

# **EXHIBIT “A-1”**

## Winnie-Stowell Hospital District

## Balance Sheet

As of December 31, 2023

01/15/24

Accrual Basis

	<u>Dec 31, 23</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	473,705.70
102 First Financial Bank	
102b FFB #4846 DACA	7,733,248.37
102c FFB #7190 Money Market	9,272,485.67
102d FFB #7639 CD	8,200,000.00
<b>Total 102 First Financial Bank</b>	<b>25,205,734.04</b>
105 TexStar	736,919.51
108 Nursing Home Banks Combined	3,885,307.92
<b>Total Checking/Savings</b>	<b>30,301,667.17</b>
<b>Other Current Assets</b>	
110 Sales Tax Receivable	82,150.65
114 Accounts Receivable NH	58,870,048.66
115 Hosp Uncomp Care Receivable	1,510,808.94
116 - A/R CHOW - LOC	
116.02 -Gulf Coast LOC Corrigan	186,732.65
116.03 -Gulf Coast LOC Hemphill	138,348.39
116.06 -Gulf Coast LOC Winnie L	291,110.28
116.07 HMG LOC Treviso	1,200,000.00
<b>Total 116 - A/R CHOW - LOC</b>	<b>1,816,191.32</b>
117 NH - QIPP Prog Receivable	
117.07 NH QIPP 7	7,816,926.00
<b>Total 117 NH - QIPP Prog Receivable</b>	<b>7,816,926.00</b>
119 Prepaid IGT	20,561,377.33
<b>Total Other Current Assets</b>	<b>90,657,502.90</b>
<b>Total Current Assets</b>	<b>120,959,170.07</b>
<b>Fixed Assets</b>	
120 Equipment	140,654.96
121 Office Building	129,483.00
122 Highway 124 Property	1,197,231.85
123 Highway 124 Building	757,595.48
125 Accumulated Depreciation	-154,033.64
<b>Total Fixed Assets</b>	<b>2,070,931.65</b>
<b>Other Assets</b>	
118.01 Prepaid NH Fees	11,275.00
<b>Total Other Assets</b>	<b>11,275.00</b>
<b>TOTAL ASSETS</b>	<b><u><u>123,041,376.72</u></u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	3,927,768.79
201 NHP Accounts Payable	
COVID Relief Funds Payable	215,439.25
201 NHP Accounts Payable - Other	6,365,476.59
<b>Total 201 NHP Accounts Payable</b>	<b>6,580,915.84</b>

## Winnie-Stowell Hospital District

## Balance Sheet

01/15/24

As of December 31, 2023

Accrual Basis

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	Dec 31, 23
204 FFB Line of Credit	2,442,255.33
206 FFB Loan (11 Mth)	7,743,606.45
206 FFB Loan (11 Mth) (24)	15,421,032.78
235 Payroll Liabilities	13,683.56
240 Accounts Payable NH	56,660,471.79
<b>Total Other Current Liabilities</b>	<b>92,789,734.54</b>
<b>Total Current Liabilities</b>	<b>92,789,734.54</b>
<b>Total Liabilities</b>	<b>92,789,734.54</b>
<b>Equity</b>	
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	9,702,017.99
Net Income	8,758,428.06
<b>Total Equity</b>	<b>30,251,642.18</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>123,041,376.72</b>

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

	Jan - Dec 23	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	870,527.91	770,000.00	100,527.91	113.1%
405 Investment Income	328,760.91	260,000.00	68,760.91	126.4%
407 Rental Income	42,000.00	69,500.00	-27,500.00	60.4%
409 Tobacco Settlement	14,398.30	16,000.00	-1,601.70	90.0%
410 Hosp Uncomp. Care Repayment	1,626,429.00	1,034,997.04	591,431.96	157.1%
415 Nursing Home - QIPP Program	66,987,371.53	63,743,179.72	3,244,191.81	105.1%
<b>Total Income</b>	<b>69,869,487.65</b>	<b>65,893,676.76</b>	<b>3,975,810.89</b>	<b>106.0%</b>
<b>Gross Profit</b>	<b>69,869,487.65</b>	<b>65,893,676.76</b>	<b>3,975,810.89</b>	<b>106.0%</b>
<b>Expense</b>				
500 Admin-Administrative Salary	82,016.61	80,312.00	1,704.61	102.1%
502 Admin-Administrative Assnt	12,834.50	13,000.00	-165.50	98.7%
503 Admin - Staff Incentive Pay	15,287.00	4,000.00	11,287.00	382.2%
504 Admin-Administrative PR Tax	10,212.34	10,025.00	187.34	101.9%
505 Admin-Board Bonds	250.00	250.00	0.00	100.0%
515 Admin-Bank Service Charges	1,222.61	1,400.00	-177.39	87.3%
521 Professional Fees - Acctng	8,996.58	11,000.00	-2,003.42	81.8%
522 Professional Fees-Auditing	44,000.00	44,000.00	0.00	100.0%
523 Professional Fees - Legal	36,680.00	75,000.00	-38,320.00	48.9%
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.	5,372.74	5,250.00	122.74	102.3%
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.	7,337.35	10,000.00	-2,662.65	73.4%
572 Admin-Web Site	645.00	1,000.00	-355.00	64.5%
573 Admin-Copier Lease/Contract	2,993.99	3,000.00	-6.01	99.8%
575 Admin-Cell Phone Reimburse	1,800.00	1,800.00	0.00	100.0%
576 Admin-Telephone/Internet	3,403.96	3,500.00	-96.04	97.3%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	4,131.40	4,000.00	131.40	103.3%
592 Admin Office Rent	4,080.00	4,080.00	0.00	100.0%
593 Admin-Utilities	3,234.92	4,000.00	-765.08	80.9%
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	7,659.00	6,000.00	1,659.00	127.7%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	460,947.00	435,700.00	25,247.00	105.8%
601.01b IC Pmt to Coastal (Ind)	85.00	147,316.76	-147,231.76	0.1%
601.01c IC Pmt to Thompson	16,991.67	18,000.00	-1,008.33	94.4%
601.02 IC Pmt to UTMB	275,854.39	300,000.00	-24,145.61	92.0%
601.03 IC Special Programs				
601.03a Dental	21,575.76	24,000.00	-2,424.24	89.9%
601.03b IC Vision	1,120.00	1,500.00	-380.00	74.7%
601.04 IC-Non Hosp Cost-Other	38,524.49	35,000.00	3,524.49	110.1%
601.05 IC - Chairy Care Prog	0.00	25,000.00	-25,000.00	0.0%
<b>Total 601.03 IC Special Programs</b>	<b>61,220.25</b>	<b>85,500.00</b>	<b>-24,279.75</b>	<b>71.6%</b>
<b>Total 601 IC Provider Expenses</b>	<b>815,098.31</b>	<b>986,516.76</b>	<b>-171,418.45</b>	<b>82.6%</b>
602 IC-WCH 1115 Waiver Prog	123,573.14	129,340.00	-5,766.86	95.5%
603 IC-Pharmaceutical Costs	57,038.55	56,650.00	388.55	100.7%
605 IC-Office Supplies/Postage	171.99	2,000.00	-1,828.01	8.6%
611 IC-Indigent Care Dir Salary	74,200.04	65,264.00	8,936.04	113.7%
612 IC-Payroll Taxes -Ind Care	5,973.82	5,125.00	848.82	116.6%
615 IC-Software	15,593.00	13,308.00	2,285.00	117.2%
616 IC-Travel	412.57	600.00	-187.43	68.8%
617 Youth Programs				
617.01 Youth Counseling	10,965.00	25,000.00	-14,035.00	43.9%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
<b>Total 617 Youth Programs</b>	<b>10,965.00</b>	<b>25,600.00</b>	<b>-14,635.00</b>	<b>42.8%</b>
<b>Total 600 - IC Healthcare Expenses</b>	<b>1,103,026.42</b>	<b>1,284,403.76</b>	<b>-181,377.34</b>	<b>85.9%</b>
620 WSHD - Grants				
620.01 WCH/RMC				
620.01a Hosp Uncomp. Care Repay	1,629,565.34	1,034,997.04	594,568.30	157.4%
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%
<b>Total 620.01 WCH/RMC</b>	<b>1,890,331.30</b>	<b>1,295,763.00</b>	<b>594,568.30</b>	<b>145.9%</b>
620.03 WSVEMS				
620.03c WSVEMS - Salaries	0.00	0.00	0.00	0.0%
620.03 WSVEMS - Other	126,194.07	168,800.00	-42,605.93	74.8%
<b>Total 620.03 WSVEMS</b>	<b>126,194.07</b>	<b>168,800.00</b>	<b>-42,605.93</b>	<b>74.8%</b>
620.05 East Chambers ISD	253,694.03	253,693.56	0.47	100.0%
620.06 FQHC(Coastal)	1,164,270.75	1,207,939.37	-43,668.62	96.4%

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

	Jan - Dec 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.	5,718.10	3,975.00	1,743.10	143.9%
<b>Total 620 WSHD - Grants</b>	<b>3,497,798.36</b>	<b>2,987,913.05</b>	<b>509,885.31</b>	<b>117.1%</b>
<b>630 NH Program</b>				
630 NH Program-Mgt Fees	21,871,545.08	20,245,345.12	1,626,199.96	108.0%
631 NH Program-IGT	28,676,162.55	28,676,162.02	0.53	100.0%
632 NH Program-Telehealth Fees	291,147.78	300,870.04	-9,722.26	96.8%
633 NH Program-Acctg Fees	80,969.17	73,225.00	7,744.17	110.6%
634 NH Program-Legal Fees	311,344.73	350,000.00	-38,655.27	89.0%
635 NH Program-LTC Fees	3,078,000.00	3,078,000.00	0.00	100.0%
637 NH Program-Interest Expense	3,390,233.66	3,253,606.36	136,627.30	104.2%
638 NH Program-Loan/Bank Fees	864,719.41	710,500.00	154,219.41	121.7%
639 NH Program-Appraisal	49,029.25	49,030.00	-0.75	100.0%
<b>Total 630 NH Program</b>	<b>58,613,151.63</b>	<b>56,736,738.54</b>	<b>1,876,413.09</b>	<b>103.3%</b>
674 - Property Acquisition	0.00	650,000.00	-650,000.00	0.0%
<b>675 HWY 124 Expenses</b>				
675.01 Tony's BBQ Bldg Expenses	0.00	25,000.00	-25,000.00	0.0%
675.02 Clinic Expenses	6,676.79	10,000.00	-3,323.21	66.8%
675.03 - Clinic Property Ins	17,403.92	17,405.00	-1.08	100.0%
<b>Total 675 HWY 124 Expenses</b>	<b>24,080.71</b>	<b>52,405.00</b>	<b>-28,324.29</b>	<b>46.0%</b>
Payroll Expenses	0.00			
<b>Total Expense</b>	<b>63,509,181.41</b>	<b>62,024,572.35</b>	<b>1,484,609.06</b>	<b>102.4%</b>
<b>Net Ordinary Income</b>	<b>6,360,306.24</b>	<b>3,869,104.41</b>	<b>2,491,201.83</b>	<b>164.4%</b>
<b>Other Income/Expense</b>				
Other Income				
416 Nursing Home Operations	357,451,550.00			
<b>Total Other Income</b>	<b>357,451,550.00</b>			
Other Expense				
640 Nursing Home Oper. Expenses	355,053,428.18			
<b>Total Other Expense</b>	<b>355,053,428.18</b>			
<b>Net Other Income</b>	<b>2,398,121.82</b>			
<b>Net Income</b>	<b>8,758,428.06</b>	<b>3,869,104.41</b>	<b>4,889,323.65</b>	<b>226.4%</b>

# **Exhibit “A-2”**

WSHD Treasurer's Report

Reporting Date: <b>Wednesday, January 17, 2024</b>					
Pending Expenses	For	Amount	Funds Summary		Totals
Indigent Healthcare Solutions	Inv #77132	\$1,566.00	Prosperity Operating (Unrestricted)		\$457,814.60
Brookshire Brothers	Indigent Care	\$1,801.24	First Financial DACA (Unrestricted)		\$6,595,872.78
Wilcox Pharmacy	Indigent Care	\$1,824.94	First Financial DACA (Restricted)		\$3,086,432.25
UTMB at Galveston	Indigent Care	\$0.00	First Financial Money Market		\$9,272,485.67
UTMB Faculty Group	Indigent Care	\$0.00	TexStar (Restricted)		\$736,919.51
Thompson Outpatient Clinic	Indigent Care	\$1,339.57	FFB CD Balance		\$8,200,000.00
Coastal Gateway Health Center	Indigent Care	\$1,105.00	Total District Funds		<b>\$28,349,524.81</b>
WSVEMS	Indigent Care	\$667.44	Less First Financial (Restricted)		(\$3,086,432.25)
Roussel Clement, MD	Indigent Care	\$140.53	Less TexStar Reserve Account		(\$736,919.51)
Winnie Family Dental	SP Program	\$140.00	Less LOC Outstanding		(\$4,433,740.99)
Bayside Dental	SP Program	\$540.00	Less First Financial Money Market		\$0.00
Dr June Stansky, Optometrist	SP Program	\$120.00	Less Committed Funds (See Total Commitment)		(\$1,323,693.79)
\$25 Optical	SP Program	\$100.00	Cash Position (Less First Financial Restricted)		<b>\$23,202,479.26</b>
Caba Therapy Svcs (Physio)	SP Program	\$250.61	Pending Expenses		(\$158,504.27)
Kalos Counseling (Benjamin Odom)	Youth Counseling	\$255.00	Ending Balance (Cash Position-Pending Expenses)		<b>\$23,043,974.99</b>
Technology Solutions of Tx	Inv #1836	\$95.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)		<b>\$29,450,044.16</b>
Felipe Ojedia-Yard Service	Inv #1045	\$350.00	<b>Prior Month</b>		
Graciela Chavez-Office Cleaning	Inv #965967	\$120.00	Prosperity Operating (Unrestricted)		\$592,822.64
Benckenstein & Oxford	Inv # 50955	\$30,597.00	First Financial (Unrestricted)		\$7,503,756.97
Hubert Oxford	Legal Retainer	\$1,000.00	First Financial (Restricted)		\$2,644,693.94
Makayla Vidal	Inv #00039	\$10,255.00	First Financial Money Market (Restricted)		\$9,241,094.28
American Education Services	Grant S Stern-Student Loan	\$150.14	TexStar (Restricted)		\$733,593.82
US Department of Education	Grant B Odom-Student Loan	\$760.52	FFB CD Balance		\$8,200,000.00
Coastal Gateway	Grant	\$83,483.58	Total District Funds		<b>\$28,915,961.65</b>
Hall Render	Inv #601289	\$16,020.20	Less First Financial (Restricted)		(\$2,644,693.94)
The Hometown Press	Inv #4053	\$235.00	Less TexStar Reserve Account		(\$733,593.82)
Patricia Ojeda	Inv #3001 (Contract)	\$5,587.50	Less LOC Outstanding		(\$2,442,255.33)
			Less First Financial Money Market (Restricted)		\$0.00
			Less Committed Funds (See Total Commitment)		(\$547,192.32)
			Cash Position (Less First Financial Restricted)		<b>\$24,990,481.57</b>
			Pending Expenses		(\$931,719.66)
			Ending Balance (Cash Position-Pending Expenses)		<b>\$24,058,761.91</b>
			Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)		<b>\$29,899,522.06</b>
<b>Total Pending Expenses:</b>		<b>\$158,504.27</b>			

First Financial Bank Reconciliations					
FFB Balance	\$9,682,305.03				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
<b>Gross Yr. 6 &amp; 7, Component 1-IGT 12</b>					
September (1st Half) - YR7	\$0.00	\$2,196,777.54	\$2,134,930.09	\$61,847.45	\$0.00
October (1st Half) - YR7	\$0.00	\$2,301,301.39	\$2,301,301.39	\$0.00	\$0.00
November (1st Half) -YR7	\$1,948,241.65	\$2,337,815.26	\$0.00	\$2,337,815.26	\$0.00
<b>Total Component 1, IGT 11</b>	<b>\$1,948,241.65</b>	<b>\$6,835,894.19</b>	<b>\$4,436,231.48</b>	<b>\$2,823,536.79</b>	<b>\$0.00</b>
<b>11 Month Set Aside (FFB)</b>					
November (1st Half)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Minimum payment due	\$1,948,241.65	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Loan Set Aside</b>	<b>\$1,948,241.65</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Yr. 7, Component 2 (Public &amp; Private)</b>					
Q1-Comp. 2-September	\$431,254.41	\$598,699.31	\$581,821.26	\$16,878.05	\$150,566.85
Q1-Comp. 2-October	\$463,008.30	\$627,183.96	\$627,183.96	\$0.00	\$164,175.66
Q1-Comp. 2-November	\$0.00	\$640,095.05	\$0.00	\$640,095.05	\$0.00
<b>Total Component 2 due to MGRs.</b>	<b>\$894,262.71</b>	<b>\$1,865,978.32</b>	<b>\$1,209,005.22</b>	<b>\$656,973.10</b>	<b>\$314,742.51</b>
<b>Variance Payments (Component 1, 2, 3, 4, and Lapsing Funds)</b>					
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 November	\$0.00	(\$5,329.61)	\$0.00	(\$5,329.61)	\$0.00
<b>Variance Payment Totals</b>	<b>\$0.00</b>	<b>(\$5,329.61)</b>	<b>\$0.00</b>	<b>(\$5,329.61)</b>	<b>\$0.00</b>
<b>Adjustment Payments</b>					
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
QIPP YR 6 IGT Refund	\$0.00	\$2,391,031.07	\$2,362,597.72	\$28,433.35	\$0.00
<b>Total Adjustment &amp; Reconciliation Payment</b>	<b>\$28,488.64</b>	<b>\$2,446,035.28</b>	<b>\$2,419,575.00</b>	<b>\$26,460.28</b>	<b>\$28,488.64</b>
<b>Non-QIPP Funds</b>					
Restricted	\$215,439.25	COVID Funds			
Unrestricted	\$3,086,432.25				
<b>Total Funds</b>	<b>\$9,682,305.03</b>				

Committed Funds					
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance		
1. FQHC Grant Funding-2023	\$1,001,803.00	\$83,483.58	\$918,319.42		
2. Coastal Marketing Grant	\$276,040.00	\$54,688.93	\$221,351.07		
3. WSVEMS Grant	\$152,774.40	\$26,943.60	\$125,830.80		
4. Marcelous Williams	\$77,590.00	\$19,397.50	\$58,192.50		
<b>Total Commitments</b>	<b>\$25,008,207.40</b>	<b>\$1,875,999.27</b>	<b>\$1,323,693.79</b>		
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	\$0.00	\$1,507,159.61		
January 17, 2023	\$0.00	\$34,294.40	\$1,472,865.21		
	<b>\$1,626,424.00</b>	<b>\$153,558.79</b>	<b>\$1,472,865.21</b>		
CHOW Interim Working Capital Loan					
	Total Loan Estimate	Amount Advanced	Line of Credit Remaining	Amount Paid Back to Date	Amount Due to District
<b>Gulf Coast</b>					
Gulf Coast - Copperas Cove	\$550,000.00	\$550,000.00	\$0.00	\$550,000.00	\$0.00
Gulf Coast - Corrigan	\$800,000.00	\$800,000.00	\$0.00	\$734,275.17	\$65,724.83
Gulf Coast - Hemphill	\$550,000.00	\$550,000.00	\$0.00	\$507,915.43	\$42,084.57
Gulf Coast - Oak Village	\$550,000.00	\$550,000.00	\$0.00	\$550,000.00	\$0.00
Gulf Coast - Parkview	\$550,000.00	\$550,000.00	\$0.00	\$550,000.00	\$0.00
Gulf Coast - Winnie	\$800,000.00	\$800,000.00	\$0.00	\$611,777.56	\$188,222.44
Gulf Coast - Clute	\$1,500,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Gulf Coast - Creekside Village	\$1,500,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Gulf Coast - Wells	\$1,500,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Gulf Coast - Shepard	\$1,500,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance Owed by Gulf Coast	<b>\$9,800,000.00</b>	<b>\$3,800,000.00</b>	<b>\$0.00</b>	<b>\$3,503,968.16</b>	<b>\$296,031.84</b>
<b>Health Mark Group</b>					
HMG - Treviso	\$1,500,000.00	\$1,500,000.00	\$0.00	\$0.00	\$1,500,000.00
Balance Owed by Health Mark Group	<b>\$1,500,000.00</b>	<b>\$1,500,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,500,000.00</b>
<b>Senior Living Properties (SLP)</b>					
SLP - Coronado	\$1,500,000.00	\$266,818.44	\$1,233,181.56	\$0.00	\$266,818.44
SLP - Paris	\$1,500,000.00	\$116,948.50	\$1,383,051.50	\$0.00	\$116,948.50
SLP - Palestine	\$1,500,000.00	\$131,438.74	\$1,368,561.26	\$0.00	\$131,438.74
SLP - Overton	\$1,500,000.00	\$106,027.26	\$1,393,972.74	\$0.00	\$106,027.26
SLP - Seabreeze	\$1,500,000.00	\$262,928.76	\$1,237,071.24	\$0.00	\$262,928.76
Balance Owed by Senior Living Group	<b>\$7,500,000.00</b>	<b>\$884,161.70</b>	<b>\$6,615,838.30</b>	<b>\$0.00</b>	<b>\$884,161.70</b>
<b>Caring</b>					
Caring - Oak Brook	\$1,500,000.00	\$18,337.29	\$1,481,662.71	\$0.00	\$18,337.29
Caring - Gracy Woods	\$1,500,000.00	\$49,750.58	\$1,450,249.42	\$0.00	\$49,750.58
Balance Owed by Caring	<b>\$3,000,000.00</b>	<b>\$68,087.87</b>	<b>\$2,931,912.13</b>	<b>\$0.00</b>	<b>\$68,087.87</b>
<b>Health Services Management (HSM)</b>					
HSM - Conroe	\$1,000,000.00	\$197,018.25	\$802,981.75	\$0.00	\$197,018.25
HSM - Huntsville	\$1,000,000.00	\$117,236.80	\$882,763.20	\$0.00	\$117,236.80
HSM - Richmond	\$1,000,000.00	\$198,887.51	\$801,112.49	\$0.00	\$198,887.51
HSM - Sugar Land	\$1,000,000.00	\$226,093.53	\$773,906.47	\$0.00	\$226,093.53
HSM - Beaumont	\$600,000.00	\$0.00	\$600,000.00	\$0.00	\$0.00
HSM - Cleveland	\$600,000.00	\$0.00	\$600,000.00	\$0.00	\$0.00
HSM - Lawrence	\$600,000.00	\$0.00	\$600,000.00	\$0.00	\$0.00
HSM - Liberty	\$600,000.00	\$0.00	\$600,000.00	\$0.00	\$0.00
HSM - West Janisch	\$600,000.00	\$0.00	\$600,000.00	\$0.00	\$0.00
Balance Owed by HSM	<b>\$7,000,000.00</b>	<b>\$739,236.09</b>	<b>\$6,260,763.91</b>	<b>\$0.00</b>	<b>\$739,236.09</b>
<b>Total CHOW Loan Outstanding</b>	<b>\$28,800,000.00</b>	<b>\$6,991,485.66</b>	<b>\$15,808,514.34</b>	<b>\$3,503,968.16</b>	<b>\$3,487,517.50</b>
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)	\$2,308,421.58	(\$2,308,421.58)	(\$65,956.49)	(\$2,374,378.07)	\$7,743,606.45
8-January 31, 2024 (November, Comp. 1)	\$1,948,241.65	(\$1,948,241.65)	(\$62,163.95)	(\$2,010,405.60)	\$5,795,364.80
9-February 28, 2024 (December, Comp. 1)	\$1,931,788.27	(\$1,931,788.27)	(\$39,843.13)	(\$1,971,631.40)	\$3,863,576.54
10-March 31, 2024 (January, Comp. 1)	\$1,931,788.27	(\$1,931,788.27)	(\$26,562.09)	(\$1,958,350.36)	\$1,931,788.27
11-April 30, 2024 (February, Comp. 1)	\$1,931,788.27	(\$1,931,788.27)	(\$13,281.04)	(\$1,945,069.31)	\$0.00
<b>Amount Paid</b>	<b>\$14,353,948.46</b>	(\$14,353,948.46)	(\$812,465.01)	(\$15,166,413.47)	



**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**

<b>Annual Interest Rate:</b>	<b>8.25%</b>	<b>Payments Per Year:</b>	<b>11</b>	<b>Origination Fee:</b>	<b>\$154,210.00</b>
<b>Years:</b>	<b>1</b>	<b>Amount:</b>	<b>\$15,421,032.78</b>		
<b>Amortization Table</b>	<b>Component Payment</b>	<b>Principle</b>	<b>Interest</b>	<b>Payment</b>	<b>Balance</b>
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
<b>Amount Paid</b>	<b>\$15,421,032.78</b>	<b>(\$15,421,032.78)</b>	<b>(\$966,384.70)</b>	<b>(\$16,387,417.48)</b>	

**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	\$1,500,000.00	\$0.00	\$1,500,000.00
HSM CHOW Loans	\$739,236.09	\$0.00	\$739,236.09
SLP CHOW Loans	\$884,161.70	\$0.00	\$884,161.70
Caring CHOW Loans	\$68,087.87	\$0.00	\$68,087.87
<b>Total Outstanding LOC</b>	<b>\$4,433,740.99</b>	<b>\$0.00</b>	<b>\$4,433,740.99</b>

<b>Balance:</b>	\$8,200,000.00	<b>Principle Balance Owed</b>	\$4,433,740.99
<b>Interest Rate:</b>	5.60%	<b>LOC Funds Available</b>	\$3,766,259.01

	Date	Balance	Interest	Principal Rcvd.	Payment
1	8/31/2023	\$1,542,255.33	\$0.00		\$0.00
2	9/30/2023	\$1,842,255.33	\$7,437.09		\$7,437.09
3	10/31/2023	\$1,842,255.33	\$8,997.10		\$8,997.10
4	11/30/2023	\$2,142,255.33	\$8,597.19		\$8,597.19
5	12/31/2023	\$2,442,255.33	\$13,177.11		\$13,177.11
6	1/31/2024	\$4,433,740.99	\$18,597.33		\$18,597.33
7	2/28/2024	\$4,433,740.99	\$22,571.77		\$22,571.77
8	3/31/2024	\$4,433,740.99	\$22,571.77		\$22,571.77
9	4/30/2024	\$4,433,740.99	\$22,571.77		\$22,571.77
<b>Amount Paid</b>		<b>\$0.00</b>	<b>\$124,521.14</b>	<b>\$0.00</b>	<b>\$124,521.14</b>

**District's Investments**

	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid to date
<b>*CD at First Financial Bank Bank UPDATE</b>	\$8,200,000.00	3.60%	2023	Paid Annually	\$0.00
<b>Money Market-First Financial Bank</b>	\$9,272,485.67	4.00%	December 2023	\$31,394.39	\$272,485.65
<b>Texstar C.D. #1110</b>	\$736,919.51	5.3378%	December 2023	3,325.69	\$36,079.55

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

\_\_\_\_\_  
Edward Murrell,  
President

\_\_\_\_\_  
Robert "Bobby" Way  
Treasurer/Investment Officer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\*Italics are Estimated amounts

# **Exhibit “A-3”**

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**As of December 20, 2023 to January 17, 2024**

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>
<b>100 Prosperity Bank -Checking</b>							596,121.47
Check	12/20/2023	4060	Indigent Healthcare Solution...	Inv #76947	X	(1,566.00)	594,555.47
Check	12/20/2023	4061	Brookshire Brothers	IC RXs Nov 2023	X	(2,679.84)	591,875.63
Check	12/20/2023	4062	Wilcox Pharmacy	IC RXs Nov 2023	X	(1,950.67)	589,924.96
Check	12/20/2023	4064	UTMB at Galveston	IC Batch Date 11.01.2023	X	(38,464.89)	551,460.07
Check	12/20/2023	4063	UTMB Faculty Group Practice	IC Batch Date 11.01.2023	M	(4,878.75)	546,581.32
Check	12/20/2023	4065	Thompson Outpatient Clinic...	IC Batch Date 11.11.2023	X	(1,489.04)	545,092.28
Check	12/20/2023	4067	Coastal Gateway Health Cen...	IC Batch Date 11.11.2023	X	(85.00)	545,007.28
Check	12/20/2023	4066	Christus St Elizabeth	IC Batch Date 11.01.2023	X	(10,574.62)	534,432.66
Check	12/20/2023	4068	Radiology Associates, LLP	IC Batch Date 11.01.2023	X	(47.85)	534,384.81
Check	12/20/2023	4069	Winnie-Stowell Volunteer E...	IC Batch Date 11.09.2023	M	(715.95)	533,668.86
Check	12/20/2023	4070	Winnie Family Dental	IC SP Batch Date 11.08.2023		(70.00)	533,598.86
Check	12/20/2023	4071	Bayside Dental	IC SP Batch Date 11.08.2023	X	(840.00)	532,758.86
Check	12/20/2023	4072	Dr. June Stansky, Optometrist	IC SP Batch Date 11.08.2023	X	(60.00)	532,698.86
Check	12/20/2023	4073	\$25 Optical	IC SP Batch Date 11.08.2023	M	(25.00)	532,673.86
Check	12/20/2023	4074	Kalos Counseling	YC Batch Date 11.02.2023		(340.00)	532,333.86
Check	12/20/2023	4075	Technology Solutions of Tex...	Inv #1828	X	(95.00)	532,238.86
Check	12/20/2023	4076	Felipe Ojeda	Inv #1044	X	(350.00)	531,888.86
Check	12/20/2023	4077	Graciela Chavez	Inv #965966	X	(125.00)	531,763.86
Check	12/20/2023	4078	Benckenstein & Oxford	Inv #50912 (Oct 2023)	X	(21,800.00)	509,963.86
Check	12/20/2023	4079	Hubert Oxford	Legal Retainer	X	(1,000.00)	508,963.86
Check	12/20/2023	4080	Makayla Vidal	Inv #00036	X	(9,957.50)	499,006.36
Check	12/20/2023	4081	American Education Services	92 5529 5461 S Stern	X	(150.14)	498,856.22
Check	12/20/2023	4082	US Department of Education	Acct #1778777792-1 B Odom	M	(720.62)	498,135.60
Check	12/20/2023	4083	Coastal Gateway Health Cen...	Grant Dec Req 2023	X	(86,331.38)	411,804.22
Check	12/20/2023	4084	Winnie Community Hospital...	UC DY8 Recoup Demand	X	(147,856.73)	263,947.49
Check	12/20/2023	4085	The Seabreeze Beacon	Inv #s 6880 & 6994	X	(1,072.00)	262,875.49
Check	12/20/2023	4086	Hometown Press	Inv #4015	X	(375.00)	262,500.49
Check	12/20/2023	4087	Laurie G Payton, Chambers ...	Acct #16879 (2023 Hyy 124)	X	(6,676.79)	255,823.70
Transfer	12/20/2023	ACH	First Financial Bank	Funds Transfer	X	591,426.89	847,250.59
Transfer	12/20/2023	ACH	First Financial Bank	Funds Transfer	X	250,000.00	1,097,250.59
Check	12/20/2023	4056	Winnie Stowell Hospital Dis...	Opening Deposits for 2 CHC NHs	X	(400.00)	1,096,850.59
Check	12/20/2023	4057	Winnie Stowell Hospital Dis...	Opening Deposits for 4 GCP NHs	X	(800.00)	1,096,050.59
Check	12/20/2023	4058	Winnie Stowell Hospital Dis...	Opening Deposits for 5 SLP NHs	X	(1,000.00)	1,095,050.59
Check	12/20/2023	4059	Winnie Stowell Hospital Dis...	Opening Deposits HSM 4 NHs	X	(800.00)	1,094,250.59
Check	12/26/2023	4088	Winnie Community Hospital...	WCH UC DY8 Payoff	X	(591,426.89)	502,823.70
Liability ...	12/28/2023		QuickBooks Payroll Service	Created by Payroll Service on 12/27/2023	X	(26,620.73)	476,202.97
Liability ...	12/28/2023		QuickBooks Payroll Service	Created by Payroll Service on 12/27/2023	X	(1,573.42)	474,629.55
Check	12/28/2023		Prosperity Bank (CC)	ACH, Withdrawal, Processed	X	(1,030.97)	473,598.58
Paycheck	12/29/2023	DD1318	Jordan, Carson T	Direct Deposit	X		473,598.58
Paycheck	12/29/2023	DD1319	Norris, Sherrie	Direct Deposit	X		473,598.58
Paycheck	12/29/2023	DD1320	Ojeda, Patricia	Direct Deposit	X		473,598.58
Paycheck	12/29/2023	DD1321	Walters, Reagan D	Direct Deposit	X		473,598.58
Deposit	12/31/2023		Prosperity Bank	Deposit, Processed	X	107.12	473,705.70
Check	01/05/2024	995173	Riceland Medical Center	Memo:Draft, Withdrawal, Processed	M	(340.00)	473,365.70
Check	01/05/2024	995176	ECISD	Memo:Draft, Withdrawal, Processed	M	(22,077.13)	451,288.57
Check	01/09/2024	4089	JS Edwards	Policy #NNP8927110		(10,391.45)	440,897.12
Check	01/10/2024		Entergy	ACH, Withdrawal, Processed	M	(221.35)	440,675.77
Check	01/10/2024		Trinity Bay Conservation Di...	ACH, Withdrawal, Processed	M	(74.07)	440,601.70
Liability ...	01/11/2024		QuickBooks Payroll Service	Created by Payroll Service on 01/10/2024	M	(805.82)	439,795.88
Liability ...	01/11/2024		QuickBooks Payroll Service	Created by Payroll Service on 01/10/2024	M	(1,513.23)	438,282.65
Check	01/11/2024		IRS	ACH, Withdrawal, Processed	M	(13,683.56)	424,599.09
Paycheck	01/12/2024	DD1322	Walters, Reagan D	Direct Deposit	X		424,599.09
Paycheck	01/12/2024	4090	Carlo, Victoria M			(1,627.06)	422,972.03
Paycheck	01/12/2024	DD1323	Jordan, Carson T	Direct Deposit	X		422,972.03
Check	01/12/2024	4091	Winnie-Stowell Volunteer E...	Grant 2024		(26,943.60)	396,028.43
Check	01/12/2024	4092	Marcelous-Williams Resour...	Grant 2024 (1st Qtr Pmt)		(19,397.50)	376,630.93
Deposit	01/12/2024		Texas Comptroller of Public ...	ACH, Deposit, Processed	M	82,150.65	458,781.58
Deposit	01/12/2024		Tony's BBQ	Deposit, Processed	M	3,500.00	462,281.58
Check	01/12/2024		Prosperity Bank	Fee, Withdrawal, Processed	M	(145.17)	462,136.41
Check	01/17/2024		Indigent Healthcare Solution...	Inv #77132		(1,566.00)	460,570.41
Check	01/17/2024		Brookshire Brothers	IC Batch Date 12.04.2023		(1,801.24)	458,769.17
Check	01/17/2024		Wilcox Pharmacy	IC Batch Date 12.03.2023		(1,824.94)	456,944.23
Check	01/17/2024		Thompson Outpatient Clinic...	IC Batch Date 12.11.2023		(1,339.57)	455,604.66
Check	01/17/2024		Coastal Gateway Health Cen...	IC Batch Date 12.08.2023		(1,105.00)	454,499.66
Check	01/17/2024		Winnie-Stowell Volunteer E...	IC Batch Date 12.09.2023		(667.44)	453,832.22
Check	01/17/2024		Roussell Clement MD PA	IC Batch Date 12.01.2023		(140.53)	453,691.69
Check	01/17/2024		Winnie Family Dental	IC SP Batch Date 12.08.2023		(140.00)	453,551.69
Check	01/17/2024		Bayside Dental	IC SP Batch Date 12.08.2023		(540.00)	453,011.69

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
As of December 20, 2023 to January 17, 2024

Type	Date	Num	Name	Memo	Clr	Amount	Balance
Check	01/17/2024		Dr. June Stansky, Optometrist	IC SP Batch Date 12.08.2023		(120.00)	452,891.69
Check	01/17/2024		\$25 Optical	IC SP Batch Date 12.08.2023		(100.00)	452,791.69
Check	01/17/2024		CABA Therapy Services dba...	IC SP Batch Date 12.10.2023		(250.61)	452,541.08
Check	01/17/2024		Kalos Counseling	IC YC Batch Date 12.02.2023		(255.00)	452,286.08
Check	01/17/2024		Technology Solutions of Tex...	Inv #1836		(95.00)	452,191.08
Check	01/17/2024		Felipe Ojeda	Inv #1045		(350.00)	451,841.08
Check	01/17/2024		Graciela Chavez	Inv #965967		(120.00)	451,721.08
Check	01/17/2024		Benckenstein & Oxford	Inv #50955 (Nov 2023)		(30,597.00)	421,124.08
Check	01/17/2024		Hubert Oxford	Legal Retainer		(1,000.00)	420,124.08
Check	01/17/2024		Makayla Vidal	Inv #00039		(10,255.00)	409,869.08
Check	01/17/2024		American Education Services	92 5529 5461 S Stern		(150.14)	409,718.94
Check	01/17/2024		US Department of Education	Acct #177877792-1 B Odom		(720.62)	408,998.32
Check	01/17/2024		Coastal Gateway Health Cen...	Grant (1 of 12)		(83,483.58)	325,514.74
Check	01/17/2024		Hometown Press	Inv #4053		(235.00)	325,279.74
Check	01/17/2024		Funcion 4-Lease fka Star Gr...	Acct #3A0064 Inv #1091702		(9.67)	325,270.07
Check	01/17/2024		Patrica Ojeda	Inv #3001		(5,587.50)	319,682.57
Check	01/17/2024		Hall Render Killian Heath &...	Inv #601289		(16,020.20)	303,662.37
Total 100 Prosperity Bank -Checking						(292,459.10)	303,662.37
<b>102 First Financial Bank</b>							19,389,542.19
<b>102b FFB #4846 DACA</b>							10,148,450.91
Transfer	12/20/2023	ACH	First Financial Bank	Funds Transfer	X	(591,426.89)	9,557,024.02
Transfer	12/20/2023	ACH	First Financial Bank	Funds Transfer	X	(250,000.00)	9,307,024.02
Check	12/20/2023			Transfer to DDA Acct No. 1110214846-D	X	59,400.00	9,366,424.02
Deposit	12/22/2023			ACH Winnie Stowell CCD 3137861	X	46,400.49	9,412,824.51
Deposit	12/22/2023			ACH Winnie Stowell CCD 3137895	X	68,006.84	9,480,831.35
Deposit	12/22/2023			ACH Winnie Stowell CCD 3137888	X	73,266.85	9,554,098.20
Deposit	12/22/2023			ACH Winnie Stowell CCD 3137859	X	83,237.27	9,637,335.47
Check	12/26/2023			Transfer to DDA Acct No. 1110214846-D	X	380,902.22	10,018,237.69
Check	12/27/2023			Transfer to DDA Acct No. 1110214846-D	X	215,439.25	10,233,676.94
Check	12/29/2023		First Financial Bank	11 mth Loan Principle & Interest Due	X	(2,010,405.60)	8,223,271.34
Check	12/29/2023		First Financial Bank	RLOC Interest	X	(13,177.11)	8,210,094.23
Check	12/29/2023		First Financial Bank	FFB Ln IGT 17 Interest	X	(112,873.39)	8,097,220.84
Check	12/29/2023			Extra 11th Mth Principal pmt Transfer from ...	X	(363,972.47)	7,733,248.37
Check	01/31/2024	Pending	First Financial Bank	11 mth Loan Principle & Interest Due		(2,010,405.60)	5,722,842.77
Check	01/31/2024	Pending	First Financial Bank	RLOC Interest		(18,597.33)	5,704,245.44
Check	01/31/2024	Pending	First Financial Bank	FFB Ln IGT 17 Interest		(112,873.39)	5,591,372.05
Total 102b FFB #4846 DACA						(4,557,078.86)	5,591,372.05
<b>102c FFB #7190 Money Market</b>							9,241,091.28
Deposit	12/31/2023		First Financial Bank		X	31,394.39	9,272,485.67
Total 102c FFB #7190 Money Market						31,394.39	9,272,485.67
Total 102 First Financial Bank						(4,525,684.47)	14,863,857.72
<b>TOTAL</b>						<b>(4,818,143.57)</b>	<b>15,167,520.09</b>

# **Exhibit “B”**



## 01.17.24 WSHD Regular Board Meeting Indigent Care Report

### 1) Active Client Count:

- a) Indigent Clients: 85 –DOWN by 1 from 86 in **NOV**
  - 18 Apps, [1 Renewals, 6 Previous, 11 New, and 0 ER Referrals]
  - 10 Approved [0 Renewals, 6 Previous, 4 New, and 0 ER Referrals]
  - 0 Withdrew / 2 Denied / 3 Incomplete / 3 Pending
- b) Youth Counseling: 4 – UP 4 by 1 from 3 in **NOV**
- c) Irlen Services: 0 – the same since **OCT 2022**
- d) Dental: 4 clients used their benefit in **DEC**
- e) Vision Services: 2 clients used their benefit in **DEC**

### 2) Riceland Hospital & Clinics:

The **DEC** charges were DOWN by **\$14.3 K** from **\$79.9 K** to **\$65.6 K** due to last month had higher dollar inpatient charges.

### 3) UTMB Hospital & Clinics:

UTMB did not submit any charges for **DEC**. However, there was 1 client who went in the **ER** on 12.29.23, and as of 01.12.24, had a **15-day inpatient stay**. UTMB was notified that the client has exhausted their \$30K 2024 Calendar Year Benefits, and that WSDH Indigent Care will not be responsible for paying charges over the maximum benefit amount.

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

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

- **96%** of the Pharmacy budget
- **114%** of the Riceland budget
- **80%** of the UTMB budget
- **39%** of the Youth Counseling budget
- **82%** of the Vision budget
- **83%** of the Dental budget
- **101%** of the Thompson Clinic budget
- **1%** of the Coastal Gateway budget

### 5) District Programs:

- a) County Van (See attached): **10** out of **85** were WSHD clients
- b) Winnie Stowell EMS (See attached): **7** transports out of **7** were made from Riceland
- c) Marcelous Williams (See attached): **23** out of **23** were WSHD clients
- d) East Chambers School: The next report will be provided **Feb 2024**

### 6) Other items of Interest:

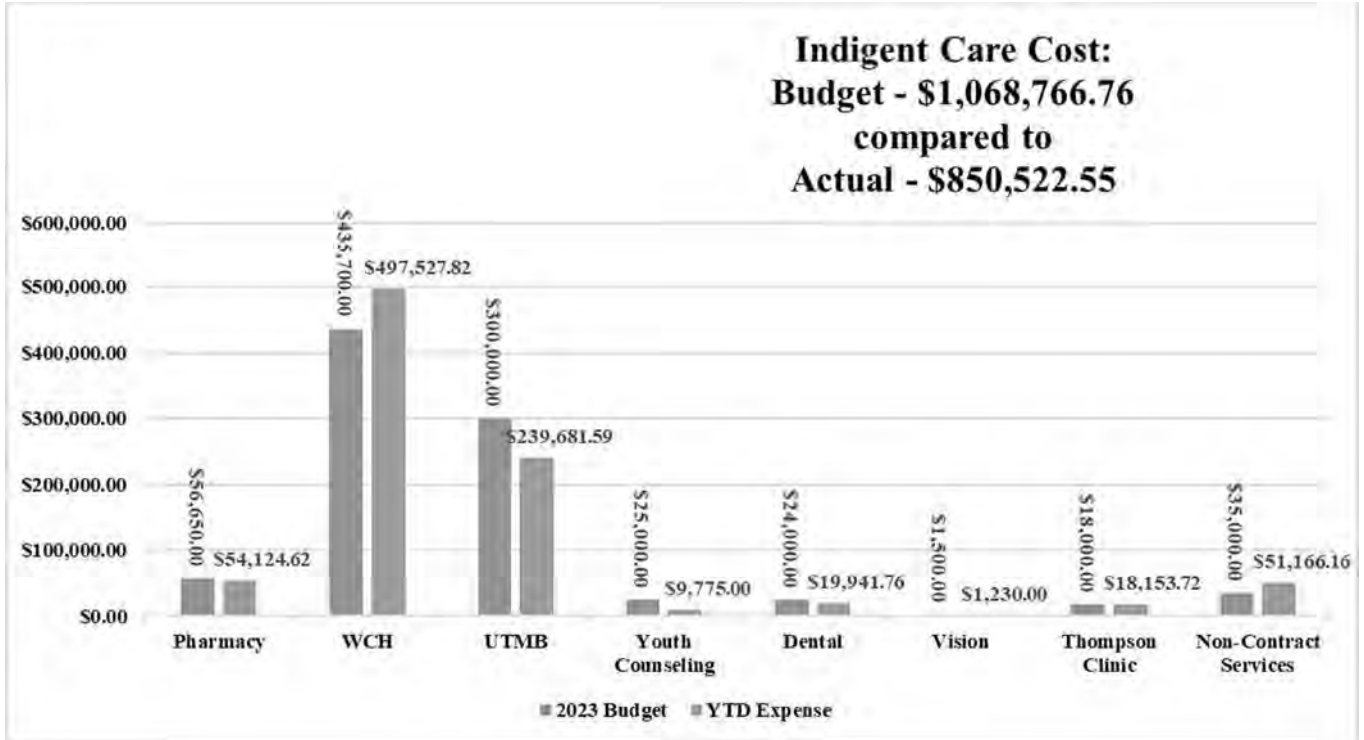
Report on anything that pertains to WSHD Programs.



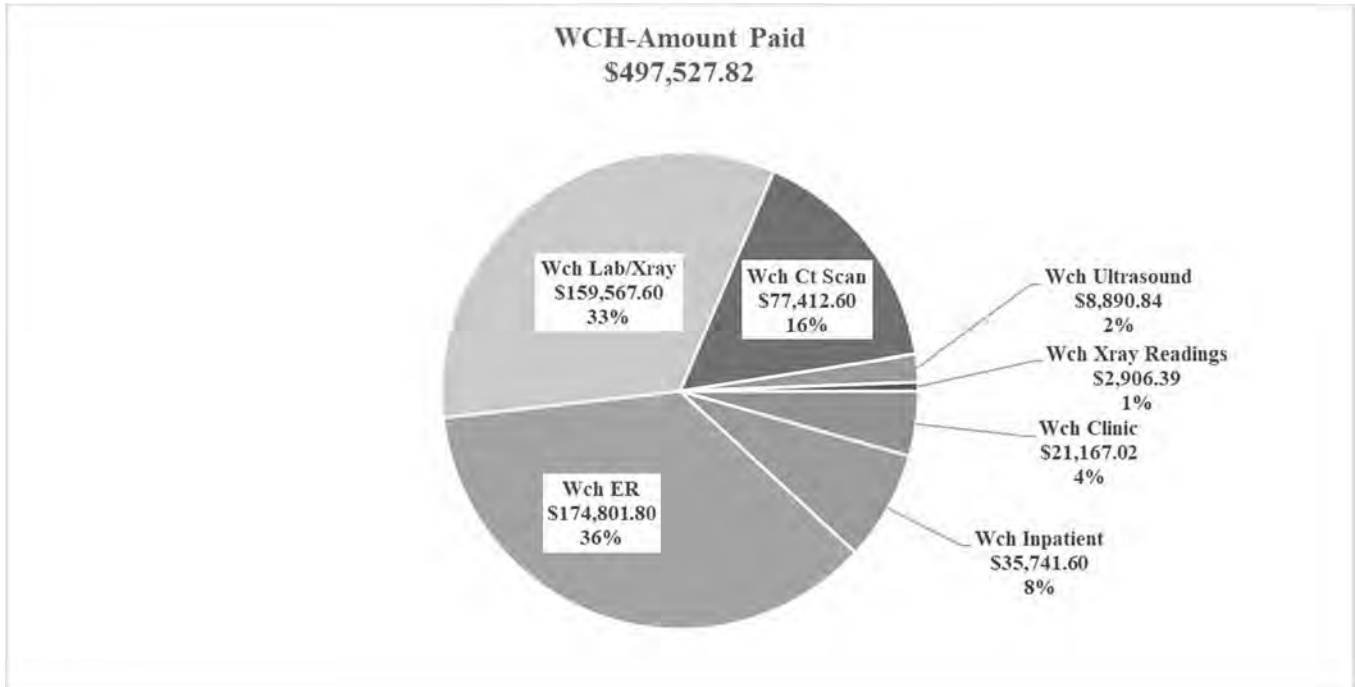
# WINNIE STOWELL HOSPITAL DISTRICT

PO BOX 1997, WINNIE, TX 77665 PHONE: (409)296-1003 FAX: (409)400-4023

**CHART 1: 2023 YTD WSHD Services & Budget Status:**



**CHART 2: 2023 WCH Services Breakdown**



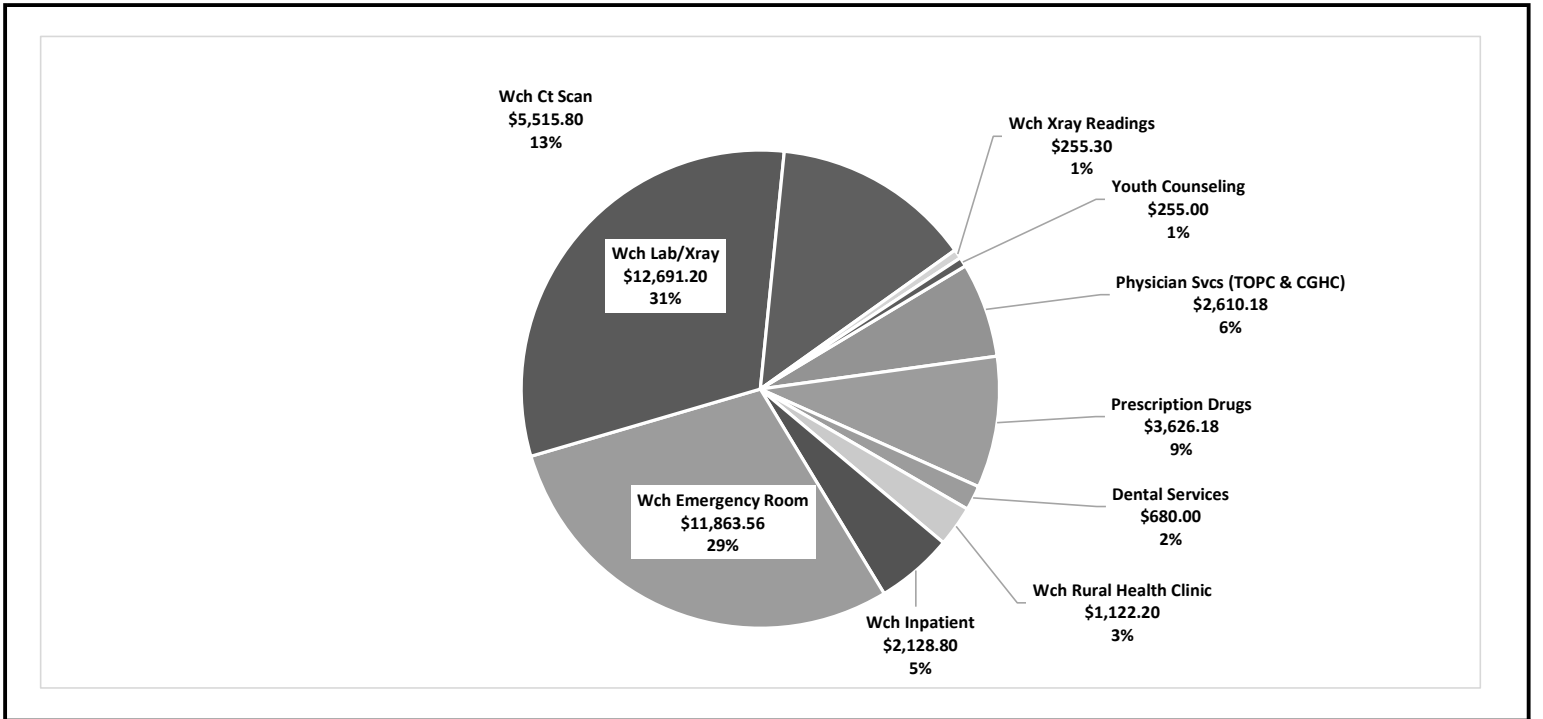
	November			December			
<b>Indigent Clients:</b>	Indigent Clients:	86		Indigent Clients:	85		<b>Clients Enrolled:</b>
<b>Youth Counseling:</b>	Youth Counseling:	3		Youth Counseling:	4		<b>YC Enrolled:</b>
<b>Irlen Services:</b>	Irlen Services:	0		Irlen Services:	0		<b>IS Enrolled:</b>
<b>PROVIDER TOTALS</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>	<b>Contracted Rate</b>	<b>Actually Paid</b>	<b>Billed Amount</b>
<b>Pharmacy</b>							
Brookshire Brothers Pharmacy Corp	\$2,922.23	\$2,679.84	\$2,679.84	\$2,069.66	\$2,069.66	\$1,801.24	\$41,300.67
Wilcox Pharmacy	\$1,950.67	\$1,950.67	\$1,950.67	\$1,824.94	\$1,824.94	\$1,824.94	\$20,543.09
<b>ADJUSTMENTS-Refunds/Credits</b>							<b>YTD Refunds/Credits</b>
<b>Pharmacy Totals</b>	<b>\$4,872.90</b>	<b>\$4,630.51</b>	<b>\$4,630.51</b>	<b>\$3,894.60</b>	<b>\$3,894.60</b>	<b>\$3,626.18</b>	<b>\$61,843.76</b>
<b>Winnie Community Hospital</b>							
WCH Clinic	\$2,296.00	\$1,122.20	\$1,122.20	\$2,514.00	\$1,122.20	\$1,122.20	\$51,906.04
WCH ER	\$33,009.00	\$13,981.70	\$13,981.70	\$22,302.00	\$11,863.56	\$11,863.56	\$344,599.00
WCH Lab/Xray	\$11,290.00	\$6,774.00	\$6,774.00	\$21,152.00	\$12,691.20	\$12,691.20	\$272,107.00
WCH CT Scan	\$8,761.00	\$2,497.20	\$2,497.20	\$9,193.00	\$5,515.80	\$5,515.80	\$137,363.00
WCH Optional Services (Infusion)	\$1,741.00	\$302.61	\$302.61	\$525.00	\$92.56	\$92.56	\$7,522.00
WCH Xray (MRI)	\$0.00	\$0.00	\$0.00	\$3,738.00	\$158.78	\$158.78	\$67,284.00
WCH Lab/Xray Reading	\$939.00	\$136.62	\$136.62	\$1,889.00	\$255.30	\$255.30	\$20,790.00
WCH Inpatient	\$17,870.00	\$10,722.00	\$10,722.00	\$3,548.00	\$2,128.80	\$2,128.80	\$53,408.00
WCH Physical Therapy	\$4,004.00	\$2,402.40	\$2,402.40	\$0.00	\$0.00	\$0.00	\$21,032.00
WCH Ultrasound	\$0.00	\$0.00	\$0.00	\$777.00	\$466.20	\$466.20	\$15,477.00
<b>WCH Totals</b>	<b>\$79,910.00</b>	<b>\$37,938.73</b>	<b>\$37,938.73</b>	<b>\$65,638.00</b>	<b>\$34,294.40</b>	<b>\$34,294.40</b>	<b>\$991,488.04</b>
<b>ADJUSTMENTS-Refunds/Credits</b>	<b>Credit Adjustment</b>			<b>Credit Adjustment</b>			<b>YTD Credit Adjustment</b>
<b>Balance on Contracted Amount (Lump Sum Payment of \$288,370.10)</b>		(\$174,863.32)			(\$209,157.72)		
<b>UTMB</b>							
UTMB Physician Services	\$15,899.00	\$4,045.10	\$4,045.10	\$0.00	\$0.00	\$0.00	\$120,687.00
Barrier Reef (UTMB ER Physician)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,378.00
UTMB Anesthesia	\$1,440.00	\$833.65	\$833.65	\$0.00	\$0.00	\$0.00	\$18,940.00
UTMB In-Patient	\$66,985.96	\$22,914.56	\$22,914.56	\$0.00	\$0.00	\$0.00	\$160,465.80
UTMB Outpatient	\$49,211.00	\$10,680.34	\$10,680.34	\$0.00	\$0.00	\$0.00	\$791,040.83
UTMB Lab&Xray	\$23,270.70	\$4,869.99	\$4,869.99	\$0.00	\$0.00	\$0.00	\$63,770.83
<b>ADJUSTMENTS-Refunds/Credits</b>							<b>YTD Refunds/Credits</b>
<b>UTMB Totals</b>	<b>\$156,806.66</b>	<b>\$43,343.64</b>	<b>\$43,343.64</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,175,282.46</b>
<b>Local Community Clinics (601.04)</b>							
Coastal Gateway Health Clinic	\$205.70	\$85.00	\$85.00	\$2,342.27	\$1,020.00	\$1,020.00	\$2,547.97
Physio Physical Therapy	\$0.00	\$0.00	\$0.00	\$496.00	\$250.61	\$250.61	\$496.00
Thompson Outpatient Clinic	\$6,481.00	\$1,489.04	\$1,489.04	\$5,860.00	\$1,339.57	\$1,339.57	\$70,891.00
<b>Local Community Clinics</b>	<b>\$6,686.70</b>	<b>\$1,574.04</b>	<b>\$1,574.04</b>	<b>\$8,698.27</b>	<b>\$2,610.18</b>	<b>\$2,610.18</b>	<b>\$73,934.97</b>
<b>Non-Contracted Emergency Services (601.04)</b>							
Non-Contract ER & In-Pt Services	\$48,372.47	\$10,622.47	\$10,622.47	\$355.00	\$140.53	\$140.53	\$233,250.34
Winnie-Stowell EMS	\$3,174.76	\$715.95	\$715.95	\$2,330.67	\$667.44	\$667.44	\$13,908.64
<b>Non-Contract Services Totals</b>	<b>\$51,547.23</b>	<b>\$11,338.42</b>	<b>\$11,338.42</b>	<b>\$2,685.67</b>	<b>\$807.97</b>	<b>\$807.97</b>	<b>\$247,158.98</b>
<b>Youth Counseling</b>							
Benjamin Odom	\$340.00	\$340.00	\$340.00	\$255.00	\$255.00	\$255.00	\$5,610.00
Nicki Holtzman	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,400.00
Penelope Butler	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$765.00
<b>Youth Counseling Totals</b>	<b>\$340.00</b>	<b>\$340.00</b>	<b>\$340.00</b>	<b>\$255.00</b>	<b>\$255.00</b>	<b>\$255.00</b>	<b>\$9,775.00</b>
<b>Irlen Services</b>							
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Irlen Services Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Indigent Special Services</b>							
Dental Services	\$1,917.95	\$910.00	\$910.00	\$1,049.00	\$680.00	\$680.00	\$43,581.82
Vision Services	\$85.00	\$85.00	\$85.00	\$160.00	\$160.00	\$160.00	\$1,230.00
<b>Indigent Special Services Totals</b>	<b>\$2,002.95</b>	<b>\$995.00</b>	<b>\$995.00</b>	<b>\$1,209.00</b>	<b>\$840.00</b>	<b>\$840.00</b>	<b>\$44,811.82</b>
<b>Medical Supplies (601.04)</b>							
Alliance Medical Supply (C-PAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,560.00
<b>Medial Supplies Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,560.00</b>
<b>Grand Totals</b>	<b>\$302,166.44</b>	<b>\$100,160.34</b>	<b>\$100,160.34</b>	<b>\$82,380.54</b>	<b>\$42,702.15</b>	<b>\$42,433.73</b>	<b>\$2,606,855.03</b>



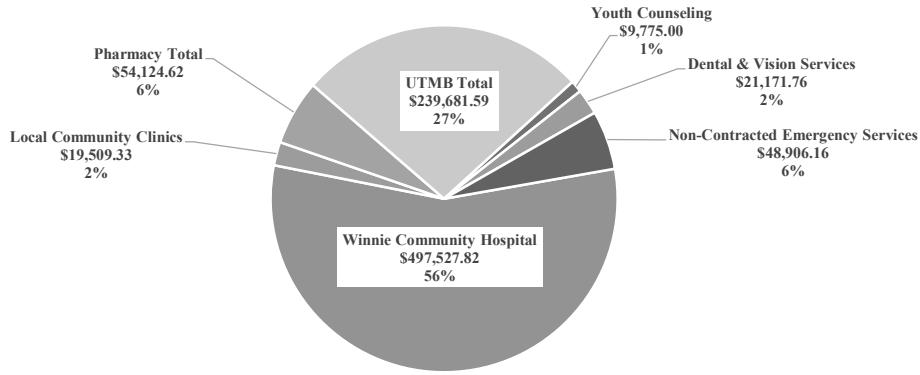
**WSDH Indigent Care Director Report**  
**Dec 2023 SOURCE CODE REPORT**

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Svcs (TOPC & CGHC)	\$8,698.27	\$2,610.18	6.15%
02	Prescription Drugs	\$3,894.60	\$3,626.18	8.55%
NCP	Non-Contr ER & In-Pt Svcs	\$355.00	\$140.53	0.33%
09	DME Medical Supplies	\$0.00	\$0.00	0.00%
10	Optional Svcs	\$2,330.67	\$667.44	1.57%
12	Irlen Services	\$0.00	\$0.00	0.00%
13	Vision Services	\$160.00	\$160.00	0.38%
14	Dental Services	\$1,049.00	\$680.00	1.60%
20	Wch Physical Therapy	\$0.00	\$0.00	0.00%
21	Wch Rural Health Clinic	\$2,514.00	\$1,122.20	2.64%
23	Wch Inpatient	\$3,548.00	\$2,128.80	5.02%
24	Wch Emergency Room	\$22,302.00	\$11,863.56	27.96%
25	Wch Lab/Xray	\$21,152.00	\$12,691.20	29.91%
26	Wch Ct Scan	\$9,193.00	\$5,515.80	13.00%
27	Wch Optional Svcs (Infusion Therapy)	\$525.00	\$92.56	0.22%
28	Wch X-Ray (MRI)	\$3,738.00	\$158.78	0.37%
29	Wch Ultrasound	\$777.00	\$466.20	1.10%
44	Wch Xray Readings	\$1,889.00	\$255.30	0.60%
31	Utmb - Physician Services	\$0.00	\$0.00	0.00%
31-1	Utmb Anesthesia	\$0.00	\$0.00	0.00%
33	Utmb In-Patient	\$0.00	\$0.00	0.00%
34	Utmb Out-Patient	\$0.00	\$0.00	0.00%
34-1	Utmb ER Physicians - Barrier Reef	\$0.00	\$0.00	0.00%
35	Utmb Lab/X-Ray	\$0.00	\$0.00	0.00%
39	Youth Counseling	\$255.00	\$255.00	0.60%

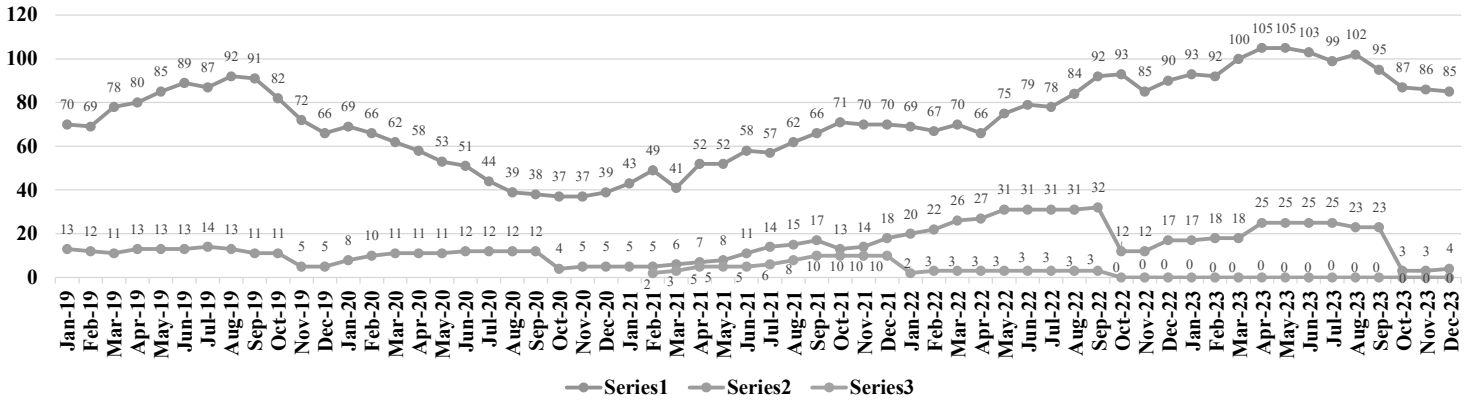
<b>Expenditures</b>	<u>\$82,380.54</u>	<u>\$42,433.73</u>	<u>100%</u>
	\$0.00	\$0.00	
<b>Grand Total</b>	<b>\$82,380.54</b>	<b>\$42,433.73</b>	<b>100%</b>



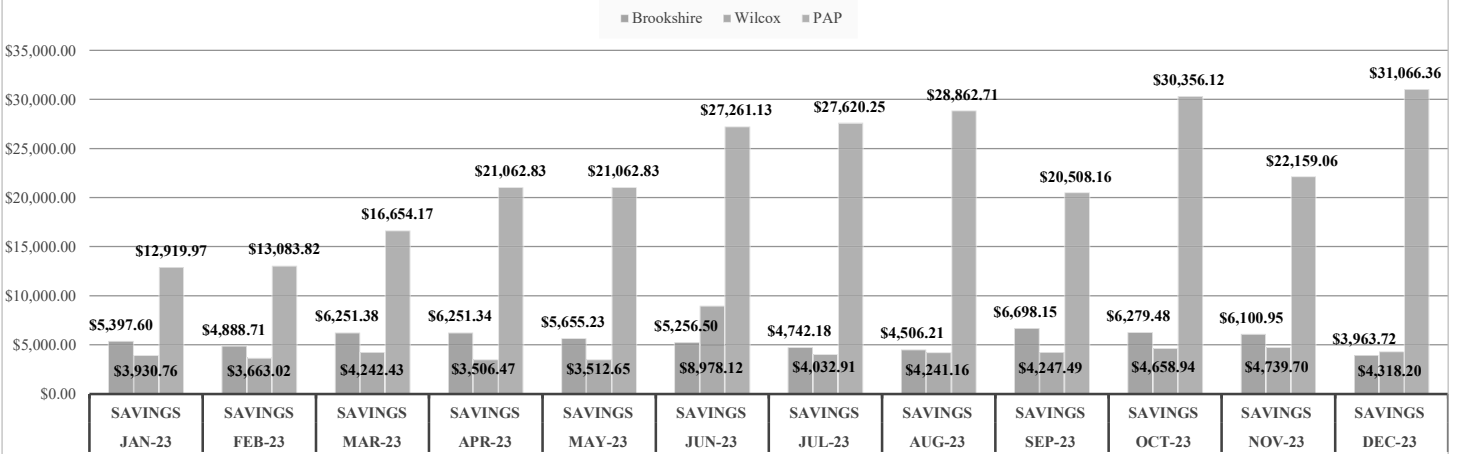
Year To Date Payments Incurred: \$892,956.28



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

## Dec-23

VEHICLE #1	EAST SIDE VAN #1	
TOTAL MILES DRIVEN		2647
TOTAL HOURS DRIVEN		142.75
TOTAL EXPENSES FOR MONTH		\$1119.25
<i>FUEL COST</i>		\$607.42
<i>REPAIRS &amp; MAINTENANCE COST</i>	battery	\$457.50
<i>MISC EXPENSES</i>	transmission, labor, parts	\$54.33
TOTAL RIDERS		27
<i>TOTAL WSHD RIDERS</i>		1
TOTAL TRIPS		61
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		1

VEHICLE #2	EAST SIDE VAN #2	
TOTAL MILES DRIVEN		332
TOTAL HOURS DRIVEN		169.42
TOTAL EXPENSES FOR MONTH		\$650.04
<i>FUEL COST</i>		\$650.04
<i>REPAIRS &amp; MAINTENANCE COST</i>		
<i>MISC EXPENSES</i>		
TOTAL RIDERS		26
<i>TOTAL WSHD RIDERS</i>		5
TOTAL TRIPS		53
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		6

VEHICLE #3	RAV 4	
TOTAL MILES DRIVEN		3207
TOTAL HOURS DRIVEN		157.97
TOTAL EXPENSES FOR MONTH		\$340.12
<i>FUEL COST</i>		\$294.31
<i>REPAIRS &amp; MAINTENANCE COST</i>		\$45.81
<i>MISC EXPENSES</i>		
TOTAL RIDERS		32
<i>TOTAL WSHD RIDERS</i>		4
TOTAL TRIPS		50
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		8

GRAND TOTALS		
MILES DRIVEN		9177
RIDERS		85
<i>WSHD RIDERS</i>		10
TRIPS		164
<i>WSHD TRIPS</i>		15
EXPENSES		\$11,937.74

Year to Date Details for 2023		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	Dec-23	YTD DATE
<b>CALL SUMMARY</b>															
CALLS TRANSPORTS REQUESTED		117	4	9	13	10	7	6	8	10	12	7	9	7	102
CALLS TRANSPORTS MADE															
INSURED		0	4	6	3	5	3	7	6	10	5	6	6	6	61
SELF-PAY		1	1	1	0	4	1	1	0	3	0	1	3	1	16
TOTAL CALLS MADE		76	1	5	6	7	6	4	7	9	10	6	9	7	77
CALLS TRANSPORTS DELAYED		1	0	0	0	0	0	0	1	1	0	0	0	1	3
TRANSPORTS NOT MADE		43	3	4	7	3	1	2	1	1	2	1	0	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%	100.0%	24.5%
<b>INVOICED/BILLED</b>															
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	\$9,891.66	\$0.00	\$74,625.15
Self-Pay Billed during the Month		\$55,989.76	\$716.96	\$2,704.02	\$0.00	\$10,650.64	\$2,554.53	\$1,868.40	\$1,786.01	\$2,500.36	\$0.00	\$1,151.75	\$3,241.87	\$0.00	\$27,174.54
<b>Total</b>		<b>\$110,338.46</b>	<b>\$716.96</b>	<b>\$7,201.26</b>	<b>\$7,934.94</b>	<b>\$15,619.18</b>	<b>\$8,553.94</b>	<b>\$5,192.81</b>	<b>\$10,709.01</b>	<b>\$12,800.05</b>	<b>\$11,490.33</b>	<b>\$8,447.68</b>	<b>\$13,133.53</b>	<b>\$0.00</b>	<b>\$101,799.69</b>
<b>PAYMENTS RECEIVED</b>															
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	\$2,972.94	\$4,199.76	\$3,580.77	\$330.95	\$0.00	\$26,877.95
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	\$845.50	\$0.00	\$0.00	\$5,365.89
<b>Total</b>		<b>\$24,896.99</b>	<b>\$716.96</b>	<b>\$3,020.72</b>	<b>\$3,761.87</b>	<b>\$5,325.57</b>	<b>\$2,850.70</b>	<b>\$1,846.19</b>	<b>\$2,591.91</b>	<b>\$2,972.94</b>	<b>\$4,199.76</b>	<b>\$4,426.27</b>	<b>\$530.95</b>	<b>\$0.00</b>	<b>\$32,243.84</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>															
Owed by Insurance			\$0.00	\$571.05	\$347.27	\$1,026.77	\$672.29	\$1,662.32	\$4,006.77	\$4,076.98	\$4,807.54	\$2,211.43	\$8,121.52	\$0.00	\$27,503.94
Owed by Self-Pay			\$0.00	\$0.00	\$0.00	\$0.00	\$851.97	\$715.22	\$636.81	\$1,351.16	\$0.00	\$306.25	\$3,241.87	\$0.00	\$7,103.28
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$571.05</b>	<b>\$347.27</b>	<b>\$1,026.77</b>	<b>\$1,524.26</b>	<b>\$2,377.54</b>	<b>\$4,643.58</b>	<b>\$5,428.14</b>	<b>\$4,807.54</b>	<b>\$2,517.68</b>	<b>\$11,363.39</b>	<b>\$0.00</b>	<b>\$34,607.22</b>
<b>STAFFING EXPENSES</b>															
		\$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	\$10,648.00	\$10,856.00	\$120,580.00


Dec-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
12/2/2023	Riceland	Baylor TMC (houston)	M			23-35623	2049	12/15/2023	13
12/2/2023	Riceland	UTMB Clearlake	M			23-35659	2065	12/21/2023	19
12/12/2023	Riceland	Hermann Memorial TMC	M			23-36687	2078	12/27/2023	15
12/15/2023	Riceland	St. Elizabeth	M			23-37023	mm#1		Not Billed Yet
12/21/2023	Riceland	Baytown Methodist	M			23-37644	1532		Not Billed Yet
12/26/2026	Riceland	St. Elizabeth	M			23-38128	mm#2		Not Billed Yet
12/27/2023	Riceland	Baytown Methodist (multiple calls on going)	M	D		23-38169	mm#3		Not Billed Yet
<b>TOTAL CALLS &amp; RESULTS</b>			<b>7</b>	<b>1</b>	<b>0</b>	<b>AVERAGE DAYS TO BILL:</b>		<b>16</b>	

Dec-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)	
12/1/2024	Austin Isaacks	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/2/2024	Mark Matak	7am - 7am	24	0	\$ 16.00	\$384.00	\$17.00	\$408.00	(\$24.00)	
12/3/2024	Haley Brandin	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/4/2024	Brad Eads	7am - 7am	24	0	\$ 16.00	\$384.00	\$20.00	\$480.00	(\$96.00)	
12/5/2024	Amanda Harpst	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/6/2024	Andrew Broussard	7am - 7am	24	0	\$ 16.00	\$384.00	\$18.00	\$432.00	(\$48.00)	
12/7/2024	Clint Aslin	7am - 7am	24	0	\$ 16.00	\$384.00	\$20.50	\$492.00	(\$108.00)	
12/8/2024	Brady Kirkgard	7am - 7am	24	0	\$ 16.00	\$384.00	\$20.00	\$480.00	(\$96.00)	
12/9/2024	Boyd Abshire	7am - 7am	24	0	\$ 16.00	\$384.00	\$17.00	\$408.00	(\$24.00)	
12/10/2024	Austin Isaacks	7am - 5am	22	0	\$ 16.00	\$352.00	\$16.00	\$352.00	\$0.00	
12/11/2024	Carolyn Hurych	6am - 7am	1	0	\$ 16.00	\$16.00	\$17.50	\$17.50	(\$1.50)	
12/11/2024	Brad Eads	7am - 7am	24	0	\$ 16.00	\$384.00	\$20.00	\$480.00	(\$96.00)	
12/12/2024	Amanda Harpst	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/13/2024	Andrew Broussard	7am	23.5	0	\$ 16.00	\$376.00	\$18.00	\$423.00	(\$47.00)	
12/14/2024	Lori Peine	7am - 7am	24	0	\$ 16.00	\$384.00	\$15.00	\$360.00	\$24.00	
12/15/2024	Mark Matak	7am	23.5	0	\$ 16.00	\$376.00	\$17.00	\$399.50	(\$23.50)	
12/16/2024	Nicole Treto	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/17/2024	Haley Brandin	12pm	5	0	\$ 16.00	\$80.00	\$16.00	\$80.00	\$0.00	
12/17/2024	Kayla Blackwell	7pm - 7am	12	0	\$ 16.00	\$192.00	\$15.00	\$180.00	\$12.00	
12/18/2024	Brad Eads	12pm	5	0	\$ 16.00	\$80.00	\$20.00	\$100.00	(\$20.00)	
12/18/2024	Ron Nichols	2pm - 7am	17	0	\$ 16.00	\$272.00	\$21.00	\$357.00	(\$85.00)	
12/19/2024	Amanda Harpst	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/20/2024	Joshua Wahleitner	4am	20.5	0	\$ 16.00	\$328.00	\$30.00	\$615.00	(\$287.00)	
12/21/2024	Kayla Blackwell	7am - 7am	24	0	\$ 16.00	\$384.00	\$15.00	\$360.00	\$24.00	
12/22/2024	Andrew Broussard	8am - 7am	23	0	\$ 16.00	\$368.00	\$18.00	\$414.00	(\$46.00)	
12/23/2024	Ruthanne Broussard	7am - 7am	24	0	\$ 16.00	\$384.00	\$15.00	\$360.00	\$24.00	
12/24/2024	Nicole Treto	8am - 7am	23	0	\$ 16.00	\$368.00	\$16.00	\$368.00	\$0.00	
12/25/2024	Brad Eads	7am - 7am	24	0	\$ 16.00	\$384.00	\$20.00	\$480.00	(\$96.00)	
12/26/2024	Amanda Harpst	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/27/2024	Andrew Broussard	7am - 7am	23	0	\$ 16.00	\$368.00	\$18.00	\$414.00	(\$46.00)	
12/28/2024	Haley Brandin	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/29/2024	Lori Peine	7am - 7am	24	0	\$ 16.00	\$384.00	\$15.00	\$360.00	\$24.00	
12/30/2024	Austin Isaacks	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
12/31/2024	Nicole Treto	7am - 7am	24	0	\$ 16.00	\$384.00	\$16.00	\$384.00	\$0.00	
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>						<b>\$10,856.00</b>	<b>Avg (Pr Hr)</b>	<b>\$17.56</b>	<b>\$11,868.00</b>	<b>DEFICIT (\$1,012.00)</b>

**WSVEMS REPORT STATUS  
CURRENT MONTH 2023**

Report Criteria	RECEIVED & CORRECT	Comments
<b>By the fifth (5th) business day of the month, the Recipient agrees to submit a report including the following:</b>	YES	Report and Payroll records were received by 01.11.24.
<b>1. Payroll Statement:</b>		
a. Transport Ambulance operators' names	YES	All names were provided.
b. Dates and time spent during the Payroll Statement period operating the Transport Ambulance for each operator	YES	Dates & times were provided.
c. Payment amounts owed to each employee	YES	Payroll amounts and supporting records were provided.
d. Total payment summary to the District for the prior month's services.	YES	Payroll summary was provided.
<b>2. Monthly Transport Activities Report</b>		
a. Number of calls made in the month using the Transport Ambulance	YES	Number of calls made (7 out of 7) were reported.
b. Amount invoiced to any third parties for the calls	YES	Amounts billed to 3rd parties was provided.
c. Year to date funds paid by third parties for the Transport Ambulance services	YES	YTD 3rd party payment amounts were provided.
d. Year to date staffing expenses for the additional EMT Basic position	YES	YTD Staffing expenses for the additional staff member funded by the District were provided.
e. Any other information reasonably requested by the District that may be helpful, including transfers delayed because operators were operating the ALS ambulance.	N/A	No additional documentation was requested.
<b>3. December 14, 2022 Six Month Requests:</b>		
a. The WSVEMS will enter into an agreement with Hospital to provide transport services on an expedited basis; or provide proof that the WSVEMS has made a good faith attempt to secure an agreement.	YES	This requirement has been completed successfully.
b. The District's funds shall not be used for overtime.	YES	Supporting documents were provided to show no overtime was paid with the District's money.
c. WSVESM shall implement a payment system for employees as required by the grant agreement.	YES	The appropriate payment sytem has been implemented and is being used according to the grant agreement.
d. The WSVEMS shall operate on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff so as to ensure that the District's funds were being used to only pay for the transport ambulance staff as required in grant agreement.	YES	Documentation showed WSVEMS had 4 full-time staff on duty for the month.
e. The WSVEMS agrees to provide proof that they were billing timely for the transport ambulance because the WSVEMS's current collection rate was only twenty-one percent (21%).	YES	Report of timely biling was provided - Average days from Date of Service to billed charges is 16 days.
f. The WSVEMS shall timely provide completed reports without the District's staff having to assist with preparing the reports.	YES	The Dec 2023 monthly report was provided as completed according to grant requirements with no assistance from the WSHD Staff.

**Marcelous Williams Resource Center  
Year 2023 Report**

 <b>Marcelous Williams Resource Center</b> 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	Dec-23	YTD DATE	
<b>YTD WSHD REFERRALS</b>	0	2	0	4	2	0	0	0	0	0	0	0	8	
YTD Indigent Care (Medical, Dental & Vision)	0	2	0	3	2	0	0	0	0	0	0	0	7	
YIU Prescription Assistance	0	0	0	1	0	0	0	0	0	0	0	0	1	
YIU Youth Counseling	0	0	0	0	0	0	0	0	0	0	0	0	0	
YIU Irlen Syndrome Services	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>YTD OTHER REFERRALS</b>	2	10	4	4	7	8	7	5	2	1	0	2	52	
YIU Gift of Life	0	0	0	0	0	0	0	0	0	0	0	0	0	
YIU Work in Texas (Texas Workforce Commission)	0	0	0	0	0	0	0	0	0	0	0	0	0	
YIU Chambers County Indigent or OmniPoint FQHC	0	0	0	0	0	0	0	0	0	0	0	0	0	
YIU Chambers County Indigent Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	
YIU Transportation	0	1	0	0	0	0	0	0	0	0	0	0	1	
YIU Medical Services (Other than Indigent)	0	2	0	0	1	1	1	0	0	0	0	0	5	
YIU G.E.I.-C.A.P.	0	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	2	46	
<b>YTD APPLICATIONS INITIATED/PROCESSED</b>	29	26	24	21	28	21	23	40	45	19	31	27	334	
YTD WSHD Indigent Care	0	0	0	1	3	0	0	0	0	0	0	0	4	
YTD Prescription Assistance	0	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	6	60	
YTD Medicare Savings Program	1	1	0	0	2	0	0	1	1	0	2	0	8	
YTD Medicaid	2	2	2	0	0	4	3	7	6	4	9	8	47	
YTD Food Stamps	17	19	18	13	15	11	14	16	28	8	18	13	190	
YTD Home Repair	0	0	1	0	3	2	2	1	1	0	0	0	10	
YTD G.E.I.-C.A.P.	3	0	1	1	2	0	0	4	2	1	1	0	15	
<b>YTD CLIENTS SERVED</b>	21	27	24	19	20	24	30	41	40	19	24	23	312	
YTD WSHD Clients	19	21	23	18	18	23	29	41	40	19	23	23	297	
YTD Chambers County Residents	0	0	1	1	2	0	1	0	0	0	0	0	5	
YTD Other County Residents	2	6	0	0	0	0	0	0	0	0	1	0	9	
<b>YTD OFFICE SUPPLIES EXPENSES</b>	\$1,964.24	\$544.54	\$431.67	\$790.92	\$701.42	\$534.93	\$238.35	\$407.66	\$580.91	\$391.40	\$586.78	\$273.69	\$7,466.51	
<b>YTD STAFFING EXPENSES</b>	\$3,984.31	\$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	\$3,190.10	\$50,746.49	
<b>YTD GRANT AMOUNT SPENT OF TOTAL</b>	\$57,742.00	\$5,948.25	\$4,528.65	\$4,525.83	\$4,044.04	\$7,122.25	\$8,226.05	\$5,705.01	\$5,833.63	\$4,152.95	\$3,593.48	\$3,138.86	\$3,463.73	\$58,193.00
<b>YTD GRANT BALANCE REMAINING OF</b>	\$51,793.65	\$4,265.00	\$429,29.17	\$38,885.13	\$31,762.88	\$25,436.82	\$19,731.81	\$13,898.12	\$9,746.13	\$6,151.65	\$3,012.79	-\$451.00	-\$451.00	
<b>OUTREACH ACTIVITIES/EVENTS ATTENDED</b>	0	0	9	3	2	1	1	1	1	2	2	1	23	

Dec-23													
MONTHLY REFERRALS & APPLICATIONS REPORT													
CLIENT DETAILS				PROGRAM(S) CLIENT REFERRED TO				APPLICATION(S) INITIATED WITH CLIENT					
DATE	SPEAK CLIENT Enter "R"	Client Identifier Client Name: Example: Sml, J OR For Repeat Clients:	Residence Winnie Stowell Hosp Dist	WSHD Indigent Care	WSHD Youth Counseling	Work in Texas	Misc. MWRC Available Services	Social Security: Disability, SSI, Retirement	Medicaid	Food Stamps			
12/1/2023	R	LEDC	X										X
12/1/2023	R	MUN,B	X				X						
12/4/2023	R	ARM,D	X					X					
12/4/2023	R	SMI,T	X										X
12/4/2023	R	PIC,C	X					X					
12/6/2023	R	MOO,R	X						X				X
12/6/2023	R	HAU,R	X										X
12/7/2023		BUR,T	X					X					
12/8/2023	R	HYAP	X										X
12/8/2023	R	AVI,M	X						X				
12/8/2023	R	SCH,C	X										X
12/11/2023	R	WHIA	X						X				X
12/11/2023	R	AVI,M	X						X				
12/11/2023	R	MEN,P	X				X		X				X
12/11/2023	R	MEN,J	X					X					
12/14/2023	R	WHIA	X										X
12/14/2023	R	BAN,B	X					X					
12/14/2023	R	AVI,M	X						X				
12/20/2023	R	DIER	X										X
12/21/2023	R	ZUN,M	X						X				X
12/27/2023	R	PER,D	X					X					X
12/28/2023	R	SMI,T	X										X
12/29/2023	R	MOAV	X					X					
<b>23</b>	(21.00)		<b>0</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>8</b>	<b>13</b>		

12/2023 OFFICE SUPPLY EXPENSES INCURRED		
DATE	EXPENSE DESCRIPTION	SAMOUNT SPENT
2023-12-04	Web/800 Services	\$66.50
2023-12-20	Stamps/Myfax	\$67.19
2023-12-04	T Mobile	\$140.00
<b>TOTAL OFFICE EXPENSE FOR THE MONTH</b>		<b>\$273.69</b>

12/1/2023 MONTHLY EMPLOYEE SCHEDULE & PAYROLL		
DATE		PAYROLL AMOUNT
12/15/2023	Payroll Payments	\$1,276.04
12/29/2023	Payroll Payments	\$1,276.04
12/29/2023	Resigned (Teresa Sanchez) Period of January 3 thru 5th	\$638.02
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>		<b>\$3,190.10</b>

# **Exhibit “C”**





Administrator: John Hass

Copperas Cove LTC is licensed for 123 beds and their current census is 65. The facility has two admissions planned for today, and no anticipated discharges.

There have been a few new hires and departures. The facility is recruiting 3 day-shift CNAs. The newly added day CNA to their skilled hall has been working well and the hall is prepared for census growth. The added CNA is helping keep grievances and issues down in that hall.

The state has not been back to the facility recently. The facility submitted a self-report regarding a resident-to resident issue. The facility made a medication adjustment and there have been no further issues with either resident. The facility has in-serviced staff on its abuse & neglect policy and reporting policy.

The facility has leveraged some programs which have made communication and data analysis more effective. They utilize a scheduling tool called Valid Shift which can send in-service messages to staff. Valid Shift also tracks PPDs and has been a good service for the facility. They still use DataIQ as well which allows the administrator to have a more in-depth look at labor, census, rates, and revenue.

Copperas Cove LTC has maintained a 1-star rating overall. They still have a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 2-star rating in Quality Measures.

The performance improvement plans at the facility are ongoing. They have decreased the number of UTIs to 1, and there are no longer any pressure injuries in the facility. DripIV has still been an effective tool to provide additional hydration and supplemental nutrition to residents as needed. The facility's therapy department works well to meet all therapy needs of their residents.

There have not been any trends or major grievances over the last month.

The facility will be hosting a Christmas party for the residents tomorrow during the day. Resident's families are invited, and residents will participate in a gift exchange. They have recently had a group of kids volunteer and visit the facility to sing and dance for the residents. There will be a staff Christmas party on Wednesday.

There are no major purchases pending right now. The facility's owner has approved ordering some new laptops and computers to be used at the facility.

The administrator believes Copperas Cove LTC will have growth in its census and star ratings next year. The facility has worked hard to establish a good foundation upon which they can steadily grow.

Administrator: Dennis Horsch

Winnie L LTC is licensed for 105 beds and its current census is 45. The facility has two scheduled admissions for later this afternoon.

Staffing is great on the night shift. The day shift has three nurse positions open. There is a nurse working a special schedule for the time being. Once the facility has filled two of the three openings, this nurse will take the third shift. The staff at the facility are picking up additional shifts through the holiday season and the facility is not operating short.

The state visited the facility to clear the self-report submitted last month regarding the hairline fracture. The investigation was unsubstantiated. The facility has not submitted any other self-reports. The facility is in its fullbook window.

Winnie L LTC is currently rated a 1-star overall. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 1-star rating in Quality Measures.

The facility is still focusing on its performance improvement plans for anti-psychotics and falls. The facility has a corporate nurse who is working with the facility's DON on these programs to make sure they are effective. The facility tries drug reductions where possible as it works closely with its physician partners. The facility is trying several interventions to improve fall rates including floor mat utilization, activity department involvement, and building a strong toileting program. The facility works hard to personalize interventions and create solutions most likely to be effective for the individual. The facility's staff help come up with some creative interventions for the residents.

There is no COVID in the facility at this time. There have been reports of upper respiratory infections going around in the area, but there are none in the facility at this time.

There are no major grievances or trends at this time. Every family member has the administrator's cell phone number, and they are welcome to contact him directly at any time.

Last weekend a power line went down about a mile away from the facility. The facility lost power for about four hours. The generator kicked on and worked great to supply the facility with power. The maintenance department at the facility will be putting in new floor pieces throughout the facility where needed.

Interim Administrator: Dylan Gadberry

Dylan the administrator reported he is still serving at Crowley Nursing and Rehabilitation in an interim administrator capacity. He expects a new administrator to start at Crowley Nursing and Rehabilitation next month in January.

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 99. The facility is exceeding its target census of 94.

The facility is recruiting 1 double weekend CMA. All other positions are filled at this time. The facility is considering recruiting another nurse for the secure unit's evening shift.

The state visited the facility to investigate a self-report. There were no citations issued during this visit. The facility has submitted a new self-report due to a transfer with therapy staff resulting in a patient getting a laceration. The facility has done training and in-servicing with those involved as well as other staff members.

Crowley Nursing and Rehabilitation increased to a 3-star rating in both its overall and Health Inspections star ratings. The facility still has a 1-star rating in Staffing, and a 5-star rating in Quality Measures. The facility has seen an increase in referrals due to the star rating increases.

There is no COVID in the facility at this time.

Discussed the facility's recent grievances and reporting process. The administrator saw a small increase in grievances when its census first increased, and the facility adjusted staffing to match the increased census.

Administrator: Jace Morris

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 94 with 28 skilled. With its current setup, the facility has room for another 3-4 skilled patients and about six more long-term care residents.

Staffing is going well at Green Oaks. The facility needs two 2-10PM nurses, but all other nursing positions are filled. The facility has some great CNA candidates and should have all CNA vacancies filled.

Earlier this month, the state entered the facility to conduct its fullbook survey. The facility has received the 2567 for its health survey but is still waiting on the 2567 from its life safety survey. The facility has submitted one new self-report due to a new COVID positive case.

Green Oaks Nursing & Rehabilitation has remained a 1-star rating overall. It still has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

Performance improvement plans are ongoing at the facility. The facility has recently hired a new wound care nurse which should lead to great improvements in wounds. The facility has already had two in-house wounds resolve.

Discussed recent grievances and reporting process at the facility. Recent grievances have been addressed immediately and resolved. Some opportunities have included meal portion sizes. The facility has ensured dietary orders are being followed, and portion sizes are appropriate. The facility also discusses grievances in the morning meeting to ensure resolutions are still in place and being monitored. Grievances and allegations or complaints are reported immediately.

The facility is still waiting on parts in order to fix the issue with the fire alarm falsely triggering.

Administrator: Ben Falls

The new administrator, Ben Falls, began serving as the administrator of Hewitt Nursing and Rehabilitation on December 4.

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 72. The facility has 2 planned discharges and is working several referrals. The new administrator hopes to see better conversion of short-term rehab patients converting to long-term residents where appropriate. He would like to establish a strong long-term care resident base in the facility's census.

The facility's biggest staffing needs are for 3 CNA vacancies on the 2PM-10PM shift. The facility is staffed well on all other shifts and its employed nurses are in good shape. The facility utilized some agency recently to help cover through the holiday season, but largely covered staffing vacancies with its own full-time and PRN staff. The facility has good candidates coming through indeed.

The administrator reported there were vacancies in the social worker and business office manager positions. Both of these positions have candidates who have accepted employment offers and will be starting employment at the facility the first week of January.

The state has not been out to visit the facility over the last several weeks. The facility is in its fullbook window and is expecting a visit from the state at any time. The facility has submitted 3 self-reports this month. The self-reports include a fall with injury, a COVID positive staff member, and an allegation of abuse which was internally unconfirmed. The administrator stated he is submitting a new self-report today regarding a new allegation of abuse. The facility has started its internal investigation of the allegation. Discussed the facility's approach when allegations of abuse or neglect are made. The facility interviews residents and family members involved in the incident, identify and remove alleged perpetrators from the work schedule, conduct safe surveys, complete risk management incident reports on involved residents (skin and pain assessments), increase monitoring for 72 hours, and in-service staff on polices related to the self-report.

Hewitt Nursing and Rehabilitation has maintained its 3-star rating overall. The facility still has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

The facility has performance improvement plans ongoing for falls and wound care & skin assessments. The facility has identified some opportunities to improve its outcomes and is monitoring these systems.

There is currently 1 staff member positive with COVID. There is also 1 resident who was admitted to the facility as COVID positive. No other staff or residents have tested positive at this time.

The facility is looking to buy or lease a new facility van sometime next year. The facility's bus is out of service and the facility has been renting a van for transportation.

Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 80. The census has been steadily improving and its skilled mix has been in the low 20s. The facility has increased the number of long-term care residents which is increasing its average daily census. The facility's target census is 79.

Staffing is still going well at the facility. They are recruiting 3 CNAs, and 1 CMA. The facility has a candidate who may take the CMA opening once they take their test to become certified. The CNAs they are recruiting will fill roles to support their continual census growth. They have 2 nurses coming onboard who have started orientation.

The state hasn't been out to the facility recently. They have not submitted any new self-reports lately.

The facility has grievances every now and then, but they address and resolve them promptly. There have not been any trends in grievances. Dietary used to have some issues and was often a source of grievances from residents. The facility has a new dietary manager who was struggling in the role but has taken feedback well and made necessary changes to the department. The facility has successfully built a strong dietary team and have greatly improved the quality, appearance, and timeliness of meal service in the facility.

They are still working on designating three rooms as surgical suites for residents admitting post-surgery. They have been in communication with a physician about starting cardiac consultations and they hope to have this in motion sometime early 2024.

There is no COVID in the facility at this time.

They have replaced roughly 75% of the door signs throughout the facility. They continue to do touch up painting where needed as well.

The facility will hold Christmas parties for staff and residents next week. They have received a lot of compliments on the decorations and environment in the facility. They've been in touch with a local quilting guild who brought in 40 handmade lap quilts for residents. They've also worked with a church that came to set up a shopping experience for residents to each pick three gifts. A volunteer group came and did a puppet show as entertainment for the residents. All these new activities and events were well received, and they hope to be able to do these things more often in the future.

The press release went out about the Bronze Award the facility received. They are looking into publishing the message in some magazines too.

Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 95 with 18 skilled patients. The facility is near its target census of 93 and 16 skilled.

Staffing has seen further improvements month over month. The facility has hired some CNAs. It is still recruiting one med aide and four CNAs.

The state has not returned to visit the facility this month. The facility received confirmation its POC from October was accepted. The facility is submitting one new self-report for a new COVID positive employee. Another self-report was submitted in the 2<sup>nd</sup> half of November for COVID. The facility has continued to work on previous grievances and complaints and is ensuring they are thoroughly resolved, and resolutions are ongoing. The family member reported on in last month's meeting has seen positive interventions and are in frequent communication with the facility.

Mission Nursing and Rehabilitation Center has maintained its 4-star rating overall. It still has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility has recently seen improvements in several PIPs which have now been completed. These include collections, increase in ADL help, and fall rate. The facility is working on a PIP to reduce the percentage of nosocomial infections. The facility is at 10% and is working to decrease that percentage to 8%.

As previously stated, one employee tested positive recently. Two more employees have tested positive since then. The facility is monitoring staff and residents as it manages this outbreak.

Discussed the facility's grievance process. Grievances have been manageable and are resolved quickly. Staff report grievances and complaints as required.

The facility is working on painting interior parts of the facility. A project for floor stripping and waxing has been started as well. The facility has a new schedule for a floor technician and the maintenance department to do floor stripping and waxing on resident hallways during nights. Once the hallways are complete, the project will extend to work in the dining room.

Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 84. The facility has a skilled mix of 20. The facility has one planned admission and one planned discharge. It is expecting census to grow in the new year.

Staffing has made great improvements. The CNA classes have been going well and have sourced staff to fill some of the previous vacancies. The facility is recruiting to fill one CNA opening.

The state visited the facility last week to investigate several self-reports. All investigations by the state were unsubstantiated. The facility has not submitted any new self-reports this month.

The facility has seen improvements in the outcomes of the PIP regarding anti-psychotic medication utilization. The facility is now measuring below the benchmark and will continue to monitor and strive for further improvement. The facility has seen a lot of success in this area through its efforts to partner with the medical director and pharmacy consultant. The facility is starting a new PIP to address falls amongst its short-term residents.

Stephenville Rehabilitation and Wellness Center has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures. The administrator is expecting a star rating improvement soon.

The administrator reported there have been recent grievances regarding dietary. The administrator is working with the facility's consultant registered dietician to make some menu adjustments and create more alternate meal options for residents. The state reviewed the dietary department during its visit last week and did not express any concerns.

There is no COVID in the facility at this time.

The facility is working with its corporate partners to finalize project details to work on its spa rooms next year. The facility is also planning to redo the flooring in parts of the facility including removing the carpet in the hallways. The facility also plans to be repainted next year.



Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 57. The facility has three residents in the hospital with one unpaid and two paid bed-holds. The facility is working three referrals and are planning for a patient to admit for a short respite stay. There are a handful of patients who re-admit to the facility as needed for short-term respite care.

Staffing is going well at the facility. Recruiting efforts are ongoing to fill two day-CNAs, one night-CNA, and one part-time night nurse. The facility covers staffing needs with current full-time and PRN staff. The facility has a very strong team and has never had to utilize agency staffing.

The state entered a few weeks ago and cleared all outstanding self-reports. The facility submitted one new self-report two weeks ago due to a fall. The resident who fell ended up getting sutures, but there was no fracture. The facility completed in-services for staff on abuse & neglect and fall preventions. The facility implemented new fall interventions for the affected resident and completed safe resident surveys. There were no complaints stated in any of the safe resident surveys. The facility's annual survey was conducted earlier this year in June, so there are still several months until the facility is in its fullbook window.

Pecan Bayou Nursing and Rehabilitation has maintained its 5-star rating overall. It still has a 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility has performance improvement plans ongoing for catheters and recruiting & retention. The facility is always monitoring and evaluating staffing and falls.

There is currently no COVID in the facility.

Grievances are addressed and resolved immediately. There have not been any trends in recent grievances.

The facility held its residents and staff Christmas parties earlier this month. The facility strives to routinely offer special activities and experiences for its residents throughout the year. It always makes a special effort to recognize and engage staff.

Administrator: Kristi Blackwell

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 77 with 25 skilled patients at this time. The facility has roughly ten discharges pending, but another twelve referrals are being worked for admission. The facility has had additional beds transferred to it effective this month.

There have been some challenges with staffing. The month of November had multiple nurse and CNA openings. The facility has hired a new talent and learning team member who will be helping improve staffing. The facility has been doing a hiring blitz and is down to vacancies for two nurses and 6 CNAs. The facility is working on behaviors and root causes resulting in staff departures. The administrator has identified some personnel issues and is addressing those. The facility is making sure it has the right people in the right positions. The facility is also looking to host a team building event next month and would like to continue them on a quarterly basis.

Stonegate Nursing and Rehabilitation has maintained a 2-star rating overall. It still has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures. The overall star rating is expected to increase in February.

The facility has been working on strengthening connections with referring hospitals. The DON has also been touring and meeting case managers in efforts to improve these relationships. Stonegate Nursing and Rehabilitation is working to be added to preferred provider and success stories lists with its referral sources. The facility also had an open house to show the newly opened 300 neighborhood. The event was very successful with many visitors.

The facility recently admitted some COVID positive residents. The facility's last internal outbreak was resolved.

Performance improvement plans are ongoing at the facility. The team is heavily focused on QMs and making sure MDSs are inclusive and correct. Some areas of focus include pressure ulcers, RTAs, falls, and supervision. The administrator is planning to have a physician dinner next month to discuss internal opportunities to improve supervision from physician partners.

Discussed the facility's grievance process. There were some trends with grievances on the night shift. After investigation, the administrator and DON made some personnel changes to address these issues. There has also been a major transition in the kitchen which has caused some late meals. The facility now has a new manager in training for the dietary department. The feedback from the recent resident council confirmed meal service has been improving recently. The facility is also doing test trays to audit quality of trays. The administrator plans to re-energize the ambassador program at the start of the new year.

The facility has a high rental bill each month. It is looking to purchase several of the items on the rental list to decrease the monthly rental expense.

Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 79. The facility's skilled census has been in the mid-20s recently and it intends to see further growth. The facility has 1 planned discharge today and it is reviewing two referrals. The facility's budgeted census will increase next year.

The facility has made some improvement in staffing and is now recruiting 5 CNAs and two double weekend positions. The five CNA openings are on the evening shift.

The state came to the facility last week to investigate a self-report regarding an allegation of abuse. The allegation was submitted in a self-report on 12/19, and separately the family member of the resident called the state to report as well. The allegation was unsubstantiated. There were two other self-reports submitted recently. Another regarding an allegation of abuse and a separate self-report regarding a resident falling with injury. The facility completed in-servicing on abuse & neglect polices. The administrator confirmed the facility's staff report immediately whenever they hear of an allegation of abuse. The facility also completed safe surveys with residents and nothing concerning was reported.

Cimarron Place Health & Rehabilitation Center has maintained its 5-star rating overall. The facility still has a 5-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility is still working on its performance improvement plan for anti-psychotic medication utilization. The pharmacy consultant is working with the facility's physicians to identify and implement changes for residents where appropriate. The facility has recently started a new PIP to address its RTA rate. The facility has had many RTAs this past month. The facility works well with its medical director and attending physicians. The physicians are supportive of the facility and strive to keep residents from being readmitted to the hospital wherever possible.

There is no COVID in the facility at this time.

Grievances are addressed promptly at the facility. Recently, there have been some grievances regarding customer service from a few of the facility's new nurses. The facility is working with these individuals and providing customer service training. The facility is monitoring to ensure these issues are resolved.

The facility has made some repairs to the fire system, but the project is not yet complete. The facility is requesting a new exercise bike for the therapy gym to replace the existing one. The administrator has also requested a remodel of the center area of the facility.

The administrator reported she will have an AIT at the facility sometime next year.

Administrator: Christopher (CJ) Cholico

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 70. The facility has two residents in the hospital and is working on four admissions.

Staffing is in good shape at Harbor Lakes Nursing and Rehabilitation Center. The facility is still recruiting a CMA, and it will be replacing a night nurse who recently turned in their notice. The team is still working through challenges with licensure and certification testing through TULIP.

The state came to the facility recently to investigate two self-reports. The investigation of both self-reports was found to be unsubstantiated.

The facility's performance improvement plans on anti-psychotic medication utilization and falls are still ongoing.

Harbor Lakes Nursing and Rehabilitation Center has maintained its 5-star rating overall. The facility has decreased to a 4-star rating in Health Inspections, but it is still a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility has two residents who were both admitted with COVID. No other staff or residents are COVID positive. The facility continues to offer education and awareness to staff and residents regarding vaccinations. The COVID vaccine has been provided to all staff and residents who wanted to participate.

Discussed the facility's recent grievances and reporting process. The facility has occasional grievances on showers, call lights, and meal service, but all are reported immediately and addressed. The team at Harbor Lakes Nursing and Rehabilitation Center does a great job reporting as required.

The mixing valve affecting hot water in the building has been resolved and is functioning properly. The facility's stakeholders visited recently and identified some projects to repair or update flex joints in halls, landscaping, trees, and the kitchen ceiling.

Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 103. The facility has one pending discharge, and two planned admissions coming today. There are three residents in the hospital, and they expect two to return to the facility soon.

Staffing is going well with no agency utilization. They have recently hired a CNA and are recruiting 1 nurse and 2 more CNAs.

The state entered for the facility's fullbook survey on November 29. They had an excellent survey with a deficiency free life safety survey. They received three deficiencies on their health survey related to male care, HIPPA, and dietary services. They haven't received the 2567 yet but expect to receive it later today. They have already been working on interventions for the deficiencies cited by the state surveyors. The facility submitted a self-report yesterday regarding a resident fall with injury. This resident ended up going to the hospital due to fracturing their leg.

Red Oak Health and Rehabilitation Center has maintained their overall 2-star rating. 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 facility at this time.

Residents and families will have a Christmas party on Wednesday. The staff will have a Christmas party next week as well.

There have been some grievances occasionally regarding the meals. The administrator spoke with their dietician earlier this week to ask about adjusting the menu to offer more variety in the scheduled meals. They have ordered insulated carts for meal service and are waiting for the delivery. This should also improve the meal service experience for residents. The facility also receives grievances sometimes regarding customer service. When people are identified, the administrator or designee will do a 1-on-1 meeting with the staff member who was named in the grievance. They also complete customer service skills training with staff. The facility in-services staff each month on abuse & neglect and misappropriation.

Administrator: Jackie Lowe

Jackie Lowe started as the new administrator of Silver Spring on December 4<sup>th</sup>.

Silver Spring is licensed for 120 beds and its current census is 87. The facility is exceeding its target census of 84.

Staffing has been in great shape, but the facility has begun to seek additional staff to meet the needs of its growing census. The facility has hired a new CMA and CNA.

The state has not been to out to visit the facility this month. No self-reports have been submitted this month either. Discussed the facility's process and expectations for reporting allegations and grievances. The new administrator reports the facility does well at reporting and escalating issues. The administrator has worked with many of the nurse managers and other members of the nursing team at another facility. This has helped the administrator to quickly ensure facility standards and expectations are appropriate and known by all staff.

Silver Spring has maintained its 2-star rating overall. The facility still has a 1-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

Most of the recent grievances have been from the facility's short-term residents. This was partly due to the need for increased staffing to meet the needs of the facility's higher census. The facility has been increasing staffing to address these needs and to ensure appropriate staffing levels are maintained. The administrator reported Silver Spring is also working hard with patients and their family members to set proper expectations and goals. The facility has plans in place to improve management of appointments for newly admitted patients. The facility is giving customer service in-services to refocus staff going into the new year. The administrator also plans to offer staff training on communication and customer service.

Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 81. They have two admissions expected to come this afternoon. They are also working on three referrals.

Staffing has improved since last month. They have filled several CNA openings and are interviewing a social worker candidate. They are recruiting for 1 CNA, 1 social worker, 1 evening LVN, and 1 double-weekend LVN. Michael confirmed the social work is still being successfully managed by their part-time and PRN social workers.

The state has not been back to the facility to visit. They submitted a new self-report last week regarding a fall with major injury. They have completed their internal investigation and in-serviced staff on abuse and neglect.

The performance improvement plans at the facility are still ongoing. CNA staffing is looking good with very little turnover. Generally, the facility only terms PRN staff who haven't worked in a long time. They are still working on their PIP for anti-anxiety and hypnotic utilization but are experiencing some challenges. They only have 3 residents on these medications now, and all three are not good candidates for GDRs. They have attempted GDRs before but weren't successful. The facility will keep pushing to find new alternatives that work for these residents. One alternative they are going to try soon is music therapy.

Gulf Pointe Plaza is maintaining its 5-star overall rating. They are still 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.

There has been one grievance recently, but it was quickly resolved. Discussed the facility's efforts to resolve grievances promptly and make sure their residents are heard.

The facility's Thanksgiving dinner went amazing. The residents and their family members all reported having a great experience. They will be having a Christmas party for residents and their families later today.

There are no capital projects at this time. The facility is working on buying some concentrators to replace the units they are renting. The facility is also looking at getting some new furniture to put in one of their underutilized halls. As they furnish the hall and have available staff, they plan to increase the census on this hall.

Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and their current census is 88. Their census managed to reach the 90s for a week, but some discharges last weekend brought them back to the 80s. They currently have 27 skilled patients. In the month of November, they had 64 admissions. They have about 8 referrals they are working on for admission.

The facility is recruiting for 6 CNA openings. They are still seeking 1 med aide, 1 admission nurse, 1 2-10 nurse, and 1 double-weekend nurse. They continue to manage coverage needs with PRN and full-time staff.

The state has not visited the facility over the last several weeks. They submitted 1 self-report yesterday since a staff member tested positive for COVID.

Their performance improvement plans are still ongoing and being monitored routinely. They have not had any recent falls with injury.

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.

Discussed grievances in the facility. There are no trends in grievances, nor any alarming reports. Grievances are addressed timely and brought to an appropriate resolution.

Arbrook Plaza is continuing its in-house projects to update 3 rooms at a time. They have also ordered 5 new beds for some of the resident rooms.





Administrator: Drew Gurley

Treviso Transitional Care Center is licensed for 140 beds and its current census is 63. The facility has three admissions planned for today.

The new Director of Nursing started employment earlier this month. The facility has made significant strides in hiring great people to fill nearly all of the nursing and CNA vacancies. The facility has two remaining day-shift nurse positions.

The state is in the facility today to investigate two complaints and five incidents. The IJs from last month have been cleared, and the facility's change of ownership has been processed and accepted. The facility is preparing for its fullbook survey and will enter its window in February of next year.

Treviso Transitional Care Center has maintained a 2-star overall rating. The facility still has a 2-star rating in Health Inspections, a 1-star rating in Staffing and a 5-star rating in Quality Measures.

The facility has a great process for reporting grievances and allegations. The staff do a good job reporting through the proper channels as required. Grievances are addressed promptly.

The facility does not have any new capital projects planned. The facility recently replaced a water heater which had gone out of commission.

Administrator: Dylan Gadberry

Dylan Gadberry is the new administrator of Forum Parkway Health & Rehabilitation.

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 94.

The administrator has been working hard to ensure staffing levels are appropriate in the facility. There were concerns staffing was negatively affecting showers and falls in the facility. The facility assigned a shower aide and added an additional CNA on the skilled side of the building. The facility has already seen improvements in falls. The facility has openings on double weekend shifts. The facility is looking into implementing the Baylor plan to incentivize good staff to work double weekends at the facility. The administrator expects these efforts to also reduce overtime.

The facility had its fullbook survey this week and federal surveyors also attended to investigate. The facility's intakes and complaints which were investigated at this time were unsubstantiated. There were eight potential tags in seven categories including: resident rights, comprehensive resident centered care plans, quality of care, pharmacy services, food services, quality of life, and infection control. The facility will begin addressing the feedback and opportunities presented to them while they await receipt of the 2567.

There is one staff member out with COVID at this time. No residents are COVID positive.

Forum Parkway Health & Rehabilitation has maintained a 5-star rating overall. It still has a 5-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures.

The administrator plans on starting several new performance improvement plans at the facility to address opportunities from its recent state survey.

The facility is planning to have a gas valve replaced soon. It is also planning some painting projects as needed.

Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and its current census is 85. The facility had three discharges over Christmas weekend. It has one new admission planned and another two residents returning from the hospital soon. There are no planned discharges at this time.

Staffing is going well as the facility has recently hired several new nurses who are currently in orientation. There are still a few CNA openings on the 2-10PM shift. The facility's department heads cover any shift vacancies as needed and the facility does not utilize agency staffing.

The facility received the 2567 from this year's fullbook survey. The facility submitted its POCs for both health and life safety surveys. The state has not been back to the facility for any visits over the last month. The facility has submitted a new self-report regarding a fall with fracture. The facility has in-serviced staff on monitoring, and the resident who fell has been placed on 15-minute checks. The resident is also working with therapy. All prior self-reports have been cleared.

The Villa at Texarkana has maintained a 1-star rating overall. The facility still has a 1-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures.

The facility has three new positive COVID cases, all contained on its secure unit. The facility monitors patients and staff. The facility is also working with an epidemiologist. The facility will also be submitting a new self-report due to the new COVID cases.

Discussed the facilities reporting and grievance processes. The facility has a great reporting structure wherein staff report grievances and allegations immediately. The facility works with the ombudsman when dealing with difficult issues from patients or the patients' family members.

The facility is making general updates as needed in the facility on flooring, painting, lighting, and updating fixtures. The facility received a new van last year, and a new parking lot the year before. The facility is not expecting any major capital projects in 2024 at this time.

Administrator: Teresa Parker  
DON: Jessica Says, RN  
Keesha Euretha Wagner, MDS

### **FACILITY INFORMATION**

Spindletop Hill is a licensed 148- bed facility with an overall star rating of 1 and a rating of 3 stars in Quality Measures. The facility met all 4 components for QIPP quarter 3. Census on the given day of call was 93. Private Pay 7; Medicare 1; HMO 5; Medicaid 61 + 8 pending; Hospice 9 and Memory Care 22.

The QIPP site visit was conducted over the phone. The Administrator, and DON were on the call and reported the facility is currently in a COVID\_19 outbreak with 1 staff member (retest Sunday). The Administrator reports the facility does have a local pharmacy that will come and do the COVID vaccine clinics. The Administrator stated the residents COVID\_19 vaccination rate is at 50% (0% fully) and 55.5% of staff have been vaccinated (0% fully) and this information is reported to NSHN weekly.

The facility celebrated Thanksgiving with a big meal that included families and they had their Christmas party last week that was a great success.

The Administrator reports the facility celebrates monthly birthdays and Employee of the Month and continues with a recognition program when anyone is seen providing above and beyond care. Spindletop Hill is currently not using an agency for staffing. The facility held their staff Christmas party off site over the weekend and it was a good turnout.

### **EDUCATION PROVIDED**

Trama 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.

Self-Reports – Make sure all your self-reports, especially those that are still pending review from the state, have all documentation and interventions completed.

MDS Assessments – make sure when resident has a change (UTI or pressure ulcer healed, etc.) that new assessments are completed when indicated.

### **SURVEY INFORMATION**

The facility had state visits on: 9/6 – to clear IJs – cleared; 9/27 – 9/28 - Complaint survey unsubstantiated; 11/27 - OIG – in process; 11/27 – 11/30 – offsite review for self-reports and complaint – unsubstantiated no deficiencies.

### **REPORTABLE INCIDENTS**

**Sept/Oct/Nov 2023: Sept.** – Neglect X 2, Res. To Res X 2; Exploitation; **Oct.** – Res. To Res., Fall w/injury; **Nov.** -Fall w/injury

**CLINICAL TRENDING**

**Incidents/Falls:**

During **Sept/Oct/Nov 2023**, Spindletop Hill had 107 total falls without injury (93 repeat) and 14 falls with injury, 1 Fracture, 3 Skin Tears, 0 Elopements, 5 Bruises, 4 Lacerations, and 15 Behaviors.

**Infection Control:**

Spindletop Hill reported 23 infections during **Sept/Oct/Nov 2023** of which 12 were UTI's, 7 Respiratory infections, 0 EENT infections, 4 wound infections, 0 Blood infections, 0 GI infections, 0 Genital infection and 2 Other infections.

**Weight loss:**

**Sept/Oct/Nov 2023**, Spindletop Hill had 14 residents with 5-10% weight loss in 1 month and 14 with >10% weight loss in 6 months. PIP in place.

**Pressure Ulcers:**

**Sept/Oct/Nov 2023**, Spindletop Hill reported 21 residents with pressure ulcers with 22 sites, 20 of them facility acquired. PIP in place.

**Restraints:**

Spindletop Hill does not use side rails or restraints.

**Staffing:**

**QA STAFFING COMPONENT COMPLETE?**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	2	1	0	0
2 to 10	0	0	2	1	1 prn	0
10 to 6	0	0	1	0	0	0
Other	2 MA	2 PRN Hospitality	1 SW	1 MR/Central	0	0
# Hired this month	1 RN	0	3	1	0	0
# Quit/Fired	0	2 PRN	13	0	0	0

Total number employees: 108 Turnover rate%: 13.88

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	
Fall w/Major Injury (L)	2.3%	3.6%	3.5%	
UTI (L) *	0%	1.2%	2.3%	
High risk with pressure ulcers (L) *	7.4%	7.4%	8.5%	
Loss of Bowel/Bladder Control(L)	63.6%	54.3%	49.1%	
Catheter(L)	1.5%	1.4%	1.5%	
Physical restraint(L)	0%	0.0%	0.1%	
Increased ADL Assistance(L)	14.3%	16.5%	14.0%	

Excessive Weight Loss(L)	6.8%	4.5%	5.9%	
Depressive symptoms(L)	0.0%	5.4%	9.3%	
Antipsychotic medication (L) *	10.8%	9.1%	14.8%	Annual QIPP PIP

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

# of GDR ATTEMPTS in the month: How many successful?

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

# of Antidepressants (attempts 2 successful 1 failed 1)

# of Antipsychotic (attempts 5 successful 5 failed 0)

# of Sedatives (attempts 0 successful 0 failed 0)

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

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

Sept. 12 grievances, Oct 13 grievances, Nov. 9 grievances and all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** None

**ACTIVITIES: PIP/CONCERNS:** None

**DIETARY: PIP/CONCERNS:** Dietary Supervisor – new supervisor 10/16/23.

**ENVIRONMENTAL SERVICES: PIP/CONCERNS:** None

**MAINTENANCE: PIP/CONCERNS:** None

**MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS:** New medical records to start 1/4/24

**MDS: PIPS/CONCERNS:** None

**QIPP MEASURES**

**Component 1**

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

QAPI Meeting dates of submission (owner/operator involvement evident)	9/19/2023, 10/10/2023, 11/14/2023	Submitted 20 <sup>th</sup> of each month
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**Component 2**

<b>Indicator</b>	<b>Benchmark</b>	<b>Comments</b>
<b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>	<b>Met Y/N</b>	
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?	N	No ADON for Sept/Oct
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	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"> <li>8 additional hours non-concurrently scheduled?</li> </ul>	N	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>	N	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>	Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Y	
<ul style="list-style-type: none"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>	N	
<ul style="list-style-type: none"> <li>PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:               <ul style="list-style-type: none"> <li>During the first reporting period?</li> <li>Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>PIP for retention and recruitment is current:</li> <li><b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>	Y  Y  Y  Y	Retention is PIP charter 2

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
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Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	8.4%	10.5%	6.9%	Y	
Percent of residents who received an anti-psychotic medication	14.4%	14.64%	4.9%	Y	
Percent of residents whose ability to move independently has worsened	23.6%	18.04%	8.3%	Y	
Percent of residents with urinary tract infection	0.9%	2.5%	0.0%	Y	

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

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



➤ Current list of reportable diseases	Yes				
<b>Quarter 2</b> ➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. ➤ Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period) <b>**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS</b>					Administrator will have to retake
<b>Quarter 3</b> ➤ 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					
<b>Quarter 4</b> Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	National 93.84%	Baseline %	Results %	Met Y/N	



Spindletop Hill  
1020 S. 23rd Beaumont, TX 77707  
12-18-2023

Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	%		
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Acting Administrator: David Bilbo, LNFA  
DON: Belencia Wallace, RN  
ADON: Amanda Doddoli, LVN

### **FACILITY INFORMATION**

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 1 and a rating of 4 stars in Quality Measures. Census given was 145: 1 PP; 13 MC; 76 MDC; 9 HMO; 6 Hospice; 18 VA; and 17 Memory Care.

The QIPP site visit was conducted over the phone with the ADON. The ADON reports the facility does have a CNA classes, and a new one to start at the beginning of the new year.

The ADON reports the facility is currently in a COVID\_19 outbreak with 19 residents and 2 staff members. The ADON reported they should be clear after Christmas. The facility is offering the bivalent vaccine and working on providing another clinic soon. Resident COVID\_19 vaccination rate was unavailable, and this information is reported to NSHN weekly.

The facility celebrated Thanksgiving with families and residents, and they had their resident Christmas party yesterday that also included family and live music.

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

### **EDUCATION PROVIDED**

Trama 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.

Self-Reports – Make sure all your self-reports, especially those that are still pending review from the state, have all documentation and interventions completed.

MDS Assessments – make sure when resident has a change (UTI or pressure ulcer healed, etc.) that new assessments are completed when indicated.

### **SURVEY INFORMATION**

The facility had state visits recently to clear self-reports and all cleared with no citations.

### **REPORTABLE INCIDENTS**

During **June/July/Aug 2023** -information not provided

### **CLINICAL TRENDING**

*Incidents/Falls:*

During **June/July/Aug 2023**- Information not provided

**Infection Control:**

The Woodlands reported – Information not provided

**Weight loss:**

**June/July/Aug 2023**, -Information not provided

**Pressure Ulcers:**

**June/July/Aug 2023**, -Information not provided

**Restraints:**

The Woodlands does not use side rails or restraints.

**Staffing:** Information not provided

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

**Total number employees:** \_\_\_ **Turnover rate%:** \_

**CASPER REPORT** - Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	Information not provided
Fall w/Major Injury (L)	%	%	%	
UTI (L) *	%	%	%	
High risk with pressure ulcers (L) *	%	%	%	
Loss of Bowel/Bladder Control(L)	%	%	%	
Catheter(L)	%	%	%	
Physical restraint(L)	%	0%	%	
Increased ADL Assistance(L)	%	%	%	
Excessive Weight Loss(L)	%	%	%	
Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L) *	%	%	%	

### QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	Y	Dates & PIP not provided

### Component 2

<b>Indicator</b> <b><u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u></b>	<b>Benchmark</b> <b>Met Y/N</b>	<b>Comments</b>
Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?		Information not provided
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>		
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?		
<ul style="list-style-type: none"> <li>8 additional hours non-concurrency scheduled?</li> </ul>		
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>		
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>		
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?		
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"> <li>Was Workforce Development data submitted q month to QIPP during the quarter?</li> </ul>		
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>		

<ul style="list-style-type: none"> <li>• PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention:             <ul style="list-style-type: none"> <li>○ During the first reporting period?</li> <li>○ Subsequently reported outcomes related to the plan throughout the eligibility period?</li> <li>○ Discuss RCA for turnover: Has anything changed from the original RCA?</li> <li>○ PIP for retention and recruitment is current:</li> <li>○ <b>NEW Retention efforts updated on Current PIP</b></li> </ul> </li> </ul>		
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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	%	%	%		Information not provided
Percent of residents who received an anti-psychotic medication	%	%	%		
Percent of residents whose ability to move independently has worsened	%	%	%		
Percent of residents with urinary tract infection	%	%	%		

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

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

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

<p>within the last six months</p> <ul style="list-style-type: none"> <li>➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)</li> <li>➤ Audits (monitors and documents) of adherence to hand hygiene</li> <li>➤ Audits (monitors and documents) of adherence to personal protective equipment use</li> <li>➤ Current list of reportable diseases</li> </ul>					
Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
<b>Quarter 4</b>					
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.		93.85%	%	%	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine		96.07%	%	%	



# **Exhibit ‘D’**

	2023 YTD	2023 Original Budget	Budget (Amendment 1)
<b>Revenue</b>			
400 Sales Tax Revenue	\$ 870,527.91	\$ 770,000.00	\$ 770,000.00
405 Investment Income	\$ 328,760.91	\$ 35,000.00	\$ 260,000.00
407 Rent-Highway 124	\$ 42,000.00	\$ 69,500.00	\$ 69,500.00
409 Tobacco Settlement	\$ 14,398.30	\$ 11,000.00	\$ 16,000.00
410 Hosp Uncomp. Care Repayment	\$ 1,626,429.00		\$ 1,034,997.04
415 Nursing Home-QIPP Programs	\$ 66,987,371.53	\$ 64,796,074.68	\$ 63,743,179.72
<b>Total Income</b>	<b>\$ 69,869,487.65</b>	<b>\$ 65,681,574.68</b>	<b>\$ 65,893,676.76</b>
<b>Expenses</b>			
500 Admin-Administrative Salary	\$ 82,016.61	\$ 80,312.00	\$ 80,312.00
502 Admin-Administrative Assnt	\$ 12,834.50	\$ 45,000.00	\$ 13,000.00
503 Admin - Staff Incentive Pay	\$ 15,287.00	\$ 4,000.00	\$ 4,000.00
504 Admin-Administrative PR Tax	\$ 10,212.34	\$ 10,025.00	\$ 10,025.00
505 Admin-Board Bonds	\$ 250.00	\$ 250.00	\$ 250.00
515 Admin-Bank Service Charges	\$ 1,222.61	\$ 1,400.00	\$ 1,400.00
521 Professional Fees - Acctng	\$ 8,996.58	\$ 36,000.00	\$ 11,000.00
522 Professional Fees-Auditing	\$ 44,000.00	\$ 26,000.00	\$ 44,000.00
523 Professional Fees - Legal	\$ 36,680.00	\$ 25,000.00	\$ 75,000.00
550 Admin-D&O / Liability Ins.	\$ 15,681.26	\$ 16,000.00	\$ 16,000.00
560 Admin-Cont Ed, Travel	\$ -	\$ 9,000.00	\$ 2,500.00
562 Admin-Travel&Mileage Reimb.	\$ 5,372.74	\$ 200.00	\$ 5,250.00
569 Admin-Meals	\$ 1,390.03	\$ 1,500.00	\$ 1,500.00
570 Admin-District/County Prom	\$ -	\$ 5,000.00	\$ 5,000.00
571 Admin-Office Supp. & Exp.	\$ 7,337.35	\$ 10,000.00	\$ 10,000.00
572 Admin-Web Site	\$ 645.00	\$ 1,000.00	\$ 1,000.00

	2023 YTD	2023 Original Budget	Budget (Amendment 1)
<b>573 Admin-Copier Lease/Contract</b>	\$ 2,993.99	\$ 3,000.00	\$ 3,000.00
<b>575 Admin-Cell Phone Reimburse</b>	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00
<b>576 Admin-Telephone/Internet</b>	\$ 3,403.96	\$ 3,500.00	\$ 3,500.00
<b>577 - Admin Dues</b>	\$ 1,895.00	\$ 1,895.00	\$ 1,895.00
<b>591 Admin-Notices &amp; Fees</b>	\$ 4,131.40	\$ 4,000.00	\$ 4,000.00
<b>592 Admin Office Rent</b>	\$ 4,080.00	\$ 4,080.00	\$ 4,080.00
<b>593 Admin-Utilities</b>	\$ 3,234.92	\$ 4,000.00	\$ 4,000.00
<b>594 Admin-Casualty &amp; Windstorm</b>	\$ -	\$ 2,800.00	\$ 2,800.00
<b>597 Admin-Flood Insurance</b>	\$ -	\$ 1,800.00	\$ 1,800.00
<b>598 Admin-Building Maintenance</b>	\$ 7,659.00	\$ 6,000.00	\$ 6,000.00
<b>600 IC Healthcare Expenses</b>			
<b>601 IC Provider Expenses</b>			
<b>601.01a IC Pmt to Hosp-Indigent</b>	\$ 460,947.00	\$ 288,370.10	\$ 435,700.00
<b>601.01b IC Pmt to Coastal (Ind)</b>	\$ 85.00	\$ 147,316.76	\$ 147,316.76
<b>601.01c IC Pmt to Thompson</b>	\$ 18,206.91	\$ -	\$ 18,000.00
<b>601.02 IC Pmt to UTMB</b>	\$ 275,854.39	\$ 300,000.00	\$ 300,000.00
<b>601.03 IC-Special Programs</b>			\$ -
<b>601.03a Dental</b>	\$ 21,575.76	\$ 10,500.00	\$ 24,000.00
<b>601.03b IC Vision</b>	\$ 1,120.00	\$ 1,200.00	\$ 1,500.00
<b>601.04 IC-Non Hosp Cost-Other</b>	\$ 37,309.25	\$ 12,500.00	\$ 35,000.00
<b>601.05 IC - Charity Care Prog</b>	\$ -	\$ 25,000.00	\$ 25,000.00

	2023 YTD	2023 Original Budget	Budget (Amendment 1)
<b>Total 601.03 IC-Non Hosp-Specl Pro</b>	\$ 60,005.01	\$ 49,200.00	\$ 85,500.00
<b>601 IC Provider Expenses Total</b>	\$ 815,098.31	\$ 784,886.86	\$ 986,516.76
<b>602 IC-WCH 1115 Waiver UC/IGT Prog</b>	\$ 123,573.14	\$ 129,340.00	\$ 129,340.00
<b>603 IC-Pharmaceutical Costs</b>	\$ 57,038.55	\$ 37,600.00	\$ 56,650.00
<b>605 IC-Office Supplies/Postage</b>	\$ 171.99	\$ 2,000.00	\$ 2,000.00
<b>611 IC-Indigent Care Dir Salary</b>	\$ 74,200.04	\$ 65,264.00	\$ 65,264.00
<b>612 IC-Payroll Taxes -Ind Care</b>	\$ 5,973.82	\$ 5,125.00	\$ 5,125.00
<b>615 IC-Software</b>	\$ 15,593.00	\$ 13,308.00	\$ 13,308.00
<b>616 IC-Travel</b>	\$ 412.57	\$ 600.00	\$ 600.00
<b>617 Youth Programs</b>			
<b>617.01 Youth Counseling</b>	\$ 10,965.00	\$ 25,000.00	\$ 25,000.00
<b>617.02 Irlen Program</b>	\$ -	\$ 600.00	\$ 600.00
<b>Total 617 Youth Programs</b>	\$ 10,965.00	\$ 25,600.00	\$ 25,600.00
<b>Total 600 - IC Healthcare Expenses</b>	\$ 1,103,026.42	\$ 1,063,723.86	\$ 1,284,403.76
<b>620 Grants</b>			
<b>620.01 WCH/RMC</b>			
<b>620.01a Hosp Uncomp. Care Repaymen</b>	\$ 1,629,565.34	\$ -	\$ 1,034,997.04
<b>620.01b WCH/RMC - Other</b>	\$ 260,765.96	\$ 1,000,000.00	\$ 260,765.96
<b>Total WCH/RMC</b>	\$ 1,890,331.30	\$ 1,000,000.00	\$ 1,295,763.00
<b>620.03 WSVEMS</b>	\$ 126,194.07	\$ 168,800.00	\$ 168,800.00
<b>620.05 East Chambers ISD Partnersh</b>	\$ 253,694.03	\$ 283,643.00	\$ 253,693.56
<b>620.06 FQHC(Coastal)</b>	\$ 1,164,270.75	\$ 914,112.00	\$ 1,207,939.37
<b>620.07 Marcelous Williams</b>	\$ 57,590.11	\$ 57,742.12	\$ 57,742.12
<b>620.09 Admin-Cont Ed-Med Pers.</b>	\$ 5,718.10	\$ 1,801.68	\$ 3,975.00

	2023 YTD	2023 Original Budget	Budget (Amendment 1)
<b>Total 620 WSHD - Grants</b>	\$ 3,497,798.36	\$ 2,426,098.80	\$ 2,987,913.05
<b>630 NH Program</b>			
630 NH Program-Mgt Fees	\$ 21,871,545.08	\$ 17,446,084.60	\$ 20,245,345.12
631 NH Program-IGT	\$ 28,676,162.55	\$ 31,638,239.32	\$ 28,676,162.02
632 NH Program-Telehealth Fees	\$ 291,147.78	\$ 196,091.32	\$ 300,870.04
633 NH Program-Acctg Fees	\$ 80,969.17	\$ 35,000.00	\$ 73,225.00
634 NH Program-Legal Fees	\$ 311,344.73	\$ 250,000.00	\$ 350,000.00
635 NH Program-LTC Fees	\$ 3,078,000.00	\$ 3,120,000.00	\$ 3,078,000.00
637 NH Program-Interest Expense	\$ 3,390,233.66	\$ 3,656,575.04	\$ 3,253,606.36
638 NH Program-Loan/Bank Fees	\$ 864,719.41	\$ 100.00	\$ 710,500.00
639 NH Program-Appraisal	\$ 49,029.25	\$ 23,250.00	\$ 49,030.00
<b>Total 630 NH Program</b>	\$ 58,613,151.63	\$ 56,365,340.28	\$ 56,736,738.54
<b>674 - Property Acquisition</b>	\$ -	\$ 534,062.00	\$ 650,000.00
<b>675 HWY 124 Expenses</b>			
675.01 Tony's BBQ Bldg Expenses	\$ -	\$ 25,000.00	\$ 25,000.00
675.02 Clinic Expenses	\$ 6,676.79	\$ 10,000.00	\$ 10,000.00
675.03 Clinic Property Insurance	\$ 17,403.92	\$ -	\$ 17,405.00
<b>Total 675 HWY 124 Expenses</b>	\$ 24,080.71	\$ 35,000.00	\$ 52,405.00
<b>Total Expense</b>	\$ 63,509,181.41	\$ 60,727,786.94	\$ 62,024,572.35
<b>Total Ordinary Income</b>	\$ 6,360,306.24	\$ 4,953,787.74	\$ 3,869,104.41

# **Exhibit “E”**

WSHD USE ONLY	
_____	Approve
_____	Date
_____	Initials

**RESOLUTION ADOPTING INVESTMENT POLICY, STRATEGIES,  
GUIDELINES AND MANAGEMENT PRACTICES FOR  
WINNIE STOWELL HOSPITAL DISTRICT**

**STATE OF TEXAS**                   §  
  §  
**COUNTY OF CHAMBERS**       §

WHEREAS, Winnie Stowell Hospital District (“WSHD”) is a political subdivision of the State of Texas, created and operating under Chapter 286, Texas Health & Safety Code (the “Code”); and

WHEREAS, Section 2256.005 of the Texas Government Code, (the “Public Funds Investment Act”), requires a hospital district to adopt an investment policy and investment strategies for each of the funds under its control; and

WHEREAS, the Board of Directors of WSHD desires to adopt an investment policy, strategies, guidelines and management practices for the District;

NOW, THEREFORE, IT IS RESOLVED BY THE BOARD OF WSHD THAT THE FOLLOWING INVESTMENT POLICY, STRATEGIES, GUIDELINES AND MANAGEMENT PRACTICES ARE ADOPTED:

**ARTICLE I.  
DEFINITIONS**

- 1.01 Board. “Board” means the Board of Winnie Stowell Hospital District.
- 1.02 Director. “Director” means a person appointed to serve on the Board of the District.
- 1.03 District or WSHD. Either the term “District” or “WSHD” means Winnie Stowell Hospital District.
- 1.04 Investment Officer. “Investment Officer” means a person designated by the Board to handle District investments.

**ARTICLE II.  
INVESTMENT POLICY**

- 2.01 Purpose. This investment policy (“Investment Policy”) is adopted in order to comply with the Public Funds Investment Act and to set forth: the general policies governing investment of District funds; the specific investment strategies applicable to each particular fund of the District; the guidelines for investment of District funds, including the types of investments authorized for District funds; and the investment management policies of the District.
- 2.02 Scope. This Investment Policy applies to all transactions involving the investment of assets of the District.

2.03 Policy. It is the policy of the District to invest and manage all available funds in compliance with all applicable legal requirements, including state and federal law, the guidelines stated in this Investment Policy, the District's Investment Strategy set forth in Article III, and in accordance with the restrictions in any District bond resolutions, including covenants with respect to the arbitrage regulations under the U.S. Internal Revenue Code. The District's investment portfolio will be planned and managed to take advantage of investment interest as a source of income from all operating and capital funds. All investments will be made with a primary emphasis on safety of principal and liquidity, while also addressing investment diversification, yield and maturity, and the quality and capability of investment management. Notwithstanding the foregoing, investment of District funds is limited to the types of investments set forth in Section 4.02.

2.04 Standard of Care. District investments will be made with the exercise of judgment and care, under circumstances then prevailing, that persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived. The District will seek to ensure that all persons involved in the investment process act responsibly and in accordance with the following investment objectives, in order of priority: 1) preservation and safety of principal; 2) liquidity; and 3) yield.

2.05 Representations and Authorized Instruments. Purchases and sales of District investments will only be initiated by an Investment Officer who is designated by resolution of the Board. The Board may, by resolution, authorize the Investment Officer to invest and reinvest funds of the District in accordance with this Investment Policy and the Investment Strategy. District funds will be invested only in those types of investments authorized under District bond resolutions, the Texas Public Funds Investment Act, as amended, the Texas Health & Safety Code and other applicable state law.

2.06 Collateralization. Funds held at a bank or trust company that are not invested, at a minimum, must be collateralized by collateral securities set forth in the Texas Public Funds Collateral Act (Texas Government Code, Chapter 2257), as amended, to the extent not covered by the Federal Deposit Insurance Corporation (FDIC), the Federal Savings and Loan Insurance Corporation (FSLIC), or their successors. The total market value of the collateral securing uninsured deposits maintained by the District will at all times be not less than 110% of the amount of such insured deposits.

2.07 Review. Compliance of District investments with this Investment Policy will be regularly monitored. This Investment Policy and investment performance and security will be reviewed and evaluated at least annually by the Board, or more frequently upon the request of any Director.

### ARTICLE III. INVESTMENT STRATEGY

3.01 Purpose. The purpose of this Article is to provide an investment strategy for each fund or group of funds under the District's control.



3.02 Investment Objectives Applicable to All Funds. The District's overall objectives with regard to the District's group of funds, which is comprised of the funds set forth in Section 3.03(A)-(C), are as follows, in order of priority:

- A. Suitability: The District will give priority to understanding the suitability of each investment to the financial requirements of the District.
- B. Safety of capital: The primary objective of the District is to ensure the preservation and safety of principal.
- C. Liquidity: The District will maintain sufficient liquidity to ensure adequate and timely availability of funds necessary to pay obligations as they become due.
- D. Marketability: The District will strive to ensure the marketability of the investment.
- E. Diversification: The District will seek to ensure diversity in its investment portfolio.
- F. Yield: The District will seek to optimize return on investments within the constraints of safety and liquidity.

3.03 Investment Objectives Applicable to Individual Funds. In addition to the overall objectives set forth in Section 3.02, the following particularized objectives apply to each of the District's individual funds:

- A. Operating Fund. The particularized investment objectives for the operating fund are: preserving the safety of the principal; ensuring the funds are available as needed to pay the District's monthly operating expenses, as estimated by the annual operating budget adopted by the Board; and, ensuring that the investments can be readily liquidated in the event there are unexpected additional costs. A fund balance equal to 1 month of expenses must be kept extremely liquid for normal uses. Any balance in excess of 1 month of expenses will be kept in investments that may be liquidated easily if the need arises, but in no case may any investment mature later than 12 months after the date of purchase, unless the Board authorizes an investment with a longer maturity.
- B. Debt Service Fund. The particularized investment objectives for the debt service fund are: the safety of the principal; ensuring that funds are available as necessary to meet the debt service needs of the District; ensuring compliance with District's bond resolutions and, subject to compliance with the objectives set forth in Section 3.02 and the policies set forth in 2.03 and the satisfaction of the requirements of all bond resolutions, obtaining the maximum yield. Investments for this account will be structured to match debt service needs. When safety of principal and liquidity to match debt service are assured, yield may be considered. For funds needed for the District's next debt service payment, the investment must mature no later than 15 days prior to the date the debt service payment is due. For funds in reserve, the investment must mature no later than 12 months after the date of purchase. Because of the large amount of District funds that may exist in this account, diversification of investments will be considered.

- C. Capital Projects and Purchases Fund. The particularized investment objectives of the capital projects and purchases fund are: preserving the safety of the principal; ensuring that funds are available as needed to meet the construction needs of the District; and obtaining the maximum yield on investments. Investments of funds needed for planned capital projects or purchases with a known commencement or purchase date must mature no later than 15 days prior to the date the funds will be needed to pay for the project or purchase, as determined by the Board. Investments of funds that are not designated for specific projects or purchases must mature no later than 12 months after the date of purchase, unless the Board authorized an investment with a longer maturity.

ARTICLE IV.  
INVESTMENT GUIDELINES

4.01 Purpose. The purpose of this Article is to set forth the types of authorized investments in which the District's funds may be invested and the manner in which certain investments may be made (“Authorized Investment”).

4.02 Authorized Investments.

- A. The District may invest its funds only in the Authorized Investments set forth in and subject to the limitations imposed by the following sections of the Public Funds Investment Act:
1. Government Code Section 2256.009: Obligations of, or Guaranteed by, Governmental Entities. Subject to the limitations set forth in Section 2256.009, Government Code, the District is authorized to invest funds in obligations of, or guaranteed by, the United States or one of its agencies or instrumentalities or obligations of, or guaranteed by, other governmental entities.
  2. Government Code Section 2256.010: Certificates of Deposit and Share Certificates. Subject to the limitations set forth in Section 2256.010, Government Code, the District is authorized to invest its funds in certificates of deposit or share certificates that are: issued by a depository institution domiciled in Texas; guaranteed or insured by the FDIC or the National Credit Union Share Insurance Fund or its successor; and secured in a manner authorized under Section 2256.010, Government Code. Principal and accrued interest may not exceed FDIC limits or the collateral pledged as security for the District's investments as set forth in Section 4.04.
  3. Government Code Section 2256.016: Investment Pools. Subject to the limitations set forth in Section 2256.016, Government Code, the District is authorized to invest its funds through an eligible investment pool, including the TexPool investment pool, operated by the State of Texas, if the governing Board by resolution authorizes investment in the particular pool. The maximum dollar-weighted maturity for TexPool based on the stated maturity date for the portfolio may not exceed 60 days.

- B. If the Investment Officers of the District (if not the treasurer) attend and successfully complete the training requirements under Section 2256.008, Government Code, the District may invest its funds in additional investments, subject to authorization and limitations set forth in Section 2256, Government Code.

4.03 Manner of Solicitation of Certificates of Deposit. As authorized by Section 2256.005(c), Government Code, bids for certificates of deposit may be solicited orally, in writing, electronically, or in any combination of those methods.

4.04 Security of Funds/Collateral Policy.

- A. It is the policy of the District that all funds must be insured by the FDIC or FSLIC or the collateral pledged to the extent of the fair market value of any amount not insured. The District recognizes that FDIC insurance is only available up to a maximum of \$250,000 (including accrued interest) for Interest and Sinking Fund deposits and a maximum of \$250,000 (including accrued interest) for all other deposits. The amount of funds on deposit, other than Interest and Sinking Fund deposits, at any one Texas financial institution (including branch banks located within the same county) will be totaled to determine the maximum amount of insurance coverage. Interest and Sinking Fund deposits will be totaled separately.
- B. To the extent District funds are not insured by the FDIC or FSLIC, they must be secured in the manner provided by law for the security of funds by Chapter 2257 of the Government Code (the Public Funds Collateral Act). There must be pledged as collateral for such funds, to the extent of the market value of the funds, any of the following securities: (1) government securities or obligations issued by the State of Texas, its agencies or political subdivisions, and approved by the Attorney General of Texas payable from taxes or revenues, approved by the Investment Committee, hereinafter defined; or (2) direct obligations of the United States backed by the full faith and credit of the government; or (3) any other obligations or securities authorized to be collateral securing the funds of hospital districts under the laws of the State of Texas that are approved by the Investment Committee.
- C. A bank or trust company holding uninvested District funds must provide a summary of the funds held and the collateral securities pledged against the funds to the District on a monthly basis.

4.05 Loss of Ratings and Liquidation. An investment under Section 4.02 that requires a minimum rating does not qualify as an Authorized Investment during the period that the investment does not have the minimum rating. Upon loss of a minimum rating, the Investment Officer must take all prudent measures that are consistent with this Resolution to liquidate an investment that does not have a minimum rating.

4.06 Delivery vs. Payment. It will be the Policy of the District that all Treasury Bills, Notes and Bonds and Government Agencies' securities shall be purchased using the "Delivery vs. Payment" (DVP) method through the Federal Reserve System. By so doing, District funds are not released until the District has received, through the Federal Reserve wire, the securities purchased.

ARTICLE V.  
INVESTMENT MANAGEMENT PRACTICES

5.01 Designation of Investment Officer. The District's Treasurer will serve as Investment Officers for the District. The Board may authorize an Investment Officer to deposit, withdraw, invest, transfer, and manage the District's funds in accordance with these Investment Policies and applicable law.

5.02 Investment Training. Before the District invests funds in any investment other than an Authorized Investment, the District's Investment Officer will be required to attend training, in compliance with the Public Funds Investment Act, from an independent source approved by the Board that includes at least 10 hours of instruction relating to the Investment Officer's responsibilities within 12 months after taking office or assuming duties, and, thereafter, not less than once in a two year period that begins on the first day of the District' fiscal year.

5.03 Monitoring and Internal Reporting. The Investment Officers must regularly monitor the performance of the District's Investments, including market price and ratings. Not less than quarterly, the Investment Officers shall prepare and submit to the Board a written report of all investment transactions for the preceding quarter, signed by each Investment Officer. The report must:

- A. Describe in detail the investment position of the District;
- B. Contain a summary statement of each pooled fund group that states the beginning and ending market value for the quarter and the fully accrued interest;
- C. State the book value and market value of each separately invested asset at the beginning and end of the quarter by the type of asset and fund type invested;
- D. State the maturity date of each separately invested asset that has a maturity date;
- E. State the account or fund or pooled group fund for which each individual investment was acquired;
- F. State the compliance of the investment portfolio as it relates to the Investment Strategies and Public Funds Investment Act; and
- G. Indicate any changes in ratings of the District's investments.

5.04 Compliance Audit. The District, in conjunction with its annual financial audit, will perform a compliance audit of management controls on investments and adherence to this Resolution.

5.05 Disclosure of Investment Policy.

- A. The Investment Officer will provide a copy of this Resolution to any person seeking to sell the District an Authorized Investment. The registered principal of the business organization must execute a written acknowledgment in the form set forth in Exhibit

“A”, to the effect that he has received and thoroughly reviewed the Investment Policy of the District and acknowledged that the organization has implemented reasonable procedures and controls in an effort to preclude imprudent investment activities arising out of the investment transactions conducted between the District and the organization. The Investment Officer may not buy any securities from a person who has not delivered to the District a written acknowledgment in the form set forth in Exhibit “A”.

- B. The Investment Officer must execute a written statement in the form set forth in Exhibit “B” to the effect that the Investment Officer has reviewed this Investment Policy and has implemented procedures and controls to comply with the Investment Policy.

PASSED AND APPROVED this the 15<sup>th</sup> day of January, 2024.

**WINNIE STOWELL HOSPITAL  
DISTRICT (“WSHD”)**

---

Edward Murrell, President

**ATTEST:**

---

Secretary, Jeff Rollo

**EXHIBIT "A"**

**REGISTERED PRINCIPAL'S  
CERTIFICATION OF RECEIPT  
AND  
REVIEW OF INVESTMENT POLICY**

**THE STATE OF TEXAS**

**COUNTY OF CHAMBERS**

I, the undersigned, \_\_\_\_\_, registered principal of \_\_\_\_\_ (entity), do hereby certify that I have been presented a copy of the Resolution Adopting Investment Policy, Strategies, Guidelines and Management Practices for Winnie Stowell Hospital District (the "Investment Policy"). I have thoroughly reviewed the Investment Policy and acknowledge that \_\_\_\_\_ (entity) has implemented reasonable procedures and controls in an effort to preclude investment transactions conducted between the District and \_\_\_\_\_ (entity) that are not authorized by the District's Investment Policy.

WITNESS MY HAND THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**EXHIBIT “B”**

**INVESTMENT OFFICER’S  
CERTIFICATION OF RECEIPT  
AND  
REVIEW OF INVESTMENT POLICY**

**THE STATE OF TEXAS**

**COUNTY OF CHAMBERS**

I, the undersigned, Robert “Bobby” Way, Jr., designated investment Officer of Winnie Stowell Hospital District (“WSHD”), do hereby certify that I have been presented a copy of the Resolution Adopting Investment Policy, Strategies, Guidelines and Management Practices for WSHD (the “Investment Policy”). I have thoroughly reviewed the Investment Policy and acknowledge that WSHD as implemented procedures and controls to comply with the Investment Policy.

WITNESS MY HAND THIS the 15<sup>th</sup> day of January, 2024.

---

Name: Robert “Bobby” Way, Jr.  
Title: Treasurer

**EXHIBIT “B”**

**INVESTMENT OFFICER’S  
CERTIFICATION OF RECEIPT  
AND  
REVIEW OF INVESTMENT POLICY**

**THE STATE OF TEXAS**

**COUNTY OF CHAMBERS**

I, the undersigned, Sherrie Norris., designated investment Officer of Winnie Stowell Hospital District (“WSHD”), do hereby certify that I have been presented a copy of the Resolution Adopting Investment Policy, Strategies, Guidelines and Management Practices for WSHD (the “Investment Policy”). I have thoroughly reviewed the Investment Policy and acknowledge that WSHD as implemented procedures and controls to comply with the Investment Policy.

WITNESS MY HAND THIS 15<sup>th</sup> day of January, 2024.

---

Name: Sherrie Norris  
Title: District Administrator



**CERTIFICATE FOR RESOLUTION**

**THE STATE OF TEXAS**           §  
  §  
**COUNTY OF CHAMBERS**       §

The undersigned officer of the Board of Directors of Winnie Stowell Hospital District (“WSHD”) hereby certifies as follows:

1. The Board of Directors of WSHD convened in a regular meeting on the 15<sup>th</sup> day of January, 2024, at the regular designated meeting place, and the roll was called of the duly-constituted officers and members of the Board, to wit:

Ed Murrell,	President
Anthony Stramecki,	Vice-President
Bobby Way,	Treasurer
Jeff Rollo,	Secretary
Kacey Vratis	Director

and all of said persons were present, except Director(s) \_\_\_\_\_, thus constituting a quorum. Whereupon, among other business, the following was transacted at the meeting:

**RESOLUTION ADOPTING INVESTMENT POLICY, STRATEGIES,  
GUIDELINES AND MANAGEMENT PRACTICES FOR  
WINNIE STOWELL HOSPITAL DISTRICT**

was introduced for the consideration of the Board. It was then duly moved and seconded that the Resolution Adopting Budget (“Resolution”) be adopted, and, after due discussion, the motion prevailed and carried unanimously.

2. A true, full and correct copy of the Resolution adopted at the meeting described in the above paragraph is attached to this certificate; the Resolution has been duly recorded in the Board’s minutes of the meeting; the persons named in the above and foregoing paragraph are the duly chosen, qualified and acting officers and members of the Board as indicated therein; each of the officers and members of the Board was duly and sufficiently notified officially and personally, in advance, of the time, place and purpose of the aforesaid meeting and that the Resolution would be introduced and considered for adoption at the meeting, and each of the officers and members consented, in advance, to the holding of the meeting for such purpose; the meeting was open to the public as required by law; and public notice of the time, place and subject of the meeting was given as required by Chapter 551 of the Government Code.

SIGNED AND SEALED the 15<sup>th</sup> day of January, 2024

(SEAL)

\_\_\_\_\_  
Secretary, Board of Directors

**THE STATE OF TEXAS**           §

§

**COUNTY OF CHAMBERS**       §

This instrument was acknowledged before me on this 15<sup>th</sup> day of January, 2024, by \_\_\_\_\_, Secretary of the Board of Directors of Winnie Stowell Hospital District, on behalf of said District.

\_\_\_\_\_  
Notary Public Signature

(seal)

# **Exhibit ‘F’**

## Hubert Oxford IV

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**Subject:** FW: IGT for DY-13 -  
**Attachments:** 2023-dy-13-uc-payment-advance-calc.xlsx  
**Importance:** High

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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**From:** Karen Horn <khorn@ricelandhealthcare.com>  
**Sent:** Friday, January 12, 2024 3:32 PM  
**To:** Hubert Oxford IV <hoxfordiv@benoxford.com>  
**Cc:** mo@starcoimpex.com; Sherrie Norris <sherrie@wshd-tx.com>; Saad Javed <saad.javed@ricelandhealthcare.com>; 'MaKayla Vidal' <makaylalynn01@gmail.com>  
**Subject:** Re: IGT for DY-13  
**Importance:** High

Well, I completely missed the mark this time! It looks like they are basing the advance payment off of last year's actual, which doesn't make much sense to me, but looking back, that is exactly what they did last year for the DY12 advance payment. Because of this, I really don't have a way to estimate the fall payment until we get the final application file back from HHSC.

Advance payment IGT is only \$35,160.57 per below and must be submitted by close of business February 1st. I've attached the file I pulled off the HHSC website.

Master NPI 2024	Master TPI 2024	Ownership Type	Rural Hospital Designation	Hospital Name	Hospital County	SDA by County	Request DY 13 UC	DY 12 Total Payment	Total DY 12 Costs (After DSH and Adjustments)	Final DY 13 UC Advance Payment Amount	DY 13 UC Advance IGT Amount
1295781227	148698701	Rural Private	Rural Hosp	Winnie Community Hospital	Chambers	Jefferson	Yes	\$ 338,309.43	\$ 354,574.65	\$88,232.30	\$35,160.57

You should have received or will receive a similar email from HHSC with instructions, but I below is a snippet. If you need me to forward the email, just let me know.

State Hospitals (except UT Southwestern), will need to submit a journal entry for the **All Funds** amount located in **Column K** of the "UC DY 13 Advanced Calculation" tab. The Journal Entry should be submitted no later than **February 12, 2024**.

IGT transfer amounts for all others (including UT Southwestern) can be found in **Column L** on the same "UC DY13 Advanced Calculation" tab of the **Suggested IGT** file.

The IGT must be entered into TexNet **no later than close of business on February 1, 2024**, with a settlement date of February 2, 2024.

- This settlement date is non-negotiable.
- The funds need to be placed in the "UC" Bucket.

Please transfer funds through TexNet. TexNet instructions are [available here](#). After transferring funds, please send an email with a screen shot & PDF of the confirmation/trace sheet to [the Provider Finance Payments U Team](#).

If a new TexNet Account is needed by a Local Governmental Entity, please send those requests to the [Provider Finance Payments Team](#).

An IGT allocation form designating what Service Delivery Area (SDA) the IGT is being submitted for must also be submitted with the Trace Sheet. Please submit the trace sheet and IGT allocation as two separate documents. The SDA Allocation Form can be found under the "Additional Information" heading on the [UC Payments website](#).

Please email any questions regarding the calculation in general to [the Provider Finance Hospital Services Team](#).

Karen Horn

Financial Analyst

Riceland Medical Center

*(formerly Winnie Community Hospital)*

225-267-6966 Office

225-715-9840 Cell

---

**From:** Karen Horn <[khorn@ricelandhealthcare.com](mailto:khorn@ricelandhealthcare.com)>  
**Sent:** Wednesday, January 10, 2024 2:22 PM  
**To:** Hubert Oxford IV <[hoxfordiv@benoxford.com](mailto:hoxfordiv@benoxford.com)>  
**Cc:** [mo@starcoimpex.com](mailto:mo@starcoimpex.com) <[mo@starcoimpex.com](mailto:mo@starcoimpex.com)>; Sherrie Norris <[sherrie@wshd-tx.com](mailto:sherrie@wshd-tx.com)>; Saad Javed <[saad.javed@ricelandhealthcare.com](mailto:saad.javed@ricelandhealthcare.com)>; 'MaKayla Vidal' <[makaylalynn01@gmail.com](mailto:makaylalynn01@gmail.com)>  
**Subject:** Re: IGT for DY-13

Hubert,  
I only have my estimated numbers so far.

The DY13 UC application returned more charity care than in past years, which is what the payments are now based on.  
I estimate the February/March IGT to be about \$117K, so you may want to pre-approve \$120K in case I'm off.  
For the September IGT, which is where the bulk is paid, I estimate the IGT to be about \$306K, but by the time that one is due, we should have the final application back from HHSC. As soon as I get the final application back from HHSC, I'll rerun the estimate and give you a better idea on the fall payment.

Please let me know if you have any questions.

Thank you,

Karen Horn

Financial Analyst

Riceland Medical Center

*(formerly Winnie Community Hospital)*

225-267-6966 Office

225-715-9840 Cell

---

**From:** Hubert Oxford IV <[hoxfordiv@benoxford.com](mailto:hoxfordiv@benoxford.com)>  
**Sent:** Wednesday, January 10, 2024 1:39 PM  
**To:** Karen Horn <[khorn@ricelandhealthcare.com](mailto:khorn@ricelandhealthcare.com)>  
**Cc:** [mo@starcoimpex.com](mailto:mo@starcoimpex.com) <[mo@starcoimpex.com](mailto:mo@starcoimpex.com)>; Sherrie Norris <[sherrie@wshd-tx.com](mailto:sherrie@wshd-tx.com)>; Saad Javed <[saad.javed@ricelandhealthcare.com](mailto:saad.javed@ricelandhealthcare.com)>; 'MaKayla Vidal' <[makaylalynn01@gmail.com](mailto:makaylalynn01@gmail.com)>  
**Subject:** IGT for DY-13

Karen,

Any word from the state on the IGT for DY-13. Last year, the Board approved the DY-12 payment during the January meeting and it is included on this month's agenda. If we anticipate that it will come in after the meeting, next week, we can ask the Board to approve the IGT up to a certain amount. If that happens, do you have an estimate of the anticipated IGT? We are trying to avoid having a Special Meeting.

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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