

EXHIBIT “A-1”

Winnie-Stowell Hospital District

Balance Sheet

As of February 29, 2024

03/20/24

Accrual Basis

	Feb 29, 24
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	554,823.32
102 First Financial Bank	
102b FFB #4846 DACA	10,507,031.86
102c FFB #7190 Money Market	9,332,407.13
102d FFB #7639 CD	8,200,000.00
Total 102 First Financial Bank	28,039,438.99
105 TexStar	743,367.92
108 Nursing Home Banks Combined	4,623,557.76
Total Checking/Savings	33,961,187.99
Other Current Assets	
110 Sales Tax Receivable	82,150.65
114 Accounts Receivable NH	58,870,048.66
115 Hosp Uncomp Care Receivable	1,439,020.46
116 - A/R CHOW - LOC	6,022,279.27
117 NH - QIPP Prog Receivable	6,878,989.58
118 Prepaid Expense	1,000.00
119 Prepaid IGT	15,951,083.27
Total Other Current Assets	89,244,571.89
Total Current Assets	123,205,759.88
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	129,483.00
122 Highway 124 Property	1,197,231.85
123 Highway 124 Building	757,595.48
125 Accumulated Depreciation	-154,033.64
Total Fixed Assets	2,070,931.65
Other Assets	
118.01 Prepaid NH Fees	11,275.00
Total Other Assets	11,275.00
TOTAL ASSETS	125,287,966.53
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	4,593,866.63
201 NHP Accounts Payable	10,319,349.67
204 FFB Line of Credit	4,433,740.99
206 FFB Loan (11 Mth)	3,609,589.74
206 FFB Loan (11 Mth) (24)	15,421,032.78
235 Payroll Liabilities	3,888.77
240 Accounts Payable NH	56,660,471.79
Total Other Current Liabilities	95,041,940.37
Total Current Liabilities	95,041,940.37
Total Liabilities	95,041,940.37

7:39 AM

03/20/24

Accrual Basis

Winnie-Stowell Hospital District

Balance Sheet

As of February 29, 2024

	<u>Feb 29, 24</u>
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	18,460,446.05
Net Income	-5,616.02
Total Equity	<u>30,246,026.16</u>
TOTAL LIABILITIES & EQUITY	<u><u>125,287,966.53</u></u>

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
January through February 2024

	Jan - Feb 24	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	157,171.44	850,000.00	-692,828.56	18.5%
405 Investment Income	66,539.01	150,000.00	-83,460.99	44.4%
407 Rental Income	7,000.00	42,000.00	-35,000.00	16.7%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	10,536,777.76	93,098,874.94	-82,562,097.18	11.3%
Total Income	10,767,488.21	94,155,874.94	-83,388,386.73	11.4%
Gross Profit	10,767,488.21	94,155,874.94	-83,388,386.73	11.4%
Expense				
500 Admin				
501 Admin-Administrative Salary	20,685.34	105,000.00	-84,314.66	19.7%
502 Admin-Administrative Assnt	3,435.00	35,000.00	-31,565.00	9.8%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	2,500.16	16,800.00	-14,299.84	14.9%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	299.83	1,400.00	-1,100.17	21.4%
521 Professional Fees - Acctng	2,094.75	11,000.00	-8,905.25	19.0%
522 Professional Fees - Audit	0.00	30,000.00	-30,000.00	0.0%
523 Professional Fees - Legal	17,020.20	75,000.00	-57,979.80	22.7%
550 Admin-D&O / Liability Ins.	10,391.45	16,000.00	-5,608.55	64.9%
560 Admin-Cont Ed, Travel	0.00	5,250.00	-5,250.00	0.0%
562 Admin-Travel&Mileage Reimb.	108.86	2,500.00	-2,391.14	4.4%
569 Admin-Meals	281.40	1,500.00	-1,218.60	18.8%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	417.78	10,000.00	-9,582.22	4.2%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	455.19	3,000.00	-2,544.81	15.2%
575 Admin-Cell Phone Reimburse	450.00	1,800.00	-1,350.00	25.0%
576 Admin-Telephone/Internet	568.12	3,500.00	-2,931.88	16.2%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
591 Admin-Notices & Fees	351.96	4,000.00	-3,648.04	8.8%
592 Admin Office Rent	340.00	4,080.00	-3,740.00	8.3%
593 Admin-Utilities	642.23	4,000.00	-3,357.77	16.1%
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	470.00	6,000.00	-5,530.00	7.8%
Total 500 Admin	61,022.27	352,575.00	-291,552.73	17.3%
521 Professional Fees - Acctng	0.00	0.00	0.00	0.0%
523 Professional Fees - Legal	16,414.73	0.00	16,414.73	100.0%
560 Admin-Cont Ed, Travel	0.00	0.00	0.00	0.0%
571 Admin-Office Supp. & Exp.	4,674.65	0.00	4,674.65	100.0%
598 Admin-Building Maintenance	470.00	0.00	470.00	100.0%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	71,788.48	435,700.00	-363,911.52	16.5%
601.01b IC Pmt to Coastal (Ind)	2,069.39	25,000.00	-22,930.61	8.3%
601.01c IC Pmt to Thompson	2,524.92	18,000.00	-15,475.08	14.0%
601.02 IC Pmt to UTMB	9,002.36	300,000.00	-290,997.64	3.0%
601.03 IC Special Programs				
601.03a Dental	5,663.00	24,000.00	-18,337.00	23.6%
601.03b IC Vision	400.00	1,500.00	-1,100.00	26.7%
601.04 IC-Non Hosp Cost-Other	1,012.44	35,000.00	-33,987.56	2.9%
601.05 IC - Chaiyry Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	7,075.44	85,500.00	-78,424.56	8.3%
601 IC Provider Expenses - Other	673.77			
Total 601 IC Provider Expenses	93,134.36	864,200.00	-771,065.64	10.8%
602 IC-WCH 1115 Waiver Prog	35,041.58	129,340.00	-94,298.42	27.1%
603 IC-Pharmaceutical Costs	9,254.13	56,650.00	-47,395.87	16.3%
605 IC-Office Supplies/Postage	0.00	2,000.00	-2,000.00	0.0%
611 IC-Indigent Care Dir Salary	6,933.32	45,000.00	-38,066.68	15.4%
612 IC-Payroll Taxes -Ind Care	48.53	5,125.00	-5,076.47	0.9%
613 IC-Contract Services	18,787.50	75,000.00	-56,212.50	25.1%
615 IC-Software	3,132.00	14,500.00	-11,368.00	21.6%
616 IC-Travel	13.50	600.00	-586.50	2.3%

Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
January through February 2024

	Jan - Feb 24	Budget	\$ Over Budget	% of Budget
617 Youth Programs				
617.01 Youth Counseling	765.00	25,000.00	-24,235.00	3.1%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
Total 617 Youth Programs	765.00	25,600.00	-24,835.00	3.0%
Total 600 - IC Healthcare Expenses	167,109.92	1,218,015.00	-1,050,905.08	13.7%
620 WSHD - Grants				
620.01 WCH/RMC				
620.01b WCH/RMC - Other	0.00	300,000.00	-300,000.00	0.0%
Total 620.01 WCH/RMC	0.00	300,000.00	-300,000.00	0.0%
620.03 WSVEMS	38,193.60	152,774.40	-114,580.80	25.0%
620.05 East Chambers ISD	22,077.13	253,693.56	-231,616.43	8.7%
620.06 FQHC(Coastal)	166,967.16	1,001,803.00	-834,835.84	16.7%
620.07 Marcelous Williams	19,397.50	77,590.00	-58,192.50	25.0%
620.08 Future Grants	0.00	209,139.04	-209,139.04	0.0%
620.09 Admin-Cont Ed-Med Pers.	1,781.52	5,000.00	-3,218.48	35.6%
Total 620 WSHD - Grants	248,416.91	2,000,000.00	-1,751,583.09	12.4%
630 NH Program				
630 NH Program-Mgt Fees	3,738,433.83	34,887,661.12	-31,149,227.29	10.7%
631 NH Program-IGT	5,283,099.22	43,153,006.29	-37,869,907.07	12.2%
632 NH Program-Telehealth Fees	49,627.66	300,870.04	-251,242.38	16.5%
633 NH Program-Acctg Fees	18,852.75	85,000.00	-66,147.25	22.2%
634 NH Program-Legal Fees	62,297.00	350,000.00	-287,703.00	17.8%
635 NH Program-LTC Fees	768,000.00	4,938,000.00	-4,170,000.00	15.6%
637 NH Program-Interest Expense	354,485.29	3,043,548.33	-2,689,063.04	11.6%
638 NH Program-Loan/Bank Fees	200.00	655,734.76	-655,534.76	0.0%
639 NH Program-Appraisal	0.00	96,000.00	-96,000.00	0.0%
Total 630 NH Program	10,274,995.75	87,509,820.54	-77,234,824.79	11.7%
674 - Property Acquisition	0.00	2,200,000.00	-2,200,000.00	0.0%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	0.00	25,000.00	-25,000.00	0.0%
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00	0.0%
675.03 - Clinic Property Ins	0.00	17,405.00	-17,405.00	0.0%
Total 675 HWY 124 Expenses	0.00	52,405.00	-52,405.00	0.0%
Payroll Expenses	0.00			
Total Expense	10,773,104.23	93,332,815.54	-82,559,711.31	11.5%
Net Ordinary Income	-5,616.02	823,059.40	-828,675.42	-0.7%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	59,575,258.34			
Total Other Income	59,575,258.34			
Other Expense				
640 Nursing Home Oper. Expenses	59,575,258.34			
Total Other Expense	59,575,258.34			
Net Other Income	0.00			
Net Income	-5,616.02	823,059.40	-828,675.42	-0.7%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, March 20, 2024						
Pending Expenses		For	Amount	Funds Summary		Totals
Indigent Healthcare Solutions	Inv #77450		\$1,566.00	Prosperity Operating (Unrestricted)		\$523,690.87
Brookshire Brothers	Indigent Care		\$2,621.07	First Financial DACA (Unrestricted)		\$3,188,593.13
Wilcox Pharmacy	Indigent Care		\$1,913.09	First Financial DACA (Restricted)		\$4,939,317.67
UTMB at Galveston	Indigent Care		\$40,274.91	First Financial Money Market		\$9,332,407.12
UTMB Faculty Group	Indigent Care		\$14,263.81	TexStar (Restricted)		\$740,248.71
Thompson Outpatient Clinic	Indigent Care		\$1,422.82	FFB CD Balance		\$8,200,000.00
Coastal Gateway Health Center	Indigent Care		\$467.12	Total District Funds		\$26,924,257.50
Barrier Reef	Indigent Care		\$121.20	Less First Financial (Restricted)		(\$4,939,317.67)
Winnie Family Dental	SP Program		\$140.00	Less TexStar Reserve Account		(\$740,248.71)
Bayside Dental	SP Program		\$440.00	Less LOC Outstanding		(\$4,433,740.99)
Dr June Stansky, Optometrist	SP Program		\$180.00	Less First Financial Money Market		\$0.00
Caba Therapy Svcs (Physio)	SP Program		\$466.61	Less Committed Funds (See Total Commitment)		(\$1,145,476.63)
\$25 Optical			\$250.00	Cash Position (Less First Financial Restricted)		\$20,099,214.49
Kalos Counseling (Benjamin Odom)	Youth Counseling		\$425.00	Pending Expenses		(\$204,873.23)
Function4	Inv#1102170 & #82206983		\$304.05	Ending Balance (Cash Position-Pending Expenses)		\$19,894,341.26
Technology Solutions of Tx	Inv #1849		\$225.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)		\$30,566,526.03
Graciela Chavez-Office Cleaning	Inv #965969		\$120.00	Prior Month		
Felipe Ojedia-Yard Service	Inv #1047		\$350.00	Prosperity Operating (Unrestricted)		\$507,325.18
Benckenstein & Oxford	Inv #51023		\$30,540.37	First Financial (Unrestricted)		\$3,878,114.77
Hubert Oxford	Legal Retainer		\$1,000.00	First Financial (Restricted)		\$3,651,197.36
Makayla Vidal	Inv #00048		\$9,187.50	First Financial Money Market (Restricted)		\$9,303,900.65
American Education Services	Grant S Stern-Student Loan		\$150.14	TexStar (Restricted)		\$736,919.51
US Department of Education	Grant B Odom-Student Loan		\$760.62	FFB CD Balance		\$8,200,000.00
Coastal Gateway	Grant		\$83,483.58	Total District Funds		\$26,277,457.47
Hall Render	Inv #607062		\$9,400.34	Less First Financial (Restricted)		(\$3,651,197.36)
Patricia Ojeda	Inv #3003 (Contract)		\$4,800.00	Less TexStar Reserve Account		(\$736,919.51)
				Less LOC Outstanding		(\$4,433,740.99)
				Less First Financial Money Market (Restricted)		\$0.00
				Less Committed Funds (See Total Commitment)		(\$1,228,960.21)
				Cash Position (Less First Financial Restricted)		\$20,660,380.39
				Pending Expenses		(\$184,754.50)
				Ending Balance (Cash Position-Pending Expenses)		\$20,475,625.89
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)		\$29,857,807.93
Total Pending Expenses:			\$204,873.23			

First Financial Bank Reconciliations					
FFB Balance	\$8,127,910.80				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Gross Yr. 6 & 7, Component 1-IGT 12					
December (1st) - YR7	\$476,590.35	\$2,283,303.49	\$2,283,303.49		\$0.00
January (1st) - YR7	\$718,606.48	\$2,278,717.25	\$718,606.48	\$1,560,110.77	\$0.00
Total Component 1, IGT 11	\$1,195,196.83	\$4,562,020.74	\$3,001,909.97	\$1,560,110.77	\$0.00
11 Month Set Aside (FFB)					
December (1st Half)	\$476,590.35	\$2,283,303.49	\$2,283,303.49	\$0.00	\$0.00
January (1st Half)	\$718,606.48	\$2,278,717.25	\$718,606.48	\$1,560,110.77	
Remainder to make minimum payment	\$609,598.04				
Total Loan Set Aside	\$1,804,794.87	\$2,283,303.49	\$2,283,303.49	\$0.00	\$0.00
Yr. 7, Component 2 (Public & Private)					
Q2-Comp. 2-December	\$437,233.15	\$624,618.79	\$624,618.79	\$0.00	\$187,385.64
Q2-Comp. 2-January	\$149,632.45	\$647,087.87	\$213,760.64	\$433,327.23	\$64,128.19
Total Component 2 due to MGRs.	\$586,865.60	\$1,271,706.66	\$838,379.43	\$0.00	\$0.00
Variance Payments (Component 1, 2, 3, 4, and Lapsing Funds)					
Variance December	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Variance January	(\$19,011.37)	(\$82,143.06)	(\$27,159.10)	(\$54,983.96)	(\$8,147.73)
Variance Payment Totals	(\$19,011.37)	\$0.00	\$0.00	\$0.00	\$0.00
Adjustment Payments					
QIPP YR 4 Adjustment 3	\$3,271.42	(\$1,354.48)	\$1,916.94	(\$3,271.42)	
QIPP YR 5 Adjustment 2	\$256.20	\$103,723.90	\$103,980.10	(\$256.20)	
QIPP YR 6 Reconciliation	\$2,537,865.95	(\$2,435,447.75)	\$102,418.20	(\$2,537,865.95)	\$0.00
Total Adjustment & Reconciliation Payment	\$2,541,393.57	(\$2,333,078.33)	\$208,315.24	(\$2,541,393.57)	\$0.00
Non-QIPP Funds					
	\$25,275.00				
Restricted	\$4,939,317.67				
Unrestricted	\$3,188,593.13				
Total Funds	\$8,127,910.80				

Committed Funds			
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2023	\$1,001,803.00	\$250,450.74	\$751,352.26
2. Coastal Marketing Grant	\$276,040.00	\$54,688.93	\$221,351.07
3. WSVEMS Grant	\$152,774.40	\$38,193.60	\$114,580.80
4. Marcelous Williams	\$77,590.00	\$19,397.50	\$58,192.50
Total Commitments	\$1,508,207.40	\$362,730.77	\$1,145,476.63

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, 2024	\$0.00	\$34,294.40	\$1,472,865.21
February 20, 2024	\$0.00	\$40,089.30	\$1,432,775.91
March 20, 2024	\$0.00	\$31,699.18	\$1,401,076.73
	\$1,626,424.00	\$225,347.27	\$1,401,076.73

CHOW Interim Working Capital Loan					
	March Advance	Total Amount Advanced	Line of Credit Remaining	Amount Paid Back to Date	Amount Due to District
Gulf Coast					
Gulf Coast - Copperas Cove	\$0.00	\$550,000.00	\$0.00	\$550,000.00	\$0.00
Gulf Coast - Corrigan	\$0.00	\$800,000.00	\$0.00	\$800,000.00	\$0.00
Gulf Coast - Hemphill	\$0.00	\$550,000.00	\$0.00	\$550,000.00	\$0.00
Gulf Coast - Oak Village	\$0.00	\$550,000.00	\$0.00	\$550,000.00	\$0.00
Gulf Coast - Parkview	\$0.00	\$550,000.00	\$0.00	\$550,000.00	\$0.00
Gulf Coast - Winnie	\$0.00	\$800,000.00	\$0.00	\$800,000.00	\$0.00
Gulf Coast - Clute	\$184,228.22	\$344,646.80	\$900,000.00	\$0.00	\$344,646.80
Gulf Coast - Creekside Village	\$180,100.64	\$308,353.29	\$900,000.00	\$0.00	\$308,353.29
Gulf Coast - Wells	\$172,224.44	\$346,518.64	\$900,000.00	\$0.00	\$346,518.64
Gulf Coast - Shepard	\$162,323.89	\$326,664.91	\$900,000.00	\$0.00	\$326,664.91
Balance Owed by Gulf Coast	\$698,877.19	\$5,126,183.64	\$3,600,000.00	\$3,800,000.00	\$1,326,183.64
Health Mark Group					
HMG - Treviso	\$0.00	\$1,500,000.00	\$0.00	\$0.00	\$1,500,000.00
Balance Owed by Health Mark Group	\$0.00	\$1,500,000.00	\$0.00	\$0.00	\$1,500,000.00
Senior Living Properties (SLP)					
SLP - Coronado	\$286,491.85	\$809,109.24	\$690,890.76	\$0.00	\$809,109.24
SLP - Paris	\$141,029.50	\$416,113.20	\$600,000.00	\$0.00	\$416,113.20
SLP - Palestine	\$150,862.65	\$445,479.86	\$600,000.00	\$0.00	\$445,479.86
SLP - Overton	\$140,596.65	\$386,774.55	\$600,000.00	\$0.00	\$386,774.55
SLP - Seabreeze	\$312,692.15	\$876,217.57	\$623,782.43	\$0.00	\$876,217.57
Balance Owed by Senior Living Group	\$1,031,672.80	\$2,933,694.42	\$3,114,673.19	\$0.00	\$2,933,694.42
Caring					
Caring - Oak Brook	\$182,849.55	\$375,939.68	\$600,000.00	\$0.00	\$375,939.68
Caring - Gracy Woods	\$257,417.56	\$481,480.80	\$600,000.00	\$0.00	\$481,480.80
Balance Owed by Caring	\$440,267.11	\$857,420.48	\$1,200,000.00	\$0.00	\$857,420.48
Health Services Managemnt (HSM)					
HSM - Conroe	\$0.00	\$360,809.35	\$0.00	\$0.00	\$360,809.35
HSM - Huntsville	\$0.00	\$219,682.81	\$0.00	\$0.00	\$219,682.81
HSM - Richmond	\$0.00	\$379,716.78	\$0.00	\$0.00	\$379,716.78
HSM - Sugar Land	\$0.00	\$451,345.23	\$0.00	\$0.00	\$451,345.23
Balance Owed by HSM	\$0.00	\$1,411,554.17	\$0.00	\$0.00	\$1,411,554.17
Total CHOW Loan Outstanding	\$2,170,817.10	\$11,828,852.71	\$7,914,673.19	\$3,800,000.00	\$8,028,852.71

**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)	\$2,327,303.57	(\$2,327,303.57)	(\$60,335.60)	(\$2,387,639.17)	\$5,416,302.88
9-February 28, 2024 (December, Comp. 1)	\$1,806,713.14	(\$1,806,713.14)	(\$37,086.63)	(\$1,843,799.77)	\$3,609,589.74
10 March 31, 2024 (January, Comp. 1)	\$1,804,794.87	(\$1,804,794.87)	(\$24,815.93)	(\$1,829,610.80)	\$1,804,794.87
11-April 30, 2024 (February, Comp. 1)	\$1,804,794.87	(\$1,804,794.87)	(\$12,407.96)	(\$1,817,202.84)	\$0.00
Amount Paid	\$14,353,948.46	(\$14,353,948.46)	(\$805,260.91)	(\$15,159,209.38)	

**First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 24 (Acct #79067) (December 1, 2023-November 1, 2024)
2nd Half of Year 7**

Annual Interest Rate:	8.25%	Payments Per Year:	11	Origination Fee:	\$154,210.00
Years:	1	Amount:	\$15,421,032.78		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-December 31, 2023			(\$112,873.39)	(\$112,873.39)	\$15,421,032.78
2-January 31, 2024			(\$112,873.39)	(\$112,873.39)	\$15,421,032.78
3-February 28, 2024			(\$105,591.24)	(\$105,591.24)	\$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)	(\$65,422.56)	(\$2,635,594.69)	\$10,280,688.52
8-July 31, 2024 (May, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$52,338.05)	(\$2,622,510.18)	\$7,710,516.39
9-August 31, 2024 (June, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$39,253.54)	(\$2,609,425.67)	\$5,140,344.26
10-September 30, 2024 (July, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$26,169.03)	(\$2,596,341.16)	\$2,570,172.13
11-October 31, 2024 (August, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$13,084.51)	(\$2,583,256.64)	\$0.00
Amount Paid	\$15,421,032.78	(\$15,421,032.78)	(\$866,225.88)	(\$16,287,258.66)	

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
Total Outstanding LOC	\$4,433,740.99	\$0.00	\$4,433,740.99

Balance:	\$8,200,000.00	Principle Balance Owed	\$4,433,740.99		
Interest Rate:	5.60%	LOC Funds Available	\$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	\$0.00	\$7,437.09
3	10/31/2023	\$1,842,255.33	\$8,997.10	\$0.00	\$8,997.10
4	11/30/2023	\$2,142,255.33	\$8,597.19	\$0.00	\$8,597.19
5	12/31/2023	\$2,442,255.33	\$13,177.11	\$0.00	\$13,177.11
6	1/31/2024	\$4,433,740.99	\$18,597.33	\$0.00	\$18,597.33
7	2/28/2024	\$4,433,740.99	\$20,001.10	\$0.00	\$20,001.10
8	3/31/2024	\$4,433,740.99	\$21,380.48	\$0.00	\$21,380.48
9	4/30/2024	\$4,433,740.99	\$0.00	\$0.00	\$0.00
Amount Paid		\$0.00	\$98,187.40	\$0.00	\$98,187.40

District's Investments

	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE	\$8,200,000.00	3.60%	2023	Paid Annually	\$0.00
Money Market-First Financial Bank	\$9,303,900.65	4.00%	February 2024	\$31,414.98	\$56,944.76
Texstar C.D. #1110	\$740,248.71	5.3378%	February 2024	3,119.21	\$6,444.90

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

Edward Murrell,
President

Date: _____

Robert "Bobby" Way
Treasurer/Investment Officer

Date: _____

*Italics are Estimated amounts

Exhibit “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 21, 2024 to March 20, 2024

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>
100	Prosperity Bank -Checking		
Check	02/21/2024	4120	Winnie Stowell Hospital District
Check	02/21/2024	4121	Indigent Healthcare Solutions,...
Check	02/21/2024	4122	Brookshire Brothers
Check	02/21/2024	4124	Wilcox Pharmacy
Check	02/21/2024	4125	UTMB at Galveston
Check	02/21/2024	4126	UTMB Faculty Group Practice
Check	02/21/2024	4127	Thompson Outpatient Clinic, L...
Check	02/21/2024	4128	Coastal Gateway Health Center
Check	02/21/2024	4130	Alliance Medical Services
Check	02/21/2024	4129	Barrier Reef Emergency Physican
Check	02/21/2024	4131	Winnie Family Dental
Check	02/21/2024	4132	Bayside Dental
Check	02/21/2024	4133	Dr. June Stansky, Optometrist
Check	02/21/2024	4134	CABA Therapy Services dba P...
Check	02/21/2024	4135	Kalos Counseling
Check	02/21/2024	4138	Technology Solutions of Texas,...
Check	02/21/2024	4137	Graciela Chavez
Check	02/21/2024	4136	Felipe Ojeda
Check	02/21/2024	4139	Benckenstein & Oxford
Check	02/21/2024	4140	Hubert Oxford
Check	02/21/2024	4141	Makayla Vidal
Check	02/21/2024	4142	American Education Services
Check	02/21/2024	4143	US Department of Education
Check	02/21/2024	4144	Coastal Gateway Health Center
Check	02/21/2024	4145	Hall Render Killian Heath & Ly...
Check	02/21/2024	4146	Patrica Ojeda
Check	02/21/2024	4147	Lisa Rae LLC
Check	02/21/2024	4148	TORCH
Deposit	02/23/2024		
Check	02/26/2024		Prosperity Bank (CC)
Liability C...	02/28/2024		QuickBooks Payroll Service
Liability C...	02/28/2024		QuickBooks Payroll Service
Liability C...	02/28/2024		QuickBooks Payroll Service
Paycheck	02/29/2024	DD1331	Norris, Sherrie
Paycheck	02/29/2024	DD1332	Walters, Reagan D
Paycheck	02/29/2024	DD1333	Carlo, Victoria M
Paycheck	02/29/2024	DD1334	Jordan, Carson T
Deposit	02/29/2024		
Check	03/05/2024	995179	ECISD
Check	03/05/2024	995177	Riceland Medical Center
Check	03/05/2024	4149	Texas Mutual Insurance Comp...
Check	03/05/2024	4150	Winnie Community Hospital, L...
Check	03/11/2024	4151	J & W A/C & Heating
Liability C...	03/14/2024		QuickBooks Payroll Service
Liability C...	03/14/2024		QuickBooks Payroll Service
Paycheck	03/15/2024	DD1335	Walters, Reagan D
Paycheck	03/15/2024	DD1337	Jordan, Carson T
Paycheck	03/15/2024	DD1336	Carlo, Victoria M
Check	03/20/2024		Indigent Healthcare Solutions,...
Check	03/20/2024		Brookshire Brothers
Check	03/20/2024		Wilcox Pharmacy
Check	03/20/2024		Barrier Reef Emergency Physican
Check	03/20/2024		Coastal Gateway Health Center
Check	03/20/2024		\$25 Optical
Check	03/20/2024		Bayside Dental

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 21, 2024 to March 20, 2024

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>
Check	03/20/2024		CABA Therapy Services dba P...
Check	03/20/2024		Dr. June Stansky, Optometrist
Check	03/20/2024		Winnie Family Dental
Check	03/20/2024		Thompson Outpatient Clinic, L...
Check	03/20/2024		UTMB at Galveston
Check	03/20/2024		UTMB Faculty Group Practice
Check	03/20/2024		Kalos Counseling
Check	03/20/2024		Benckenstein & Oxford
Check	03/20/2024		Felipe Ojeda
Check	03/20/2024		Funcion 4-Lease fka Star Grap...
Check	03/20/2024		Function 4
Check	03/20/2024		Graciela Chavez
Check	03/20/2024		American Education Services
Check	03/20/2024		Coastal Gateway Health Center
Check	03/20/2024		US Department of Education
Check	03/20/2024		Hall Appraisers, Inc.
Check	03/20/2024		Hubert Oxford
Check	03/20/2024		Patrica Ojeda
Check	03/20/2024		Technology Solutions of Texas,...
Check	03/20/2024		Makayla Vidal
Check	03/26/2024	Pending	Prosperity Bank (CC)
Check	04/05/2024	Pending	ECISD
Check	04/05/2024	Pending	Riceland Medical Center

Total 100 Prosperity Bank -Checking

102 First Financial Bank
102b FFB #4846 DACA

Check	02/21/2024		
Deposit	02/23/2024		
Check	02/23/2024		
Check	02/23/2024		
Check	02/27/2024		
Check	02/29/2024		
Check	02/29/2024		
Check	02/29/2024		
Deposit	03/01/2024		

Total 102b FFB #4846 DACA

102c FFB #7190 Money Market

Deposit	02/29/2024		
Deposit	02/29/2024		

Total 102c FFB #7190 Money Market

Total 102 First Financial Bank

TOTAL

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 21, 2024 to March 20, 2024

<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
FFB Opening Deposits 5 HSM NHs	X	(1,000.00)
Inv #77279	X	(1,566.00)
IC Batch Date 01.04.2024	X	(3,366.78)
IC Batch Date 01.03.2024	X	(2,261.17)
Nov & Dec Invoices		(5,746.12)
Nov & Dec Invoices	X	(3,127.34)
IC Batch Date 01.11.24	X	(1,185.35)
Batch Date 1/11/2024	X	(964.39)
Batch Date 1/10/2024		(345.00)
Batch Date 1/01/2024		(128.90)
IC SP Batch Date 01.08.2024		(147.00)
Batch Date 01/08/2024	X	(4,836.00)
Batch Date 01/08/2024	X	(180.00)
Batch Date 01/10/2024	X	(282.63)
Batch Date 01/02/2024		(510.00)
Inv#'s 1845 & 1843	X	(831.25)
Inv# 965968	X	(120.00)
Inv# 1046	X	(350.00)
Inv# 51008	X	(31,700.00)
Legal Retainer via Letter	X	(1,000.00)
Inv# 00044	X	(10,692.50)
Grant S Stern- Student Loan	X	(150.14)
Acct #1778777792-1 Odom, B	X	(760.62)
Grant Pmt 2 of 12	X	(83,483.58)
Inv# 604565	X	(15,414.73)
Inv# 3002	X	(13,200.00)
Inv# 1246	X	(510.00)
Inv# 2230801 (Membership Dues)		(1,895.00)
Deposit, Processed	X	200,000.00
2704	X	(1,948.40)
Created by Payroll Service on 02/27/2024	X	(5,248.95)
Created by Payroll Service on 02/27/2024	X	(754.23)
Created by Payroll Service on 02/27/2024	X	(3,183.13)
Direct Deposit	X	
Direct Deposit	X	
Direct Deposit	X	
Direct Deposit	X	
Deposit, Processed	X	84.26
Memo:Draft, Withdrawal, Processed	X	(22,077.13)
Memo:Draft, Withdrawal, Processed	X	(340.00)
WC Policy # 0001302975		(417.00)
WC Grant (PACs Replacement)		(32,650.00)
Inv# 080523		(565.00)
Created by Payroll Service on 03/12/2024		(1,165.23)
Created by Payroll Service on 03/12/2024		(3,140.29)
Direct Deposit	X	
Direct Deposit	X	
Direct Deposit	X	
Inv# 77450		(1,566.00)
Batch Date Feb 4 2024		(2,621.07)
Batch Date Feb 3 2024		(1,913.09)
Batch Date Feb 1 2024		(121.20)
Batch Feb 11 2024		(467.12)
Batch Date Feb 8 2024		(250.00)
Batch Date Feb 8 2024		(440.00)

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 21, 2024 to March 20, 2024

<i>Memo</i>	<i>Clr</i>	<i>Amount</i>
Batch Date Feb 10 2024		(466.61)
Batch Date Feb 8 2024		(180.00)
Batch Date Feb 8 2024		(140.00)
Batch Date Feb 11 2024		(1,422.82)
Batch Date Feb 1 2024		(40,274.91)
Batch Date Feb 1 2024		(14,263.81)
Batch Date Feb 2 2024		(425.00)
Inv# 51023		(30,540.37)
Inv# 1047		(350.00)
Inv# 82206983		(44.05)
Inv# 1105170		(260.00)
Inv# 965969		(120.00)
92 5529 5461- S. Stern		(150.14)
3 of 12 payments		(83,483.58)
Acct #1778777792-1- B. Odom		(720.62)
Inv# 607062		(9,400.34)
Legal retainer via Letter		(1,000.00)
Inv# 3003		(4,800.00)
Inv# 1849		(225.00)
Inv# 00048		(9,187.50)
2704		(1,691.00)
		(22,077.00)
		(340.00)
		(286,100.83)
Transfer to DDA Acct No. 1110214846-D	X	63,900.00
Deposit, Processed	X	(200,000.00)
Transfer to DDA Acct No. 1110214846-D	X	132,535.35
ACH PaymenWinnie-Stowell HCCD 1611500560	X	(74,007.00)
Transfer to DDA Acct No. 1110214846-D	X	2,024,704.13
Transfer from XXX4846 to XXX7759: Conf #:20809153	X	(20,001.10)
Transfer from XXX4846 to XXX9067: Conf #:20809130	X	(105,591.24)
Transfer from XXX4846 to XXX7635: Conf #:20817583	X	(1,843,799.77)
Transfer from DDA Acct No. 1110277181-D		
		(22,259.63)
Deposit	X	25,529.78
	X	2,976.70
		28,506.48
		6,246.85
		(279,853.98)

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 21, 2024 to March 20, 2024

Balance

551,628.27
550,628.27
549,062.27
545,695.49
543,434.32
537,688.20
534,560.86
533,375.51
532,411.12
532,066.12
531,937.22
531,790.22
526,954.22
526,774.22
526,491.59
525,981.59
525,150.34
525,030.34
524,680.34
492,980.34
491,980.34
481,287.84
481,137.70
480,377.08
396,893.50
381,478.77
368,278.77
367,768.77
365,873.77
565,873.77
563,925.37
558,676.42
557,922.19
554,739.06
554,739.06
554,739.06
554,739.06
554,739.06
554,823.32
532,746.19
532,406.19
531,989.19
499,339.19
498,774.19
497,608.96
494,468.67
494,468.67
494,468.67
494,468.67
492,902.67
490,281.60
488,368.51
488,247.31
487,780.19
487,530.19
487,090.19

Winnie-Stowell Hospital District
Bank Accounts Register
As of February 21, 2024 to March 20, 2024

Balance

486,623.58
486,443.58
486,303.58
484,880.76
444,605.85
430,342.04
429,917.04
399,376.67
399,026.67
398,982.62
398,722.62
398,602.62
398,452.48
314,968.90
314,248.28
304,847.94
303,847.94
299,047.94
298,822.94
289,635.44
287,944.44
265,867.44
265,527.44

265,527.44

19,833,192.14
10,529,291.49
10,593,191.49
10,393,191.49
10,525,726.84
10,451,719.84
12,476,423.97
12,456,422.87
12,350,831.63
10,507,031.86
10,507,031.86

10,507,031.86

9,303,900.65
9,329,430.43
9,332,407.13

9,332,407.13

19,839,438.99

20,104,966.43

Exhibit “B”



3.20.2024 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients: 96 -DOWN by 5 from 101 in **JAN**
 - 22 Apps, [13 Renewals, 7 Previous, 2 New, and 00 ER Referrals]
 - 13 Approved [6 Renewals, 5 Previous, 2 New, and 00 ER Referrals]
 - 0 Withdrew / 1 Denied / 8 Incomplete / 0 Pending
- b) Youth Counseling: 6 – UP by 1 from 5 in **JAN**
- c) Irlen Services: 0 – the same since **OCT 2022**
- d) Dental: 8 clients used their benefit in **FEB**
- e) Vision Services: 8 clients used their benefit in **FEB**
- f) Riceland Emergency Room Referrals: 0

2) Riceland Hospital & Clinics:

The **FEB** charges were DOWN by \$23 K from \$81.1 K to \$58.1 K. RHC Reimbursement Rate Increased by \$5.16 from \$112.22 to \$117.38 effective on February 1st.

3) UTMB Hospital & Clinics:

UTMB **FEB** charges were UP by \$381.1 K from \$60.5 K to \$447.6 K, which included 1 surgery & 5 procedures for a total billed amount of \$88.4 K and payment of \$20.9 K, we had 1 ER Visit for a total billed amount of \$81.7 K and payment of \$0 K, because of failed timely notification. Also a 17 day In-Patient Stay for a total billed amount of \$193.6 K and payment of \$15.6 K, Client has exhausted his benefits with this stay.

4) Our over-all YTD expenditure Charts:

We have expended 16% of the overall Indigent Care Budget

- 18% of the Pharmacy budget
- 19% of the Riceland budget
- 21% of the UTMB budget
- 4% of the Youth Counseling budget
- 41% of the Vision budget
- 23% of the Dental budget
- 14% of the Thompson Outpatient Clinic budget

5) Other items of Interest:

Report on anything that pertains to WSHD Programs.



CHART 1: 2024 YTD WSHD Services & Budget Status:

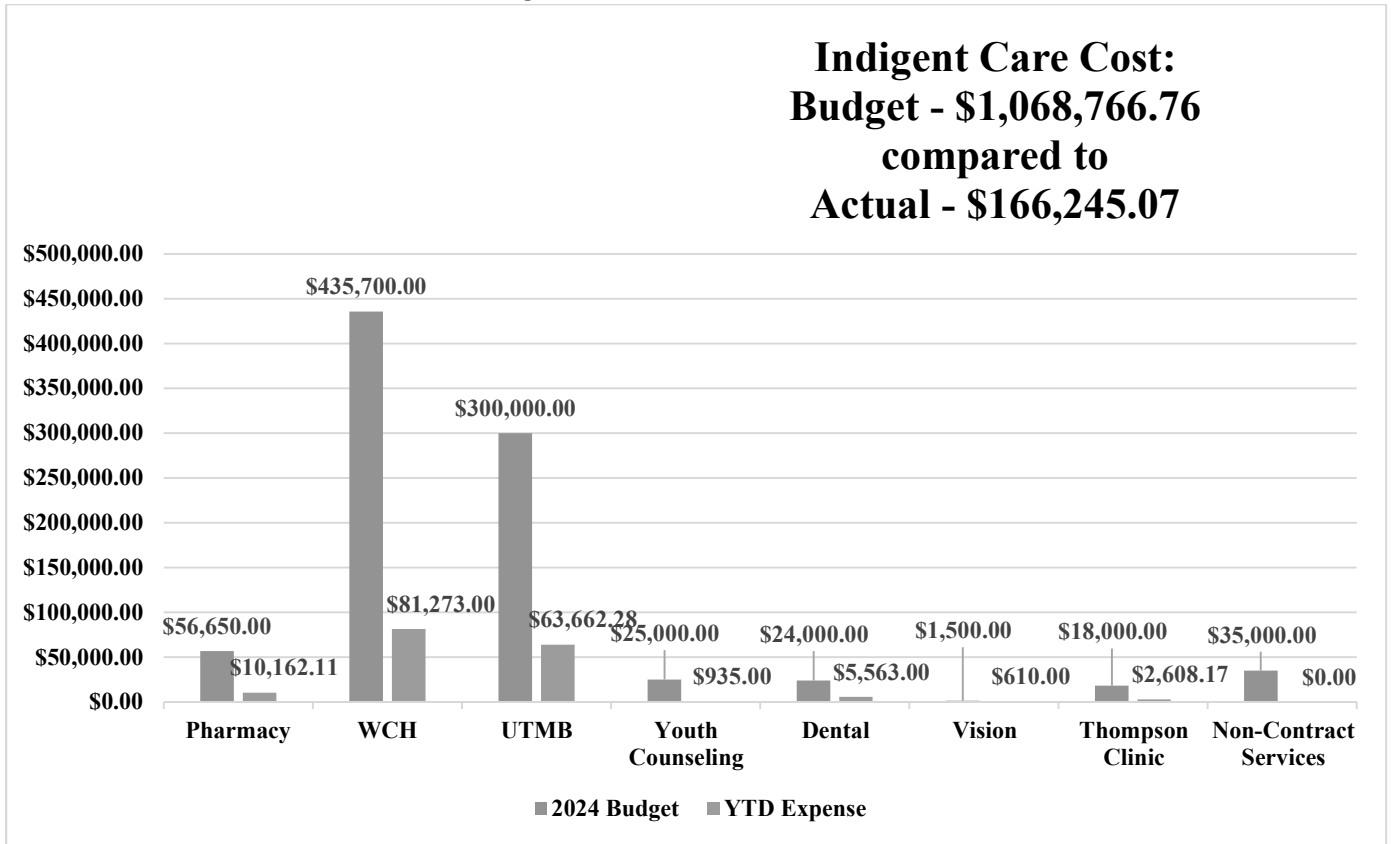


CHART 2: 2024 WCH Services Breakdown

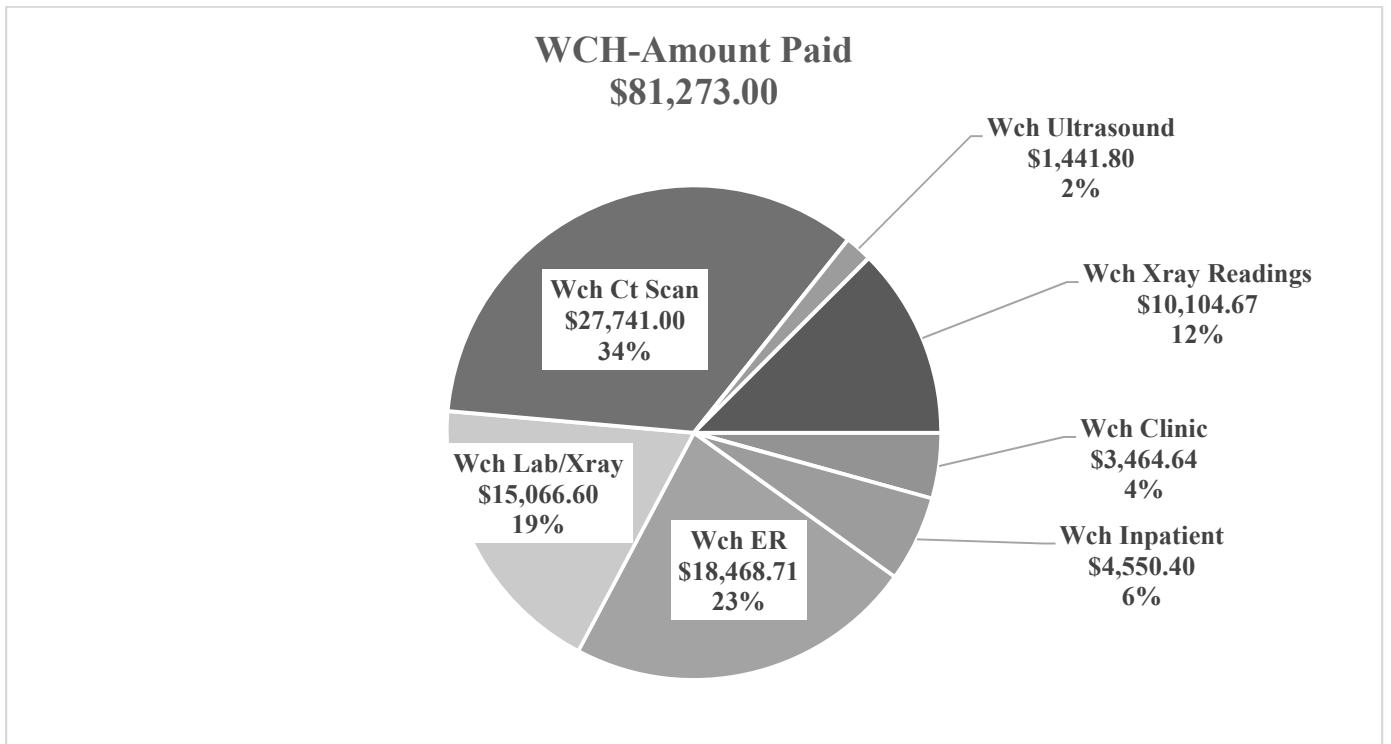




CHART 1: 2024 YTD WSHD Services & Budget Status:

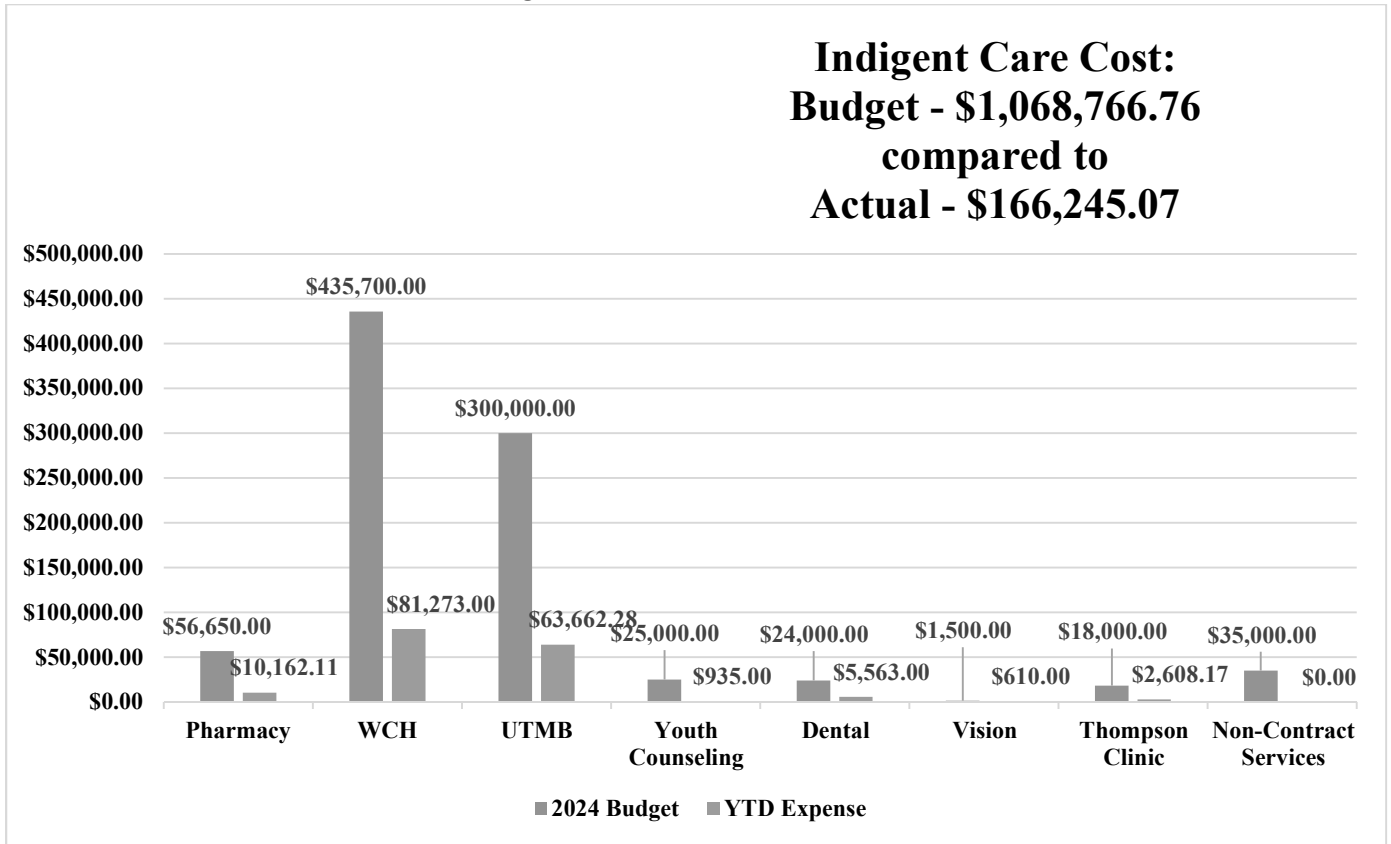
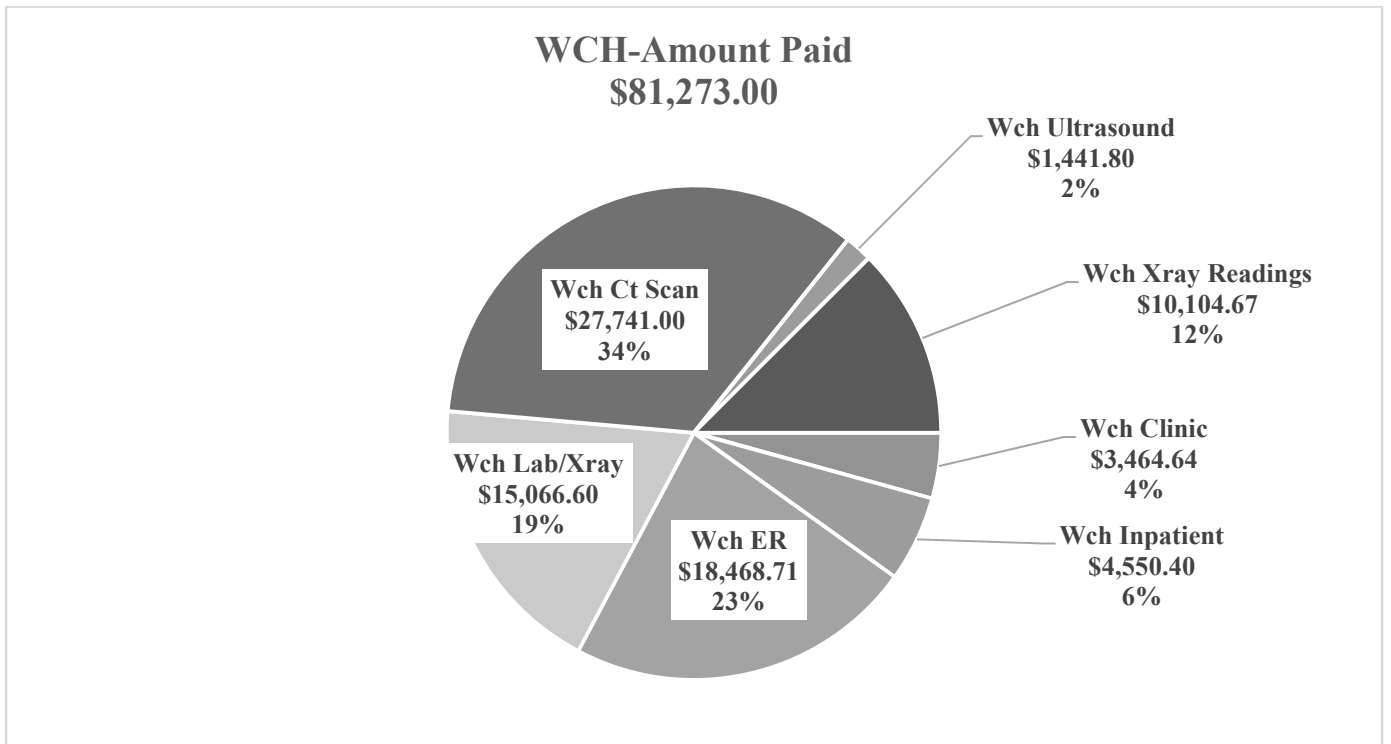


CHART 2: 2024 WCH Services Breakdown

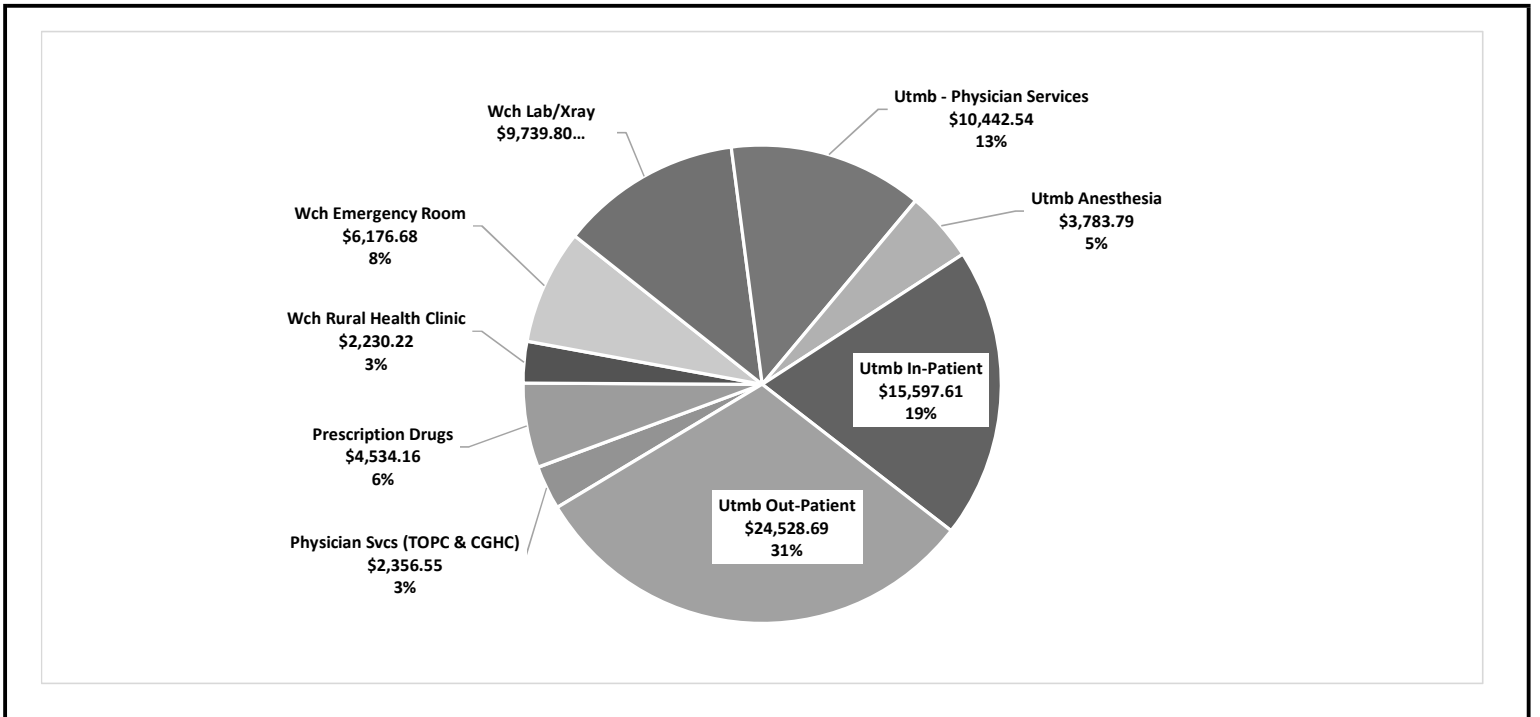


	January			February			
Indigent Clients:	Indigent Clients:	101		Indigent Clients:	96		Clients Enrolled:
Youth Counseling:	Youth Counseling:	5		Youth Counseling:	6		YC Enrolled:
Irlen Services:	Irlen Services:	0		Irlen Services:	0		IS Enrolled:
PROVIDER TOTALS	Billed Amount	Contracted Rate	Actually Paid	Billed Amount	Contracted Rate	Actually Paid	Billed Amount
Pharmacy							
Brookshire Brothers Pharmacy Corp	\$3,575.45	\$3,366.78	\$3,366.78	\$2,734.35	\$2,621.07	\$2,621.07	\$6,309.80
Wilcox Pharmacy	\$2,261.17	\$2,261.17	\$2,261.17	\$1,913.09	\$1,913.09	\$1,913.09	\$4,174.26
<i>ADJUSTMENTS-Refunds/Credits</i>	<i>Brookshire Brothers Credit Adjustment</i>						<i>YTD Refunds/Credits</i>
Pharmacy Totals	\$5,836.62	\$5,627.95	\$5,627.95	\$4,647.44	\$4,534.16	\$4,534.16	\$10,484.06
Winnie Community Hospital							
WCH Clinic	\$2,364.00	\$1,234.42	\$1,234.42	\$6,134.00	\$2,230.22	\$2,230.22	\$8,498.00
WCH Observation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH ER	\$24,768.00	\$12,292.03	\$12,292.03	\$11,642.00	\$6,176.68	\$6,176.68	\$36,410.00
WCH Lab/Xray	\$8,878.00	\$5,326.80	\$5,326.80	\$16,233.00	\$9,739.80	\$9,739.80	\$25,111.00
WCH CT Scan	\$25,675.00	\$15,405.00	\$15,405.00	\$20,560.00	\$12,336.00	\$12,336.00	\$46,235.00
WCH Optional Services (Infusion)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Xray (MRI)	\$8,293.00	\$435.18	\$435.18	\$0.00	\$0.00	\$0.00	\$8,293.00
WCH Lab/Xray Reading	\$2,711.00	\$364.87	\$364.87	\$1,887.00	\$9,739.80	\$9,739.80	\$4,598.00
WCH Inpatient	\$7,584.00	\$4,550.40	\$4,550.40	\$0.00	\$0.00	\$0.00	\$7,584.00
WCH Physical Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WCH Ultrasound	\$801.00	\$480.60	\$480.60	\$1,602.00	\$961.20	\$961.20	\$2,403.00
WCH Totals	\$81,074.00	\$40,089.30	\$40,089.30	\$58,058.00	\$41,183.70	\$41,183.70	\$139,132.00
<i>ADJUSTMENTS-Refunds/Credits</i>	<i>Credit Adjustment</i>			<i>Credit Adjustment</i>			<i>YTD Credit Adjustment</i>
Balance on Contracted Amount (Lump Sum Payment of \$887,140.37)		\$847,051.07			\$805,867.37		
UTMB							
UTMB Physician Services	\$14,774.00	\$2,768.01	\$2,768.01	\$46,820.00	\$10,442.54	\$10,442.54	\$61,594.00
Barrier Reef (UTMB ER Physician)	\$2,397.00	\$128.90	\$128.90	\$2,374.00	\$121.20	\$121.20	\$4,771.00
UTMB Anesthesia	\$640.00	\$359.33	\$359.33	\$7,510.00	\$3,783.79	\$3,783.79	\$8,150.00
UTMB In-Patient	\$0.00	\$0.00	\$0.00	\$193,641.06	\$15,597.61	\$15,597.61	\$193,641.06
UTMB Outpatient	\$34,414.71	\$4,250.34	\$4,250.34	\$195,559.93	\$24,528.69	\$24,528.69	\$229,974.64
UTMB Lab&Xray	\$8,234.00	\$1,495.78	\$1,495.78	\$637.00	\$69.08	\$69.08	\$8,871.00
CHARITY CARE @ UTMB	\$0.00	\$0.00	\$0.00	\$1,021.00	\$117.01	\$117.01	\$1,021.00
<i>ADJUSTMENTS-Refunds/Credits</i>	<i>UTMB FGP & UTMB @ Galv Refund</i>						<i>YTD Refunds/Credits</i>
UTMB Totals	\$60,459.71	\$9,002.36	\$9,002.36	\$447,562.99	\$54,659.92	\$54,659.92	\$508,022.70
Local Community Clinics (601.04)							
Coastal Gateway Health Clinic	\$1,929.77	\$964.39	\$964.39	\$846.18	\$467.12	\$467.12	\$2,775.95
Physio Physical Therapy	\$780.00	\$282.63	\$282.63	\$1,042.00	\$466.61	\$466.61	\$1,822.00
Thompson Outpatient Clinic	\$4,692.00	\$1,185.35	\$1,185.35	\$5,718.00	\$1,422.82	\$1,422.82	\$10,410.00
Local Community Clinics	\$7,401.77	\$2,432.37	\$2,432.37	\$7,606.18	\$2,356.55	\$2,356.55	\$15,007.95
Non-Contracted Emergency Services (601.04)							
Non-Contract ER & In-Pt Services	\$12,467.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,467.25
Winnie-Stowell EMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Contract Services Totals	\$12,467.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,467.25
Youth Counseling							
Benjamin Odom	\$510.00	\$510.00	\$510.00	\$425.00	\$425.00	\$425.00	\$935.00
Nicki Holtzman	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Youth Counseling Totals	\$510.00	\$510.00	\$510.00	\$425.00	\$425.00	\$425.00	\$935.00
Irlen Services							
Nancy Gaudet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Irlen Services Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigent Special Services							
Dental Services	\$11,911.94	\$4,983.00	\$4,983.00	\$1,183.94	\$580.00	\$580.00	\$13,095.88
Vision Services	\$180.00	\$180.00	\$180.00	\$430.00	\$430.00	\$430.00	\$610.00
Indigent Special Services Totals	\$12,091.94	\$5,163.00	\$5,163.00	\$1,613.94	\$1,010.00	\$1,010.00	\$13,705.88
Medical Supplies (601.04)							
Alliance Medical Supply (C-PAP)	\$460.00	\$345.00	\$345.00	\$0.00	\$0.00	\$0.00	\$460.00
Medial Supplies Total	\$460.00	\$345.00	\$345.00	\$0.00	\$0.00	\$0.00	\$460.00
Grand Totals	\$180,301.29	\$63,169.98	\$63,169.98	\$519,913.55	\$104,169.33	\$104,169.33	\$700,214.84

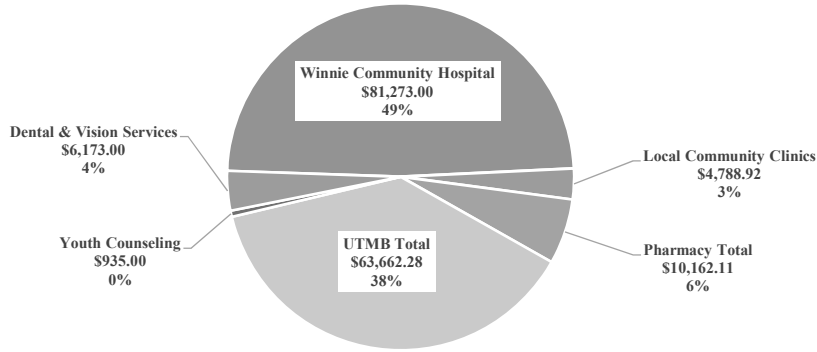
WSHD Indigent Care Director Report
Feb 2024 SOURCE CODE REPORT

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Svcs (TOPC & CGHC)	\$7,606.18	\$2,356.55	2.49%
02	Prescription Drugs	\$4,647.44	\$4,534.16	4.79%
13	Vision Services	\$430.00	\$430.00	0.45%
14	Dental Services	\$1,183.94	\$580.00	0.61%
20	Wch Physical Therapy	\$0.00	\$0.00	0.00%
21	Wch Rural Health Clinic	\$6,134.00	\$2,230.22	2.36%
23	Wch Inpatient	\$0.00	\$0.00	0.00%
24	Wch Emergency Room	\$11,642.00	\$6,176.68	6.52%
25	Wch Lab/Xray	\$16,233.00	\$9,739.80	10.29%
26	Wch Ct Scan	\$20,560.00	\$12,336.00	13.03%
28	Wch X-Ray (MRI)	\$0.00	\$0.00	0.00%
29	Wch Ultrasound	\$1,602.00	\$961.20	1.02%
44	Wch Xray Readings	\$1,887.00	\$255.28	0.27%
31	Utmb - Physician Services	\$46,820.00	\$10,442.54	11.03%
31-1	Utmb Anesthesia	\$7,510.00	\$3,783.79	4.00%
33	Utmb In-Patient	\$193,641.06	\$15,597.61	16.47%
34	Utmb Out-Patient	\$195,559.93	\$24,528.69	25.91%
34-1	Utmb ER Physicians - Barrier Reef	\$2,374.00	\$121.20	0.13%
35	Utmb Lab/X-Ray	\$637.00	\$69.08	0.07%
39	Youth Counseling	\$425.00	\$425.00	0.45%
51	Charity Care Physician Services	\$298.00	\$37.48	0.04%
52	Charity Care Out-Patient Services	\$723.00	\$79.53	0.08%
53	Charity Care Inpatient Services	\$0.00	\$0.00	0.00%
54	Charity Care Anesthesia Services	\$0.00	\$0.00	0.00%
55	Charity Care Lab & X-Ray	\$0.00	\$0.00	0.00%

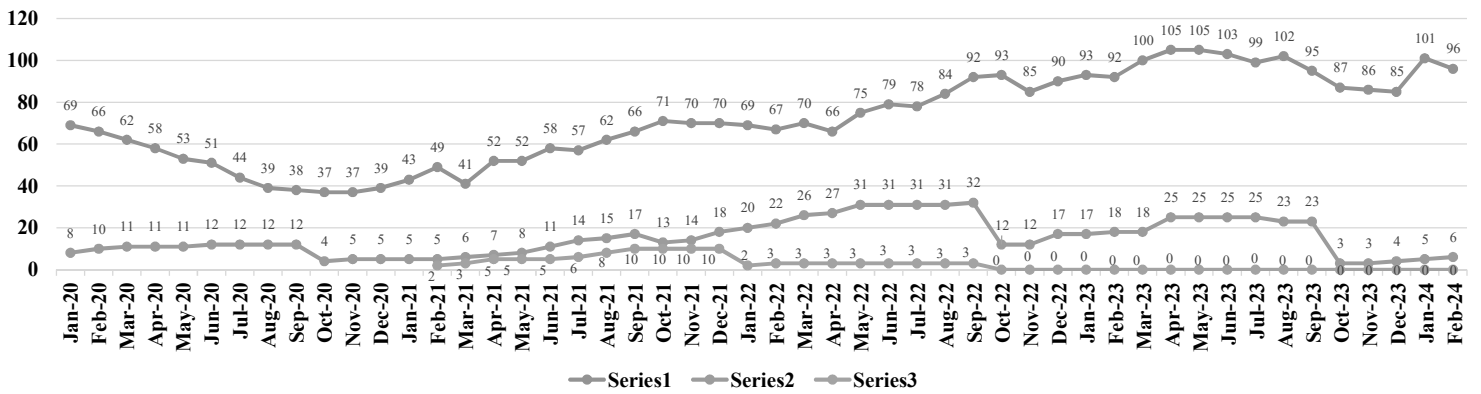
Expenditures	\$519,913.55	\$94,684.81	100%
	\$0.00	\$0.00	
Grand Total	\$519,913.55	\$94,684.81	100%



Year To Date Payments Incurred: \$167,339.31



Client Count Trending



PHARMACY SAVINGS = \$62,091.45

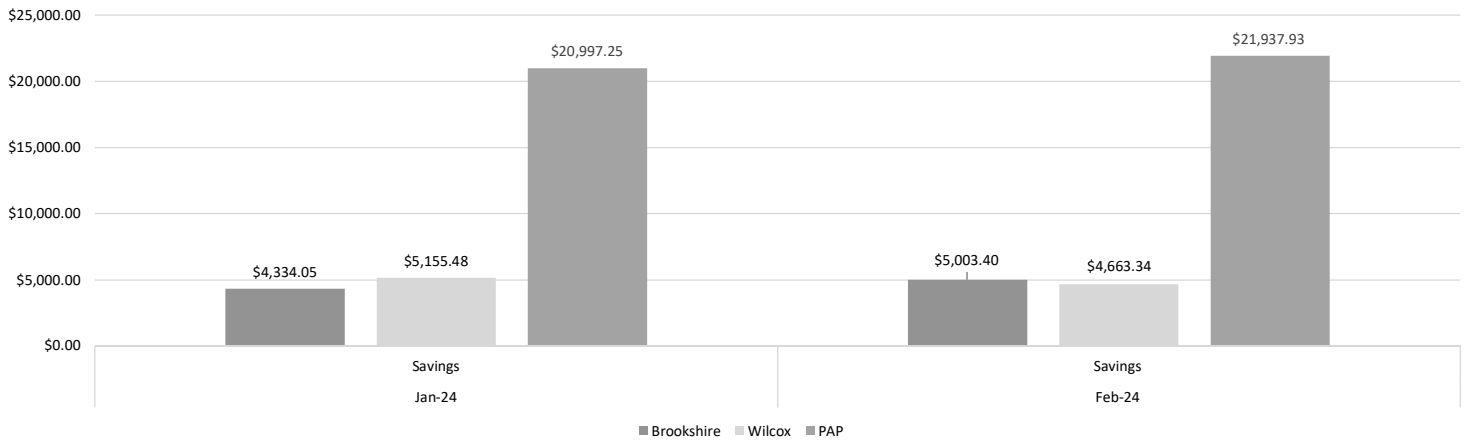


Exhibit “C”

Chambers County East Side Van Monthly Report



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

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			6939
TOTAL HOURS DRIVEN			337.22
TOTAL EXPENSES FOR MONTH			\$1,062.38
<i>FUEL COST</i>			\$1,062.38
<i>REPAIRS & MAINTENANCE COST</i>	_____		
<i>MISC EXPENSES</i>	_____		
TOTAL RIDERS			52
<i>TOTAL WSHD RIDERS</i>			4
TOTAL TRIPS			107
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			8

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			1864
TOTAL HOURS DRIVEN			103.00
TOTAL EXPENSES FOR MONTH			\$411.23
<i>FUEL COST</i>			\$411.23
<i>REPAIRS & MAINTENANCE COST</i>	_____		
<i>MISC EXPENSES</i>	_____		
TOTAL RIDERS			23
<i>TOTAL WSHD RIDERS</i>			2
TOTAL TRIPS			32
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			2

VEHICLE #3		RAV 4	
TOTAL MILES DRIVEN			1796
TOTAL HOURS DRIVEN			100.00
TOTAL EXPENSES FOR MONTH			\$995.30
<i>FUEL COST</i>			\$286.58
<i>REPAIRS & MAINTENANCE COST</i>	oil change, labor		\$59.06
<i>MISC EXPENSES</i>	tires, labor		\$649.66
TOTAL RIDERS			17
<i>TOTAL WSHD RIDERS</i>			2
TOTAL TRIPS			35
<i>TOTAL TRIPS FOR WSHD RIDERS</i>			9

GRAND TOTALS	
MILES DRIVEN	10599
RIDERS	92
<i>WSHD RIDERS</i>	8
TRIPS	174
<i>WSHD TRIPS</i>	19
EXPENSES	\$2,468.91



Year to Date Details for 2024	Jan-24	Feb-24	YTD DATE
YTD WSHD REFERRALS	0	3	3
YTD Indigent Care (Medical, Dental & Vision)	0	0	0
YTD Prescription Assistance	0	0	0
YTD Youth Counseling	0	0	0
YTD Navigating Resources for Clients	0	3	3
YTD OTHER REFERRALS	1	5	6
YTD Gift of Life	0	3	3
YTD Work in Texas (Texas Workforce Commission)	0	0	0
YTD Chambers County Indigent or OmniPoint FQHC	0	0	0
YTD Chambers County Indigent Dental	0	0	0
YTD Transportation	0	0	0
YTD Medical Services (Other Than Indigent)	0	0	0
YTD G.E.T.-C.A.P.	0	1	1
YTD Misc. MWRC Available Services	1	1	2
YTD APPLICATIONS INITIATED/PROCESSED	23	34	57
YTD WSHD Indigent Care	0	0	0
YTD Prescription Assistance	0	0	0
YTD Social Security	2	4	6
YTD Medicare Savings Program	0	1	1
YTD Medicaid	6	8	14
YTD Food Stamps	15	17	32
YTD Home Repair	0	4	4
YTD G.E.T.-C.A.P.	0	0	0
YTD CLIENTS SERVED	18	27	45
YTD WSHD Clients	18	26	44
YTD Chambers County Residents	0	0	0
YTD Other County Residents	0	1	1
YTD OFFICE SUPPLIES EXPENSES	\$841.17	\$497.78	\$1,338.95
YTD STAFFING EXPENSES	\$1,330.00	\$3,015.67	\$4,345.67
YTD GRANT AMOUNT SPENT OF TOTAL	\$2,171.17	\$3,513.45	\$5,684.62

MONTHLY REFERRALS & APPLICATIONS

CLIENT DETAILS						PROGRAM(S) CLIENTS		
DATE	REPEAT CLIENTS	Client Identifier	Client Residency Data			Navigating Resources for Clients	Gift of Life	G.E.T.-C.A.P.
	Enter "R"	Client Name: Example:Smi,J OR For Repeat Clients: R	Winnie Stowell Hosp Dist	Chambers County	Any Other County: ENTER COUNTY			
2/1/2024		Day,R	X					
2/1/2024	R	Led,C	X					X
2/2/2024	R	Abs,K	X					
2/5/2024		Mor,L	X					
2/5/2024		Per,S	X					
2/5/2024	R	Smi,T	X			X		
2/5/2024	R	Led,C	X					
2/6/2024	R	Mcl,C	X			X		
2/6/2024	R	Roj,I	X					
2/8/2024	R	Led,C	X					
2/9/2024	R	Fon ,D	X					
2/12/2024	R	Sch,C	x					
2/12/2023	R	Fig,M	x					
2/12/2023	R	Arr,A	x					
2/13/2024	R	Mcl,C	x					
2/15/2024		Her,C	X					
2/15/2024	R	Ree,S	X					
2/15/2024		Cla,D	X					
2/20/2024	R	Led,C	x					
2/20/2024	R	Coo,R	x				X	
2/22/2024	R	Ree,S	x					
2/23/2024		Loz,S			X	X		
2/26/2024	R	Tho,P	x					
2/28/2024	R	Mon,D	x					
2/28/2024	R	Arr,K	x					
2/29/2024	R	Coo,R	x				X	
2/29/2024	R	Ree,S	x				X	
Totals			26	0	1	3	3	1

OFFICE SUPPLY EXPENSES INCURRED

DATE	EXPENSE DESCRIPTION
2/29/2024	Administrative Costs
TOTAL OFFICE SUPPLY EXPENSE FOR	

CLIENT SUCCESS STORY

MEET TIFFANIE

Tiffanie bravely reached out to us in crisis, seeking refuge from domestic violence and a job to rebuild her life. Despite facing hurdles, including being turned down for assistance due to her age, I remained dedicated to helping her.

After persistent searching, I connected Tiffanie with LIGHTHOUSE OF HOPE in Winnie, TX, who provided temporary shelter and assistance in finding a small camper to rent. With their support, Tiffanie found hope and the promise of a brighter future as she prepared to start her new job.

Her journey reflects her courage and resilience, and it's been a privilege to be part of her journey to a fresh start.

submitted by Michelle (Client Experience Specialist)

udent School District

Details	2023-2024	1st Qtr Totals 2023-Nov 2023	Sept 2023	2nd Qtr Totals Dec 2023-Feb 2024	3rd Qtr Totals Mar 2024-May 2024	4th Qtr Totals June 2024-Aug 2024	YTD DATE
---------	-----------	---------------------------------	--------------	-------------------------------------	-------------------------------------	--------------------------------------	----------

ACCIDENT INSURANCE

		1580		1595			
		46		27			73

CONTRACTED SERVICES (THERAPY)

		331		321	0	0	652
		163		153			316
		83		74			157
istrict speech pathologist		70		80			150
		15		14			29

SCREENINGS

		0		801	0	0	801
		0		338	0	0	338
		0		293	0	0	293
		0		170	0	0	170

NURSE SALARY & BENEFITS, SUPPLIES, IMMNUIZATIONS, & MISC SERVICES

		3		3	3	3	3
		2459		2169			4628
		563		406			969
		1275		1199			2474
		31		20			51

2023-2024 Budget

	Actual (YTD)	Budget	Budget Amend.	Difference	Balance
ces (Partial)	\$ -	\$52,000.00	\$52,000.00	\$0.00	\$52,000.00
	\$ 809.50	\$2,100.00	\$2,100.00	\$0.00	\$1,290.50
	\$ 34,259.90	\$66,628.00	\$66,628.00	\$0.00	\$32,368.10
	\$ 96,870.63	\$167,416.00	\$167,416.00	\$0.00	\$70,545.37
	\$ 1,495.05	\$20,000.00	\$20,000.00	\$0.00	\$18,504.95
	\$ -	\$0.00	\$0.00	\$0.00	\$0.00
	\$133,435.08	\$308,144.00	\$308,144.00	\$0.00	\$174,708.92

ime speech pathologist in lieu of contracting those services out. We will pay a portion of that salary from hospital district funds. \$43218 surplus from 22-23 is being eviously authorized by the hospital district and partial salary for speech pathologist.

WS EMS MONTHLY REPORT

February

Year to Date Details for 2024	Previous Year (2023) End	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD DATE
CALL SUMMARY														
CALLS/TRANSPORTS REQUESTED	102	8	6	0	0	0	0	0	0	0	0	0	0	14
CALLS/TRANSPORTS MADE														
INSURED	60	5	5											10
SELF-PAY	17	0	0											0
TOTAL CALLS MADE	77	5	5	0	0	0	0	0	0	0	0	0	0	10
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	25	3	1	0	0	0	0	0	0	0	0	0	0	4
PERCENTAGE OF CALLS MADE	75%	62.5%	83.3%											71.4%
INVOICED/BILLED														
Insurance Billed during Month	\$79,777.63	\$5,857.23	\$2,871.67											\$8,728.90
Self-Pay Billed during the Month	\$29,969.41	\$0.00	\$0.00											\$0.00
Total	\$109,747.04	\$5,857.23	\$2,871.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,728.90
PAYMENTS RECEIVED														
Insurance Payments Rcvd during in the Month	\$31,939.70	\$1,482.31	\$0.00											\$1,482.31
Self-Pay Billed Rcvd during the Month	\$10,429.84	\$0.00	\$0.00											\$0.00
Total	\$42,369.54	\$1,482.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,482.31
ACCOUNTS RECEIVABLE-FUNDS OWED														
Owed by Insurance	\$21,466.99	\$2,551.20	\$2,871.67											\$5,422.87
Owed by Self-Pay	\$2,961.51	\$0.00	\$0.00											\$0.00
Total	\$24,428.50	\$2,551.20	\$2,871.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,422.87
STAFFING EXPENSES														
	\$120,580.00	\$12,352.20	\$11,988.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,341.10

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
2/3/2024	Riceland	Texas Childrens TMC			R				N/A
2/11/2024	Riceland	Methodist TMC	M			24-04182	2166	2/23/2024	12
2/12/2024	Riceland	St. Elizabeth	M			24-04308	2170	2/24/2024	12
2/25/2024	Riceland	UTMB Galveston	M			24-05722	nn#1		Not Billed Yet
2/29/2024	Riceland	St. Elizabeth	M			24-06219	nn#2		Not Billed Yet
2/29/2024	Riceland	UTMB League City	M			24-06264	nn#3		Not Billed Yet
TOTAL CALLS & RESULTS			6	5	0	AVERAGE DAYS TO BILL:			12

MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	SHIFT SCHEDULE	HOURS WORKED	OVER-TIME HOURS	GRANT ALLOWED SALARY (\$PR HR)	GRANT FUNDED PAYROLL AMOUNT	ACTUAL SALARY (\$PR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
2/1/2024	Nicole Treto	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/2/2024	Andrew Broussard	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$19.00	\$456.00	(\$40.80)
2/3/2024	Lori Peine	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$15.00	\$360.00	\$55.20
2/4/2024	Hunter Traweek	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/5/2024	Brad Eads	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$20.00	\$480.00	(\$64.80)
2/6/2024	Amanda Harpst	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/7/2024	Haley Brandin	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/8/2024	Andrew Broussard	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$20.00	\$480.00	(\$64.80)
2/9/2024	Kayla Blackwell	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/10/2024	Nicole Treto	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/11/2024	Travis Delacerda	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$15.00	\$360.00	\$55.20
2/12/2024	Joshua Wahleithner	8am - 4am	20.00	0	\$ 17.30	\$346.00	\$30.00	\$600.00	(\$254.00)
2/13/2024	Lori Peine	4am - 7am 2/14	27.00	0	\$ 17.30	\$467.10	\$15.00	\$405.00	\$62.10
2/14/2024	Andrew Broussard	7:30am - 7am	23.50	0	\$ 17.30	\$406.55	\$19.00	\$446.50	(\$39.95)
2/15/2024	Haley Brandin	7am - 6:30am	23.50	0	\$ 17.30	\$406.55	\$16.00	\$376.00	\$30.55
2/16/2024	Kayla Blackwell	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/17/2024	Hunter Traweek	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/18/2024	Nicole Treto	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/19/2024	Brad Eads	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$20.00	\$480.00	(\$64.80)
2/20/2024	Amanda Harpst	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/21/2024	Nicole Treto	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/22/2024	Kayla Blackwell	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/23/2024	Andrew Broussard	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$19.00	\$456.00	(\$40.80)
2/24/2024	Haley Brandin	7am - 6am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/25/2024	Joshua Wahleithner	8am - 7am	23.00	0	\$ 17.30	\$397.90	\$30.00	\$690.00	(\$292.10)
2/26/2024	Amanda Harpst	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$16.00	\$384.00	\$31.20
2/27/2024	Brad Eads	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$20.00	\$480.00	(\$64.80)
2/28/2024	Andrew Broussard	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$19.00	\$456.00	(\$40.80)
2/29/2024	Lori Peine	7am - 7am	24.00	0	\$ 17.30	\$415.20	\$15.00	\$360.00	\$55.20
			TOTAL HR'S (MAX 696)			TOTAL SALARY EXPENSE FOR THE MONTH:	Avrg (Pr Hr)		DEFICIT
			693.00			\$11,988.90	\$17.79	\$12,261.50	(\$272.60)

WSVEMS REPORT STATUS

February 2024

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

REPORTING REQUIREMENTS:

By the fifth (5th) business day of the month, WSVEMS agrees to submit a report including the following:	YES	Report was received via email before the deadline for February.
---	-----	---

1. Payroll Statement:

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

2. Monthly Transport Activities Report

a. Number of calls made in the month using the Transport Ambulance	YES	There were a total of 6 calls requested. 5 were made and 1 was reassigned.
b. Amount invoiced to any third parties for the calls	YES	The WSEMS total amount invoiced was provided..
c. Year to date funds paid by third parties for the Transport Ambulance services	YES	The Year to Date numbers were completed.
d. Year to date staffing expenses for the additional EMT Basic position	YES	The Year to Date numbers were completed.
e. Any other information reasonably requested by the District that may be helpful, including transfers delayed because operators were operating the ALS ambulance.	NONE	There was not any additional information requested.

3. December 14, 2022 Six Month Requests:

a. The WSVEMS will enter into an agreement with Hospital to provide transport services on an expedited basis; or provide proof that the WSVEMS has made a good faith attempt to secure an agreement.	YES	This requirement has been completed successfully.
b. The District's funds shall not be used for overtime.	YES	Payroll records for employees funded by the District staffing the Transport Ambulance, as well as the regular WSVEMS employees has been provided showing no overtime was paid by the district's grant money.
c. WSVESM shall implement a payment system for employees as required by the grant agreement.	YES	This requirement has been completed successfully.
d. The WSVEMS shall operate on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff so as to ensure that the District's funds were being used to only pay for the transport ambulance staff as required in grant agreement.	YES	Payroll records for the three regular WSVEMS employees, as well as the employee(s) staffing the Transport Ambulance has been provided. The documentation provided shows that the WSVEMS is and has been operating on a fully staffed basis (i.e., three employees) separate and apart from the transport ambulance staff, at least since June 2023.
e. The WSVEMS agrees to provide proof that they were billing timely for the transport ambulance because the WSVEMS's current collection rate was only twenty-one percent (21%).	YES	The Calls & Results page of the WSVEMS report for the District shows average days to bill is 12 days
f. The WSVEMS shall timely provide completed reports without the District's staff having to assist with preparing the reports.	YES	The WSEMS Monthly Report was updated and completed by WSVEMS staff without any assistance from the Districts staff.

Exhibit ‘D’

Facility ID	Operator	Facility Name	September Metrics Met?				YTD Comp 1 Attainment					Yes
			Comp 1	Comp 2:		Comp 2: Staffing	Yes	Yes %	No	No %	Total	
				4 Hrs	8 Hrs							
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5297	Regency	Hallettsville Rehabilitation & Nursing Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5234	Regency	Monument Hill Rehabilitation & Nursing Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5203	Regency	The Woodlands Healthcare Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4154	Caring	Garrison Nursing Home & Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4376	Caring	Golden Villa	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
110098	Caring	Highland Park Care Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4730	Caring	Marshall Manor West	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4798	Caring	Rose Haven Retreat	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5182	Caring	The Villa at Texarkana	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5166	Nexion	Oak Manor Nursing Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	13
5369	Gulf Coast	Oak Village Healthcare	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4747	Gulf Coast	Parkview Manor Nursing & Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5289	Gulf Coast	Winnie L Nursing & Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5240	Gulf Coast	Hemphill Care Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5307	SLP	Oakland Manor Nursing Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
100790	HMG	Park Manor Conroe	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4456	HMG	Park Manor Cyfair	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
101489	HMG	Park Manor Cypress Station	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
101633	HMG	Park Manor Humble	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
102417	HMG	Park Manor Quail Valley	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
102294	HMG	Park Manor Westchase	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
104661	HMG	Park Manor The Woodlands	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
103191	HMG	Park Manor of Tomball	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5400	HMG	Park Manor of Southbelt	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
104541	HMG	Deerbrook Skilled Nursing and Rehab	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4286	HMG	Friendship Haven Healthcare & Rehab Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5225	HMG	Willowbrook Nursing Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
106988	HMG	Accel at College Station	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
102375	HMG	Cimarron Place Health & Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
106050	HMG	Silver Springs Health & Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4158	HMG	Red Oak Health and Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5255	HMG	Mission Nursing and Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
4053	HMG	Stephenville Rehabilitation and Wellness Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
103743	HMG	Hewitt Nursing and Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
103011	HMG	Stallings Court Nursing and Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
104537	HMG	Pecan Bayou Nursing and Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5372	HMG	Holland Lake Rehabilitation and Wellness Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
5387	HMG	Stonegate Nursing and Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
102993	HMG	Green Oaks Nursing and Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
103223	HMG	Crowley Nursing and Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
101157	HMG	Arbrook Plaza	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
106566	HMG	Forum Parkway Health & Rehabilitation	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
105966	HMG	Treviso Transitional Care	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
100806	HMG	Gulf Pointe Plaza	MET	MET	MET	MET	5	100.0%	0	0.0%	5	15
Total NSGO							245	100.0%	0	0.0%	245	733

Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 73 with 24 skilled patients. The facility is working to increase its average daily census by growing its long-term care resident population. The facility is increasing marketing efforts to other nursing facilities and senior centers. Cimarron Place Health & Rehabilitation Center accepts Medicaid pending and has been working hard to improve this process. The facility has started working with a firm who is very successful in assisting residents through the Medicaid pending process. The facility's marketing team is working on other census development opportunities through meetings with various stakeholders at referring hospitals and with Adult Protective Services.

The facility has made several CNA hires and is down to three CNA vacancies. The facility is still recruiting one weekend LVN. The facility's new director of AP/Payroll has also been hired.

There have not been any recent visits from the state. The facility is expecting its Texas Medicaid validation visit on Monday. The facility has submitted a self-report regarding an allegation of abuse. After internally investigating, the allegation was unconfirmed. The facility has in-serviced staff regarding abuse and neglect.

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

Performance improvement plans are progressing with continual monitoring. The facility revamped its orientation process and has had its first successful orientation under the new model. As the facility has a goal of cutting turnover in half, it is working to improve its efforts to welcome new staff and assimilate them into the team. PIPs regarding anti-psychotics, RTA rates, and falls are ongoing. The facility noticed a trend in falls around the change of shift between night and morning shifts. The facility responded by providing in-services and training for staff.

The facility had a COVID outbreak which has just successfully closed due to all affected having recovered. The facility completed the ICAR tool and provided additional in-servicing and training regarding PPE and infection control.

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 95 with 28 skilled patients. The facility is working with a THR hospital to explore opportunities with their post-acute program. It has also met with several vendors and joined the Chamber of Commerce to improve the facility's presence in the community.

The facility has three open positions including two double-weekend CNAs, and one LVN. The facility has extended an offer of employment to an LVN to be the new MDS coordinator. The new MDS coordinator is experienced and will start employment on March 4.

The state has not visited the facility this month. There have not been any new self-reports submitted.

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

Performance improvement plans are ongoing at the facility. The administrator reported having seen some improvements in collections over the last month. The facility has a PIP in place to address the MDS department to ensure assessments are done correctly and timely which impacts Medicaid rates and timely billing.

There is no COVID in the facility at this time.

The facility has been making some changes in the building to better utilize office space. A separate project is transitioning the old restorative dining hall into an activity room.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility's medical director and attending physicians are very collaborative and supportive of appropriate antipsychotic medication utilization. The facility has had psych services in place but has decided to change vendors for this service. Deer Oaks will be the new psych service provider and is expected to start in March.

Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and its current census is 88. The facility is expecting a respite care admission later today and is working through seven referrals.

Staffing has continued to see good results. Overtime has been managed well and has been close to 6%. No staffing issues or concerns were reported at this time.

The state visited the facility to investigate several complaints and intakes, but all were unsubstantiated. The facility has submitted two new self-reports due to a resident-to-resident altercation on the secure unit and an allegation of abuse. The facility in-serviced all staff on abuse and neglect.

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

Discussed the facility's ongoing performance improvement plans. Shared best practices and strategies for improvement regarding anti-psychotic medication utilization and staff retention.

There is no COVID in the facility at this time.

The facility has a new project to add a sensory room to its secure unit. The project is targeted for completion in March and will be an added benefit focused on supporting Alzheimer's and dementia patients. Utilization of the sensory room will be supervised. The facility is planning to share the grand opening of the sensory room at its Spring Fling in April. The facility will invite case managers and referring organizations to see the building.

The facility received a new van to replace the one out of service. Transportation is running smoothly, and the new van has been more efficient and easy to use.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility has a music and memory program which calms and engages residents, especially on the secure unit. Residents or their family members complete a 'get to know you' form to share special information which include the resident's memories and favorite music. These forms are completed before admission and used to educate staff on the individuals in their care. These forms have also been a great tool for new staff to quickly learn about their residents and support offering



The Villa at Texarkana
4920 Elizabeth St., Texarkana, TX
2/21/24

personalized care. The facility also completes courtesy calls which provides opportunities to continue learning about the residents' evolving needs and wants.

Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 80 with 15 skilled patients. The residents who were admitted last month for a temporary stay have returned to the facility's associated assisted living facility.

The facility's recruiting efforts are currently seeking three day-shift CNAs. The facility's PRN staff have not been picking up as many shifts recently, so the hiring team is seeking more full-time employees. Recruitment is still seeking a social worker and an LVN to work in medical records.

The facility submitted a self-report regarding an unwitnessed fall with injury as well as a new COVID outbreak with two residents having tested positive for COVID. The state visited the facility to investigate, and no deficiencies were found. In response to the self-reports, the facility in-serviced staff regarding infection control, abuse, and neglect

Gulf Pointe Plaza has a 5-star overall rating. The facility has a 5-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

PIPs are ongoing to monitor falls and weights. There were no major changes reported at this time.

The recent COVID outbreak has already been cleared and there is no COVID in the facility.

The facility will be ordering a new washer to replace its current unit. It also ordered two additional concentrators and no longer needs any rental concentrators.

Gulf Pointe Plaza submitted its application for the Bronze Award through AHCA/NCAL National Quality Award Program.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility's medical directors are very involved and at least one physician attends each GDR meeting. The facility also leverages its pharmacy consultant and psych services to support its efforts to reduce antipsychotic medication utilization. The facility's current quality measure for long-stay antipsychotics is at 0%.

Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 75. The facility has seen a slight decline in its census as admissions have recently slowed. The facility's target census is 71, and its census goal is 90. The facility has two planned admissions today.

Staffing is in great shape and the facility is not utilizing agency. Current recruitment efforts are seeking three PRN CNAs. All full-time CNA and nurse positions are filled at this time.

The state has not visited the facility this month. There are no new self-reports at this time. The facility will enter its window for fullbook survey next month.

Harbor Lakes Nursing and Rehabilitation Center has a 5-star rating overall. The facility has a 4-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 to address falls, as well as the dietary department and meal service. Over the last month, the dietary department was short-staffed, and a new manager began employment. The department is now fully staffed, and the new manager has been improving the processes and consistency of the department.

There is no COVID in the facility at this time.

There have been some recent grievances over the last month due to dietary experience. As previously stated, recent changes in the dietary department are improving meal service. The facility also had a grievance regarding call light responses which has been addressed.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility partners with its physicians to implement non-pharmacological interventions as much as possible.

Administrator: Ben Falls

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 78. The facility has one planned discharge and two pending admissions. The facility has seen its census steadily increase as it has recently had more long-term care residents. Discussed the facility's efforts to grow its long-term care census and referrals. The facility has increased its marketing efforts regarding availability of long-term care beds as well as transitioning patients from short-term to long-term care where appropriate.

The facility has made some recent nurse and CNA hires. Orientation for these new hires is planned for next week. The facility also has its DON position open at this time. While the DON position is open, a traveling DON has been supporting the facility. The new BOM has continued to be a great addition to the team. The facility has a new talent and learning director who will start employment next week.

State surveyors are at the facility now conducting its annual fullbook survey. Surveyors are expected to complete their visit and exit today or tomorrow. The state is investigating a medication error. The facility has reviewed medication error reports and provided training to staff.

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

The facility's improvement plans are continuously being managed. PIPs regarding falls and pressure ulcers have been steadily improving. The facility recently started new PIPs to improve POC compliance with CNA documentation. The facility is also making adjustments to address the transcription error associated with the recent medication error. Another new project is planned to start next week to improve the process of maintaining and managing employee files.

There is no COVID in the facility at this time.

Discussed recent grievances at the facility and the actions taken to resolve the issues. There have been challenges with the facility's meal delivery service affecting resident meal experience. The facility is implementing adjustments to the timing of hall tray delivery beginning on Monday. This change should also provide better support to the CNAs and allow them to work more efficiently with their shift duties.

Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is at the facility's budget of 78. The facility's skilled census has been in the 20s recently. Discussed the facility's efforts to increase ADC through growing long-term care admissions. The facility is marketing to communicate long-term care availability and works to convert skilled patients to long-term wherever appropriate. The facility discusses discharge or conversion plans in the 48-hour care plan and during any subsequent care plan meeting as needed.

The facility has several open positions for which it is recruiting. There are currently six CNA openings, and one CMA opening. All nurse positions are filled, and the facility has a great pool of PRN nurses who pick up shifts as needed. The facility is also recruiting an ADON to replace the former ADON who recently moved out of town.

State surveyors came to the facility last week to investigate two self-reports related to the water pipe break last month as well as resident misappropriation. The state also investigated a complaint during this visit. All reasons for investigation were unsubstantiated. The facility has not submitted any recent new self-reports.

Holland Lake Rehabilitation and Wellness Center has a 4-star overall rating. The facility has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

Performance improvement plans are in place to address falls. Discussed best practices and the facility's efforts to improve falls in the facility. The administrator reported falls were discussed at the monthly all-staff meeting to involve staff in fall interventions.

There is no COVID in the facility at this time.

Activities have been great at the facility and residents have begun to participate in walking activities again now that the weather is acceptable for outdoor activities. The administrator and DON hosted their monthly activity which was a very successful event for the residents. The administrator and DON activity this month was an auction where residents received snacks, jewelry, clothes, and other items.

The project to create surgical suite rooms is continuing and the facility has designated two rooms to be modified for this purpose. The facility expects the work for these rooms to be completed in a few months. The facility will host an open house once the changes have been made and the rooms are ready.

The administrator attended the company's corporate meeting and had a great meeting. Donna was selected as the administrator of the year. The facility also announced its own 2023 star of the year at the most recent all-staff meeting.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training. Very judicious and on top of this

The facility works closely with its physician partner from Deer Oaks for psych services. The facility emphasizes proper and appropriate utilization of medications to ensure desired treatment goals and quality of life are met.

Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 98. There have been some recent discharges, but the facility is working on several referrals for admission. Discussed the facility's efforts to transition short-term patients to long-term where appropriate. The facility discusses care and rehabilitation goals with patients and their families in care plan meetings. These sessions include conversations about the benefits of transitioning to long-term care for residents who would benefit from extended services.

Staffing is still being managed well without utilizing any agency. The facility is recruiting four day-shift CNAs. The facility is also reviewing candidates for the business office manager position. A BOM candidate was planned to start employment this month, but the individual rescinded their acceptance of the position to stay with their current employer.

The state came to the facility twice last week to investigate two separate P1s. Both reasons for investigation were unsubstantiated and not cited.

Red Oak Health and Rehabilitation Center has a 2-star overall rating. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

Performance improvement plans have seen recent progress and are being monitored continually. The facility has seen improvements in fall rates due to focus on interventions and staff education. Discussed the facility's process for providing routine training and education to staff. One recent in-service training was given to improve POC documentation.

There is no COVID in the facility at this time.

There have been some grievances on the facility's skilled hall regarding customer service and call lights. The facility has hired a nurse to begin working on the skilled hall in March. This is a newly added position and is intended to provide more support and attention to the facility's skilled hall. The administrator expects this will be a key influence in improving the patient experience on the skilled hall.

The sprinkler heads which burst last month have been repaired. There are no other facility projects or updates of note at this time.

Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 61. There are a few patients in the hospital who are expected to readmit to the facility when appropriate. The facility has had some recent discharges as patients have completed their rehab needs or respite care.

Staffing is in great shape and there are no open positions at this time. Nadeline, the new administrator, began employment at the facility on 2/5/24. Nadeline completed her AIT at Copperas Cove LTC in 2014, and is excited to have returned. The facility has phenomenal department heads who have been very supportive of building a team environment.

The state visited the facility to investigate a P1 complaint. The complaint was regarding administrative services and was found to be unsubstantiated after investigation. Surveyors also reviewed and unsubstantiated a pending self-report regarding a COVID outbreak. The facility has not recently submitted any new self-reports.

Copperas Cove LTC has a 1-star rating overall. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 2-star rating in Quality Measures.

Discussed the facility's ongoing performance improvement plans. Its PIP for workforce development recruitment and retention has seen great improvements and has made significant progress month after month. A separate PIP addressing psychoactive medication utilization has seen improvements due to several successful GDRs. Its PIP on UTIs has been progressing and will likely be completed soon. Discussed best practices and strategies to support the facility's PIP on pressure ulcers.

There is no COVID in the facility at this time.

Grievances at the facility are managed well and addressed promptly. Staff are responsive and report grievances in a timely manner to ensure they are addressed properly. The ombudsman visited the facility recently to meet the new administrator.

The facility needs to replace a water heater. The administrator is selecting a vendor who will proceed with the replacement.

Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 85 with 13 skilled patients. The facility has had some recent discharges, but there are two planned admissions and another six admissions pending authorization. The facility is also working on admitting four individuals from the community.

There are currently four CNA openings at the facility. The facility has had some recent PRN CNA applicants and hires them when possible. The facility is also recruiting one nurse, and a maintenance assistant. The facility's nurse management team is working on improving relationships with local schools to increase the likelihood of students applying for employment at the facility.

The state has not visited the facility recently. Mission Nursing and Rehabilitation Center submitted a self-report regarding an injury of unknown origin. The facility provided in-services to staff regarding fall prevention, abuse and neglect, care for frail residents, transfers, and positioning.

Mission Nursing and Rehabilitation Center has a 3-star rating overall. The facility has a 3-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility has seen further improvement on its PIP addressing nosocomial infections. The facility is approaching its target and will consider closing the PIP once desired outcomes are satisfied. The facility has also implemented a new PIP addressing antipsychotic medications for short-term residents.

There is no COVID in the facility at this time.

The facility is evaluating its annual in-services in efforts to make them more engaging for staff. Considering implementing pre- and post-tests for staff and including them in the onboarding process. Discussed staff education strategies and best practices.

The facility's flooring project is ongoing and progressing according to plan. Last month, the facility also began installing cameras on its long-term hall and is now installing cameras on its transitional wing.

Administrator: Kristi Blackwell

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 85. The facility has reached a new record high census. Discussed the facility's marketing and admissions efforts and strategies to increase census. The facility has opened its 300-neighborhood and is building its 200-neighborhood back to increase rooms and Medicaid beds availability. The team has also been proactive in converting skilled patients to long-term care where appropriate.

The facility is recruiting to fill four nurse and five CNA openings. Nursing management works on the floor to cover and support where needed. Despite the open positions, the facility has recently hired a new wound care nurse, as well as a new nursing supervisor. The facility has also made extensive efforts to increase RN coverage in efforts to have 24-hour RN coverage. Hopefully at the beginning of March, the facility will have 24-hour RN coverage which will allow them to have GIP contracts.

The state has not made any visits to the facility this month. The facility has three outstanding self-reports including one elopement, one fall with fracture, and a new COVID outbreak. The resident who eloped was discharged from the facility. The facility in-serviced staff regarding fall management.

Stonegate Nursing and Rehabilitation has a 1-star rating overall. The facility 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, and the facility has updated its PIP addressing RTA. The facility only had one RTA in February thus far. The kiosk for POC documentation has successfully improved compliance and ADL documentation.

There are two staff members who are COVID positive at this time. Staff members will return to work when they have met the criteria for recovery. There are no residents with COVID at this time.

The facility has had some recent complaints regarding food and meal service. The facility has a new dietary manager in place. The new manager is meeting with the residents to hear and address their concerns.

The facility also announced one of its LVNs was chosen as the star of the year for 2023.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility partners with a psychologist and a counselor in its QA process. The facility implements GDRs as appropriate in partnership with its physicians and consultant pharmacist. On admission, long-term care residents are taken off anti-psychotic medications until the facility can properly review and establish an appropriate medication regimen for the individual.

Administrator: Drew Gurley

Treviso Transitional Care Center is licensed for 140 beds and its current census is 74. The facility has seen an increase in referrals recently and expects to see positive census trends.

There have been some improvements in staffing, and the facility utilizes an agency nurse when needed. Recruiting is seeking candidates for one nurse, and two CNA openings.

The state has not been back out to the facility this month. The facility received its 2567 from the last state visit and will submit its POC tomorrow. Two new self-reports were submitted due to a new COVID outbreak and a fall with a fracture. The facility has in-serviced staff on infection control, COVID policies, falls, and the facility's fall prevention program.

Treviso Transitional Care Center has decreased to a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing and a 4-star rating in Quality Measures.

There are no changes to ongoing performance improvement plans.

The facility is experiencing a COVID outbreak at this time but expects it to close soon. All those affected are managing well and are on track for recovery.

A new cart warmer will be obtained to improve meal service and delivery.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility's pharmacy consultant and physicians are very supportive of ensuring appropriate utilization of antipsychotic medications. These partners are very collaborative in the facility's routine review sessions of this measure.

Administrator: Dennis Horsch

Winnie L LTC is licensed for 105 beds and its current census is 43. Two of the facility's residents are in the hospital and one is expected to return today. The facility is working on a few pending admissions and has some patients who routinely come to the facility for respite care.

The facility is recruiting one night nurse to replace a nurse who will become a PRN employee once her schooling starts again. It is also interviewing for a weekend RN. The facility has selected an experienced DON who will be starting employment next month on March 1. The interim DON has done a great job managing the needs of the department and will ensure a proper handoff once the new DON starts.

The facility is planning to start using a service soon which will provide 24-hour access via Zoom to a physician. This service will be onboarded next month and will supplement the services provided by the facility's two medical directors.

The state came to the facility and cleared some outstanding self-reports. The facility has submitted a new self-report regarding a resident fall with injury.

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

Discussed the facility's performance improvement plan monitoring skin outcomes. The facility is working closely with its physician partners to review and ensure proper interventions are in place. Discussed best practices and interventions for skin care.

There is no COVID in the facility at this time.

The therapy department received the life-size skeleton which has been an effective tool for communication, teaching, and training.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility has many layers of support to ensure appropriate utilization of antipsychotic medications in the facility. The attending physicians, psych services, and corporate nursing support are all involved in routine review of these medications. The medical directors work closely with psych services in efforts to implement non-pharmacological interventions as a first line of treatment. GDRs

are discussed at the facility's quality assurance meetings. The facility also has a monthly meeting with TMF to discuss recent efforts and new opportunities for this topic.

Administrator: Joe Matlock

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 96 with 21 skilled patients. The facility reached a census of 100 for a short period of time but had some planned discharges. The facility's budget census is 94 with 20 skilled patients.

Staffing is great at the facility and there is no agency utilization. The facility's DON was recently promoted to a regional role, so it has recently hired a new DON who will start employment next month. The facility also added an additional ADON position to support the facility's census growth. The facility is recruiting a few CNAs and one nurse.

The state came to investigate a self-report at the facility regarding an incident during a resident transfer. The investigation was cited. The facility is expecting state surveyors to return soon to conduct its annual fullbook survey.

Crowley Nursing and Rehabilitation has a 3-star overall rating. The facility has a 3-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

Performance improvement plans are ongoing at this time. Once the new DON begins employment next month, the administrator and DON will begin reviewing and addressing PIPs as needed.

There is no COVID in the facility at this time.

Grievances have been managed and addressed timely. Some recent grievances have included scheduling issues, phones on the weekends, and customer service. The facility in-services staff and offers additional training where appropriate to address grievances and improve patient experience.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility has great physicians who are collaborative partners in providing appropriate care for the residents. The PAs and NPs who also support the facility are supportive of the facility's treatment goals. The facility utilizes psych services and its pharmacy consultant to ensure antipsychotic medications are being used appropriately.

Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 56. The facility has a patient admitting for respite care later this week and another pending admission from the hospital. The facility also has two residents in the hospital who are expected to return when appropriate.

The facility is recruiting two night-shift CNAs and two day-shift CNAs. The facility is also recruiting a night nurse. The administrator expressed some of the recruitment challenges in the area. Despite some of the recruiting challenges, the facility is staffed very well to ensure the residents are cared for appropriately. Discussed recruitment and retention strategies and best practices. The facility offers competitive wages and sign-on bonuses for CNAs and nurses. The hiring team also ensures it offers interviews and background checks promptly to ensure candidates do not lose interest in Pecan Bayou Nursing and Rehabilitation. The facility discusses open positions and candidates each morning. The facility is also looking into starting a Nurse Aide Training and Competency Evaluation Program. Discussed the NATCEP application process.

The state has not visited the facility recently. The facility has submitted two new self-reports due to a new COVID outbreak, as well as an unwitnessed fall resulting in a fracture.

Pecan Bayou Nursing and Rehabilitation has a 5-star rating overall and a 5-star rating in Health Inspections, but experience decreases to a 2-star rating in Staffing, and a 4-star rating in Quality Measures.

Performance improvement plans are ongoing at the facility. Discussed the facility's efforts and progress regarding catheters and staffing.

The facility recently reported a new COVID outbreak due to one employee being COVID positive. All staff and residents are well and there is no COVID in the facility at this time.

The facility's water heaters were able to be repaired and no longer need replacement. The facility also installed a new dishwasher and made repairs to some pipes in the kitchen.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility has great physician partners who are supportive of implementing GDRs where possible to reduce or remove antipsychotic medication utilization. The facility reviews its antipsychotic utilization trends routinely in efforts to remain below the state and national utilization averages.

Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 84 with 19 skilled patients. The facility has four pending admissions and is still planning to open another hall this month.

The facility has been increasing staff for the opening of its new hall. It is still recruiting for an additional RN. Discussed the facility's recruitment and retention efforts and best practices.

The state has not visited the facility this month. The facility has not submitted any new self-reports.

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.

There are no new performance improvement plans at this time. Existing PIPs are ongoing with routine management and evaluation. The facility is working with the Quality Monitoring Program to improve pressure ulcers and antipsychotic medication utilization. The facility has also seen improvements in anti-anxiety medication by roughly 6% since October.

There is no COVID in the facility at this time.

The facility has continued to see gradual improvements in its dietary service. The new supervisor has continued to put more structure and consistency in the department.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility reports having strong physician partners who play an active role in managing antipsychotic medication utilization. The facility reports its work with the Quality Monitoring Program on antipsychotic medication utilization has been beneficial and insightful.

Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and its current census is 102 with 39 skilled patients. The facility recently reached an all-time high census of 111 and it was two residents short of being at capacity.

Staffing is going well overall with most of the facility's CNA and nurse positions filled. Recruitment has added two new CNA openings to support the recent census growth. The facility has one admission nurse opening and one ADON opening.

The state visited the facility last week to investigate a P1 intake. The surveyor was provided all requested information and the reason for investigation was unsubstantiated. A self-report was submitted due to an elopement in January.

Arbrook Plaza has a 5-star rating overall. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

Performance improvement plans are ongoing at this time with no major changes to report.

The facility recently admitted a resident who was COVID positive. This resident's care is being managed and the individual is under isolation precautions until they are cleared.

There have been several complaints regarding therapy services at the facility. The evaluation and therapy sessions were not being managed consistently and was leading to dissatisfaction amongst residents. The administrator escalated the issue leading to a change in therapy director. There will be a new director starting soon. Corporate resources became involved once the issues were made known and the department has been complaint-free for ten days.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.

The facility partners with Deer Oaks to offer additional psych services to its residents as needed. The administrator reported in January, long-stay antipsychotic utilization was 1.9%, and short-stay was 0%.

Administrator: Jackie Lowe

Silver Spring is licensed for 120 beds and its current census is 78. The facility has two planned admissions today. The facility is near its current census capacity while facility repairs are in progress due to the water damage in January.

The facility is recruiting two nurses and two CNAs. Discussed the facility's recruitment and retention efforts and strategies. The facility's managers have been successful recruiting staff members with whom they've previously worked. This has contributed to building a strong, tightly knit staffing core at Silver Spring. The facility also reinstated its sign-on bonus for nurses. The facility's activity director is out temporarily, but activity department coverage has already been reassigned and will continue.

The state came to the facility to investigate two P1 intakes. Both P1s were unsubstantiated, however, a complaint surfaced during the state's visit and the facility received a tag for pharmacy services. The facility has submitted self-reports regarding an allegation of abuse, as well as a new COVID outbreak.

Silver Spring has a 2-star rating overall. The facility has a 1-star rating in Health Inspections and a 5-star rating in Quality Measures. Its Staffing rating increased to a 2-star rating. The administrator attributed the increased staffing rating to the high volume of RNs staffed at the facility.

Most of the facility's current PIPs are related to the recent water main break and its repair work. The team has received some complaints from residents who were relocated to new halls, but the environment has been settling with each passing week. The sheetrock in the affected areas has been replaced, and new flooring has been ordered. The facility hopes the repair work to be completed in two months.

A PIP is in place for food and meal service at the facility. Its dietary and housekeeping services are contracted to HCSC, and there have been some recent challenges. HCSC has been working with the facility to resolve the issues and the administrator has reported seeing recent improvements. The nursing department has a PIP in place to address falls. Discussed process for selecting appropriate interventions for residents. The facility ensures residents who experience falls work with the therapy department where appropriate.

The facility has had a new COVID outbreak with nine residents and three staff members positive. All positive cases are being managed and those exhibiting symptoms are mild.

Provided training regarding appropriate use of antipsychotic medications in nursing facilities. Discussed approved disease states for these medications, as well as the effectiveness and risks associated with off-label utilization and prescription of antipsychotic medications. Shared resources and strategies for facilities, prescribers, and pharmacists including the HHS Music and memory program, Alzheimer's Disease and Dementia Care Training, Virtual Dementia Tour, and Person Centered Thinking Training.



Silver Spring

1690 N. Treadway Blvd., Abilene, TX

2/28/24

The facility uses Senior Psych services as well as Deer Oaks to support its residents. These groups make counselors available as an added benefit and support for residents.

Administrator: Jace Morris
Talent and Learning Director: Priscilla Summerall

The facility's Talent and Learning Director, Priscilla Summerall, provided the facility's update.

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 87. The facility had four admissions yesterday and has three planned admissions today.

Staffing is in great shape at the facility. All full-time nurse positions are filled, and the facility is recruiting additional PRN nurses. The facility is fully staffed for its CNA positions as well. Discussed recruitment and retention best practices and strategies. They promote PRN staff to full-time positions where possible. The facility also offers routine activities to keep staff involved. It hosts Q&As with refreshments for staff members and tries to have frequent interactions to show staff they are remembered and appreciated.

The state has not been to the facility this month and there were no new self-reports reported.

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

There is no COVID in the facility at this time.

The facility discusses grievances in its morning meeting to ensure each grievance is addressed and processed through the social services department. The facility also maintains ambassador rounds to ensure resolutions are in place and grievances are addressed promptly and thoroughly.

Green Oaks Nursing & Rehabilitation is working to improve its relations and engagement with the community. It has recently begun partnering with various home health and hospice groups to plan various community events.

The facility has volunteers who will be working on some of the grounds and garden areas. This project will be a benefit to the residents by promoting more outdoor experiences.

Administrator: Julie Johnson
DON: Shelby Fuller, RN

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. The census was at 80 residents. The facility now has an overall star rating of 5 and a star rating in Quality Measures of 5.

The QIPP site visit was conducted over the phone with the Administrator.

The facility is currently in a COVID_19 outbreak with 7 residents and 2 staff positive. The facility continues submitting COVID_19 vaccination rates to NSHN weekly. The facility orders their COVID_19 vaccines through their pharmacy to administer to staff and residents.

The Administrator reports the facility had a super bowl watch party and a Valentine's Day parade and party.

The Administrator reports the facility continues with their employee of the month and provide drawings for gift cards during in-services and snacks periodically.

QIPP SCORECARD:

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

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

EDUCATION PROVIDED

Educated on QIPP year 8 proposed changes to all 4 components - including the addition of more clinical metrics and the importance of ensuring the facility's clinical quality measures are reviewed and PIPs created when appropriate as well as accuracy of MDS assessments and off cycle MDS assessments done as indicated.

Educated on current year 7 QIPP component 3 now has frozen quality metrics - for pressure ulcers and move independently worsened so UTIs and Antipsychotics both worth 50%.

SURVEY INFORMATION

Information not provided.

REPORTABLE INCIDENTS

Information not provided.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Information was not provided.

Staffing:

Administrator reports the facility is fully staffed.

PHARMACY: no concerns, med destruction done monthly

NURSING/MDS: pip for weight loss and pressure ulcers

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is still on renovations, painting rooms

ACTIVITIES: no concerns

Administrator: Michael Herring
DON: Jerold Hindsman, RN

FACILITY INFORMATION

Golden Villa is a 110 Medicaid/Medicare & 10 Medicare-bed facility with a current overall star rating of 1 (due to full book survey results) and a Quality Measures star rating of 4. The census on the date of this call was 94 (5 in hospital).

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

The QIPP site visit was conducted over the phone. The Administrator was available and very helpful during the call. The facility currently has no positive COVID residents or staff. The facility provides the COVID_19 vaccine with Red River pharmacy clinics (hold one when they have 12 who need the vaccines) and they received some education to share with the residents and their families for the newest COVID vaccine. The facility reports the COVID_19 vaccine rates to NSHN weekly.

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

The Administrator reports the facility continues their monthly happy hour for residents and they had a large Valentine's Day party yesterday.

The Administrator reports the facility has a monthly incentive for staff (with help from resident input) to have a chance at a 100.00 gift card as well as the meal program for all staff.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor West QTR 2:

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

EDUCATION PROVIDED

Educated on QIPP year 8 proposed changes to all 4 components - including the addition of more clinical metrics and the importance of ensuring the facility's clinical quality measures are reviewed and PIPs created when appropriate as well as accuracy of MDS assessments and off cycle MDS assessments done as indicated.

Educated on current year 7 QIPP component 3 now has frozen quality metrics - for pressure ulcers and move independently worsened so UTIs and Antipsychotics both worth 50%.

SURVEY INFORMATION

The Administrator reports the facility is still in their full book open window, but the state is in the building reviewing a complaint and 5 self-reports that are over 1 year old.

REPORTABLE INCIDENTS

The Administrator reports the facility currently has 19 self-reports still pending (including the 5 they are currently reviewing) and 2 weeks ago they did a desk review of 2 other older self-reports that were both cleared.

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

NURSING/MDS: no concerns

DIETARY/KITCHEN: still looking for a new dietician (current one turning in reports too late for appropriate follow-up but it has gotten better after meeting with DON)

HOUSEKEEPING/LAUNDRY: switched linen companies and orders are much more consistent

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: shower renovations completed and the back parking lot almost completely re-concreted, Administrator office floors also being re-done, new napkin dispensers in dining room on every table

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided



Golden Villa

1104 South William Street, Atlanta TX 75551

February 15, 2024

Submitted by: L. Sue White, RN Healthcare Consultant

Staffing:

The Administrator reported the facility is currently fully staffed on nursing and only 1 or 2 openings for CNAs.



Administrator: Craig Cannon
 DON: Elethia Dyke, RN

FACILITY INFORMATION HOSPICE

Park Manor Humble is a 125-bed facility with a current census of 95: 6 PP, 6 MCR, 39 + 5 pending MCD, 38 HMO, 1 Hospice. Their overall star rating is a 4 and their Quality Measures rating is a 5. The facility is on track to meet all 4 components for quarter 2.

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

The Administrator reported the facility is currently COVID_19 free. The facility provides the COVID_19 vaccines in house. The resident COVID_19 vaccination rates were not available. They report the rates to NSHN weekly.

The residents had a small super bowl, Mardi Gras and Valentine’s Day party and they are planning a celebration for St. Patrick’s Day and black history month.

The facility has a Director of Talent and learning, and they celebrate weekly, and this week is Go Texans. They also celebrate staff anniversaries and birthdays. In March there will be a fall challenge for the staff to compete for reduction of falls.

EDUCATION PROVIDED

Reviewed QIPP year 8 changes that are coming – will be based on PFP with changes to all 4 components. Component one will be a long stay MDS measure with 5 metrics and the facility will have to meet 2 of the 5 (will be compared to their own baseline and the state) in order to qualify for 100% of the payment. Component 2 will be PBJ staffing measure based on HRPDs for total nursing staff, CNAs and licensed nurses. Component 3 will be long stay MDS measure with 3 metrics and have to meet all 3 (will be compared to their baseline and the national) to receive full payment. Component 4 is a long stay measure with 2 metrics and have to meet both (will be compared to their baseline and state) to receive full payment. Educated on making sure MDS off cycle assessments are completed whenever indicated to ensure most accurate data for all clinical measures.
PIP charter 1 and 2 – make sure all documentation for PIPs is being done, including progress toward goals and any intervention changes to ensure accurate success story can be told/submitted.

SURVEY INFORMATION (10/31/23-11/2/23)

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	3	6	8	Pest Control, Quality of Care, and Med Errors. All were D level tags.
Number of Fire Safety Code Deficiencies	1	3	3	F level tag for cigarette butts around the smoking area.

Annual Full Book State Survey Characteristics (include only if within last 2 months)			
Deficiency Area	Scope & Severity	Explanation	Plan of Correction
Abuse & Neglect			
Quality of Care	1-D		
Resident Assessment			
Resident Rights			
Dietary			
Pharmacy	1-D		
Environment			
Infection Control			
Administration			

REPORTABLE INCIDENTS

Park Manor had 11 self-reports, with a state visit to review them in January and all have been cleared with no citations except the 4 in January for **Nov/Dec/Jan 2023/2024**.

CLINICAL TRENDING

Incidents/Falls:

Nov/Dec/Jan 2023/2024 -Park Manor of Humble reported 17 falls without injury, 2 falls with injury, 7 repeat falls, 7 skin tears and 4 behaviors.

Infection Control:

Nov/Dec/Jan 2023/2024 -Park Manor Humble -information not provided

Weight loss:

Nov/Dec/Jan 2023/2024 -Park Manor Humble had – information not provided

Pressure Ulcers: Nov/Dec/Jan 2023/2024 - _Information not provided



Park Manor of Humble
 19424 McKay Dr. Humble, TX 77338 Site Visit:
 02/23/2024

Submitted by: L. Sue White, RN Consultant

Restraints:

Park Manor of Humble currently has - information not provided.

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

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.7%	1.9%	
Fall w/Major Injury (L)	3.3%	3.6%	3.5%	
UTI (L) *	0%	1.1%	2.3%	
High risk with pressure ulcers (L) *	16.7%	%	%	Frozen
Loss of Bowel/Bladder Control(L)	100%	%	%	Frozen
Catheter(L)	1.5%	1.4%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	33.3%	%	%	Frozen
Excessive Weight Loss(L)	0%	4.4%	6.0%	
Depressive symptoms(L)	0%	5.2%	9.0%	
Antipsychotic medication (L) *	7.8%	8.9%	14.9%	

PHARMACY Consultant reports/visit/ med destruction? Visits Monthly -Drug destruction completed in Nov, Dec & Jan

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

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT): Averaged 13 grievances a month, ranging from call light response time to missing clothes. We went through a transition with our housekeeping supervisor, activity director, and Director of Nursing at the end of December.

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: Change in the director and new director has been introduced to residents. She has had a resident council meeting with residents to discuss new ideas for the residents. PIP for the new program was started and is still in progress.

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: Change in the supervisor resulted in multiple concerns. PIP was put in place with new supervisor and is currently still in progress.

MAINTENANCE: PIP/CONCERNS: For the life safety issue the facility is marking a new smoking area and purchased the proper extinguishing trash can.

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

OIPP MEASURES

Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	10/19/23; 11/17/23; 12/16/23	Improvement in ADLs – switching due to measure being frozen

Component 2

Indicator	Benchmark Met Y/N	Comments
REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.		
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Yes	
• Additional hours provided by direct care staff?	Yes	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Yes	
• 8 additional hours non-concurrenty scheduled?	No	
• Additional hours provided by direct care staff?	Yes	

Submitted by: L. Sue White, RN Consultant

• Telehealth used?	Yes	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	No	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Yes	
• Was Workforce Development data submitted q month to QIPP during the quarter?	Yes	
• Agency usage or need d/t critical staffing levels	No	
<ul style="list-style-type: none"> • PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> ○ During the first reporting period? ○ Subsequently reported outcomes related to the plan throughout the eligibility period? ○ Discuss RCA for turnover: Has anything changed from the original RCA? ○ PIP for retention and recruitment is current: ○ NEW Retention efforts updated on Current PIP 	Yes	90 day nursing turnover rate – so far lowering last 2 months

OIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	16.7%	%	%		
Percent of residents who received an anti-psychotic medication	7.8%	8.9%	14.9%		
Percent of residents whose ability to move independently has worsened	64%	%	%		
Percent of residents with urinary tract infection	0%	1.1%	2.3%		

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	National 93.84%	Baseline 95%	Results %	Met Y/N	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	96.07%	95%	%		

Administrator: Rodney Lege

DON: Susan Joy, RN, BSN

FACILITY INFORMATION

Park Manor of Quail Valley is a 125 -bed facility with a current census of 105: 13 PP, 4 MCR, 60 MCD, 23 HMO, 5 Hospice. They have an overall star rating of 5 and a Quality Measures rating of 4. They are currently meeting 2 out of 4 component 3 clinical measures and have a PIP in place for the 2 they are not meeting.

The QIPP site visit was conducted via telephone. The Administrator and DON were both available for the call.

The Facility is currently in a COVID_19 outbreak since the middle of January. The residents and staff did not receive any COVID_19 vaccinations during the reporting period and Fort Bend County health department is going to come and provide the latest COVID_19 booster vaccine with date TBD. They report the COVID_19 vaccination rates to NSHN weekly.

The residents have not had any communal dining or activities during their COVID_19 outbreak but they do go into the rooms for one on one activities.

The facility continues with star of the month and just presented the star of the year and they still do the MAD Genius program for chips they can turn in for very nice prizes (have had to re-order chips twice). They also do a snack attach program every week and anniversaries and 25.00 gift card for new admissions.

EDUCATION PROVIDED

Reviewed QIPP year 8 changes that are coming – will be based on PFP with changes to all 4 components. Component one will be a long stay MDS measure with 5 metrics and the facility will have to meet 2 of the 5 (will be compared to their own baseline and the state) in order to qualify for 100% of the payment. Component 2 will be PBJ staffing measure based on HRPDs for total nursing staff, CNAs and licensed nurses. Component 3 will be long stay MDS measure with 3 metrics and have to meet all 3 (will be compared to their baseline and the national) to receive full payment. Component 4 is a long stay measure with 2 metrics and have to meet both (will be compared to their baseline and state) to receive full payment. Educated on making sure MDS off cycle assessments are completed whenever indicated to ensure most accurate data for all clinical measures.

PIP charter 1 and 2 – make sure all documentation for PIPs is being done, including progress toward goals and any intervention changes to ensure accurate success story can be told/submitted.



SURVEY INFORMATION

The facility had their full book annual survey in February of last year and they are currently in their survey window. The state did come in December but did not exit until February of this year to review 8 self-reports and 4 complaints with 4 deficiencies cited.

REPORTABLE INCIDENTS

Park Manor of Quail Valley had 4 self-reports and 4 complaints for **Nov/Dec/Jan 2023/2024**.

CLINICAL TRENDING -

Incidents/Falls:

Nov/Dec/Jan 2023/2024 -Park Manor of Quail Valley had 49 total falls without injury, 6 repeat falls and 2 falls with injury. They reported 5 skin tears, 1 fracture, 2 bruises and no other types of incidents.

Infection Control:

Nov/Dec/Jan 2023/2024 -Facility reports 166 total infections – 46 UTI’s; 26 Respiratory infections, 29 wound infections, 7 Blood infections, 0 EENT, 4 GI infections, 5 Genital infections and 46 Other infections (no details).

Weight loss:

Nov/Dec/Jan 2023/2024 -Weight loss information includes 5 residents with 5-10% loss and 43 with > 10% loss.

Pressure Ulcers:

Nov/Dec/Jan 2023/2024 -The facility reports 17 residents with 26 pressure ulcer sites – 3 acquired in house.

Restraints:

The facility had 0 residents with restraints.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	2			
2 to 10	0	0	4			
10 to 6	0	1	0			
Other	1	0	1 RNA			



Submitted by: L. Sue White, RN Consultant

# Hired this month	1	2	6			
# Quit/Fired	0	1	2			

Total number employees: 111 **Turnover rate%:** 6.29

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.3%	1.7%	1.9%	PIP
Fall w/Major Injury (L)	0%	3.6%	3.5%	
UTI (L) *	0%	1.1%	2.3%	
High risk with pressure ulcers (L) *	%	%	%	Frozen
Loss of Bowel/Bladder Control(L)	%	%	%	Frozen
Catheter(L)	2.3%	1.4%	1.6%	PIP
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	%	%	%	Frozen
Excessive Weight Loss(L)	4.5%	4.4%	6.0%	PIP
Depressive symptoms(L)	0%	5.2%	9%	
Antipsychotic medication (L) *	1.4%	8.9%	14.9%	

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

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

DIETICIAN Recommendation concerns/Follow Up? No concerns, F/u's done

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-- missing items, nursing services, staff attitude – all resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: Monitoring weight changes, food grievances

ENVIRONMENTAL SERVICES: PIP/CONCERNS: Continue working with HCSG re: cleanliness of facility & odors

MAINTENANCE: PIP/CONCERNS: Maintenance Dir issues – change made in Feb 24; exterior fan motors to be changed

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None – Scanning continues

MDS: PIPS/CONCERNS: None

OIPP MEASURES

Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	11/17/23, 12/04/23, 1/19/24	RTA's, Falls, Collections, Facility acquired pressure ulcer rate, Catheters, Patient satisfaction surveys, Orders signed timely, Dish machine sanitation PIP charter 1 – Catheter inserted into bladder

Component 2

<u>Indicator</u> <u>REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.</u>	Benchmark Met Y/N	Comments
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
<ul style="list-style-type: none"> Telehealth used? 	Y	No encounters
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Y	

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

OIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	5.26%	6.75%	7.85%	Y	
Percent of residents who received an anti-psychotic medication	4.69%	9.28%	14.7%	Y	
Percent of residents whose ability to move independently has worsened	2.10%	12.78%	15.36%	Y	
Percent of residents with urinary tract infection	0%	1.23%	2.20%	Y	

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

<p>Quarter 3</p> <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	National 93.84%	Baseline %	Results %	Met Y/N	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	96.07%	%	%		

Administrator: Kara Musgraves
DON: Dominique Fransaw, RN

FACILITY INFORMATION

Park Manor Tomball is a 125-bed facility with a current overall star rating of 1 and Quality Measures star rating of 4. The census on the date of this report was 111: 13 PP; 5 MC; 69 MDC; 19 HMO; 5 Hospice.

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

Currently the facility is COVID_19 free and do still accept COVID positive residents. Park Manor of Tomball still provides the bivalent, Moderna (in house) and Pfizer (from local pharmacy) vaccine to its employees and residents. If one employee decides they want the vaccination, they will give it that day. So far, 90% of employees are fully vaccinated and 53% of residents have been fully vaccinated. This information is reported to NSHN weekly.

The Administrator reports the facility celebrated New Year's, super bowl, Mardi Gras, Valentine's Day and black history month with their residents.

They continue with the Mad Genius program (receive tokens that can be turned in for prizes that were recently updated) and they still provide food periodically. The Administrator reports they had a Mardi Gras party and gave out bags of candy for Valentine's Day.

EDUCATION PROVIDED

Reviewed QIPP year 8 changes that are coming – will be based on PFP with changes to all 4 components. Component one will be a long stay MDS measure with 5 metrics and the facility will have to meet 2 of the 5 (will be compared to their own baseline and the state) in order to qualify for 100% of the payment. Component 2 will be PBJ staffing measure based on HRPDs for total nursing staff, CNAs and licensed nurses. Component 3 will be long stay MDS measure with 3 metrics and have to meet all 3 (will be compared to their baseline and the national) to receive full payment. Component 4 is a long stay measure with 2 metrics and have to meet both (will be compared to their baseline and state) to receive full payment. Educated on making sure MDS off cycle assessments are completed whenever indicated to ensure most accurate data for all clinical measures.

PIP charter 1 and 2 – make sure all documentation for PIPs is being done, including progress toward goals and any intervention changes to ensure accurate success story can be told/submitted.

SURVEY INFORMATION

The state came 11/14-16 for the facilities full book, and they received 10 deficiencies, all low level and everything has been cleared.

REPORTABLE INCIDENTS

In **Nov/Dec/Jan 2023/2024-** the facility had 1 self-report for COVID_19 that is still pending.

CLINICAL TRENDING

Incidents/Falls:

During **Nov/Dec/Jan 2023/2024-**Park Manor of Tomball had 25 total falls without injury (10 repeat falls) and 0 falls with injury, 1 Skin Tear, 0 Fractures, 0 Lacerations, 0 Behaviors, 0 Elopements and 0 Bruises.

Infection Control:

Park Manor of Tomball reports 73 total infections in **Nov/Dec/Jan 2023/2024-** 34 UTI's; 16 Respiratory infections; 0 EENT infections, 8 Blood infections, 3 Wound infections, 3 Genital infections, 0 GI infections and 12 Other infections.

Weight loss:

Park Manor of Tomball reported Weight loss in **Nov/Dec/Jan 2023/2024-**0 residents with 5-10% and 0 residents with > 10% loss in 30 days.

Pressure Ulcers:

In **Nov/Dec/Jan 2023/2024,** Park Manor of Tomball had 5 residents with 10 pressure ulcer sites – 2 acquired in house.

Restraints:

Park Manor of Tomball is a restraint free facility.

Staffing:

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

Total number employees: 89 Turnover rate%: 37.93 YTD

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.7%	1.9%	MET
Fall w/Major Injury (L)	0%	3.6%	3.5%	MET
UTI (L) *	0%	1.1%	2.3%	MET
High risk with pressure ulcers (L) *	%	%	%	Not reported this is frozen
Loss of Bowel/Bladder Control(L)	%	%	%	Not reported this is frozen
Catheter(L)	0%	1.4%	1.6%	MET
Physical restraint(L)	0%	0%	0.1%	MET
Increased ADL Assistance(L)	%	%	%	Not reported this is frozen
Excessive Weight Loss(L)	0%	4.4%	6.0%	MET
Depressive symptoms(L)	2.7%	5.2%	9.0%	MET
Antipsychotic medication (L) *	5.6%	8.9%	14.9%	MET

PHARMACY Consultant reports/visit/ med destruction? Yes, at least monthly

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

DIETICIAN Recommendation concerns/Follow Up? Meeting held weekly all items addressed

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

- 1 dietary resolved
- 1 ADL resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: NO

DIETARY: PIP/CONCERNS: 1 resolved

ENVIRONMENTAL SERVICES: PIP/CONCERNS: linen needed, ordered resolved

MAINTENANCE: PIP/CONCERNS: none

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: none

MDS: PIPS/CONCERNS: none

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	11/15/23, 12/5/23, 1/19/24	Falls/RTAs, RN coverage Pip Charter 1-Antipsychotics

Component 2

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

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.85%	6.75%	1.99%	y	
Percent of residents who received an anti-psychotic medication	19.8%	22.9%	15.7%	y	
Percent of residents whose ability to move independently has worsened	%	%	%		This metric is frozen
Percent of residents with urinary tract infection	2.3%	1.1%	0%	y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

Submitted by: L. Sue White, RN Consultant

<ul style="list-style-type: none"> ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	National	Baseline	Results	Met Y/N	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	91.79%	95.73%	%		
	94.70%	96.34%	%		

Administrator: Kera Gore
DON: Brandy Frachiseur, RN

FACILITY INFORMATION

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

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

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

The facility has good activity, and dining resident participation. The Administrator reports they had a super bowl party, Mardi Gras and Valentine's Day celebrations.

Nurses are still working 8-hour shifts. The facility continues every month celebrating birthdays/anniversaries and awards employee of the month. The facility tries to have a massage day for staff once per quarter and the Administrator recently thanked the staff for their efforts during an ice storm.

QIPP SCORECARD:

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

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

EDUCATION PROVIDED

Educated on QIPP year 8 proposed changes to all 4 components - including the addition of more clinical metrics and the importance of ensuring the facility's clinical quality measures are reviewed and PIPs created when appropriate as well as accuracy of MDS assessments and off cycle MDS assessments done as indicated.

Educated on current year 7 QIPP component 3 now has frozen quality metrics - for pressure ulcers and move independently worsened so UTIs and Antipsychotics both worth 50%.

SURVEY INFORMATION

The facility is currently in their full book window and the state came in December to clear pending self-reports with no citations.

REPORTABLE INCIDENTS

The facility has one pending self-report from last week.

PHARMACY: no concerns, med destruction is completed monthly

NURSING/MDS: no concerns

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: roof repair/ceiling repair complete, face lift on painting walls, setting up a more private area for families to visit residents if not in their room

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is currently fully staffed.

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

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current overall star rating of 4 and a Quality Measures rating of 4. The census on the date of this call was 91.

The QIPP site visit was conducted over the phone and the Administrator was available and very helpful. The facility met all 4 QIPP components for quarter 4 of year 7 and they are currently on track to meet all 4 for quarter 2 of year seven. The Administrator reports they are working on anti-anxiety/hypnotics for their year seven PIP charter one and training for infection control for PIP charter 2.

The facility currently has 1 COVID_19 positive admission of a resident that tested positive yesterday. and they just came out of an outbreak with over 25 residents/staff testing positive. their vaccination rates are reported to NSHN weekly.

Marshall Manor had a super bowl, Mardi Gras and Valentine Party (named a King and Queen).

The Administrator reported the facility does staff anniversary recognitions, employee of the month and they gave away a gift basket and gift cards for Valentine's Day. The facility also had a nice Christmas party and gave bonuses based on longevity.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor QTR 2:

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

EDUCATION PROVIDED

Educated on QIPP year 8 proposed changes to all 4 components - including the addition of more clinical metrics and the importance of ensuring the facility's clinical quality measures are reviewed and PIPs created when appropriate as well as accuracy of MDS assessments and off cycle MDS assessments done as indicated.

Educated on current year 7 QIPP component 3 now has frozen quality metrics - for pressure ulcers and move independently worsened so UTIs and Antipsychotics both worth 50%.

SURVEY INFORMATION

The facility is still in their full book survey window next month and the state did a desk review of 3 self-reports in November that were all cleared, and they have 25 more that need to be cleared.

REPORTABLE INCIDENTS

Information not provided.

PHARMACY: no concerns, medication destruction done monthly

NURSING/MDS: no concerns

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is still on room renovations on C & D wing – painting ceiling

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided.

Infection Control:

Facility information not provided.

Weight loss:

Facility information not provided.

Pressure Ulcers:

Facility information not provided.

Restraints:

Facility information not provided.

Staffing:



Marshall Manor Nursing and Rehab Center

1007 South Washington Avenue, Marshall TX 75670

February 15, 2024

Submitted by: L. Sue White, RN Healthcare Consultant

The Administrator reports they have open positions for CNAs and nurses and will need more once their B-wing is opened up.

Administrator: Ken Kale
DON: Lakeisha Owens

FACILITY INFORMATION

Marshall Manor West is a 118-bed facility with a current over all star rating of 5 and a Quality Measures rating of 5. The census on the date of this call was 54 (6 skill mix) with 21 in memory care.

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

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

The Administrator reports the facility had a party for the super bowl, Mardi Gras, Black History month and Valentine's Day.

The Administrator reports the facility has an employee of the month and 1-2 employee events per month and this month they held a chicken spaghetti dinner for Valentine's Day.

QIPP SCORECARD:

Based on QIPP Scorecard for Marshall Manor West QTR 2:

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

EDUCATION PROVIDED

Educated on QIPP year 8 proposed changes to all 4 components - including the addition of more clinical metrics and the importance of ensuring the facility's clinical quality measures are reviewed and PIPs created when appropriate as well as accuracy of MDS assessments and off cycle MDS assessments done as indicated.

Educated on current year 7 QIPP component 3 now has frozen quality metrics - for pressure ulcers and move independently worsened so UTIs and Antipsychotics both worth 50%.

SURVEY INFORMATION

The facility has not had the state back in their facility since their full book survey at the end of September.

REPORTABLE INCIDENTS

Information not provided.

PHARMACY: no concerns, med destruction done monthly

NURSING/MDS: pip for falls

DIETARY/KITCHEN: no concerns

HOUSEKEEPING/LAUNDRY: no concerns

CENTRAL SUPPLY/MEDICAL RECORDS: no concerns

MAINTENANCE: focus is still on renovations- spruce up storage building in parking lot

ACTIVITIES: no concerns

CLINICAL TRENDING

Incidents/Falls:

Information not provided.

Infection Control:

Information not provided.

Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Information not provided.

Staffing:

Administrator reports the facility has 6 students in their CNA class and they have 7 openings and 2 nurse openings.

Exhibit “E”

Exhibit "B"

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

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

Date: 03/14/2024

Organization/Individual Requesting Grant Funds: RICELAND MEDICAL CENTER

Organization/Individual Address: 538 BROADWAY AVENUE
WINNIE, TX 77665

Contact Person: MO DANISHMUND
Title: CFO

Phone Number: (409) 767-1003 Fax Number: 409-730-8055

E-Mail Address: MO@STARCOIMPEX.COM

Name of Project, Program or Event: AESTHETIC AND SAFETY IMPROVEMENTS OF RICELAND MEDICAL CENTER

Date of Program or Event: 03/14/2024

Is your organization (check one):

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

Dollar Amount or In-kind Services Requested: \$65,299.00

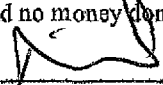
Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): RMC WILL USE THE DISTRICT RESOURCES TO ADDRESS URGENT AESTHETIC AND SAFETY CONCERNS WITHIN OUR FACILITY THAT IMPACT PATIENT CARE, STAFF WELLBEING, AND THE HOSPITAL'S ABILITY TO ATTRACT AND RETAIN PATIENTS.

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

- Indigent Care
- Economic Development
- Community Healthcare
- Community Outreach

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

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

Signature 
Name MO DANISHMUND
Title CFO



GRANT PROPOSAL FOR AESTHETIC AND SAFETY IMPROVEMENTS OF RICELAND MEDICAL CENTER

Executive Summary: Riceland Medical Center is a vital healthcare provider for the rural community of Chambers County. This grant proposal seeks funding to address urgent aesthetic and safety concerns within our facility that impact patient care, staff wellbeing, and the hospital's ability to attract and retain patients. Key issues include asbestos exposure risks due to deteriorating floortiles, infection control challenges from cracked surfaces and peeling paint, and the need to meet the aesthetic standards of our competitors to support new business growth.

Background: Riceland Medical Center has been serving Chambers County residents since 2014, providing a range of vital services. Despite our commitment to medical excellence, our facility's physical environment has lagged, posing safety risks and undermining patient and staff satisfaction. The identified issues with flooring and paint not only pose significant health risks but also detract from the overall patient experience and the facility's reputation. Immediate action is needed to mitigate these risks and enhance our hospital's environment.

Objectives:

- **Infection/Exposure Control:** Replace the old, asbestos-containing vinyl composite tile (VCT) flooring, which is cracking and posing an asbestos exposure risk, with a safe, durable, and aesthetically pleasing flooring solution that encapsulates the existing material. Address the infection control hazard presented by the cracked tiles, especially in critical areas like the ER.
- **Patient Satisfaction:** Rectify the issues with peeling paint on doors and door frames to eliminate current eyesores and infection control risks. A comprehensive repainting effort is required using proper materials and techniques to ensure a durable, cleanable surface that enhances the facility's appearance and safety.
- **Supports New Business Growth:** Elevate the hospital's physical environment to at least match, if not exceed, the aesthetic standards of nearby competitors. A welcoming, visually appealing facility is crucial for making a positive first impression on patients and visitors, supporting patient retention and attraction.

Implementation Plan:

Renovation and Implementation (Month 1-3)

- Implement flooring solutions that encapsulate asbestos-containing materials safely.
- Repaint doors, door frames, and other affected areas with high-quality, durable paint.
- Ensure all renovation practices meet health and safety standards, particularly in infection control.

Evaluation and Feedback (Month 4-6)

- Survey patients, visitors, and staff to evaluate the impact of the improvements.
- Adjust ongoing maintenance plans based on feedback to ensure long-term satisfaction and safety.



Expected Impact:

- Significantly reduce health risks associated with asbestos exposure and infection control.
- Improve patient and staff satisfaction through an enhanced physical environment.
- Strengthen the hospital's competitive position, attracting more patients and potentially leading to business growth.

Budget: The total budget request for these improvements is estimated at \$65,299 covering the cost of safe flooring encapsulation, repainting, and associated labor. A detailed budget breakdown is attached.

Conclusion: The proposed aesthetic and safety improvements for Riceland Medical Center are essential for ensuring the health and satisfaction of our patients and staff, as well as for securing the hospital's position in a competitive healthcare market. We respectfully request funding of \$65,299 to address these critical needs and continue providing excellent care to our community.

Polus Global LLC

1331 W Sam Houston Pkwy N
Houston, TX 77043 US
polusinc@gmail.com

Estimate

ADDRESS
H Jabbar
Rice Land Healthcare
538 Broadway Ave
Winnie, TX 77065

SHIP TO
H Jabbar
Rice Land Healthcare
538 Broadway Ave
Winnie, TX 77065

ESTIMATE 1376
DATE 02/13/2024

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
02/13/2024	SPC Float Pale silver Oak	Vinyl Click And Lock Flooring : 20 Mil Wear Layer with IXPE Pad attached 23.38Sqft/Box X 278 Boxes	6,499.64	1.49	9,684.46T
02/13/2024	Handling Charges	Packing and Handling Charges	1	15.31	15.31T

Please find an attached Credit card authorization form and fill out the information.

SUBTOTAL 9,699.77

TAX 800.23

TOTAL **\$10,500.00**

*Account transfer to A/C # 673180978
Routing # 11000014 CHASE Bank.
*Please make a check on Polus Global LLC.

All Prices FOB Houston Warehouse. Trucking charges to the Job Site the buyer pays.
Buyer to arrange Forklift for unloading at the job site. *Returns not accepted two weeks after delivery and restocking fee of 25% incurs.

Accepted By

Accepted Date

Quote

American Interior Design Center
622 W. Lucas Drive
Beaumont, Texas 77706
(409)284-3723

Date: 03/04/2024
Quote No.: 10026

Bill To:
Riceland Medical Center
538 Broadway Winnie Tx 77665

Qty	Item	Description	Unit Price	Total
35		repaint & touchup doors	\$300.00	\$10,500.00
6,500		labor on PVC flooring	\$4.05	\$26,325.00
6,500		SPC float Pale silver Oak	\$1.49	\$9,685.00
25		door gaurds	\$110.00	\$2,750.00
25		labor to install door gaurds	\$55.00	\$1,375.00

Subtotal \$50,635.00
Sales Tax \$912.45
Total \$51,547.45

Please contact us for more information about payment options.

Thank you for your business.



Adonis Contracting Service LLC
 4608 Fairmont Prk Unit 359 Pasadena,
 Tx 77505
 P. Henderson
 (713) 874-4335

Proposal

Date: 01.28.24
 Invoice #: 01.28.24
 For: Floor Install / Door
 repair

Bill To:
 RiceLand Medical Center
 638 Broadway Ave,
 Winnie, TX 77805

Quantity	Description	Unit price	Amount
----------	-------------	------------	--------

RiceLand Medical Center
 638 Broadway Ave,
 Winnie, TX 77805

	Floor Installation		\$ 28,000.00
	Approx 6,500 sqft		
12	Patient Rooms		
5	Exam Room's		
1	Staff Lounge		
1	Nurse Station		
8	Shared Restrooms		
1	Registration office		
2	Hallways		

Materials
 Commercial grade Low odor adhesive
 Included 4in Roppa Rubber Wall Cove Base

Door Repair and Paint \$ 10,500.00
 All doors to be sanded and bonds repaired
 All door trim and window trim to be sanded
 Commercial grade bonding primer applied on all requested surface

Materials
 Commercial Sherwin - Williams Bonding Primer
 Included Waterbase Promar 200 Interior

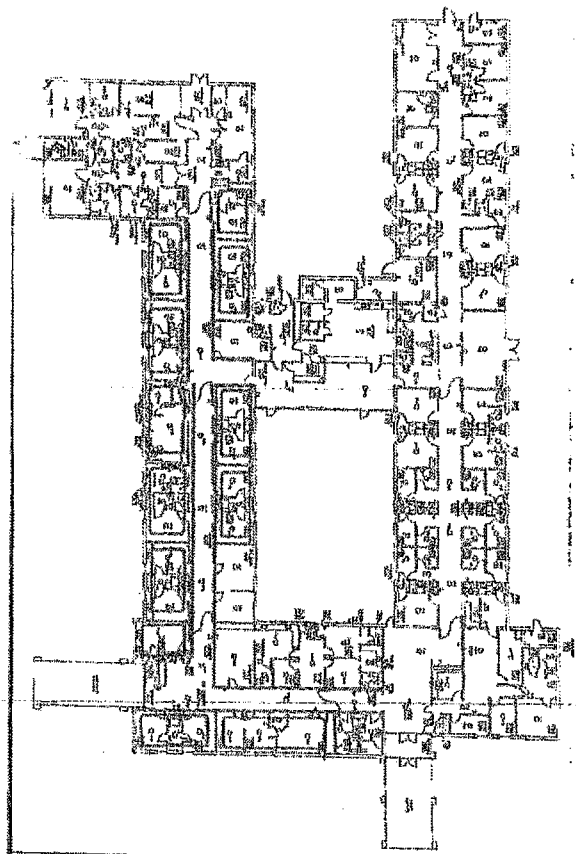
Total: \$ 38,500.00

Note:
 Proposal valid for 30 Days
 Estimated length of project 10 - 14 Days
 Vinyl Flooring not included



Proposal

\$ 38,500.00





**All Around
Construction Services**
 Locally Owned
 3504 25th St.
 Port Arthur, Tx. 77642
 (409)888-0450

Proposal & Acceptance

PROPOSAL SUBMITTED TO		PHONE	DATE
True Southern Real Estate		(409) 937-1445	10/02/2023
ADDRESS		JOB NAME	
538 Broadway Ave		2308-4779661-04	
CITY	STATE	ZIP	EMAIL
Winnie	Texas	77665	hjabbar@truesouthernrealestate.com

At your request, we submit the following :

PROJECT PLANS

Winnie Riceland Interior Work

* All supplies and materials will be provided by customer

Flooring

- * Install approx. 7,000 square feet of vinyl plank flooring over existing CVT flooring
- * Remove and replace existing plastic cove base after flooring installation
- * Install transition trims as needed
- * Scope of work includes moving hospital furniture and machinery
- * Rooms with tile will not get flooring installed

Interior Paint

- * Approximately 54 doors will be prepped and painted
- * Some doors require repair before paint work
- * Low-VOC paint will be sourced for an odorless finish
- * After paint, doors will have strike plates installed where beds hit when moved around
- * Peeling interior windows and trim will be re-painted
- * Vinyl wall sheets in rooms and hallways will be painted. Areas with wallpaper are not included.

We propose hereby to finish this project (labor only) complete in accordance with above specification for the sum of:
\$60,000.00 Dollars

Payment to be made as follows:

*First Payment due prior to start of job:	<u>To Be Determined</u>
*Second Payment due at project midway:	<u>To Be Determined</u>
*Full Balance due upon completion of job:	<u>To Be Determined</u>

NOTES:

(To accept proposal, please read and sign the following):

Terms and Conditions

All work is to be completed in a workmanlike manner according to standard practices. Any alterations or deviations from the above specifications will become an additional charge over and above the proposal price. Any unforeseen damages discovered as project develops, will be discussed between contractor and customer only. Workers are not allowed to discuss change of plans nor pricing with anyone other than Supervisors. Weather conditions or emergencies may cause delay or cancellation of work day at any given moment. Customer will be notified about changes in the event of such things taking place. The above prices, specifications, and conditions are satisfactory and are hereby accepted. Contractor is authorized to enter premises and complete the work as specified. Payments will be made in full as outlined above.

Note: This proposal may be withdrawn if not accepted within _____ days.

[Faint signature]

Signature Date

(For Contractor)

By signing, Contractor agrees to all terms and conditions stated on proposal.

Eduvin Contreras

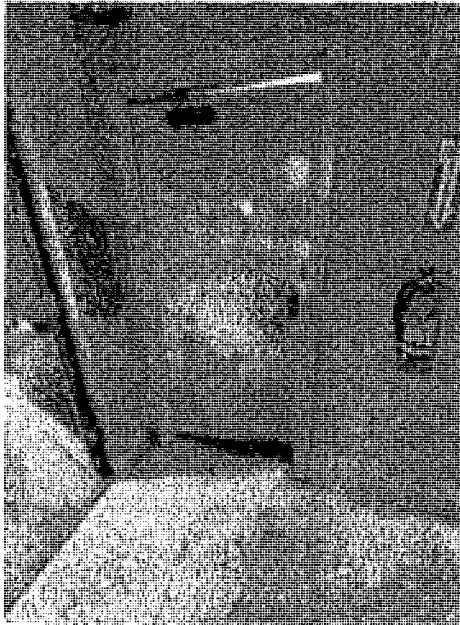
10/03/2023

All Around Construction
3504 25th st
Port Arthur, Texas 77642
ejc.allaround@gmail.com

True Southern Real Estate/2308-4779661-04
538 Broadway Ave
Winnie, Texas 77665

Attached Images

tmp_20230816_1634381403316454473944472.jpg



tmp_20230816_1635033633885678892729155.jpg



tmp_20230816_1635278557399698938369231.jpg



tmp_20230816_1634286840796329955150788.jpg



All Around Construction
3504 25th st
Port Arthur, Texas 77642
ejc.allaround@gmail.com

True Southern Real Estate/2308-4779661-04
538 Broadway Ave
Winnie, Texas 77665

Attached Images

tmp_20230816_1635344319248529438364784.jpg



tmp_20230908_155650790008875604055641.jpg



tmp_20230908_1609206557803795179168708.jpg



Winnifred
08/2023 07:39 am (COT)
True Southern Real Estate / 2308-4779661-04
538 Broadway Ave Winnie, TX 77665

tmp_20230908_1609322108403490364053259.jpg



Winnifred
08/2023 07:39 am (COT)
True Southern Real Estate / 2308-4779661-04
538 Broadway Ave Winnie, TX 77665

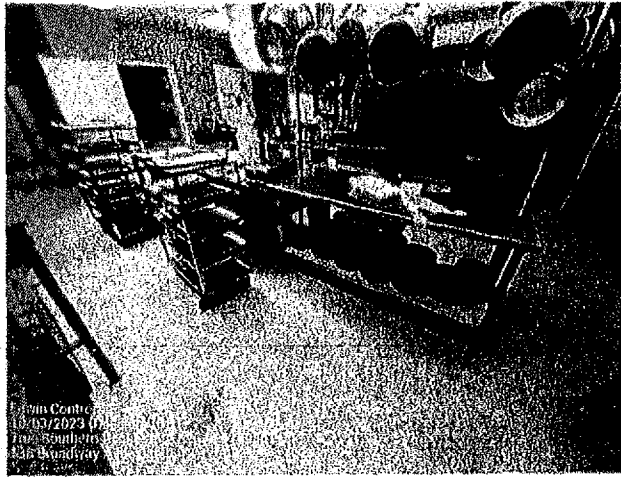
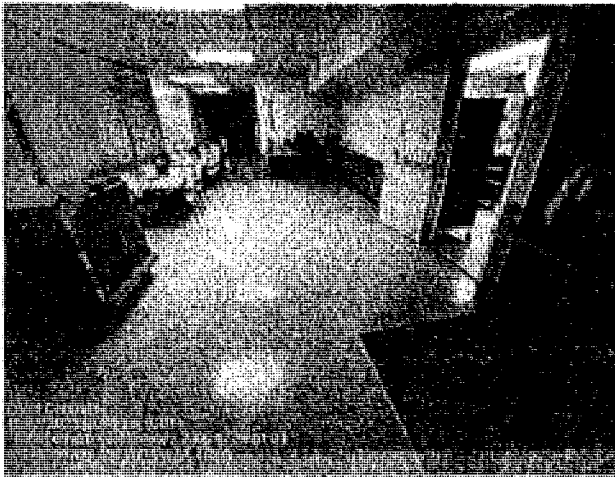
All Around Construction
3504 25th st
Port Arthur, Texas 77642
ejc.allaround@gmail.com

True Southern Real Estate/2308-4779661-04
538 Broadway Ave
Winnie, Texas 77665

Attached Images

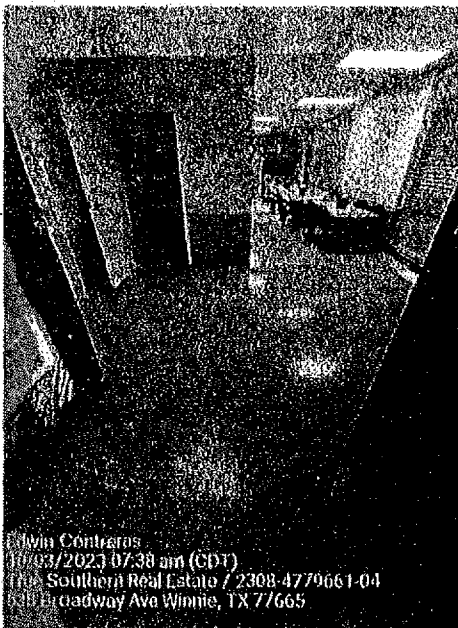
tmp_20230908_1601158565260883558992016.jpg

tmp_20230908_1601216614858145724093191.jpg



tmp_20230908_1601015707309304014154158.jpg

tmp_20230908_1600561479007133768535111.jpg



Elvin Contreras
10/03/2023 07:38 am (CDT)
True Southern Real Estate / 2308-4779661-04
538 Broadway Ave Winnie, TX 77665



Elvin Contreras
10/03/2023 07:38 am (CDT)
True Southern Real Estate / 2308-4779661-04
538 Broadway Ave Winnie, TX 77665

Media summary



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5



Photo 6



Photo 7



Photo 8



Photo 9



Photo 10



Photo 11



Photo 12



Photo 13



Photo 14

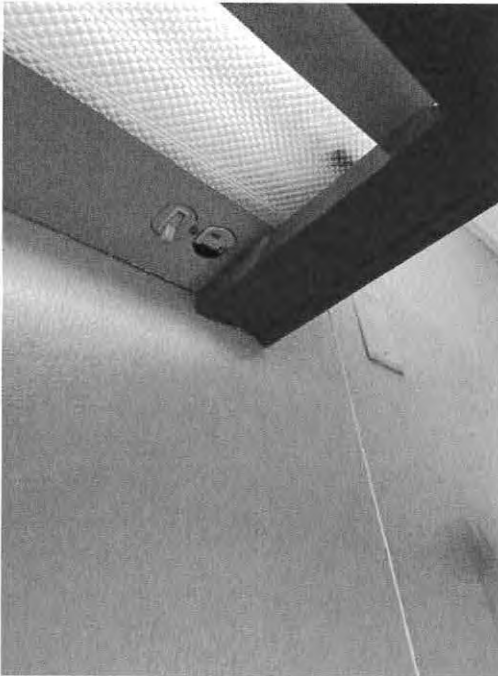


Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



Photo 22



Photo 23



Photo 24



Photo 25



Photo 26



Photo 27



Photo 28



Photo 29



Photo 30



Photo 31



Photo 32

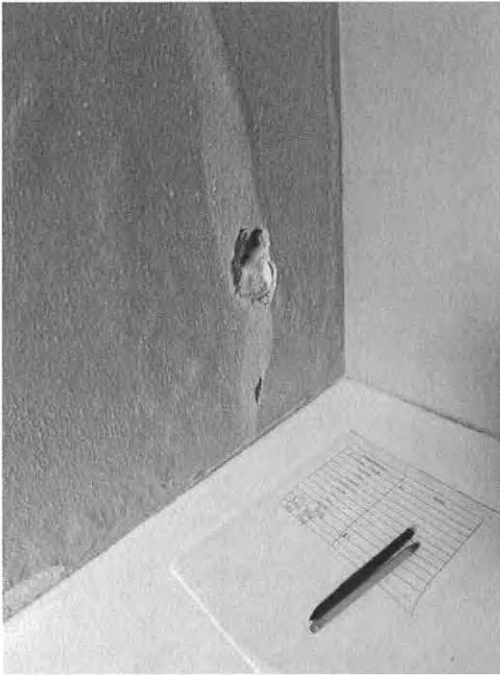


Photo 33



Photo 34



Photo 35

File summary

[9D727B53-FCFD-4AA7-BC01-D99B426CB257-video.mov](#)

From: [Karen Horn](#)
To: [Hubert Oxford IV](#)
Cc: mo@starcoimpex.com
Subject: Fw: UC DY 09 Recoupment Notification - RICELAND MEDICAL CENTER & 148698701
Date: Wednesday, February 21, 2024 11:03:11 AM
Attachments: [image.png](#)
[RICELAND MEDICAL CENTER.pdf](#)

Hubert,

Mo asked me to forward this to you.

We just received the demand letter from HHSC on the overpayment for DY9 uncompensated care. The portion the hospital district will receive back once the liability is paid is \$13,105.15 per the below snippet.

Notice of Overpayment of Demonstration Year 9 UC Funds

The reconciliation of payments to costs in UC Demonstration Year 9 (DY 9) indicates that RICELAND MEDICAL CENTER received payments in excess of allowable UC costs resulting in an overpayment of \$39,821.17.

This is an all funds overpayment/recoupment. The state share of the overpayment will be returned to the governmental entities in proportion to each entity's initial contribution for the Service Delivery Area (SDA) sponsored in DY9.

All Funds Amount:	\$39,821.17
State Share:	\$13,105.15
Federal Share	\$26,716.02

Karen Horn
Financial Analyst
Riceland Medical Center
(formerly Winnie Community Hospital)
225-267-6966 Office
225-715-9840 Cell

From: HHSC PFD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Sent: Tuesday, February 20, 2024 4:53 PM
To: mo@starcoimpex.com <mo@starcoimpex.com>; Karen Horn <khorn@ricelandhealthcare.com>; ceo@starcoimpex.com <ceo@starcoimpex.com>; mo@starcoimpex.com <mo@starcoimpex.com>
Cc: HHSC PFD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Subject: UC DY 09 Recoupment Notification - RICELAND MEDICAL CENTER & 148698701

Good morning,

Attached is your notification of UC DY 09 overpayment and demand for refund of overpayment amount.

For information about this letter or you wish to discuss repayment options, please refer to the contacts within the letter.

Thank you,

HHSC Provider Finance Payments

Texas Health and Human Services Commission

North Austin Complex

Mail Code 1470

4601 Guadalupe St

Austin, TX 78751



Confidential: This transmission is confidential and intended solely for the use of the individual or entity to which it is addressed. If you receive this transmission in error please notify sender and remove all copies from your computer.



NOTICE OF CONFIDENTIALITY

The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete the material/information.



February 21, 2024

Email: ceo@starcoimpex.com

CC: mo@starcoimpex.com

Investigation No: 6720071379401

Attention: M. TAHIR JAVED
RICELAND MEDICAL CENTER
538 Broadway
Winnie, TX 77665-7600

Subject: Notice of Overpayment of Demonstration Year 9 Uncompensated Care and Demand for Refund of Overpayment Amount for RICELAND MEDICAL CENTER (CCN 451328).

Dear M. TAHIR JAVED,

The Health and Human Services Commission (HHSC) annually completes a reconciliation of Section 1115 Transformation Waiver Uncompensated Care (UC) payments to confirm allowable costs for each hospital. The reconciliation is required under the Standard Terms and Conditions of the Waiver and ensures that UC payments to a hospital do not exceed the hospital's eligible uncompensated costs of providing services to Medicaid patients and the uninsured. If UC payments exceed eligible costs in the program year of reconciliation, HHSC must recoup the amount of the overpayment.

Notice of Overpayment of Demonstration Year 9 UC Funds

The reconciliation of payments to costs in UC Demonstration Year 9 (DY 9) indicates that RICELAND MEDICAL CENTER received payments in excess of allowable UC costs resulting in an overpayment of \$39,821.17.

This is an all funds overpayment/recoupment. The state share of the overpayment will be returned to the governmental entities in proportion to each entity's initial contribution for the Service Delivery Area (SDA) sponsored in DY9.

All Funds Amount:	\$39,821.17
State Share:	\$13,105.15
Federal Share	\$26,716.02

RICELAND MEDICAL CENTER

February 21, 2024

Page 2

Remittance

Within thirty days of the receipt of this letter, your facility should send a check, payable to Texas HHSC, to one of the following addresses:

When responding, **please reference the Investigation No: 6720071379401**

Regular Mail

HHSC AR MC1470
P.O. Box 149055
Austin, TX 78714-9055

Overnight Mail

HHSC AR MC1470
4601 W Guadalupe Street
Austin, TX 78751

If within 30 days the hospital has not paid the full amount, HHSC may withhold any or all future Medicaid payments until HHSC has recovered an amount equal to the current overpayment.

If you have questions about the information in this letter, please contact Adam Brown at PFD_UC_Payments@hhs.texas.gov.

Sincerely,

Adam Brown

Manager, Provider Finance Payments
Health and Human Services Commission