

EXHIBIT “A-1”

Winnie-Stowell Hospital District

Balance Sheet

As of March 31, 2024

04/16/24

Accrual Basis

	<u>Mar 31, 24</u>
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	309,470.34
102 First Financial Bank	
102b FFB #4846 DACA	5,694,769.28
102c FFB #7190 Money Market	9,364,151.42
102d FFB #7639 CD	8,200,000.00
Total 102 First Financial Bank	23,258,920.70
105 TexStar	743,367.92
108 Nursing Home Banks Combined	3,658,200.75
Total Checking/Savings	27,969,959.71
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	6,617,298.54
117 NH - QIPP Prog Receivable	6,458,056.72
118 Prepaid Expense	1,000.00
119 Prepaid IGT	13,309,533.66
Total Other Current Assets	86,777,108.69
Total Current Assets	114,747,068.40
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	11,475.00
Total Other Assets	11,475.00
TOTAL ASSETS	116,829,475.05
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	3,700,885.16
201 NHP Accounts Payable	4,596,997.90
204 FFB Line of Credit	4,433,740.99
206 FFB Loan (11 Mth)	1,800,746.40
206 FFB Loan (11 Mth) (24)	15,421,032.78
235 Payroll Liabilities	4,029.70
240 Accounts Payable NH Oper.	56,660,471.79
Total Other Current Liabilities	86,617,904.72
Total Current Liabilities	86,617,904.72
Total Liabilities	86,617,904.72

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04/16/24

Accrual Basis

Winnie-Stowell Hospital District

Balance Sheet

As of March 31, 2024

	<u>Mar 31, 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	-40,071.85
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Total Equity	30,211,570.33
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TOTAL LIABILITIES & EQUITY	116,829,475.05
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Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
January through March 2024

04/17/24

Accrual Basis

	Jan - Mar 24	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	211,690.82	850,000.00	-638,309.18	24.9%
405 Investment Income	98,365.34	150,000.00	-51,634.66	65.6%
407 Rental Income	10,500.00	42,000.00	-31,500.00	25.0%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	16,319,256.43	93,098,874.94	-76,779,618.51	17.5%
Total Income	16,639,812.59	94,155,874.94	-77,516,062.35	17.7%
Gross Profit	16,639,812.59	94,155,874.94	-77,516,062.35	17.7%
Expense				
500 Admin				
501 Admin-Administrative Salary	31,028.01	105,000.00	-73,971.99	29.6%
502 Admin-Administrative Assnt	5,550.00	35,000.00	-29,450.00	15.9%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	3,734.68	16,800.00	-13,065.32	22.2%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	431.55	1,400.00	-968.45	30.8%
521 Professional Fees - Accntng	3,013.50	11,000.00	-7,986.50	27.4%
522 Professional Fees - Audit	0.00	30,000.00	-30,000.00	0.0%
523 Professional Fees - Legal	34,434.93	75,000.00	-40,565.07	45.9%
550 Admin-D&O / Liability Ins.	10,808.45	16,000.00	-5,191.55	67.6%
560 Admin-Cont Ed, Travel	0.00	5,250.00	-5,250.00	0.0%
562 Admin-Travel&Mileage Reimb.	220.61	2,500.00	-2,279.39	8.8%
569 Admin-Meals	466.17	1,500.00	-1,033.83	31.1%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	6,467.70	10,000.00	-3,532.30	64.7%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	982.00	3,000.00	-2,018.00	32.7%
575 Admin-Cell Phone Reimburse	675.00	1,800.00	-1,125.00	37.5%
576 Admin-Telephone/Internet	857.68	3,500.00	-2,642.32	24.5%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
591 Admin-Notices & Fees	493.41	4,000.00	-3,506.59	12.3%
592 Admin Office Rent	1,020.00	4,080.00	-3,060.00	25.0%
593 Admin-Utilities	903.13	4,000.00	-3,096.87	22.6%
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	1,975.00	6,000.00	-4,025.00	32.9%
Total 500 Admin	103,571.82	352,575.00	-249,003.18	29.4%
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)	2,536.51	25,000.00	-22,463.49	10.1%
601.01c IC Pmt to Thompson	3,947.74	18,000.00	-14,052.26	21.9%
601.02 IC Pmt to UTMB	63,662.28	300,000.00	-236,337.72	21.2%
601.03 IC Special Programs				
601.03a Dental	6,243.00	24,000.00	-17,757.00	26.0%
601.03b IC Vision	830.00	1,500.00	-670.00	55.3%
601.04 IC-Non Hosp Cost-Other	2,152.82	35,000.00	-32,847.18	6.2%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	9,225.82	85,500.00	-76,274.18	10.8%
Total 601 IC Provider Expenses	151,160.83	864,200.00	-713,039.17	17.5%
602 IC-WCH 1115 Waiver Prog	35,041.58	129,340.00	-94,298.42	27.1%
603 IC-Pharmaceutical Costs	13,788.29	56,650.00	-42,861.71	24.3%
605 IC-Office Supplies/Postage	214.51	2,000.00	-1,785.49	10.7%
611 IC-Indigent Care Dir Salary	10,399.98	45,000.00	-34,600.02	23.1%
612 IC-Payroll Taxes -Ind Care	51.00	5,125.00	-5,074.00	1.0%
613 IC-Contract Services	23,587.50	75,000.00	-51,412.50	31.5%
615 IC-Software	4,698.00	14,500.00	-9,802.00	32.4%
616 IC-Travel	15.33	600.00	-584.67	2.6%

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

	Jan - Mar 24	Budget	\$ Over Budget	% of Budget
617 Youth Programs				
617.01 Youth Counseling	1,190.00	25,000.00	-23,810.00	4.8%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
Total 617 Youth Programs	1,190.00	25,600.00	-24,410.00	4.6%
Total 600 - IC Healthcare Expenses	240,147.02	1,218,015.00	-977,867.98	19.7%
620 WSHD - Grants				
620.01 WCH/RMC				
620.01b WCH/RMC - Other	32,650.00	300,000.00	-267,350.00	10.9%
Total 620.01 WCH/RMC	32,650.00	300,000.00	-267,350.00	10.9%
620.03 WSVEMS	38,193.60	152,774.40	-114,580.80	25.0%
620.05 East Chambers ISD	66,231.39	253,693.56	-187,462.17	26.1%
620.06 FQHC(Coastal)	250,450.74	1,001,803.00	-751,352.26	25.0%
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.	2,652.28	5,000.00	-2,347.72	53.0%
Total 620 WSHD - Grants	409,575.51	2,000,000.00	-1,590,424.49	20.5%
630 NH Program				
630 NH Program-Mgt Fees	6,103,323.00	34,887,661.12	-28,784,338.12	17.5%
631 NH Program-IGT	7,924,648.83	43,153,006.29	-35,228,357.46	18.4%
632 NH Program-Telehealth Fees	74,441.49	300,870.04	-226,428.55	24.7%
633 NH Program-Acctg Fees	27,121.50	85,000.00	-57,878.50	31.9%
634 NH Program-Legal Fees	92,837.37	350,000.00	-257,162.63	26.5%
635 NH Program-LTC Fees	1,182,000.00	4,938,000.00	-3,756,000.00	23.9%
637 NH Program-Interest Expense	512,602.56	3,043,548.33	-2,530,945.77	16.8%
638 NH Program-Loan/Bank Fees	215.00	655,734.76	-655,519.76	0.0%
639 NH Program-Appraisal	0.00	96,000.00	-96,000.00	0.0%
Total 630 NH Program	15,917,189.75	87,509,820.54	-71,592,630.79	18.2%
674 - Property Acquisition	9,400.34	2,200,000.00	-2,190,599.66	0.4%
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%
Total Expense	16,679,884.44	93,332,815.54	-76,652,931.10	17.9%
Net Ordinary Income	-40,071.85	823,059.40	-863,131.25	-4.9%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	89,362,887.51			
Total Other Income	89,362,887.51			
Other Expense				
640 Nursing Home Oper. Expenses	89,362,887.51			
Total Other Expense	89,362,887.51			
Net Other Income	0.00			
Net Income	-40,071.85	823,059.40	-863,131.25	-4.9%

Exhibit “A-2”

WSHD Treasurer's Report

Reporting Date: **Wednesday, April 17, 2024**

Pending Expenses	For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care	\$5,607.29	Prosperity Operating (Unrestricted)	\$600,626.33
Coastal Gateway Health Center	Indigent Care	\$507.32	First Financial DACA (Unrestricted)	\$1,580,943.56
Indigent Healthcare Solutions	Inv #77614	\$1,566.00	First Financial DACA (Restricted)	\$2,969,146.31
\$25 Optical	SP Program	\$150.00	First Financial Money Market	\$9,364,151.41
Bayside Dental	SP Program	\$880.00	TexStar (Restricted)	\$746,713.23
Caba Therapy Svcs (Physio)	SP Program	\$444.63	FFB CD Balance	\$8,200,000.00
Dr June Stansky, Optometrist	SP Program	\$60.00	Total District Funds	\$23,461,580.84
Winnie Family Dental	SP Program	\$657.40	Less First Financial (Restricted)	(\$2,969,146.31)
Thompson Outpatient Clinic	Indigent Care	\$1,021.20	Less TexStar Reserve Account	(\$746,713.23)
Wilcox Pharmacy	Indigent Care	\$1,373.23	Less LOC Outstanding	(\$4,433,740.99)
IC YC Kalos Counseling 340.00	Youth Counseling	\$340.00	Less First Financial Money Market	\$0.00
WS Felipe Ojeda 350.00 Inv 1048	Inv# 1048	\$350.00	Less Committed Funds (See Total Commitment)	(\$1,250,037.70)
WS Function4 80.03 Inv #1113992	Inv #1113992	\$80.03	Cash Position (Less First Financial Restricted)	\$18,495,683.60
WS Graciela Chavez 120.00 Inv 965970	Youth Counseling	\$120.00	Pending Expenses	(\$185,406.34)
American Education Services	Grant S Stern-Student Loan	\$150.14	Ending Balance (Cash Position/Pending Expenses)	\$18,310,277.26
Coastal Gateway Health Center	Grant (Pmt 4/12)	\$83,483.58	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$30,819,710.70
Coastal Gateway Health Center	Grant (Marketing/Outreach)	\$41,016.10	Prior Month	
WS Grant US Dep of Ed 720.62 (B Odom)	Grant B Odom-Student Loan	\$720.62	Prosperity Operating (Unrestricted)	\$523,690.87
WS Hall Render 8627.55 Inv 610028	Inv #	\$8,627.55	First Financial (Unrestricted)	\$3,188,593.13
WS Hubert Oxford 1000.00 legal retainer	Legal Retainer	\$1,000.00	First Financial (Restricted)	\$4,939,317.67
WS Patricia Ojeda 3131.25 Inv #3004	Inv # (Contract)	\$3,131.25	First Financial Money Market (Restricted)	\$9,332,407.12
WS Technology Sol 95.00	Inv #1854	\$95.00	TexStar (Restricted)	\$740,248.71
WS Vidal Accounting 8715.00	Inv# 00053	\$8,715.00	FFB CD Balance	\$8,200,000.00
WS B&O 25310.00 Inv# 51045	Inv#	\$25,310.00	Total District Funds	\$26,924,257.50
Total Pending Expenses:		\$185,406.34	Less First Financial (Restricted)	(\$4,939,317.67)
			Less TexStar Reserve Account	(\$740,248.71)
			Less LOC Outstanding	(\$4,433,740.99)
			Less First Financial Money Market (Restricted)	\$0.00
			Less Committed Funds (See Total Commitment)	(\$1,145,476.63)
			Cash Position (Less First Financial Restricted)	\$20,099,214.49
			Pending Expenses	(\$204,873.23)
			Ending Balance (Cash Position/Pending Expenses)	\$19,894,341.26
			Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	\$30,566,526.03

First Financial Bank Reconciliations

FFB Balance	\$4,550,089.87		
	Restricted Funds	Total Scheduled Payment	Balance Received
		Balance Due	Due to District

Gross Yr. 6 & 7, Component 1-IGT 12					
January (1st) - YR7		\$2,276,717.25	\$2,232,173.08	\$44,544.17	\$0.00
February (1st) - YR7		\$2,562,996.87	\$1,679,125.61	\$883,871.26	\$0.00
Total Component 1, IGT 11	\$0.00	\$4,560,020.74	\$4,515,476.57	\$44,544.17	\$0.00

11 Month Set Aside (FFB)					
January (1st Half)	\$899,920.09	\$2,276,717.25	\$2,232,173.08	\$44,544.17	\$0.00
February (1st Half)	\$900,826.31	\$2,562,996.87	\$1,679,125.61	\$883,871.26	\$0.00
Total Loan Set Aside	\$1,800,746.40	\$7,123,017.61	\$6,194,602.18	\$928,415.43	\$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	\$442,617.01	\$647,087.87	\$632,310.02	\$14,777.85	\$189,693.01
Q2-Comp. 2-February	\$354,676.57	\$747,321.08	\$506,680.82	\$240,640.26	\$152,004.25
Total Component 2 due to MGRs.	\$1,234,526.74	\$2,019,027.74	\$1,763,609.63	\$255,418.11	\$529,082.89

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 February	(\$55,206.47)	(\$119,542.55)	(\$78,866.38)	(\$40,676.17)	(\$23,659.91)
Variance Payment Totals	(\$74,217.84)	(\$201,685.61)	(\$106,025.48)	(\$95,660.13)	(\$31,807.64)

Non-QIPP Funds	\$8,091.00
Restricted	\$2,969,146.31
Unrestricted	\$1,580,943.56
Total Funds	\$4,550,089.87

Committed Funds			
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2023	\$1,001,803.00	\$275,760.74	\$726,042.26
2. Coastal Marketing Grant	\$276,040.00	\$54,688.93	\$221,351.07
3. WSVEMS Grant	\$152,774.40	\$76,387.20	\$76,387.20
4. Marcelous Williams	\$77,590.00	\$38,795.00	\$38,795.00
5. East Chambers ISD	\$253,693.56	\$66,231.39	\$187,462.17
Total Commitments	\$1,761,900.96	\$511,863.26	\$1,250,037.70

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
April 17, 2024	\$0.00	\$0.00	\$1,401,076.73
	\$1,626,424.00	\$225,347.27	\$1,401,076.73

CHOW Interim Working Capital Loan					
	Initial Line of Credit	Total Amount Advanced	Line of Credit Remaining	Amount Paid Back to Date	Amount Due to District
Gulf Coast (10 Months-Nov. 1, 2024)					
Gulf Coast - Clute	\$1,000,000.00	\$534,836.38	\$465,163.62	\$0.00	\$534,836.38
Gulf Coast - Creekside Village	\$1,000,000.00	\$457,421.48	\$542,578.52	\$0.00	\$457,421.48
Gulf Coast - Wells	\$1,000,000.00	\$520,411.77	\$479,588.23	\$0.00	\$520,411.77
Gulf Coast - Shepard	\$1,000,000.00	\$496,796.10	\$503,203.90	\$0.00	\$496,796.10
Balance Owed by Gulf Coast	\$4,000,000.00	\$2,009,465.73	\$1,990,534.27	\$0.00	\$2,009,465.73
Health Mark Group (10 Months-May 1, 2024)					
HMG - Treviso	\$1,500,000.00	\$1,500,000.00	\$0.00	\$0.00	\$1,500,000.00
Balance Owed by Health Mark Group	\$1,500,000.00	\$1,500,000.00	\$0.00	\$0.00	\$1,500,000.00
Senior Living Properties (SLP) (10 Months-Nov. 1, 2024)					
SLP - Coronado	\$1,000,000.00	\$1,123,562.48	(\$123,562.48)	\$0.00	\$1,123,562.48
SLP - Paris	\$1,000,000.00	\$586,990.83	\$413,009.17	\$0.00	\$586,990.83
SLP - Palestine	\$1,000,000.00	\$604,075.50	\$395,924.50	\$0.00	\$604,075.50
SLP - Overton	\$1,000,000.00	\$546,869.23	\$453,130.77	\$0.00	\$546,869.23
SLP - Seabreeze	\$1,000,000.00	\$1,209,906.95	(\$209,906.95)	\$0.00	\$1,209,906.95
Balance Owed by Senior Living Group	\$5,000,000.00	\$4,071,404.99	\$928,595.01	\$0.00	\$4,071,404.99
Caring (10 Months-Nov. 1, 2024)					
Caring - Oak Brook	\$1,000,000.00	\$581,972.99	\$418,027.01	\$0.00	\$581,972.99
Caring - Gracy Woods	\$1,000,000.00	\$726,914.84	\$273,085.16	\$0.00	\$726,914.84
Balance Owed by Caring	\$2,000,000.00	\$1,308,887.83	\$691,112.17	\$0.00	\$1,308,887.83
Pillarstone (10 Months-March 1, 2024)					
Pillarstone - Mont Belvieu	\$1,000,000.00	\$0.00	\$1,000,000.00	\$0.00	\$0.00
Balance Owed by Pillarstone	\$1,000,000.00	\$0.00	\$1,000,000.00	\$0.00	\$0.00
Total CHOW Loan Outstanding	\$13,500,000.00	\$8,889,758.55	\$4,610,241.45	\$0.00	\$8,889,758.55

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)	\$1,808,843.34	(\$1,808,843.34)	(\$24,815.93)	(\$1,833,659.27)	\$1,800,746.40
11-April 30, 2024 (February, Comp. 1)	\$1,800,746.40	(\$1,800,746.40)	(\$14,455.99)	(\$1,815,202.39)	\$0.00
Amount Paid	\$14,353,948.46	(\$14,353,948.46)	(\$807,308.94)	(\$15,161,257.40)	

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			(\$109,232.32)	(\$109,232.32)	\$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)	(\$862,584.81)	(\$16,283,617.59)	

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	\$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	\$20,690.79	\$0.00	\$20,690.79
Amount Paid		\$0.00	\$118,878.19	\$0.00	\$118,878.19

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	\$9,364,151.41	4.00%	March 2024	\$31,744.29	\$91,665.75
Texasstar C.D. #1110	\$746,713.23	5.3378%	March 2024	3,345.31	\$9,790.21

TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSHD
TREASURER'S REPORT AND SUPPORTING DOCUMENTS CORRECT AND
IN COMPLIANCE WITH THE DISTRICT'S INVESTMENT POLICY.

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date: _____

Date: _____

*Italics are Estimated amount

Exhibit “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of March 20, 2024 to April 17, 2024

Type	Date	Num	Name	Memo	Clr	Amount	Balance	
100 Prosperity Bank -Checking							524,955.70	
Check	03/20/2024	4177	Indigent Healthcare Solutions, ...	Inv# 77450	M	(1,566.00)	523,389.70	
Check	03/20/2024	4178	Brookshire Brothers	Batch Date Feb 4 2024	X	(2,621.07)	520,768.63	
Check	03/20/2024	4172	Wilcox Pharmacy	Batch Date Feb 3 2024	X	(1,913.09)	518,855.54	
Check	03/20/2024	4173	Barrier Reef Emergency Physican	Batch Date Feb 1 2024	X	(121.20)	518,734.34	
Check	03/20/2024	4174	Coastal Gateway Health Center	Batch Feb 11 2024	X	(467.12)	518,267.22	
Check	03/20/2024	4175	\$25 Optical	Batch Date Feb 8 2024	M	(250.00)	518,017.22	
Check	03/20/2024	4176	Bayside Dental	Batch Date Feb 8 2024	X	(440.00)	517,577.22	
Check	03/20/2024	4167	CABA Therapy Services dba Ph...	Batch Date Feb 10 2024	X	(466.61)	517,110.61	
Check	03/20/2024	4168	Dr. June Stansky, Optometrist	Batch Date Feb 8 2024	M	(180.00)	516,930.61	
Check	03/20/2024	4169	Winnie Family Dental	Batch Date Feb 8 2024	X	(140.00)	516,790.61	
Check	03/20/2024	4170	Thompson Outpatient Clinic, LLC	Batch Date Feb 11 2024	X	(1,422.82)	515,367.79	
Check	03/20/2024	4171	UTMB at Galveston	Batch Date Feb 1 2024	X	(40,274.91)	475,092.88	
Check	03/20/2024	4162	UTMB Faculty Group Practice	Batch Date Feb 1 2024	X	(14,263.81)	460,829.07	
Check	03/20/2024	4163	Kalos Counseling	Batch Date Feb 2 2024	M	(425.00)	460,404.07	
Check	03/20/2024	4164	Benckenstein & Oxford	Inv# 51023	X	(30,540.37)	429,863.70	
Check	03/20/2024	4165	Felipe Ojeda	Inv# 1047	X	(350.00)	429,513.70	
Check	03/20/2024	4166	Funcion 4-Lease fka Star Grap...	Inv# 82206983	X	(44.05)	429,469.65	
Check	03/20/2024	4161	Funcion 4	Inv# 1105170	X	(260.00)	429,209.65	
Check	03/20/2024	4160	Graciela Chavez	Inv# 965969	X	(120.00)	429,089.65	
Check	03/20/2024	4159	American Education Services	92 5529 5461- S. Stern	X	(150.14)	428,939.51	
Check	03/20/2024	4158	Coastal Gateway Health Center	3 of 12 payments	X	(83,483.58)	345,455.93	
Check	03/20/2024	4157	US Department of Education	Acct #1778777792-1- B. Odom	X	(720.62)	344,735.31	
Check	03/20/2024	4152	Hall Appraisers, Inc.	Inv# 607062	X	(9,400.34)	335,334.97	
Check	03/20/2024	4153	Hubert Oxford	Legal retainer via Letter	M	(1,000.00)	334,334.97	
Check	03/20/2024	4154	Patricia Ojeda	Inv# 3003	X	(4,800.00)	329,534.97	
Check	03/20/2024	4155	Technology Solutions of Texas, ...	Inv# 1849	X	(225.00)	329,309.97	
Check	03/20/2024	4156	Makayla Vidal	Inv# 00048	X	(9,187.50)	320,122.47	
Check	03/20/2024		ECISD			(22,077.00)	298,045.47	
Check	03/20/2024	4179	Winnie Stowell Hospital District	Opening Deposit for New NH Bank Acct (P MB)	X	(200.00)	297,845.47	
Check	03/26/2024		Prosperity Bank (CC)	2704	X	(1,691.00)	296,154.47	
Liability C...	03/28/2024		QuickBooks Payroll Service	Created by Payroll Service on 03/27/2024	X	(8,418.46)	287,736.01	
Liability C...	03/28/2024		QuickBooks Payroll Service	Created by Payroll Service on 03/27/2024	X	(764.71)	286,971.30	
Paycheck	03/29/2024	DD1338	Norris, Sherrie	Direct Deposit	X		286,971.30	
Paycheck	03/29/2024	DD1339	Carlo, Victoria M	Direct Deposit	X		286,971.30	
Paycheck	03/29/2024	DD1340	Jordan, Carson T	Direct Deposit	X		286,971.30	
Paycheck	03/29/2024	DD1341	Walters, Reagan D	Direct Deposit	X		286,971.30	
Deposit	03/31/2024			Deposit, Processed	X	82.04	287,053.34	
Check	04/03/2024	4181	Marcelous-Williams Resource C...	April Grant Check		(19,397.50)	267,655.84	
Check	04/03/2024	4180	Winnie-Stowell Volunteer EMS	April 1st Grant Check		(38,193.60)	229,462.24	
Deposit	04/04/2024		Winnie-Stowell Volunteer EMS	Deposit, Rcv'd Refund Check	M	573.95	230,036.19	
Deposit	04/05/2024			ACH, Deposit, Processed	M	300,000.00	530,036.19	
Liability C...	04/12/2024		QuickBooks Payroll Service	Adjusted for voided paycheck(s)		(2,452.80)	527,583.39	
Liability C...	04/12/2024		QuickBooks Payroll Service	Created by Payroll Service on 04/10/2024		(1,138.35)	526,445.04	
Paycheck	04/15/2024	DD1342	Walters, Reagan D	Direct Deposit	X		526,445.04	
Paycheck	04/15/2024	DD1343	Carlo, Victoria M	Direct Deposit	X		526,445.04	
Paycheck	04/15/2024	DD1344	Jordan, Carson T	VOID: Direct Deposit Payroll Service funds recovered	X		526,445.04	
Paycheck	04/15/2024	DD1345	Jordan, Carson T	Direct Deposit	X		526,445.04	
Check	04/16/2024	4183	Brookshire Brothers	Batch 3/4/24		(5,607.29)	520,837.75	
Check	04/16/2024	4191	Coastal Gateway Health Center	Batch 3/11/24		(507.32)	520,330.43	
Check	04/16/2024	4190	Indigent Healthcare Solutions, ...	Inv# 77614		(1,566.00)	518,764.43	
Check	04/16/2024	4189	\$25 Optical	Batch 3/8/24		(150.00)	518,614.43	
Check	04/16/2024	4188	Bayside Dental	Batch 3/8/24		(880.00)	517,734.43	
Check	04/16/2024	4184	CABA Therapy Services dba Ph...	Batch 3/6/24		(444.63)	517,289.80	
Check	04/16/2024	4193	Dr. June Stansky, Optometrist	Batch 3/9/24		(60.00)	517,229.80	
Check	04/16/2024	4194	Winnie Family Dental	3/11/24		(657.40)	516,572.40	
Check	04/16/2024	4195	Thompson Outpatient Clinic, LLC	Batch 3/11/24		(1,021.20)	515,551.20	
Check	04/16/2024	4196	Wilcox Pharmacy	Batch 3/04/24		(1,373.23)	514,177.97	
Check	04/16/2024	4199	Kalos Counseling	Batch 3/12/24		(340.00)	513,837.97	
Check	04/16/2024	4198	Felipe Ojeda	Inv# 1048		(350.00)	513,487.97	
Check	04/16/2024	4197	Funcion 4	INV1113992		(80.03)	513,407.94	
Check	04/16/2024	4200	Graciela Chavez	INV# 965970		(120.00)	513,287.94	
Check	04/16/2024	4201	American Education Services	92 5529 5461- S. Stern		(150.14)	513,137.80	
Check	04/16/2024	4202	Coastal Gateway Health Center	PAYMENT 4 OF 12		(83,483.58)	429,654.22	
Check	04/16/2024	4203	Coastal Gateway Health Center	Marketing/Outreach Grant Pmt April		(41,016.10)	388,638.12	
Check	04/16/2024	4204	US Department of Education	Acct #1778777792-1- B. Odom		(720.62)	387,917.50	
Check	04/16/2024	4205	Hall Appraisers, Inc.	INV# 610028		(8,627.55)	379,289.95	
Check	04/16/2024	4206	Technology Solutions of Texas, ...	Inv# 1854		(95.00)	379,194.95	
Check	04/16/2024	4207	Makayla Vidal	INV# 00053		(8,715.00)	370,479.95	
Check	04/16/2024	4208	Benckenstein & Oxford	INV# 51045		(25,310.00)	345,169.95	
Check	04/17/2024	4209	Hubert Oxford	Legal Retainer	X	(1,000.00)	344,169.95	
Check	04/17/2024	4210	Patricia Ojeda	Inv# 3004	X	(3,131.25)	341,038.70	
Check	04/18/2024	ACH	Specturm/Time Warner Cable	8260170290121119		(289.56)	340,749.14	
Check	04/29/2024	Pending	Philadelphia Insurance Compa...			(14,315.00)	326,434.14	
Check	05/03/2024	Pending	ECISD			(22,077.00)	304,357.14	
Total 100 Prosperity Bank -Checking							(220,598.56)	304,357.14
102 First Financial Bank								17,460,317.94
102b FFB #4846 DACA								8,127,910.81
Deposit	03/22/2024			Inbound Wire Transfer HSM FINANCIAL SERVICES LLC	X	1,411,554.17	9,539,464.98	
Check	03/22/2024				X	(15.00)	9,539,449.98	
Check	03/22/2024			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(272.48)	9,539,177.50	
Check	03/22/2024			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(25,275.00)	9,513,902.50	
Check	03/22/2024			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(291,247.84)	9,222,654.66	
Check	03/22/2024			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(564,719.77)	8,657,934.89	
Check	03/22/2024			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(779,976.71)	7,877,958.18	
Check	03/22/2024			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(905,176.77)	6,972,781.41	
Check	03/25/2024			Transfer to DDA Acct No. 1110214846-D	X	611,548.48	7,584,329.89	
Check	03/28/2024			Transfer to DDA Acct No. 1110214846-D	X	77,400.00	7,661,729.89	
Check	03/28/2024			Transfer from XXX4846 to XXX7759: Conf #:21127335	X	(21,380.48)	7,640,349.41	
Check	03/28/2024			Transfer from XXX4846 to XXX9067: Conf #:21127319	X	(112,873.39)	7,527,476.02	
Check	03/28/2024			Transfer from XXX4846 to XXX7635: Conf #:21127305	X	(1,832,706.74)	5,694,769.28	
Deposit	04/05/2024			ACH, Deposit, Processed		(300,000.00)	5,394,769.28	
Total 102b FFB #4846 DACA							(2,733,141.53)	5,394,769.28

Winnie-Stowell Hospital District
Bank Accounts Register
As of March 20, 2024 to April 17, 2024

<i>Type</i>	<i>Date</i>	<i>Num</i>	<i>Name</i>	<i>Memo</i>	<i>Clr</i>	<i>Amount</i>	<i>Balance</i>	
102c FFB #7190 Money Market							9,332,407.13	
Deposit	03/31/2024				X	846.99	9,333,254.12	
Deposit	03/31/2024			Interest	X	30,897.30	9,364,151.42	
Total 102c FFB #7190 Money Market							31,744.29	9,364,151.42
Total 102 First Financial Bank							(2,701,397.24)	14,758,920.70
TOTAL							(2,921,995.80)	15,063,277.84

Exhibit “B”



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

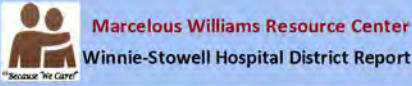
VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	6871
TOTAL HOURS DRIVEN	341.58
TOTAL EXPENSES FOR MONTH	\$2,151.72
<i>FUEL COST</i>	\$1,076.62
<i>REPAIRS & MAINTENANCE COST</i> <u>brake, labor</u>	\$1,026.26
<i>MISC EXPENSES</i> <u>oil change, labor</u>	\$48.84
TOTAL RIDERS	56
<i>TOTAL WSHD RIDERS</i>	4
TOTAL TRIPS	124
<i>TOTAL TRIPS FOR WSHD RIDERS</i>	9

VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	1850
TOTAL HOURS DRIVEN	109.25
TOTAL EXPENSES FOR MONTH	\$467.18
<i>FUEL COST</i>	\$422.55
<i>REPAIRS & MAINTENANCE COST</i> <u>instal gas door</u>	\$44.63
<i>MISC EXPENSES</i> _____	
TOTAL RIDERS	21
<i>TOTAL WSHD RIDERS</i>	0
TOTAL TRIPS	31
<i>TOTAL TRIPS FOR WSHD RIDERS</i>	0

VEHICLE #3 RAV 4	
TOTAL MILES DRIVEN	2280
TOTAL HOURS DRIVEN	125.75
TOTAL EXPENSES FOR MONTH	\$640.06
<i>FUEL COST</i>	\$640.06
<i>REPAIRS & MAINTENANCE COST</i> _____	
<i>MISC EXPENSES</i> _____	
TOTAL RIDERS	24
<i>TOTAL WSHD RIDERS</i>	1
TOTAL TRIPS	53
<i>TOTAL TRIPS FOR WSHD RIDERS</i>	1

GRAND TOTALS	
MILES DRIVEN	11001
RIDERS	101
<i>WSHD RIDERS</i>	5
TRIPS	208
<i>WSHD TRIPS</i>	10
EXPENSES	\$3,258.96

Marcelous Williams March Report



Year to Date Details for 2024				
	Jan-24	Feb-24	Mar-24	YTD DATE
YTD WSHD REFERRALS	0	3	0	3
YTD Indigent Care (Medical, Dental & Vision)	0	0	0	0
YTD Prescription Assistance	0	0	0	0
YTD Youth Counseling	0	0	0	0
YTD Navigating Resources for Clients	0	3	0	3
YTD OTHER REFERRALS	1	5	1	7
YTD Gift of Life	0	3	0	3
YTD Work in Texas (Texas Workforce Commission)	0	0	1	1
YTD Chambers County Indigent or OmniPoint FQHC	0	0	0	0
YTD Chambers County Indigent Dental	0	0	0	0
YTD Transportation	0	0	0	0
YTD Medical Services (Other Than Indigent)	0	0	0	0
YTD G.E.T.-C.A.P.	0	1	0	1
YTD Misc. MWRC Available Services	1	1	0	2
YTD APPLICATIONS INITIATED/PROCESSED	23	34	28	85
YTD WSHD Indigent Care	0	0	0	0
YTD Prescription Assistance	0	0	0	0
YTD Social Security	2	4	1	7
YTD Medicare Savings Program	0	1	0	1
YTD Medicaid	6	8	9	23
YTD Food Stamps	15	17	16	48
YTD Home Repair	0	4	2	6
YTD G.E.T.-C.A.P.	0	0	0	0
YTD CLIENTS SERVED	18	27	20	65
YTD WSHD Clients	18	26	20	64
YTD Chambers County Residents	0	0	0	0
YTD Other County Residents	0	1	0	1
YTD OFFICE SUPPLIES EXPENSES	\$841.17	\$497.78	\$714.84	\$2,053.79
YTD STAFFING EXPENSES	\$1,330.00	\$3,015.67	\$8,335.51	\$12,681.18
YTD GRANT AMOUNT SPENT OF TOTAL \$0.00	\$2,171.17	\$3,513.45	\$9,050.35	\$14,734.97
YTD GRANT BALANCE REMAINING OF	\$77,590.00	\$74,076.55	\$65,026.20	-\$14,734.97
OUTREACH ACTIVITIES/EVENTS ATTENDED	0	0	0	0

OFFICE SUPPLY		
DATE	EXPENSE DESCRIPTION	\$ AMOUNT SPENT
3/1/2024		\$714.84
TOTAL OFFICE SUPPLY EXPENSE FOR THE MONTH		\$714.84

Success Story:

Ronald and Christina sought housing assistance for disability-related needs. I provided them with information on 811 housing and printed listings for various disabled-friendly housing options across different locations. After discussing their options, they decided to apply to multiple places. Wanting to ensure they had ample choices, I contacted them again the next day with additional availabilities. Ultimately, they found a place in Beaumont, which they will be moving into soon.

-CLIENT EXPERIENCE SPECIALIST

CLIENT DETAILS				PROGRAM(S) CLIENT REFERRED TO	APPLICATION(S) INITIATED WITH CLIENT			
DATE	REPEAT CLIENTS Enter "R"	Client Identifier Example: Smi,J OR For Repeat	Client Residency Data Winnie Stowell Hosp Dist	Work in Texas	Social Security: Disability, SSI, Retirement	Medicaid	Food Stamps	Home Repair
3/5/2024	R	Tem,F	X		X			
3/5/2024	R	Roj,I	X				X	
3/6/2024		Luc,H	X			X	X	
3/6/2024		Cla,D	X			X	X	
3/11/2024	R	Fon,D	X				X	X
3/11/2024	R	Mar,S	X				X	
3/12/2024	R	Fon,D	X				X	
3/12/2024	R	Per,S	X			X	X	
3/13/2024		Phe,L	X	X				
3/13/2024	R	Fon,D	X				X	
3/18/2024	R	Lop,M	X			X		
3/18/2024	R	Mor,F	X			X	X	
3/18/2024	R	Alv,F	X			x	X	
3/18/2024	R	Led,C	X					X
3/19/2024		Pot,L	X			X	X	
3/25/2024	R	Cas,T	X				X	
3/26/2024	R	Mar,S	X				X	
3/26/2024	R	Mcl,C	X				X	
3/26/2024	R	Ort,P	X			X	X	
3/28/2024		Fig,S	X			X	X	
20	(15)		20	1	1	9	16	2

Winnie Stowell Volunteer EMS Report Year 2024

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	8	0	0	0	0	0	0	0	0	0	22
CALLS/TRANSPORTS MADE														
INSURED	60	5	5	6										16
SELF-PAY	17	0	0	1										1
TOTAL CALLS MADE	77	5	5	7	0	0	0	0	0	0	0	0	0	17
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	25	3	1	1	0	0	0	0	0	0	0	0	0	5
PERCENTAGE OF CALLS MADE	75%	62.5%	83.3%	87.5%										77.3%
INVOICED/BILLED														
Insurance Billed during Month	\$79,777.63	\$5,857.23	\$5,233.94	\$5,810.31										\$16,901.48
Self-Pay Billed during the Month	\$29,969.41	\$0.00	\$0.00	\$856.34										\$856.34
Total	\$109,747.04	\$5,857.23	\$5,233.94	\$6,666.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,757.82
PAYMENTS RECEIVED														
Insurance Payments Rcvd during in the Month	\$31,939.70	\$1,482.31	\$535.42	\$0.00										\$2,017.73
Self-Pay Billed Rcvd during the Month	\$10,429.84	\$0.00	\$0.00	\$0.00										\$0.00
Total	\$42,369.54	\$1,482.31	\$535.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,017.73
ACCOUNTS RECEIVABLE-FUNDS OWED														
Owed by Insurance	\$21,466.99	\$2,551.20	\$4,160.47	\$5,810.34										\$12,522.01
Owed by Self-Pay	\$2,961.51	\$0.00	\$0.00	\$856.34										\$856.34
Total	\$24,428.50	\$2,551.20	\$4,160.47	\$6,666.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,378.35
STAFFING EXPENSES														
Total	\$120,580.00	\$12,418.14	\$12,052.90	\$12,939.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,410.94

Mar-24

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
3/2/2024	Riceland	St. Elizabeth	M			24-06574	62	3/14/2024	12
3/2/2024	Riceland	Baptist Beaumont	M			24-06636	2193	3/14/2024	12
3/7/2024	Riceland	Baptist Beaumont	M			24-07188	2204	3/16/2024	9
3/9/2024	Riceland	Texas Children's The Medical Center	M			24-07394	nn 1		Not Billed Yet
3/12/2024	Riceland	UTMB Galveston			R	N/A	N/A	N/A	N/A
3/19/2024	Riceland	Texas Children's The Medical Center	M			24-08248	2240	4/2/2024	14
3/22/2024	Riceland	HCA The Medical Center	M			24-08602	2226		Not Billed Yet
3/27/2024	Riceland	UTMB Galveston	M			24-09144	nn 2		Not Billed Yet
TOTAL CALLS & RESULTS			8	0	1	AVERAGE DAYS TO BILL:		12	

Mar-24

MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
3/1/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/2/2024	Kayla Blackwell	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/3/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/4/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
3/5/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/6/2024	Kayla Blackwell	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/7/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/8/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/9/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$15.00	\$360.00	\$57.42
3/10/2024	Travis Delacerda	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$15.00	\$360.00	\$57.42
3/11/2024	Amanda Harpst	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/12/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/13/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/14/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/15/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/16/2024	Kayla Blackwell	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/17/2024	Steven Hilton	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/18/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/19/2024	Amanda Harpst	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/20/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/21/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
3/22/2024	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/23/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/24/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/25/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/26/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$15.00	\$360.00	\$57.42
3/27/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
3/28/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/29/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/30/2024	Hunter Tarweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
3/31/2024	Kayla Blackwell	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
TOTAL SALARY EXPENSE FOR THE MONTH:			GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
			\$17.39	744.00	\$12,939.91	744.00	0.0	0	\$12,939.91	\$0.00	\$17.10	\$12,720.00	\$219.91

Exhibit “C”



Report to Winnie-Stowell Hospital District

April 17, 2024

Report prepared by: Kaley Smith, CEO; Coastal Gateway Health Center

- Generator Quotes. Formal quotes will be presented at the April board meeting.
- The lab interface with Riceland is complete and is ready to go-live. We received supplies and an overview from their Laboratory Director and will need to finalize some internal workflows and logistics before officially beginning. Finalizing the formal referral agreement to be HRSA compliant.
- The statistical report for March is attached.
- Our FY 2023 Audit should be complete within the next month.
- We had our pre-enrollment site visit for the Texas Vaccine for Children (TVFC) program on April 5th. The reviewers stated that we were in excellent shape for the next step and do not see any issues with moving forward. Next steps, we will have 2-3 additional site visits before we receive final approval and receive our first vaccine shipment. The reviewer today told us that we are on the path to receive vaccines by mid-May (which is great timing for back-to-school vaccines).
- Upcoming Events/Activities
 - The Rose Mobile Mammogram bus was onsite 4th, 14 women received their mammogram. We have two more dates scheduled for 2024: August 20th and November 5th.
 - Booth at Marsh Fest and several of us participated as BBQ judges.
 - Hardin Jefferson Hunger Initiative food distribution—the ‘Super Saturday’ event hosted by Commissioner Vernon Pierce was cancelled for the Saturday, March 16th and the Saturday, April 13th dates, it is not looking like it will be re-scheduled again. Staff were present for their regular food distribution on April 9th.
 - Planning a back-to-school bash for the community for this summer.
- Grants.
 - United Way of Greater Baytown and Chambers County FY 2024-2025 funding cycle—interview with the grant reviewers took place on Thursday, March 21st at 1:00 pm. Decisions on funding will be made in May/June.
- Enhanced Marketing Update:
 - 102 Google reviews, all are 5-stars.
 - Our new videos are running on Facebook as ‘Sponsored Ads’.
 - Website updates are underway behind the scenes. It will remain with the ‘same look’ just more information and enhancements.
 - Our big purchase of our promotional items arrived and were distributed at Marsh Fest. We ordered enough to get us through the year, including Rice Festival and other community outreach events.

Exhibit ‘D’

Facility ID	Operator	Facility Name	Febuary Metrics Met?				YTD Comp 1 Attainment					YTD Comp 2 Attainment				
			Comp 1	Comp 2: 4 Hrs	Comp 2: 8 Hrs	Comp 2: Staffing	Yes	Yes %	No	No %	Total	Yes	Yes %	No	No %	Total
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5297	Regency	Hallettsville Rehabilitation & Nursing Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5234	Regency	Monument Hill Rehabilitation & Nursing Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5203	Regency	The Woodlands Healthcare Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4154	Caring	Garrison Nursing Home & Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4376	Caring	Golden Villa	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
110098	Caring	Highland Park Care Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4730	Caring	Marshall Manor West	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4798	Caring	Rose Haven Retreat	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5182	Caring	The Villa at Texarkana	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5166	Nexion	Oak Manor Nursing Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	16	88.9%	2	11.1%	18
5369	Gulf Coast	Oak Village Healthcare	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4747	Gulf Coast	Parkview Manor Nursing & Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5289	Gulf Coast	Winnie L Nursing & Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5240	Gulf Coast	Hemphill Care Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5307	SLP	Oakland Manor Nursing Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
100790	HMG	Park Manor Conroe	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4456	HMG	Park Manor Cyfair	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
101489	HMG	Park Manor Cypress Station	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
101633	HMG	Park Manor Humble	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
102417	HMG	Park Manor Quail Valley	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
102294	HMG	Park Manor Westchase	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
104661	HMG	Park Manor The Woodands	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
103191	HMG	Park Manor of Tomball	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5400	HMG	Park Manor of Southbelt	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
104541	HMG	Deerbrook Skilled Nursing and Rehab	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4286	HMG	Friendship Haven Healthcare & Rehab Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5225	HMG	Willowbrook Nursing Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
106988	HMG	Accel at College Station	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
102375	HMG	Cimarron Place Health & Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
106050	HMG	Silver Springs Health & Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4158	HMG	Red Oak Health and Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5255	HMG	Mission Nursing and Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
4053	HMG	Stephenville Rehabilitation and Wellness Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
103743	HMG	Hewitt Nursing and Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
103011	HMG	Stallings Court Nursing and Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
104537	HMG	Pecan Bayou Nursing and Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5372	HMG	Holland Lake Rehabilitation and Wellness Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
5387	HMG	Stonegate Nursing and Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
102993	HMG	Green Oaks Nursing and Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
103223	HMG	Crowley Nursing and Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
101157	HMG	Arbrook Plaza	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
106566	HMG	Forum Parkway Health & Rehabilitation	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
105966	HMG	Treviso Transitional Care	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
100806	HMG	Gulf Pointe Plaza	MET	MET	MET	MET	6	100.0%	0	0.0%	6	18	100.0%	0	0.0%	18
		Total NSGO					294	100.0%	0	0.0%	294	880	99.8%	2	0.2%	882

Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 61 with 17 skilled patients. The facility has several pending admissions with two planned for today and four expected tomorrow. The facility has two discharges later this week. Discussed some of the challenges the facility experiences having fewer licensed beds than its competitors. The facility lost a referral recently due to the individual choosing another facility to have a private room. Discussed the competitive advantage and care outcomes at Pecan Bayou Nursing and Rehabilitation which has supported its census growth.

The facility is recruiting two night-shift CNAs, and one day-shift CNA. The facility is also working on hiring a part-time nurse for nights. The facility will have a change in payroll supervisor and MDS coordinator. The team has already found a replacement MDS nurse who is very experienced and expected to start employment next month.

The facility is still working on its NATCEP application and intends to submit the application after it identifies and hires a program instructor. The administrator has a candidate coming next week to interview for the instructor role.

Discussed recruitment and retention best practices and strategies. The administrator shared the facility's efforts to show staff appreciation. The facility had 'Corndog Day' today and has several other plans for staff later this month including a waffles day, birthday & anniversary recognitions, easter egg hunts, and more.

The state has not made any recent visits to the facility. The administrator has not submitted any new self-reports.

Pecan Bayou Nursing and 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.

There are no major changes or adjustments to existing performance improvement plans. The facility has seen great improvements in catheter care.

There is no COVID in the facility at this time.

Discussed the facility's grievance process and manner for addressing them. There have not been any trends in grievances recently, but all are addressed and resolved promptly.

The facility is looking into acquiring new furniture including some new beds, nightstands, mattresses, and over-bed tables.

Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 81 with 10 skilled patients. The facility is working on eight referrals at this time, and it has two admissions planned for today.

The facility recently hired a CNA and is interviewing another candidate tomorrow. It is also seeking two evening LVNs and a social worker. The facility has decided to move its wound care nurse to manage medical records, and it has an RN who will take over the wound care position and responsibilities. Those involved are reportedly excited about the changes and opportunities.

There have been no recent visits from state surveyors. The facility has not submitted any new self-reports.

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.

The facility has had great improvements in its PIPs addressing falls and weights. It will maintain these PIPs for at least another month to ensure the improvements are permanent standards of care in the facility. The facility met all its quality measures in February for these areas. Discussed the root cause of the challenges and how improvements were made. The facility attributed its improvements to having greater focus and attention to these areas of care which improved consistency and outcomes.

The facility is maintaining its PIP addressing anti-anxiety utilization. Discussed the facility's GDR process and residents triggering for anti-anxiety. The facility was successful in getting a GDR approved for one of the four who are triggering. The GDR is in place now and the facility is monitoring the resident.

Its CNA retention PIP is also ongoing. There was no CNA turnover last month in February. Discussed the facility's strategies for staff retention and satisfaction. The facility has a 'Star of the Month' program. It also has a 'mad genius' program where CNAs can receive tokens to turn in for prizes. The facility has implemented a service, Zayzoon, to give staff to access funds earned from shifts they have worked prior to the regularly scheduled payday.

There is no COVID in the facility at this time.

The facility received its new washer, which is up and running well. There are no other facility updates or projects shared at this time.

Discussed the facility's grievances. There was one grievance reported regarding communication. The administrator was informed of a resident's family who would like more frequent communication and updates regarding their loved one. The facility resolved the issue and has plans in place to increase the amount of communication for this family.

Administrator: Dennis Horsch

Winnie L LTC is licensed for 105 beds and its current census is 43 with 5 skilled Medicare patients. The facility has received some recent referrals which are under review.

The facility has had some challenges staffing night CNAs. It is still recruiting a weekend RN as well. The new DON started employment and had a great onboarding and handoff from the interim DON. The administrator and DON are working on staffing challenges together. Discussed some strategies and opportunities for recruitment and retention. The facility tries to provide the best environment for staff and residents through teamwork and a culture of respect.

The facility has executed its contract to have 24-hour access via Zoom to a physician. The facility will undergo training with the service provider soon to learn how to utilize the service.

The state has not made any recent visits to the facility. There are a few outstanding self-reports pending investigation, and the facility recently submitted a new reportable regarding a resident having picked up a disinfectant spray from behind the nurse station. The facility investigated the incident and contacted their nurse practitioner, the resident's family members, and poison control. The investigation concluded that the resident did not consume any of the spray. The facility in-serviced staff on abuse & neglect, as well as locking & securing chemicals or other hazardous materials. Facility staff searched the facility to ensure there were no other sprays or cleaning materials within reach of the residents.

Winnie L LTC has a 1-star overall rating. The facility has a 3-star rating in Health Inspections, a 1-star rating in Staffing, and a 1-star rating in Quality Measures. The facility's Health Inspections star rating increased this month from a 2-star rating. Discussed the facility's efforts to increase its star ratings.

Discussed the facility's PIP addressing skins. The team has continued to see improvement and has visits from its skin doctor on Tuesdays. The facility is down to having one resident who is triggering for skin.

There is no COVID in the facility at this time.

Discussed the facility's grievance process. There have not been any grievances recently, but the administrator shared an opportunity the facility identified to communicate the benefit of residents wearing non-slip socks. The facility emphasizes clear and consistent communication amongst staff, residents, and family members.

The facility is anticipating the state to enter soon to conduct its annual fullbook survey. The facility's last fullbook survey was in February 2023.

Administrator: Ben Falls

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 76 with 24 skilled patients. Referrals to the facility have decreased recently, but the facility has four residents in the hospital who are expected to return. The facility is maintaining its focus on long-term care census development and these efforts will be a focus for the rest of the year. The facility is working with a few current patients to transition to long-term care when appropriate. Hewitt Nursing and Rehabilitation also accepts Medicaid Pending patients. It will begin working with Medicaid Done Right to improve the process for Medicaid approval for its residents.

The facility recruited a DON who has accepted the job opportunity and will start employment in the second half of next month. The candidate is an experienced DON who worked in the facility in 2011. The facility added a fourth nurse due to recent skilled census growth. It is recruiting one 6AM-6PM nurse, two 6PM-6AM nurses, and one 6AM-6PM CNA.

The state entered the facility last month to conduct its annual fullbook. The state issued an IJ due to medication transcription error. Other tags were lower level regarding baseline and comprehensive care plans, call lights, labeling in dietary, assessments for catheters, and quality of care regarding OTC medication. The facility recently submitted its POC and is waiting for confirmation of acceptance from the state.

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.

Discussed the facility's recent QAPI meeting. Performance improvement plans are reviewed in QAPI. New PIPs will be discussed at the next QAPI meeting having completed its POC from fullbook survey. The facility holds QAPI meetings on the second Tuesday of the month.

There is no COVID in the facility at this time.

Grievances have been managed well at the facility. There were five grievances in February, and only one thus far in March. Discussed communicating with residents and families to address issues promptly.

The facility intends to purchase some new beds to decrease rentals. It recently added new TVs in the Medicare hallways. The facility will be holding all-staff in-services for both shifts soon. The administrator uses these opportunities to interface with staff, set expectations, and offer training.

Administrator: Drew Gurley

Treviso Transitional Care Center is licensed for 140 beds and its current census is 59. The census is low at this time and below its target of 75. Discussed recent challenges and the facility's strategy to grow census. Referrals in the area have decreased, and the facility generally averages close to 30 skilled patients. The team is aiming to increase its long-term care population to provide a steady census when referrals are low. The facility is working on transitioning four of its short-term residents to long-term care.

Staffing is in good standing at this time. The facility is only recruiting to fill two CNA openings.

There have not been any recent visits by state surveyors. The facility has submitted self-reports regarding an allegation of abuse and neglect as well as a fall with fracture. After investigating internally, the abuse and neglect allegation was inconclusive. The facility in-serviced staff on abuse, neglect, and falls.

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.

The facility had its monthly QAPI meeting earlier this week. Discussed the findings in the QAPI meeting and ongoing performance improvement plans in the facility. Some PIPs include POC documentation, skins, and weights. Discussed the root causes of these issues and the facility's actions to improve outcomes.

There is no COVID in the facility at this time.

The facility recently received its cart warmer and will be implementing it for use soon to improve meal service and food delivery.

The facility reported having three grievances recently. There were no trends identified in these grievances, and all were addressed and resolved.

Administrator: Lee Richard

This report is from the site visit to Red Oak Health and Rehabilitation Center on 3/22/24. After receiving a tour of the facility, a meeting was held with the administrator to provide an update on the facility.

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 111. The facility has had a very positive growth in census, which the administrator attributes to the facility's new marketer. The marketer is a licensed nurse and has been very effective at assessing patients prior to admission to the facility. These efforts have helped the facility improve communication with referral sources while identifying additional opportunities to take more patients.

The facility only has one CNA opening at this time. All other frontline staff positions are filled. The talent and learning supervisor will be transitioning to the business office manager position, and the administrator has begun interviews for the talent and learning replacement. Discussed the facility's interview and selection process. The administrator is seeking team members who are looking to work together and grow as a team. He aims to support the staff members and give them opportunities to flourish.

The state has not visited the facility this month and there have not been any new self-reports submitted. Discussed the administrator's experience with surveyors in the facility over the last two years. The facility was initially a hot spot for surveyors, but the administrator and team at Red Oak have worked hard to improve outcomes and consistency of care in the facility. The state does not come as often as they once did, and the facility was removed from the state's focus list earlier this year.

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.

The facility's QAPI meetings are in place and provide great communication and collaboration between departments. The medical director is involved and responsive to the care needs of the residents. The facility has had great success improving the outcomes of wounds. Discussed strategies and interventions for wound care.

There is no COVID in the facility at this time.

A few grievances have been submitted recently related to dietary and meal service. The facility has experienced some recent challenges with supplies from some vendors but has been working through the issues. It is reviewing its plans to circumvent shortages when vendors are not able to fulfill their commitments.

The facility has wide hallways which were not cluttered. All equipment was in use or stowed away in storage areas until needed. It has a spacious therapy gym, dining room, and activity room. In the

center of the square shaped facility, there is a large courtyard where residents can enjoy being outdoors. During the tour, the staff were friendly and engaged in their responsibilities. The administrator was observant of the residents and staff. Despite some scuffs on the walls and floors in the facility, the condition of the building has been kept up well. There was a resident room which had been converted to a large storage room. The administrator and maintenance team will review the facility's doors and conditions which require a lock to be installed.

Administrator: Jackie Lowe

Silver Spring is licensed for 120 beds and its current census is 70. The facility recently had six skilled discharges due to patients completing their skilled stay. The facility has one admission planned for today.

Staffing is in great shape and the facility is seeking one nurse and one day-shift CNA. No other positions were reported open at this time. The administrator shared its recent recruitment efforts have been effective in finding and keeping staff.

The state entered the facility a week and a half ago to investigate two self-reports and two complaints. The facility had submitted two self-reports regarding an allegation of abuse and a new COVID outbreak. Both of these reportables were investigated by the state during the surveyor's visit earlier this month. All reasons for investigation at this visit were unsubstantiated. State surveyors returned to the facility earlier this week to investigate a complaint and exited yesterday unsubstantiating the complaint.

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

Discussed the facility's QAPI meeting outcomes. The facility's leadership is always looking for opportunities to improve. Its Standards of Care and Levels of Care meetings feed into the monthly QAPI meeting. These meetings occur more frequently and lead to frequent discussions about residents, care initiatives, and focus areas each day.

Performance improvement plans are ongoing. UTIs have not flagged on the facility's QMs for the last two months. Recruitment and retention have been improving. Falls in January were at 14%, and down to 12% in February. The team identifies the root cause of falls, or other issues, and then selects appropriate interventions in pursuit of improving outcomes. The facility has been monitoring improvements including weight loss decreasing to 5% and facility acquired pressure ulcers which are at 1.2%.

The facility had a COVID outbreak earlier this month but has recovered and been COVID free for the last two weeks.

The facility's remodeling efforts continue, and the painters are coming to begin work on Monday. The facility has ordered new flooring to be installed after the painting project is completed. The facility will then begin refurbishing the affected areas of the facility.

There was a recent grievance regarding a resident's family members dissatisfied with their experience and expectations. The facility invited the resident and their family members to attend care plan meetings. It has also enlisted the aid of its medical director and ombudsman.



Silver Spring

1690 N. Treadway Blvd., Abilene, TX

3/22/24

The administrator shared Silver Spring's plans to start a partnership with a new physician to offer post-acute visits at the facility. These are intended to reduce RTA and to help manage residents' care needs in the facility. This new physician partner has experience in hospice care which will also be helping when speaking with families of residents who are end-of-life.

Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 73. The facility had some discharges over the weekend but expects four more admissions today. The facility is still working on developing its relationship with APS as a referral source for census development. These efforts have already resulted in a referral from APS.

The facility is seeking seven CNAs, and one 2PM -10PM LVN. There have been some recent staff departures, but the facility is managing coverage needs. Overtime for this reporting period was at 6.4%. Discussed staffing and employment status in the community as well as best practices for recruitment and retention.

The state has not visited the facility over the last month. There are some new self-reports regarding missing items, and an allegation of inappropriate touching from one of the residents. The facility has successfully begun finding missing items and has a system to inventory and manage resident belongings.

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.

The new orientation model is still in place and has been a successful tool in providing a more effective orientation for new staff. Other PIPs are addressing antipsychotic medications, RTA rate, and falls. The facility discusses these opportunities and other challenges in its QAPI meetings. The facility identified some of the falls have been occurring at specific times of the day. The facility is evaluating appropriate interventions to ensure staff have the support to fulfill duties fully during their shift.

There have been a few recent grievances related to dietary and missing items. Grievances are addressed promptly and followed to ensure resolutions are effective.

Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 76. The facility has some planned admissions and is reviewing several new referrals.

The facility is still seeking CNAs to fill some vacancies but is managing coverage needs at this time. The team has recently hired one CNA and has begun interviewing for a new ADON. The facility is also starting a CNA class tomorrow and has four students who will be in the class.

The state has not returned to visit the facility this month. The administrator has not submitted any new self-reports, and there are no outstanding reportables pending investigation.

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.

QAPI meetings are going well and there is great accountability and teamwork amongst attendees and department heads. The PIP addressing falls in the facility is ongoing.

There is no COVID in the facility at this time.

Discussed recent activities and events at the facility. The facility hosted an Easter egg hunt last weekend for residents and staff members. The administrator does a 'Sing-a-Long with Donna' activity each week with the residents. Discussed how this activity and other music interventions have helped one of the residents at the facility who has dementia.

Two recent grievances were related to a resident missing their shoes, and a breakfast request for bacon. These grievances were resolved and there are no outstanding issues.

The administrator and marketing team has been working to improve relationships with referral sources. HCA Medical City's head of case management visited and toured Holland Lake Rehabilitation and Wellness Center today. This individual is the Plus Care Network Director. The tour and visit went very well, and the director learned more about the facility's wound care program and successful outcomes. The facility recently had a referral from this network with challenging wound care needs. The facility has managed the resident's care effectively and the individual is recovering and expected to return home soon.

Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census will close today at 79 with 21 skilled patients. The facility has six admissions planned this week and a few referrals under review.

Staffing is going well at the facility. It has been looking for a CMA and recently hired a candidate who is scheduled to start employment on Tuesday. All positions will be filled with this final CMA opening coming to a close.

There were no state visits to the facility this month. The administrator stated there were no new self-reports either. The staff and facility leaders are involved and supportive of promptly reporting any complaints, grievances, or allegations of abuse to the administrator as soon as possible.

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.

Performance improvement plans are ongoing at Harbor Lakes Nursing and Rehabilitation Center. It recently added another PIP to address challenges with the dietary department. There have been some recent grievances on food quality. Upon investigation the root cause was reported to be a cook who was not committed to performing job duties according to policy. The cook has been replaced and the facility has started to see improvements.

In the two months since the administrator began employment at the facility, there have been two QAPI meetings. These meetings are productive but have room for further improvement. The administrator is working to ask meaningful questions and requires attendees to dive in and address opportunities together as a team.

As previously mentioned, there were some recent grievances being addressed regarding food and meal service. There are a few residents who have reported missing items. The facility is addressing the missing items and will resolve it entirely soon.

The facility is completing some cosmetic work as needed throughout the building. It is also completing a project involving yard work and adding flowers in the grounds. Additionally, the facility has added a fish tank in its lobby.

Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 61 with 1 skilled patient. The facility has four residents in the hospital right now and expects them to return soon. There are another four planned admissions over the next two weeks including a respite care patient. The facility reached a census of 66 a few weeks ago but had some skilled discharges and hospital readmissions. Its budget census is 68 residents.

The facility has made a few changes in the facility to support efforts for census development. There is a showroom to be referenced in tours and other marketing initiatives. The facility is also planning to set up a hospice room called an "Angel Room". This room will primarily be used for those residents in the facility who are under end-of-life care. The room is intended to be a comfortable room for family members and other visitors to have a nice visit with their loved one.

Discussed the facility's recruiting and retention efforts. Unfortunately, the facility had two resignations due to a staff member moving away and another not showing up to work without calling off. The facility is seeking two CNAs, and one CMA. It recently hired a CNA, but the candidate did not show up for subsequent scheduled activities. There are other candidates under review and the facility is working on hiring those who are qualified for the open positions.

The facility had an elopement where a resident pushed a nurse down and escaped out of the facility into the dark of night. The resident was missing for two hours but was found three blocks away from the facility. Police officers found the missing resident, and ensured they were checked out by the EMS service before returning to the facility. There were no further issues with this resident, and they completed the remaining days of their respite stay. State surveyors visited the facility to investigate the elopement, as well as a resident complaint. Both reasons for the investigation were unsubstantiated.

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.

The facility has its monthly QAPI meetings at the end of each month and reviews trends in care outcomes and quality measures. It holds a mini weekly QAPI review to ensure quality measures remain at the forefront of care. This weekly QAPI is on the same day as the facility's Standards of Care meeting. These meetings support great dialogue on a daily basis to work on opportunities for improvement.

The facility reports recent improvements in UTIs and pressure ulcers. It has a wound care physician who routinely offers consultations to residents at Copperas Cove LTC. The facility's nurses are responsible for managing the wounds of their assigned patients and they follow a strong system to maintain high standards of wound care. The DON and ADON make sure wounds are looked at routinely and documentation is in place. There are currently three facility-acquired wounds, and one wound was present on a resident at the time of admission.

Discussed two recent grievances at the facility. The first was regarding a missing wallet and clothes of a resident. The facility offered an intervention for the resident to either deposit their cash into a resident trust fund or to provide a lockbox for the resident to store their cash in their room. The resident opted to add their cash funds to their trust fund. The second grievance was related to a family stating call lights weren't answered for a long period of time. The facility reviewed and determined the grievance occurred during a time when nurses were busy taking care of an emergency. The solution for this grievance was to complete a self-medicating assessment wherein the affected resident would be able to self-administer their inhaler. This change has since been included in the resident's care plan.

The facility replaced its water heater. It is now in need of a compressor for one of its air conditioners. It is working on getting a service agreement signed to have the work done in the next 1-2 weeks. The air conditioner affected is in the front lobby and does not affect resident rooms.

The facility is working on getting approval to paint the facility. The facility hasn't had its colors repainted or updated in many years.

Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 89 with 16 skilled patients. Its census budget is 93 with 17 skilled patients. The facility is expecting one admission today.

The facility is seeking six CNAs but has no nurse vacancies. The facility leverages its large PRN pool to cover open shifts. Some of its PRN nurses are also willing to work CNA shifts when needed.

The state has not made any visits to the facility recently. The facility submitted a self-report on February 26 regarding an allegation of abuse. The resident reporting the allegation stated a CNA threw a blanket over their head. The facility suspended the staff member involved in the allegation while it investigated, which included interviewing other staff and residents. The facility unconfirmed the allegation but assigned the staff member to work on another hall. Staff were in-serviced on resident rights, abuse, and neglect. The facility also submitted a police report as part of the investigation. The police spoke to the resident and staff member involved and did not find any issues with the statements and information provided.

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.

Discussed Mission Nursing and Rehabilitation Center's recent QAPI meeting. The administrator reports having good accountability from the leadership team, and they strive for continuous improvement each month.

The facility is addressing psychotropic medication utilization. In addition to efforts by the nursing team, the admissions department is screening medication regimens of referrals during the review process. This ensures the facility has fully evaluated and approved residents who can be appropriately cared for at the facility.

RTA has increased recently but is in part due to one resident contributing three readmissions in one month. The facility has recruited the help of its medical director in efforts to identify ways to increase the level of care offered in the facility. The facility would like to care for their residents as much as possible and avoid sending them out for admission to the hospital unless necessary. The medical director will also speak with the hospital to encourage them to not discharge patients if their health and condition is not yet stable. There has been another instance of a patient refusing care at the facility and requesting transfer to the hospital. When the resident returns, the facility will have a care plan meeting with the resident to discuss treatment plans and goals.

There is no COVID in the facility at this time.

Grievances continue to be managed. Recent grievances include the timing of staff and lab companies entering a resident's room in the morning. The facility will hold a care plan meeting with the resident to find a solution for their preference. Food grievances have decreased due to improved staffing and improved meal quality. The improved staffing has allowed the dietary manager to spend more time with the residents to ensure preferences are recognized and any issues are resolved quickly.

The cameras recently installed are in place and working well. The cameras are battery operated, and the facility is looking into hiring an electrician to route power to the cameras directly. The facility has a process in place to check and replace batteries to ensure the cameras remain functional.

Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and its current census is 93. The facility has one planned admission later today.

The facility has been working hard on staffing and has seen significant improvements in reducing total overtime. The facility has been averaging about five terminations, and five new hires each pay period. It is currently seeking some CMAs, and several full-time 2PM-10PM CNAs. The facility is managing all coverage needs without utilizing agency staffing. Discussed recruitment and retention efforts at the facility. The facility strives to offer competitive pay for CNAs as their pay has been increasing in the area.

There have not been any recent regulatory problems and no visits from state surveyors. The administrator reported there have not been any recent self-reports submitted either.

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.

Performance improvement plans are ongoing at this time with no major changes. Discussed the facility's recent QAPI meeting and quality measures. The meetings offer great discussions regarding outcomes, but the administrator reports opportunities to better focus on root problems and resolutions. The administrator is working on building the leadership team further and guiding them to be interdisciplinary in their support for performance improvement and not siloed in their respective departments. Discussed strategies to improve the effectiveness of monthly QAPI meetings and employee engagement.

There is no COVID in the facility at this time.

Grievances at the facility have been managed very well and are promptly addressed. The facility's ombudsman visited the facility two weeks ago. The ombudsman rounded and interviewed over 30 of the facility's residents. The ombudsman reported to the administrator that no complaints or grievances were brought up against the facility or staff during the interviews.

The facility's new sensory room project is coming together well. It is planning to host a marketing spring fling on April 11th where healthcare providers from the community will be invited to come tour the facility and new sensory room. The grand opening of the sensory room will take place on the night of the spring fling. Preparations are nearing completion, and the facility is hanging one of the sensory lights in the room today.

The facility is completing other routine maintenance throughout the building as needed. This includes painting, updating drapes, and flooring where appropriate.

The facility is also participating in a 'Make A Dream Come True' event with its hospice care partner. This program is for residents on hospice services to create a special day or event for them. A current resident will be having this experience soon. The administrator is preparing special refreshments and a visit from the resident's dog for the day.

Administrator: Jodi Scarbro

This report is from the site visit to Arbrook Plaza on 3/28/24. After receiving a tour of the facility, a meeting was held with the administrator to provide an update on the facility.

Arbrook Plaza is licensed for 120 beds and its current census is 98. The facility had three recent discharges, with another two planned soon. It has one resident admitted to the hospital, and ten pending admissions.

Staffing is going well overall. The facility is seeking a double-weekend CMA and a CNA for the 2PM - 10PM shift. The facility has had a change in DON and promoted its ADON to be the replacement. Management consequently promoted a weekend supervisor to the open ADON position. The team has been utilizing the new ADON's experience on the weekend to bridge the gap and ensure smooth transitions between weekday and weekend shifts. The administrator and other facility leaders do their best to create a great work environment where staff feel welcome and comfortable. Throughout the visit, staff offered warm greetings and smiles.

The state came to the facility last Monday to investigate a complaint. The complaint was due to a perceived untimely transfer to another facility. The state investigated and unsubstantiated the complaint. The facility has not submitted any new self-reports this month.

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.

Discussed the facility's recent QAPI meeting. The administrator shared the tools and documents used to populate and track outcomes and trends in services provided. The facility has a daily standup, PDPM, discharge planning, and clinical meetings which all include discussions about the various needs and plans for each resident. The facility updates the needs and status of residents on its communication board. This board proves to be an effective tool for team members to have a source to quickly identify any changes affecting their residents which occurred on the prior shift.

The facility is planning a large Easter egg hunt and activity for residents, staff, and the community to attend. The facility has over 3,000 Easter eggs and will provide other food and fun activities.

The facility has wide lobbies and hallways which provide ample space for staff and residents to navigate. The center of the facility houses a large nursing station from which there is great visibility down the various halls of the facility. The facility's dining room is also very large and open which can facilitate great dining experiences for residents who choose to eat meals in the dining room. Much of the facility is carpeted, but there were no odors, and the flooring is cared for well. The administrator shared the weekly schedule for routine floor cleaning throughout the facility. There were some bumps and marks on the walls, but the facility maintains a timeline for routine touch-up painting to maintain a more home-like environment. The facility has two skilled halls, each with a therapy and rehab gym. Some of the rooms have private showers, and all rooms have private toilets. The



Arbrook Plaza

401 West Arbrook Blvd., Arlington, TX

3/28/24

administrator found a loose door handle during the tour and will address maintenance to ensure a repair is completed.

Administrator: Jace Morris

This report is from the site visit to Green Oaks Nursing & Rehabilitation on 3/28/24. After receiving a tour of the facility, a meeting was held with the administrator to provide an update on the facility.

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 80. The facility has seven residents who have been admitted back to the hospital and are expected to return to the facility when appropriate. There are nine referrals pending admission.

The facility's DON moved out of town, and the facility is seeking a strong replacement. The administrative team has begun interviewing candidates for this position. It has also hired a new BOM who started two weeks ago.

The state has not visited the facility this month and the administrator reported no new self-reports have been submitted this month. Discussed the facility's efforts to communicate and provide training to staff regarding reporting requirements and protocol.

Green Oaks Nursing & Rehabilitation has a 2-star rating overall. It has a 3-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. Its overall and health inspections star ratings have both increased from 1-star and 2-star ratings respectively.

QAPI meetings are in place and leading to improvements in focus areas. After receiving the IJ in January, the facility has continued to have a heavy focus on its PIP addressing medication errors and pharmacy services. The facility has a large communication board in place to improve communication regarding residents' needs and current status. This allows staff members to have meaningful updates when coming into work for their shift. Discussed the PIP regarding staff retention. The administrator and leadership team conduct exit interviews wherever possible to see if there are any trends in staff departures. Discussed employee recruitment and retention strategies.

There is no COVID in the facility at this time.

Grievances related to meal service have been improving and there are no recent trends. Ambassador rounds have been an effective tool to support the facility's grievance process.

The facility has wide hallways and was free from clutter. Equipment was stored away whenever not in use. The facility has two therapy gyms, each located at the end of the skilled hall on both sides of the building. The administrator is planning to install new flooring in the main gym and will update lighting throughout the facility. Most of the facility is carpeted, but there were no odors or major stains. The team manages cleaning and maintenance needs routinely to ensure the home-like environment is maintained. The grounds and gardens project is still in progress.

Administrator: Joe Matlock

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 98. The facility has two planned discharges and no pending admissions at this time. The facility is still meeting its census budget and is reviewing some recent referrals.

Staffing is going well and there is no agency utilization at the facility. The facility is fully staffed and manages all coverage needs with full-time and PRN staff.

The state has not been out to visit the facility over the last month. The facility is still expecting surveyors to enter soon to conduct its annual fullbook survey. The administrator has not submitted any new self-reports this month.

Crowley Nursing and Rehabilitation has a 4-star overall rating. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures. Its overall and health inspections star ratings both increased from 3-star ratings.

Discussed the facility's QAPI meeting and departmental reporting. Each department is involved in addressing the root cause of opportunities for improvement. All are participants in determining and incorporating proper solutions for the wellbeing of the residents in the facility. The facility has performance improvement plans in place to address falls and mobility.

There have not been any trends in grievances recently. Staff are prompt in reporting grievances and complaints according to facility policy, ensuring prompt resolution.

The facility is looking into adding a new therapy program which will be interactive and support functional movements for residents utilizing therapy services. The program is under review by the facility.

Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 78. The facility has four residents planned to admit to the facility later today. There are five additional residents currently in the hospital, who are expected to return to the facility this weekend. The facility has one planned discharge at this time.

Staffing is going well and all needs are being met. The facility is seeking candidates to fill one nurse position.

The state has not visited the facility this month. The administrator reported a recent fall with injury which was self-reported to the state. Discussed best practices and interventions for falls and fall prevention.

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.

Discussed current performance improvement plans addressing pressure ulcers and RTA. The administrator identified an opportunity to potentially reduce hospital readmissions. There have been instances where the facility's regular attending physician was being covered by an on-call physician. When contacted, the on-call physician often asks patients to be sent to the hospital before attempting to direct further care in the facility. The administrator and attending physician are working to improve communication and care standards to ensure residents remain at the facility for their care needs until they must be transferred elsewhere.

Discussed Stephenville Rehabilitation and Wellness Center's QAPI meeting and process for addressing opportunities for improvement. Each department is accountable for its outcomes, but all are involved in supporting each other problem solving and implement interventions. Discussed recent efforts to improve managed care collections, census trends, and RTA rates.

Recent grievances related to meal service and dietary have been improving. The facility's new dietary manager has been doing a great job and is providing consistency with meals.

Administrator: Kristi Blackwell

This report is from the site visit to Stonegate Nursing and Rehabilitation on 3/29/24. After receiving a tour of the facility, a meeting was held with the administrator to provide an update on the facility.

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 86. The facility's census has been trending upwards, and recently reached 90. It is continuing to build its LTC census and has eleven Medicaid pending residents.

The team utilized agency staffing this week to cover some staffing shortages. The new talent and learning supervisor is working on improving staffing and employee relations. Discussed recruitment and retention best practices and strategies. The facility is seeking some frontline staff and a wound care nurse.

The state issued an F-tag citing the facility did not meet reporting requirements with NSHN. The administrative team is challenging this tag and plans to go through the IDR process. The facility has two self-reports outstanding which are still pending investigation. The facility is preparing to enter its fullbook window in May. Discussed recent communication from the state regarding changes in requirements for barriers and infection precautions. The facility strives to implement changes promptly to meet expectations and requirements established by the state.

Stonegate Nursing and Rehabilitation has a 2-star rating overall. The facility has a 3-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's overall and health inspections star ratings have increased from 1-star and 2-star ratings respectively. The team expects its quality measures to be back at a 5-star rating soon.

QAPI meetings occur each month and are very inclusive of those in attendance. There are no new PIPs reported at this time. Discussed antipsychotic medications and efforts to reduce utilization where possible.

The new dietary manager has been doing a great job and there have been no complaints about meal service. The laundry department has also seen improvements in its outcomes. A former staff member returned to work at the facility and has been a great support for providing reliable and consistent work in the laundry department.

During the site visit, residents were out seen throughout the facility socializing, bird watching, and participating in group activities. The activity department strives to create meaningful activities to keep residents' minds and bodies active. Stonegate Nursing and Rehabilitation is a very large building with lots of opportunity to continue growing. There are several courtyards and common areas for guests to visit their friends and loved ones. The facility is being cared for with maintenance completing routine touch-up and repair work. The staff were very friendly, and all were excited to see the administrator and were comfortable speaking with her as a team member.

Administrator: Crystal Quintero
DON: Adriane Ruffin, RN - Interim
ADON: Beth Mayhew, LVN

FACILITY INFORMATION

Park Manor Conroe is a licensed 123- bed facility with an overall star rating of 4 and Quality of Care of 4. Census given that day was 109: PP (5); MC (7); MCD; (61 +7 pending) Hospice (1) and HMO (28).

The QIPP site visit was conducted in person with the Interim DON, ADON & the Administrator who were all very helpful.

The facility is currently COVID_19 free but the ADON reported they did have 17 positive residents and 5 positive staff in Dec/Jan 2023. Those employees who have been fully vaccinated add up to 1% and 8% of the residents have been vaccinated up to date. The DON reports the facility submits this vaccine information to NSHN weekly.

The facility had a super bowl and Valentine's Day parties and they are planning an Easter celebration for next week.

The ADON reports the facility continues to provide chips/tokens to staff who go above and beyond and they can turn them in for gift cards or merchandise. Additionally, meals are provided periodically and some type of recognition for staff every month.

The facility grounds appeared well maintained with lush plants at the entrance. The parking lot was well marked and free of debris. The inside entrance to the building was clean with tasteful decorations throughout the facility.

The hallway floors were clean with a clear means of egress. The resident rooms observed were clean with no odors or safety issues detected. Fire extinguishers checked on hall 200, laundry & kitchen all had current inspections.

The central supply closet was clean and organized with nothing stored above the required height. Random review of OTCs resulted in nothing expired and organized in date order.

One medication cart was checked, and it was locked. The medication room was clean and organized, and the temp logs for the medication refrigerator were current. The oxygen supply closet was organized and clean with all cannisters placed in racks and signs posted.

The laundry room was clean and organized and lint logs were up to date and all machines in working order. All chemical containers were stored up off the floor. The shower room between hall 100 and 200 was clean, with no odors and all chemicals locked.

The main dining room was clean, and menus were posted for the day. The kitchen counters and floors were clean. The refrigerator temperature logs were all current. The dish washer and sink logs were current. The dry storage area was clean, including the floor and all boxes were up off the floor and ceiling height met. All items checked in then cooler were dated and labeled. The can opener was clean, but the plate and holder need a deep clean.

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 the state in the building in January for 1 complaint and 9 self-reports and again in February for 4 complaints and 2 self-reports and all were unsubstantiated with no citations. The Administrator reported they are currently in their full book survey window.

REPORTABLE INCIDENTS

During **Dec/Jan/Feb 2023/2024**, the facility had 11 self-reports and 5 complaints, all unsubstantiated.

CLINICAL TRENDING

Incidents/Falls:

Dec/Jan/Feb 2023/2024, Park Manor of Conroe had 22 total falls without injury and 15 falls with injury, 3 Skin Tears, 0 Elopements, 0 Fractures, 3 Lacerations, 0 Bruises and 0 Behaviors. The facility does still have a PIP in place for falls.

Infection Control:

Park Manor of Conroe reported 105 infections during **Dec/Jan/Feb 2023/2024**, of which 47 were UTI's, 34 Respiratory infections, 0 Wound infections, 11 Blood infections, 9 EENT infections, 3 GI infections and 1 Genital infection.

Weight loss:

Dec/Jan/Feb 2023/2024, Park Manor of Conroe had 44 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

During **Dec/Jan/Feb 2023/2024** Park Manor of Conroe reported 28 residents with pressure ulcers with 43 sites, 3 of them facility-acquired. The facility does have a PIP for this measure.

Restraints:

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

Staffing:

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

Total number employees: 114 Turnover rate%: 15 cummulative

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.6%	2.0%	
Fall w/Major Injury (L)	0.0%	3.6%	3.5%	
UTI (L) *	0.0%	1.2%	2.3%	
High risk with pressure ulcers (L) *	%	%	%	Frozen
Loss of Bowel/Bladder Control(L)	%	%	%	Frozen
Catheter(L)	0.0%	1.4%	1.5%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Increased ADL Assistance(L)	%	%	%	Frozen
Excessive Weight Loss(L)	0.0%	4.5%	5.9%	
Depressive symptoms(L)	0.0%	5.4%	9.3%	
Antipsychotic medication (L) *	1.74	9.1%	14.9%	



Submitted by L. Sue White, RN, Consultant

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts___ successful___ failed___)
 # of Antidepressants (attempts___ successful___ failed___)
 # of Antipsychotic (attempts___ successful___ failed___)
 # of Sedatives (attempts___ successful___ failed__0___)

DIETICIAN Recommendation concerns/Follow Up? All recommendations followed up within 24 hrs., no concerns

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 30, all resolved

TRAUMA INFORMED CARE IDENTIFIED: None, annual education completed

ACTIVITIES: PIP/CONCERNS - None

DIETARY: PIP/CONCERNS: PIP for meal accuracy per menu_on-going

ENVIRONMENTAL SERVICES: PIP/CONCERNS None

MAINTENANCE: PIP/CONCERNS: - None

MEDICAL RECORDS/ CENTRAL SUPPLY: (0) PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	Falls for Yr. 7
QAPI Meeting dates of submission (owner/operator involvement evident)	12/17/2023 01/17/2024 02/17/2024	Falls

Component 2

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
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Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	%	%	%		Frozen
Percent of residents who received an anti-psychotic medication	14.8%	9.1%	1.6%	Y	
Percent of residents whose ability to move independently has worsened	%	%	%		Frozen
Percent of residents with urinary tract infection	2.3%	1.2%	0.0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

Submitted by L. Sue White, RN, Consultant

<ul style="list-style-type: none"> ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	93.84%	95%	%		
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	96.07%	100%	%		

Administrator: AV Meghani
Assistant Administrator: Joe Quinn
DON: Julie Slyotsky, RN

FACILITY INFORMATION

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 5 and a rating of 5 stars in Quality Measures. Current census given 111: 11 PP; 16 MC; 28 MCD; 54 HMO; 2 Hospice.

The QIPP site visit was conducted in person with the Assistant Administrator and DON.

The Administrator reports the facility has 12 positive COVID_19 residents that will be clear by 12/21/23. Up to date COVID_19 vaccinated resident percentage is 33.3% and staff is at 68.2% fully vaccinated. This is reported to NSHN weekly. The Assistant Administrator reported they are still able to allocate vaccinations in-house.

The Assistant Administrator reports the facility continues with happy hour every week, exercising, etc. The facility had a Valentine's Day and St. Patrick's Day celebration, and they are planning an Easter party as well.

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

The facility grounds appeared well maintained with seasonal flowers at the entrance. The parking lot was well marked and free of debris. The inside entrance to the building was clean with tasteful spring decorations throughout the facility.

The hallway floors were clean with a clear means of egress. The resident rooms observed were clean with no odors or safety issues detected. The fire extinguishers checked all had current inspections.

The central supply closet was clean and organized with the ceiling height met but there were 3 boxes on the floor. Random review of OTCs resulted in nothing expired and organized in date order.

One medication cart was checked, and it was locked. The medication room was clean, and the temp logs for the medication refrigerator were current. The oxygen supply closet was organized and clean with all cannisters placed in racks and signs posted.

The laundry room was clean and organized and lint logs were up to date. There were several chemical containers directly on the floor. The shower room on hall 200 was clean, with no odors and all chemicals locked.

The main dining room is clean, and menus were posted for the day. The kitchen counters and floors were clean. The refrigerator temperature logs were all current. The dish machine and sink logs were current. The dry storage area was clean, including the floor, but 1 box of paper towels was directly on the floor. All items checked in the cooler were dated and labeled. The can opener was clean, but the plate and holder need a deep clean.

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 last had the state in the building in December.

REPORTABLE INCIDENTS

Park Manor Woodlands had no self-reports or complaints and no state visits for **Dec/Jan/Feb 2023/2024**.

CLINICAL TRENDING

Incidents/Falls:

During **Dec/Jan/Feb 2023/2024**, Park Manor Woodlands had 24 total falls without injury (8 repeat) and 1 fall with injury; 14 skin tears; 1 fracture; 0 elopement; 4 bruises; 0 lacerations and 0 behaviors.

Infection Control:

Park Manor Woodlands reported 186 infections during **Dec/Jan/Feb 2023/2024**, of which 47 were UTI's; 47 Respiratory infections; 34 Wound infections; 14 Blood infections, 2 GI infections, 0 Genital

infections and 42 Other infections (mostly COVID_19). The facility has a PIP in place for infections but most all of these reported infections were community acquired (from hospital).

Weight loss:

Dec/Jan/Feb 2023/2024, Park Manor Woodlands had 3 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

Dec/Jan/Feb 2023/2024, Park Manor Woodlands reported 3 residents with pressure ulcers with 3 sites and 3 were facility acquired.

Restraints:

Park Manor Woodlands does not use restraints.

Staffing:

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

Total number employees: 147 Turnover rate%: 2%

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.4%	1.6%	2.0%	
Fall w/Major Injury (L)	2.5%	3.5%	3.5%	
UTI (L) *	0%	1.2%	2.2%	
High risk with pressure ulcers (L) *	%	%	%	Frozen
Loss of Bowel/Bladder Control(L)	%	%	%	Frozen
Catheter(L)	1.9%	1.2%	2.2%	All approp diag
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	%	%	%	Frozen
Excessive Weight Loss(L)	0%	1.3%	1.5%	
Depressive symptoms(L)	7.1%	5.1%	8.8%	PIP in place
Antipsychotic medication (L) *	7.3%	97.9%	14.9%	

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts__1__ successful__1__ failed__0__)
 # of Antidepressants (attempts____ successful ____ failed____)
 # of Antipsychotic (attempts__1__ successful __1__ failed__0__)
 # of Sedatives (attempts____successful____failed____)

DIETICIAN Recommendation concerns/Follow Up? 100%, no concerns, comes weekly

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 8 and all resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	12/18/2023 1/16/24 3/16/24	Anti-psychotics PIP charter 1

Component 2

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

Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
<ul style="list-style-type: none"> 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	Turnover PIP charter 2

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	%	%	%		Frozen
Percent of residents who received an anti-psychotic medication	14.9%	6%	7.3%	Y	
Percent of residents whose ability to move independently has worsened	%	%	%		Frozen

Percent of residents with urinary tract infection	2.2%	0%	0%	Y	
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QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
Quarter 1					
➤ Designated leadership individuals for antibiotic stewardship	Y				
➤ Written policies on antibiotic prescribing	Y				
➤ Pharmacy-generated antibiotic use report from within the last six months	Y				
➤ Lab-generated antibiogram report from within the last six months (or from regional hospital)					
➤ Audits (monitors and documents) of adherence to hand hygiene	Y				
➤ Audits (monitors and documents) of adherence to personal protective equipment use	Y				
➤ Current list of reportable diseases	Y				
Quarter 2	Y				
➤ 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)					
**PHARMACY / LAB ANGIOBIOGRAM REPORTS DUE MONTH AFTER QIPP QUARTER ENDS					
Quarter 3					

Submitted by L. Sue White, RN, Consultant

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

Acting Administrator: David Bilbo, LNFA
DON: Belencia Wallace, RN
ADON: Amanda Doddoli, LVN

FACILITY INFORMATION

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 3 and a rating of 5 stars in Quality Measures. Census given was 145: 1 PP; 13 MC; 76 MDC; 9 HMO; 6 Hospice; 18 VA; and 17 Memory Care.

The QIPP site visit was conducted in person with the Administrator. The Administrator reports the facility continues to have CNA classes.

The Administrator reports the facility is currently COVID_19 free. The facility continues offering the COVID_19 vaccines. Resident COVID_19 vaccination rate **was unavailable**, and this information is reported to NSHN weekly.

The facility celebrated the super bowl and Valentine's Day (had a singer from The Voice) with families and residents, and they had a St. Patrick's Day celebration. The Administrator reported the facility is also planning an Easter party for all the residents and community.

The facility continues to celebrate Employee of the Month, usually with a barbeque. The Administrator reports they also provide snacks daily and gift cards periodically for the monthly town hall meetings and every Friday is a theme day for dress/food, recently provided fried fish for all the residents and staff.

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.

The outside entrance area was well groomed, and the parking lot had no debris, and the lanes were well marked. The inside entrance was very grand, clean and with tasteful décor.

The hallway floors were clean with a clear means of egress. The resident rooms observed were clean with no odors or safety issues detected. Fire extinguishers checked on hall 100, 200 and laundry all had current inspections but the one in the kitchen area did not have a March date. The activity calendar was posted for March and the residents were gathered playing bingo per schedule.

The central supply closet was clean and organized and random review of OTCs resulted in nothing expired and organized in date order. The shower room on hall 100 was clean, with no odors but there was a bottle of shampoo on the floor and a spray container of chemicals on the sink. The Housekeeping manager put the shampoo up and removed the spray bottle.

One medication cart was checked, and it was locked. The medication room organized and the temp logs for the medication refrigerator were current but there was a dead cockroach on the floor (immediately cleaned up by staff). The oxygen supply closet was clean and organized with all but 1 cannister placed in racks, and the Administrator placed it in a rack during the tour.

The laundry room was clean and organized and lint logs were up to date. One of the washers is not working and the part is on order, but the staff are able to keep up with laundry using the other 2 that work. One housekeeping cart on hall 200 was found unlocked and the Housekeeping manager requested the staff member who left it there come and lock it.

The main dining room is clean, and menus were posted for the day. The kitchen counters, pots/pans and floors were clean. The refrigerator temperature logs were all current except no temps recorded for the front cooler. The sink and dish machine logs were current. The dry storage area was clean, including the floor but there was one box on the floor. All items in the cooler were labeled and dated. The can opener was clean, but the plate and holder need a deep clean.

SURVEY INFORMATION

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

REPORTABLE INCIDENTS

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

CLINICAL TRENDING

Incidents/Falls:

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

Infection Control:

The Woodlands reported – Information not provided

Weight loss:

June/July/Aug 2023, -Information not provided

Pressure Ulcers:

June/July/Aug 2023, -Information not provided

Restraints:

The Woodlands does not use side rails or restraints.

Staffing: Information not provided

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

Total number employees: ___ Turnover rate%: _

CASPER REPORT - Information not provided

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

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)

Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)		Antipsychotics

Component 2

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

<input type="radio"/> PIP for retention and recruitment is current: <input type="radio"/> NEW Retention efforts updated on Current PIP		
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QIPP Component 3 – CMS Long-Stay Quality Metrics

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

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

<ul style="list-style-type: none"> ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Quarter 4		93.85%	%	%	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.					
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine		96.07%	%	%	

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

FACILITY INFORMATION

Spindletop Hill is a licensed 148- bed facility with an overall star rating of 1 and a rating of 3 stars in Quality Measures. The facility met all 4 components for QIPP quarter 2. Census on the given day of call was 86. Private Pay 4; Medicare 3; HMO 5; Medicaid 62; Hospice 12 and Memory Care 20.

The QIPP site visit was conducted over the phone. The Administrator, and DON were on the call and reported the facility is currently in a COVID_19 outbreak with 1 staff member and 2 residents (all will be clear next week). The Administrator reports the facility does not currently have a pharmacy that will come and do the COVID vaccine clinics. The Administrator stated the residents COVID_19 vaccination rate is at 50% (0% fully) and 55.5% of staff have been vaccinated (0% fully) and this information is reported to NSHN weekly.

The facility had a St. Patrick's Day party with pictures. They also had a Valentine's Day prom, super bowl tailgate party, dunking booth, and they are planning an Easter Egg hunt this month.

The Administrator reports the facility celebrates monthly birthdays and Employee of the Month and continues with a recognition program when anyone is seen providing above and beyond care. Spindletop Hill is currently not using an agency for staffing. The facility staff participate with most of the resident celebrations, and they are starting an attendance contest for 3 months.

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 is currently in their full book survey window and the state was in the building twice in December for complaint visits that were unsubstantiated, no citations and last week for a P1 but they have not been back to exit.

REPORTABLE INCIDENTS

Dec/Jan/Feb 2024: **Dec.** – 1 COVID; 2 for abuse; **Jan.** – Abuse; resident to resident; 2 Unwitnessed fall w/injury; **Feb.** – 5 Abuse; 1 COVID and the facility currently has 36 pending self-reports.

CLINICAL TRENDING

Incidents/Falls:

During **Dec/Jan/Feb 2024**, Spindletop Hill had 107 total falls without injury (93 repeat) and 14 falls with injury, 1 Fracture, 3 Skin Tears, 0 Elopements, 5 Bruises, 4 Lacerations, and 15 Behaviors.

Infection Control:

Spindletop Hill reported 23 infections during **Dec/Jan/Feb 2024** of which 12 were UTI's, 7 Respiratory infections, 0 EENT infections, 4 wound infections, 0 Blood infections, 0 GI infections, 0 Genital infection and 2 Other infections.

Weight loss:

Dec/Jan/Feb 2024, Spindletop Hill had 14 residents with 5-10% weight loss in 1 month and 14 with >10% weight loss in 6 months. PIP in place.

Pressure Ulcers:

Dec/Jan/Feb 2024, Spindletop Hill reported 21 residents with pressure ulcers with 22 sites, 20 of them facility acquired. PIP in place.

Restraints:

Spindletop Hill does not use side rails or restraints.

Staffing:

QA STAFFING COMPONENT COMPLETE?

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	DON	1	1	3	0	0
2 to 10	0	0	3	0	0	0
10 to 6	0	0	0	0	0	0
Other	SW – STARTS 4/1 Admissions Coord – starts 4/1	Admissions Coord – starts 4/1	Maint. Asst. hired from wi			
# Hired this month	0					
# Quit/Fired	1 DON	(5) 3 were PRN 2, Terminated	(12) 2 CNA, 1 PRN CNA, 2 Terminated CNAs, 2 Nurse Aide, 2 NAIT, 2 Hospitality, 1 CMA	(7) 1 FT, 6 HSKP	(2) 2 cooks, 2 dietary	0

Total number employees: 108 **Turnover rate%:** 13.88

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.9%	1.7%	1.7%	
Fall w/Major Injury (L)	3.5%	3.5%	3.5%	Old one
UTI (L) *	0%	1.2%	2.2%	
High risk with pressure ulcers (L) *	%	?%	?%	Frozen
Loss of Bowel/Bladder Control(L)	%	?%	?%	Frozen
Catheter(L)	1.6%	1.3%	1.5%	Only have one that is for a stage 4
Physical restraint(L)	0%	%	%	
Increased ADL Assistance(L)	%	%	?%	Frozen
Excessive Weight Loss(L)	14.5%	4.6%	6.2%	PIP in place
Depressive symptoms(L)	1.4%	5.1%	8.8%	
Antipsychotic medication (L) *	6.1%	9.0%	14.9%	

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

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

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

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

December – 11; January – 10; February – 22 – All resolved

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

QIPP MEASURES

Component 1

Indicator	QAPI Program Y/N	PIP's Implemented (Name specific PIP's)
	Mtg Dates	
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	12/12/23, 1/9/2024, 2/13/2024	Antipsychotics

Component 2

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

<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	N	
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? Discuss RCA for turnover: Has anything changed from the original RCA? PIP for retention and recruitment is current: NEW Retention efforts updated on Current PIP 	Y Y Y Y	Retention is PIP charter 2

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	%	%	%		Frozen
Percent of residents who received an anti-psychotic medication	14.4%	15.42%	6.2%	Y	
Percent of residents whose ability to move independently has worsened	%	%	%		Frozen
Percent of residents with urinary tract infection	2.5%	0.74%	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:	Yes				
Quarter 1					
<ul style="list-style-type: none"> Designated leadership individuals for antibiotic stewardship 	Yes				

<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>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <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 					

Submitted by L. Sue White, RN, Consultant

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

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

FACILITY INFORMATION

Willowbrook-Nacogdoches is a licensed 161- bed facility with an overall star rating of 3 and a rating of 2 stars in Quality Measures. The facility reports census of 104: 15 PP; 5 MC; 66 MDC; 5 HMO; 8 Hospice and 10 Memory Care.

The QIPP site visit was conducted over the phone and both the Administrator and DON were available and very helpful. The Administrator reports the facility met all 4 of th3 QIPP components for quarter 2 of year seven. The facility will be working on Falls with Major Injury for PIP charter one and Staff Retention for PIP charter two.

Willowbrook-Nacogdoches is currently COVID_19 free. The Administrator reports the resident COVID_19 vaccination rate is at 32% and the employee rate is at 90%. The Administrator reports the facility submits these rates weekly to NSHN.

The Administrator reports the facility still holds activities twice per week for all the staff and it continues to be well received. The facility still has the Talent & Learning coordinator, and the Administrator reports she is amazing. The facility continues with the Mad Genius program, and they also started a program to send staff to school who win an essay contest. Buzz Worthy program continues, allowing other staff, families and residents to identify staff doing something good and they post it on their bulletin board and draw names randomly every month to provide chips they can later turn in for prizes. The company continues star of the month and every year they give a car to the star of the year (Med-Aide from another building won this year).

Residents celebrated super bowl, Valentine's Day, Mardi Gras, St. Patrick's Day and the facility is planning an Easter celebration that will include children from day care down the street.

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 no state visits this quarter, but they are currently in their full book survey window.

REPORTABLE INCIDENTS

Willowbrook-Nacogdoches had 6 pending self-reports for **Dec/Jan/Feb 2023/2024**.

CLINICAL TRENDING

Incidents/Falls:

During **Dec/Jan/Feb 2023/2024**, Willowbrook-Nacogdoches had 59 total falls without injury (13 repeat falls) and 7 falls with injury, 25 Skin Tears, 0 Elopements, 1 Fracture, 2 Lacerations, 0 behaviors and 2 Bruises. The facility does still have a PIP in place for falls.

Infection Control:

Willowbrook-Nacogdoches reported 99 infections during **Dec/Jan/Feb 2023/2024**, of which 37 were UTI's, 20 Respiratory infections, 12 Wound infections, 6 Blood infections, 0 GI infections, 5 EENT infections, 1 Genital infection and 18 Other (no details).

Weight loss:

Dec/Jan/Feb 2023/2024, Willowbrook-Nacogdoches had 5 residents with 5-10% weight loss in 1 month and 3 with >10% weight loss in 6 months. Currently the facility has no weight loss.

Pressure Ulcers:

Dec/Jan/Feb 2023/2024, Willowbrook-Nacogdoches reported 22 residents with pressure ulcers with 35 sites, 3 of them facility-acquired. Currently have 0 in house.

Restraints:

Willowbrook-Nacogdoches does not use side rails or restraints.

Staffing:

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



# Hired this month	1	1	3	0	0	0
# Quit/Fired	0	0	3	0	0	0

Total number employees: 136 Turnover rate%: 6%

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0.0%	1.6%	2.0%	
Fall w/Major Injury (L)	1.2%	3.5%	3.5%	
UTI (L) *	0.0%	1.2%	2.2%	
High risk with pressure ulcers (L) *	0.0%	%	%	Frozen
Loss of Bowel/Bladder Control(L)	%	%	%	Frozen
Catheter(L)	1.3%	1.3%	1.5%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Increased ADL Assistance(L)	0.0%	%	%	Frozen
Excessive Weight Loss(L)	1.4%	4.6%	6.2%	
Depressive symptoms(L)	9.0%	5.1%	8.8%	PIP in place
Antipsychotic medication (L) *	10.1%	9.0%	14.9%	

PHARMACY Consultant reports/visit/ med destruction?

12/14/23 1/30/24 2/27/24

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts 1 successful 1 failed 0)
 # of Antidepressants (attempts 10 successful 4 failed 6)
 # of Antipsychotic (attempts 8 successful 4 failed 4)
 # of Sedatives (attempts 1 successful 1 failed 0)

DIETICIAN Recommendation concerns/Follow Up? Comes 1x per week, all followed up and no current weight loss

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

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

QIPP Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.		
QAPI Meeting dates of submission (owner/operator involvement evident)	12/8/23, 1/12/24 2/9/24	Falls

Component 2

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

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

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	%	%	%		Frozen
Percent of residents who received an anti-psychotic medication	14.9%	14.9%	10.1%	Y	
Percent of residents whose ability to move independently has worsened	%	%	%		Frozen
Percent of residents with urinary tract infection	2.2%	2.2%	0.0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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



Willowbrook Nursing Center-Nacogdoches

227 Russell Blvd. Nacogdoches, TX. 75965

03/20/2024

Submitted by L. Sue White, RN Consultant

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

Exhibit “E”

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: 04/16/2024

Organization/Individual Requesting Grant Funds: RICELAND MEDICAL CENTER

Organization/Individual Address: 538 BROADWAY
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: GRANT PROPOSAL FOR AESTHETIC AND SAFETY IMPROVEMENTS
OF RICELAND MEDICAL CENTER

Date of Program or Event: 04/16/2024

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: \$70,434.78


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

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

- Indigent Care
- Community Healthcare
- Economic Development
- 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 
MO DANISHMUND (Apr 16, 2024 10:39 CDT)

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 floor tiles, 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 \$70,434.78 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 \$70,434.78 to address these critical needs and continue providing excellent care to our community.



Adonis Contracting Service LLC
 4808 Fairmont Prk Unit 359 Pasadena,
 Tx 77505
 P. Henderson
 (713) 874-4335

Proposal

Date: 04.08.24
 Invoice #: 04.08.24
 For: Floor Install / Door repair

Bill To:
 RiceLand Medical Center
 538 Broadway Ave,
 Winnie, TX 77685

Quantity	Description	Unit price	Amount
RiceLand Medical Center			
538 Broadway Ave, Winnie, TX 77685			
	Floor installation		\$ 30,200.00
	Approx 7,000 sqft		
	SPC European collection naples 9x60 20mil 5.5		
12	Patient Rooms		
5	Exam Room's		
1	Staff Lounge		
1	Nurse Station		
8	Shared Restrooms		
1	Registration office		
2	HaIlways		
Materials	Commercial grade Low odor adhesive		
	SPC European collection naples 9x60 20mil 5.5		\$ 19,884.78
Included	4in Roppe Rubber Wall Cove Base		
54	Door Repair and Paint		\$ 17,250.00
15	36" x 36" Stainless steel Hospital grade		\$ 3,100.00
	All doors to be sanded and bondo 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:			\$ 70,434.78

Note:
 Proposal valid for 30 days
 Estimated length of project 10 - 14 days
ALL MATERIAL IS INCLUDED

All work done by Adonis Contracting Service LLC is warranted and will take call for any issues repaired by Adonis Contracting Service LLC.
 Respectfully,
 Pablo Henderson

Proposal **\$ 70,434.78**

WALLACE CONSTRUCTION COMPANY

845 Central Drive
 Beaumont, Texas 77706
 Phone: (409-284-0300)

PROPOSAL

4/9/2024

Riceland Hospital
 538 Broadway Avenue
 Winnie, Texas 77665
 Attn: Suggie Daigle
 Sdaigle@ricelandhealthcare.com

DESCRIPTION	AMOUNT
Scope :	
Flooring:	\$37,950.00
Install vinyl plank flooring approx. 7000 ft.	
Install cove base where floor is being replaced.	
Includes labor and adhesives.	
Flooring Materials as specified by Owner... 7009.1sqft of SFC European Collection Naples	\$25,140.00
Doors:	\$18,360.00
Remove/stripe paint on existing doors as needed. There are 54 doors included	
Reprime and paint doors. Color by owner.	
Install door kick plates as directed on newly refinished doors.	
Furnish all materials and labor	
Cleanup and protection	
Keep area of work clean and free of debris during the work process.	
Work with the hospital staff to maintain a safe working environment	
When possible use products that are low odor and less offensive to those sensitive to smells.	
<i>Thank you for your business!</i>	
TOTAL	\$81,450.00

If you have any questions about this invoice, please contact
 Gary Wallace 409-284-0300



April 9, 2024

Riceland Hospital
538 Broadway Ave
Winnie, Texas 77665
Attn: Suggie Daigle

Email: sdaigle@ricelandhealthcare.com

Re: Proposal

Flooring

- | | |
|--|----------|
| • SFC European Collection Napples (per Owner) | \$23,620 |
| • Install Approx 7000 sq ft Vinyl Plank flooring | \$37,650 |
| • New Cove Base in specified area & glue | |

Doors

\$17,900

- Remove paint on existing doors as needed
- Prime & Paint 54 doors
- Install kick plates on doors
- Colors to be provided by owner
- Labor & material

Additional

- All work will be done in a professional manner
- Work areas will be maintained / cleaned during & after work activity
- Safety & operations will be a priority
- Signage & flagging will be used to denote work areas & wet paint
- Work times will be approved by client

Project Cost: \$79,170

Respectfully Submitted by:

Roderick Bluiett
SETX Unlimited Roofing & Construction
999 S. 4th St, Beaumont, Texas
C- 409-223-8180 O- 409-434-0331

GRANT PROPOSAL FOR AESTHETIC AND SAFETY IMPROVEMENTS OF RICELAND MEDICAL CENTER

Final Audit Report

2024-04-16

Created:	2024-04-16
By:	Brittany Givens (bgivens@ricelandhealthcare.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAWcZiJ6TudCI-5L4wF-z8dzmmljhfQwk

"GRANT PROPOSAL FOR AESTHETIC AND SAFETY IMPROVEMENTS OF RICELAND MEDICAL CENTER" History






-  Document created by Brittany Givens (bgivens@ricelandhealthcare.com)
2024-04-16 - 3:38:07 PM GMT- IP address: 24.173.201.226
-  Document emailed to MO DANISHMUND (mo@starcoimpex.com) for signature
2024-04-16 - 3:38:12 PM GMT
-  Email viewed by MO DANISHMUND (mo@starcoimpex.com)
2024-04-16 - 3:38:42 PM GMT- IP address: 174.203.68.10
-  Document e-signed by MO DANISHMUND (mo@starcoimpex.com)
Signature Date: 2024-04-16 - 3:39:13 PM GMT - Time Source: server- IP address: 174.203.68.10
-  Agreement completed.
2024-04-16 - 3:39:13 PM GMT

Exhibit ‘F’

A & A ELECTRIC CO. OF BEAUMONT, INC.

6250 WALDEN ROAD

P.O. BOX 22986

BEAUMONT, TEXAS 77720

Phone: 409-842-4437

Fax: 409-842-5230

www.aaelectricbmt.com

PROPOSAL/AGREEMENT

Proposal Submitted to: Coastal Gateway Health Center
2584 Highway 124
Winnie, TX. 77665

Date: 03/18/2024

Phone: (361) 563-1339

Project: Generator

We hereby submit specifications and estimates for: Furnish and install a 60kw liquid cooled Generac generator and 400-amp ATS.

Includes: 60kw Generac generator, 400-amp ATS, welded iron rack, rental equipment, installation, sales tax, delivery, battery, permit and miscellaneous materials.

Excludes: premium time, gas meter upgrade, concrete pad, ALL gas line plumbing, removal or replacement of landscaping and troubleshooting or repair to any unforeseen problems with the existing circuitry.

We propose to furnish materials and labor complete in accordance with above specifications, for the sum of: (\$52,889.00) Fifty Two Thousand Eight Hundred Eighty Nine Dollars.

Payment to be made as follows: Deposit of \$32,303.00 at time of order, \$20,336.00 due at installation and \$250.00 due at startup.

YOU ("BUYER") AGREE TO PAY THE PURCHASE PRICE OF ALL ORDERED LABOR AND MATERIALS AND OTHER AMOUNTS OWING A & A ELECTRIC COMPANY OF BEAUMONT, INC. ("SELLER") AS REFLECTED ON SELLERS INVOICE SELLERS INVOICE ACCORDING TO THE TERMS SET FORTH HEREIN. IF THERE SHALL EXIST ANY AMOUNT ON BUYERS ACCOUNT WHICH REMAINS PAST DUE AND UNPAID AFTER THE DUE DATE FOR SUCH AMOUNT, SUCH PAST DUE AMOUNT SHALL BE SUBJECT TO A LATE CHARGE WHICH SHALL ACCURE AT THE RATE OF ONE & ONE HALF (1 1/2%) PER CALENDEAR MONTH FOR WHICH SUCH PAST DUE AMOUNT SHALL REMAIN UNPAID, HOWEVER, NOTHING HEREIN OR IN ANY OTHER DOCUMENT SHALL EVER ENTITLE THE SELLER TO RECEIVE OR COLLECT LATE CHARGES OR INTEREST IN EXCESS OF THE HIGHEST RATE ALLOWED BY APPLICABLE LAW NA DBUYER SHALL NOT BE OBLIGATED TO PAY LATE CHARGES OR INTEREST IN EXCESS OF SUCH RATE, VISA MASTERCARD, AMERICAN EXPRESS ARE ACCEPTED FOR PAYMENT AT POINT OF SALE.

ALL MATERIALS ARE GUARANTEED TO BE AS SPECIFIED. ALL WORK TO BE COMPLETED IN A WORKMANLIKE MANNER ACCORDING TO STANDARDS PRACTICES. ANY ALTERATIONS OR DEVIATION FROM ABOVE SPECIFICATIONS INVOLVING EXTRA COST WILL BE EXECUTED ONLY UPON WRITTEN ORDERS, AND WILL BECOME AN EXTRA CHARGE OVER AND ABOVE THE ESTIMATE. ALL AGREEMENTS CONTINGENT UPON STRIKES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL. OWNER TO CARRY FIRE, WINDSTORM AND ANY OTHER INSURANCE NECESSARY. OUR WORKERS ARE FULLY COVERED BY WORKMAN'S COMPENSATION INSURANCE. THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS.

Josh Marceaux

A & A ELECTRIC COMPANY – AUTHORIZED SIGNATURE
OF BEAUMONT, INC.

ACCEPTANCE OF PROPOSAL – THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS SPECIFIED. PAYMENT WILL BE MADE AS OUTLINED ABOVE.

OWNER OR AUTHORIZED SIGNATURE

DATE OF ACCEPTANCE: _____

A & A ELECTRIC CO. OF BEAUMONT, INC.

6250 WALDEN ROAD

P.O. BOX 22986

BEAUMONT, TEXAS 77720

Phone: 409-842-4437

Fax: 409-842-5230

www.aaelectricbmt.com

PROPOSAL/AGREEMENT

Proposal Submitted to: Coastal Gateway Health Center
2584 Highway 124
Winnie, TX. 77665

Date: 03/18/2024

Phone: (361) 563-1339

Project: Generator

We hereby submit specifications and estimates for: Furnish and install a 100kw liquid cooled Generac generator and 400-amp ATS.

Includes: 100kw Generac generator, 400-amp ATS, welded iron rack, rental equipment, installation, sales tax, delivery, battery, permit and miscellaneous materials.

Excludes: premium time, gas meter upgrade, concrete pad, ALL gas line plumbing, removal or replacement of landscaping and troubleshooting or repair to any unforeseen problems with the existing circuitry.

We propose to furnish materials and labor complete in accordance with above specifications, for the sum of: (\$68,309.00) Sixty Eight Thousand Three Hundred Nine Dollars.

Payment to be made as follows: Deposit of \$42,900.00 at time of order, \$25,159.00 due at installation and \$250.00 due at startup.

YOU ("BUYER") AGREE TO PAY THE PURCHASE PRICE OF ALL ORDERED LABOR AND MATERIALS AND OTHER AMOUNTS OWING A & A ELECTRIC COMPANY OF BEAUMONT, INC. ("SELLER") AS REFLECTED ON SELLERS INVOICE SELLERS INVOICE ACCORDING TO THE TERMS SET FORTH HEREIN. IF THERE SHALL EXIST ANY AMOUNT ON BUYERS ACCOUNT WHICH REMAINS PAST DUE AND UNPAID AFTER THE DUE DATE FOR SUCH AMOUNT, SUCH PAST DUE AMOUNT SHALL BE SUBJECT TO A LATE CHARGE WHICH SHALL ACCURE AT THE RATE OF ONE & ONE HALF (1 ½%) PER CALENDEAR MONTH FOR WHICH SUCH PAST DUE AMOUNT SHALL REMAIN UNPAID, HOWEVER, NOTHING HEREIN OR IN ANY OTHER DOCUMENT SHALL EVER ENTITLE THE SELLER TO RECEIVE OR COLLECT LATE CHARGES OR INTEREST IN EXCESS OF THE HIGHEST RATE ALLOWED BY APPLICABLE LAW NA DBUYER SHALL NOT BE OBLIGATED TO PAY LATE CHARGES OR INTEREST IN EXCESS OF SUCH RATE, VISA MASTERCARD, AMERICAN EXPRESS ARE ACCEPTED FOR PAYMENT AT POINT OF SALE.

ALL MATERIALS ARE GUARANTEED TO BE AS SPECIFIED. ALL WORK TO BE COMPLETED IN A WORKMANLIKE MANNER ACCORDING TO STANDARDS PRACTICES. ANY ALTERATIONS OR DEVIATION FROM ABOVE SPECIFICATIONS INVOLVING EXTRA COST WILL BE EXECUTED ONLY UPON WRITTEN ORDERS, AND WILL BECOME AN EXTRA CHARGE OVER AND ABOVE THE ESTIMATE. ALL AGREEMENTS CONTINGENT UPON STRIKES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL. OWNER TO CARRY FIRE, WINDSTORM AND ANY OTHER INSURANCE NECESSARY. OUR WORKERS ARE FULLY COVERED BY WORKMAN'S COMPENSATION INSURANCE. THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS.

Josh Marceaux

A & A ELECTRIC COMPANY - AUTHORIZED SIGNATURE
OF BEAUMONT, INC.

ACCEPTANCE OF PROPOSAL - THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS SPECIFIED. PAYMENT WILL BE MADE AS OUTLINED ABOVE.

OWNER OR AUTHORIZED SIGNATURE

DATE OF ACCEPTANCE:



Gulf Coast Generators
 Authorized Generac Dealer
 P.O. BOX 5848
 BEAUMONT, TEXAS 77726-5848
 409-840-9292

Estimate

Date	Estimate #
3/25/2024	806194DS

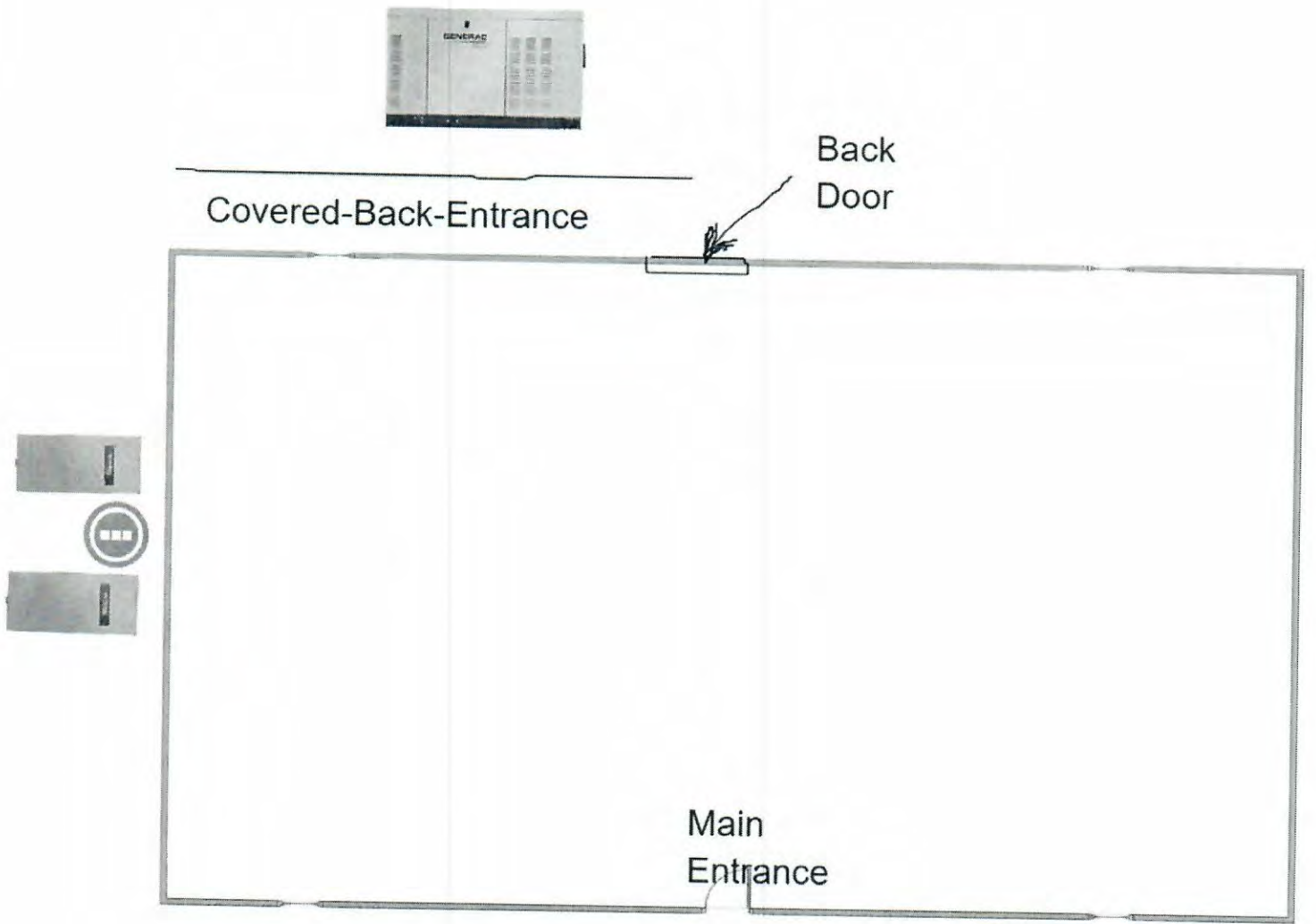
Name / Address
Winnie-Stowell Hospital District 520 Broadway Winnie, Texas 77665

				Project
Description	Qty	U/M	Rate	Total
60-k / 4.5-L GENERAC GENERATOR 1800 RPM	1		22,350.00	22,350.00T
GENERAC 10-Year Liquid Cooled Extended Warranty: Applied to start date, which remains at time of activation (*10year Parts & Labor Coverage, Excluding Annual PM Service & Service Parts)	1		0.01	0.01T
200-AMP 120/240 1-PHASE NEMA 3R SERVICE RATED ATS	1		852.00	852.00T
200-AMP 120 / 208 3-PHASE NEMA 3R SERVICE RATED ATS	1		2,286.00	2,286.00T
31XHE BATTERY - EXIDE 925 CCA / 18-MONTH	1		262.00	262.00T
SURGE PROTECTOR PSP	2		210.00	420.00T
6-INCH / CONCRETE SLAB / FOR 60-K	1		1,850.00	1,850.00
ELECTRICAL INSTALLATION OF GENERATOR AND OR TRANSFER SWITCHES ** INCLUDES DELIVERY & PLACEMENT ** INCLUDES ALL MATERIALS REQUIRED ** INCLUDES ELECTRICAL WORK REQUIRED FOR THE INSTALLATION OF GENERATOR, TRANSFER SWITCHES, 3-PHASE DISCONNECT, SURGE PROTECTION ** INCLUDES AUTHORIZED DEALER ACTIVATION & START UP ** INCLUDES 10-YR GENERAC EXTENDED WARRANTY @ NO CHARGE	1		11,650.00	11,650.00

Serving Southeast Texas Since 2007

WE LOOK FORWARD TO DOING
 BUSINESS WITH YOU!

Subtotal	\$39,670.01
Sales Tax (8.25%)	\$2,159.03
Total	\$41,829.04



Savant Electric Company

Small enough to know you, large enough to serve you!

17903 Hwy 124
 Beaumont, Tx 77705
 Phone: (409) 790-2052



DATE April 15, 2024



Bill To:

COASTAL GATEWAY HEALTH
 2584 TX 124
 WINNIE, TX 77665

Prepared by: Richard Savant
 Dealer ID: 11132891
 TECL# 26698

(361) 563-1339
 ATTN: KALEY SMITH

REGION 5 CO-OP MEMBER

This bid price is good for 30 days

Scope		
Install & Supply 3 phase 60kW Protector Series Generator : Serial number RG06045NAC		\$ 30,485.00
Install & Supply 2-200amp Service Rated Automatic Transfer Switches		
Labor Hours and Materials		\$ 12,542.00
Elevated Concrete Pad 5'x8'x3'		\$ 5,908.00
This Machine is designed for Natural Gas. Gas will need to be provided by others. Gas company will need to set a new meter close by the generator.		
Protector Series Generators will NOT meet state requirements for Medical Facilities.		
ALL MATERIALS & LABOR INCLUDED TO COMPLETE SCOPE OF WORK		
		\$ 48,935.00

Savant Electric Company

Small enough to know you, large enough to serve you!

17903 Hwy 124
 Beaumont, Tx 77705
 Phone: (409) 790-2052



DATE April 15, 2024



Bill To:

COASTAL GATEWAY HEALTH
 2584 TX 124
 WINNIE, TX 77665

Prepared by: Richard Savant
 Dealer ID: 11132891
 TECL# 26698

(361) 563-1339
 ATTN: KALEY SMITH

REGION 5 CO-OP MEMBER

This bid price is good for 30 days

Scope		
Install & Supply 3 phase 60kW Protector Plus Generator : HTS Code 8502200070		\$ 34,944.00
Install & Supply 1-400amp Automatic Transfer Switch : HTS Code 8537109170		
Labor Hours and Materials		\$ 12,542.00
Elevated Concrete Pad 5'x8'x3'		\$ 5,908.00
This Machine is designed for Natural Gas. Gas will need to be provided by others. Gas company will need to set a new meter close by the generator.		
Protector Plus Series Generators will meet state requirements for Medical Facilities.		
ALL MATERIALS & LABOR INCLUDED TO COMPLETE SCOPE OF WORK		
		\$ 53,394.00

Exhibit “G”

AUTHORIZING RESOLUTION
(First Financial Bank-CD and LOC)

At a duly constituted meeting of the Board of Directors of Winnie-Stowell Hospital District (“District”), a political subdivision of the State of Texas established pursuant to CHAPTER 286 OF THE TEXAS HEALTH & SAFETY CODE, held a Regular Meeting on April 17, 2024 and the following resolution was adopted:

WHEREAS, during the April 17, 2024 Regular Meeting of the Winnie Stowell Hospital the District’s Board approved the authorized signers of the existing District’s accounts at First Financial Bank to executed agreements in order to renew the line of credit (“LOC”) secured by certificate of deposit (“CD”) and the underlying CD established at First Financial Bank in the amount of \$8,200,000.00 to be secured by an \$8,200,000.00 certificate of deposit; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the District hereby adopts the following resolutions:

- (1) Authorized signers for the District’s existing accounts at First Financial Bank have permission from the District’s Board to execute the necessary documents to renew the certificate of deposit in the amount of \$8,200,000.00 and the line of credit of \$8,200,000.00 at First Financial Bank to be secured by the Certificate of Deposit for the purpose of assisting the District’s nursing home operations, including the payment of Intergovernmental Transfers for the QIPP program.

I further certify that the District is duly organized and existing and has the power to take the action called for by the foregoing resolutions.

RESOLUTION APPROVED AND ADOPTED THIS 17TH DAY OF APRIL 2024

WINNIE STOWELL HOSPITAL DISTRICT

Edward Murrell
President

SECRETARY CERTIFICATE

I, the undersigned, Anthony Stramecki, Vice-President of the Winnie Stowell Hospital District, hereby certify that that the foregoing is a full, true, and correct copy of a resolution duly adopted by the Board of Directors of the Winnie Stowell Hospital District at its Regular Meeting held on April 17, 2024, at which time a majority of the members were present and voted to establish a certificate of deposit and line of credit for \$8,200,000.00 at First Financial Bank. I further certify that the resolution is entered in the minutes and has not been amended or repealed.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary this 17th day of April 2024.

Jeff Rollo, Treasurer
Board of Directors

FIRST AMENDMENT TO PROMISSORY NOTE

THIS FIRST AMENDMENT TO PROMISSORY NOTE (the "First Amendment"), dated and effective as of May 1, 2024, is between WINNIE-STOWELL HOSPITAL DISTRICT ("Borrower") and FIRST FINANCIAL BANK, N.A. ("Lender").

RECITALS:

A. Borrower executed that certain 11-Month Short-Term Revolving Commercial Note dated as of May 31, 2023 payable to Lender in the original principal amount of \$8,200,000 (as amended, the "Note").

B. Borrower and Lender now desire to amend the Note as herein set forth.

NOW, THEREFORE, in consideration of the premises herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

ARTICLE I

DEFINITIONS

1.1 Definitions. Capitalized terms used in this First Amendment, to the extent not otherwise defined herein, shall have the same meanings as in the Note.

ARTICLE II

AMENDMENTS TO NOTE

2.1 Amendment to Note. The Maturity Date in the "Promise to Pay" section of the Note is hereby extended from May 1, 2024 to May 1, 2025.

ARTICLE III

CONDITIONS PRECEDENT

3.1 Conditions. The effectiveness of this First Amendment is subject to the satisfaction of the following conditions precedent:

(a) Lender shall have received such additional documents, instruments and information as Lender or its legal counsel may request;

(b) The representations and warranties contained herein and in the Note, as amended hereby, shall be true and correct as of the date hereof as if made on the date hereof;

(c) No Event of Default shall have occurred and be continuing and no event or condition shall have occurred that with the giving of notice or lapse of time or both would be an Event of Default; and

(d) All corporate proceedings taken in connection with the transactions contemplated by this First Amendment and all documents, instruments, and other legal matters incident thereto shall be satisfactory to Lender and its legal counsel.

ARTICLE IV

RATIFICATIONS, REPRESENTATIONS AND WARRANTIES

4.1 Ratifications. The terms and provisions set forth in this First Amendment shall modify and supersede all inconsistent terms and provisions set forth in the Note and except as expressly modified and

superseded by this First Amendment, the terms and provisions of the Note are ratified and confirmed and shall continue in full force and effect. Borrower and Lender agree that the Note, as amended hereby, shall continue to be legal, valid, binding and enforceable in accordance with its terms.

4.2 Representations and Warranties. Borrower hereby represents and warrants to Lender that (i) the execution, delivery and performance of this First Amendment has been authorized by all requisite corporate action on the part of Borrower and will not violate the articles of incorporation or bylaws of Borrower, (ii) the representations and warranties contained in the Note are true and correct on and as of the date hereof as though made on and as of the date hereof, (iii) no Event of Default has occurred and is continuing and no event or condition has occurred that with the giving of notice or lapse of time or both would be an Event of Default, and (iv) Borrower is in full compliance with all covenants and agreements contained in the Note.

ARTICLE V

MISCELLANEOUS

5.1 Reference to Note. All Related Documents are hereby amended so that any reference in such Related Documents shall mean a reference to the Note, as amended hereby.

5.2 Severability. Any provision of this First Amendment held by a court of competent jurisdiction to be invalid or unenforceable shall not impair or invalidate the remainder of this First Amendment and the effect thereof shall be confined to the provision so held to be invalid or unenforceable.

5.3 Applicable Law. This First Amendment shall be governed by and construed in accordance with the laws of the State of Texas. (without regard to its conflicts of law provisions).

5.4 Successors and Assigns. This First Amendment is binding upon and shall inure to the benefit of Borrower and Lender and their respective successors and assigns.

5.5 Counterparts. This First Amendment may be executed in one or more counterparts, each of which when so executed shall be deemed to be an original, but all of which when taken together shall constitute one and the same instrument.

5.6 Headings. The headings, captions, and arrangements used in this First Amendment are for convenience only and shall not affect the interpretation of this First Amendment.

5.7 SECTION 26.02 NOTICE. THIS FIRST AMENDMENT AND ALL OTHER INSTRUMENTS, DOCUMENTS AND AGREEMENTS EXECUTED AND DELIVERED IN CONNECTION WITH THIS FIRST AMENDMENT EMBODY THE FINAL, ENTIRE AGREEMENT AMONG THE PARTIES HERETO AND SUPERSEDE ANY AND ALL PRIOR COMMITMENTS, AGREEMENTS, REPRESENTATIONS AND UNDERSTANDINGS, WHETHER WRITTEN OR ORAL, RELATING TO THIS FIRST AMENDMENT, AND MAY NOT BE CONTRADICTED OR VARIED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS OR SUBSEQUENT ORAL AGREEMENTS OR DISCUSSIONS OF THE PARTIES HERETO.

THERE ARE NO UNWRITTEN ORAL AGREEMENTS AMONG THE PARTIES HERETO.

[Signatures begin on next page]

Executed as of the date first written above.

Borrower:

WINNIE-STOWELL HOSPITAL DISTRICT

By: _____
Name: _____
Title: _____

Lender:

FIRST FINANCIAL BANK, N.A.

By: _____
Name: _____
Title: _____

Exhibit ‘H’

FOURTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT

THIS FOURTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT (“Fourth Amended Agreement”) is effective as of May 1, 2024 (“Effective Date”), by and between Winnie-Stowell Hospital District, a governmental entity and body politic established pursuant to Chapter 286 of the Texas Health & Safety Code, as amended (“District” or “Operator”), and LTC Group, LLC, a Texas limited liability company (“LTC Group”).

RECITALS

WHEREAS, on April 17, 2024, the District held its Regular Meeting to discuss, among other things, authorized the execution of the Fourth Amended Agreement with the LTC Group.

WHEREAS, the Parties wish to amend **Exhibit “A”** to Third Amended and Restated Agreement (“Agreement”) to include all of the District’s nursing facilities (“Facility” or “Facilities”) as of April 1, 2024 to the Agreement.

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

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

Signature Page Follows

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

WINNIE-STOWELL HOSPITAL DISTRICT:

By: _____

Printed:

Title: President

LTC GROUP, LLC:

By: _____

Lee Hughes

for LTC Group, LLC, a Texas limited liability company

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

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

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

45.	Gulf Coast	Copperas Cove Nursing & Rehabilitation	601 W. Avenue B, Copperas Cove, Texas 76522	7	\$6,000
46.	HMG	Gulf Pointe Plaza	1008 Enterprise Blvd., Rockport, Texas 78382	7	\$6,000
47.	HMG	Treviso Transitional Care	1154 East Hawkins Pkwy., Longview, Texas 75605	7	\$6,000
48.	HMG	Forum Parkway Health & Rehabilitation	2112 Forum Parkway, Bedford, Texas 76201	7	\$6,000
49.	HMG	Arbrook Plaza	401 West Arbrook Blvd., Arlington, Texas 76014	7	\$6,000
50.	Gulf Coast	Clute LTC Partners, Inc.	603 E Plantation Road Clute, Texas 77531	January 1, 2024-August 31, 2024 Year 7	\$6,000
51.	Gulf Coast	Creekside Village Healthcare LTC Partners, Inc.	914 N Brazosport Blvd. Clute, Texas 77531	January 1, 2024-August 31, 2024 Year 7	\$6,000
52.	Gulf Coast	Wells LTC Partners, Inc.	46 May Street Wells, Texas 75976	January 1, 2024-August 31, 2024 Year 7	\$6,000
53.	Gulf Coast	Shepherd LTC Partners, Inc.	101 Woodland Park Dr. Shepherd, Texas 77371	January 1, 2024-August 31, 2024 Year 7	\$6,000
54.	SLP	Palestine Healthcare Center	1816 Tile Factor Rd. Palestine, Texas 75801	January 1, 2024-August 31, 2024 Year 7	\$6,000
55.	SLP	Seabreeze Nursing and Rehabilitation	6602 Memorial Dr. Texas City, Texas 77591	January 1, 2024-August 31, 2024 Year 7	\$6,000
56.	SLP	Paris Healthcare Center	610 Deshong Dr. Paris, Texas 75460	January 1, 2024-August 31, 2024 Year 7	\$6,000
57.	SLP	Overton Healthcare Center	1110 HWY 135 S. Overton, Texas 75684	January 1, 2024-August 31, 2024 Year 7	\$6,000
58.	SLP	Coronado Nursing Center	1751 N 15th St. Abilene, Texas 79603	January 1, 2024-August 31, 2024 Year 7	\$6,000
59.	HSM	Beaumont Health Care Center	795 Lindbergh Dr. Beaumont, Texas 77707	January 1, 2024-August 31, 2024 Year 7	\$6,000
60.	HSM	Cleveland Health Care Center	903 E Houston. St. Cleveland, Texas 77327	January 1, 2024-August 31, 2024 Year 7	\$6,000
61.	HSM	Conroe Health Care Center	2019 N Frazier Conroe, Texas 77301	January 1, 2024-August 31, 2024 Year 7	\$6,000
62.	HSM	Huntsville Healthcare Center	2628 Milam Huntsville, Texas 77340	January 1, 2024-August 31, 2024 Year 7	\$6,000
63.	HSM	Lawrence Street Healthcare Center	615 Lawrence St. Tomball, Texas 77375	January 1, 2024-August 31, 2024 Year 7	\$6,000
64.	HSM	Liberty Health Care Center	1206 N Travis St. Liberty, Texas 77575	January 1, 2024-August 31, 2024 Year 7	\$6,000
65.	HSM	Richmond Health Care Center	705 Jackson St. Richmond, Texas 77469	January 1, 2024-August 31, 2024 Year 7	\$6,000
66.	HSM	Sugar Land Healthcare Center	333 Matlage Way Sugar Land, Texas 77478	January 1, 2024-August 31, 2024 Year 7	\$6,000
67.	HSM	West Janisch Health Care Center	617 W. Janisch St. Houston, Texas 77018	January 1, 2024-August 31, 2024 Year 7	\$6,000
68.	Caring	Oak Brook Health Care Center	107 Stacy Whitehouse, Texas 75791	January 1, 2024-August 31, 2024 Year 7	\$6,000
69.	Caring	Gracy Woods Nursing Center	12021 Metric Blvd. Austin, Texas 78758	January 1, 2024-August 31, 2024 Year 7	\$6,000
70.	Pillar Stone	Mont Belvieu Rehabilitation and Healthcare Center	14000 Lakes Of Champions Blvd, Mont Belvieu, TX 77523	May 1, 2024-August 2024	\$6,000.00

					\$420,000.00
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EXHIBIT “_”
SCOPE OF SERVICES

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

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

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

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

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