015.00	\$ 1,218,015.00	\$ -	0.00%
69							
70	620 Grants						
71	620.01 WCH/RMC						
72	620.01a Hosp Uncomp. Care Repayment	\$ 890,281.72	\$ 1,034,997.04	\$ 591,426.96	\$ -	\$ (591,426.96)	-100.00%
73	620.01b WCH/RMC - Other	\$ 260,765.96	\$ 260,765.96	\$ 300,000.00	\$ 300,000.00	\$ -	0.00%
74	Total WCH/RMC	\$ 1,151,047.68	\$ 1,295,763.00	\$ 891,426.96	\$ 300,000.00	\$ (591,426.96)	-66.35%
75	620.03 WSVEMS	\$ 125,478.12	\$ 168,800.00	\$ 152,774.40	\$ 152,774.40	\$ -	0.00%
76	620.05 East Chambers ISD Partnersh	\$ 231,616.90	\$ 253,693.56	\$ 253,693.56	\$ 253,693.56	\$ -	0.00%
77	620.06 FOHC(Coastal)	\$ 1,077,939.37	\$ 1,207,939.37	\$ 1,001,803.00	\$ 1,001,803.00	\$ -	0.00%
78	620.07 Marcelous Williams	\$ 57,590.11	\$ 57,742.12	\$ 77,590.00	\$ 77,590.00	\$ -	0.00%
79	620.08 Future Grants			\$ 209,139.04	\$ 209,139.04	\$ -	0.00%
80	620.09 Admin-Cont Ed-Med Pers.	\$ 4,847.34	\$ 3,975.00	\$ 5,000.00	\$ 5,000.00	\$ -	0.00%
81	Total 620 WSHD - Grants	\$ 2,648,519.52	\$ 2,987,913.05	\$ 2,591,426.96	\$ 2,000,000.00	\$ (591,426.96)	-22.82%
82							
83	630 NH Program						
84	630 NH Program-Mgt Fees	\$ 19,198,414.11	\$ 20,245,345.12	\$ 31,054,962.66	\$ 34,887,661.12	\$ 3,832,698.46	12.34%
85	631 NH Program-IGT	\$ 26,105,990.39	\$ 28,676,162.02	\$ 42,419,202.68	\$ 43,153,006.29	\$ 733,803.61	1.73%
86	632 NH Program-Telehealth Fees	\$ 266,333.95	\$ 300,870.04	\$ 300,870.04	\$ 300,870.04	\$ -	0.00%
87	633 NH Program-Acctg Fees	\$ 72,007.42	\$ 73,225.00	\$ 85,000.00	\$ 85,000.00	\$ -	0.00%
88	634 NH Program-Legal Fees	\$ 289,544.73	\$ 350,000.00	\$ 350,000.00	\$ 350,000.00	\$ -	0.00%
89	635 NH Program-LTC Fees	\$ 2,784,000.00	\$ 3,078,000.00	\$ 4,008,000.00	\$ 4,938,000.00	\$ 930,000.00	23.20%
90	637 NH Program-Interest Expense	\$ 3,198,226.67	\$ 3,253,606.36	\$ 3,043,548.33	\$ 3,043,548.33	\$ -	0.00%
91	638 NH Program-Loan/Bank Fees	\$ 710,484.41	\$ 710,500.00	\$ 655,734.76	\$ 655,734.76	\$ -	0.00%

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92	639 NH Program-Appraisal	\$ 49,029.25	\$ 49,030.00	\$ 96,000.00	\$ 96,000.00	\$ -	0.00%
93	Total 630 NH Program	\$ 52,674,030.93	\$ 56,736,738.54	\$ 82,013,318.47	\$ 87,509,820.54	\$ 5,496,502.06	6.70%
94							
95	674 Property Acquisition	\$ 647,166.48	\$ 650,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ -	0.00%
96	675 HWY 124 Expenses						
97	675.01 Tony's BBO Bldg Expenses	\$ -	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ -	0.00%
98	675.02 Clinic Expenses	\$ -	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ -	0.00%
99	675.03 Clinic Property Insurance	\$ 17,403.92	\$ 17,405.00	\$ 17,405.00	\$ 17,405.00	\$ -	0.00%
100	Total 675 HWY 124 Expenses	\$ 17,403.92	\$ 52,405.00	\$ 52,405.00	\$ 52,405.00	\$ -	0.00%
104							
105	Total Expense	\$ 57,212,868.43	\$ 62,024,572.35	\$ 88,427,740.43	\$ 93,332,815.54	\$ 4,905,075.10	5.55%
106	Total Ordinary Income	\$ 7,632,945.69	\$ 3,869,104.41	\$ 110,476.59	\$ 823,059.41	\$ 712,582.82	645.01%

A	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	
33	QIPP Summary by IGT													
34	Loan Received	\$16,014,433	\$13,057,329	\$29,071,762		\$15,421,033	\$15,421,033	\$30,842,066		\$32,786,738	\$32,786,738	\$65,573,476		
35	110% IGT Out	(\$16,014,433)	(\$13,057,329)	(\$29,071,762)		(\$15,421,033)	(\$15,421,033)	(\$31,270,331)		(\$32,786,738)	(\$32,786,738)	(\$65,573,476)		
36	Total Component 1 Payments	\$15,031,765	\$15,031,765	\$30,063,530		\$15,545,638	\$18,839,316	\$34,384,954		\$33,393,900	\$33,393,900	\$66,787,800		
37	Loan Repayment	(\$16,014,433)	(\$13,057,329)	(\$29,071,762)		(\$15,421,033)	(\$15,421,033)	(\$30,842,066)		(\$32,786,738)	(\$32,786,738)	(\$65,573,476)		
38	IGT Reconciliation	\$1,186,254	\$967,210	\$2,153,464		\$1,142,299	\$1,174,022	\$2,316,321		\$2,428,647	\$2,428,647	\$4,857,294		
39	Component 2 Payments	\$3,894,019	\$3,763,295	\$7,657,314		\$3,354,263	\$3,265,973	\$6,620,236		\$6,826,131	\$6,826,131	\$13,652,262		
40	Component 3 Payments	\$5,068,222	\$5,119,089	\$10,187,311		\$4,766,584	\$4,898,959	\$9,665,543		\$10,239,196	\$10,239,196	\$20,478,392		
41	Component 4 Payments	\$3,844,117	\$4,824,912	\$8,669,029		\$4,316,334	\$5,230,842	\$9,547,176		\$9,272,005	\$9,272,005	\$18,544,010		
42	Lapse Funds	\$4,116,170	\$4,508,185	\$8,624,355		\$2,487,436	\$2,679,155	\$5,166,591		\$5,267,467	\$5,267,467	\$10,534,934		
43	Gross Revenue/Net Proceeds	\$17,126,114	\$21,157,127	\$38,283,241		\$16,191,521	\$20,238,969	\$36,430,490		\$34,640,608	\$34,640,608	\$69,281,216		
44	Expenses													
45	1) Nursing Home Expenses													
46	Nursing Home Component 1 Payment	(\$101,793)	(\$1,470,823)	(\$1,572,616)		(\$884,381)	(\$2,912,376)	(\$3,796,757)		(\$2,120,717)	(\$2,120,717)	(\$4,241,434)		
47	Nursing Home Supplemental Payment	(\$8,461,264)	(\$9,107,740)	(\$17,569,004)		(\$10,418,358)	(\$11,223,986)	(\$21,642,344)		(\$22,078,075)	(\$22,078,075)	(\$44,156,150)		
48	Nursing Home Telehealth Expenses	\$0	\$0	\$0		\$0	\$0	\$0		\$0	\$0	\$0		
49	Cash Flow Timing Adjustment	\$0	\$0	\$0		\$0	\$0	\$0		\$0	\$0	\$0		
50	Total Nursing Home Expense	(\$8,563,057)	(\$10,578,563)	(\$19,141,620)		(\$11,302,739)	(\$14,136,362)	(\$25,439,101)		(\$24,198,792)	(\$24,198,792)	(\$48,397,584)		
51	2) NSGO Expenses													
52	Interest Expense	(\$1,543,516)	(\$2,010,829)	(\$3,554,345)		(\$1,092,408)	(\$1,108,793)	(\$2,201,201)		(\$2,355,929)	(\$2,357,411)	(\$4,713,340)		
53	Professional Services	(\$1,440,000)	(\$1,440,000)	(\$2,880,000)		(\$1,764,000)	(\$1,764,000)	(\$3,888,000)		(\$2,484,000)	(\$2,484,000)	(\$4,968,000)		
54	Total NSGO Expenses	(\$2,983,516)	(\$3,450,829)	(\$6,434,345)		(\$2,856,408)	(\$3,232,793)	(\$6,089,201)		(\$4,839,929)	(\$4,841,411)	(\$9,681,340)		
55	Total Expenses	(\$11,546,573)	(\$14,029,392)	(\$25,575,965)		(\$14,159,147)	(\$17,369,155)	(\$31,528,302)		(\$29,038,721)	(\$29,040,203)	(\$58,078,924)		
56	Total Net Cash to NSGO	\$5,579,541	\$7,127,735	\$12,707,276		\$2,032,374	\$2,869,814	\$4,902,188		\$5,601,887	\$5,600,405	\$11,202,292		
181														
182	2024 QIPP Budget (Original Budget)													
183	QIPP IGT and Year	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
184	Loan	IGT 11	IGT 13	IGT 14	IGT 14	IGT 14	IGT 14	IGT 14	IGT 14	IGT 15	IGT 15	IGT 15	IGT 15	2024 Totals
185		Year 7, Qtr. 2	Year 7, Qtr. 2	Year 7, Qtr. 3	Year 7, Qtr. 3	Year 7, Qtr. 3	Year 7, Qtr. 4	Year 7, Qtr. 4	Year 7, Qtr. 4	Year 8, Qtr. 1	Year 8, Qtr. 1	Year 8, Qtr. 1	Year 8, Qtr. 2	
186		21	21	22	22	22	22	22	22	23	23	23	23	
187	Percentage Achievement Basis	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	Comp. 2=100%	
188		Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	Comp. 3 & 4 = 75%	
189	Number of Homes	49	49	49	49	49	49	49	49	69	69	69	69	
190	Total Component 1 Payments	\$3,134,345.38	\$3,134,345.38	\$3,139,885.96	\$3,139,885.96	\$3,139,885.96	\$3,139,885.96	\$3,139,885.96	\$3,139,885.96	\$5,565,650.00	\$5,565,650.00	\$5,565,650.00	\$5,565,650.00	\$47,370,606.50
191	IGT Reconciliation	\$206,244.82	\$206,244.82	\$195,670.38	\$195,670.38	\$195,670.38	\$195,670.38	\$195,670.38	\$195,670.38	\$404,774.50	\$404,774.50	\$404,774.50	\$404,774.50	\$3,205,609.95
192	Lapse Funds	\$448,155.27	\$448,155.27	\$446,525.78	\$446,525.78	\$446,525.78	\$446,525.78	\$446,525.78	\$446,525.78	\$877,911.17	\$877,911.17	\$877,911.17	\$877,911.17	\$7,087,109.86
193	Component 2 Payments	\$573,752.17	\$573,752.17	\$544,328.84	\$544,328.84	\$544,328.84	\$544,328.84	\$544,328.84	\$544,328.84	\$1,137,688.50	\$1,137,688.50	\$1,137,688.50	\$1,137,688.50	\$8,964,231.35
194	Component 3/4 Payments	\$1,667,024.33	\$1,667,024.33	\$1,688,300	\$1,688,300.21	\$1,688,300.21	\$1,688,300.21	\$1,688,300.21	\$1,688,300.21	\$3,251,866.83	\$3,251,866.83	\$3,251,866.83	\$3,251,866.83	\$26,471,317.29
195	Gross Cash from Program	\$5,268,759.00	\$5,268,759.00	\$6,014,711.17	\$6,014,711.17	\$6,014,711.17	\$6,014,711.17	\$6,014,711.17	\$6,014,711.17	\$11,237,891.00	\$11,237,891.00	\$11,237,891.00	\$11,237,891.00	\$93,098,874.94
196	Loan and Professional Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
197	Loan Repayment	(\$2,722,941.65)	(\$2,722,941.65)	(\$2,641,549.61)	(\$2,641,549.61)	(\$2,641,549.61)	(\$2,641,549.61)	(\$2,641,549.61)	(\$2,641,549.61)	(\$5,464,456.33)	(\$5,464,456.33)	(\$5,464,456.33)	(\$5,464,456.33)	(\$43,153,006.29)
198	Interest Expense	(\$182,068.00)	(\$182,068.00)	(\$184,798.83)	(\$184,798.83)	(\$184,798.83)	(\$184,798.83)	(\$184,798.83)	(\$184,798.83)	(\$392,654.83)	(\$392,654.83)	(\$392,654.83)	(\$392,654.83)	(\$3,043,548.33)
199	Professional Services:	(\$294,000.00)	(\$294,000.00)	(\$294,000.00)	(\$294,000.00)	(\$384,000.00)	(\$414,000.00)	(\$654,000.00)	(\$654,000.00)	(\$534,000.00)	(\$534,000.00)	(\$414,000.00)	(\$414,000.00)	(\$4,938,000.00)
200	Cash from Program after Loan and Professional Services	\$2,222,518.83	\$2,222,518.83	\$2,894,362.73	\$2,894,362.73	\$2,894,362.73	\$2,894,362.73	\$2,894,362.73	\$2,894,362.73	\$4,846,779.83	\$4,846,779.83	\$4,846,779.83	\$4,846,779.83	\$41,964,320.32
201	Payments to Nursing Homes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
202	Nursing Home Component 1 Payment	(\$431,945.33)	(\$431,945.33)	(\$485,396.08)	(\$485,396.08)	(\$485,396.08)	(\$485,396.08)	(\$485,396.08)	(\$485,396.08)	(\$353,452.83)	(\$353,452.83)	(\$353,452.83)	(\$353,452.83)	(\$5,190,078.48)
203	Nursing Home Supplemental Payment:	(\$1,877,440.00)	(\$1,877,440.00)	(\$1,870,664.33)	(\$1,870,664.33)	(\$1,870,664.33)	(\$1,870,664.33)	(\$1,870,664.33)	(\$1,870,664.33)	(\$3,679,679.17)	(\$3,679,679.17)	(\$3,679,679.17)	(\$3,679,679.17)	(\$29,697,582.64)
204	Nursing Home Telehealth Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
205	Cash Flow Timing Adjustmen	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
206	Total Payments to Facilities	(\$1,883,789.83)	(\$1,883,789.83)	(\$2,356,060.41)	(\$2,356,060.41)	(\$2,356,060.41)	(\$2,356,060.41)	(\$2,356,060.41)	(\$2,356,060.41)	(\$4,033,132.00)	(\$4,033,132.00)	(\$4,033,132.00)	(\$4,033,132.00)	(\$34,887,661.12)
207	Total Net Cash to District	\$338,729.00	\$338,729.00	\$538,302.32	\$538,302.32	\$538,302.32	\$538,302.32	\$538,302.32	\$538,302.32	\$813,647.83	\$813,647.83	\$813,647.83	\$813,647.83	\$7,076,659.21

Month	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Q1PP YR 6 - IGT 11 & 12															
Total Net Cash to NSGO	\$0.00	\$0.00	\$874,140.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$57,373.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$206,577.86
Q1PP YR 7 - IGT 13															
Total Net Cash to NSGO	(\$342,228.64)	(\$967,351.42)	\$1,510,573.56	\$115,859.01	\$77,794.66	\$2,912,650.83	\$58,561.85	\$37,093.64	\$65,768.24	\$15,117.86	\$8,223.19	\$55,079.20	(\$0.00)	(\$0.00)	\$329,709.81
Q1PP YR 7 - IGT 14															
Total Net Cash to NSGO	(\$154,210.33)	(\$106,019.60)	(\$106,019.60)	(\$400,019.60)	(\$400,019.60)	(\$634,335.90)	(\$428,564.54)	(\$412,232.82)	\$1,302,545.51	\$43,418.52	\$89,331.60	\$2,342,254.87	\$0.00	\$0.00	\$913,838.98
Q1PP YR 8 - IGT 15															
Total Net Cash to NSGO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$327,867.38)	(\$225,408.83)	(\$225,408.83)	(\$639,408.83)	(\$639,408.83)	(\$745,396.63)	(\$647,063.83)	(\$786,901.51)	\$3,364,974.35
Total Monthly Cash Flow for Q1PP	(\$496,438.96)	(\$1,073,371.02)	\$2,278,694.84	(\$284,160.59)	(\$322,224.94)	\$2,278,314.93	(\$697,870.07)	(\$600,548.02)	\$1,085,531.92	(\$580,872.45)	(\$541,854.04)	\$1,651,937.44	(\$647,063.83)	(\$786,901.51)	\$4,815,101.01
Total Other Operating Income	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33	\$768,091.20	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33	\$88,083.33
Expenses															
Admin Expenses	(\$26,092.67)	(\$33,131.25)	(\$33,131.25)	(\$33,131.25)	(\$33,131.25)	(\$33,131.25)	(\$33,131.25)	(\$33,131.25)	(\$25,631.25)	(\$25,631.25)	(\$25,631.25)	(\$25,631.25)	(\$25,631.25)	(\$25,631.25)	(\$25,631.25)
IC Expenses	(\$70,725.31)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)	(\$65,192.92)
Grants	(\$826,485.76)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)	(\$149,153.00)
Program Expenses	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)	(\$69,322.50)
HWY 124 Expenses	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)	(\$4,367.08)
Total Operating Expenses	(\$996,993.33)	(\$321,166.75)	(\$321,166.75)	(\$321,166.75)	(\$321,166.75)	(\$321,166.75)	(\$321,166.75)	(\$313,666.75)	(\$313,666.75)	(\$313,666.75)	(\$313,666.75)	(\$313,666.75)	(\$313,666.75)	(\$313,666.75)	(\$313,666.75)
CHOW LOANS															
Chow Loan Advance															
HSM	\$0.00	(\$1,000,000.00)	(\$1,000,000.00)	(\$2,500,000.00)	(\$2,500,000.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gulf Coast Homes	\$0.00	\$0.00	(\$1,200,000.00)	(\$1,200,000.00)	(\$1,200,000.00)	(\$1,200,000.00)	(\$1,200,000.00)	(\$1,200,000.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Caring	\$0.00	(\$600,000.00)	(\$600,000.00)	(\$600,000.00)	(\$600,000.00)	(\$600,000.00)	(\$600,000.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SLP	\$0.00	(\$1,500,000.00)	(\$1,500,000.00)	(\$1,500,000.00)	(\$1,500,000.00)	(\$1,500,000.00)	(\$1,500,000.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMG	(\$300,000.00)	(\$300,000.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHOW Advance Funds Schedule	(\$300,000)	(\$3,400,000)	(\$4,300,000)	(\$5,800,000)	(\$5,800,000)	(\$3,300,000)	(\$1,200,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Chow Loan Repayment															
HSM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gulf Coast Homes	\$1,062,062.61	\$887,102.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
Caring	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
SLP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00
HMG	\$0.00	\$0.00	\$0.00	\$250,000.00	\$250,000.00	\$250,000.00	\$250,000.00	\$250,000.00	\$250,000.00	\$250,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHOW Repayment Schedule	\$1,062,062.61	\$887,102.77	\$0.00	\$250,000.00	\$250,000.00	\$7,250,000.00	\$250,000.00	\$2,000,000.00	\$3,000,000.00	\$2,750,000.00	\$2,750,000.00	\$2,750,000.00	\$2,750,000.00	\$2,750,000.00	\$1,000,000.00
Total Net Cash Flow	(\$643,286.35)	(\$3,819,351.66)	(\$2,254,388.57)	(\$6,067,244.01)	(\$6,105,308.36)	\$5,995,231.51	(\$1,880,953.48)	\$1,853,876.44	\$3,859,948.50	\$1,943,544.13	\$1,982,562.54	\$4,176,354.02	\$1,877,352.75	(\$12,484.92)	\$5,589,517.59
Total Cash Available at End of Month	\$21,998,224.56	\$18,178,872.90	\$15,924,484.32	\$9,857,240.32	\$3,751,931.96	\$9,747,163.47	\$7,866,209.99	\$9,720,086.43	\$13,580,034.93	\$15,523,579.06	\$17,506,141.60	\$21,682,495.62	\$23,559,848.38	\$23,547,363.45	\$29,136,881.04

WSD
2024 Cash Flow
(Total Cash Available at End of Month)

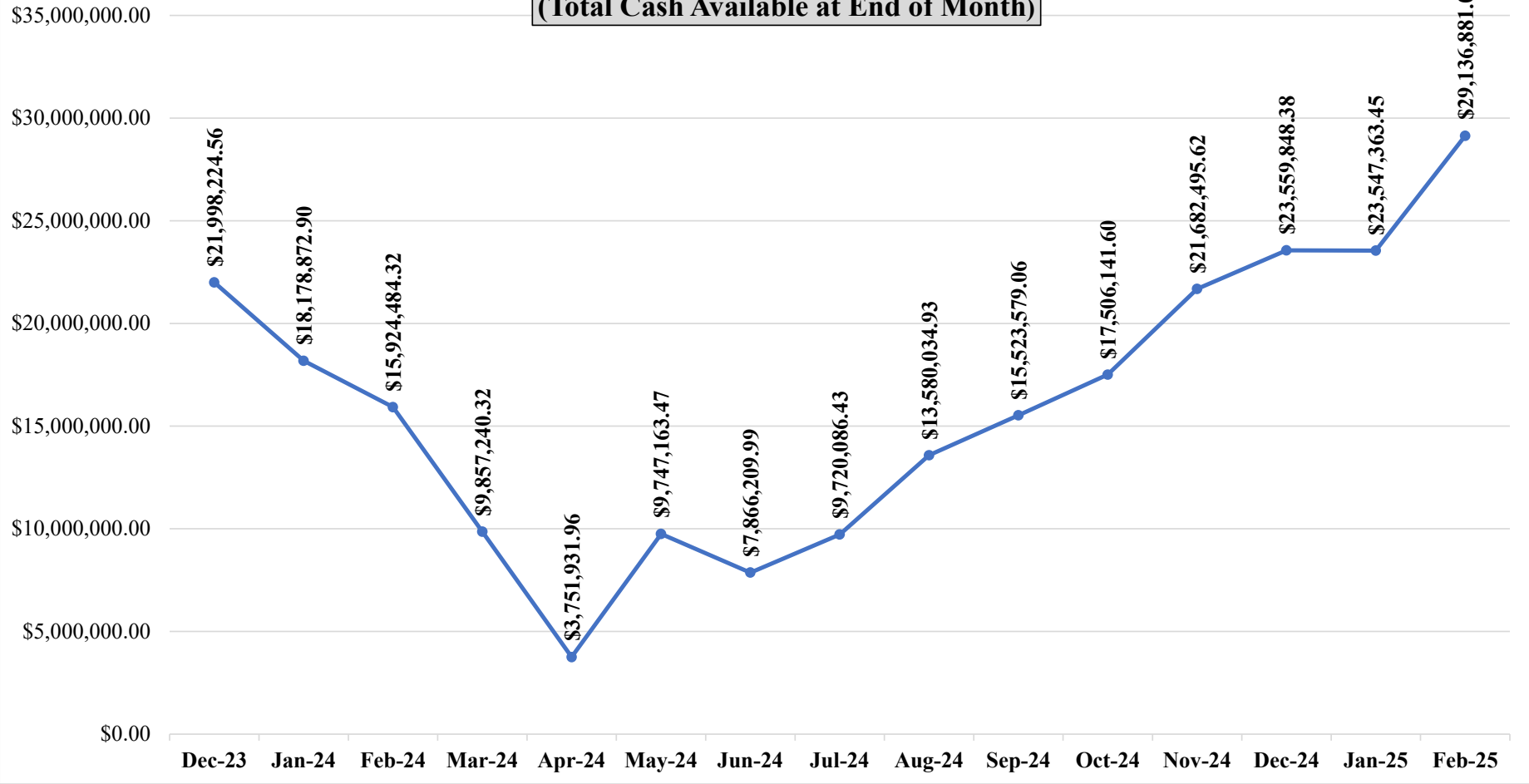


Exhibit “B-1”

Winnie-Stowell Hospital District

Balance Sheet

As of November 30, 2023

12/18/23

Accrual Basis

	<u>Nov 30, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	154,997.89
102 First Financial Bank	24,447,229.23
105 TexStar	733,593.82
108 Stellar Bank NH Combined	10,145,727.67
Total Checking/Savings	<u>35,481,548.61</u>
Other Current Assets	
110 Sales Tax Receivable	136,456.87
114 Accounts Receivable NH	58,870,048.66
115 Hosp Uncomp Care Receivable	805,819.72
116 - A/R CHOW - LOC	
116.01 -Gulf Coast LOC Copperas	166,251.90
116.02 -Gulf Coast LOC Corrigan	487,051.97
116.03 -Gulf Coast LOC Hemphill	297,139.83
116.04 -Gulf Coast LOC Oak Vill	206,607.53
116.05 -Gulf Coast LOC ParkView	279,146.23
116.06 -Gulf Coast LOC Winnie L	512,967.93
116.07 HMG LOC Treviso	900,000.00
Total 116 - A/R CHOW - LOC	<u>2,849,165.39</u>
117 NH - QIPP Prog Receivable	
117.07 NH QIPP 7	6,743,157.94
Total 117 NH - QIPP Prog Receivable	<u>6,743,157.94</u>
118 Prepaid Expense	36,494.65
119 Prepaid IGT	7,885,685.01
Total Other Current Assets	<u>77,326,828.24</u>
Total Current Assets	<u>112,808,376.85</u>
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	129,483.00
122 Highway 124 Property	1,197,231.85
123 Highway 124 Building	113,613.00
125 Accumulated Depreciation	-154,033.64
Total Fixed Assets	<u>1,426,949.17</u>
TOTAL ASSETS	<u><u>114,235,326.02</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	4,499,577.19
201 NHP Accounts Payable	9,311,784.97
204 FFB Line of Credit	2,142,255.33
206 FFB Loan (11 Mth)	10,052,028.03
225 FUTA Tax Payable	112.00
230 SUTA Tax Payable	251.31
235 Payroll Liabilities	1,500.21
240 Accounts Payable NH	56,660,471.79
Total Other Current Liabilities	<u>82,667,980.83</u>
Total Current Liabilities	<u>82,667,980.83</u>
Total Liabilities	82,667,980.83

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12/18/23

Accrual Basis

Winnie-Stowell Hospital District

Balance Sheet

As of November 30, 2023

	<u>Nov 30, 23</u>
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	9,730,237.64
Net Income	10,045,911.42
	<hr/>
Total Equity	31,567,345.19
	<hr/>
TOTAL LIABILITIES & EQUITY	114,235,326.02
	<hr/> <hr/>

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

	Jan - Nov 23	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	862,298.27	770,000.00	92,298.27	112.0%
405 Investment Income	293,933.71	260,000.00	33,933.71	113.1%
407 Rental Income	38,500.00	69,500.00	-31,000.00	55.4%
409 Tobacco Settlement	14,398.30	16,000.00	-1,601.70	90.0%
410 Hosp Uncomp. Care Repayment	887,145.38	1,034,997.04	-147,851.66	85.7%
415 Nursing Home - QIPP Program	62,764,342.37	63,743,179.72	-978,837.35	98.5%
Total Income	64,860,618.03	65,893,676.76	-1,033,058.73	98.4%
Gross Profit	64,860,618.03	65,893,676.76	-1,033,058.73	98.4%
Expense				
500 Admin-Administrative Salary	73,902.57	80,312.00	-6,409.43	92.0%
502 Admin-Administrative Assnt	11,109.50	13,000.00	-1,890.50	85.5%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	9,039.52	10,025.00	-985.48	90.2%
505 Admin-Board Bonds	250.00	250.00	0.00	100.0%
515 Admin-Bank Service Charges	1,111.77	1,400.00	-288.23	79.4%
521 Professional Fees - Acctng	8,000.83	11,000.00	-2,999.17	72.7%
522 Professional Fees-Auditing	44,000.00	44,000.00	0.00	100.0%
523 Professional Fees - Legal	35,680.00	75,000.00	-39,320.00	47.6%
550 Admin-D&O / Liability Ins.	15,681.26	16,000.00	-318.74	98.0%
560 Admin-Cont Ed, Travel	0.00	2,500.00	-2,500.00	0.0%
562 Admin-Travel&Mileage Reimb.	5,260.08	5,250.00	10.08	100.2%
569 Admin-Meals	1,390.03	1,500.00	-109.97	92.7%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	6,211.38	10,000.00	-3,788.62	62.1%
572 Admin-Web Site	645.00	1,000.00	-355.00	64.5%
573 Admin-Copier Lease/Contract	2,771.23	3,000.00	-228.77	92.4%
575 Admin-Cell Phone Reimburse	1,650.00	1,800.00	-150.00	91.7%
576 Admin-Telephone/Internet	3,119.90	3,500.00	-380.10	89.1%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	2,684.40	4,000.00	-1,315.60	67.1%
592 Admin Office Rent	3,740.00	4,080.00	-340.00	91.7%
593 Admin-Utilities	2,979.95	4,000.00	-1,020.05	74.5%
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	7,184.00	6,000.00	1,184.00	119.7%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	426,652.60	435,700.00	-9,047.40	97.9%
601.01b IC Pmt to Coastal (Ind)	0.00	147,316.76	-147,316.76	0.0%
601.01c IC Pmt to Thompson	15,502.63	18,000.00	-2,497.37	86.1%
601.02 IC Pmt to UTMB	232,510.75	300,000.00	-67,489.25	77.5%
601.03 IC Special Programs				
601.03a Dental	20,665.76	24,000.00	-3,334.24	86.1%
601.03b IC Vision	1,035.00	1,500.00	-465.00	69.0%
601.04 IC-Non Hosp Cost-Other	27,902.02	35,000.00	-7,097.98	79.7%
601.05 IC - Chairy Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	49,602.78	85,500.00	-35,897.22	58.0%
Total 601 IC Provider Expenses	724,268.76	986,516.76	-262,248.00	73.4%
602 IC-WCH 1115 Waiver Prog	123,573.14	129,340.00	-5,766.86	95.5%
603 IC-Pharmaceutical Costs	52,408.04	56,650.00	-4,241.96	92.5%
605 IC-Office Supplies/Postage	171.99	2,000.00	-1,828.01	8.6%
611 IC-Indigent Care Dir Salary	59,845.37	65,264.00	-5,418.63	91.7%
612 IC-Payroll Taxes -Ind Care	2,127.72	5,125.00	-2,997.28	41.5%
615 IC-Software	14,027.00	13,308.00	719.00	105.4%
616 IC-Travel	354.14	600.00	-245.86	59.0%
617 Youth Programs				
617.01 Youth Counseling	10,625.00	25,000.00	-14,375.00	42.5%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
Total 617 Youth Programs	10,625.00	25,600.00	-14,975.00	41.5%
Total 600 - IC Healthcare Expenses	987,401.16	1,284,403.76	-297,002.60	76.9%
620 WSHD - Grants				
620.01 WCH/RMC				
620.01a Hosp Uncomp. Care Repay	890,281.72	1,034,997.04	-144,715.32	86.0%
620.01b WCH/RMC - Other	260,765.96	260,765.96	0.00	100.0%
620.01 WCH/RMC - Other	0.00	0.00	0.00	0.0%
Total 620.01 WCH/RMC	1,151,047.68	1,295,763.00	-144,715.32	88.8%
620.03 WSVEMS				
620.03c WSVEMS - Salaries	0.00	0.00	0.00	0.0%
620.03 WSVEMS - Other	125,478.12	168,800.00	-43,321.88	74.3%
Total 620.03 WSVEMS	125,478.12	168,800.00	-43,321.88	74.3%
620.05 East Chambers ISD	231,616.90	253,693.56	-22,076.66	91.3%
620.06 FQHC(Coastal)	1,077,939.37	1,207,939.37	-130,000.00	89.2%

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

	Jan - Nov 23	Budget	\$ Over Budget	% of Budget
620.07 Marcelous Williams	57,590.11	57,742.12	-152.01	99.7%
620.09 Admin-Cont Ed-Med Pers.	4,847.34	3,975.00	872.34	121.9%
Total 620 WSHD - Grants	2,648,519.52	2,987,913.05	-339,393.53	88.6%
630 NH Program				
630 NH Program-Mgt Fees	19,198,414.11	20,245,345.12	-1,046,931.01	94.8%
631 NH Program-IGT	26,105,990.39	28,676,162.02	-2,570,171.63	91.0%
632 NH Program-Telehealth Fees	266,333.95	300,870.04	-34,536.09	88.5%
633 NH Program-Acctg Fees	72,007.42	73,225.00	-1,217.58	98.3%
634 NH Program-Legal Fees	289,544.73	350,000.00	-60,455.27	82.7%
635 NH Program-LTC Fees	2,784,000.00	3,078,000.00	-294,000.00	90.4%
637 NH Program-Interest Expense	3,198,226.67	3,253,606.36	-55,379.69	98.3%
638 NH Program-Loan/Bank Fees	710,484.41	710,500.00	-15.59	100.0%
639 NH Program-Appraisal	49,029.25	49,030.00	-0.75	100.0%
Total 630 NH Program	52,674,030.93	56,736,738.54	-4,062,707.61	92.8%
674 - Property Acquisition	647,166.48	650,000.00	-2,833.52	99.6%
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	17,405.00	-1.08	100.0%
Total 675 HWY 124 Expenses	17,403.92	52,405.00	-35,001.08	33.2%
Payroll Expenses	0.00			
Total Expense	57,212,828.43	62,024,572.35	-4,811,743.92	92.2%
Net Ordinary Income	7,647,789.60	3,869,104.41	3,778,685.19	197.7%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	327,663,920.83			
Covid Provider Relief Funds	0.00			
Total Other Income	327,663,920.83			
Other Expense				
640 Nursing Home Oper. Expenses	325,265,799.01			
Total Other Expense	325,265,799.01			
Net Other Income	2,398,121.82			
Net Income	10,045,911.42	3,869,104.41	6,176,807.01	259.6%

Exhibit “B-2”

WSHD Treasurer's Report

Reporting Date:		Wednesday, December 20, 2023		
Pending Expenses	For	Amount	Funds Summary	Totals
Indigent Healthcare Solutions	Inv #76947	\$1,566.00	Prosperity Operating (Unrestricted)	\$592,822.64
Brookshire Brothers	Indigent Care	\$2,679.84	First Financial DACA (Unrestricted)	\$7,503,756.97
Wilcox Pharmacy	Indigent Care	\$1,950.67	First Financial DACA (Restricted)	\$2,644,693.94
UTMB at Galveston	Indigent Care	\$38,464.89	First Financial Money Market	\$9,241,094.28
UTMB Faculty Group	Indigent Care	\$4,878.75	TexStar (Restricted)	\$733,593.82
Thompson Outpatient Clinic	Indigent Care	\$1,489.04	FFB CD Balance	\$8,200,000.00
Coastal Gateway Health Center	Indigent Care	\$85.00	Total District Funds	\$28,915,961.65
Christus St Elizabeth	Indigent Care	\$10,574.62	Less First Financial (Restricted)	(\$2,644,693.94)
Radiology Associates	Indigent Care	47.85	Less TexStar Reserve Account	(\$733,593.82)
WSVEMS	Indigent Care	715.95	Less LOC Outstanding	(\$2,442,255.33)
Winnie Family Dental	SP Program	\$70.00	Less First Financial Money Market	\$0.00
Bayside Dental	SP Program	\$840.00	Less Committed Funds (See Total Commitment)	(\$547,192.32)
Dr June Stansky, Optometrist	SP Program	\$60.00	Cash Position (Less First Financial Restricted)	\$24,990,481.57
\$25 Optical	SP Program	\$25.00	Pending Expenses	(\$931,719.66)
Kalos Counseling (Benjamin Odom)	Youth Counseling	\$340.00	Ending Balance (Cash Position-Pending Expenses)	\$24,058,761.91
Technology Solutions of Tx	Inv #1828	\$95.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$29,899,522.06
Felipe Ojedia-Yard Service	Inv #1044	\$350.00	Prior Month	
Graciela Chavez-Office Cleaning	Inv #965966	\$120.00	Prosperity Operating (Unrestricted)	\$471,299.09
Benckenstein & Oxford	Inv #50912	\$21,800.00	First Financial (Unrestricted)	\$12,835,800.25
Hubert Oxford	Legal Retainer	\$1,000.00	First Financial (Restricted)	\$2,215,345.93
Makayla Vidal	Inv #00036	\$9,957.50	First Financial Money Market (Restricted)	\$229,487.48
American Education Services	Grant S Stern-Student Loan	\$150.14	TexStar (Restricted)	\$730,393.71
US Department of Education	Grant B Odom-Student Loan	\$720.62	FFB CD Balance	\$8,200,000.00
Coastal Gateway	Grant Dec Request	\$86,331.38	Total District Funds	\$24,682,326.45
Winnie Community Hospital	WCH DY8 Recoup Demand	\$147,856.73	Less First Financial (Restricted)	(\$2,215,345.93)
Winnie Community Hospital	WCH DY8 Payoff	\$591,426.89	Less TexStar Reserve Account	(\$730,393.71)
The Seabreeze Beacon	Inv #6880 & 6994	\$1,072.00	Less LOC Outstanding	(\$2,142,255.33)
The Hometown Press	Inv #4015	\$375.00	Less First Financial Money Market (Restricted)	(\$229,487.48)
Chambers Cty Tax Assessor	2023 Property Taxes HWY 124	\$6,676.79	Less Committed Funds (See Total Commitment)	(\$2,373,123.81)
Total Pending Expenses:		\$931,719.66	Cash Position (Less First Financial Restricted)	\$19,133,975.53
			Pending Expenses	\$324,184.57
			Ending Balance (Cash Position-Pending Expenses)	\$19,458,160.10
			Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	\$29,155,642.24

First Financial Bank Reconciliations

FFB Balance	\$10,148,450.91				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Gross Yr. 6 & 7, Component 1-IGT 12					
QIPP YR 6 - remainder to be received	\$0.00	\$423,874.08	\$0.00	\$423,874.08	\$0.00
September (1st Half) - YR7	\$0.00	\$2,196,777.54	\$2,134,930.09	\$61,847.45	\$0.00
October (1st Half) - YR7	\$2,301,301.39	\$2,301,301.39	\$2,301,301.39	\$0.00	\$0.00
Total Component 1, IGT 11	\$2,301,301.39	\$4,921,953.01	\$4,436,231.48	\$485,721.53	\$0.00
11 Month Set Aside (FFB)					
October (1st Half)	\$2,301,301.39	\$2,301,301.39	\$2,301,301.39	\$0.00	\$0.00
Total Loan Set Aside	\$2,301,301.39	\$2,301,301.39	\$2,301,301.39	\$0.00	\$0.00
Yr. 7, Component 2 (Public & Private)					
Q1-Comp. 2-September	\$314,890.16	\$598,699.31	\$581,821.26	\$16,878.05	\$266,931.10
Q1-Comp. 2-October	\$337,571.51	\$627,183.96	\$627,183.96	\$0.00	\$289,612.45
Total Component 2 due to MGRs.	\$314,890.16	\$598,699.31	\$581,821.26	\$16,878.05	\$266,931.10
Variance Payments (Component 1, 2, 3, 4, and Lapsing Funds)					
Variance September	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance October	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance Payment Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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	\$28,155.29		\$56,310.57	\$56,310.57	\$0.00	\$28,155.29
Total Adjustment & Reconciliation Payment	\$28,488.64		\$55,004.21	\$56,977.28	(\$1,973.07)	\$28,488.64
Adjustment & Refund Payments (Mission, Red Oak, and Texarkana)						
QIPP YR 4 Adjustment 3	\$13.75		(\$210.40)	\$27.50	(\$237.90)	\$13.75
Total Adjustment & Reconciliation Payment	\$13.75		(\$210.40)	\$27.50	(\$237.90)	\$13.75
Non-QIPP Funds	\$0.00					
Restricted	\$2,644,693.94	\$2,644,693.94				
Unrestricted	\$7,503,756.97					
Total Funds	\$10,148,450.91					
Committed Funds						
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance			
1. FQHC Grant Funding-2023	\$1,190,112.00	\$1,164,270.75	\$25,841.25	January through December payments - \$25,841.25 unused balance		
2. Coastal Marketing Grant	\$276,040.00	\$54,688.93	\$221,351.07			
3. CHOW Interim Working Capital Loan	\$1,500,000.00	\$1,200,000.00	\$300,000.00			
Total Commitments	\$2,966,152.00	\$2,418,959.68	\$547,192.32			
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			
November 15, 2023	\$147,856.73	\$51,690.12	\$805,814.72			
December 20, 2023	\$147,856.73	\$37,938.73	\$915,732.72			
December 20, 2023 - state payoff	\$591,426.89		\$1,507,159.61			
	\$1,626,424.00	\$81,325.66	\$1,545,098.34			
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	\$550,000.00	\$0.00		
Gulf Coast - Corrigan	\$800,000.00	\$0.00	\$597,814.94	\$202,185.06		
Gulf Coast - Hemphill	\$550,000.00	\$0.00	\$410,047.52	\$139,952.48		
Gulf Coast - Oak Village	\$550,000.00	\$0.00	\$550,000.00	\$0.00		
Gulf Coast - Parkview	\$550,000.00	\$0.00	\$550,000.00	\$0.00		
Gulf Coast - Winnie	\$800,000.00	\$0.00	\$496,064.60	\$303,935.40		
Balance Owed by Gulf Coast	\$3,800,000.00		\$3,153,927.06	\$646,072.94		
HMG - Treviso	\$1,200,000.00	\$300,000.00	\$0.00	\$1,200,000.00		
Total CHOW Loan Outstanding	\$5,000,000.00	\$300,000.00	\$3,153,927.06	\$1,846,072.94		
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 23 (Acct #57635) (June 2023-May 31, 2024)						
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	\$2,190,268.00	(\$2,190,268.00)	(\$105,062.93)	(\$2,295,330.93)	\$12,163,680.46	
6-November 31, 2023 (September, Comp. 1)	\$2,111,652.43	(\$2,111,652.43)	(\$85,125.11)	(\$2,196,777.54)	\$10,052,028.03	
7-December 31, 2023 (October, Comp. 1)	\$2,301,301.39	(\$2,301,301.39)	(\$69,107.69)	(\$2,370,409.08)	\$7,750,726.64	
8-January 31, 2024 (November, Comp. 1)	\$2,010,405.61	(\$2,010,405.61)	(\$53,286.25)	(\$2,063,691.85)	\$5,740,321.04	
9-February 28, 2024 (December, Comp. 1)	\$2,010,405.61	(\$2,010,405.61)	(\$39,464.71)	(\$2,049,870.31)	\$3,729,915.43	
10-March 31, 2024 (January, Comp. 1)	\$2,010,405.61	(\$2,010,405.61)	(\$25,643.17)	(\$2,036,048.78)	\$1,719,509.82	
11-April 30, 2024 (February, Comp. 1)	\$1,719,509.82	(\$1,719,509.82)	(\$11,821.63)	(\$1,731,331.45)	\$0.00	
Amount Paid	\$14,353,948.46	(\$14,353,948.46)	(\$803,981.74)	(\$15,157,930.21)		
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 24 (Acct #79067) (December 1, 2023-November 1, 2024)						
2nd Half of Year 7						
Annual Interest Rate:	8.25%	Payments Per Year:	11	Origination Fee:	\$154,210.00	
Years:	1	Amount:	\$15,421,032.78			
Amortization Table	Component Payment	Principle	Interest	Payment	Balance	
1-December 31, 2023			(\$112,873.39)	(\$112,873.39)	\$15,421,032.78	
2-January 31, 2024			(\$112,873.39)	(\$112,873.39)	\$15,421,032.78	
3-February 28, 2024			(\$112,873.39)	(\$112,873.39)	\$15,421,032.78	
4-March 31, 2024			(\$112,873.39)	(\$112,873.39)	\$15,421,032.78	
5-April 30, 2024			(\$112,873.39)	(\$112,873.39)	\$15,421,032.78	
6-May 31, 2024 (March, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$112,873.39)	(\$2,683,045.52)	\$12,850,860.65	
7-June 30, 2024 (April, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$96,381.45)	(\$2,666,553.58)	\$10,280,688.52	
8-July 31, 2024 (May, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$77,105.16)	(\$2,647,277.29)	\$7,710,516.39	
9-August 31, 2024 (June, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$57,828.87)	(\$2,628,001.00)	\$5,140,344.26	
10-September 30, 2024 (July, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$38,552.58)	(\$2,608,724.71)	\$2,570,172.13	
11-October 31, 2024 (August, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$19,276.29)	(\$2,589,448.42)	\$0.00	
Amount Paid	\$15,421,032.78	(\$15,421,032.78)	(\$966,384.70)	(\$16,387,417.48)		

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	\$1,200,000.00	\$0.00	\$1,200,000.00			
Total Outstanding LOC	\$2,442,255.33	\$0.00	\$2,442,255.33			
Balance:						
	\$8,200,000.00	Principle Balance Owed	\$2,442,255.33			
Interest Rate:						
	5.60%	LOC Funds Available	\$5,757,744.67			
	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	\$1,842,255.33	\$8,997.10	\$0.00	\$8,997.10	
4	11/30/2023	\$2,142,255.33	\$8,597.19	\$0.00	\$8,597.19	
5	12/31/2023	\$2,442,255.33	\$13,177.11	\$0.00	\$13,177.11	
6	1/31/2024	\$2,742,255.33	\$13,960.57	\$0.00	\$13,960.57	
7	2/28/2024	\$2,742,255.33	\$13,960.57	\$0.00	\$13,960.57	
8	3/31/2024	\$2,742,255.33	\$13,960.57	\$0.00	\$13,960.57	
9	4/30/2024	\$2,742,255.33	\$13,960.57	\$0.00	\$13,960.57	
Amount Paid		\$0.00	\$94,050.78	\$0.00	\$94,050.78	
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%	2023	Paid Annually	\$0.00	
Money Market-First Financial Bank	\$9,241,094.28	4.00%	November 2023	\$11,603.80	\$241,091.26	
Texstar C.D. #1110	\$733,593.82	5.3231%	November 2023	3,200.11	\$35,953.97	
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 “B-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of November 15, 2023 to December 20, 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							497,322.89
Paycheck	11/15/2023	DD1312	Walters, Reagan D	Direct Deposit	X		497,322.89
Check	11/15/2023	4026	Indigent Healthcare Solution...	Inv #76781	X	(1,566.00)	495,756.89
Check	11/15/2023	4027	Brookshire Brothers	IC RX's (Oct 2023)	X	(3,115.77)	492,641.12
Check	11/15/2023	4028	Wilcox Pharmacy	IC RX's (Oct 2023)	X	(1,694.81)	490,946.31
Check	11/15/2023	4029	UTMB at Galveston	IC Batch Date 10.01.23	X	(23,521.97)	467,424.34
Check	11/15/2023	4030	UTMB Faculty Group Practice	IC Batch Date 10.01.23	X	(3,761.63)	463,662.71
Check	11/15/2023	4031	Thompson Outpatient Clinic...	IC Batch Date 10.11.2023	X	(2,362.69)	461,300.02
Check	11/15/2023	4032	Alliance Medical Services	IC Batch Date 10.10.2023	X	(530.00)	460,770.02
Check	11/15/2023	4033	Winnie Family Dental	IC SP IC Batch Date 10.08.2023	X	(140.00)	460,630.02
Check	11/15/2023	4034	Kalos Counseling	YC Batch Date 10.02.2023	*	(340.00)	460,290.02
Check	11/15/2023	4035	Technology Solutions of Tex...	Inv #1820	X	(95.00)	460,195.02
Check	11/15/2023	4036	Felipe Ojeda	Inv #1043	X	(350.00)	459,845.02
Check	11/15/2023	4037	Graciela Chavez	Inv #965965	X	(120.00)	459,725.02
Check	11/15/2023	4038	Benckenstein & Oxford	Inv #50912	X	(19,690.00)	440,035.02
Check	11/15/2023	4039	Hubert Oxford	Legal Retainer	M	(1,000.00)	439,035.02
Check	11/15/2023	4040	Makayla Vidal	Inv #00033	X	(10,071.25)	428,963.77
Check	11/15/2023	4041	American Education Services	92 5529 5461 S Stern	X	(150.14)	428,813.63
Check	11/15/2023	4042	US Department of Education	Acct #177877792-1 B Odom	X	(720.62)	428,093.01
Check	11/15/2023	4043	Winnie Community Hospital...	UC DY8 HHSC Recoupment Demand Oct	X	(147,856.73)	280,236.28
Check	11/15/2023	4044	Coastal Gateway Health Cen...	Grant (Nov 2023 Req)	X	(93,802.96)	186,433.32
Check	11/15/2023	4045	J & W A/C & Heating	Inv #365318	X	(295.00)	186,138.32
Check	11/15/2023	4046	The Seabreeze Beacon	Inv #6889	X	(300.00)	185,838.32
Check	11/15/2023	4047	Snider Law Firm, PLLC	Professional Svs (RMC Ln Closing)	X	(4,680.00)	181,158.32
Check	11/15/2023	4048	Teo Arteaga	Inv #080851 (Hwy 124 land scaping)	X	(7,700.00)	173,458.32
Check	11/15/2023	4049	Todd Swonke Agency, LLC	Inv #17258 Bond Renewal B Way	X	(50.00)	173,408.32
Check	11/15/2023	4050	Todd Swonke Agency, LLC	Inv #17259 Bond Renewal A Stramecki	X	(50.00)	173,358.32
Check	11/15/2023	4051	Todd Swonke Agency, LLC	Inv #17262 Bond Renewal E Murrell	X	(50.00)	173,308.32
Check	11/15/2023	4052	Todd Swonke Agency, LLC	Inv #17263 Bond Renewal J Rollo	X	(50.00)	173,258.32
Check	11/15/2023	4053	Todd Swonke Agency, LLC	Inv #17261 Bond Renewal K Vratiss	X	(50.00)	173,208.32
Check	11/15/2023	4054	Winnie Community Hospital...	Closing half Settlement Stmt	X	(3,141.34)	170,066.98
Check	11/15/2023	4055	Image360	Inv #I-13503 (CGHC HWY 124 property sign)	M	(3,046.12)	167,020.86
Check	11/15/2023		Prosperity Bank		X	(126.85)	166,894.01
Check	11/16/2023	ACH	Funcion 4-Lease fka Star Gr...		X	(222.76)	166,671.25
Check	11/17/2023		Spectrum/Time Warner Cable	8260170290121119	X	(284.06)	166,387.19
Check	11/26/2023	Pending	Prosperity Bank (CC)	2704	X	(708.18)	165,679.01
Liability ...	11/29/2023		QuickBooks Payroll Service	Created by Payroll Service on 11/27/2023	X	(9,611.86)	156,067.15
Liability ...	11/29/2023		QuickBooks Payroll Service	Created by Payroll Service on 11/27/2023	X	(1,127.16)	154,939.99
Paycheck	11/30/2023	DD1313	Norris, Sherrie	Direct Deposit	X		154,939.99
Paycheck	11/30/2023	DD1314	Ojeda, Patricia	Direct Deposit	X		154,939.99
Paycheck	11/30/2023	DD1315	Walters, Reagan D	Direct Deposit	X		154,939.99
Deposit	11/30/2023			Deposit, Processed	X	57.90	154,997.89
Deposit	12/04/2023			Deposit, Processed	M	3,184.00	158,181.89
Check	12/05/2023	995170	ECISD	Memo:Draft, Withdrawal, Processed	M	(22,077.13)	136,104.76
Check	12/05/2023	995169	Riceland Medical Center		*	(340.00)	135,764.76
Deposit	12/05/2023			Memo:ACH PaymenWinnie-Stowell HCCD ...	M	400,000.00	535,764.76
Deposit	12/08/2023			ACH, Deposit, Processed	M	62,535.86	598,300.62
Check	12/08/2023		Entergy	ACH, Withdrawal, Processed	M	(179.80)	598,120.82
Check	12/08/2023		Trinity Bay Conservation Di...	ACH, Withdrawal, Processed	M	(75.17)	598,045.65
Check	12/12/2023	ACH	IRS		*	(3,862.16)	594,183.49
Liability ...	12/14/2023		QuickBooks Payroll Service	Created by Payroll Service on 12/11/2023	*	(944.37)	593,239.12
Paycheck	12/15/2023	DD1316	Girouard, Melissa M	Direct Deposit	X		593,239.12
Paycheck	12/15/2023	DD1317	Walters, Reagan D	Direct Deposit	X		593,239.12
Check	12/19/2023	To Print	Laurie G Payton, Chambers ...	Acct #16879 (2023 Hyy 124)		(6,676.79)	586,562.33
Check	12/20/2023	To Print	Indigent Healthcare Solution...	Inv #76947		(1,566.00)	584,996.33
Check	12/20/2023	To Print	Brookshire Brothers	IC RXs Nov 2023		(2,679.84)	582,316.49
Check	12/20/2023	To Print	Wilcox Pharmacy	IC RXs Nov 2023		(1,950.67)	580,365.82
Check	12/20/2023	To Print	UTMB at Galveston	IC Batch Date 11.01.2023		(38,464.89)	541,900.93
Check	12/20/2023	To Print	UTMB Faculty Group Practice	IC Batch Date 11.01.2023		(4,878.75)	537,022.18
Check	12/20/2023	To Print	Thompson Outpatient Clinic...	IC Batch Date 11.11.2023		(1,489.04)	535,533.14
Check	12/20/2023	To Print	Coastal Gateway Health Cen...	IC Batch Date 11.11.2023		(85.00)	535,448.14
Check	12/20/2023	To Print	Christus St Elizabeth	IC Batch Date 11.01.2023		(10,574.62)	524,873.52
Check	12/20/2023	To Print	Radiology Associates, LLP	IC Batch Date 11.01.2023		(47.85)	524,825.67
Check	12/20/2023	To Print	Winnie-Stowell Volunteer E...	IC Batch Date 11.09.2023		(715.95)	524,109.72
Check	12/20/2023	To Print	Winnie Family Dental	IC SP Batch Date 11.08.2023		(70.00)	524,039.72
Check	12/20/2023	To Print	Bayside Dental	IC SP Batch Date 11.08.2023		(840.00)	523,199.72
Check	12/20/2023	To Print	Dr. June Stansky, Optometrist	IC SP Batch Date 11.08.2023		(60.00)	523,139.72
Check	12/20/2023	To Print	\$25 Optical	IC SP Batch Date 11.08.2023		(25.00)	523,114.72
Check	12/20/2023	To Print	Kalos Counseling	YC Batch Date 11.02.2023		(340.00)	522,774.72

Winnie-Stowell Hospital District
Bank Accounts Register
As of November 15, 2023 to December 20, 2023

Type	Date	Num	Name	Memo	Clr	Amount	Balance
Check	12/20/2023	To Print	Technology Solutions of Tex...	Inv #1828		(95.00)	522,679.72
Check	12/20/2023	To Print	Felipe Ojeda	Inv #1044		(350.00)	522,329.72
Check	12/20/2023	To Print	Graciela Chavez	Inv #965966		(125.00)	522,204.72
Check	12/20/2023	To Print	Benckenstein & Oxford	Inv #50912 (Oct 2023)		(21,800.00)	500,404.72
Check	12/20/2023	To Print	Hubert Oxford	Legal Retainer		(1,000.00)	499,404.72
Check	12/20/2023	To Print	Makayla Vidal	Inv #00036		(9,957.50)	489,447.22
Check	12/20/2023	To Print	American Education Services	92 5529 5461 S Stern		(150.14)	489,297.08
Check	12/20/2023	To Print	US Department of Education	Acct #1778777792-1 B Odom		(720.62)	488,576.46
Check	12/20/2023	To Print	Coastal Gateway Health Cen...	Grant Dec Req 2023		(86,331.38)	402,245.08
Check	12/20/2023	To Print	Winnie Community Hospital...	UC DY8 Recoup Demand		(147,856.73)	254,388.35
Check	12/20/2023	To Print	The Seabreeze Beacon	Inv #s 6880 & 6994		(1,072.00)	253,316.35
Check	12/20/2023	To Print	Hometown Press	Inv #4015		(375.00)	252,941.35
Transfer	12/20/2023	Pending	First Financial Bank	Funds Transfer		591,426.89	844,368.24
Transfer	12/20/2023	Pending	First Financial Bank	Funds Transfer		250,000.00	1,094,368.24
Check	12/21/2023	Pending	Stellar Bank	Opening Deposits 2 Caring Nhs		(400.00)	1,093,968.24
Check	12/21/2023	Pending	Stellar Bank	Opening Deposits 5 Senior Nhs		(1,000.00)	1,092,968.24
Check	12/21/2023	Pending	Stellar Bank	Opening Deposits 4 Gulf Coast Nhs		(800.00)	1,092,168.24
Check	12/21/2023	Pending	First Financial Bank	Opening Deposits 4 HSM Nhs		(800.00)	1,091,368.24
Check	12/26/2023	Post Dated	Winnie Community Hospital...	WCH UC DY8 Payoff		(591,426.89)	499,941.35
Check	01/05/2024	Pending	Riceland Medical Center			(340.00)	499,601.35
Check	01/05/2024	Pending	ECISD			(22,077.13)	477,524.22

Total 100 Prosperity Bank -Checking

(19,798.67) 477,524.22

102 First Financial Bank
102b FFB #4846 DACA

15,280,633.65
15,051,146.17

Check	11/16/2023			Memo:Transfer from DDA Acct No. 111021...	X	5,063,875.78	20,115,021.95
Check	11/17/2023			Memo:Transfer from DDA Acct No. 111021...	X	2,579,755.69	22,694,777.64
Check	11/20/2023			Memo:Transfer from DDA Acct No. 111021...	X	65,700.00	22,760,477.64
Check	11/20/2023			Memo:Transfer from XXX4846 to XXX719...	X	(9,000,000.00)	13,760,477.64
Check	11/21/2023			Memo:Transfer from DDA Acct No. 111021...	X	570,230.57	14,330,708.21
Check	11/22/2023			Memo:Transfer from DDA Acct No. 111021...	X	575,617.55	14,906,325.76
Check	11/30/2023			Transfer from XXX4846 to XXX7759: Conf...	X	(8,597.19)	14,897,728.57
Check	11/30/2023			Transfer from XXX4846 to XXX7635: Conf...	X	(85,125.11)	14,812,603.46
Check	11/30/2023			Transfer from XXX4846 to XXX7635: Conf...	X	(2,111,652.43)	12,700,951.03
Check	11/30/2023			Memo:ACH Paymen Winnie-Stowell HCCD...	X	(75,373.76)	12,625,577.27
Check	11/30/2023			Memo:ACH Paymen Winnie-Stowell HCCD...	X	(5,619,439.32)	7,006,137.95
Deposit	12/01/2023		First Financial Bank		M	15,421,032.78	22,427,170.73
Check	12/01/2023			Outbound Domestic Wire - Manua GOVER...	M	(12,500.00)	22,414,670.73
Check	12/01/2023				M	(141,710.00)	22,272,960.73
Check	12/01/2023				M	(25.00)	22,272,935.73
Deposit	12/04/2023			ACH Winnie Stowell CCD 3018542	M	144,582.94	22,417,518.67
Deposit	12/04/2023			ACH Winnie Stowell CCD 3018644	M	148,590.80	22,566,109.47
Deposit	12/04/2023			ACH Winnie Stowell CCD 3018522	M	166,251.90	22,732,361.37
Deposit	12/04/2023			ACH Winnie Stowell CCD 3018528	M	178,947.40	22,911,308.77
Deposit	12/04/2023			ACH Winnie Stowell CCD 3018539	M	206,607.52	23,117,916.29
Deposit	12/04/2023			ACH Winnie Stowell CCD 3018526	M	217,082.05	23,334,998.34
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(115,108.67)	23,219,889.67
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(129,263.49)	23,090,626.18
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(133,484.19)	22,957,141.99
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(141,136.37)	22,816,005.62
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(155,428.45)	22,660,577.17
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(158,894.23)	22,501,682.94
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(169,085.70)	22,332,597.24
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(208,170.15)	22,124,427.09
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(209,645.68)	21,914,781.41
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(209,988.82)	21,704,792.59
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(213,437.45)	21,491,355.14
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(222,548.01)	21,268,807.13
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(223,337.24)	21,045,469.89
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(224,915.72)	20,820,554.17
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(230,646.28)	20,589,907.89
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(255,833.27)	20,334,074.62
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(262,335.90)	20,071,738.72
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(281,826.65)	19,789,912.07
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(285,000.76)	19,504,911.31
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(290,250.91)	19,214,660.40
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(294,780.46)	18,919,879.94
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(297,508.47)	18,622,371.47

Winnie-Stowell Hospital District
Bank Accounts Register
As of November 15, 2023 to December 20, 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	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(301,780.65)	18,320,590.82
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(306,842.07)	18,013,748.75
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(308,146.03)	17,705,602.72
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(316,535.98)	17,389,066.74
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(321,271.41)	17,067,795.33
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(322,163.59)	16,745,631.74
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(329,249.57)	16,416,382.17
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(334,019.32)	16,082,362.85
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(338,668.96)	15,743,693.89
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(340,590.58)	15,403,103.31
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(368,780.11)	15,034,323.20
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(370,959.10)	14,663,364.10
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(374,870.97)	14,288,493.13
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(378,388.23)	13,910,104.90
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(380,327.01)	13,529,777.89
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(398,399.00)	13,131,378.89
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(406,972.38)	12,724,406.51
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(410,180.80)	12,314,225.71
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(417,730.04)	11,896,495.67
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(425,416.53)	11,471,079.14
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(442,728.30)	11,028,350.84
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(450,226.06)	10,578,124.78
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(468,601.58)	10,109,523.20
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(472,976.71)	9,636,546.49
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(511,838.11)	9,124,708.38
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(553,187.33)	8,571,521.05
Check	12/04/2023			TEXNET STATE COMPTRLR CCD 07953...	M	(657,555.49)	7,913,965.56
Deposit	12/05/2023			ACH to WSHD Prosperity Bank	M	(400,000.00)	7,513,965.56
Check	12/05/2023		LTC Group	ACH PaymenWinnie-Stowell HCCD 161150...	M	(294,000.00)	7,219,965.56
Check	12/08/2023			Memo:Transfer from DDA Acct No. 111021...	M	611,949.19	7,831,914.75
Check	12/13/2023			Transfer to DDA Acct No. 1110214846-D		1,293,042.47	9,124,957.22
Check	12/15/2023			Transfer to DDA Acct No. 1110214846-D		357,434.33	9,482,391.55
Check	12/18/2023			Transfer to DDA Acct No. 1110214846-D		666,059.36	10,148,450.91
Transfer	12/20/2023	Pending	First Financial Bank	Funds Transfer		(591,426.89)	9,557,024.02
Transfer	12/20/2023	Pending	First Financial Bank	Funds Transfer		(250,000.00)	9,307,024.02
Check	12/29/2023	Pending	First Financial Bank	11 mth Loan Principle & Interest Due		(2,010,405.60)	7,296,618.42
Check	12/29/2023	Pending	First Financial Bank	RLOC Interest		(13,177.11)	7,283,441.31
Check	12/29/2023	Pending	First Financial Bank	FFB Ln IGT 17 Interest		(112,873.39)	7,170,567.92
Check	12/29/2023	Pending	First Financial Bank	11 mth Loan Extra Principle		(290,895.79)	6,879,672.13
Total 102b FFB #4846 DACA						(8,171,474.04)	6,879,672.13
102c FFB #7190 Money Market							229,487.48
Check	11/20/2023			Memo:Transfer from XXX4846 to XXX719...	X	9,000,000.00	9,229,487.48
Deposit	11/30/2023				X	11,603.80	9,241,091.28
Total 102c FFB #7190 Money Market						9,011,603.80	9,241,091.28
Total 102 First Financial Bank						840,129.76	16,120,763.41
TOTAL						820,331.09	16,598,287.63

Exhibit “C”



12.2.23 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients: **86** –DOWN by **1** from **87** in **OCT**
 - **37** Apps, [**11 Renewals**, **7 Previous**, **6 New**, and **6 ER Referrals**]
 - **19** Approved [**9 Renewals**, **6 Previous**, **3 New**, and **1 ER Referrals**]
 - **1** Withdrew / **9** Denied / **13** Incomplete / **1** Pending
- b) Youth Counseling: **3** – Stayed the same as in **OCT**
- c) Irlen Services: **0** – the same since **OCT 2022**
- d) Dental: **3** clients used their benefit in **NOV**
- e) Vision Services: **1** clients used their benefit in **NOV**
- f) Riceland Emergency Room Referrals: **6** (**1 Approved**, **5 Failed to Apply**, and **0 Pending**)

2) Riceland Hospital & Clinics:

The **NOV** charges were DOWN by **\$27.1 K** from **\$107 K** to **\$79.9 K**. Basically charges for all services areas were down.

3) UTMB Hospital & Clinics:

UTMB **NOV** charges were DOWN by **\$100.7 K** from **\$257.5 K** to **\$156.8 K**, which included **1 surgery** & **2 procedures** for a total billed amount of **\$123.8 K** and payment of **\$34.4 K**.

4) Our over-all YTD expenditure Charts:

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

- **89%** of the Pharmacy budget
- **106%** of the Riceland budget
- **80%** of the UTMB budget
- **38%** of the Youth Counseling budget
- **71%** of the Vision budget
- **80%** of the Dental budget
- **93%** of the Thompson Clinic budget
- **0%** of the Coastal Gateway budget

5) District Programs:

- a) County Van (See attached): **8** out of **82** were WSHD clients
- b) Winnie Stowell EMS (See attached): **9** transports out of **9** were made from Riceland
- c) Marcelous Williams (See attached): **23** out of **24** were WSHD clients
- d) East Chambers School (See attached): For **Sep 2023 – Nov 2023**, students benefited from:
 - **46** Student Insurance Claims
 - **15** Physical Therapy sessions
 - **163** Counseling sessions
 - **2459** Nurse Visits
 - **83** Occupational Therapy sessions
 - **0** Students screened for Vision, Hearing & Scoliosis
 - **70** Speech Therapy sessions

6) Other items of Interest:

For the first time, WSHD ICAP will be providing coverage for a 5 year old child whose parent's income is over the limit for Medicaid, but within the limit of Indigent Care.



CHART 1: 2023 YTD WSHD Services & Budget Status:

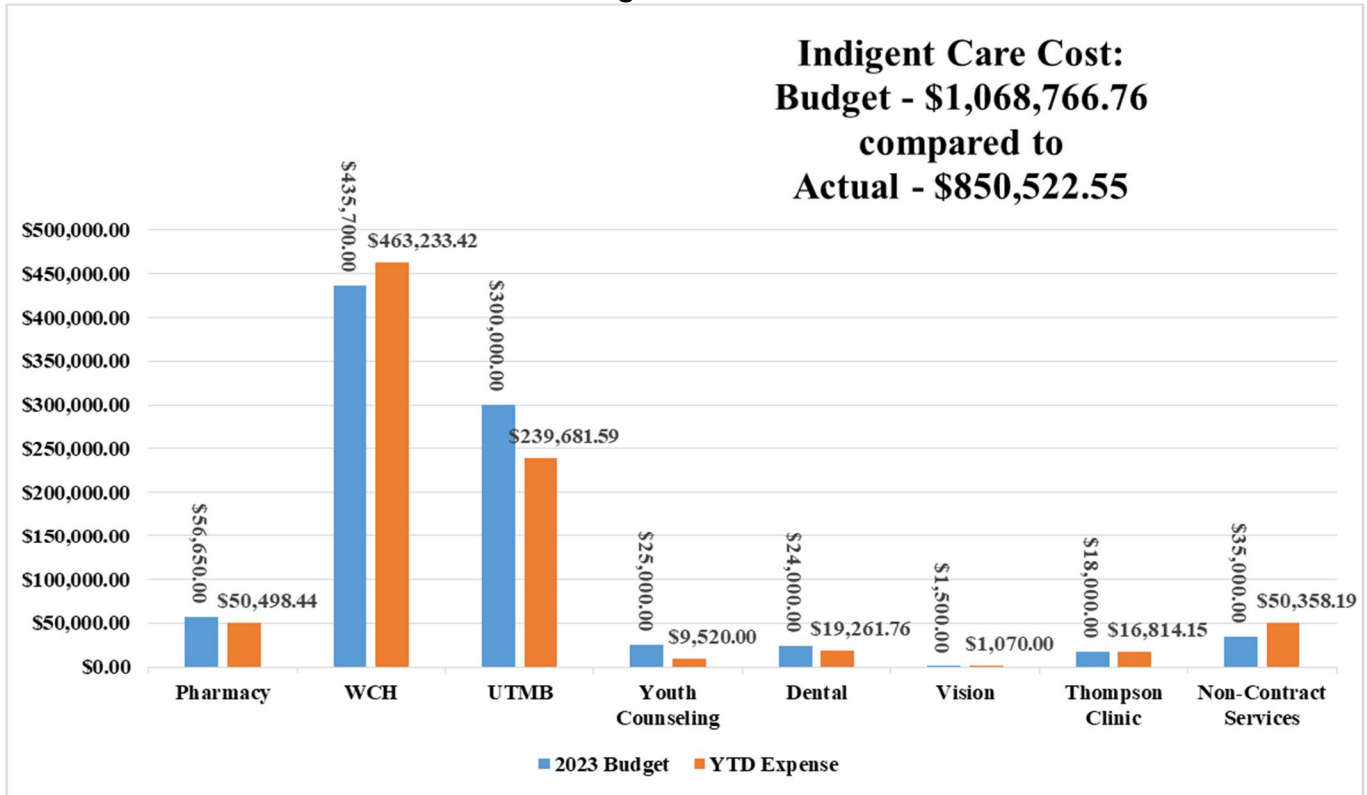
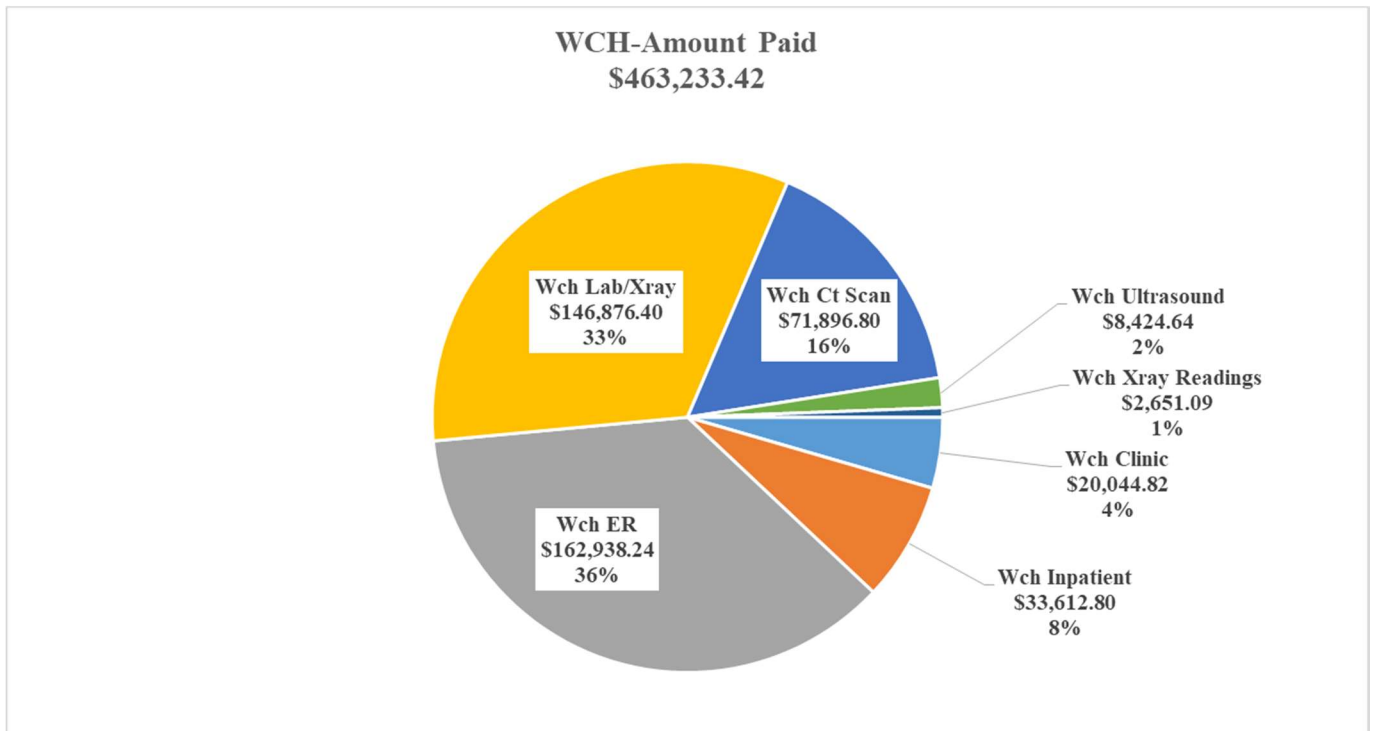


CHART 2: 2023 WCH Services Breakdown



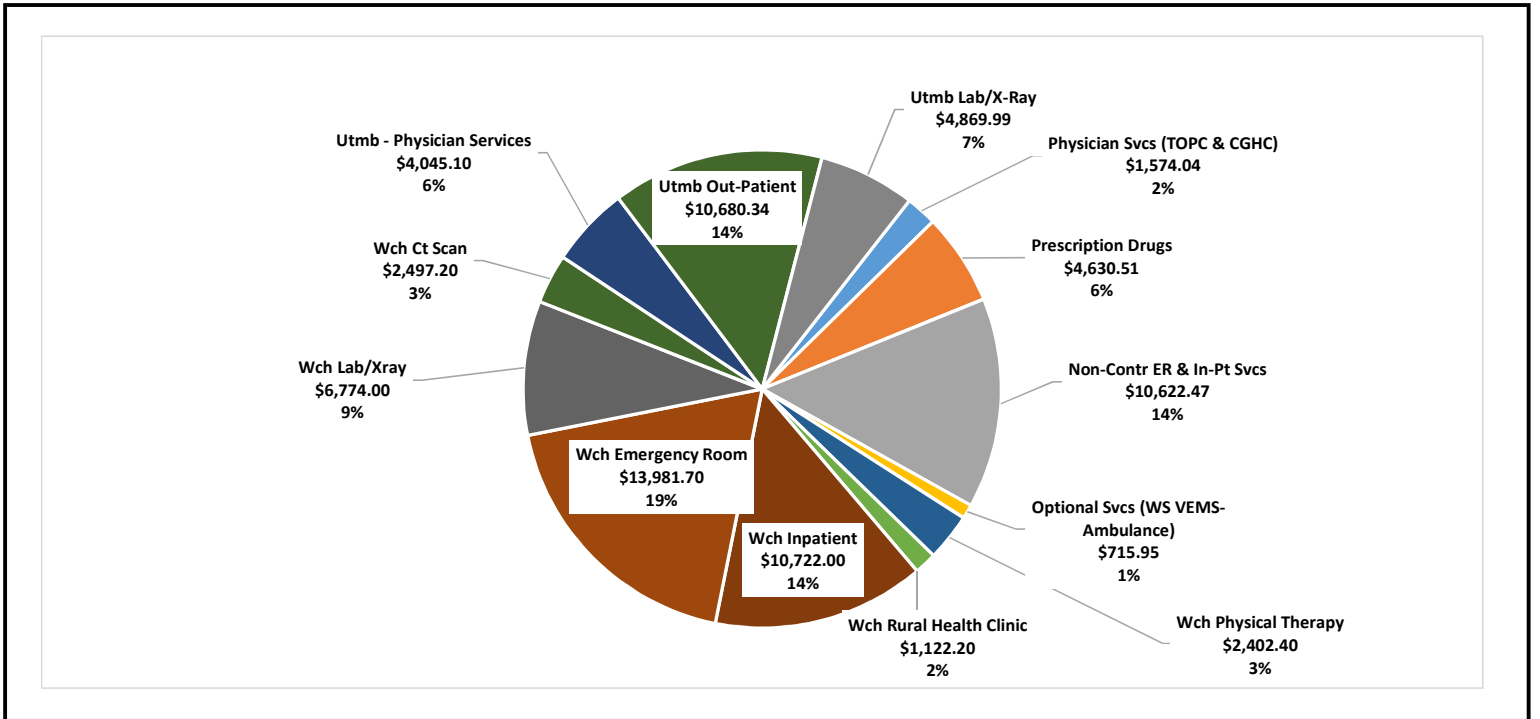
WSHD Indigent Care Director Report
 Jan-Dec 2023 YTD Expenditures Worksheet

	October			November			Year to Date		
	Indigent Clients:	87		Indigent Clients:	86		Clients Enrolled:	Total Unduplicated 139	Average 97
	Youth Counseling:	3		Youth Counseling:	3		YC Enrolled:	27	17
	Irlen Services:	0		Irlen Services:	0		IS Enrolled:	0	0
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid
Pharmacy									
Brookshire Brothers Pharmacy Corp	\$4,065.10	\$4,065.10	\$3,115.77	\$2,922.23	\$2,679.84	\$2,679.84	\$39,231.01	\$36,163.28	\$31,842.63
Wilcox Pharmacy	\$1,694.81	\$1,694.81	\$1,694.81	\$1,950.67	\$1,950.67	\$1,950.67	\$18,718.15	\$18,691.31	\$18,655.81
<i>ADJUSTMENTS-Refunds/Credits</i>									
Pharmacy Totals	\$5,759.91	\$5,759.91	\$4,810.58	\$4,872.90	\$4,630.51	\$4,630.51			
							<i>YTD Refunds/Credits</i>		<i>(\$39.90)</i>
							\$57,949.16	\$54,854.59	\$50,498.44
Winnie Community Hospital									
WCH Clinic	\$5,046.00	\$1,907.74	\$1,907.74	\$2,296.00	\$1,122.20	\$1,122.20	\$49,392.04	\$20,044.82	\$20,044.82
WCH ER	\$36,271.00	\$17,875.08	\$17,875.08	\$33,009.00	\$13,981.70	\$13,981.70	\$322,297.00	\$162,938.24	\$162,938.24
WCH Lab/Xray	\$22,626.00	\$13,354.20	\$13,354.20	\$11,290.00	\$6,774.00	\$6,774.00	\$250,955.00	\$146,876.40	\$146,876.40
WCH CT Scan	\$9,486.00	\$5,691.60	\$5,691.60	\$8,761.00	\$2,497.20	\$2,497.20	\$128,170.00	\$71,896.80	\$71,896.80
WCH Optional Services (Infusion)	\$1,703.00	\$283.78	\$283.78	\$1,741.00	\$302.61	\$302.61	\$6,997.00	\$1,211.35	\$1,211.35
WCH Xray (MRI)	\$11,214.00	\$591.66	\$591.66	\$0.00	\$0.00	\$0.00	\$63,546.00	\$2,958.08	\$2,958.08
WCH Lab/Xray Reading	\$2,107.00	\$278.80	\$278.80	\$939.00	\$136.62	\$136.62	\$18,901.00	\$2,651.09	\$2,651.09
WCH Inpatient	\$0.00	\$0.00	\$0.00	\$17,870.00	\$10,722.00	\$10,722.00	\$49,860.00	\$33,612.80	\$33,612.80
WCH Physical Therapy	\$17,028.00	\$10,216.80	\$10,216.80	\$4,004.00	\$2,402.40	\$2,402.40	\$21,032.00	\$12,619.20	\$12,619.20
WCH Ultrasound	\$1,554.00	\$537.04	\$537.04	\$0.00	\$0.00	\$0.00	\$14,700.00	\$8,424.64	\$8,424.64
WCH Totals	\$107,035.00	\$50,736.70	\$50,736.70	\$79,910.00	\$37,938.73	\$37,938.73	\$925,850.04	\$463,233.42	\$463,233.42
<i>ADJUSTMENTS-Refunds/Credits</i>				<i>Credit Adjustment</i>			<i>YTD Credit Adjustments</i>		\$0.00
Balance on Contracted Amount (Lump Sum Payment of \$288,370.10)									(\$174,863.32)
UTMB									
UTMB Physician Services	\$5,231.00	\$1,340.71	\$1,340.71	\$15,899.00	\$4,045.10	\$4,045.10	\$120,687.00	\$28,764.79	\$28,764.79
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,378.00	\$582.29	\$582.29
UTMB Anesthesia	\$4,016.00	\$2,420.92	\$2,420.92	\$1,440.00	\$833.65	\$833.65	\$18,940.00	\$11,523.65	\$11,523.65
UTMB In-Patient	\$0.00	\$0.00	\$0.00	\$66,985.96	\$22,914.56	\$22,914.56	\$160,465.80	\$52,486.47	\$52,486.47
UTMB Outpatient	\$243,593.09	\$22,495.45	\$22,495.45	\$49,211.00	\$10,680.34	\$10,680.34	\$791,040.83	\$134,041.93	\$134,041.93
UTMB Lab&Xray	\$4,666.00	\$1,026.52	\$1,026.52	\$23,270.70	\$4,869.99	\$4,869.99	\$63,770.83	\$12,282.46	\$12,282.46
<i>ADJUSTMENTS-Refunds/Credits</i>							<i>YTD Refunds/Credits</i>		<i>(\$7,752.64)</i>
UTMB Totals	\$257,506.09	\$27,283.60	\$27,283.60	\$156,806.66	\$43,343.64	\$43,343.64	\$1,175,282.46	\$239,681.59	\$239,681.59
Local Community Clinics (601.04)									
Coastal Gateway Health Clinic	\$0.00	\$0.00	\$0.00	\$205.70	\$85.00	\$85.00	\$205.70	\$85.00	\$85.00
Thompson Outpatient Clinic	\$6,207.00	\$2,362.69	\$2,362.69	\$6,481.00	\$1,489.04	\$1,489.04	\$65,031.00	\$16,814.15	\$16,814.15
Local Community Clinics	\$6,207.00	\$2,362.69	\$2,362.69	\$6,686.70	\$1,574.04	\$1,574.04	\$65,236.70	\$16,899.15	\$16,899.15
Non-Contracted Emergency Services (601.04)									
Non-Contract ER & In-Pt Services	\$48,372.47	\$10,574.62	\$10,574.62	\$48,372.47	\$10,622.47	\$10,622.47	\$232,895.34	\$45,288.79	\$45,288.79
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$3,174.76	\$715.95	\$715.95	\$11,577.97	\$2,809.40	\$2,809.40
Non-Contract Services Totals	\$48,372.47	\$10,574.62	\$10,574.62	\$51,547.23	\$11,338.42	\$11,338.42	\$244,473.31	\$48,098.19	\$48,098.19
Youth Counseling									
Benjamin Odom	\$340.00	\$340.00	\$340.00	\$340.00	\$340.00	\$340.00	\$5,355.00	\$5,355.00	\$5,355.00
Nicki Holtzman	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,400.00	\$3,400.00	\$3,400.00
Penelope Butler	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$765.00	\$765.00	\$765.00
Youth Counseling Totals	\$340.00	\$340.00	\$340.00	\$340.00	\$340.00	\$340.00	\$9,520.00	\$9,520.00	\$9,520.00
Irlen Services									
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Irlen Services Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigent Special Services									
Dental Services	\$747.96	\$140.00	\$140.00	\$1,917.95	\$910.00	\$910.00	\$42,532.82	\$19,261.76	\$19,261.76
Vision Services	\$0.00	\$0.00	\$0.00	\$85.00	\$85.00	\$85.00	\$1,070.00	\$1,070.00	\$1,070.00
Indigent Special Services Totals	\$747.96	\$140.00	\$140.00	\$2,002.95	\$995.00	\$995.00	\$43,602.82	\$20,331.76	\$20,331.76
Medical Supplies (601.04)									
Alliance Medical Supply (C-PAP)	\$830.00	\$830.00	\$530.00	\$0.00	\$0.00	\$0.00	\$2,560.00	\$2,560.00	\$2,260.00
Medical Supplies Total	\$830.00	\$830.00	\$530.00	\$0.00	\$0.00	\$0.00	\$2,560.00	\$2,560.00	\$2,260.00
Grand Totals	\$426,798.43	\$98,027.52	\$96,778.19	\$302,166.44	\$100,160.34	\$100,160.34	\$2,524,474.49	\$855,178.70	\$850,522.55

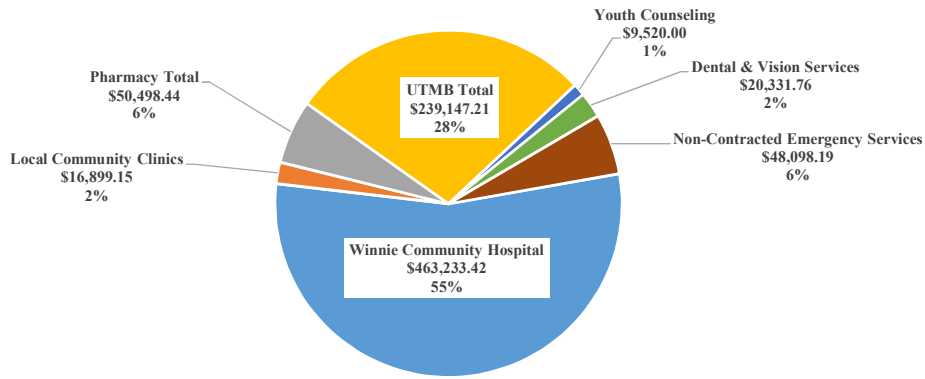
WSHD Indigent Care Director Report Nov 2023 SOURCE CODE REPORT

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Svcs (TOPC & CGHC)	\$6,686.70	\$1,574.04	1.57%
02	Prescription Drugs	\$4,872.90	\$4,630.51	4.62%
NCP	Non-Contr ER & In-Pt Svcs	\$48,372.47	\$10,622.47	10.61%
10	Optional Svcs (WS VEMS-Ambulance)	\$3,174.76	\$715.95	0.71%
13	Vision Services	\$85.00	\$85.00	0.08%
14	Dental Services	\$1,917.95	\$910.00	0.91%
20	Wch Physical Therapy	\$4,004.00	\$2,402.40	2.40%
21	Wch Rural Health Clinic	\$2,296.00	\$1,122.20	1.12%
23	Wch Inpatient	\$17,870.00	\$10,722.00	10.70%
24	Wch Emergency Room	\$33,009.00	\$13,981.70	13.96%
25	Wch Lab/Xray	\$11,290.00	\$6,774.00	6.76%
26	Wch Ct Scan	\$8,761.00	\$2,497.20	2.49%
27	Wch Optional Svcs (Infusion Therapy)	\$1,741.00	\$302.61	0.30%
28	Wch X-Ray (MRI)	\$0.00	\$0.00	0.00%
29	Wch Ultrasound	\$0.00	\$0.00	0.00%
44	Wch Xray Readings	\$939.00	\$136.62	0.14%
31	Utmb - Physician Services	\$15,899.00	\$4,045.10	4.04%
31-1	Utmb Anesthesia	\$1,440.00	\$833.65	0.83%
33	Utmb In-Patient	\$66,985.96	\$22,914.56	22.88%
34	Utmb Out-Patient	\$49,211.00	\$10,680.34	10.66%
34-1	Utmb ER Physicians - Barrier Reef	\$0.00	\$0.00	0.00%
35	Utmb Lab/X-Ray	\$23,270.70	\$4,869.99	4.86%
39	Youth Counseling	\$340.00	\$340.00	0.34%

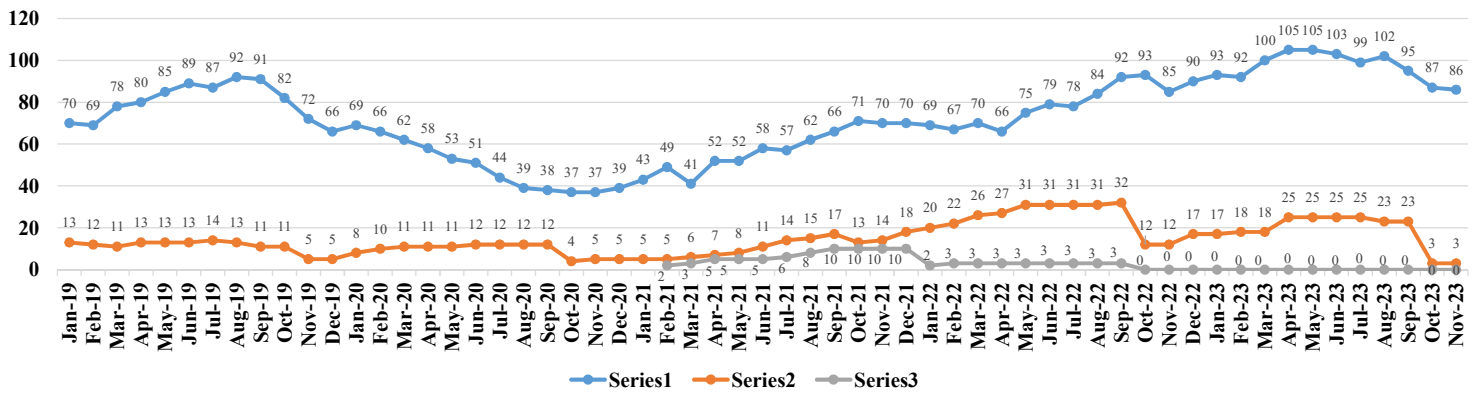
Expenditures	\$302,166.44	\$100,160.34	100%
	\$0.00	\$0.00	
Grand Total	\$302,166.44	\$100,160.34	100%



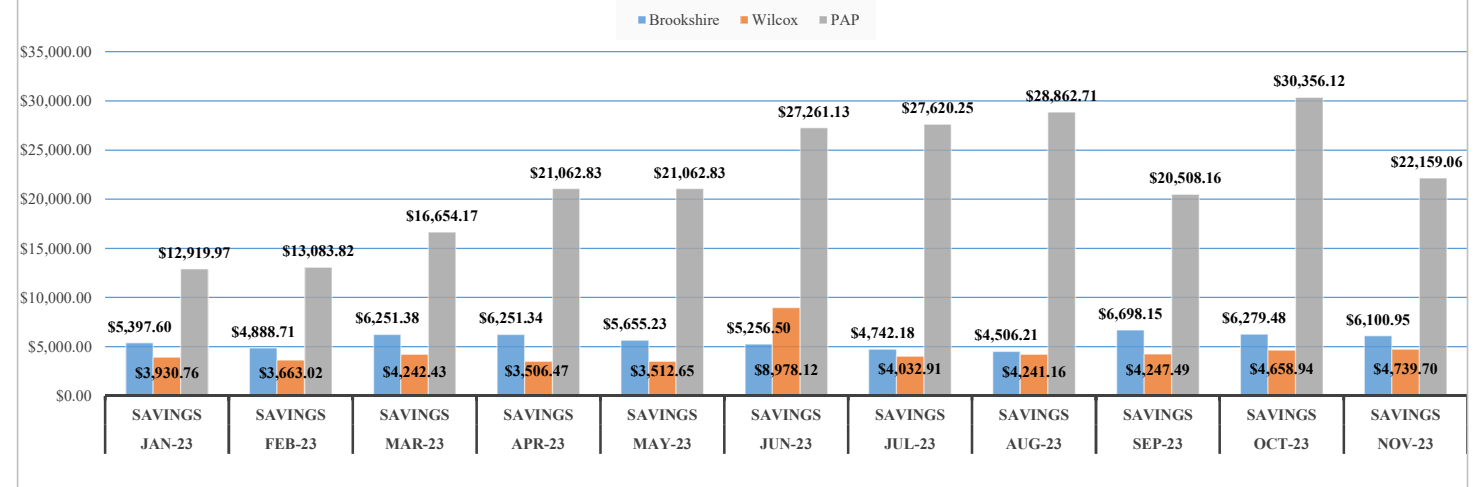
Year To Date Payments Incurred: \$849,988.17



Client Count Trending



PHARMACY SAVINGS TO DATE = \$362,6068.47



Chambers County East Side Van Monthly Report



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


Nov-23

VEHICLE #1	EAST SIDE VAN #1	
TOTAL MILES DRIVEN		3181
TOTAL HOURS DRIVEN		158.08
TOTAL EXPENSES FOR MONTH		\$10,988.36
<i>FUEL COST</i>		\$1,042.11
<i>REPAIRS & MAINTENANCE COST</i>	battery	\$221.26
<i>MISC EXPENSES</i>	transmission, labor, parts	\$9,724.99
TOTAL RIDERS		28
<i>TOTAL WSHD RIDERS</i>		2
TOTAL TRIPS		61
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		2

VEHICLE #2	EAST SIDE VAN #2	
TOTAL MILES DRIVEN		3277
TOTAL HOURS DRIVEN		159.08
TOTAL EXPENSES FOR MONTH		\$642.33
<i>FUEL COST</i>		\$642.33
<i>REPAIRS & MAINTENANCE COST</i>		
<i>MISC EXPENSES</i>		
TOTAL RIDERS		30
<i>TOTAL WSHD RIDERS</i>		3
TOTAL TRIPS		65
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		3

VEHICLE #3	RAV 4	
TOTAL MILES DRIVEN		3026
TOTAL HOURS DRIVEN		145.00
TOTAL EXPENSES FOR MONTH		\$307.05
<i>FUEL COST</i>		\$307.05
<i>REPAIRS & MAINTENANCE COST</i>		
<i>MISC EXPENSES</i>		
TOTAL RIDERS		24
<i>TOTAL WSHD RIDERS</i>		3
TOTAL TRIPS		49
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		4

GRAND TOTALS		
MILES DRIVEN		9484
RIDERS		82
<i>WSHD RIDERS</i>		8
TRIPS		175
<i>WSHD TRIPS</i>		9
EXPENSES		\$11,937.74

 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	Oct-23	Nov-23	YTD DATE
CALL SUMMARY														
CALLS/TRANSPORTS REQUESTED		117	4	9	13	10	7	6	8	10	12	7	9	95
CALLS/TRANSPORTS MADE		-	0	4	6	3	5	3	7	6	10	5	6	55
INSURED		-	1	1	0	4	1	1	0	3	0	1	3	15
SELF-PAY		-	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CALLS MADE		76	1	5	6	7	6	4	7	9	10	6	9	70
CALLS/TRANSPORTS DELAYED		1	0	0	0	0	0	0	1	1	0	0	0	2
TRANSPORTS NOT MADE		43	3	4	7	3	1	2	1	1	2	1	0	25
PERCENTAGE OF CALLS MADE		65%	25.0%	55.6%	46.2%	70.0%	85.7%	66.7%	87.5%	90.0%	83.3%	85.7%	100.0%	26.3%
INVOICE D/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	\$10,299.69	\$11,490.33	\$7,295.93	\$6,487.10	\$71,220.59
Self-Pay Billed during Month		\$55,989.76	\$716.96	\$2,704.02	\$0.00	\$10,650.64	\$2,554.53	\$1,868.40	\$1,786.01	\$2,500.36	\$0.00	\$1,151.75	\$1,724.82	\$25,657.49
Total		\$110,338.46	\$716.96	\$7,201.26	\$7,934.94	\$15,619.18	\$8,553.94	\$5,192.81	\$10,709.01	\$12,800.05	\$11,490.33	\$8,447.68	\$8,211.92	\$96,878.08
PAYMENTS RECEIVED														
Insurance Payments Rcvd during 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	\$2,941.36	\$4,099.76	\$2,954.15	\$0.00	\$25,588.80
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	\$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	\$2,941.36	\$4,099.76	\$2,954.15	\$0.00	\$30,109.19
ACCOUNTS RECEIVABLE-FUNDS OWED														
Owed by Insurance		\$0.00	\$571.05	\$347.27	\$1,026.77	\$672.29	\$663.64	\$4,006.77	\$4,108.56	\$5,581.87	\$3,230.61	\$6,487.10	\$26,695.93	
Owed by Self-Pay		\$0.00	\$0.00	\$0.00	\$0.00	\$851.97	\$715.22	\$636.81	\$1,351.16	\$0.00	\$0.00	\$1,151.75	\$1,724.82	\$6,431.73
Total		\$0.00	\$571.05	\$347.27	\$1,026.77	\$1,524.26	\$1,378.86	\$4,643.58	\$5,459.72	\$5,581.87	\$4,382.36	\$8,211.92	\$33,127.66	
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	\$11,216.00	\$10,776.00	\$109,852.00

Nov-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	
11/2/2023	Riceland	UTMB Clearlake	M			23-32746	2000	11/28/2023	26	
11/3/2023	Riceland	Baptist Beaumont	M			23-32819	1989	11/21/2023	18	
11/5/2023	Riceland	Texas Childrens TMC	M			23-33056	1994	11/21/2023	16	
11/9/2023	Riceland	UTMB Galveston	M			23-33454	1998	11/24/2023	15	
11/10/2023	Riceland	St. Elizabeth	M			23-33555	1999	11/24/2023	14	
11/12/2023	Riceland	St. Elizabeth	M			23-33691	1532	12/1/2023	19	
11/13/2023	Riceland	UTMB Galveston	M			23-33796	nn#1		Not Billed Yet	
11/24/2023	Riceland	St. Elizabeth	M			23-34866	nn#2		Not Billed Yet	
11/29/2023	Riceland	St. Elizabeth	M			23-35341	nn#3		Not Billed Yet	
TOTAL CALLS & RESULTS			9	0	0			AVERAGE DAYS TO BILL:	18	

Nov-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)		
11/1/2023	Joshua Wahleithner	8am - 4am	20	0	\$ 16.00	\$320.00	\$30.00	\$600.00	(\$280.00)		
11/2/2023	Andrew Broussard	7am - 7am	24	0	\$ 16.00	\$384.00	\$18.00	\$432.00	(\$48.00)		
11/3/2023	Ruthann Broussard	7am - 6am	23	0	\$ 16.00	\$368.00	\$15.00	\$345.00	\$23.00		
11/4/2023	Haley Brandin	7am - 7am	24	0	\$ 16.00	\$384.00	\$15.00	\$360.00	\$24.00		
11/5/2023	Nicole Tretz	7am - 4am	21	0	\$ 16.00	\$336.00	\$16.00	\$336.00	\$0.00		
11/6/2023	Brad Eads	7am - 7pm	12	0	\$ 16.00	\$192.00	\$20.00	\$240.00	(\$48.00)		
11/6/2023	Jennifer Hafford	7pm - 4am	9	0	\$ 16.00	\$144.00	\$20.00	\$180.00	(\$36.00)		
11/7/2023	Carolyn Hurych	6am - 7am	1	0	\$ 16.00	\$16.00	\$17.50	\$17.50	(\$1.50)		
11/7/2023	Andrew Broussard	7am - 6am	23	0	\$ 16.00	\$368.00	\$18.00	\$414.00	(\$46.00)		
11/8/2023	Ron Nichols	7am - 7am	24	0	\$ 16.00	\$384.00	\$21.00	\$504.00	(\$120.00)		
11/9/2023	Kayla Blackwell	7am - 12pm	5	0	\$ 16.00	\$80.00	\$15.00	\$75.00	\$5.00		
11/9/2023	Kayla Blackwell	3pm - 7am	16	0	\$ 16.00	\$256.00	\$15.00	\$240.00	\$16.00		
11/10/2023	Mark Matak	7am - 7am	24	0	\$ 16.00	\$384.00	\$17.00	\$408.00	(\$24.00)		
11/11/2023	Jarrod Brannon	7am - 7pm	12	0	\$ 16.00	\$192.00	\$15.00	\$180.00	\$12.00		
11/11/2023	Haley Brandin	10pm - 7am	8	0	\$ 16.00	\$128.00	\$15.00	\$120.00	\$8.00		
11/12/2023	Joshua Wahleithner	7am - 4am	21	0	\$ 16.00	\$336.00	\$30.00	\$630.00	(\$294.00)		
11/13/2023	Brad Eads	7am - 7pm	12	0	\$ 16.00	\$192.00	\$20.00	\$240.00	(\$48.00)		
11/13/2023	Jennifer Hafford	7pm - 4am	9	0	\$ 16.00	\$144.00	\$20.00	\$180.00	(\$36.00)		
11/14/2023	Carolyn Hurych	6am - 7am	1	0	\$ 16.00	\$16.00	\$17.50	\$17.50	(\$1.50)		
11/14/2023	Amanda Harpst	7am - 7pm	12	0	\$ 16.00	\$192.00	\$16.00	\$192.00	\$0.00		
11/14/2023	Joshua Wahleithner	7pm - 4am	9	0	\$ 16.00	\$144.00	\$30.00	\$270.00	(\$126.00)		
11/15/2023	Carolyn Hurych	6am - 7am	1	0	\$ 16.00	\$16.00	\$17.50	\$17.50	(\$1.50)		
11/15/2023	Clint Aslin	9am - 7pm	10	0	\$ 16.00	\$160.00	\$20.50	\$205.00	(\$45.00)		
11/15/2023	Keven Gilbert	7pm - 4am	9	0	\$ 16.00	\$144.00	\$20.00	\$180.00	(\$36.00)		
11/16/2023	Ron Nichols	7am - 7am	24	0	\$ 16.00	\$384.00	\$21.00	\$504.00	(\$120.00)		
11/17/2023	Jarrod Brannon	7am - 5pm	10	0	\$ 16.00	\$160.00	\$15.00	\$150.00	\$10.00		
11/17/2023	Austin Isaacs	7pm - 7am	12	0	\$ 16.00	\$192.00	\$16.00	\$192.00	\$0.00		
11/18/2023	Haley Brandin	7am - 7am	24	0	\$ 16.00	\$384.00	\$15.00	\$360.00	\$24.00		
11/19/2023	Nicole Tretz	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00		
11/20/2023	Haley Brandin	7am - 7pm	12	0	\$ 16.00	\$192.00	\$15.00	\$180.00	\$12.00		
11/20/2023	Andrew Broussard	8pm - 7am	11	0	\$ 16.00	\$176.00	\$18.00	\$198.00	(\$22.00)		
11/21/2023	Amanda Harpst	7am - 7pm	12	0	\$ 16.00	\$192.00	\$16.00	\$192.00	\$0.00		
11/21/2023	Keven Gilbert	7pm - 4am	9	0	\$ 16.00	\$144.00	\$20.00	\$180.00	(\$36.00)		
11/22/2023	Clint Aslin	6am - 6pm	12	0	\$ 16.00	\$192.00	\$20.50	\$246.00	(\$54.00)		
11/22/2023	Joshua Wahleithner	6pm - 7am	11	0	\$ 16.00	\$176.00	\$30.00	\$330.00	(\$154.00)		
11/23/2023	Hunter Traweck	7:30am - 7pm	11.5	0	\$ 16.00	\$184.00	\$16.00	\$184.00	\$0.00		
11/23/2023	Kayla Blackwell	7pm - 7am	12	0	\$ 16.00	\$192.00	\$15.00	\$180.00	\$12.00		
11/24/2023	Ruthann Broussard	8am - 6am	22	0	\$ 16.00	\$352.00	\$15.00	\$330.00	\$22.00		
11/25/2023	Austin Isaacs	8am - 7am	23	0	\$ 16.00	\$368.00	\$16.00	\$368.00	\$0.00		
11/26/2023	Ron Nichols	7am - 7am	24	0	\$ 16.00	\$384.00	\$21.00	\$504.00	(\$120.00)		
11/27/2023	Brad Eads	7am - 7am	24	0	\$ 16.00	\$384.00	\$20.00	\$480.00	(\$96.00)		
11/28/2023	Amanda Harpst	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00		
11/29/2023	Clint Aslin	7am - 7pm	12	0	\$ 16.00	\$192.00	\$20.50	\$246.00	(\$54.00)		
11/29/2023	Jennifer Hafford	7pm - 4am	9	0	\$ 16.00	\$144.00	\$20.00	\$180.00	(\$36.00)		
11/30/2023	Joshua Wahleithner	7am - 4am	21	0	\$ 16.00	\$336.00	\$30.00	\$630.00	(\$294.00)		
TOTAL SALARY EXPENSE FOR THE MONTH:							\$10,776.00	\$18.91	\$12,785.50	DEFICIT (\$2,009.50)	

**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	Oct-23	Nov-23	YTD DATE
YTD WSHD REFERRALS	0	2	0	4	2	0	0	0	0	0	0	8
YTD Indigent Care (Medical, Dental & Vision)	0	2	0	3	2	0	0	0	0	0	0	7
YTD Prescription Assistance	0	0	0	1	0	0	0	0	0	0	0	1
YTD Youth Counseling	0	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	0
YTD OTHER REFERRALS	2	10	4	4	7	8	7	5	2	1	0	50
YTD Gift of Life	0	0	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	0	0
YTD Chambers County Indigent or OmniPoint FC	0	0	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	0	0
YTD Transportation	0	1	0	0	0	0	0	0	0	0	0	1
YTD Medical Services (Other Than Indigent)	0	2	0	0	1	1	1	0	0	0	0	5
YTD G.E.T.-C.A.P.	0	0	0	0	0	0	0	0	0	0	0	0
YTD Misc. MWRC Available Services	2	7	4	4	6	7	6	5	2	1	0	44
YTD APPLICATIONS INITIATED/PROCESSED	29	26	24	21	28	21	23	40	45	19	31	307
YTD WSHD Indigent Care	0	0	0	1	3	0	0	0	0	0	0	4
YTD Prescription Assistance	0	0	0	0	0	0	0	0	0	0	0	0
YTD Social Security	6	4	2	6	3	4	4	11	7	6	1	54
YTD Medicare Savings Program	1	1	0	0	2	0	0	1	1	0	2	8
YTD Medicaid	2	2	2	0	0	4	3	7	6	4	9	39
YTD Food Stamps	17	19	18	13	15	11	14	16	28	8	18	177
YTD Home Repair	0	0	1	0	3	2	2	1	1	0	0	10
YTD G.E.T.-C.A.P.	3	0	1	1	2	0	0	4	2	1	1	15
YTD CLIENTS SERVED	21	27	24	19	20	24	30	41	40	19	24	289
YTD WSHD Clients	19	21	23	18	18	23	25	41	40	19	23	274
YTD Chambers County Residents	0	0	1	1	2	0	1	0	0	0	0	5
YTD Other County Residents	2	6	0	0	0	0	0	0	0	0	1	9
YTD OFFICE SUPPLIES EXPENSES	\$1,964.24	\$544.54	\$431.67	\$790.92	\$701.42	\$534.93	\$238.35	\$407.66	\$580.91	\$391.40	\$586.78	\$7,172.82
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	\$3,202.08	\$2,552.08	\$47,556.39
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	\$3,593.48	\$3,138.86	\$54,729.21
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	\$6,151.65	\$3,012.79	\$3,012.79
OUTREACH ACTIVITIES/EVENTS ATTENDED	0	0	9	3	2	1	1	1	1	2	2	22

Nov-23 MONTHLY REFERRALS & APPLICATIONS REPORT											
CLIENT DETAILS				APPLICATION(S) INITIATED WITH CLIENT							
DATE	PEAT CLIENT Enter "R"	Client Identifier Last, First, Middle Initial	Client Residency Data Winnie Stowell Hosp Dist / County: ENTER COUNTY	Social Security: Disability, SSI, Retirement	Medicare Savings Program	Medicaid	Food Stamps	G.E.T.-C.A.P.			
11/17/2023	R	WHIL	X				X	X	X		
11/17/2023	R	ORT,T	X				X	X			
11/3/2023		HES,D	X				X	X			
11/8/2023	R	MOR,M	X				X	X			
11/9/2023	R	ROJ,J	X				X	X			
11/9/2023		HARE	X				X	X			
11/13/23	R	WIL,V	X				X	X			
11/13/23		HAU,R	X				X	X			
11/13/23	R	DIER	X				X	X			
11/15/23	R	REES	X		X						
11/15/23	R	LEWM	X				X	X			
11/15/23		BIL,C	X				X	X			
11/15/23		WAL,R	Jefferson				X	X			
11/16/23	R	SON,M	X				X	X			
11/16/23		ARC,D	X				X	X			
11/16/23	R	HES,D	X		X						
11/20/23		HOF,K	X				X	X			
11/20/23	R	LEWM	X				X	X			
11/21/23		GAN,J	X				X	X			
11/21/23		GUEE	X		X						
11/21/23	R	STEE	X				X	X			
11/27/23		SIM,C	X				X	X			
11/30/23	R	ARM,D	X				X	X			
11/30/23	R	DOM,A	X				X	X			
24	(14)	0	23	1	1	2	9	18	1		

11/2023 OFFICE SUPPLY EXPENSES INCURRED	
2023-11-02	T Mobile \$140.00
2023-11-02	Web/ 800 services \$60.62
2023-11-17	Stamps/Myfax \$32.19
2023-11-06	Vistaprint \$353.97
\$586.78	

11/1/2023 MONTHLY EMPLOYEE SCHEDULE & PAYROLL	
DATE	PAYROLL AMOUNT
11/15/2023	Payroll Payments \$1,276.04
11/30/2023	Payroll Payments \$1,276.04
TOTAL SALARY EXPENSE FOR THE MONTH: \$2,552.08	

11/22/2023 MONTHLY OUTREACH & EVENTS							
OUTREACH/EVENT DATE	TYPE OF OUTREACH	EVENT LOCATION	PARTNER(S)	IMPACT	PURPOSE	# OF PKTS DISTRIB	NOTES
11//2/2023	Community and Providers	Anahuac	Several	Resources/Education	Food Drive	200	Tammy and Melissa delivered outreach packages to Lilly of the Valley's Food Drive.
11/18/2023	Community and Providers	Anahuac	Several	Resources/Education	Food Drive	150	Promoted the event at White Parks on 11/18/2023 hosted by Hearts and Hands, Texas Agri, BeWellBaytown, United Way Baytown and our organization.
TOTAL OUTREACH /EVENTS FOR THE MONTH:							2

Year to Date Details	2023-2024	1st Qtr Totals 2023-Nov 2023	Sept	2nd Qtr Totals Dec 2023-Feb 2024	3rd Qtr Totals Mar 2024-May 2024	4th Qtr Totals June 2024-Aug 2024	YTD DATE
ACCIDENT INSURANCE							
<i>Number of Students Insured</i>		1580					
<i>Number of Claims Filed</i>		46					46
CONTRACTED SERVICES (THERAPY)							
<i>Number of Students Using:</i>		331	0	0	0		331
<i>Counseling</i>		163					163
<i>Occupational Therapy</i>		83					83
<i>Speech Therapy-provided by district speech pathologist</i>		70					70
<i>Physical Therapy</i>		15					15
SCREENINGS							
<i>Number of Students Screened:</i>		0	0	0	0		0
<i>Vision</i>		0	0	0	0		0
<i>Hearing</i>		0	0	0	0		0
<i>Scoliosis</i>		0	0	0	0		0
NURSE SALARY & BENEFITS, SUPPLIES, IMMUNIZATIONS, & MISC SERVICES							
<i>Number of Nurses:</i>		3	3	3	3		3
<i>Number of Students:</i>		2459					2459
<i>Given First Aid</i>		563					563
<i>Medication Administered</i>		1275					1275
<i>Injuries</i>		31					31

2023-2024 Budget					
Category	Actual (YTD)	Budget	Budget Amend.	Difference	Balance
Insurance	\$ -	\$52,000.00	\$52,000.00	\$0.00	\$52,000.00
Therapy and Related Contracted Services (Partial)	\$ -	\$2,100.00	\$2,100.00	\$0.00	\$2,100.00
Speech Pathologist Salary (Partial)	\$ 25,397.34	\$66,628.00	\$66,628.00	\$0.00	\$41,230.66
*Nurse Salary/Benefits (Partial)	\$ 36,977.06	\$167,416.00	\$167,416.00	\$0.00	\$130,438.94
Nurse Supplies/Expenses (Partial)	\$ 2,177.60	\$20,000.00	\$20,000.00	\$0.00	\$17,822.40
Immunizations	\$ -	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$64,552.00	\$308,144.00	\$308,144.00	\$0.00	\$243,592.00

*The district is now employing a full time speech pathologist in lieu of contracting those services out. We will pay a portion of that salary from hospital district funds. \$43218 surplus from 22-23 is being used for balance of 3rd nurse salary previously authorized by the hospital district and partial salary for speech pathologist.

Exhibit “D”

Facility ID	Operator	Facility Name	September 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	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5297	Regency	Hallettsville Rehabilitation & Nursing Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5234	Regency	Monument Hill Rehabilitation & Nursing Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5203	Regency	The Woodlands Healthcare Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4154	Caring	Garrison Nursing Home & Rehabilitation Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4376	Caring	Golden Villa	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
110098	Caring	Highland Park Care Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4730	Caring	Marshall Manor West	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4798	Caring	Rose Haven Retreat	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5182	Caring	The Villa at Texarkana	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5166	Nexion	Oak Manor Nursing Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5369	Gulf Coast	Oak Village Healthcare	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4747	Gulf Coast	Parkview Manor Nursing & Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5289	Gulf Coast	Winnie L Nursing & Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5240	Gulf Coast	Hemphill Care Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5307	SLP	Oakland Manor Nursing Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
100790	HMG	Park Manor Conroe	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4456	HMG	Park Manor Cyfair	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
101489	HMG	Park Manor Cypress Station	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
101633	HMG	Park Manor Humble	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
102417	HMG	Park Manor Quail Valley	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
102294	HMG	Park Manor Westchase	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
104661	HMG	Park Manor The Woodlands	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
103191	HMG	Park Manor of Tomball	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5400	HMG	Park Manor of Southbelt	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
104541	HMG	Deerbrook Skilled Nursing and Rehab	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4286	HMG	Friendship Haven Healthcare & Rehab Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5225	HMG	Willowbrook Nursing Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
106988	HMG	Accel at College Station	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
102375	HMG	Cimarron Place Health & Rehabilitation Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
106050	HMG	Silver Springs Health & Rehabilitation Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4158	HMG	Red Oak Health and Rehabilitation Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5255	HMG	Mission Nursing and Rehabilitation Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
4053	HMG	Stephenville Rehabilitation and Wellness Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
103743	HMG	Hewitt Nursing and Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
103011	HMG	Stallings Court Nursing and Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
104537	HMG	Pecan Bayou Nursing and Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5372	HMG	Holland Lake Rehabilitation and Wellness Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
5387	HMG	Stonegate Nursing and Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
102993	HMG	Green Oaks Nursing and Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
103223	HMG	Crowley Nursing and Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
101157	HMG	Arbrook Plaza	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
106566	HMG	Forum Parkway Health & Rehabilitation	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
105966	HMG	Treviso Transitional Care	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
100806	HMG	Gulf Pointe Plaza	MET	MET	MET	MET	2	100.0%	0	0.0%	2	6	100.0%	0	0.0%	6
		Total NSGO					98	100.0%	0	0.0%	98	294	100.0%	0	0.0%	294

Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and their current census is 82. Due to their high skilled volume, the facility's census has dipped since last month. They expect a quick turnaround as they have 11 pending admissions waiting on hospital discharge or insurance authorization.

The facility is recruiting for 9 CNA openings. They are also recruiting 1 med aide, 1 admission nurse, 1 2PM-10PM nurse, and 1 double-weekend nurse. They have continued to manage coverage with PRN and full-time staff. Discussed retention efforts at the facility including some incentives in place for staff. They give staff tokens for picking up extra shifts, going above and beyond expectations, or when compliments are given. The tokens can then be used to redeem prizes or a cash payout. Staff respond well to the tokens and are motivated to earn them.

The facility is still waiting for feedback from the POC they recently submitted earlier this month. The state returned to the facility at the beginning of November to investigate 3 complaints. There was a deficiency regarding a PASRR recommendation for one of their residents. Since the facility didn't respond within the expected timeframe, they received a deficiency from the state. This was an isolated incident, resulting in no harm, and has been addressed to avoid recurrence. A state surveyor came to the facility yesterday to investigate a complaint. The complaint was unsubstantiated and there are no outstanding self-reports.

The performance improvement plans regarding staff recruiting and retention and falls with major injury are ongoing. Discussed some best practices for onboarding and recruiting. Arbrook Plaza strives to offer flexible interview times for candidates who need to come in before or after normal working hours.

Arbrook Plaza has a 4-star rating overall. They have a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures.

They have 1 resident coming off COVID isolation soon. The facility completed COVID testing yesterday and had no new cases of COVID. The facility did not have a major Thanksgiving party due to recent COVID cases, but they are planning to host a Christmas party on the 8th of December for their residents.

There are no major capital projects currently. They continue to complete in-house maintenance projects throughout the facility. Right now, they are working in roughly 3 rooms at a time and focus on retexturing walls, painting, and installing new bathroom fixtures.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and

evaluation was also discussed. The administrator confirmed they complete full skin exams upon admission of new residents. They strive to have strong preventative measures in place, being proactive rather than reactive.

Administrator: John Hass

The facility is licensed for 124 beds and their current census is 68. They have one resident in the hospital who is planning to return to the facility soon.

Copperas Cove LTC is not utilizing agency for staffing. They are currently recruiting 2 day-shift CNAs, and they've added 1 new day-shift CNA position to help improve customer service on their skilled hall.

The state has not been back to the facility this month, and there are currently no outstanding self-reports.

The facility completed their performance improvement plan addressing falls. To focus on this PIP, the team met weekly and had Standards of Care meetings to discuss falls and fall risks. They involved therapy and had plenty of staff education to make sure everyone was a part of the process to reduce falls. The PIPS for infection control and UTIs are still ongoing. Their UTIs have decreased from 7 down to 2. A contributing factor to this improvement is the hydration rounds they have recently implemented to ensure residents are more hydrated. They require random return-demonstrations on perineal care with the aides. They also provide education to the residents who choose to provide care for themselves. They have added a PIP for pressure ulcers even though they only have 1 in the building at this time. The pressure ulcer was acquired from an admission, it was not facility-acquired.

Copperas Cove LTC is currently rated a 1-star overall. They have a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 2-star rating in Quality Measures.

There is currently no COVID in the facility.

The new COVID vaccine has been delivered to the facility. 54 individuals who have received the new vaccine at this time. Discussed the facility's efforts regarding vaccination education and awareness.

The administrator was offered training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Major discussion points included completing assessments for pressure injuries (and risk factors) on admission and development of person-centered goals and interventions. The importance of creating personalized care plans was discussed, followed by the need to have continuous monitoring and evaluation throughout the process. The facility completes head-to-toe skin assessments upon admission of new residents. They have an ADON who manages this system. The ADON also rounds with the wound care physician who comes weekly. They have also begun offering drip IVs to residents who need supplemental hydration and nutrition. They are focusing heavily on prevention for those at-risk of developing pressure injuries.

Administrator: Michael Higgins

The facility is licensed for 120 beds. Their current census is 83. They have 1 resident in the hospital whom they expect will return soon. They have 1 pending admission today, and another later this week. They are working some more referrals too. Their target census is 76.

Staffing is going well overall. They expect to close their LVN vacancy soon. They have 4 CNA openings and 1 social worker opening. Until they have a replacement for the social worker, they will utilize a PRN social worker to complete tasks.

The POC they submitted in October has been accepted by the state. Surveyors have not been back to the facility since the last report, and there are no outstanding self-reports.

Anti-anxiety and CNA staffing PIPs will be in place throughout this QIPP year. They have been working on falls too, which has improved rates from 6.2% down to 4.25%. Frequent and meaningful rounding has been most helpful to the facility as they've been addressing falls.

Gulf Pointe Plaza has a 5-star overall rating. They are a 5-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures. Their team and local community are aware of the facility's strong ratings. Staff are proud of their facility and work hard to maintain their star ratings.

There is no COVID in the building at this time. Vaccinations haven't changed much since last month. They are planning a vaccine clinic soon for the new COVID vaccine.

Gulf Pointe Plaza has a Thanksgiving dinner planned tomorrow. They are expecting over 60 family members to join them for dinner with their residents. They will also plan a Christmas party next month for residents.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Major discussions involved completing assessments for pressure injuries (and risk factors) on admission and development of person-centered goals and interventions. The importance of creating personalized care plans was discussed, as well as the need to have continuous monitoring and evaluation throughout the process. Gulf Pointe Plaza has a great program in place. They complete full skin assessments upon admission of new residents. They will be getting a new treatment nurse, and the nurse managers also support this system. They also work closely with a wound care doctor who rounds at the facility every week.

Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and their current census is 69. They have 6 pending admissions and a few planned discharges.

They have a positive outlook on staffing. They have interviews upcoming for some openings, and they've recently had a new nurse and CNA start. Unfortunately, they are still having issues with TULIP and CNA students are waiting to be able to schedule for their tests. The facility's manager, HMG, has some programs to sponsor employee's education. They have several staff members who have been awarded scholarships to continue their nursing education. Discussed the facility's efforts regarding employee recruitment and retention.

The POC submitted for their recent Life safety survey was accepted yesterday. The state returned recently to investigate some self-reports, all investigations were unsubstantiated. They have submitted one self-report regarding a resident reporting misappropriation of funds. The resident and family didn't want to do anything, but the facility submitted the allegation as required. The police came to the facility and gave a report number. The facility has completed safe surveys on the hall where the allegation occurred, and no other concerns or issues were reported.

The facility continues to review their RTA rate every day. They work well with their doctors to coordinate care for their residents. They try manage the care of their residents in the facility as much as possible. They have recently added another physician and nurse practitioner to consult residents for pain management. They are in communication with another physician who is interested in coming to offer cardiac consultations at the facility. The facility will focus on a few rooms to be called surgical suites designated for skilled patients' post-surgery. This is going to serve as a marketing tool for the facility as well.

The facility currently has a 4-star overall rating. They have a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

There is currently no COVID in the facility since their last case recently came off precautions. They have administered the new COVID vaccine to those who have given consent. They had great acceptance rates for the flu shot this season. Discussed the facility's efforts regarding vaccination education and awareness.

Holland Lake Rehabilitation and Wellness Center has been renovating the facility step by step. They have completed many painting projects, added new furniture in common areas, and purchased new beds. Crank-beds have been replaced and all beds are now electric. They have new room and office signs throughout the building. They have completed some landscaping outside too. They are planning an open house for after the first of the year. They have a press release going out this week to local media to acknowledge the bronze award they recently received from ACHA.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility has wound care professionals who come to the facility for rounds every week. The DON is wound care certified and their wound care nurse is also working on becoming certified.

Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and their current census is 91. They have 1 pending admission and 2 planned discharges.

Staffing has improved slightly since last month. There are currently 6 CNA openings, and 1 med aide opening. They are optimistic about some candidates coming in for interviews soon.

The state has not been to the facility since last month. They have submitted a new self-report regarding an allegation of neglect. They are finishing their internal investigation but have unconfirmed the allegation internally. The allegation came from a family who frequently raises issues. Discussed resources available to address issues with family members and residents. The facility often utilizes their ombudsman for challenging situations with residents or family members.

Mission Nursing and Rehabilitation Center has a 4-star rating overall. They have a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

There is currently no COVID in the facility. They are still working on offering and administering the new COVID vaccine.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility has a wound care nurse, and several wound care doctors who round each week.

Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and their current census is 60. They have 1 non-paid bed hold, and 1 planned respite admission. They are exceeding their target census of 57.

They currently have 1 PRN nurse position open. They also keep an ad running for CNAs so they can have the opportunity to meet and interview great candidates for their team at any time. Discussed facility's recruiting and retention efforts.

The state has not returned to the facility recently. They still have a few self-reports outstanding at this time. No new self-reports have been submitted since last month.

Pecan Bayou Nursing and Rehabilitation has a 5-star rating overall. They have a 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

There is currently no COVID in the facility.

The facility just hosted a Thanksgiving luncheon with residents and their families. Many guests attended and reported having a great experience. The facility will have a Christmas event next month.

The facility is looking to request a new stove, steam table, and warming cart. The facility's competitors have great meal presentation, and these new purchases would help improve the facility's dining experience. They have also asked for some bedroom and living room furniture.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The administrator stressed the need of personalizing care and tailoring interventions to match the preferences of each individual resident.

Administrator: Jace Morris

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and their current census is 85. They have several referrals pending and no planned discharges.

Staffing is going well at the facility, and they have had no agency utilization for over 8 months. They are recruiting 2 nurse positions and 2 CNA openings. They have managed to fill holes in their staffing schedules with full-time and PRN staff.

The state came to visit and exited yesterday. The state investigated self-reports regarding a fall with a fracture and COVID positive cases. The self-reports were unsubstantiated, however, they may receive a tag since a self-report was submitted outside of the five-day reporting requirement. There are currently no outstanding self-reports. The facility is in its full book window now. Their last full book survey was over a year ago in October 2022. They continue to make every effort to remain survey ready.

The facility has some performance improvement plans in place regarding skins and falls. Their ADON has a daily huddle with the charge nurses to discuss high-risk residents on each hall. They are working on increasing the weekend responsibilities of the weekend supervisor to have more oversight on falls. They have rolled out a new skin assessment tool. The charge nurses discuss current wounds as well in their daily reports.

Green Oaks Nursing & Rehabilitation has a 1-star rating overall. They have a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. They expect to increase to a 2-star rating in Staffing and a 5-star rating in Quality Measures very soon due to their recent efforts.

There has been COVID in the facility recently, but they have 7 residents coming off isolation tomorrow. Flu shots have been administered and they will be having another clinic later this month for the flu shot and the new COVID vaccine.

They are fixing a fire alarm issue in the riser room. They will be installing a regulator to prevent the fire alarm from falsely triggering.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility's staff completes full body skin assessments upon admission of new residents.

Administrator: Lee Richard

The facility is licensed for 144 beds. Their census is 103 at this time. They have 2 pending admissions and 3 residents in the hospital.

Red Oak Health and Rehabilitation Center is not utilizing agency for staffing needs. They are only recruiting a hospitality aide currently.

The state has come to the facility twice over the last month. The most recent visit on 11/16 was unsubstantiated, but the state's visit on 11/5 may have a deficiency addressing cold food delivered to residents. They are waiting for the 2567 from the state but are already working on getting insulated food carts to support maintaining proper temperatures through meal delivery. The facility submitted a self-report for a new case of COVID, but the state already cleared that report on their recent visit. The facility expects the state to return soon to conduct its annual fullbook survey.

Red Oak Health and Rehabilitation Center has increased their overall rating to 2-star. They still have a 1-star rating in Health Inspections, a 1-star rating in Staffing, but have also increased their rating in Quality Measures to 5-star.

There are two COVID cases remaining in the facility, but they expect those to be resolved soon.

Red Oak Health and Rehabilitation Center held a Thanksgiving meal for residents and their family members on November 16. Residents reported having a wonderful evening and great food with their families.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Major discussions involved completing assessments for pressure injuries (and risk factors) on admission and development of person-centered goals and interventions. The importance of creating personalized care plans was discussed, as well as the need to have continuous monitoring and evaluation throughout the process. Red Oak Health and Rehabilitation Center completes head-to-toe skin assessments for new residents upon admission. The facility's treatment nurse rounds with the wound care doctor each week. Nursing management and the administrator also have a routine meeting to discuss wound care in the facility and ensure the system is supporting the needs of their residents.

Administrator: Jennifer Steele

The facility is licensed for 120 beds. Their current census is 72 due to some recent discharges. They are working to get their census closer to their target of 80. The facility has recently started a contract with WellMed giving access to a new pool of patients with this insurance.

The facility still has 9 CNA openings, with 6 being on the 2PM-10PM shift. They have continued to manage coverage needs with full-time and PRN staff. There is still no agency utilization at this time to cover staffing needs. Discussed best practices and the facility's efforts regarding employee recruiting and retention. They are working on a wage analysis to see if they need to be more competitive as an employer. They have also implemented a new process to follow newly hired staff closely to ensure they feel supported. Some existing staff are serving in a mentor-like role to ensure new staff feel comfortable and welcome.

The state has not been to the facility recently. They have 6 outstanding self-reports, 1 of which is new over the last month. The recent self-report was based on an allegation of abuse. After the facility completed an internal investigation, they found the allegation to be unconfirmed. They in-serviced staff on abuse & neglect, surveyed residents, and completed some head-to-toe skin assessments.

The facility's overall and quality measures ratings have increased. They now have a 5-star overall rating. They have a 5-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

There is no COVID in the facility at this time.

The facility hosted a Thanksgiving meal for residents and their families last Thursday. They had over 60 family members attend and reported a successful evening.

They have been working on repairing their sprinkler system which sometimes incorrectly triggers the fire panel and alarm. They have parts ordered and hope this will resolve this issue.

Facility: William (Steve) Hooper

The facility is licensed for 139 beds. Their current census is 104. They have 1 pending admission, and 1 planned discharge today.

Forum Parkway Health & Rehabilitation manages open vacancies without utilizing agency staffing. They just filled their weekend double nurse position. They are recruiting to fill 3 CNA positions.

The state came recently to investigate 3 self-reports and infection control. The state exited and all was unsubstantiated. The facility is still in its fullbook window, and ready for the state to return at any time. There is one recent outstanding self-report regarding a fall with injury. The facility in-serviced staff on fall precautions and abuse & neglect.

The facility currently has a 5-star rating overall. They also have a 5-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures.

There is no COVID in the building at this time.

The facility is administering flu shots for those who have given consent. They have also begun collecting consents for the new COVID vaccine. Discussed vaccination education and awareness efforts in the facility.

The facility will have a Thanksgiving meal for their residents on Thanksgiving Day. They had a pie social last week for residents and their family members. They had a great experience and residents were happy with the event.

The administrator was offered training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Major discussion points included completing assessments for pressure injuries (and risk factors) on admission and development of person-centered goals and interventions. The importance of creating personalized care plans was discussed, followed by the need to have continuous monitoring and evaluation throughout the process. Steve stated his team completes head-to-toe assessments on new residents upon admission. They also have a treatment nurse, weekly skin checks, and a wound care physician who rounds at the facility each week. The facility has also enlisted the support of their shower aides to pay close attention to the status of long-term care residents' skin. They are taking an all-inclusive approach to their pressure injury prevention & management program.

Administrator: Kristi Blackwell

Stonegate Nursing and Rehabilitation is licensed for 134 beds and their current census is 72.

Staffing has made some improvements since last month. They have hired a double-weekend nurse who should be orienting soon. They have hired a weekend supervisor and an MDS coordinator. 6 CNA positions are still open, but they have a great pipeline of 12-14 candidates. Discussed recruiting and retention efforts at the facility and the keys of a successful hiring process and HR department.

The state has not been back to the facility. They submitted 1 self-report regarding an unwitnessed fall with laceration to a resident's forehead. The facility completed in-servicing on their falling star program, fall management, and abuse & neglect.

Stonegate Nursing and Rehabilitation has a 2-star rating overall. They have a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures. They expect the overall star rating to change in February when an old IJ clears.

There is no COVID in the facility at this time. They had 43 residents and 8 staff receive the new COVID vaccine. They are continuing to help set appointments as needed for any other residents or staff seeking the vaccine. They also administered 1 RSV vaccine which was the first in their history.

The facility is making plans to open its 300 neighborhood. This is a 22-bed unit which has been closed for about a year and a half. They will have an open house on December 6th in preparation for the reopening of this unit. They will begin admitting residents to this hall sometime after the open house. They have also made a petition to the state to borrow 20 Medicaid beds from a sister facility. This would bring them from 33 to 53 Medicaid certified beds.

The facility has recently had some landscaping done in the courtyard. They've also done some painting and had their HVAC unit repaired.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility completes head-to-toe skin assessments upon admission of new residents.

Administrator: Dylan Gadberry

Crowley Nursing and Rehabilitation is licensed for 120 beds and their current census is 95. Their target census is 94 and they are working on increasing the number of managed care residents they care for. The census in the newly opened all-female secure unit has increased to 10 residents. They have 10 remaining beds available in this unit. They are also working with a company called Medicaid Done Right to improve the Medicaid approval process where appropriate.

The facility is looking to fill 2 CNA positions. They filled the double weekend nurse opening, but they are now seeking a 2PM-10PM nurse. They have struggled with new staff not returning to work after orientation. Discussed recruitment and retention efforts and best practices.

The state accepted the POC submitted after their last survey on October 19. The facility received an E-tag regarding medical documentation. They have recently submitted 1 self-report regarding a witnessed fall with injury. They completed in-services on abuse & neglect and fall precautions. The administrator also interviewed staff who were present on the shift when the fall occurred.

There are no major changes to their performance improvement plans. They are gathering data and making observations where applicable. As their secure unit continues to fill up, they may consider starting a PIP on anti-psychotic medication utilization.

The secure unit is operating well. They've completed an internal audit about how they look at residents who should go to the secure unit. They are striving to be inclusive for patients who are appropriate admissions or transfers to this unit. They actively monitor patients internally to see what unit or hall is most appropriate for them and can best meet their needs.

There is currently no COVID in the facility.

Crowley Nursing and Rehabilitation has started to administer flu shots and the new COVID vaccines. Discussed the facility's efforts regarding vaccination education and awareness.

The facility currently has a 2-star overall rating. They have a 2-star rating in Health Inspections, 1-star in Staffing, and 5-star in Quality Measures.

The administrator was offered training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Major discussion points included completing assessments for pressure injuries (and risk factors) on admission and development of person-centered goals and interventions. The importance of creating personalized care plans was discussed, followed by the need to have continuous monitoring and evaluation throughout the process. The administrator reported head-to-toe assessments are completed upon admission of new residents. They have a treatment nurse on staff, and weekend treatment nurse coverage. They hold a weekly skin meeting and their wound care partners round at the facility every week.

Administrator: Christopher (CJ) Cholico

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and the current census is 67. They have 2-3 admissions pending for today. They are approaching their target census of 71.

They have 1 night nurse and 1 CMA position open. Their recent CNA class has ended, and all students passed. The students are working on getting signed up through TULIP to take their tests to become certified. They have experienced some issues with this process through TULIP.

The state has not been to the facility over the last month. They have one self-report outstanding at this time. They are not in their full book window now.

Their performance improvement plans are ongoing at this time. They have seen some improvements in falls but will continue to maintain the PIP to ensure results continue to trend in the right direction and become permanent.

Harbor Lakes Nursing and Rehabilitation Center is rated a 5-star overall. They have a 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

One resident recently admitted to the facility as a COVID positive patient. No other staff or residents are testing positive in the building at this time.

Flu shots have been accepted and administered to those who gave consent. The facility has been offering the new COVID vaccine as well for those who opt in.

The facility is working on getting approval to rebuild a mixing valve to address an issue with the hot water system.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility has a wound care nurse who manages this program. They also have a wound care physician who comes in to round on residents every Friday. They include the floor CNAs and nurses to watch for changes in resident condition.

Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and their current census is 87. They have 4 residents in hospital who will hopefully return soon.

They are still not utilizing agency staffing. Despite some openings, they are making it work. Lorraine attributes this to having great managers. They are having some issues with newly hired staff calling off and not reporting to orientation training shifts. Discussed staff recruiting and retention efforts and best practices.

The state came for a visit and made recommendations regarding supervision, abuse reporting and investigating, infection control, ADL care, and comprehensive care plans. The facility submitted their POC, and it has been accepted by the state. In-servicing and follow-up audits are in place. The state then returned to complete the facility's annual full book survey. The facility has not yet received their 2567, but the state recommended 7 minor tags.

The Villa at Texarkana currently has a 1-star rating overall. They are a 1-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures.

There is no COVID in the facility at this time.

They are still working on rolling out the new COVID vaccine.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility completes head-to-toe assessments upon admission. They have a full-time treatment nurse who does weekly assessments. They complete shower sheets and do random checks on the CNAs. A physician also rounds weekly to monitor and make recommendations. They also have families, residents, and hospice representatives participate in care plan meetings wherever possible. The facility has also recently completed more care plan training with their care plan coordinator to improve the system.

Administrator: Dennis Horsch

Winnie L LTC is licensed for 105 beds and their current census is 45. They have 2 residents in the hospital whom they hope will return soon.

The facility does not utilize any agency for staffing coverage. A weekend RN recently retired, but the DON is working on hiring a replacement. There is 1 other nurse position vacant as well.

A resident had a fall with a hairline fracture. The state came and cleared the investigation. The facility currently has one self-report out from a fall last Saturday. The facility offered in-servicing on routine rounding, change of condition, and communicating falls to the nurse.

There are performance improvement plans ongoing which include reduction of anti-psychotic medication utilization and falls. They are trying to do GDRs as they strive for constant improvement. Falls are a focus too.

There are no COVID cases at this time. Everyone has been COVID free for roughly a month.

Discussed the grievance process at the facility. They have an echo line where people can call corporate directly to report complaints. There aren't any major concerns or trends right now. Occasionally they will have a shirt missing from laundry, but they always fix it. Customer service was an issue about a month ago, but they immediately mentored and in-serviced staff to right the course.

The facility is in good repair. They will be adding dark mulch to the flower beds.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility completes head-to-toe assessments on new residents upon admission. The nurses manage the treatments. They also have an infection control nurse and a treatment nurse who helps with the system and management of pressure injuries. The company has a corporate nurse too who follows the system and makes herself available as a resource. Discussed looking for trends and doing a root cause analysis when needed.

Administrator: Melissa Harris – Resigned

Since the previous administrator recently resigned, the facility's ADON provided some of the facility's update before being directed to connect with the regional administrator Connor Greenspan.

Hewitt Nursing and Rehabilitation is licensed for 140 beds and their current census is 70. They are working on some recent referrals.

The state has reportedly not been to the facility in the last month.

The facility has a 3-star rating overall. They have a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

They are still working on their performance improvement plans regarding falls and RTA rates.

The facility admitted a resident with COVID today.

The regional administrator confirmed the new administrator has been selected for Hewitt Nursing and Rehabilitation, and the administrator will be starting in the first half of December.

Administrator: Jana Sanders

The facility is licensed for 122 beds and their current census is 80. They have 2 pending admissions, and 1 planned discharge.

Staffing is going well. They are recruiting 1 PRN nurse, and 5 CNAs. 4 of the 5 CNA positions are night shifts. They are managing coverage needs with full-time and PRN staff. They have a new CNA class starting very soon and will hopefully see these students converted to full-time staff. The facility utilizes 12-hour shifts intentionally to better staff their facility.

The facility has 2 outstanding self-reports, and both were falls with injury. The first fall was witnessed and the second was not. The witnessed fall took place when a resident was looking at her phone while walking and tripped. The unwitnessed fall took place with a resident in the bathroom who went to use the handrail but slipped. The facility has done in-servicing on fall risks, and observation tools on ambassador rounds. All staff should be involved as much as possible to monitor residents and make sure interventions are in place and being followed.

The facility is still working on their performance improvement plans. They have seen improvements in anti-psychotic medication utilization which has improved nearly 5% and is down to 10%. They attribute this to working closely with their pharmacy consultant and psychiatry consultant. They all meet quarterly as a group to address residents on these types of medications.

The facility currently has a 5-star overall rating. They have a 5-star rating in Health Inspections, a d2-star rating in Staffing, and a 3-star rating in Quality Measures.

There currently is no COVID in the facility. They continue to make sure residents and staff are aware of available vaccinations.

They are working to repair the spa rooms soon. This would update and fix leaks in these rooms so they can be used again for resident showers again.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility completes head-to-toe assessments of residents upon admission. They are also working on improving their skin meeting. They are trying to involve all of nursing through the entire process. They put effort into auditing care plans and interventions to make sure interventions are a good fit for the resident. They have a wound care nurse throughout the week and on the weekend. They also have a wound care physician who consults weekly.

Administrator: Drew Gurley

Treviso Transitional Care Center is licensed for 140 beds and their current census is 69. They have 5 admissions pending, 2 residents in the hospital, and 1 discharge planned. Their target census is 82.

They still have some vacancies which they are working hard to fill. They are currently seeking 3 CNAs, and 5 LVNs. They have extended an offer to a new DON who accepted the offer and will start employment in the first week of December.

The facility received its 2567 and a J-tag was cited for quality of care and notification to physician. The POC for this visit has been submitted and accepted by the state. The state returned in November and the facility is waiting on the 2567. There are currently 4 outstanding self-reports regarding COVID, allegation of abuse & neglect, elopement, misappropriation of resident funds. Discussed in-services and interventions put in place in response to the reportable incidents.

Treviso Transitional Care Center has a 2-star overall rating. They have a 2-star rating in Health Inspections, a 1-star rating in Staffing and a 5-star rating in Quality Measures.

The performance improvement plans involving falls and wounds are ongoing.

There has been a large COVID outbreak in the facility with 23 total cases. 11 have recently recovered and they expect the rest to recover soon as well.

Flu vaccines have been offered and they are working on making the new COVID vaccine available.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The facility completes head-to-toe skin assessments of new residents upon admission. They have a weekly skin meeting, a dedicated wound care nurse, and a wound care physician who rounds weekly.

Administrator: Anita Evangelista

Silver Spring is licensed for 120 beds and their current census is 72. Their target census is 84.

Staffing is good at this time with no agency utilization. They have 1 night nurse opening and 2 CNA openings. They are covering shortages with full-time and PRN staff.

The state came for full-book survey last month in October 2023. Silver Spring received a few low-level deficiencies. They have submitted their POC and the state has accepted it.

There are no outstanding self-reports at this time.

They have performance improvement plans ongoing for falls and UTIs. These will remain a focus for the whole year.

Silver Spring has a 2-star rating overall. They have a 1-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

There is no COVID in the building at this time.

Flu shots were administered in October for those who gave consent. The new COVID vaccine is still being worked on at the facility. Discussed the facility's efforts regarding vaccine education and awareness.

They are working on updating some MAG locks located on various doors in the facility.

The administrator was given training regarding pressure injury prevention & management. The training included discussions based on resources from Texas HHSC regarding implementation of best practices for this type of program. Primary discussions included completing assessments for pressure injuries (and risk factors) upon admission and development of person-centered goals and interventions. The importance of creating personalized care plans, continuous monitoring and evaluation was also discussed. The team at Silver Spring completes head-to-toe assessments upon admission of a new resident. The treatment nurse follows up on new residents the day after their admission. They also have a wound care physician who comes to the facility every Friday to round and see patients. Silver Spring also includes its nurses and aides in the process and ensures they receive appropriate education.

Administrator: Julie Johnson
DON: Shelby Fuller, RN

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. The census was at 78 residents. The facility now has an overall star rating of 5 and a star rating in Quality Measures of 5.

The QIPP site visit was conducted in person.

The facility currently is COVID_19 free. The facility continues submitting COVID_19 vaccination rates to NSHN weekly.

The overall general appearance of the entrance was well groomed with 6 nice rocking chairs on the front porch. The parking lot was well maintained with no trash/debris noted.

The inside entrance/lounge of the facility was clean and tastefully decorated with a fireplace, older but nice furniture and fall decorations. The facility has a staff member at the front entrance to ensure each visitor logs in. A box of masks and a bottle of hand sanitizer were available.

The DON was present and very helpful for the site visit and tour. Fire extinguishers checked on hall 400, entrance and kitchen had current inspections. The facility floors were clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room between halls 300-400 was checked and it was clean but there was a pair of dirty socks on the floor. The central supply room was clean and organized but there was 1 box stored too high.

The medication room was clean and organized and the medication kit and current license (07/2024) were in place and the refrigerator logs were current. OTCs had some bottles out of date order, but none expired. The O2 closet was clean and organized with all the cannisters in a rack and signs posted.

The dining room was clean, and the menu was posted for the day/month. The kitchen counters, and equipment were all clean and all cooler and freezer temperature logs were up to date. The area behind the stove was clean. The chemical logs were all current. The dry and emergency food storage areas were well organized with nothing stored above regulated height or out of date, cans rotated, and ceiling height met but there was a dark substance smeared on the wall that needed to be cleaned. All items checked in the cooler had a label and date. The can opener plate needed to be cleaned.

QIPP SCORECARD:

Based on QIPP Scorecard for Garrison Nursing and Rehabilitation QTR 1:

- Component 1 – On track to meet
- Component 2 – On track to meet
- Component 3 – On track to meet
- Component 4 – On track to meet

EDUCATION PROVIDED

One of the current QIPP year 7 requirements - includes the state is now conducting monthly audits and will eventually get to all QIPP facilities and you will need to ensure all supporting documentation (*all updated documents relating not only to PIP charter 1 & 2, but for any PIP you discuss during QAPI meetings; your six months worth of antibiograms from lab and antibiotic reports from pharmacy; hand hygiene/PPE competencies; CDC infection course certificates [only good for 2 years] infection policies required per component 4, etc.*) is readily available.

Trauma Informed Care -Make sure all staff are aware of what this is and that all triggers are identified and care-planned. Administrator and DON report the facility in-services all staff on this annually.

Recommend continual education of staff on infection control- especially for the hand hygiene and PPE competencies and prevention of UTIs (they are part of QIPP components 3 & 4). One tip I heard from another provider was to make the hand hygiene a competition between departments and after they wash their hands use some kind of spray that will show any remaining bacteria.

SURVEY INFORMATION

Information not provided.

REPORTABLE INCIDENTS

Information not provided.

CLINICAL TRENDING**Incidents/Falls:**

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Information was not provided.

Staffing:

Information was not provided.

Administrator: Michael Herring
DON: Jerold Hindsman, RN

FACILITY INFORMATION

Golden Villa is a 110 Medicaid/Medicare & 10 Medicare-bed facility with a current overall star rating of 1 (due to full book survey results) and a Quality Measures star rating of 4. The census on the date of this visit was 101.

The facility met all 4 QIPP components for quarter 4 of year six and they are on track to meet all 4 for quarter 1 of year seven. The Administrator reports the facility will be working on UTI's for PIP charter 1 (implementing Mcgreers criteria, UTI SBAR and antibiotic stewardship) and resident satisfaction (survey right after admission and after discharge) for PIP charter 2.

The QIPP site visit was conducted in person. The Administrator and DON were available and very helpful during the visit. The facility currently has no positive COVID residents or staff. The facility provides the COVID_19 vaccine with Red River pharmacy clinics (hold one when they have 12 who need the vaccines) and they are getting ready to provide one soon. The residents COVID_19 vaccination rate is still at 37% and the staff is at 23%. The facility just closed their project with TMF on a PIP for improving vaccine rates (best practices for donning and doffing PPE). The facility reports the COVID_19 vaccine rates to NSHN weekly.

The overall general appearance of the entrance was well groomed and inviting. The parking lot was well maintained with no trash/debris noted. The facility also has a nice pavilion in back that residents do enjoy weather permitting. The Administrator reported the facility just completed a repair of the entrance concrete and handicap signs.

The inside entrance/lounge of the facility was clean and tastefully decorated. The facility has a staff member at the front entrance to ensure each visitor logs in. A bottle of hand sanitizer was available.

Fire extinguishers checked in the kitchen and laundry room had current inspections. The facility floors were clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room on hall 100 was checked and it was clean but there was dirty linen on the floor and a black substance on the tiles in the shower that the Administrator immediately placed on the list for maintenance to address. Central supply was clean and organized with all boxes off the floor.

The medication room was clean and organized and the medication kit had a current certificate (07/2024) The refrigerator logs were behind for 3 days and the OTCs were all current but some of

them were not in date order according to expiration date. The O2 closet was clean and organized with all cannisters in a rack but no 'Full' or 'Empty' signs posted. Advised they post the signs to avoid any issue with co-mingling.

The central supply room was clean but there were multiple boxes on the floor from a recent shipment and one box was stored too high (corrected during tour). The laundry room was clean and organized but there were several chemical containers on the floor. The lint trap logs were current.

The dining room was clean, and the menu was posted for the day/month and residents were gathered playing bingo per calendar. The kitchen counters, and equipment were all clean and all cooler and freezer temperature logs were up to date. The floors were all in need of a deep clean. The chemical logs were all current. The dry and emergency food storage areas were well organized with nothing stored above regulated height or out of date, cans rotated, and ceiling height met. All items checked in the cooler had a label and date. The Administrator reported the facility was having issues with pests and they now have a new company under contract.

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

The Administrator reports that so far, they have not had to use an agency, covering internally with management staff. The facility is a certified CNA facility but due to IJ they received they are not able to run a class. Their sister facility is now running classes.

The Administrator reports the facility continues their monthly happy hour for residents and they are celebrating Thanksgiving dinner for residents and their families next Wednesday. They just had a great fall fest.

The Administrator reports the facility has a monthly incentive for staff (with help from resident input) to have a chance at a 100.00 gift card. The Administrator reported the facility raised over 5,000.00 for their staff Christmas party and they will be able to provide several gifts and a catered meal.

QIPP SCORECARD:

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

EDUCATION PROVIDED

One of the current QIPP year 7 requirements - includes the state is now conducting monthly audits and will eventually get to all QIPP facilities and you will need to ensure all supporting documentation (*all updated documents relating not only to PIP charter 1 & 2, but for any PIP you discuss during QAPI meetings; your six months worth of antibiograms from lab and antibiotic reports from pharmacy; hand hygiene/PPE competencies; CDC infection course certificates [only good for 2 years] infection policies required per component 4, etc.*) is readily available.

Trauma Informed Care -Make sure all staff are aware of what this is and that all triggers are identified and care-planned. Administrator and DON report the facility in-services all staff on this annually.

Recommend continual education of staff on infection control- especially for the hand hygiene and PPE competencies and prevention of UTIs (they are part of QIPP components 3 & 4). One tip I heard from another provider was to make the hand hygiene a competition between departments and after they wash their hands use some kind of spray that will show any remaining bacteria. Also, there was a form used during COVID_19 pandemic, the Infection Control Assessment that is still available on CMS website and recommend you complete it at least annually and update the applicable sections whenever you have any kind of outbreak/concern.

SURVEY INFORMATION

The Administrator reports the facility is now in their full book open window.

REPORTABLE INCIDENTS

The Administrator reports the facility currently has 5 self-reports still pending.

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

NURSING/MDS: no concerns

DIETARY/KITCHEN: looking for a new dietician (current one turning in reports too late for appropriate follow-up)

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is on current renovations for shower rooms and paintline, repaired entrance concrete

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility information not provided

Administrator: Greg Sechrist, LNFA
DON: Robin Sharp, RN

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current overall star rating of 4 and a Quality Measures rating of 4. The census on the date of this call was 88.

The QIPP site visit was conducted in person and the Administrator was available and very helpful. The facility met all 4 QIPP components for quarter 4 of year 6 and they are currently on track to meet all 4 for quarter 1 of year seven. The Administrator reports they are working on anti-anxiety/hypnotics for their year seven PIP charter one and training for infection control for PIP charter 2.

The facility is currently COVID_19 free and their vaccination rates are reported to NSHN weekly.

The overall general appearance of the entrance was well groomed. The parking lot was well maintained with no trash/debris noted.

The inside entrance/lounge of the facility was clean and tastefully decorated with older furniture with fall decorations throughout. A bottle of hand sanitizer was available.

Fire extinguishers checked on B-wing, kitchen and laundry had current inspections. The facility floors were older vinyl but clean. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room on A-wing was checked and there was dirty linen in the tub and a soap container on the floor and what appeared to be a water leak in the shower wall (tiles coming off).

The medication rooms checked were clean and organized but the refrigerator logs on the second floor C-wing nurses' station were not available. The E-Kit certificate was kept in the administrative office, and it was current (07/2024).

The laundry room was clean and organized but there were no lint trap logs due to dryers had all just been repaired after being down for 1 week (went to laundromat). Also, one of the washers was leaking water onto the floor.

The dining room was clean, and the menu was posted for the day/month. The kitchen counters, and equipment were all clean and all cooler and freezer temperature logs were behind for 2 days. The area behind the stove was clean. The chemical logs were all current. The dry and emergency food

storage areas were well organized with 1 box stored above regulated height and cans rotated. All items checked in the cooler had a label and date. The ceiling in the far corner of the room has started to come down due to an air conditioning issue and maintenance is in the process of repairing.

Visitation is still open and going well. Marshall Manor continues with monthly birthday parties for staff and residents. The activities department continues to have great resident participation and recently started a Christmas angel tree for the residents.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor QTR 4:

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

EDUCATION PROVIDED

One of the current QIPP year 7 requirements - includes the state is now conducting monthly audits and will eventually get to all QIPP facilities and you will need to ensure all supporting documentation (*all updated documents relating not only to PIP charter 1 & 2, but for any PIP you discuss during QAPI meetings; your six months worth of antibiograms from lab and antibiotic reports from pharmacy; hand hygiene/PPE competencies; CDC infection course certificates [only good for 2 years] infection policies required per component 4, etc.*) is readily available.

Trauma Informed Care -Make sure all staff are aware of what this is and that all triggers are identified and care-planned. Administrator and DON report the facility in-services all staff on this annually.

Recommend continual education of staff on infection control- especially for the hand hygiene and PPE competencies and prevention of UTIs (they are part of QIPP components 3 & 4). One tip I heard from another provider was to make the hand hygiene a competition between departments and after they wash their hands use some kind of spray that will show any remaining bacteria. Also, there was a form used during COVID_19 pandemic, the Infection Control Assessment that is still available on CMS website and recommend you complete it at least annually and update the applicable sections whenever you have any kind of outbreak/concern.

SURVEY INFORMATION

The facility will be in their full book survey window next month.

REPORTABLE INCIDENTS

Information not provided.

PHARMACY: no concerns, medication destruction done monthly

NURSING/MDS: no concerns

DIETARY/KITCHEN: no concerns except still working on food presentation

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is on room renovations on C & D wing as maintenance was out for an extended absence and just returned

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided.

Infection Control:

Facility information not provided.

Weight loss:

Facility information not provided.

Pressure Ulcers:

Facility information not provided.

Restraints:

Facility information not provided.

Staffing:

Information not provided.

Administrator: Ken Kale
DON: Lakeisha Owens

FACILITY INFORMATION

Marshall Manor West is a 118-bed facility with a current over all star rating of 5 and a Quality Measures rating of 5. The census on the date of this call was 54 (5 skill mix) with 21 in memory care.

The QIPP site visit was conducted in person and the Administrator was present and very helpful during the visit. The Administrator reported the facility met all 4 QIPP components in quarter 4 of year six and in on track to meet all 4 in quarter 1 of year seven. The facility will be working on falls for PIP charter 1 and on resident satisfaction for PIP charter 2 year seven success stories.

The Administrator reports the facility is currently COVID_19 free and has not had a positive staff or resident since July 2023. The COVID_19 vaccination rate for residents is below 50% and it is very low for staff.

The overall general appearance of the entrance was well groomed and inviting. The parking lot was well maintained with no trash/debris noted.

The inside entrance/lounge of the facility was clean and tastefully decorated for fall. The facility has a staff member at the front entrance to ensure each visitor logs in. A bottle of hand sanitizer was available. The November calendar was posted and nicely decorated. The facility is an older building but well-maintained.

Fire extinguishers checked on the therapy hall, laundry and kitchen had current inspections. The facility floors were older but shiny/clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room observed was clean but the shower head would not turn off. Central supply was clean and organized with all boxes off the floor.

The medication room was clean and organized and the medication kit certificate was current (07/2023). The refrigerator logs were current. The central supply room was very cramped but all boxes off the floor and ceiling height requirement met.

The laundry room was clean and organized with current lint trap logs and all chemicals off the floor.

The dining room was clean, and the menu was posted for the day/month. The kitchen counters, and equipment were all clean and all cooler and freezer temperature logs were up to date. The area behind the stove was clean. The chemical logs for the dish machine were behind since 11/12/23 and

there were no sink logs available. The dry and emergency food storage areas were well organized but 1 box was stored above regulated height (corrected during tour) 2 dented cans found in with the regular cans. All items checked in the cooler had a label and date.

Dining services for all meals in the dining room continue with good participation. Volunteers are still coming in. The Administrator reports the facility is having their Thanksgiving dinner next week.

The Administrator reports they do not have to use agency for staffing. The Administrator reports the facility provides gift cards for Employee of the Month and they continue providing a breakfast every other week. The Administrator reports they do something special for the staff every month.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor West QTR 4:

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

EDUCATION PROVIDED

One of the current QIPP year 7 requirements - includes the state is now conducting monthly audits and will eventually get to all QIPP facilities and you will need to ensure all supporting documentation (*all updated documents relating not only to PIP charter 1 & 2, but for any PIP you discuss during QAPI meetings; your six months worth of antibiograms from lab and antibiotic reports from pharmacy; hand hygiene/PPE competencies; CDC infection course certificates [only good for 2 years] infection policies required per component 4, etc.*) is readily available.

Trauma Informed Care -Make sure all staff are aware of what this is and that all triggers are identified and care-planned. Administrator and DON report the facility in-services all staff on this annually.

Recommend continual education of staff on infection control- especially for the hand hygiene and PPE competencies and prevention of UTIs (they are part of QIPP components 3 & 4). One tip I heard from another provider was to make the hand hygiene a competition between departments and after they wash their hands use some kind of spray that will show any remaining bacteria. Also, there was a form used during COVID_19 pandemic, the Infection Control Assessment that is still available on CMS website and recommend you complete it at least annually and update the applicable sections whenever you have any kind of outbreak/concern.

SURVEY INFORMATION

The facility had their full book survey at the end of September resulting in 5 tags that have all been cleared.

REPORTABLE INCIDENTS

Information not provided.

PHARMACY: no concerns, med destruction done monthly

NURSING/MDS: pip for falls

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is still on renovations

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Information not provided.

Infection Control:

Information not provided.

Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Information not provided.

Staffing:

Information not provided.

Administrator: Crystal Stalder, LNFA

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current census of 94: PP: 13, MC: 3, MDC: 50, HMO: 15, Hospice: 3. They have an overall star rating of 2 and a Quality Measure rating of 3. The facility is currently on track to meet 3 out of the 4 component 3 clinical metrics and they have a PIP in place for antipsychotic use. The administrator reports that the facility has not has any regulatory visits in the last quarter but they had a surveyor in the building the morning that I entered. They have not had a recent covid outbreak.

FACILITY TOUR

The administrator provided the tour for the site visit. The outside of the facility was clean with a well-manicured lawn. The lobby was beautifully decorated, and the facility had a receptionist to greet you. The facility has 4 halls, no specialty units. The dining room was clean and beautifully decorated. The menus were posted, and alternatives were available for resident choosing. The entry to the kitchen had a dirty table that was displaying décor. Inside the kitchen, the stove was found to be missing the entire bottom plate and the exposed area was very dirty. The admin was asked if the plate or missing and she was not sure. She was instructed that it needed to be fixed and cleaned. There was unlabeled food noted in the pantry area. The kitchen had spills and the trash can outside of the kitchen was dirty as well. The therapy hall and therapy gym were toured and the areas were clean. All residents viewed were well groomed. All rooms viewed were neat and clean. The hallways and fire exits were clean and clear. The laundry area was noted to be clean and organized. Appropriate infection control measures were being followed. The vent trap logs were kept up to date. Outside of the laundry room, there was a lot of clutter and equipment being stored in the exterior hallway. There were gloves and trash piled in a wash out area outside. This was brought to the admins attention as it is an infection control issue. The shower room was found in a dirty state with BM noted on the curtain. All items were locked up in the shower room. Overall, the building displayed issues with cleanliness and infection control and all issues were pointed out to the admin. There were no major safety concerns identified on the tour. The administrator was educated over the QIPP and QAPI processes and on the issues found during the tour.

REGULATORY INFORMATION

Park Manor Cy-fair reported no citations and 1 complaint survey in the last quarter.

CLINICAL TRENDING FOR AUG/SEPT/OCT

Incidents/Falls:

Park Manor of Cy-fair had 45 total falls, 35 without injury and 10 falls with injury in which one resulted in a fracture. The facility also reported 23 Skin Tears, 1 Lacerations and 3 Behaviors.

Infection Control:

Park Manor of Cy-fair reports 14 total infections 6 UTI's; 4 URIs and 4 Wound infections.

Weight loss:

Park Manor of Cy-fair reported Weight loss 7 residents with 5-10% and 1 residents with > 10% loss.

Pressure Ulcers:

Park Manor of Cy-fair had 9 residents with 12 pressure ulcer sites and 6 were acquired in house.

Restraints:

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

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	1	3	7	Contract	Contract	
2 to 10	1	3	7	Contract	Contract	
10 to 6	1	1	4	Contract	Contract	
Other			3	Contract	Contract	2
# Hired this month	1	1	4			
# Quit/Fired	0	1	4			0

Total number employees: **129** Turnover rate%: **10**

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs

New Psychoactive Med Use (S)	0%	1.6%	1.9%	
Fall w/Major Injury (L)	3.9%	3.6%	3.5%	PIP
UTI (L) *	0%	1.2%	2.4%	
High risk with pressure ulcers (L) *	5.8%	7.3%	8.6%	
Loss of Bowel/Bladder Control(L)	80%	54.4%	49.1%	
Catheter(L)	1.1%	1.5%	1.6%	
Physical restraint(L)	0%	0%	.1%	
Increased ADL Assistance(L)	31.3%	16.6%	14.2%	
Excessive Weight Loss(L)	4.5%	4.6%	6%	
Depressive symptoms(L)	0%	5.4%	9.2%	
Antipsychotic medication (L) *	12.2%	9.2%	14.8%	

PHARMACY Consultant reports/visit/ med destruction?

of GDR ATTEMPTS in the month: 11 How many successful? 10
 # of Anti-anxiety (attempts 2 successful 2 failed 0)
 # of Antidepressants (attempts 0 successful____failed____)
 # of Antipsychotic (attempts 9 successful 8 failed 1)
 # of Sedatives (attempts 0 successful____failed____)

DIETICIAN Recommendation concerns/Follow Up? Yes

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

34 Grievances, all were resolved. The grievances centered around customer service, roommates and missing laundry.

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES: PIP/CONCERNS: NA

DIETARY: PIP/CONCERNS:

New dietary manager brought in due to customer service issues with dietary, improvement noted

ENVIRONMENTAL SERVICES: PIP/CONCERNS:

Working with floor tech in regards to treating spots on carpet

MAINTENANCE: PIP/CONCERNS: _____

Sprinkler system had a leak, it was repaired and the outage reported to HHSC. It was reviewed and cleared.

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS:

NA

MDS: PIPS/CONCERNS:

Quality Measure Star Rating Dropping. Short Stay measures are the biggest culprit. Working with MDS and Corporate Support team to identify incorrect coding as well as provide additional training and insight to improve.

OIPP MEASURES

Component 1

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

Component 2

<u>Indicator</u>	Benchmark	Comments
<u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u>	Met Y/N	
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Yes	Currently there is 24 hour RN coverage
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Yes	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Yes	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 	Yes	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Yes	
<ul style="list-style-type: none"> Telehealth used? 	No	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Yes	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Yes	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Yes	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	No	
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 	Yes	

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
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Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.6%	3.89%	3.03%	Y	
Percent of residents who received an anti-psychotic medication	14.49%	6.97%	12.33%	N	Changed out psych providers and education provided on GDR
Percent of residents whose ability to move independently has worsened	18.04%	8.14%	10.71%	Y	
Percent of residents with urinary tract infection	2.36%	.42%	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 	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>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 	Y			

<p>from within the last six 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 					
Quarter 4	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	93.84%	%	80%	N	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	72%	N	

Administrator: Vincent Mitchell
DON: Myra Polio, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current census of 75: 4 PP, 3 MCR, 54 MCD, 14 HMO. They have an overall star rating of 2 and a Quality Measure stat rating of 3. The facility is currently on track to meet 3 out of 4 component 3 long stay clinical measures and has a PIP in place for antipsychotic use.

FACILITY TOUR

The administrator provided the tour for the site visit. The outside of the facility was clean with a well-manicured lawn. The lobby was tastefully decorated, and there was a receptionist greeting people. The dining room was clean and beautifully decorated. The menus were posted, and alternatives were available for resident choosing. The therapy hall and therapy gym were toured, and the residents were actively participating in therapy. All residents viewed were well groomed. All rooms viewed were neat and clean. The hallways and fire exits were clean and clear. The laundry area was noted to be clean and organized. Appropriate infection control measures were being followed. The vent trap logs were kept up to date. Medication carts were noted to be clean and appropriately stored and locked. The central supply closet was clean and organized and everything was appropriately stored per regulations. The shower room was clean and items were locked up, there was a glove on the floor and the admin corrected the issue. There were no major safety concerns or issues identified on the tour. The administrator was very friendly and has a wonderful rapport with both staff and residents. Education was provided over the QIPP and QAPI processes.

REGULATORY INFORMATION

The facility just cleared an IJ that was received September for delay in care after a fall with injury.

CLINICAL TRENDING FOR AUG/SEPT/OCT

Incidents/Falls:

Park Manor Cypress Station reported 71 falls without injury and 1 fall with injury which was a fracture. They had 2 skin tears, 2 bruises and 2 behaviors.

Infection Control:

Administrator reported 62 total infections: 26 UTIs, 13 respiratory, 10 wound, 3 EENT, 1 stool.

Weight Loss:

Park Manor Cypress Station reported 11 weight losses at <10%.

Pressure Ulcers:

Park Manor Cypress Station reports 10 pressure ulcers on 10 patients, 1 in house acquired.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

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

Total number employees: **101** Turnover rate%: **119**

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	
Fall w/Major Injury (L)	5.6%	3.6%	3.5%	PIP
UTI (L) *	0%	1.2%	2.4%	
High risk with pressure ulcers (L) *	5.8%	7.3%	8.6%	

Loss of Bowel/Bladder Control(L)	74.3%	54.4%	49.1%	PIP
Catheter(L)	1.5%	1.5%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	10.3%	16.6%	14.2%	
Excessive Weight Loss(L)	0%	4.6%	6.0%	
Depressive symptoms(L)	3.1%	5.4%	9.2%	
Antipsychotic medication (L) *	9.9%	9.2%	14.8%	PIP

OIPP Measures

Component 1

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

Component 2

Indicator	Benchmark	Comments
<u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u>	Met Y/N	

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.6%	5.8%	5.8%	Y	
Percent of residents who received an anti-psychotic medication	14.8%	9.2%	9.8%	N	PIP
Percent of residents whose ability to move independently has worsened	16.6%	13.2%	1.7%	Y	

Percent of residents with urinary tract infection	2.4%	1.2%	0%	Y	
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OIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

➤ Current list of reportable diseases					
Quarter 4	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	93.84%	%	%		
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	%		Information Not Provided

Administrator: Craig Cannon
DON: Charity Reece, RN

FACILITY INFORMATION HOSPICE

Park Manor Humble is a 125-bed facility with a current census of 85: 3 PP, 5 MCR, 44 MCD, 28 HMO, 2 Hospice. Their overall star rating is a 3 and their Quality Measures rating is a 5. The facility is on track to meet all 4 component 3 long stay clinical metrics.

FACILITY TOUR

The administrator provided the tour for the site visit. The outside of the facility was clean with a well-manicured lawn. The lobby was tastefully decorated, and the facility had a receptionist to greet you. The facility has 4 halls, no specialty units. The dining room was clean and beautifully decorated. The menus were posted, and alternatives were available for resident choosing. The kitchen was clean and equipment was noted to be clean and properly covered. There were unlabeled floor items found in the refrigerator and pantry. Temperature logs were up to date and the cleaning schedule was being followed. Staff was wearing appropriate PPE and following appropriate infection control guidelines. The therapy hall and therapy gym were toured, and the residents were actively participating in therapy. All residents viewed were well groomed. All rooms viewed were neat and clean. The hallways and fire exits were clean and clear. The laundry area was noted to be clean and organized. The laundry attendant was actively doing a load of laundry and placed a curtain on the floor. The vent trap logs were kept up to date. Medication carts were noted to be clean and appropriately stored and locked. All food and drink items were labeled. The medication room was clean but needed to be organized. Medications were appropriately stored. The temperature log for the refrigerator was noted to have some missing entries. The Ekit was locked and an up to date certification was hanging on the wall. The central supply closet was overall cleaned and organized. There were no major safety concerns identified on the tour. The administrator was educated over the QIPP and QAPI processes and on the issues found during the tour.

REGULATORY INFORMATION

Complaints/Self Reports: Two self-reports for fall with injury.

State visits/desk reviews: Waiting for 2567/3724 for Full book Survey, preliminary was 3 areas of concern with an IJ for quality of care.

CLINICAL TRENDING FOR AUG/SEPT/OCT

Incidents/Falls:

Park Manor of Humble reported 17 falls without injury, 2 falls with injury, 7 repeat falls, 7 skin tears and 4 behaviors.

Infection Control:

Park Manor Humble reported 79 total infections: 11 UTI, 1 URI, 62 GI, 5 genital

Weight loss:

Park Manor Humble had – information not provided

Pressure Ulcers:

Park Manor Humble reported 25 pressure ulcers, 1 in house acquired.

Restraints:

Park Manor of Humble currently has - information not provided.

Staffing:

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

Total number employees: **83** Turnover rate%: **152%**

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	3			

Number of Fire Safety Code Deficiencies	1			Smoking area
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Annual Full Book State Survey Characteristics (include only if within last 2 months)			
Deficiency Area	Scope & Severity	Explanation	Plan of Correction
Abuse & Neglect			
Quality of Care	D	Resident felt like her blood sugar dropped. C.N.A. stated she reported to nurse and nurse failed to check on resident.	At time of survey we termed the nurse and did an audit of all residents on blood sugars. No issues noted and resident self treated her low blood sugar with cranberry juice.
Resident Assessment			
Resident Rights			
Dietary			
Pharmacy	D	CMA gave resident one dose of Xtandi and order called for two doses of Xtandi.	Audit of medication pass and no others were noted. Med error rate was under 5%.
Environment	D	Surveyors reported seeing a cockroach in the conference room.	Provided monthly visit to surveyors and had maintenance director spray the conference room.
Infection Control			
Administration			

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.6%	1.9%	
Fall w/Major Injury (L)	1.9%	3.6%	3.5%	
UTI (L) *	0%	1.2%	2.4%	
High risk with pressure ulcers (L) *	3.8%	7.3%	8.6%	
Loss of Bowel/Bladder Control(L)	80%	54.4%	49.1%	
Catheter(L)	0%	1.5%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	17.9%	16.6%	14.2%	
Excessive Weight Loss(L)	0%	4.6%	6%	
Depressive symptoms(L)	0%	5.4%	9.2%	
Antipsychotic medication (L) *	4.5%	9.2%	14.8%	

PHARMACY Consultant reports/visit/ med destruction?

Visits Monthly

11/30/2023

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT): None

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: Resident Council minutes were not being followed up by activity director. Also different in-room activities for residents that are staying in their rooms.

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS:
Pest Control issues

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

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.		
QAPI Meeting dates of submission (owner/operator involvement evident)		08/19/2023 09/19/2023 10/19/2023

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?	Yes	
<ul style="list-style-type: none"> • Additional hours provided by direct care staff? 	Yes	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Yes	
<ul style="list-style-type: none"> • 8 additional hours non-concurrency scheduled? 	No	
<ul style="list-style-type: none"> • Additional hours provided by direct care staff? 	Yes	
<ul style="list-style-type: none"> • Telehealth used? 	Yes	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	No	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?		
<ul style="list-style-type: none"> • Was Workforce Development data submitted q month to QIPP during the quarter? 	Yes	
<ul style="list-style-type: none"> • Agency usage or need d/t critical staffing levels 	No	
<ul style="list-style-type: none"> • PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> ○ During the first reporting period? ○ Subsequently reported outcomes related to the plan throughout the eligibility period? ○ Discuss RCA for turnover: Has anything changed from the original RCA? ○ PIP for retention and recruitment is current: ○ NEW Retention efforts updated on Current PIP 	No	

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	3.8%	8%	3.8%	Y	
Percent of residents who received an anti-psychotic medication	4.5%	10%	4.5%	Y	
Percent of residents whose ability to move independently has worsened	10.9%	20%	13.2%	Y	
Percent of residents with urinary tract infection	0%	1.5	0%	Y	

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases					
Quarter 4	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	93.84%	95%	96%		
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	95%	96%		

Administrator: Rodney Lege

DON: Susan Joy, RN, BSN

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current census of 103: 12 PP, 4 MCR, 60 MCD, 22 HMO, 5 Hospice. They have an overall star rating of 5 and a Quality Measures rating of 4. They are currently meeting 2 out of 4 component 3 clinical measures and have a PIP in place for the 2 they are not meeting. The facility has not had a covid outbreak recently.

FACILITY TOUR

The administrator provided the tour for the site visit. The outside of the facility was clean with a well-manicured lawn. The lobby was tastefully decorated, and the facility had a receptionist to greet you. The facility has 4 halls, no specialty units. The dining room was clean and beautifully decorated. The menus were posted, and alternatives were available for resident choosing. The therapy hall and therapy gym were toured, and the residents were actively participating in therapy. All residents viewed were well groomed. All rooms viewed were neat and clean. The hallways and fire exits were clean and clear. The laundry area was noted to be clean and organized. Appropriate infection control measures were being followed. The vent trap logs were kept up to date. Medication carts were noted to be clean and appropriately stored and locked. All food and drink items were labeled. The medication room was clean and organized. Medications were appropriately stored. The temperature log for the refrigerator was noted to have some missing entries. The Ekit was locked and an up to date certification was hanging on the wall. There were boxes on the floor and the admin was aware this issue needed to be resolved. The central supply closet was overall clean but there were also boxes on the floor. Supplies had arrived and the central supply person as in the process of putting things away. The shower room was found in a dirty state. There were gloves and trash left in the floor and BM left in the shower stalls. The admin understood this was an issue and that the shower room should not be left this way. There were no major safety concerns identified on the tour. The administrator was educated over the QIPP and QAPI processes and on the issues found during the tour.

REGULATORY INFORMATION

The facility is currently in their open window for full book survey.

CLINICAL TRENDING FOR AUG/SEPT/OCT

Incidents/Falls:

Park Manor of Quail Valley had 43 total falls without injury, 2 repeat falls. They reported 4 skin tears and no other types of incidents.

Infection Control:

Facility reports 84 total infections – 23 UTI’s; 10 Respiratory, 21 wound infections, 8 Blood, 2 EENT, 2 GI, and 22 Other infections.

Weight loss:

Weight loss information includes 9 residents total with 5 with 5-10% loss and 4 with > 10% loss.

Pressure Ulcers:

The facility reports 18 residents with 27 pressure ulcer sites – 4 acquired in house.

Restraints:

The facility had 0 residents with restraints.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	1	5			
2 to 10	0	0	2			
10 to 6	0	1	2			
Other	1	0	1 RNA			

# Hired this month	0	1	6			
# Quit/Fired	1	0	4			

Total number employees: 115 **Turnover rate%:** 28.60

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.1%	1.6%	1.9%	
Fall w/Major Injury (L)	0%	3.6%	3.5%	
UTI (L) *	0%	1.2%	2.4%	
High risk with pressure ulcers (L) *	5.3%	7.3%	8.6%	
Loss of Bowel/Bladder Control(L)	47.1%	54.4%	49.1%	
Catheter(L)	3.4%	1.5%	1.6%	PIP
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	0%	16.6%	14.2%	
Excessive Weight Loss(L)	7%	4.6%	4.6%	PIP
Depressive symptoms(L)	0%	5.4%	9.2%	
Antipsychotic medication (L) *	4.5%	9.2%	14.8%	

PHARMACY Consultant reports/visit/ med destruction? Completed with no major issues

of GDR ATTEMPTS in the month: How many successful?
of Anti-anxiety (attempts 0 successful failed)

of Antidepressants (attempts 2 successful x failed _____)
of Antipsychotic (attempts 5 successful x failed _____)
of Sedatives (attempts 0 successful _____ failed _____)

DIETICIAN Recommendation concerns/Follow Up? Completed with no major issues

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT): 16 – missing clothing, food dislikes, not getting what marked on ticket, call light response, staff attitude/mentality,

TRAUMA INFORMED CARE IDENTIFIED: None identified

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: Food dislikes – no PIPS in place

ENVIRONMENTAL SERVICES: PIP/CONCERNS : Facility unclean, missing clothing or not returned as it should, staff not taking care of room cleanliness – Weekend day cleaning by third party vendor, change in HK Manager – trial basis.

MAINTENANCE: PIP/CONCERNS: Continue with beautification project – No PIPS in place

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: Continue with scanning of all medical records into PCC – work to set date to have current resident information scan completed.

MDS: PIPS/CONCERNS: No issues

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.	Yes	
QAPI Meeting dates of submission (owner/operator involvement evident)	8/16/23 9/19/23 10/19/23	Customer satisfaction survey completion, RTA %, Excessive weight loss, Antipsychotic medications

Component 2

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

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	%5.26	6.89%	7.96%	Y	
Percent of residents who received an anti-psychotic medication	4.69%	9.40%	14.65%	N	
Percent of residents whose ability to move independently has worsened	1.59%	13.03%	15.04%	N	
Percent of residents with urinary tract infection	0%	1.28%	2.24%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments

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

<p>NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)</p> <p>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</p>					
<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <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>National</p> <p>93.84%</p>	<p>Baseline</p> <p>%</p>	<p>Results</p> <p>%</p>	<p>Met Y/N</p>	<p>Information Not Provided</p>
<p>Percent of Residents Assessed and Appropriately</p>	<p>96.07%</p>	<p>%</p>	<p>%</p>		

Given the Seasonal Influenza Vaccine					
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Administrator: Kara Musgraves
DON: Jerry Deller, RN

FACILITY INFORMATION

Park Manor Tomball is a 125-bed facility with a current overall star rating of 1 and Quality Measures star rating of 3. The census on the date of this report was 95: 12 PP; 2 MC; 61 MDC; 14 HMO; 6 Hospice.

The QIPP site visit was conducted over the phone. The Administrator was present and very helpful during the call. The Administrator reported that the facility met all 4 components for quarter 4 of year six and they are on track to meet all 4 for quarter 1 of year seven. The facility will be working on anti-hypnotics for PIP charter 1 and on staff turnover for PIP charter 2 success stories.

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

Park Manor of Tomball still provides the bivalent, Moderna (in house) and Pfizer (from local pharmacy) vaccine to its employees and residents. If one employee decides they want the vaccination, they will give it that day. So far, 90% of employees are fully vaccinated with 3 exemptions and 51% of residents have been fully vaccinated. This information is reported to NSHN weekly.

The Administrator reports the facility had a Thanksgiving meal for residents and families last week and they are planning a Christmas party for them next month.

They continue with the Mad Genius program (receive tokens that can be turned in for prizes) and they still provide food periodically. The Administrator reports they are planning a Thanksgiving meal for staff this Friday and they are planning a catered Christmas party.

One of the current QIPP year 7 requirements - includes the state is now conducting monthly audits and will eventually get to all QIPP facilities and you will need to ensure all supporting documentation (*all updated documents relating not only to PIP charter 1 & 2, but for any PIP you discuss during QAPI meetings; your six months worth of antibiograms from lab and antibiotic reports from pharmacy; hand hygiene/PPE competencies; CDC infection course certificates [only good for 2 years] infection policies required per component 4, etc.*) is readily available.

Trauma Informed Care -Make sure all staff are aware of what this is and that all triggers are identified and care-planned. Administrator and DON report the facility in-services all staff on this annually.

Recommend continual education of staff on infection control- especially for the hand hygiene and PPE competencies and prevention of UTIs (they are part of QIPP components 3 & 4). One tip I heard from another provider was to make the hand hygiene a competition between departments and after they wash their hands use some kind of spray that will show any remaining bacteria. Also, there was a form used during COVID_19 pandemic, the Infection Control Assessment that is still available on

CMS website and recommend you complete it at least annually and update the applicable sections whenever you have any kind of outbreak/concern.

SURVEY INFORMATION

The state came 11/14-16 for the facilities full book, and they are still waiting for the 2567.

REPORTABLE INCIDENTS

In **July/Aug/Sept 2023-** the facility had 2 self-reports and they were both cleared during the full book survey, no citations.

CLINICAL TRENDING

Incidents/Falls:

During **July/Aug/Sept 2023-**Park Manor of Tomball had 41 total falls without injury (14 repeat falls) and 21 falls with injury, 21 Skin Tears, 5 Fractures, 0 Lacerations, 4 Behaviors, 0 Elopements and 0 Bruises.

Infection Control:

Park Manor of Tomball reports 85 total infections in **July/Aug/Sept 2023-** 47 UTI’s (not all met McGreers); 9 Respiratory infections; 3 EENT infections, 2 Blood infections, 6 Wound infections, 0 Genital infections, 2 GI infections and 18 Other infections (no details).

Weight loss:

Park Manor of Tomball reported Weight loss in **July/Aug/Sept 2023-**15 residents with 5-10% and 0 residents with > 10% loss in 30 days (several were hospice residents).

Pressure Ulcers:

In **April/May/June 2023,** Park Manor of Tomball had 3 residents with 4 pressure ulcer sites – 1 acquired in house.

Restraints:

Park Manor of Tomball is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	2	0	0	0
2 to 10	0	0	2	0	0	0
10 to 6	0	0	0	0	0	0
Other	Weekend sup.	0	0	0	0	0

# Hired this month	1	1	2	0	0	0
# Quit/Fired	0	0	1	0	0	0

Total number employees: 89 Turnover rate%: 86 YTD

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.6%	1.9%	
Fall w/Major Injury (L)	1.3%	3.6%	3.5%	
UTI (L) *	1.4%	1.2%	2.4%	
High risk with pressure ulcers (L) *	2.8%	7.3%	8.6%	
Loss of Bowel/Bladder Control(L)	83.9%	54.4%	49.1%	Denominator error
Catheter(L)	3.9%	1.5%	1.6%	3 residents, appropriate Dx
Physical restraint(L)	0%	0%	0.01%	
Increased ADL Assistance(L)	34.5%	16.6%	14.2%	Denominator error
Excessive Weight Loss(L)	0%	4.6%	6.0%	
Depressive symptoms(L)	0%	5.4%	9.2%	
Antipsychotic medication (L) *	11.1%	9.1%	14.8%	GDR monthly

PHARMACY Consultant reports/visit/ med destruction?

Yes, completed and monthly drug destruction done

- # of GDR ATTEMPTS in the month: 6 How many successful? 2
- # of Anti-anxiety (attempts 2 successful 1 failed 1)
- # of Antidepressants (attempts 3 successful 2 failed 1)
- # of Antipsychotic (attempts 1 successful 0 failed 1)
- # of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up? Yes, completed after each meeting weekly

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

TRAUMA INFORMED CARE IDENTIFIED: N/A

ACTIVITIES: PIP/CONCERNS: none,

DIETARY: PIP/CONCERNS: none, Food preference 2 residents – met with residents and resolved

ENVIRONMENTAL SERVICES: PIP/CONCERNS: none

MAINTENANCE: PIP/CONCERNS: none

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: none

MDS: PIPS/CONCERNS: none

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	8/16/23, 9/20/23, 10/19/23	Falls/RTAs, RN coverage

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?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	N	Available if needed

<ul style="list-style-type: none"> • PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> ○ During the first reporting period? ○ Subsequently reported outcomes related to the plan throughout the eligibility period? ○ Discuss RCA for turnover: Has anything changed from the original RCA? ○ PIP for retention and recruitment is current: ○ NEW Retention efforts updated on Current PIP 	Y	Staff turnover
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QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.96%	6.89%	1.88%	Y	
Percent of residents who received an anti-psychotic medication	14.65%	9.40%	7.35%	Y	
Percent of residents whose ability to move independently has worsened	15.40%	13.04%	24.86%	N	Looked into details for accuracy, now is 3.67% much improved
Percent of residents with urinary tract infection	2.24%	1.28%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

<ul style="list-style-type: none"> ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>				
<p>Quarter 2</p> <ul style="list-style-type: none"> ➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. ➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 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 					
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p> <p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	National	Baseline	Results	Met Y/N	
	91.79%	95.73%	100%	Y	
	94.70%	96.34%	98.88%	Y	

Administrator: David Holt
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current census of 111: (5) MC; (20) HMO; (17) PP; (60) MDC +12 pending; (2) Hospice. Their overall star rating is a 2 and Quality Measures star rating is a 4. They are currently meeting 3 out of 4 QIPP component 3 long stay measures and have a PIP in place for moves independently worsens. The administrator also reported they are working PIPs for pressure ulcers and foley catheters. The medical director was present during our entrance conference and he is assisting in the plan of correction for wounds by making daily rounds of patients. The last covid outbreak was in August. They currently have 4 pending self reports and have not had any surveyor activity in the building in the last quarter.

FACILITY TOUR

The administrator provided the tour for the site visit. The outside of the facility was clean with a well manicured lawn. The lobby was tastefully decorated, and the facility had a receptionist to greet you. The admin reported that the lobby was recently renovated and renovations are on going to the residents' rooms as well. The facility has 4 halls, no specialty units. The dining room was clean and beautifully decorated. The menus were posted and alternatives were available for resident choosing. The kitchen was overall clean, but the floor needed sweeping. The staff was wearing appropriate ppe. The equipment was cleaned. Cleaning schedules were being followed. Food in the pantry and refrigerator were appropriately labeled and stored. The therapy hall and therapy gym were toured and the residents were actively participating in therapy. All residents viewed were well groomed. All rooms viewed were neat and clean. The hallways and fire exits were clean and clear. The laundry area was noted to be clean and organized. Appropriate infection control measures were being followed. The vent trap logs were kept up to date. Medication carts were noted to be clean and appropriately stored and locked. All food and drink items were labeled. The medication room was clean and organized. Medications were appropriately stored and refrigerator temperature logs were up to date. The Ekit was locked. Overall, there were no safety concerns or issues noted on the tour. The administrator and DON were educated over the QIPP and QAPI processes and specifically over component 3 and the targeted goals set to meet those metrics. The DON has been at the facility long term and both have a good understanding of processes.

REGULATORY INFORMATION

Park Manor South Belt has not had survey activity in the last quarter. They do have 4 pending reportables: 1 fracture, 1 s/t, 1 Covid, 1 drug diversion.

CLINICAL TRENDING AUG/SEPT/OCT 2023

Incidents/Falls:

Park Manor of South Belt had 61 total falls (16 repeats), of which 1 resulted in a fracture. They had 10 Skin Tears, 0 Lacerations, 3 Elopements, 7 Bruises and 4 Behaviors.

Infection Control:

Park Manor of South Belt reports 123 total infections: 39 UTIs; 18 Respiratory; 31 Wound; 15 EENT; 6 Blood; 1 Stool; and 13 Other infections. There is a PIP in place for wound infections.

Weight loss:

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

Pressure Ulcers:

Park Manor South Belt reported 30 residents with 42 total pressure ulcers and 12 were facility acquired and there is a PIP in place.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

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

Total number employees: 104 Turnover rate%:

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.6%	1.9%	
Fall w/Major Injury (L)	0%	3.6%	3.5%	
UTI (L) *	0%	1.2%	2.4%	
High risk with pressure ulcers (L) *	4.8%	7.3%	8.6%	
Loss of Bowel/Bladder Control(L)	57.1%	54.4%	49.1%	
Catheter(L)	4.2%	1.5%	1.6%	All appropriate
Physical restraint(L)	0%	0.1%	0%	
Increased ADL Assistance(L)	28.3%	16.6%	14.2%	
Excessive Weight Loss(L)	2.7%	6.6%	5.0%	
Depressive symptoms(L)	0%	9.1%	5.8%	
Antipsychotic medication (L) *	1.3%	14.8%	9.3%	

PHARMACY Consultant reports/visit/ med destruction? Monthly visits, reports completed and drug destruction monthly.

- 8/9/2023
- 9/19/2023
- 10/13/2023

-
- # of GDR ATTEMPTS in the month: How many successful?
 - # of Anti-anxiety (attempts- 4 successful 4 failed __0__)
 - # of Antidepressants (attempts-9 successful - 9 failed__0__)
 - # of Antipsychotic (attempts - 1 successful__1__ failed__0__)
 - # of Sedatives (attempts -0 successful__0__ failed__0__)
-

DIETICIAN Recommendation concerns/Follow Up? Weekly, reports and concerns completed.

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

14 grievances - 5 missing cloths, 6 Nursing concerns, 1 activity concern, 1 Therapy concern, 1 pest control concern -all concerns were resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: PIP

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: Routine Maintenance

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS:None

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)	Y	

Component 2

<u>Indicator</u> <u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u>	Benchmark Met Y/N	Comments

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.6%	7.3%	4.8%	Y	
Percent of residents who received an anti-psychotic medication	14.8%	9.2%	2.6%	Y	
Percent of residents whose ability to move independently has worsened	16.6%	13.2%	24.1%	N	MDS & PT working on this module to increase mobility

Percent of residents with urinary tract infection	2.4%	1.2%	0%	Y	
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QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

➤ Current list of reportable diseases					
Quarter 4	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	91.82%	95.94%	100%	Y	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	94.72%	96.64%	100%	Y	

Administrator – Rose Madison

FACILITY TOUR

The administrator provided the tour for the site visit. The outside of the facility was clean with a well-manicured lawn. The lobby was tastefully decorated, and the facility had a receptionist to greet you. The facility has recently had new flooring installed and it looked very nice. The menus were posted, and alternatives were available for resident choosing. The therapy hall and therapy gym were toured and the residents were actively participating in therapy. All residents viewed were well groomed. All rooms viewed were neat and clean. The hallways and fire exits were clean and clear. The laundry area was toured and clutter was noted in the exterior hall and entry to the laundry. There was remodeling being done and there were paint buckets and other equipment out in the laundry area. Appropriate infection control measures were being followed. The vent trap logs were kept up to date. Medication carts were noted to be clean and appropriately stored and locked. All food and drink items were labeled. The shower room was found to be clean and all items were appropriately stored. Overall, there were no safety concerns or issues noted on the tour. The administrator was educated over the QIPP and QAPI processes and specifically over component 3 and the targeted goals set to meet those metrics. The admin was new and was focusing on resetting her team.

REGULATORY INFORMATION

Prior to new administrator's arrival, the facility received 2 IJs for skin and falls. These have been cleared.

A site tour was conducted in November and the facility was emailed notification and a report to be filled out prior to arrival so that it could be discussed at the visit. The facility was emailed again the day before the visit to remind of visit. The report was not completed upon arrival. The facility was then scheduled for a conference call to discuss the report after completion. The administrator did not get on the call. The administrator was then emailed three more times requesting the report and the report was never provided.

Administrator: Kera Gore
DON: Brandy Frachiseur, RN

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 2 and a rating of 5 stars in Quality Measures. The current census on the date of the call was 46.

The QIPP site visit was conducted in person. The Administrator and DON were available and very helpful during the visit. The Administrator reported the facility met all 4 QIPP components for quarter 4 of year six and they are on track to meet all 4 components for quarter 1 for year seven. The facility will be working on Antipsychotics for their PIP charter 1 and staff satisfaction for PIP charter 2 success stories.

The facility is currently COVID_19 free. The facility provides COVID_19 vaccines through Red River pharmacy and the current fully vaccinated rate for residents is 25% and it is very low for staff. This is reported to NSHN weekly. The DON reports the resident flu vaccination rate is very good.

The overall general appearance of the entrance was very sparse, with an overgrown garden under the flagpole and the flag was starting to fray. The parking lot lines were faded, including the fire lanes.

The building is older with old vinyl floors, but they were very clean and shiny (buffed weekly). The inside entrance/lounge of the facility was clean and tastefully decorated and there were several artist items (paintings & sculptures, etc.) on display that were either donated or for sale. A bottle of hand sanitizer was available.

Fire extinguishers checked in the kitchen, outside the medication room and at the memory care nurse's station had current inspections. The facility floors were clean and well maintained. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room on hall 4 was checked and there was a dirty linen bag and large soap container on the floor and the shower was in need of a deep clean. Central supply was clean and organized but there were several boxes on the floor from a recent shipment.

The medication room was organized but the floor needed to be cleaned and there were 2 boxes on the floor. The medication kit certificate was current (07/2024). The O2 closet was clean and organized with all cannisters in a rack but no signs posted.

The laundry room was very cramped but just had 2 weeks of no hot water heater (new on in place now) and they are slowly catching up. The lint trap logs were current and 2 chemicals found directly on the floor.

The dining room was clean, and the menu was posted for the day/month. The kitchen counters, and equipment were all clean and all cooler and freezer temperature logs were up to date. The kitchen power washing is scheduled to occur soon. The chemical logs for the dish machine were all current but there were no logs for the 3 compartment sink (recommended even if they are not using the sinks, they should keep a log stating that. The dry and emergency food storage areas were well organized with nothing stored above regulated height or out of date, 2 dented cans were found with the regular cans, and ceiling height met 2 drinks and 2 small containers of sauce checked in the cooler, and they had no label or date.

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

The facility has good activity, and dining resident participation. The Administrator reports they are planning the resident and family Thanksgiving dinner for next week. The facility will be having daily Christmas activities and a big party for staff and residents in December.

Nurses are still working 8-hour shifts. The facility continues every month celebrating birthdays/anniversaries and awards employee of the month. The facility tries to have a massage day for staff once per quarter and the Administrator recently provided boxes of candy to each resident.

QIPP SCORECARD:

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

EDUCATION PROVIDED

One of the current QIPP year 7 requirements - includes the state is now conducting monthly audits and will eventually get to all QIPP facilities and you will need to ensure all supporting documentation (*all updated documents relating not only to PIP charter 1 & 2, but for any PIP you discuss during QAPI meetings; your six months worth of antibiograms from lab and antibiotic reports from pharmacy; hand hygiene/PPE competencies; CDC infection course certificates [only good for 2 years] infection policies required per component 4, etc.*) is readily available.

Trauma Informed Care -Make sure all staff are aware of what this is and that all triggers are identified and care-planned. Administrator and DON report the facility in-services all staff on this annually.

Recommend continual education of staff on infection control- especially for the hand hygiene and PPE competencies and prevention of UTIs (they are part of QIPP components 3 & 4). One tip I heard

from another provider was to make the hand hygiene a competition between departments and after they wash their hands use some kind of spray that will show any remaining bacteria. Also, there was a form used during COVID_19 pandemic, the Infection Control Assessment that is still available on CMS website and recommend you complete it at least annually and update the applicable sections whenever you have any kind of outbreak/concern.

SURVEY INFORMATION

The facility is coming up on their full book window next month.

REPORTABLE INCIDENTS

The facility has no pending self-reports.

PHARMACY: no concerns, med destruction is completed monthly

NURSING/MDS: no concerns

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is still on roof repair/ceiling repair

ACTIVITIES: no concerns

CLINICAL TRENDING**Incidents/Falls:**

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility currently has 2 open nurse positions and no open CNA positions.

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 107: 11 PP; 11 MC; 67 MDC; 11 HMO; 7 Hospice and 11 Memory Care.

The QIPP site visit was conducted in person and both the Administrator and DON were available and very helpful. The Administrator reports the facility is on track to meet 3 of the 4 QIPP components for quarter 1 of year seven (not meeting one measure for component 3). The facility will be working on Falls with Major Injury for PIP charter one and Staff Retention for PIP charter two.

Willowbrook-Nacogdoches is currently COVID_19 free. The Administrator reports the resident COVID_19 vaccination rate is at 56% and the employee rate is at 95%. The Administrator reports the facility submits these rates weekly to NSHN.

The overall general appearance of the entrance was well groomed and inviting. The parking lot was well maintained with no trash/debris noted and the front entrance/breezeway was inviting with nice fall decorations and well-groomed grounds.

The inside entrance/lounge of the facility was clean and tastefully decorated. The facility is an older but well-maintained building with some older vinyl floors, and some newer hardwood vinyl floors but all were clean and well-maintained. The November Activity calendar was posted, and residents gathered in the dining room for lunch.

The fire extinguishers checked on halls 200, 700 & 600 had current inspections. There were no odors detected throughout the facility. Means of egress were clear for all hallways.

The resident rooms and bathrooms observed were clean with no odors or safety concerns identified and all resident equipment observed was clean and in working order. The shower room on hall 500 was checked and it was clean but there was a slight urine odor (dirty linen container still in room as just finished last shower) and a small broom was sitting on the floor (DON picked it up and placed off the floor). The Administrator notified housekeeping to clean the shower room during the tour. Central supply was clean and organized with 1 small box on the floor from a recent shipment.

The medication room was organized, and the medication kit certificate (10/2024) and refrigerator logs were both current. The floor was in need of being swept and mopped. The O2 closet was organized with all cannisters in a rack and the empty and full signs posted but the floor needed to be

swept and mopped. The Administrator notified housekeeping to clean both the med room and O2 closet floors.

The laundry room was clean and organized with current lint trap logs and all chemicals off the floor.

The dining room was clean, and the menu was posted for the day/month. The kitchen counters, and equipment were all clean and all cooler and freezer temperature logs were up to date. The area behind the stove was clean. The chemical logs were all current. The dry and emergency food storage areas were well organized with nothing stored above regulated height or out of date, cans rotated, and ceiling height met. 2 items (foil packet and tray of juices) were found without a label and date.

The Administrator reports the facility still holds activities twice per week for all the staff and it continues to be well received. The facility will be providing a turkey dinner for all staff this Friday. The Administrator reports the facility now has a new position, Talent & Learning coordinator, and they are making sure the staff have a calendar of activities and started the Mad Genius program. One other new program started is Buzz Worthy that allows other staff, families and residents to identify staff doing something good and they post it on their bulletin board and draw names randomly every month to provide chips they can later turn in for prizes. The company also has star of the month and every year they give a car to the star of the year.

Resident participation for dining and activities is excellent and the facility celebrated. The facility is having their Thanksgiving Day dinner tomorrow for residents and families.

EDUCATION PROVIDED

QIPP year 7 requirements - includes the state is now conducting monthly audits and will eventually get to all QIPP facilities and you will need to ensure all supporting documentation (*all updated documents relating not only to PIP charter 1 & 2, but for any PIP you discuss during QAPI meetings; your six months worth of antibiograms from lab and antibiotic reports from pharmacy; hand hygiene/PPE competencies; CDC infection course certificates [only good for 2 years] infection policies required per component 4, etc.*) is readily available. Discussed how components are measured and what the facility can do to ensure they are meeting all 4 components, including having QAPI monthly, meeting required RN hours or use telehealth (currently they are well staffed with RNs), review 4 measures in component 3 during every QAPI and ensure PIPs are in place and worked as indicated, ensure flu and pneumonia vaccine information is correctly assessed and entered into MDS.

Trauma Informed Care -Make sure all staff are aware of what this is and that all triggers are identified and care-planned. Administrator and DON report the facility in-services all staff on this annually.

SURVEY INFORMATION

The facility had no state visits this quarter.

REPORTABLE INCIDENTS

Willowbrook-Nacogdoches had 5 pending self-reports for **Aug/Sept/Oct 2023**.

CLINICAL TRENDING

Incidents/Falls:

During **Aug/Sept/Oct 2023**, Willowbrook-Nacogdoches had 62 total falls without injury (47 repeat falls) and 8 falls with injury, 11 Skin Tears, 0 Elopements, 0 Fractures, 1 Laceration, 4 behaviors and 0 Bruises. The facility does still have a PIP in place for falls.

Infection Control:

Willowbrook-Nacogdoches reported 98 infections during **Aug/Sept/Oct 2023**, of which 47 were UTI's, 23 Respiratory infections, 4 Wound infections, 0 Blood infections, 3 GI infections, 4 EENT infections, 0 Genital infections and 17 Other (no details).

Weight loss:

Aug/Sept/Oct 2023, Willowbrook-Nacogdoches had 5 residents with 5-10% weight loss in 1 month and 3 with >10% weight loss in 6 months. Currently the facility has no weight loss.

Pressure Ulcers:

Aug/Sept/Oct 2023, Willowbrook-Nacogdoches reported 20 residents with pressure ulcers with 36 sites, 16 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 to 10						
10 to 6						
Other						
# Hired this month						
# Quit/Fired		1				

Total number employees: 120 Turnover rate%: .8%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.1%	1.6%	1.9%	PIP in place
Fall w/Major Injury (L)	2.4%	3.6%	3.5%	PIP in place
UTI (L) *	0.0%	1.2%	2.4%	
High risk with pressure ulcers (L) *	11.5%	7.3%	8.6%	PIP in place
Loss of Bowel/Bladder Control(L)	45.2%	54.4%	49.1%	
Catheter(L)	4.4%	1.5%	1.6%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Increased ADL Assistance(L)	17.1%	16.6%	14.2%	PIP in place
Excessive Weight Loss(L)	2.6%	4.6%	6.0%	
Depressive symptoms(L)	5.0%	5.4%	9.2%	
Antipsychotic medication (L) *	8.1%	9.1%	14.8%	

PHARMACY Consultant reports/visit/ med destruction?

7-28-23 8-22-23 9-29-23

of GDR ATTEMPTS in the month: How many successful?

of Anti-anxiety (attempts __3__ successful __3__ failed __0__)

of Antidepressants (attempts __8__ successful __4__ failed __4__)

of Antipsychotic (attempts __10__ successful __6__ failed __4__)

of Sedatives (attempts __1__ successful __1__ failed __0__)

DIETICIAN Recommendation concerns/Follow Up? 7-4-23 7-11-23 7-18-23 7-25-23 8-1-23 8-8-23
8-15-23 8-22-23 9-5-23 9-12-23 9-19-23 9-26-23 all followed up and no current weight loss

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 9 all resolved

TRAUMA INFORMED CARE IDENTIFIED: NA

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)	7/14/23, 8/11/23, 9/8/23	Skin and falls

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"> Y8 additional hours non-concurrenty scheduled? 	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
<ul style="list-style-type: none"> Telehealth used? 	N	No need
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	8.6%	8.6%	11.5%	N	PIP in place
Percent of residents who received an anti-psychotic medication	14.8%	14.8%	8.1%	Y	
Percent of residents whose ability to move independently has worsened	16.6%	16.6%	18.7%	N	PIP in place
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 	Y				

<ul style="list-style-type: none"> ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
<p>Quarter 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>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use 					

➤ Current list of reportable diseases					
Quarter 4	93.84%	%	%		
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	%		

Exhibit “E”

**2024 Grant Budget Request
Entity Budget**

1. East Chambers ISD	\$486,329.00
2. Gulf Coast Health Clinic	\$1,148,621.00
3. *Marcelous Williams	\$77,590.00
4. Winnie Community Hospital	\$3,341,114.00
5. **Winnie Stowell Volunteer Emergency Medical Service	\$152,774.40
	\$5,206,428.40

*Marcelous Williams initially asked for \$67,427 and then revised the grant request to account for higher wages for the Social Serviced Navigator and the Client Experience Worker.

**Josh Walheither is assigned to administer the grant and Amber has been released for duty. The options are \$152,774.40 or reduced to \$107,774.40 if the WSVEMS must hire a paramedic to replacement the manager when making calls.

East Chambers ISD

Category	Current Budget	Wish List 2024 Budget	Difference
Insurance	\$52,000.00	\$52,000.00	\$0.00
Therapy and Related Contracted Services (Partial)	\$2,100.00	\$20,000.00	\$17,900.00
Speech Pathologist Salary/Benefits and projected 2.5% increase Sept 2024 Less \$43218 Surplus	\$23,410.00	\$40,674.00	\$17,264.00
3 Nurse Salary/Benefits (partial) and projected 2.5% increase Sept 2024	\$167,416.00	\$180,655.00	\$13,239.00
Nurse Supplies/Expenses (Partial)	\$20,000.00	\$20,000.00	\$0.00
Part Time Floating LVN	\$0.00	\$10,000.00	\$10,000.00
Mental/Emotional Health Support Thru Adaptive Behavior January 2024 - December 2024	\$0.00	\$63,000.00	\$63,000.00
Licensed School Specialist Psychology - 1 year only mentor	\$0.00	\$100,000.00	\$100,000.00
Immunizations	\$0.00	\$0.00	\$0.00
Total	\$264,926.00	\$486,329.00	\$221,403.00

* Increases in Therapy and Related Contracted Services not only free up federal funding for other positions and maximize reimbursements but also addresses increases in case loads. These services include occupational therapy, physical therapy, and counseling.

* The 3rd nurse is partially funded thru a grant from Region 5 that we expect to end in March 2024. We are using \$43218 surplus from 22-23 and \$23410 surplus from 23-24 to fund part of our speech pathologist salary. We are requesting \$40,674 to fund that position thru the end of 2024.

* The increase in nurse salaries represents projected increases in salaries and benefits for the 2024-2025 school year

* Part Time Floating LVN would benefit students by filling in when our nurses are absent or need coverage for lunches.

* Mental/Emotional Health Support Thru Adaptive Behavior is a position that would benefit our students who present with diagnosed conditions requiring specialized care. Currently, we have 7 students who meet these requirements. This would allow a safe space and support for these students who sometimes need to be placed in more restrictive environments due to the diagnoses.

* LSSP - This position would be a mentor in a "grow your own" program for an employee seeking licensing. Funding could continue, perhaps partially, once employee is licensed. The licensed school psychologist is a requirement to have on staff if we attempt to certify one of our staff internally.

We appreciate any and all support in our partnership and understand limitation that might prevent additional funding.

Gulf Coast Health Clinic

2024 CGHC BUDGET

DRAFT 1

	Estimated FY 2023		Proposed FY 24		Delta	
	As of 12/31/ 23		As of 12/31/24			
Patient Service Revenue	\$48,811		\$815,373		1570.5%	
340b Patient Service Revenue	\$0		\$22,000		N/A	
Adjustment	(\$4,881)		(\$81,537)		1570.5%	
Grant Revenue- WSHD	\$1,148,797		\$1,148,621		0.0%	
TOTAL REVENUE	\$1,192,727		\$1,904,456		59.7%	
Administration	\$150,920		\$286,672		89.9%	
Front Desk	\$14,610		\$65,520		348.5%	
Maintenance	\$400		\$11,700		2825.0%	
Medical Providers	\$382,380		\$404,000		5.7%	
Clinical Support Staff (RN, LPN, MA)	\$19,600		\$179,920		818.0%	
Outreach and Enrollment	\$0		\$110,240		N/A	
TOTAL SALARIES	\$567,910		\$1,058,052		86.3%	
Social Security Payroll Tax	\$23,176		\$65,599		183.0%	
Medicare Payroll Tax	\$6,564		\$15,342		133.7%	
SUTA	\$1,828		\$2,500		36.8%	
FUTA	\$366		\$750		104.9%	
Workers Compensation	\$684		\$21,161		2993.7%	
Health Insurance	\$29,800		\$125,250		320.3%	
Pension	\$24,400		\$41,440		69.8%	
TOTAL BENEFITS	\$86,818		\$272,042		213.3%	
Contract Services	\$196,100		\$224,000		14.2%	
Training	\$1,900		\$5,290		178.4%	
Travel	\$550		\$5,290		861.9%	
Expendable Equipment	\$74,500		\$15,000		-79.9%	
General/Office Supplies	\$9,100		\$36,360		299.6%	
Clinical Supplies	\$49,250		\$48,480		-1.6%	
Communication - Internet	\$4,575		\$12,000		162.3%	VOIP/H.S.I
Communication - Telephone	\$810		\$1,000		23.5%	On Call Phone/Cells
Occupancy (Rent)	\$17,575		\$36,000		104.8%	
Building- Repairs	\$0		\$500		N/A	
Communication - Postage	\$700		\$1,000		42.9%	
Utilities -Water/Sewer	\$1,350		\$1,750		29.6%	
Utilities -Waste Disposal	\$875		\$1,500		71.4%	
Utilities - Electric	\$6,200		\$8,500		37.1%	?
Vehicle Operation	\$0		\$2,500		N/A	
Legal Fees	\$0		\$2,500		N/A	
Ins. Dir.&Officers	\$2,500		\$2,500		0.0%	
Ins. - General Liability	\$8,000		\$8,500		6.3%	?
Ins.-Malpractice	\$0		\$32,000		N/A	
Professional Licenses	\$3,530		\$4,500		27.5%	
Software Subscription	\$20,700		\$21,500		3.9%	
Dues and Subscriptions	\$3,850		\$5,000		29.9%	
Meals and Entertainment	\$5,500		\$5,500		0.0%	
Lab Fees	\$3,825		\$4,500		17.6%	?
Enabling Services	\$0		\$5,000		N/A	
Outreach and Education	\$2,600		\$3,500		34.6%	

2024 CGHC BUDGET

DRAFT 1

	Estimated FY 2023	Proposed FY 24	Delta
	As of 12/31/ 23	As of 12/31/24	
Advertising	\$21,125	\$21,500	1.8%
Recruitment	\$580	\$1,000	72.4%
Bank Fees	\$1,860	\$2,500	34.4%
Depreciation IT	\$4,352	\$4,500	3.4%
Depreciation-Office Furn&Fix	\$1,500	\$1,550	3.3%
Depreciation-Vehicles	\$0	\$6,611	N/A
Bad Debt Expense (Com/MCR/Self)	\$0	\$12,231	N/A
Charity Care (SFDP)	\$0	\$30,300	N/A
Cap Ex	\$0	\$0	N/A
TOTAL OP EXP	\$443,407	\$574,362	29.5%
TOTAL EXPENSE	\$1,098,135	\$1,904,456	73.4%
		\$0	
6,060 BILLABLE VISITS	12.63	VISITS PER PROVIDER PER CLINICAL DAY	

Grant Awards/Requests

		2022	2023	2024
4/22/2022	Initial Award	1,318,735.00	0.00	0.00
	Carry Over	0.00	154,938.21	47,150.84
1/1/2023	Annual Award	0.00	914,112.00	1,101,646.16
6/1/2023	Add'l Award	0.00	276,040.00	0.00
Total Awards		1,320,757.00	1,345,090.21	1,148,797.00

Estimates

Grant Draws

		2022	2023	2024
Jan	Monthly Draw		75,624.92	95,733.08
Feb	Monthly Draw		96,282.32	95,733.08
Mar	Monthly Draw	100,000.00	108,955.08	95,733.08
Apr	Monthly Draw	234,317.47	108,955.08	95,733.08
May	Monthly Draw		73,303.35	95,733.08
Jun	Monthly Draw		65,570.11	95,733.08
Jul	Monthly Draw		64,238.07	95,733.08
Aug	Monthly Draw	194,687.18	83,837.28	95,733.08
Sep	Monthly Draw		207,370.20	95,733.08
	Add'l Draw		100,000.00	
Oct	Monthly Draw		93,802.96	95,733.08
Nov	Monthly Draw	146,703.51	110,000.00	95,733.08
Dec	Monthly Draw	80,745.63	110,000.00	95,733.08
Total Draws		756,453.79	1,297,939.37	1,148,797.00

Gross Carryover	564,303.21	47,150.84	0.00
4/22 Amend. (Bldg Option)	-72,895.00	0.00	0.00
8/22 Amend. (Bldg Delay)	-336,470.00	0.00	0.00
Net Carryover	154,938.21	47,150.84	0.00



FY 2024 Budget and Grant Request

Budget Justification

Net Patient Service Revenue

Based on the following payor mix:

Medicaid	15%
Medicare	20%
Commercial	45%

Based on a staff of 1.5 FTE medical providers, seeing an estimated 6,000 patient visits during the next fiscal year. This also includes a 10% assumed contractual adjustment rate of an estimated \$733,836.

Salaries and Benefits

The FY 2024 budget maintains the same staffing levels as FY 2023, plus the following positions:

- 1.00 FTE Director of Development and Outreach (approved in the June 2023 budget amendment)
- 1.00 FTE Outreach and Eligibility/Enrollment Clerk (assuming patient volumes justifies)
- 1.00 FTE Registered Nurse (RN) (hired to complete duties for the Accountable Care Organization (ACO) program, but also assuming patient volumes justifies)
- .75 CFO (assuming candidate available and patient volume justifies)

Maintains the same percentage of salaries at 26%.

Contract Services

This line item includes fees for the outsourced billing services and includes current contracted costs for other items such as lawncare, payroll, etc.

Supplies

Office supplies are estimated at \$6.00 per visit and clinical supplies are estimated at \$8.00 per visit.

Utilities, Insurance, and Laboratory fees

These items are difficult to estimate given there is less than one (1) year of operations in the new building, as well as less than one (1) year of clinical operations. The best professional judgement was used to provide estimates for utilities (\$8,500), Insurance (\$8,500), and Laboratory Fees (\$4,500).



Other Operating Costs

All other operating costs were based upon historical spending trends and current market conditions.

Grant Request for FY 2024: \$1,148,621

Further Justification for the Grant Request

The original grant request for the health center project for FY 2022 was submitted for \$1,318,735. In April 2022 as different building options were evaluated, the health center grant was amended, with a decrease of \$72,895 for a total of \$1,245,840. In August 2022 the grant was amended again with a decrease of \$336,470 for a total grant request of \$909,370.

In December 2022 the budget approved for FY 2023 was a grant award of \$914,112 with a carryover of funds from the previous grant year of an estimated \$135,000. After the close of the fiscal year, the actual carryover amount totaled \$154,940. Thus, the FY 2023 budget request for the health center was \$1,069,050.

In June 2023 an amendment to the budget was approved for additional outreach, education, and marketing funding from the WSHD in the amount of \$276,040 bringing the total request to \$1,325,152.

The health center anticipates ending FY 2023 with a total of \$1,297,030 in grant drawdowns from the WSHD. The anticipated need for FY 2024 is a total of \$1,148,621.

The original budget to get the health center project up and running was \$1.3 million in Year 1. However, due to delays, the timeline was extended significantly, which means payroll costs were incurred for several months with no offset from patient revenue.

For example, Dr. Lyons was recruited and hired in August 2022 with a start date of December 12, 2022, with an anticipated date of beginning to see patients in February 2023 and Kacey Flores, PA-C was recruited and hired in November 2022 with a start date of April 4, 2023. The expectation was that Dr. Lyons would get the practice started, building patient demand solo and Kacey would join three (3) months later and continue the momentum. Both providers started seeing patients at the same time on September 25, 2023.

In 2024, the health center will have a full year of operations, with over \$700,000 in revenue. This will provide a foundation for FY 2025 where additional providers may be recruited, patient capacity will be expanded significantly, and the health center's dependence on grant funding will begin to subside considerably.

Marcelous Williams

Hubert Oxford IV

From: Ramonia Dirden <ramonia3@yahoo.com>
Sent: Wednesday, November 8, 2023 3:13 PM
To: Hubert Oxford IV
Cc: Sherrie Norris; Bobby Way; Anthony Stramecki; MaKayla Vidal; Patricia Ojeda; Eddie MWRC; Tammi Scott
Subject: Re: 2024 Grant Renewal Request
Attachments: WSHD Request 2024.pdf

Good Afternoon Hubert

Thank you for your email below.

We are very proud of the many successes with many of the clients we served this year. It was also an opportunity to give a long term staff (Christina) to achieve another level in her career. Christina had been with us for a little over 4 years.

However, the challenge was on to find a replacement. With that being said, I have personally enjoyed working in the office with Sherrie and Patricia until we could hire and train a replacement.

In 2024, we will be hiring a *bi-lingual* client experience specialist. This person's job description will travel to the Winnie office two times a month and provide on-going support to the navigator, outreach, trouble shoot and follow-up with client issues and more importantly be a back-up to the navigator.

With the year end 30% increase in clients served this year, we are anticipating a 20-25% increase in 2024.

We would like to manage more effectively the on-site office traffic and the bi-lingual services needed by initialing having the bi-lingual client experience specialist to work on-site for **3 months** and then two times a month thereafter. We hope this helps in the office transition of new staff coming on board.

After the three months, we will assess and engage the new indigent director to determine efficiencies and implement appropriate changes to ensure office support and an effective service delivery model.

If you have any questions or concerns, please feel free to contact us.

Kindest Regards,
Ramonia

CC: board members

Ramonia Dirden-Williams
Project Manager



Dedicated To"
Saving Our Youth"
Promotion of "Individual Empowerment"
Avocation of "Coalition Building*"
A 501(c)3 non-profit organization,
Sponsor of The Marcelous-Williams
Resource Center



MARCELOUS-
WILLIAMS
RESOURCE
CENTER

November 4, 2023

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

Reference: Grant Renewal for 2024

To: Finance Committee Members

In our second year of operation of providing Intensive Case Management services (ICM) the client base has grown and we continue to have many great client successes.

Based on the monthly reporting, in October 2023 the year-to-date clients served are 246 versus December 2022 we served 226. We have already exceeded the total we achieved in 2022. It is projected by December 2023; we will have served 296 clients. This is a 31% increase over last year.

Our outreach marketing will continue in the program we are offering in 2024 promoting the brochure for the Winnie Indigent Program and our "**NEED HELP**" form that encourages a client to use our services.

We are anticipating a continued increase in the number of clients being served due to our outreach marketing efforts, name recognition in the community and the support of your organization.

We are requesting a renewal of this grant for 2024, with a minimal dollar increase of less than \$2,500 and more hours of office coverage to serve clients.

Board of Directors

Eddie Williams Jr.
Ramonia Williams
Diane Walters
Pastor Frank Burns
Tammi Scott
Rhonda Lopez
Melida Elmore
Christina Dickerson
Director:
Tammy Guidry

Highlands, Texas 77562

Mailing Address:

P.O. Box 291

Highlands, Texas 77562

Phone:

(855) 449-1472

Emails

eddiemwrc@gmail.com

ramoniamwrc@gmail.com

Website:

talentyieldcoalition.org

Facebook Page:

Marcelous-Williams Resourc
Center.

Funded Grant Request

\$67,427.00 for 2024

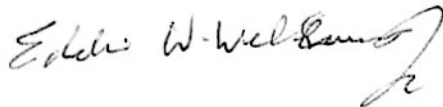
Services on Site

- We will provide on-site office hours for the Social Services Navigator, whose job duties are to assist the Winnie District's residents with applying for social service benefits: Based on office space availability 30 hours of coverage from 9:30 am to 4:00 pm.
- We will provide client experience specialist (bi-lingual) that will be on-site a minimum of twice monthly to support for client follow-ups, trouble shoot, and back-up for the social service navigator. This position will be responsible for supporting outreach activities and networking.
- Outreach efforts will continue to be supported by both the Navigator and Client Experience Specialist

Note: Office coverage will be exclusive of: July 4th-5th, 2024, Half day on November 27th and 28th-29th, 2024 for Thanksgiving, December 24th-27th 2024 for Christmas

Please feel free to contact us if you have any questions. We are looking forward to a productive 2024.

Sincerely,



Eddie Williams

Chairman of the Board

Phone (832) 967-3841

Email: eddiemwrc@gmail.com

cc: Ramonia Williams

Phone (281) 221-9114

Talent Yield Coalition 2024 Budget

	Project Expenses	WSHD Funding	Comment/Explanation
A.	Personnel:		
	<i>Social Service Navigator</i>	\$35,000.00	<i>30-hour staff on-site</i>
	<i>Client Experience Worker</i>	\$18,000.00	<i>25-hour Bi-lingual support the Navigator</i>
B.	Benefits:		
	<i>Federal taxes</i>	\$ 4,372.00	
C.	Consultant Personnel:	\$0.00	
D.	Travel:		
	<i>Local mileage (.65 cents/mile)</i>	\$1,260.00	<i>Mileage for Client Experience Worker to be on-site 2x a month</i>
E.	Materials/Equipment:	\$0.00	
F.	Office/Other Supplies:	\$0.00	<i>See administrative cost</i>
G.	Miscellaneous:	\$0.00	
H.	Indirect Cost:		
	<i>15% of administrative cost</i>	\$8,795.00	<i>Administrative and Marketing Cost</i>
	Total Cost:	\$67,427.00	

Exhibit "B"

**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;
No later than two (2) weeks prior to the funding deadline)

Date: November 4, 2023

Organization/Individual Requesting Grant Funds:

Talent Yield Coalition sponsor of Marcelous-Williams Resource Ctr

Organization/Individual Address: **811 N Main, Highlands, Texas 77562**

Contact Person: Eddie Williams

Title: Chairman of the Board

Phone Number: (832) 967-3841

Fax Number: (281) 884-6030

E-Mail Address: eddiemwrc@gmail.com

Name of Project, Program or Event: Outreach and Social Service Navigator Program

Date of Program or Event: **Fiscal year 2024**

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: **\$67,427.00 for 2024**

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material):

See Attachment

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care Economic Development
- Community Healthcare Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): **See Attachment**

Please verify that this grant is a tax-free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind. (Yes)

Signature



Name Eddie Williams

Title Chairman of the Board

(CHW) Community Health Worker Instructor
Talent Yield Coalition Inc., 501(c) 3 non profit
Marcelous-Williams Resource Center
811 N Main, Highlands, Texas 77562
Office: (855) 449-1472
Fax #: (281) 884-6030

WEBSITE: <http://www.talentyieldcoalition.org>

On Monday, October 23, 2023 at 03:46:53 PM CDT, Hubert Oxford IV <hoxfordiv@benoxford.com> wrote:

Ramonia,

I hope you are doing well. It is that time of the year again and the District is going to start working on its budget for 2024 to be adopted during the December 20, 2023 Regular Meeting. In anticipation of this, the District is asking that you please prepare, and submit, prior to the November 15, 2023 Regular Meeting, any proposed grant request, or renewal request, that Marcellous Williams will be asking for in 2024. Please include in the information you submit a summary of the grant request(s) and a budget amount.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Hubert Oxford, IV

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue, Suite 300

Beaumont, Texas 77706

(409) 951-4721 Direct

(409) 351-0000 Cell

(409) 833-8819 Fax

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Dedicated To
Saving Our Youth"
Promotion of "Individual Empowerment"
Avocation of "Coalition Building"
A 501(c)3 non-profit organization,
Sponsor of The Marcelous-Williams
Resource Center



**MARCELOUS-
WILLIAMS
RESOURCE
CENTER**

November 29, 2023

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

Reference: Grant Renewal for 2024

To: Finance Committee Members

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We are requesting a renewal of this grant for 2024.

Board of Directors

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Ramonia Williams
Diane Walters
Pastor Frank Burns
Tammi Scott
Rhonda Lopez
Melida Elmore
Christina Dickerson
Director:
Tammy Guidry

Corporate Office:

811 N. Main
Highlands, Texas 77562

Mailing Address:

P.O. Box 291
Highlands, Texas 77562

Phone:

(855) 449-1472

Emails

eddiemwrc@gmail.com

ramoniamwrc@gmail.com

Website: talentyieldcoalition.org

Facebook Page:

Marcelous-Williams Resource Center.

Funded Grant Request (Revised)

\$77,590.00 for 2024

Services on Site

We will provide on-site office hours for the Social Services Navigator, whose job duties are to assist the Winnie District's residents with applying for social service benefits: Based on office space availability 30 hours of coverage from 9:30 am to 4:00 pm.

We will provide client experience specialist (bi-lingual) that will be on-site a minimum of twice monthly to support for client follow-ups, trouble shoot, and back-up for the social service navigator. This position will be responsible for supporting outreach activities and networking.

Outreach efforts will continue to be supported by both the Navigator and Client Experience Specialist

Note: Office coverage will be exclusive of: July 4th-5th, 2024, Half day on November 27th and 28th-29th, 2024 for Thanksgiving, December 24th-27th 2024 for Christmas

Please feel free to contact us if you have any questions. We are looking forward to a productive 2024.

Sincerely,



Eddie Williams
Chairman of the Board
Phone (832) 967-3841
Email: eddiemwrc@gmail.com

cc: Ramonia Williams
Phone (281) 221-9114
Email: ramoniamwrc@gmail.com

Exhibit "B"

**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,
P. O. Box 1997, Winnie, Texas 77665;
No later than two (2) weeks prior to the funding deadline)

Date: November 4, 2023

Organization/Individual Requesting Grant Funds:

Talent Yield Coalition sponsor of Marcelous-Williams Resource Ctr

Organization/Individual Address: **811 N Main, Highlands, Texas 77562**

Contact Person: Eddie Williams

Title: Chairman of the Board

Phone Number: (832) 967-3841

Fax Number: (281) 884-6030

E-Mail Address: eddiemwrc@gmail.com

Name of Project, Program or Event: **Outreach and Social Service Navigator Program**

Date of Program or Event: **Fiscal year 2024**

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: **\$77,590.00 for 2024**

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material):

See Attachment

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care Economic Development
- Community Healthcare Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): **See Attachment**

Please verify that this grant is a tax-free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind. (Yes)

Signature

Name Eddie Williams

Title Chairman of the Board

Talent Yield Coalition 2024 Budget-(Revised)

	Project Expenses	WSHD Funding	Comment/Explanation
A.	Personnel:		
	<i>Social Service Navigator</i>	\$40,000.00	<i>30-hour staff on-site (\$26.66 per hour)</i>
	<i>Client Experience Worker</i>	\$24,000.00	<i>25-hour Bi-lingual support the Navigator (\$19.20 per hour)</i>
B.	Benefits:		
	<i>Federal taxes</i>	\$ 5,280.00	
C.	Consultant Personnel:	\$0.00	
D.	Travel:		
	<i>Local mileage (.65 cents/mile)</i>	\$1,260.00	<i>Mileage for Client Experience Worker to be on-site 2x a month</i>
E.	Materials/Equipment:	\$0.00	
F.	Office/Other Supplies:	\$0.00	<i>See administrative cost</i>
G.	Miscellaneous:	\$0.00	
H.	Indirect Cost:		
	<i>10% of administrative cost</i>	\$7,050.00	<i>Administrative and Marketing Cost</i>
	Total Cost:	\$77,590.00	

Winnie Community Hospital

2024 Capital Expenditure List
RiceLand Medical Center

Base
Sustain
Growth

Necessary to have by regulation of statute to run a hospital/ED/Service
Generally replacement equipment, necessary to maintain current revenue
New equipment to facility to increase revenue

Department	Item	# Needed	Year Purchased	Model	Approx. Cost	Hard Bid in Hand?	Comment	Capital Type
Administration	Beautification of atrium area		N/A	N/A	\$33,000	Can probably get better price	replace broken concrete and beautification	Sustain
Administration	Re-Grade exterior around perimeter of building	1	N/A	N/A	\$50,000	No. Robert states Brittany to get bids.	To prevent water from entering building during heavy rains.	Sustain
Administration	Add additional OP Bus	1	N/A	Pending	\$100,000			
Administration	Inside flooring/painting	1	2019	N/A	\$60,000	Yes	7k sf vinyl plank flooring to encapsulate existing VCT, remove/replace all base cove and transitions, excludes patient rooms with tile. Interior paint 54 doors, installed with strike plates. Vinyl wall sheets in rooms and hallways painted.	Sustain
Dietary	Deep Fryer	1	N/A	Vulcan commercial gas fryer	\$3,700	No - Internet Price		Sustain
Dietary	Refinish flooring in Kitchen		N/A	N/A	\$5,000	No	Existing does not need to be replaced, but refinished with commercial floor paint.	Sustain
Dietary	Replace 1 existing oven.	1	2017	Vulcan	\$15,000	No - Internet Price	Existing is inconsistent in function. Either undercooks or over-cooks.	Sustain
Dietary	Rolling food warmer	1	N/A	UPC 400015147781	\$ 10,000.00	No - Internet Price	Will keep food hot while being delivered and waiting for presentation to patient. Must maintain temperature or out of health code compliance. Current cart does not have thermo control	Base
Education	Rhythm Simulator for education involving transdermal pacemaker and rapid unstable cardiac rhythm education modules. .	1	N/A	Physio-Control 1098 Quick Combo 3 (this is the model that will interface with our existing equipment)	\$ 1,500.00	Yes	Will allow for cardiac training for ED staff	Base
Emergency Department	Angel Fluid Warmer	1	N/A		\$ 5,000.00	Yes	Refurb	Base
Emergency Department	Hand held doppler	1	?	Current is non-functional. Newman surgical doppler	\$ 1,500.00	No - Internet Price	Current standard of care	Base
Emergency Department	3 replacement stretcher mattresses	3	?	4" minimum	\$ 3,000.00	No - Internet Price	Current not infection control compliant	Sustain
Emergency Department	Add mag-lock doors with number pads/badge access to main ER entrance, entrance into lobby and entrance to IP unit for security and to limit LWBS and ER Elopements	5	N/A	For staff security after hours and to reduce out of control LWBS and Elopements from ER, now considered a sentinel event.	\$ 25,000.00	No. Per Robert, Brittany will get costs.	Security, new standards of care. Reduce possible active shooter.	Base

Emergency Department	ER Expansion/Renovation. Expand ER outward from current position to 6 treatment rooms (glass facades in rooms for direct visualization of patients). Update 1 room to trauma, 1 room to be suicide proof, 1 cardiology/stroke room, 3 general treatment rooms. Add security cameras throughout with cine-loop DVRs Physical reconstruction to reduce LWBS/Eloperments and to increase nursing watch of patients.		N/A	Staff security, better patient visualization for safety and to make the ER more functional.	\$1,500,000	No. Per Robert, Brittany will get costs.	Staff security, better patient visualization for safety and to make the ER more functional.	Sustain
Emergency Department	Replacement EKG machine	1	N/A	MAC VU360	\$ 15,000.00	No	Upgraded capacity for aging existing machine	Sustain
Emergency Department	Base Radio Station compatible with police, fire, EMS	1	N/A	Studying: Must be able to program into 800 MHz	\$10,000			Sustain
Lab	Integration Upgrades	Mult.	N/A	See Attached	\$ 50,344.00	yes	Includes hardware (\$11,752), Labdaq upgrades and interfaces (\$23,592) and ISTAT interface software (\$15,000) Does NOT include labdaq to LabCorp interface and Istat to labdaq interface	Base
Lab- Clinical	Instrument replacement	1	N/A	Beckman Chemistry Unit	\$ 240,000.00	Yes	Replacement Chem/Immuno Analyzer. Existing instrument at the end of its useful life and has increasingly high downtime.	Sustain
Lab- Clinical	Hematology Microscope	1	N/A	Zeiss HGDMALHEM	\$ 10,965.00	Yes	Replacement for current antiquated instrument.	Sustain
Lab- Clinical	Additional lab benches for storage with new analyzer	Misc	N/A	Multiple - see attachment	\$ 1,810.00	Yes	Required for new analyzer listed ab	Sustain
Lobby/Waiting Areas	Replacement of torn waiting room chairs (infection control standard) - MUST BE ANTIMICROBIAL!	13-15	N/A		\$ 10,000.00	No	Estimate. Will need to increase some to accommodate ER waiting	Sustain
Nursing	T-Pump	1	N/A	Currently using non-standard methods that puts risk of burns to patients.	\$ 2,500.00	No - Internet Price	Not available for standard of care for cellulitis	Base
Nursing	OOK Snow Medical Beds	11	N/A	FL3600K-snow	\$ 86,372.00	Yes, but old	These beds fit our doors/units. This will get us to a total of 25 working beds, the minimum we need for licensure.	Base
Nursing	IV Poles	5	N/A		\$ 1,500.00	No - Internet Price		Sustain
Nursing	Kangaroo Pump	2	N/A	Kangaroo Brand Pump	\$ 2,500.00	No - Internet Price	Currently renting	Base
Nursing	Wound Vac	2	N/A		\$ 7,000.00	No - Internet Price	Currently renting	Base
Nursing Unit	IV Pumps	3	N/A	Consistent with current in use	\$ 6,000.00	Yes		Sustain
OP Services/Billing	Partial replacement computers	5	N/A	Per Corporate Specs	\$ 7,500.00	No		Sustain
Outpatient Svs	Pediatric Pulse Oximeter	2	N/A		\$ 1,000.00	No - Internet Price		Base
Outpatient Svs	Reader for waived testing	1	N/A		\$ 350.00	Est.		Sustain
Outpatient Svs	Audiometer	1	N/A	Welch-Allen	\$ 3,000.00	No - Internet Price	Replace antiquated instrument	Base
Outpatient Svs	Replace exam tables	3	N/A	Existing is old	\$ 5,000.00	Est.		Sustain

Outpatient Svcs	Replace flooring in treatment rooms		N/A	We need to encapsulate existing VCT as asbestos is under and existing VCT is breaking.	\$ 5,000.00	No. Per Robert, Brittany will get costs.		Sustain
Outpatient Svcs	Purchase wider chairs in exam rooms for obese patients	3	N/A	wider chairs needed for	\$ 3,500.00	No. Per Robert, Brittany will get costs.		
Plant	Chiller Replacement	1	N/A		\$ 340,000.00	No	Replace outdated unit requiring multiple repairs	Sustain
Plant Operations	Revision of existing showers in patient rooms	13	N/A	Current floors are constructed incorrectly; water drains into the bathrooms and cause slip/fall hazards.	\$ 200,000.00	No		Base
Plant Operations	Fire Safety - Building up to code	1	N/A	Sprinkler System, Air Handler	\$ 250,000.00		Currently grandfathered in, but any new construction requires it to be up to date with current codes	
Plant Operations	Purchase all in one floor machine	1	N/A	26-28" clean surface, 18-20 gallon capacity, 33368 sf/hr. rate, battery power, traction driven, walk behind	\$15,000	No. Per Robert, Brittany will get costs.	Provides for daily professional floor cleaning	Sustain
Plant Operations	Power Wash Machine	1	N/A	Existing building exterior is worn and uninviting.	\$5,000	No. Per Robert, Brittany will get costs.		
Plant Operations	repainting exterior of building	1	N/A	Existing building exterior is worn and uninviting.	\$ 40,000.00	No. Per Robert, Brittany will get costs.	Sustains building exterior from wear; looks more inviting to public.	Sustain
Pulmonary Care	Mechanical Ventilators	2	N/A	Servo Air Lite (1) Hamilton C1	\$ 32,000.00	Yes	Replaces 2 ventilators that are broken and cost to repair exceeds replacement cost given the age of the existing equipment.	1 = Base; 1 = Sustain
Pulmonary Care	Pulmonary Function Machine	1	N/A	TBD	\$ 60,000.00	No	Would prefer full diagnostic machine if we are recruiting a Pulmonologist	Growth
Pulmonary Care	Additional High Flow Units	1	N/A		\$ 10,572.78	Yes	Initial replacement high flow units	Sustain
Radiology	Bone Densitometer	1	N/A	Dexa Scanner	\$ 35,000.00	Yes	(Used Item) Additional OP revenue stream for bone density in aging population	Growth
Radiology	Light for Activation of CT Scanner (Hallway)	1	N/A		\$ 1,500.00	Pending	Mandatory for Conditions of Participation.	Base
Dietary	Café Seating		N/A		\$ 10,000.00	Pending	Patient satisfaction	Growth
Radiology	PACS System	1	N/A	Picture Archiving System (CT, Xray, Ultrasound)	\$ 50,000.00	Yes	Need new system, adding interfaces for improved connectivity to reading radiologists & FQHC	Base
Nursing	Portable/Handheld Ultrasound	1	N/A		\$ 10,000.00	Pending	Enable WCH staff to insert PICC or Central lines without having to use an outside vendor. Improves patient care & reduces expense	Growth
IT	New EMR System	1	N/A		TBD	Pending	Centriq will be sunsetting in 2024	Base

IT	Computer Replacements	200+	N/A	Windows 11 compatible computers	TBD	Pending	Most current computers are unable to be upgraded to Windows 11, End of life for Windows 10 is 10/2025	Base
Plant Operations	Electrical Upgrades/Rewiring	1	N/A		TBD	Pending	Rewiring for the sign at Broadway and installing the outlet needed for mobile CT or MRI, if ever needed for operations to continue during emergencies.	1 = Sustain 1 = Growth

\$3,341,114

Winnie Stowell Volunteer Emergency Medical Service



Winnie Stowell Volunteer EMS

249 Broadway Ave
Winnie TX, 77665
409-296-9627

November 10th, 2023

To: Whom it may concern:

Re: Extending the Winnie-Stowell Hospital District Grant 2024

After much review, we would like to formally request the current grant agreement and contract pertaining to the emergency transfer program between Winnie-Stowell EMS and Riceland Medical Center in Winnie to be continued through the 2024 grant cycle. We request no changes at this time.

If you have any questions, please feel free to contact myself,

Dennis Dugat
President of Board of Directors
Winnie-Stowell Volunteer EMS
409-296-9627

Exhibit “F”

THIRD AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT

THIS THIRD AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT (Third Amended Agreement”) is effective as of September 1, 2023 (“Effective Date”), by and between Winnie-Stowell Hospital District, a governmental entity and body politic established pursuant to Chapter 286 of the Texas Health & Safety Code, as amended (“District” or “Operator”), and LTC Group, LLC, a Texas limited liability company (“LTC Group”).

R E C I T A L S

WHEREAS, on December 20, 2023, the District held its Regular Meeting to discuss, among other things, authorized the execution of the Third Amended Agreement with the LTC Group.

WHEREAS, the Parties wish to amend **Exhibit “A”** to Fifth Amended and Restated Agreement (“Agreement”) to include all of the District’s nursing facilities (“Facility” or “Facilities”) as of January 1, 2024 to the Agreement and to include additional scope of work for the LTC Group in **Exhibit “B”**.

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

1. Words whose initial letters are capitalized are defined terms. When terms are used in this Seventh Amended Agreement, such terms shall have the meaning assigned to them in the context of Easement Agreement.
2. **Exhibit “A”** is hereby amended to include all of the District’s Facilities and the payment amounts for the fair market value of services rendered for each of the District’s Facilities *effective January 1, 2024* and to include the additional scope of work set forth in **Exhibit “B”**.
3. The Parties hereto represent and warrant to each other, which representations and warranties shall survive the execution and delivery hereof, that this Third Amended Agreement constitutes the legal, valid and binding obligation of each such party, enforceable against such party in accordance with its terms.
4. Except as modified by this Third Amended Agreement, the Agreement is hereby ratified and confirmed (giving legal effect to this Amendment).
5. This Third Amended Agreement is binding on and enforceable by and against the Parties hereto and their successors and permitted assigns. The Recitals hereto are hereby incorporated into Agreement by this reference thereto. This Third Amended Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which shall when taken together constitute one agreement.

Signature Page Follows

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

WINNIE-STOWELL HOSPITAL DISTRICT:

By: _____

Printed:

Title: President

LTC GROUP, LLC:

By: _____

Lee Hughes

for LTC Group, LLC, a Texas limited liability company

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

	Manager	Nursing Facility	Facility Address	QIPP Year	Price Per Month
1.	CHC	Marshal Manor	1007 S. Washington Ave. Marshall, Texas 75670	1	\$6,000
2.	CHC	Golden Villa	1104 S William Street Atlanta, Texas 75551	1	\$6,000
3.	CHC	Rose Haven Retreat	200 Live Oak Street Atlanta, Texas 75551	1	\$6,000
4.	CHC	Marshall Manor West	207 W Merritt Street Marshall, Texas 75670	1	\$6,000
5.	CHC	Garrison Nursing Home & Rehabilitation Center	333 North Fm 95 Garrison, Texas 75946	1	\$6,000
6.	CHC	Highland Park Health Center	8861 Fulton Street Houston, Texas 77022	1	\$6,000
7.	HMG	Park Manor of CyFair	11001 Crescent Moon Dr. Houston, Texas 77064	1	\$6,000
8.	HMG	Park Manor of Westchase	11910 Richmond Ave. Houston, Texas 77082	1	\$6,000
9.	HMG	Park Manor of Conroe	1600 Grand Lake Drive Conroe, Texas 77304	1	\$6,000
10.	HMG	Park Manor of Humble	19424 McKay Drive, Humble, Texas 77338	1	\$6,000
11.	HMG	Park Manor of Quail Valley	2350 FM 1092 Missouri City, Texas 77459	1	\$6,000
12.	HMG	Park Manor of Cypress Station	420 Lantern Bend Drive Houston, Texas 77090	1	\$6,000
13.	Nexion	Oak Manor Nursing Center	624 N Converse Street Flatonia, Texas 78941	1	\$6,000
14.	RHS	Spindletop Hill Nursing and Rehabilitation Center	1020 S 23rd Street Beaumont, Texas 77707	1	\$6,000
15.	RHS	Monument Hill Rehabilitation and Nursing Center	120 Texas 71 La Grange, Texas 78945	1	\$6,000
16.	RHS	The Woodlands Nursing and Rehabilitation Center	4650 S Panther Creek Dr. Spring, Texas 77381	1	\$6,000
17.	RHS	Hallettsville Nursing and Rehabilitation Center	825 Fairwinds Street Hallettsville, Texas 77964	1	\$6,000
18.	SLP	Oakland Manor Nursing Center	1400 N Main Street Giddings, Texas 78942	1	\$6,000
19.	HMG	Park Manor of The Woodlands	1014 Windsor Lake Blvd The Woodlands, Texas 77384	2	\$6,000
20.	HMG	Park Manor of Southbelt	11901 Resource Parkway, Houston, TX 77089	2	\$6,000
21.	HMG	Friendship Haven Healthcare and Nursing Rehabilitation Center	1500 Sunset Drive, Friendswood, Texas 77546	2	\$6,000
22.	HMG	Park Manor of Tomball	250 School Street, Tomball, Texas 77375	2	\$6,000

23.	HMG	Deerbrook Skilled Nursing and Rehab Center	9250 Humble-Wesfield Road, Humble, Texas 77338	2	\$6,000
24.	HMG	Willowbrook Nursing Center	227 Russell Blvd Nacogdoches, Texas 75965	4	\$6,000
25.	HMG	ACCEL at College Station	1500 Medical Avenue, College Station, Texas 77845	5	\$6,000
26.	HMG	Silver Springs Health & Rehabilitation Center	1690 N. Treadaway Boulevard, Abilene, Texas 79601	5	\$6,000
27.	HMG	Cimarron Place Health & Rehabilitation	3801 Cimarron Boulevard, Corpus Christi, Texas 78414	5	\$6,000
28.	CHC	The Villa at Texarkana	4920 Elizabeth Street, Texarkana, Texas 75503	6	\$6,000
29.	HMG	Red Oak Health and Rehabilitation Center	101 Reese Drive, Red Oak, Texas 75154	6	\$6,000
30.	HMG	Mission Nursing and Rehabilitation	1013 S. Bryan Road, Mission, Texas 78572	6	\$6,000
31.	HMG	Holland Lake Rehabilitation and Wellness Center	1201 Holland Lake Drive, Weatherford, Texas 76086	6	\$6,000
32.	HMG	Harbor Lakes Nursing and Rehabilitation Center	1300 2nd Street, Granbury, Texas 76048	6	\$6,000
33.	HMG	Stephenville Rehabilitation and Wellness Center	2601 Northwest Loop, Stephenville, Texas 76401	6	\$6,000
34.	HMG	Pecan Bayou Nursing and Rehabilitation	2700 Memorial Park Dr., Brownwood, Texas 76801	6	\$6,000
35.	HMG	Green Oaks Nursing and Rehabilitation	3033 W. Green Oaks Blvd., Arlington, Texas 76016	6	\$6,000
36.	HMG	Stonegate Nursing and Rehabilitation	4201 Stonegate Boulevard, Fort Worth, Texas 76109	6	\$6,000
37.	HMG	Stallings Court Nursing and Rehabilitaiton	4616 NE Stallings Drive, Nacogdoches, Texas 75965	6	\$6,000
38.	HMG	Hewitt Nursing and Rehabilitation	8836 Mars Drive Hewitt, Texas 76643	6	\$6,000
39.	HMG	Crowley Nursing and Rehabilitation	920 E. FM 1187, Crowley, Texas 76036	6	\$6,000
40.	Gulf Coast	Hemphill Care Center	2000 Worth Street, Hemphill, Texas 75948	7	\$6,000
41.	Gulf Coast	Oak Village Healthcare	204 Oak Drive S., Lake Jackson, Texas 77566	7	\$6,000
42.	Gulf Coast	Parkview Manor Nursing & Rehabilitation	206 N. Smith Street, Weimer, Texas 78962	7	\$6,000
43.	Gulf Coast	Winnie L Nursing & Rehabilitation	2104 N Karnes, Cameron, Texas 76520	7	\$6,000
44.	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	300 Hyde Street, Corrigan, Texas 75939	7	\$6,000
45.	Gulf Coast	Copperas Cove Nursing & Rehabilitation	601 W. Avenue B, Copperas Cove, Texas 76522	7	\$6,000

46.	HMG	Gulf Pointe Plaza	1008 Enterprise Blvd., Rockport, Texas 78382	7	\$6,000
47.	HMG	Treviso Transitional Care	1154 East Hawkins Pkwy., Longview, Texas 75605	7	\$6,000
48.	HMG	Forum Parkway Health & Rehabilitation	2112 Forum Parkway, Bedford, Texas 76201	7	\$6,000
49.	HMG	Arbrook Plaza	401 West Arbrook Blvd., Arlington, Texas 76014	7	\$6,000
50.	Gulf Coast	Clute LTC Partners, Inc.	603 E Plantation Road Clute, Texas 77531	January 1, 2024-August 31, 2024 Year 7	\$6,000
51.	Gulf Coast	Creekside Village Healthcare LTC Partners, Inc.	914 N Brazosport Blvd. Clute, Texas 77531	January 1, 2024-August 31, 2024 Year 7	\$6,000
52.	Gulf Coast	Wells LTC Partners, Inc.	46 May Street Wells, Texas 75976	January 1, 2024-August 31, 2024 Year 7	\$6,000
53.	Gulf Coast	Shepherd LTC Partners, Inc.	101 Woodland Park Dr. Shepherd, Texas 77371	January 1, 2024-August 31, 2024 Year 7	\$6,000
54.	SLP	Palestine Healthcare Center	1816 Tile Factor Rd. Palestine, Texas 75801	January 1, 2024-August 31, 2024 Year 7	\$6,000
55.	SLP	Seabreeze Nursing and Rehabilitation	6602 Memorial Dr. Texas City, Texas 77591	January 1, 2024-August 31, 2024 Year 7	\$6,000
56.	SLP	Paris Healthcare Center	610 Deshong Dr. Paris, Texas 75460	January 1, 2024-August 31, 2024 Year 7	\$6,000
57.	SLP	Overton Healthcare Center	1110 HWY 135 S. Overton, Texas 75684	January 1, 2024-August 31, 2024 Year 7	\$6,000
58.	SLP	Coronado Nursing Center	1751 N 15th St. Abilene, Texas 79603	January 1, 2024-August 31, 2024 Year 7	\$6,000
59.	HSM	Beaumont Health Care Center	795 Lindbergh Dr. Beaumont, Texas 77707	January 1, 2024-August 31, 2024 Year 7	\$6,000
60.	HSM	Cleveland Health Care Center	903 E Houston. St. Cleveland, Texas 77327	January 1, 2024-August 31, 2024 Year 7	\$6,000
61.	HSM	Conroe Health Care Center	2019 N Frazier Conroe, Texas 77301	January 1, 2024-August 31, 2024 Year 7	\$6,000
62.	HSM	Huntsville Healthcare Center	2628 Milam Huntsville, Texas 77340	January 1, 2024-August 31, 2024 Year 7	\$6,000
63.	HSM	Lawrence Street Healthcare Center	615 Lawrence St. Tomball, Texas 77375	January 1, 2024-August 31, 2024 Year 7	\$6,000
64.	HSM	Liberty Health Care Center	1206 N Travis St. Liberty, Texas 77575	January 1, 2024-August 31, 2024 Year 7	\$6,000
65.	HSM	Richmond Health Care Center	705 Jackson St. Richmond, Texas 77469	January 1, 2024-August 31, 2024 Year 7	\$6,000
66.	HSM	Sugar Land Healthcare Center	333 Matlage Way Sugar Land, Texas 77478	January 1, 2024-August 31, 2024 Year 7	\$6,000
67.	HSM	West Janisch Health Care Center	617 W. Janisch St. Houston, Texas 77018	January 1, 2024-August 31, 2024 Year 7	\$6,000
68.	Caring	Oak Brook Health Care Center	107 Stacy Whitehouse, Texas 75791	January 1, 2024-August 31, 2024 Year 7	\$6,000
69.	Caring	Gracy Woods Nursing Center	12021 Metric Blvd. Austin, Texas 78758	January 1, 2024-August 31, 2024 Year 7	\$6,000
					\$414,000.00

EXHIBIT “B”
SCOPE OF SERVICES

LTC Group shall perform the following services subject to the Operator’s (i.e., the District’s) review and oversight:

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

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

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

- and procedures for the control of revenue and expenditures, for the purchasing of supplies and services, for the control of credit, and for the scheduling of maintenance;
- e. As necessary, assist facility in accordance with a quality assessment performance improvement program and a compliance plan; and
 - f. As necessary, as reasonably requested, review and assist with quality assurance committee.
4. Upon the request of Operator, attend meetings of Operator's governing board or executive staff to discuss services and other relevant issues.
 5. Financial services on behalf of the Operator:
 - a. Daily review of accounts for deposits; weekly wire transfers to the operators;
 - b. Review and/or prepare monthly reconciliation of back accounts;
 - c. Prepare month end closing journal entries for Operator financial statements;
 - d. Ensure financial mechanisms are in place to ensure timely distribution of funds to meet obligations;
 - e. Assist with annual Operator audits.
 6. Assist the Operator to oversee and assure compliance with the current year of the Quality Incentive Payment Program ("QIPP") Components and Metrics.
 7. Compile and review QIPP Monthly and Quarterly scorecards for each Facility, indentifying performance trends and areas targeted for improvement and communicate, as necessary with Facility leadership regarding areas needing improvement.
 8. Provide Monthly and Quarterly reminders for all District's Facilities to help ensure reporting requirements are met by Facilities participating in the QIPP.
 9. Assist the Operator with other matters involving nursing home operations, including but not limited to traditional nursing Facility revenues, QIPP payments, and or other government provided financial assistance such as Covid 19 relief funds.
 10. Manager will serve as Operator's agent for purposes of demonstrating operator involvement, as delineated in 42 CFR §483.75(f), such as proof of oversight, monitoring, or attendance.

Exhibit “G”



December 14, 2023

Board of Directors and Management
Winnie-Stowell Hospital District
Winnie, Texas

We are pleased to confirm our understanding of the services we are to provide for Winnie-Stowell Hospital District (the “District”) for the year ended December 31, 2023.

Audit Scope and Objectives

We will audit the financial statements of the District, which comprise the statement of net position as of December 31, 2023, the related statement of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management’s discussion and analysis (MD&A), to supplement the District’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District’s RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by GAAP and will be subjected to certain limited procedures, but will not be audited:

1) Management’s Discussion and Analysis

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditor’s report that includes our opinions about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

Auditor’s Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and will include tests of your accounting records and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the District or to acts by management or employees acting on behalf of the District.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and direct confirmation of receivables and certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may also request written representations from your attorneys as part of the engagement and they may bill you for responding to this inquiry.

Audit Procedures – Internal Control

We will obtain an understanding of the District and its environment, including the system of internal control, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control.

An audit is not designed to provide assurance on internal control or identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures – Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with provisions of applicable laws,

regulations, contracts, and agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the District, with the oversight of those charged with governance, to ensure that the District's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provisions of laws and regulations that determine the reported amounts and disclosures in the District's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related Medicare and Medicaid antifraud and abuse statutes.

Other Services

We will also assist in preparing the financial statements and related notes of the District in conformity with accounting principles generally accepted in the United States of America based on information provided by you. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

You agree to assume all management responsibilities for the financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America with the oversight of those charged with governance.

Management is responsible for making drafts of financial statements, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the District from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the District involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the District received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the District complies with applicable laws and regulations.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

The audit documentation for this engagement is the property of D & Co, L.L.P. and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the HRSA Division of Grants Management and Operations or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities.

We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of D & Co, L.L.P. personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

Tommy L. Davis, CPA is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them. We expect to begin our audit in February 2024 and to issue our reports no later than the June 2024 board meeting

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, not including out-of-pocket costs, will not exceed \$30,000, with the exception of any additional procedures required to perform the single audit under the OMB Uniform Guidance. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Billings are rendered monthly so that you may readily relate our charges to the work performed. Each invoice is payable on receipt. Past due invoices must be current before an audit report can be rendered due to possible independence conflicts. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. You may request that we perform additional services not addressed in this engagement letter. If this occurs, we will communicate with you regarding the scope of the additional services and the estimated fees. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

Our audit engagement ends on delivery of our audit report. Any follow-up services that might be required will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific engagement letter for that service.

Reporting

We will issue written reports upon completion of our audit of the District’s financial statements. Our reports will be addressed to the Board of Directors and management of the District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor’s report, or if necessary, withdraw from this engagement.

If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

We appreciate the opportunity to be of service to Winnie-Stowell Hospital District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign a copy and return it to us.

Very truly yours,



Tommy L. Davis, CPA
Partner
D & Co, L.L.P.

RESPONSE:

This letter correctly sets forth the understanding of Winnie-Stowell Hospital District.

Management signature: _____

Title: _____

Date: _____

Governance signature: _____

Title: _____

Date: _____