

EXHIBIT “A-1”

Winnie-Stowell Hospital District

Balance Sheet

As of July 31, 2024

08/25/24

Accrual Basis

	Jul 31, 24
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	1,725,384.55
102 First Financial Bank	
102b FFB #4846 DACA	7,507,713.17
102c FFB #7190 Money Market	10,151,103.39
Total 102 First Financial Bank	17,658,816.56
105 TexStar	4,160,053.26
108 Nursing Home Banks Combined	6,043,480.55
Total Checking/Savings	29,587,734.92
Other Current Assets	
110 Sales Tax Receivable	157,171.65
114 Accounts Receivable NH	72,875,432.92
115 Hosp Uncomp Care Receivable	1,297,907.19
116 - A/R CHOW - LOC	
116.07 GC LOC Clute	112,063.16
116.10 GC LOC Shepard	1,067,199.21
116.20 SLP LOC Coronado	1,678,797.47
116.21 SLP LOC Paris	82,779.35
116.22 SLP LOC Palestine	250,871.75
116.23 SLP LOC Overton	237,759.14
116.24 SLP LOC Seabreeze	1,235,727.06
116.30 C LOC Oak Brook	340,400.33
116.31 C LOC Gracy Woods	224,063.30
116.50 PS LOC Mont Belvieu	361,482.66
Total 116 - A/R CHOW - LOC	5,591,143.43
117 NH - QIPP Prog Receivable	17,385,936.36
118 Prepaid Expense	1,000.00
119 Prepaid IGT	32,033,283.87
Total Other Current Assets	129,341,875.42
Total Current Assets	158,929,610.34
Fixed Assets	2,065,752.65
Other Assets	
118.01 Prepaid NH Fees	11,475.00
Total Other Assets	11,475.00
TOTAL ASSETS	161,006,837.99
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,487,742.70
201 NHP Accounts Payable	5,043,112.01
206 FFB Loan (11 Mth) (24)	7,787,759.21
206 FFB Loan 25	29,094,733.34
235 Payroll Liabilities	4,071.08
240 Accounts Payable NH Oper.	81,827,107.18
Total Other Current Liabilities	130,244,525.52
Total Current Liabilities	130,244,525.52
Total Liabilities	130,244,525.52

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Winnie-Stowell Hospital District

08/25/24

Balance Sheet

Accrual Basis

As of July 31, 2024

	<u>Jul 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	13,911,358.30
Net Income	5,059,758.04
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Total Equity	30,762,312.47
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TOTAL LIABILITIES & EQUITY	161,006,837.99
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Winnie-Stowell Hospital District
Profit & Loss Budget vs. Actual
January through July 2024

08/25/24

Accrual Basis

	Jan - Jul 24	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	488,789.51	850,000.00	-361,210.49	57.5%
405 Investment Income	552,075.44	150,000.00	402,075.44	368.1%
407 Rental Income	24,500.00	42,000.00	-17,500.00	58.3%
409 Tobacco Settlement	16,772.64	15,000.00	1,772.64	111.8%
415 Nursing Home - QIPP Program	39,984,307.02	93,098,874.94	-53,114,567.92	42.9%
Total Income	41,066,444.61	94,155,874.94	-53,089,430.33	43.6%
Gross Profit	41,066,444.61	94,155,874.94	-53,089,430.33	43.6%
Expense				
500 Admin				
501 Admin-Administrative Salary	65,585.77	105,000.00	-39,414.23	62.5%
502 Admin-Administrative Assnt	16,449.00	35,000.00	-18,551.00	47.0%
503 Admin - Staff Incentive Pay	3,585.01	4,000.00	-414.99	89.6%
504 Admin-Administrative PR Tax	8,747.61	16,800.00	-8,052.39	52.1%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	3,837.08			
515 Admin-Bank Service Charges	2,145.27	1,400.00	745.27	153.2%
521 Professional Fees - Acctng	6,679.75	11,000.00	-4,320.25	60.7%
522 Professional Fees - Audit	33,757.50	30,000.00	3,757.50	112.5%
523 Professional Fees - Legal	50,704.20	75,000.00	-24,295.80	67.6%
550 Admin-D&O / Liability Ins.	24,926.98	16,000.00	8,926.98	155.8%
560 Admin-Cont Ed, Travel	2,190.00	5,250.00	-3,060.00	41.7%
562 Admin-Travel&Mileage Reimb.	889.04	2,500.00	-1,610.96	35.6%
569 Admin-Meals	1,442.93	1,500.00	-57.07	96.2%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	11,400.96	10,000.00	1,400.96	114.0%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	2,227.39	3,000.00	-772.61	74.2%
575 Admin-Cell Phone Reimburse	1,264.77	1,800.00	-535.23	70.3%
576 Admin-Telephone/Internet	2,015.92	3,500.00	-1,484.08	57.6%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	930.60	4,000.00	-3,069.40	23.3%
592 Admin Office Rent	2,380.00	4,080.00	-1,700.00	58.3%
593 Admin-Utilities	2,016.83	4,000.00	-1,983.17	50.4%
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	8,065.00	6,000.00	2,065.00	134.4%
Total 500 Admin	253,646.61	352,575.00	-98,928.39	71.9%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	212,901.75	435,700.00	-222,798.25	48.9%
601.01b IC Pmt to Coastal (Ind)	5,491.14	25,000.00	-19,508.86	22.0%
601.01c IC Pmt to Thompson	8,107.74	18,000.00	-9,892.26	45.0%
601.02 IC Pmt to UTMB	159,384.00	300,000.00	-140,616.00	53.1%
601.03 IC Special Programs				
601.03a Dental	19,483.20	24,000.00	-4,516.80	81.2%
601.03b IC Vision	1,685.00	1,500.00	185.00	112.3%
601.04 IC-Non Hosp Cost-Other	3,721.04	35,000.00	-31,278.96	10.6%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	24,889.24	85,500.00	-60,610.76	29.1%
Total 601 IC Provider Expenses	410,773.87	864,200.00	-453,426.13	47.5%
602 IC-WCH 1115 Waiver Prog	48,146.73	129,340.00	-81,193.27	37.2%
603 IC-Pharmaceutical Costs	41,473.11	56,650.00	-15,176.89	73.2%
605 IC-Office Supplies/Postage	432.89	2,000.00	-1,567.11	21.6%
611 IC-Indigent Care Dir Salary	19,527.98	45,000.00	-25,472.02	43.4%
612 IC-Payroll Taxes -Ind Care	100.85	5,125.00	-5,024.15	2.0%
613 IC-Contract Services	49,875.00	75,000.00	-25,125.00	66.5%
615 IC-Software	10,962.00	14,500.00	-3,538.00	75.6%
616 IC-Travel	486.24	600.00	-113.76	81.0%

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

	Jan - Jul 24	Budget	\$ Over Budget	% of Budget
617 Youth Programs				
617.01 Youth Counseling	2,635.00	25,000.00	-22,365.00	10.5%
617.02 Irlen Program	800.00	600.00	200.00	133.3%
Total 617 Youth Programs	3,435.00	25,600.00	-22,165.00	13.4%
Total 600 - IC Healthcare Expenses	585,213.67	1,218,015.00	-632,801.33	48.0%
620 WSHD - Grants				
620.01 WCH/RMC				
620.01b WCH/RMC - Other	106,209.78	300,000.00	-193,790.22	35.4%
Total 620.01 WCH/RMC	106,209.78	300,000.00	-193,790.22	35.4%
620.03 WSVEMS	114,006.85	152,774.40	-38,767.55	74.6%
620.05 East Chambers ISD	154,539.91	253,693.56	-99,153.65	60.9%
620.06 FQHC(Coastal)	647,307.92	1,001,803.00	-354,495.08	64.6%
620.07 Marcelous Williams	58,192.50	77,590.00	-19,397.50	75.0%
620.08 Future Grants	0.00	209,139.04	-209,139.04	0.0%
620.09 Admin-Cont Ed-Med Pers.	5,684.90	5,000.00	684.90	113.7%
Total 620 WSHD - Grants	1,085,941.86	2,000,000.00	-914,058.14	54.3%
630 NH Program				
630 NH Program-Mgt Fees	11,002,094.76	34,887,661.12	-23,885,566.36	31.5%
631 NH Program-IGT	18,490,847.27	43,153,006.29	-24,662,159.02	42.8%
632 NH Program-Telehealth Fees	211,054.97	300,870.04	-89,815.07	70.1%
633 NH Program-Acctg Fees	60,117.75	85,000.00	-24,882.25	70.7%
634 NH Program-Legal Fees	183,157.37	350,000.00	-166,842.63	52.3%
635 NH Program-LTC Fees	2,856,000.00	4,938,000.00	-2,082,000.00	57.8%
637 NH Program-Interest Expense	925,551.91	3,043,548.33	-2,117,996.42	30.4%
638 NH Program-Loan/Bank Fees	303,555.00	655,734.76	-352,179.76	46.3%
639 NH Program-Appraisal	3,622.00	96,000.00	-92,378.00	3.8%
641 NH Program-NH Manager	5,950.00			
Total 630 NH Program	34,041,951.03	87,509,820.54	-53,467,869.51	38.9%
674 - Property Acquisition	29,400.34	2,200,000.00	-2,170,599.66	1.3%
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	10,533.06	17,405.00	-6,871.94	60.5%
Total 675 HWY 124 Expenses	10,533.06	52,405.00	-41,871.94	20.1%
Total Expense	36,006,686.57	93,332,815.54	-57,326,128.97	38.6%
Net Ordinary Income	5,059,758.04	823,059.40	4,236,698.64	614.8%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	208,513,404.19			
Total Other Income	208,513,404.19			
Other Expense				
640 Nursing Home Oper. Expenses	208,513,404.19			
Total Other Expense	208,513,404.19			
Net Other Income	0.00			
Net Income	5,059,758.04	823,059.40	4,236,698.64	614.8%

EXHIBIT “A-2”

WSDH Treasurer's Report

Reporting Date: Monday, August 26, 2024					
Pending Expenses		For	Amount	Funds Summary	Totals
Brookshire Brothers Pharm.	Indigent Care		\$8,127.06	Prosperity Operating (Unrestricted)	\$1,765,460.65
Wilcox Pharm.	Indigent Care		\$2,793.14	First Financial DACA (Unrestricted)	\$7,407,664.23
UTMB Family Group Practice	Indigent Care		\$2,010.70	First Financial DACA (Restricted)	\$9,938,099.71
UTMB Galveston	Indigent Care		\$6,045.64	First Financial Money Market	\$10,151,185.36
Thompson Outpatient	Indigent Care		\$736.16	TexStar (Restricted)	\$4,160,053.26
Coastal Gateway HC	Indigent Care		\$362.48	FFB CD Balance	\$0.00
Bayside Dental	SP Program		\$2,173.00	Total District Funds	\$33,422,463.21
BCBS- Employee Ins.	Inv# 0254		\$4,815.89	Less First Financial (Restricted)	(\$9,938,099.71)
Kalos Counseling	YC Program		\$255.00	Less TexStar Restricted Amount	(\$500,000.00)
Indigent Healthcare Solutions	Inv# 78293		\$1,566.00	Less LOC Outstanding	\$0.00
J&S Insurance	Criminal Ins		\$2,517.00	Less First Financial Money Market	\$0.00
				Less Committed Funds (See Total Commitment)	(\$640,255.16)
Technology Solutions	Inv# 1884		\$95.00	Cash Position (Less First Financial Restricted)	\$22,344,108.34
Function 4	Inv# 82907863		\$229.18	Pending Expenses	(\$163,847.30)
Seabreeze Beacon	Inv# 7299			Ending Balance (Cash Position-Pending Expenses)	\$22,180,261.04
Hubert Oxford	Legal Retainer		\$1,000.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$28,654,836.16
Benckenstien & Oxford, L.L.P	Inv# 51127		\$19,970.00		
Vidal Accounting	Inv# 00064		\$8,382.50	Prior Month	
Graciela Chavez	Inv# 965974		\$120.00	Prosperity Operating (Unrestricted)	\$1,993,011.17
Felipe Ojeda (Yard Maintenance)	Inv# 1053		\$350.00	First Financial (Unrestricted)	\$3,304,294.77
Patricia Ojeda (Consultant)	Inv# 3008		\$6,375.00	First Financial (Restricted)	\$4,095,959.18
J&S Insurance	Flood		\$1,547.00	First Financial Money Market (Restricted)	\$10,108,576.58
Coastal Gateway HC	Grant- (8 of 12 pmts)		\$83,483.58	TexStar (Restricted)	\$4,156,638.90
US Department of Education	Grant B.Odom- Student Loan		\$720.62	FFB CD Balance	\$0.00
Curtis Scott Johnson	Inv# 202407		\$1,320.00	Total District Funds	\$23,658,480.60
CGHC Marketing	Grant Pmt 2-2024		\$8,852.35	Less First Financial (Restricted)	(\$4,095,959.18)
				Less TexStar Reserve Account	(\$500,000.00)
Total Pending Expenses:			\$163,847.30	Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$754,668.19)
				Cash Position (Less First Financial Restricted)	\$18,307,853.23
				Pending Expenses	(\$221,628.38)
				Ending Balance (Cash Position-Pending Expenses)	\$18,086,224.85
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	\$27,358,984.21

First Financial Bank Reconciliations					
FFB Balance	\$17,345,763.94				
	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	\$2,469,946.69	\$93,050.18	\$0.00
March (2nd) - YR7		\$2,589,370.52	\$2,524,712.52	\$64,658.00	\$0.00
April (2nd) - YR7		\$2,604,095.08	\$2,544,232.74	\$59,862.34	\$0.00
May (2nd) - YR7		\$2,635,147.77	\$2,594,158.13	\$40,989.64	\$0.00
June (2nd) - YR7	\$2,580,408.30	\$2,580,408.30	\$2,580,408.30	\$0.00	\$0.00
Total Component 1, IGT 11	\$0.00	\$14,951,630.98	\$14,648,526.65	\$303,104.33	\$0.00
11 Month Set Aside (FFB)					
January (1st Half)		\$2,276,717.25	\$2,232,173.08	\$44,544.17	\$0.00
February (1st Half)		\$2,562,996.87	\$2,469,946.69	\$93,050.18	\$0.00
March (2nd Half)		\$2,589,370.52	\$2,524,712.52	\$64,658.00	\$0.00
April (2nd Half)		\$2,604,095.08	\$2,544,232.74	\$59,862.34	\$0.00
May (2nd Half)		\$2,635,147.77	\$2,594,158.13	\$40,989.64	\$0.00
June (2nd Half)	\$2,580,408.30	\$2,580,408.30	\$2,580,408.30	\$0.00	\$0.00
Total Loan Set Aside	\$2,580,408.30	\$17,532,039.28	\$17,228,934.95	\$303,104.33	\$0.00
Yr. 7, Component 2 (Public & Private)					
Q3-Comp. 2-March	\$504,006.38	\$738,663.88	\$720,009.12	\$18,654.76	\$216,002.74
Q3-Comp. 2-April	\$494,793.57	\$723,650.95	\$706,847.96	\$16,802.99	\$212,054.39
Q3-Comp. 2-May	\$533,477.67	\$774,116.76	\$762,110.95	\$12,005.81	\$228,633.29
Q3-Comp. 2-June	\$519,954.97	\$742,792.81	\$742,792.81	\$0.00	\$222,837.84
Total Component 2 due to MGRs.	\$2,052,232.59	\$5,028,148.03	\$4,938,526.28	\$89,621.75	\$1,030,086.76
Yr. 6, Component 3 (Public & Private)					
Yr. 7, Component 3 Q2 (Dec. to Feb.)	\$29,118.96	\$130,742.12	\$41,598.51	\$89,143.61	\$20,799.26
Yr. 7, Component 3 Q3 (March to May)	\$2,173,969.55	\$3,105,670.78	\$3,105,670.78	\$0.00	\$931,701.23
Total Component 3 due to MGRs	\$2,203,088.50	\$3,236,412.90	\$3,147,269.29	\$89,143.61	\$952,500.49
Yr. 6, Component 4 (Public Only)					
Yr. 7, Component 4 Q2 (Dec. to Feb.)	\$22,573.91	\$111,588.85	\$32,248.44	\$79,340.41	\$9,674.53
Yr. 7, Component 4 Q3 (March to May)	\$1,994,259.82	\$2,848,942.60	\$2,848,942.60	\$0.00	\$854,682.78
Total Component 4 due to MGRs	\$2,016,833.73	\$2,960,531.45	\$2,881,191.04	\$79,340.41	\$864,357.31
Yr. 6, Lapse Funds					
Yr. 7, Component Lapse Q2 (Dec. to Feb.)	\$11,197.98	\$59,040.26	\$15,997.12	\$43,043.14	\$4,799.14
Yr. 7, Component Lapse Q3 (March to May)	\$943,897.58	\$1,348,425.12	\$1,348,425.12	\$0.00	\$404,527.54
Total Lapse Funds 4 due to MGRs	\$955,095.57	\$1,407,465.38	\$1,364,422.24	\$43,043.14	\$409,326.67

Variance Payments (Component 1, 2, 3, 4, and Lapsing Funds)					
Variance March	\$15,505.23	\$22,150.33	\$22,150.33	\$0.00	\$6,645.10
Variance April	(\$9,907.87)	(\$14,383.80)	(\$14,154.10)	(\$229.70)	(\$4,246.23)
Variance May	(\$18,115.22)	(\$26,409.48)	(\$25,878.89)	(\$530.59)	(\$7,763.67)
Variance June	\$125,072.60	\$178,675.14	\$178,675.14	\$0.00	\$53,602.54
Variance Q3	(\$16,520.78)	(\$23,601.12)	(\$23,601.12)	\$0.00	(\$7,080.34)
Variance Payment Totals	\$96,033.95	\$160,032.19	\$160,792.48	(\$760.29)	\$48,237.74
Non-QIPP Funds	\$34,407.07				
Restricted	\$9,938,099.71				
Unrestricted	\$7,407,664.23				
Total Funds	\$17,345,763.94				
Committed Funds					
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance		
1. FQHC Grant Funding-2023	\$1,001,803.00	\$667,868.64	\$333,934.36		
2. Coastal Marketing Grant	\$276,040.00	\$126,464.14	\$149,575.86		
3. WSVEMS Grant	\$152,774.40	\$114,580.80	\$38,193.60		
4. Marcelous Williams	\$77,590.00	\$58,192.50	\$19,397.50		
5. East Chambers ISD	\$253,693.56	\$154,539.72	\$99,153.84		
Total Commitments	\$1,761,900.96	\$1,121,645.80	\$640,255.16		
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	\$23,814.81	\$1,377,261.92		
May 15, 2024	\$0.00	\$34,036.42	\$1,343,225.50		
June 26, 2024	\$0.00	\$35,698.88	\$1,307,526.62		
July 22, 2024	\$0.00	\$20,765.38	\$1,286,761.24		
August 26, 2024	\$0.00	\$26,797.78	\$1,259,963.46		
	\$1,626,424.00	\$366,460.54	\$1,259,963.46		
CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
Gulf Coast (10 Months-Nov. 1, 2024)					
Gulf Coast - Clute	\$1,000,000.00	\$702,060.69	\$297,939.31	\$702,060.67	\$0.02
Gulf Coast - Creekside Village	\$1,000,000.00	\$559,082.57	\$440,917.43	\$559,082.57	\$0.00
Gulf Coast - Wells	\$1,000,000.00	\$681,911.77	\$318,088.23	\$681,911.77	\$0.00
Gulf Coast - Shepard	\$1,000,000.00	\$826,853.14	\$173,146.86	\$810,407.90	\$16,445.24
Balance Owed by Gulf Coast	\$4,000,000.00	\$2,769,908.17	\$1,230,091.83	\$2,753,462.91	\$16,445.26
Senior Living Properties (SLP) (10 Months-Nov. 1, 2024)					
SLP - Coronado	\$1,000,000.00	\$1,678,797.47	(\$678,797.47)	\$244,615.15	\$1,434,182.32
SLP - Paris	\$1,000,000.00	\$910,616.97	\$89,383.03	\$910,616.97	\$0.00
SLP - Palestine	\$1,000,000.00	\$901,471.06	\$98,528.94	\$785,157.81	\$116,313.25
SLP - Overton	\$1,000,000.00	\$917,424.85	\$82,575.15	\$759,470.84	\$157,954.01
SLP - Seabreeze	\$1,000,000.00	\$1,894,665.99	(\$894,665.99)	\$1,032,396.89	\$862,269.10
Balance Owed by Senior Living Group	\$5,000,000.00	\$6,302,976.34	(\$1,302,976.34)	\$3,732,257.66	\$2,570,718.68
Caring (10 Months-Nov. 1, 2024)					
Caring - Oak Brook	\$1,000,000.00	\$581,972.99	\$0.00	\$254,212.08	\$327,760.91
Caring - Gracy Woods	\$1,000,000.00	\$726,914.84	\$0.00	\$502,824.54	\$224,090.30
Balance Owed by Caring	\$2,000,000.00	\$1,308,887.83	\$0.00	\$757,036.62	\$551,851.21
Pillarstone (10 Months-March 1, 2024)					
Pillarstone - Mont Belvieu	\$1,000,000.00	\$361,998.82	\$638,001.18	\$0.00	\$361,998.82
Balance Owed by Pillarstone	\$1,000,000.00	\$361,998.82	\$638,001.18	\$0.00	\$361,998.82
Total CHOW Loan Outstanding	\$12,000,000.00	\$10,743,771.16	\$565,116.67	\$7,242,757.19	\$3,501,013.97

**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)	\$2,533,748.79	(\$2,533,748.79)	(\$101,950.16)	(\$2,635,698.95)	\$12,887,283.99
7-June 30, 2024 (April, Comp. 1)	\$2,544,414.02	(\$2,544,414.02)	(\$91,284.93)	(\$2,635,698.95)	\$10,342,869.97
8-July 31, 2024 (May, Comp. 1)	\$2,555,110.76	(\$2,555,110.76)	(\$80,588.19)	(\$2,635,698.95)	\$7,787,759.21
9-August 31, 2024 (June, Comp. 1)	\$2,576,858.10	(\$2,576,858.10)	(\$58,840.85)	(\$2,635,698.95)	\$5,210,901.11
10-September 30, 2024 (July, Comp. 1)	\$2,585,717.49	(\$2,585,717.49)	(\$39,081.76)	(\$2,624,799.25)	\$2,625,183.62
11-October 31, 2024 (August, Comp. 1)	\$2,585,717.49	(\$2,585,717.49)	(\$19,688.88)	(\$2,605,406.37)	\$39,466.13
Amount Paid	\$15,381,566.66	(\$15,381,566.66)	(\$944,878.50)	(\$16,326,445.15)	

**First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 25 (Acct #57635) (May 31, 2024 - May 25, 2025)
1st Half of Year 7**

Annual Interest Rate:	8.25%	Payments Per Year:	12	Origination Fee:	\$302,900.00
Years:	1	Amount:	\$29,290,000.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-June 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
2-July 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
3-August 25, 2024			(\$201,775.56)	(\$201,775.56)	\$29,290,000.00
4-September 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
5-October 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
6-November 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
7-December 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
8-January 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
9-February 25, 2025 (YR8 Q1)	\$14,645,000.00	(\$14,645,000.00)	(\$162,722.22)	(\$14,807,722.22)	\$14,645,000.00
10-March 25, 2025	\$0.00	\$0.00	(\$100,684.38)	(\$100,684.38)	\$14,645,000.00
11-April 25, 2025	\$0.00	\$0.00	(\$100,684.38)	(\$100,684.38)	\$14,645,000.00
12-May 25, 2025 (YR8 Q2)	\$14,645,000.00	(\$14,645,000.00)	(\$100,684.38)	(\$14,745,684.38)	\$0.00
Amount Paid	\$29,290,000.00	(\$29,290,000.00)	(\$1,805,606.45)	(\$31,095,606.45)	

District's Investments

	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
Money Market-First Financial Bank	\$10,151,185.36	4.00%	July 2024	\$42,526.80	\$255,801.04
Texstar C.D. #1110	\$4,160,053.26	5.3131	July 2024	3,414.36	\$19,719.39

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

Date: _____

Robert "Bobby" Way
Treasurer/Investment Officer

Date: _____

*Italics are Estimated amounts

EXHIBIT “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of July 25, 2024 to August 26, 2024

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							1,729,808.57
General Jo...	07/25/2024	MV 06.24-0R	Winnie Community Hospital, LLC	Reverse of GJE MV 06.24-08 -- For CHK 4286 voided on 07/25/2024		30,200.00	1,760,008.57
Check	07/25/2024	4304	Winnie Community Hospital, LLC	Final Pmt from Contract Services- Floor Remodel	X	(26,308.26)	1,733,700.31
Check	07/29/2024	4305	Graciela Chavez	Remainder of Inv# 965973- Adjustment		(20.00)	1,733,680.31
Check	07/29/2024		Prosperity Bank	ACH, Withdrawal, Processed	X	(2,041.78)	1,731,638.53
Liability C...	07/30/2024		QuickBooks Payroll Service	Created by Payroll Service on 07/29/2024	X	(6,457.41)	1,725,181.12
Paycheck	07/31/2024	DD1362	Carlo, Victoria M	Direct Deposit			1,725,181.12
Paycheck	07/31/2024	DD1363	Davis, Tina R	Direct Deposit			1,725,181.12
Paycheck	07/31/2024	DD1364	Walters, Reagan D	Direct Deposit			1,725,181.12
Deposit	07/31/2024			Deposit, Processed	X	203.43	1,725,384.55
Check	08/08/2024	4306	ECISD	Discrepancy		(4,413.08)	1,720,971.47
Liability C...	08/14/2024		QuickBooks Payroll Service	Created by Payroll Service on 08/12/2024		(5,231.04)	1,715,740.43
Paycheck	08/15/2024	DD1365	Walters, Reagan D	Direct Deposit			1,715,740.43
Paycheck	08/15/2024	DD1366	Carlo, Victoria M	Direct Deposit			1,715,740.43
Paycheck	08/15/2024	DD1367	Davis, Tina R	Direct Deposit			1,715,740.43
Check	08/26/2024	4307	Coastal Gateway Health Center	Marketing Grant Reimb- Aug		(8,852.35)	1,706,888.08
Check	08/26/2024	4308	Coastal Gateway Health Center	8 of 12 Pmt		(83,483.58)	1,623,404.50
Check	08/26/2024	4309	Technology Solutions of Texas, ...	Inv 1884		(95.00)	1,623,309.50
Check	08/26/2024	4310	Funcion 4-Lease Ika Star Grap...	Inv# 82907863		(229.18)	1,623,080.32
Check	08/26/2024	4311	Benckenstein & Oxford	Inv# 51127		(19,970.00)	1,603,110.32
Check	08/26/2024	4312	Hubert Oxford	August Retainer		(1,000.00)	1,602,110.32
Check	08/26/2024	4313	Indigent Healthcare Solutions, ...	Inv# 78293		(1,566.00)	1,600,544.32
Check	08/26/2024	4314	Curtis Scott Johnson	Inv# 202407		(1,320.00)	1,599,224.32
Check	08/26/2024	4315	The Hartford	14740435- Criminal Ins- 3yr Coverage		(2,517.00)	1,596,707.32
Check	08/26/2024	4316	J. S. Edwards and Sherlock Ins.	Flood Ins		(1,547.00)	1,595,160.32
Check	08/26/2024	4317	Vidal Accounting, PLLC	Inv# 00064		(8,382.50)	1,586,777.82
Check	08/26/2024	4318	Blue Cross Blue Shield of Texas	Inv# 0254		(4,815.89)	1,581,961.93
Check	08/26/2024	4319	Patricia Ojeda	Inv# 3008		(6,375.00)	1,575,586.93
Check	08/26/2024	4320	Bayside Dental	Batch Date 8/15/24		(2,173.00)	1,573,413.93
Check	08/26/2024	4321	Coastal Gateway Health Center	Batch 8/15/24		(362.48)	1,573,051.45
Check	08/26/2024	4322	Kalos Counseling	Batch Date 8/15/24		(255.00)	1,572,796.45
Check	08/26/2024	4323	Thompson Outpatient Clinic, LLC	Batch Date 8/5/2024		(736.16)	1,572,060.29
Check	08/26/2024	4324	Graciela Chavez	Inv# 965974		(120.00)	1,571,940.29
Check	08/26/2024	4325	Brookshire Brothers	Batch Date 8/16/2024		(8,127.06)	1,563,813.23
Check	08/26/2024	4326	UTMB at Galveston	Batch Dates 8/8/2024		(6,045.64)	1,557,767.59
Check	08/26/2024	4327	UTMB Faculty Group Practice	Batch Date 8/8/2024		(2,010.70)	1,555,756.89
Check	08/26/2024	4328	US Department of Education	Acct #1778777792-1		(720.62)	1,555,036.27
Check	08/26/2024	4329	Wilcox Pharmacy	Batch Date 8/13/24 & Prev. Pmt Adjustment		(2,793.14)	1,552,243.13
Check	08/26/2024	4330	Felipe Ojeda	Inv# 1053		(350.00)	1,551,893.13
Check	08/29/2024	Pending	ECISD			(4,413.32)	1,547,479.81
Check	09/05/2024	Pending	ECISD			(23,180.42)	1,524,299.39
Total 100 Prosperity Bank -Checking						(205,509.18)	1,524,299.39
102 First Financial Bank							17,919,228.32
102b FFB #4846 DACA							7,810,651.73
Check	07/31/2024			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...		15,903.86	7,826,555.59
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4342107		13,455.43	7,840,011.02
Check	07/31/2024			Transfer from XXX4846 to XXX2026: Conf #:22577191		(195,266.66)	7,644,744.36
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4342105		1,090.52	7,645,834.88
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4351520		106,399.95	7,752,234.83
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4342109		112,063.16	7,864,297.99
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4345914		383,941.80	8,248,239.79
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4345913		424,953.01	8,673,192.80
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4345903		643,267.02	9,316,459.82
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4345912		650,599.31	9,967,059.13
Deposit	07/31/2024			AchBatch Winnie Stowell CCD 4351517		176,352.99	10,143,412.12
Check	07/31/2024			Customer Transfer Request per Michael Payee:Transfer from XXX4846...		(2,635,698.95)	7,507,713.17
Total 102b FFB #4846 DACA						(302,938.56)	7,507,713.17
102c FFB #7190 Money Market							10,108,576.59
Deposit	07/31/2024					765.02	10,109,341.61
Deposit	07/31/2024			Interest	X	41,761.78	10,151,103.39
Total 102c FFB #7190 Money Market						42,526.80	10,151,103.39
Total 102 First Financial Bank						(260,411.76)	17,658,816.56
TOTAL						(465,920.94)	19,183,115.95

EXHIBIT “B-1”

Hubert Oxford IV

From: Wade Thibodeaux <wade@txmediacorp.com>
Sent: Tuesday, August 20, 2024 5:41 PM
To: victoria@wshd-tx.com
Cc: Hubert Oxford IV
Subject: Previous Advertising in The Hometown Press
Attachments: Screenshot_20240820_173750_Dropbox.jpg

Victoria, attached is a copy of our last year's special edition Fall Sports Preview. Winnie Stowell Hospital District had a full page ad on the inside cover(page 2). The cost of the ad is \$600 and while I realize that this is new to you, we have been doing this for several years and I would like to see if you would like to renew your position in the special edition. Possibly, you could include this in your board report at next Monday's meeting. Also, right on the heels of this edition is the Texas Rice Festival special edition(end of September) where you also had the same ad at the same cost in last year's edition. They could both be presented at the same time to minimize time spent and it would also allow me to block the space for both editions. The ad may need to be touched up a little to include some new programs, if any, or it can totally be scrapped and we can create something different(at no cost to you). I have a conflict with the Monday night meeting as the EC ISD is adopting a tax rate and a budget, but I plan on dropping by your meeting a little late. See you next Monday evening. Thank you for your time and consideration.

--

Wade A. Thibodeaux
Publisher
Texas Media Corp

EXHIBIT “B-2”

Hubert Oxford IV

From: Gloria Roemer <gloriaseabreeze@gmail.com>
Sent: Thursday, August 22, 2024 2:08 PM
To: victoria@wshd-tx.com
Cc: Hubert Oxford IV; Edward Murrell
Subject: ads

Hello, Victoria! Hubert asked that I email you with requests for ads. The Seabreeze Beacon publishes an annual Fall Sports Special Edition showcasing East Chambers, Anahuac, and High Island high schools. Last year the Winnie Stowell Hospital District purchased a 1/2 page in black/white for \$350. We also publish the annual Texas Rice Festival Special Edition showcasing the honorees, pageant winners, entertainment, BBQ cookoff, and all events dealing with the Texas Rice Festival. Last year, WSHD bought a 1/2 page color ad for \$650.

We are asking WSHD to consider buying the same ad selection at the same amount as last year. We appreciate your consideration.

Thanks!

--

Gloria Roemer
Managing Editor/Publisher
The Seabreeze Beacon
713-398-3139 (cell)



EXHIBIT “C”



**August 26, 2024
WSHD Regular Board Meeting Indigent Care Report**

1. Summary

- Client Engagement: There have been some issues with client renewals, and new applicants show a mix of approvals and no shows. Currently reviewing processes to increase renewal activity.
- Budgets: Several budgets are close to being fully expended or exceeded, particularly the Pharmacy, Vision, Dental, and Irlen Services budgets.
- Community Outreach: The District may consider community outreach to increase participation in the ICAP program. (Ex: Billboards, Flyers to schools explaining our services, Booth at local events such as the Winnie Rice Festival)
- Texas Indigent Healthcare Associates Yearly Conference – Conference is in October - Included for your review. The Cost is \$240.00 and the dates are October 14 – 16, 2024 in San Antonio. I would like to attend.

2. Active Client Trends

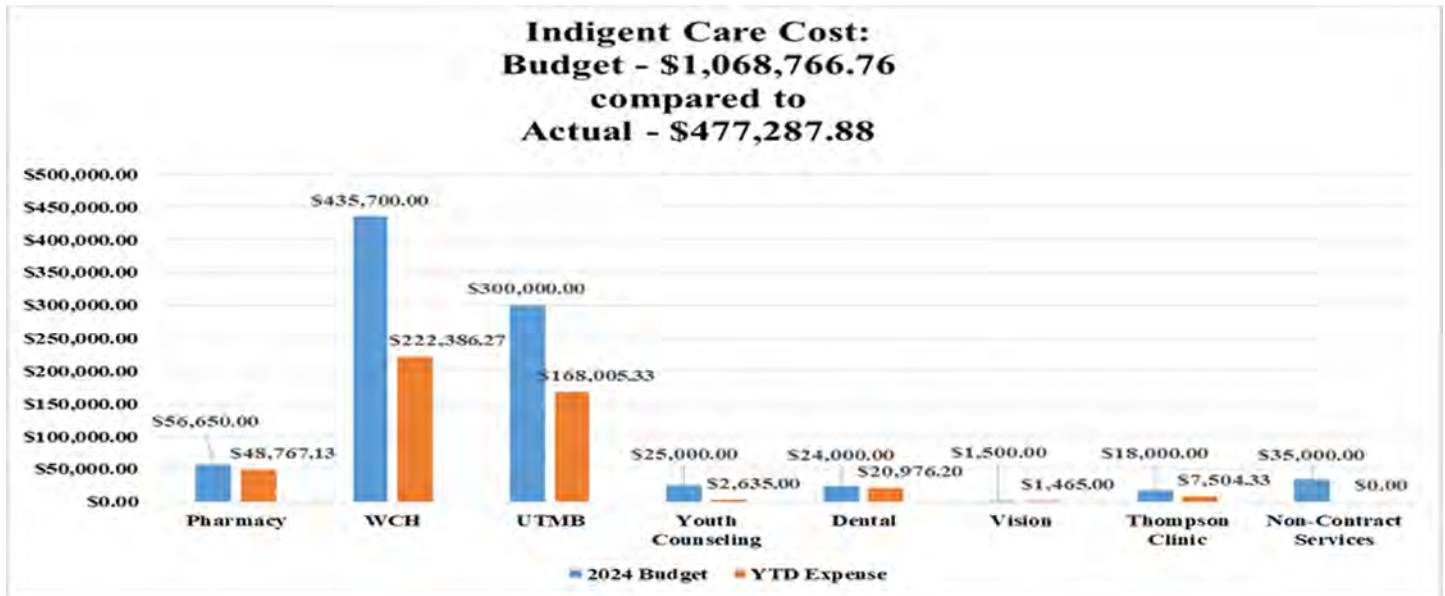
2024 Indigent Care Statistics	Jan	Feb	Mar	Apr	May	June	July	YTD Monthly Average
Indigent Care Clients	101	96	94	91	90	83	85	91
Youth Counseling	5	6	7	10	12	12	12	9
Irlen Services	0	0	0	0	0	1	1	0
Dental	101	96	94	91	90	83	85	91
Vision	101	96	94	91	90	83	85	91
PAP	21	22	24	23	22	22	20	22

3. Indigent Care Vendor Payment Trends:

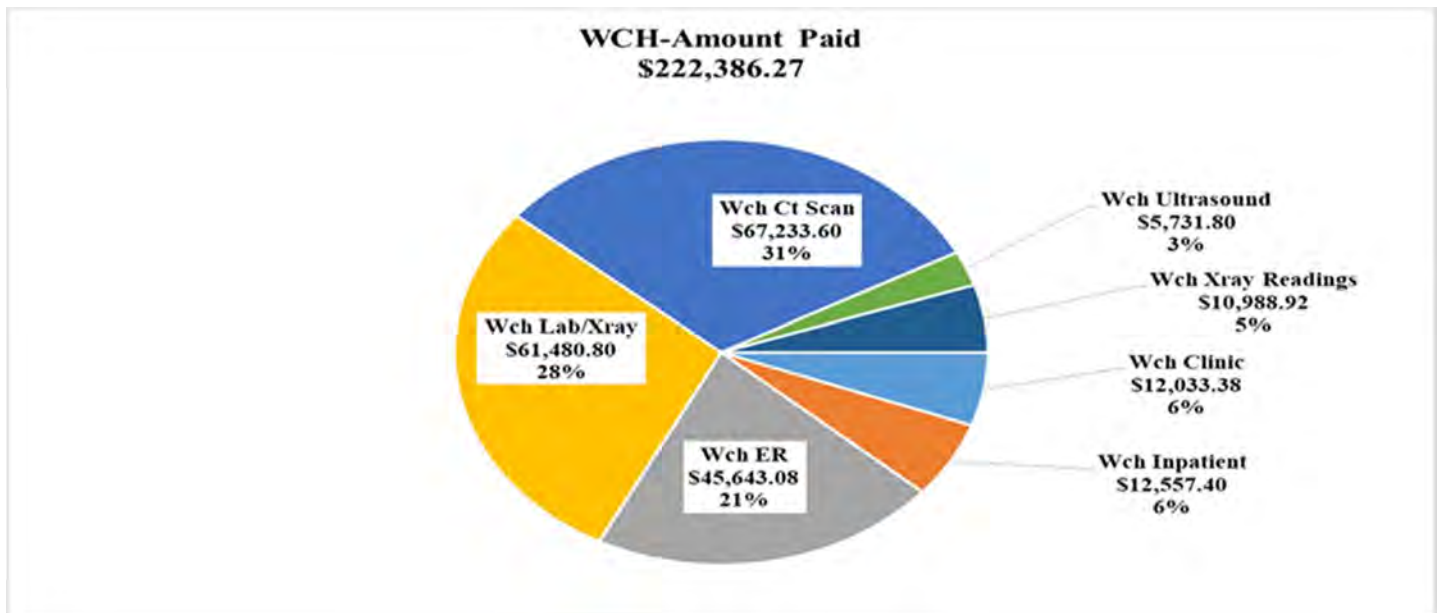
2024 Indigent Care Vendor Payments	Jan	Feb	Mar	Apr	May	June	July	YTD Monthly Average
Local Clinics	\$ 2,432.37	\$ 2,356.55	\$ 1,973.15	\$ 2,298.58	\$ 3,013.36	\$ 1,167.76	\$ 1,098.64	\$ 2,048.63
UTMB (Includes Charity Care)	\$ 9,002.36	\$ 54,659.92	\$ -	\$ 9,211.63	\$ 74,303.76	\$ 12,771.32	\$ 8,056.34	\$ 24,000.76
Riceland Medical Center	\$ 40,089.30	\$ 41,183.70	\$ 23,814.81	\$ 34,036.42	\$ 35,698.88	\$ 20,765.38	\$ 26,797.78	\$ 31,769.47
Pharmacy Costs	\$ 5,627.95	\$ 4,534.16	\$ 6,980.52	\$ 6,460.90	\$ 6,912.16	\$ 7,332.22	\$ 10,979.22	\$ 6,975.30
Indigent Special Services (Dental & Vision)	\$ 5,163.00	\$ 1,010.00	\$ 1,747.40	\$ 3,401.80	\$ 5,618.80	\$ 3,327.20	\$ 2,173.00	\$ 3,205.89
Medical Supplies (C-PAP)	\$ 354.00	\$ -	\$ -	\$ -	\$ 230.00	\$ -	\$ -	\$ 83.43
Non Contract ER Services (Includes WSEMS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Services								
Irlen Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 800.00	\$ -	\$ 114.29
Youth Counseling	\$ 510.00	\$ 425.00	\$ 340.00	\$ -	\$ 850.00	\$ 255.00		\$ 396.67
Total	\$ 63,178.98	\$ 104,169.33	\$ 34,855.88	\$ 55,409.33	\$ 126,626.96	\$ 46,418.88	\$ 49,104.98	\$ 39,980.36



4. YTD Budget Expenditures:



5. Riceland Medical Center 2024 Expenditure Breakdown:



Texas Indigent Healthcare Association

It's that time of year again for TIHCA to come together! The conference is scheduled for October 16-18, 2024, at the Holiday Inn Riverwalk in San Antonio.

We are excited to announce that our Keynote Speaker has been confirmed:

**Title: Who Are the Uninsured in Texas?
Speaker: Charles Miller, Senior Policy Advisor for Texas 2036**

Charles Miller has dedicated his career to improving the affordability and accessibility of health care in Texas. As a Senior Policy Advisor, he brings a wealth of experience from his tenure at Texas 2036, where he spearheaded the creation of the Health Coverage Policy Explorer—a groundbreaking tool that enables policymakers and the public to explore various policy scenarios aimed at increasing health insurance coverage across the state.

In his keynote address, Charles will delve into the pressing issue of uninsured Texans, providing insights into who these individuals are and the specific barriers they face in accessing care. Drawing from his work in recent legislative sessions, he will discuss the strides made in enhancing price transparency and improving the efficiency of the health care industry. Looking ahead to 2025, Charles is committed to further understanding the uninsured population and advancing initiatives to make quality care more affordable and accessible for all Texans. His presentation will offer a comprehensive overview of the current landscape and the critical steps needed to address the ongoing challenges in health care coverage.

Draft Conference Schedule (Subject to Change)

Wednesday, October 16, 2024

- 3:00 PM: Registration
- 5:00 PM: Welcome and Opening General Session (Chairperson Ebony Jackson)
- 5:15 PM: Keynote Address by Charles Miller with Texas 2036

Thursday, October 17, 2024

- 8:15 AM: HHSC County Indigent Health Care Program: "State Assistance"
- 9:30 AM: Eligibility Training by Chris Wilson with IHS
- 10:45 AM: Overview of State Benefit Programs by Eligibility Consultants Inc.

- 12:00 PM: Lunch and Membership Meeting (Board Elections, Membership Update, Financial Review) All invited
- 2:00 PM: Prescription Assistance with Carlos Irula with St. Vincent DePaul
- 3:00 PM: Jail Healthcare, with Sgt. Kit Wright
- 4:15 PM: Session on State Programs with HHSC and DSHS
- 5:15 PM: Sponsors Reception

Friday, October 18, 2024

- 8:15 AM: Interactive Conversation on Best Practices
- 9:30 AM: Session on SSI and Medicare with SSA
- 10:00 AM: Closing Roundtable Discussion

Venue and Accommodations

By staying at the conference hotel, you'll be right in the heart of all the action, with easy access to sessions, networking opportunities, and everything else we have planned.

We're excited to welcome you to the TIHCA 2024 Conference, set in the heart of the beautiful San Antonio Riverwalk from October 16-18, 2024! Our venue, the Holiday Inn Riverwalk, offers a special rate of just \$159 per night plus taxes. This block is filling up fast, so we encourage you to book your room as soon as possible to take advantage of this exclusive rate.

Event Details:

- Dates: October 16-18, 2024
- Location: San Antonio, Texas
- Venue: Holiday Inn Riverwalk

For more information or to book your stay, please visit

[\[www.hiriverwalk.com\]](http://www.hiriverwalk.com)(<http://www.hiriverwalk.com>) or call (210) 224-2500. Be sure to mention you're with the TIHCA 2024 Conference to receive the group rate.

- Book at the Hotel: [TIHCA 2024 Conference](#)
- Register Today: <https://cuc.org/events/tihca-2024/>

We look forward to seeing you in San Antonio this October! Stay tuned for registration details and further updates.

Please reach out to our Sponsors and thank them for supporting TIHCA!

EXHIBIT “D”

Chambers County East Side Van Monthly Report



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

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			8518
TOTAL HOURS DRIVEN			368.08
TOTAL EXPENSES FOR MONTH			\$1,979.40
FUEL COST			\$1,979.40
REPAIRS & MAINTENANCE COST	battery		
MISC EXPENSES			
TOTAL RIDERS			57
TOTAL WSHD RIDERS			1
TOTAL TRIPS			147
TOTAL TRIPS FOR WSHD RIDERS			0

VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			3155
TOTAL HOURS DRIVEN			155.50
TOTAL EXPENSES FOR MONTH			\$818.74
FUEL COST			\$766.54
REPAIRS & MAINTENANCE COST	oil change, labor		\$52.20
MISC EXPENSES			
TOTAL RIDERS			24
TOTAL WSHD RIDERS			3
TOTAL TRIPS			60
TOTAL TRIPS FOR WSHD RIDERS			6

VEHICLE #3		RAV 4	
TOTAL MILES DRIVEN			425
TOTAL HOURS DRIVEN			18.00
TOTAL EXPENSES FOR MONTH			\$89.95
FUEL COST			\$45.60
REPAIRS & MAINTENANCE COST	oil change, labor		\$44.35
MISC EXPENSES			
TOTAL RIDERS			6
TOTAL WSHD RIDERS			0
TOTAL TRIPS			6
TOTAL TRIPS FOR WSHD RIDERS			0

GRAND TOTALS	
MILES DRIVEN	12098
RIDERS	87
WSHD RIDERS	4
TRIPS	213
WSHD TRIPS	6
EXPENSES	\$2,888.09

Year to Date Details for 2024	Jun-24	Jul-24	YTD DATE
CALL SUMMARY			
CALLS/TRANSPORTS REQUESTED	4	12	55
CALLS/TRANSPORTS MADE			
INSURED	2	7	34
SELF-PAY	1	3	12
TOTAL CALLS MADE	3	10	46
CALLS/TRANSPORTS DELAYED	0	0	0
TRANSPORTS NOT MADE	1	2	9
PERCENTAGE OF CALLS MADE	75.0%	83.3%	83.6%
INVOICED/BILLED			
Insurance Billed during Month	\$3,113.07	\$16,352.00	\$57,232.85
Self-Pay Billed during the Month	\$1,281.35	\$5,848.00	\$13,841.85
Total	\$4,394.42	\$22,200.00	\$71,074.70
PAYMENTS RECEIVED			
Insurance Payments Rcvd during in the Month	\$1,405.42	\$0.00	\$12,003.86
Self-Pay Billed Rcvd during the Month	\$0.00	\$0.00	\$6,712.50
Total	\$1,405.42	\$0.00	\$18,716.36
ACCOUNTS RECEIVABLE-FUNDS OWED			
Owed by Insurance	\$176.63	\$16,352.00	\$33,067.32
Owed by Self-Pay	\$1,281.35	\$5,848.00	\$7,129.35
Total	\$1,457.98	\$22,200.00	\$40,196.67
STAFFING EXPENSES			
	\$12,279.00	\$12,939.91	\$87,831.37

Jul-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
7/1/2024	Riceland ER	Baptist Beaumont	M			24-19352			Not Billed Yet
7/3/2024	Riceland ER	St. Elizabeth	M			24-19587			Not Billed Yet
7/4/2024	Riceland ER	St. Elizabeth	M			24-19661			Not Billed Yet
7/8/2024	Riceland ER	UTMB Galveston (Unable to take due to call volume)			R				N/A
7/9/2024	Riceland ER	St. Elizabeth	M			24-20336			Not Billed Yet
7/19/2024	Riceland ER	St. Elizabeth	M			24-21401			Not Billed Yet
7/20/2024	Riceland ER	St. Elizabeth	M			24-21469			Not Billed Yet
7/21/2024	Riceland ER	UTMB Galveston	M			24-21874			Not Billed Yet
7/21/2024	Riceland ER	HCA Kingwood (Unable to take due to call volume)			R				N/A
7/23/2024	Riceland ER	Baylor The Medical Center	M			24-21808			Not Billed Yet
7/24/2024	Riceland ER	Baptist Beaumont	M			24-21828			Not Billed Yet
7/29/2024	Riceland ER	HCA Clear Lake	M			24-22397			Not Billed Yet
TOTAL CALLS & RESULTS			12	10	0	2	AVERAGE DAYS TO BILL:		

Jul-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)
7/1/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/2/2024	Travis Delacera	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$15.00	\$360.00	\$57.42
7/3/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/4/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/5/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/6/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/7/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/8/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/9/2024	Nicole Tretot	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/10/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/11/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/12/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/13/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/14/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/15/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/16/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/17/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/18/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/19/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/20/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/21/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/22/2024	Ron Nichols	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/23/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/24/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/25/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/26/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/27/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/28/2024	Joshua Wahleithner	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$30.00	\$720.00	(\$302.58)
7/29/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/30/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
7/31/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
TOTAL SALARY EXPENSE FOR THE MONTH:			\$17.39	744.00	\$12,939.91	744.00	0.0	0	\$12,939.91	\$0.00	\$17.97	\$13,368.00	(\$428.09)

EXHIBIT “E”



Report to Winnie-Stowell Hospital District

August 21, 2024

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

- We received notification from HRSA for our Operational Site Visit (OSV) onsite survey dates. They asked that we rank order our preference dates, which were, December 10-12, 2024, January 14-16, 2025, or January 21-23, 2025. We submitted our rank order preference just as they are listed above.
- In preparation for the HRSA OSV we are undergoing a Mock Site Visit currently. I have been working to pull and upload all of the documents just like we would for the real site visit. Our Mock OSV date will take place on September 5th.
- There is a HRSA New Access Point (NAP) application that was just released last week. The first due date was moved back to August 30, 2024 (in grants.gov) and September 30, 2024 (in the HRSA EHB). Announcements and funding would not be available until June 2025. Planning to submit an application. This is where the federal funds would come from, if approved.
- Generator update. Gulf Coast Generators will be onsite Monday, August 19th to begin the install process, including pouring the concrete foundation. The clinic will be closed all day on Wednesday, August 21st for them to complete the electrical work and relay switches. We will be using this downtime for staff training at the Winnie Library that day. Pico Propane will be onsite Thursday, August 22nd to set the propane tank and make the connections to the generator.
- Will be requesting permission from WSHD to complete some minor building renovations using DSHS Incubator funds on the Ramtech building. We also received permission to use Incubator funds to engage a firm for architectural services (i.e. draw up the plans for the 'future' building). Would like to begin discussions on creating a Committee for the WSHD and CGHC board members to come together to begin planning (and using the schematic drawings to start the process and discussions).
- We provided our first vaccines in late July with our Texas Vaccine for Children (TVFC) stock. To date, we have vaccinated close to 20 children, using both TVFC and private stock vaccines.
- A requirement of being a FQHC/FQHC LAL is to provide 'After Hours' call to patients. We are using a system called Night Nurse and we went live on August 1st. Our phone system will undergo some changes as well in the next couple of weeks, implementing more of the automated functions.
- Extended hours (another FQHC/FQHC LAL requirement) will go into effect on Monday, August 19th; the clinic will now be open Monday-Friday, 7:30 am to 5:00 pm. The 7:30 am hours will be for patients to come early and have their blood drawn.
- Statistical report for July is attached for your review.



- Recruitment of a full-time Finance Director is underway. Recent conversation to receive bids from Durbin & Co. for them to provide financial services for the health center. We will be using DSHS Incubator grant funding for this position and is part of this grant timeline and project.
- Upcoming Events/Activities
 - We are participated again this year in the 2nd Annual Chambers County Back-to-School Bash on Saturday, July 20th. This is a community wide event with many vendors and agencies. We were asked to sit on the planning committee this year and joined representatives from the County, Riceland, and Chambers Health. We had a booth at the event and are also partnered with Chambers Health to provide sports physicals to attendees at no cost; Dr. Lyons volunteered to be the male provider and conducted nine (9) physicals that day.
 - Sports Physical Days: Thursday, July 25th from 8:30 to 10:30 am at High Island ISD, completed 24 sports physicals.
 - Mobile Mammo Day: August 20th. There will be another date in November.
 - Will be holding a ‘meet and greet’ in China in October to introduce our medical providers. More information to come. China/Nome is part of our service area and very important we outreach to this community to garner patients.
 - Programming is still ongoing with Winnie Square once a month.
- Congregate Meals program at the Methodist Church in Winnie. The health center is now responsible for the programming on the third Thursday of each month. Our programming for the month of June included playing Bingo with the attendees.
- The health center has signed up to deliver Meals on Wheels to residents in the Winnie community once a month on Thursday’s, first delivery was made by staff on August 8th. The next delivery date is September 12th. We will be working on a Memorandum of Understanding (MOU) with Chambers Health for these programs. This will look good at the real HRSA site visit.
- Grants.
 - United Way of Greater Baytown and Chambers County FY 2024-2025 funding cycle—we were awarded the grant in the amount of \$60,142. This funding was to add our Eligibility Specialist. The new employee for this position came onboard in late-July and will be a great asset. She is from the Winnie-Stowell community, bilingual in English-Spanish, and previously worked at an FQHC in Beaumont as an Eligibility Clerk.
 - I submitted a Letter of Intent for a small grant request through the Methodist Community Benefits Grant Program for FY 2025. The grant request was in the amount of \$20,064 and is for breast cancer screening (for our Mobile Mammography program). I had an initial meeting with a representative and will have a second call within the next week. We will be recommended for funding, but not through the original program/request as they have funding specific for breast cancer screening and feel our project fits better under this program.
 - I am also looking to submit a Letter of Intent for a community grant through AARP. I am unsure if we have a project that will fit into the requirements. More to come.

EXHIBIT ‘F’

Facility Name	Q3 Component 3 Met?				Q3 Component 4 Met?	Current Quarter Metrics Attainment					Year 7 to Date Metrics Attainment				
	Pressure Ulcers	Antipsychotic Medication	Mobility	UTI		Yes	Yes %	No	No %	Total	Yes	Yes %	No	No %	Total
Spindletop Hill Nursing and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Hallettsville Rehabilitation & Nursing Center	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	6	66.7%	3	33.3%	9
Monument Hill Rehabilitation & Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
The Woodlands Healthcare Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	7	77.8%	2	22.2%	9
Garrison Nursing Home & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Golden Villa	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Highland Park Care Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Marshall Manor Nursing & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Marshall Manor West	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Rose Haven Retreat	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
The Villa at Texarkana	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Flatonia Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Oakland Manor Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Park Manor Conroe	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Park Manor Cyfair	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Park Manor Cypress Station	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Park Manor Humble	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Park Manor Quail Valley	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Park Manor Westchase	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	7	77.8%	2	22.2%	9
Park Manor The Woodlands	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Park Manor of Tomball	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Park Manor of Southbelt	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	6	66.7%	3	33.3%	9
Deerbrook Skilled Nursing and Rehab	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Friendship Haven Healthcare & Rehab Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Willowbrook Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Accel at College Station	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Cimarron Place Health & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Silver Springs Health & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Red Oak Health and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Mission Nursing and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Stephenville Rehabilitation and Wellness Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Hewitt Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Stallings Court Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Pecan Bayou Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Holland Lake Rehabilitation and Wellness Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Stonegate Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Green Oaks Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Crowley Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Harbor Lakes Nursing and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	8	88.9%	1	11.1%	9
Travis Transitional Care	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Gulf Pointe Plaza	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Arbrook Plaza	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	6	66.7%	3	33.3%	9
Forum Parkway Health & Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
Oak Village Healthcare	MIN DATA	NO	MIN DATA	NO	YES	1	33.3%	2	66.7%	3	6	66.7%	3	33.3%	9
Corrigan LTC Nursing & Rehabilitation	MIN DATA	NO	MIN DATA	NO	YES	1	33.3%	2	66.7%	3	5	55.6%	4	44.4%	9
Parkview Manor Nursing & Rehabilitation	MIN DATA	NO	MIN DATA	NO	YES	1	33.3%	2	66.7%	3	7	77.8%	2	22.2%	9
Copperas Cove Nursing & Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	7	77.8%	2	22.2%	9
Winnie L Nursing & Rehabilitation	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	6	66.7%	3	33.3%	9
Hemphill Care Center	MIN DATA	YES	MIN DATA	NO	YES	2	66.7%	1	33.3%	3	7	77.8%	2	22.2%	9
Seabreeze Nursing and Rehabilitation					YES	1	100.0%	0	0.0%	1	2	100.0%	0	0.0%	2
Palestine Healthcare Center					YES	1	100.0%	0	0.0%	1	2	100.0%	0	0.0%	2
Paris Healthcare Center					YES	1	100.0%	0	0.0%	1	2	100.0%	0	0.0%	2
Overton Healthcare Center					YES	1	100.0%	0	0.0%	1	2	100.0%	0	0.0%	2
Coronado Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	6	100.0%	0	0.0%	6
Oak Brook Health Care Center					YES	1	100.0%	0	0.0%	1	2	100.0%	0	0.0%	2
Gracy Woods Nursing Center					YES	1	100.0%	0	0.0%	1	2	100.0%	0	0.0%	2
Total Eligible for Split															
Seabreeze Nursing and Rehabilitation															
Palestine Healthcare Center															
Paris Healthcare Center															
Overton Healthcare Center															
Oak Brook Health Care Center															
Gracy Woods Nursing Center															
Total NSGO						145	92.9%	11	7.1%	156	421	91.7%	38	8.3%	459

Q3 Metrics Met		
Yes	145	92.9%
No	11	7.1%
	156	

Facility ID	Operator	Facility Name	June 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	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5297	Regency	Hallettsville Rehabilitation & Nursing Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5234	Regency	Monument Hill Rehabilitation & Nursing Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5203	Regency	The Woodlands Healthcare Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4154	Caring	Garrison Nursing Home & Rehabilitation Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4376	Caring	Golden Villa	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
110098	Caring	Highland Park Care Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4730	Caring	Marshall Manor West	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4798	Caring	Rose Haven Retreat	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5182	Caring	The Villa at Texarkana	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5166	Nexion	Oak Manor Nursing Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	28	93.3%	2	6.7%	30
5369	Gulf Coast	Oak Village Healthcare	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4747	Gulf Coast	Parkview Manor Nursing & Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5289	Gulf Coast	Winnie L Nursing & Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5240	Gulf Coast	Hemphill Care Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5307	SLP	Oakland Manor Nursing Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4028	SLP	Coronado Nursing Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
100790	HMG	Park Manor Conroe	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4456	HMG	Park Manor Cyfair	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
101489	HMG	Park Manor Cypress Station	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
101633	HMG	Park Manor Humble	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
102417	HMG	Park Manor Quail Valley	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
102294	HMG	Park Manor Westchase	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
104661	HMG	Park Manor The Woodlands	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
103191	HMG	Park Manor of Tomball	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5400	HMG	Park Manor of Southbelt	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
104541	HMG	Deerbrook Skilled Nursing and Rehab	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4286	HMG	Friendship Haven Healthcare & Rehab Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5225	HMG	Willowbrook Nursing Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
106988	HMG	Accel at College Station	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
102375	HMG	Cimarron Place Health & Rehabilitation Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
106050	HMG	Silver Springs Health & Rehabilitation Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4158	HMG	Red Oak Health and Rehabilitation Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5255	HMG	Mission Nursing and Rehabilitation Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4053	HMG	Stephenville Rehabilitation and Wellness Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
103743	HMG	Hewitt Nursing and Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
103011	HMG	Stallings Court Nursing and Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
104537	HMG	Pecan Bayou Nursing and Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5372	HMG	Holland Lake Rehabilitation and Wellness Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
5387	HMG	Stonegate Nursing and Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
102993	HMG	Green Oaks Nursing and Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
103223	HMG	Crowley Nursing and Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
101157	HMG	Arbrook Plaza	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
106566	HMG	Forum Parkway Health & Rehabilitation	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
105966	HMG	Trviso Transitional Care	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
100806	HMG	Gulf Pointe Plaza	MET	MET	MET	MET	10	100.0%	0	0.0%	10	30	100.0%	0	0.0%	30
4355	HSM	West Janisch Health Care Center	MET	MET	NOT MET	MET	1	10.0%	9	90.0%	10	22	73.3%	8	26.7%	30
4379	HSM	Cleveland Healthcare Center	MET	MET	MET	MET	1	10.0%	9	90.0%	10	24	80.0%	6	20.0%	30
4807	SLP	Sebreeze Nursing and Rehabilitation	MET	MET	MET	MET	6	60.0%	4	40.0%	10	30	100.0%	0	0.0%	30
4584	SLP	Palestine Healthcare Center	MET	MET	MET	MET	6	60.0%	4	40.0%	10	30	100.0%	0	0.0%	30
4586	SLP	Paris Healthcare Center	MET	MET	MET	MET	7	70.0%	3	30.0%	10	30	100.0%	0	0.0%	30
4996	SLP	Overton Healthcare Center	MET	MET	MET	MET	5	50.0%	5	50.0%	10	30	100.0%	0	0.0%	30
5250	Caring	Oak Brook Health Care Center	MET	MET	MET	MET	6	60.0%	4	40.0%	10	30	100.0%	0	0.0%	30
5261	Caring	Gracy Woods Nursing Center	MET	MET	MET	MET	6	60.0%	4	40.0%	10	30	100.0%	0	0.0%	30
Total NSGO							538	92.8%	42	7.2%	580	1724	99.1%	16	0.9%	1740

Private to NSGO Mid-Year



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Forum Parkway Health & Rehabilitation

2112 Forum Parkway
Bedford, TX 76021

July 31, 2024

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 108 residents. The facility has averaged a census of nearly 103 residents this month. Its skill mix average this month has also been high at 37 skilled patients. The highest census this month was up to 110 total residents including 44 skilled patients. The facility averaged close to 90 residents including 24 skilled patients in June.

The facility has a full-time marketer back in the field which has served to boost their census. One of the other facilities in the area was also reportedly pulled off one of the preferred provider lists which has led to Forum Parkway Health & Rehabilitation receiving more referrals and admissions. The facility met with their physicians to discuss the benefits of supporting the continuum of care for their hospital patients who are admitted to the facility. The facility continues to work on its long-term care census as well and has seen it stabilizing over the last few weeks.

Discussed staffing at the facility and adjusting with census growth. The facility normally staffs for a census of roughly 103 residents and has added staff and support as needed when census has been high. The nursing department has been scheduling three medication aides and has brought in an additional admissions nurse to support the heavy admissions.

The facility has seen some changes in management including a weekend supervisor becoming a new ADON, a receptionist promoted to be an ABOM, and the new dietary manager started this week. The facility is seeking a new weekend supervisor at this time. The BOM has also given notice that they will be moving away in a year, so the facility is beginning to make plans to ensure there is a replacement and smooth transition when the BOM ultimately departs.

There have not been any recent visits by state surveyors to Forum Parkway Health & Rehabilitation. The facility's annual survey window opens up in the 4th quarter of this year. Discussed the facility's ongoing survey readiness efforts. There have not been any recent self-

reports, but the administrator shared an incident where a CNA was termed due to exhibiting inappropriate behavior and language toward another staff member.

Forum Parkway Health & Rehabilitation has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures. Both the facility's overall and staffing star ratings decreased from 5-star and 2-star ratings respectively.

Discussed a claim by a referring hospital about high RTA rates from Forum Parkway Health & Rehabilitation earlier this year. The team has a call with the hospital today to discuss further. The facility and referring hospital have discussed RTA before, and the administrator has seen improved rates in June and July.

There is no COVID in the facility at this time.

Discussed recent grievances reported at the facility. There were some related to the dietary department and meal service, as well as call light responsiveness. The dietary department has already begun to see some good changes in its processes with the new manager having started this week. The addition of staff has also been successful at addressing the call light responsiveness issues.

The facility replaced a 100-gallon water heater. It is also about to start the courtyard improvement project which will hopefully be completed in two weeks.



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Silver Spring

1690 N. Treadway Blvd.
Abilene, TX 75551

July 18, 2024

Facility Administrator: Jackie Lowe

This report is from the site visit to Silver Spring on July 18, 2024. A tour of the facility was provided after a meeting was held with the administrator to provide an update on the facility.

Silver Spring is licensed for 120 beds and its current census is 74 residents. The facility's census has slowly been increasing as it has been completing the renovation work throughout the building. All renovations should be complete, and the facility will be fully operational in the next few weeks. The department head offices are nearing completion. Many are starting to move back into those workspaces, and there are a few still waiting on new furniture and equipment. All offices should be finished and available for staff around August 1. The grand reopening of the facility will likely be at the end of August.

The facility has one CNA opening at this time. There are also two other staff members who will be departing to attend nursing school beginning in August. These staff members will change their employment status to PRN, but the administrator is beginning to find a full-time replacement for these individuals. Discussed team building efforts and putting the right people in the right place where their talents and skills can best benefit the residents.

There have not been any recent visits by state surveyors to the facility. There are no new self-reports at this time.

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

Discussed the facility's QAPI process and current focus areas. RTA has improved since last month by decreasing from 11% to 6%. The new post-acute care physician has been very supportive by monitoring at-risk patients closely. There was no weight loss reported and falls also decreased from 43% to 25%. UTIs had been at 0% for the last several months, however, June showed an increase up to 10%. The facility had reviewed the root cause of the UTI

increases and found opportunities to improve hydration, including fluids at mealtime, and providing IVs where appropriate and necessary. Discussed RN coverage and staffing efforts as well.

Silver Spring is an enormous facility which starts with an open foyer which looks out into the inner courtyard. There is a very modern pavilion located as the centerpiece of the courtyard. Many of the administrative offices are located near the front entrance of the facility. Resident rooms throughout the facility are located on its eight hallways of varying sizes. Hallways 1, 2, and 5 are for skilled patients, hallway 3 is for hospice patients, and the remaining four halls are for long-term care residents.

The facility has a massive therapy gym located near the front of the facility. The gym has a door which exits to the front parking lot and could be used for outpatient therapy services. The gym has plenty of space to facilitate all the needs of residents and therapists who may be working simultaneously. There are several workstations connected to the gym for therapy staff and consulting providers to document their visits and residents' progress. Some renovation work is still being finished in the gym, and the department is still waiting for new equipment to arrive for installation. The gym also has a section equipped with occupational appliances and tools to help prepare skilled patients for their transition back home.

The facility has a large activity kitchen, as well as a separate activity room. During the facility renovations, parts of the activity kitchen and activity room are being used for different group meetings and therapy services. The facility has a large dining room where residents are encouraged to eat their meals.

The back half of the building was not directly affected by the flood at the start of this year. This area has been taken care of and the maintenance department completes routine touchup work.



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Treviso Transitional Care Center
1154 East Hawkins Parkway
Longview, TX 75605

July 24, 2024

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds and its current census is 73 residents including 23 skilled patients. Discussed recent efforts to improve community relations and the facility's reputation in the community. The administrator reports local hospitals have recognized some of the changes and patient satisfaction surveys are improving. The facility's Google star rating increased to a 4.0. The team is expecting its referrals to continue increasing as it continues to improve care and local relationships.

Discussed staff vacancies and recruitment efforts at Treviso Transitional Care. There are currently two day-time CNA shifts and one night-shift CNA open. The team is also recruiting for one day-shift nurse and one night-shift nurse. There are some strong applicants under review and interviews are being scheduled. The facility also has a new social worker hired who is scheduled to start employment on August 15, and the new treatment nurse will start on July 31. The recently hired ADON has been in place for a month and has been a great support to the nursing team.

The state surveyors returned to the facility to complete a former investigation which had not yet been closed. All intakes under this investigation were completed and unsubstantiated. State surveyors returned to conduct the facility's annual fullbook survey on July 8. The facility recently received the 2567 from fullbook survey and received eleven deficiencies which included eight D-tags and three E-tags. Of the eight D-tags, there were five tags which were related to the MDS department regarding timeliness, submissions, accuracy, and care plans. The team has implemented a plan to follow this system in its level-of-care meetings. The current MDS coordinator is capable of doing the job but is in need of some additional support. Treviso Transitional Care Center is looking into bringing on a part-time MDS nurse to help support this department. Other tags were related to a cart found unlocked, dietary labeling and box storage, and a discrepancy in the grievance log missing issues discussed in resident council. The facility is working on its plan of correction for this portion of the survey.

Life safety surveyors entered the facility on Monday July 21 to conduct their portion of the facility's fullbook survey and exited yesterday. Life safety proposed three tags and offered other suggestions for improvement. The deficiencies were due to the generator start-up time, an electrical panel missing a blank breaker cover, an electrical outlet in the kitchen having a burn mark, and a fire extinguisher needing replaced. An electrician already came to the facility to resolve the issue with the breaker and the outlet today. The facility contacted its generator servicer to address the start-up issue. The fire extinguisher service provider is bringing a replacement extinguisher soon.

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 held its monthly QAPI meeting earlier today. Discussed focus areas and opportunities discussed by the QAPI committee. The facility's medical director and nurse practitioner were very complimentary of the recent change brought by the new administrator and DON regarding the QAPI process and data review. The facility is focused on improving falls, RTA, and skins which all showed improvement in June over the month of May.

The facility has recently admitted some COVID positive patients from the hospital. There are also two staff members who have tested positive. Affected staff members will return to work once eligible according to the facility's infection control policies.

Discussed recent grievances at Treviso Transitional Care. The dietary department has been doing better and meal service is improving. The new dietary manager has been there two weeks and has been making a big difference in consistency and quality.

The A/C condensers have had some issues clogging in the past which led to some leaks through the ceiling. The facility is looking at options for installing commercial drywall in affected areas. The team has also ordered canned nitrogen to routinely blow the lines to ensure these issues are not repeated. Other interventions are being reviewed to improve water absorption in the pans.



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Pecan Bayou Nursing and Rehabilitation

2700 Memorial Park Drive
Brownwood, TX 76801

July 17, 2024

Facility Administrator: Josie Pebsworth
Facility DON: Shelly Robinette
Facility BOM: Alicia Guerrero

This report is from the site visit to Pecan Bayou Nursing and Rehabilitation on July 17, 2024. A tour of the facility was provided after a meeting was held with the DON and BOM to provide an update on the facility.

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 62 residents including 15 skilled patients. The facility has two admissions planned today. This month, the facility has had eleven new admissions, four readmissions, and nine discharges. Discussed admissions, marketing trends, and strategies.

Staffing is in great shape at this time. The facility is seeking one night nurse, and a few day-shift CNAs. The facility does not utilize any agency staffing, and all coverage needs are managed with full-time and PRN staff. Discussed recruitment and retention best practices.

The state recently visited the facility to investigate a self-report of a fall. All reasons for investigation were unsubstantiated. There were no other reportable incidents shared at this time.

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

Discussed the facility's ongoing performance improvement plans. The DON shared details about the facility's PIP addressing falls. Discussed fall interventions and opportunities to assess patients for fall risks.

There is no COVID in the facility at this time.

Discussed recent grievances at the facility. There are no major trends or issues reported at this time. The facility works to address all grievances promptly and ensure resolutions are maintained.

Pecan Bayou is a large facility with a spacious entryway which leads to the central nurse station in the facility. The three halls with resident rooms each stem from the central nurse station. Some of the rooms located on one side of the resident hallways have private showers. All rooms have their own PTAC air conditioning units.

At the end of the halls are lounges where residents and visitors can rest and socialize. The facility has equipped these rooms with various activities for residents and visitors to enjoy. There is one therapy gym located at the end of one of the halls. The gym has a large and open floor plan giving plenty of room for the therapists to provide their services to the residents.

There's a fourth short hall stemming from the nurse station which does not have any resident rooms. This short hall leads to a large room where activities are held. The activity room exits the building to an outdoor patio which holds several raised planters where residents participate in gardening activities.

The facility has a large dining room which accommodates dining and large group activities. There is a lounge attached to the dining room which holds a traditional piano and a fireplace. The facility has some residents and guests who often play the piano. There's also a formal dining room that resident family members can reserve for dining and special occasions.

The facility has been maintained well, but the facility has identified some painting opportunities to preserve a homelike environment.



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Hewitt Nursing and Rehabilitation

8836 Mars Drive
Hewitt, TX 76643

July 23, 2024

Facility Administrator: Ben Falls

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 71 residents. The facility has three upcoming discharges but has several referrals under review. Discussed recent trends in admissions and clinical needs of patients. The facility has noticed a decline in new admission with IVs. Discussed strategies and plans to increase admissions and develop census. The facility also recently met with some of the case managers to discuss opportunities and trends in a recent QA meeting.

There have been some CNAs who were terminated recently due to exhibiting rude behavior towards visitors and administration. Discussed employee expectations and conduct at Hewitt Nursing and Rehabilitation. Despite the recent turnover, the facility held orientation this week and will have all positions filled.

The state came to the facility to follow-up on some self-reports. The investigations related to the self-reports all had zero deficiencies. The surveyor also investigated a complaint which resulted in some deficiencies. The complaint was related to peri-care and the state observed some aides not following protocol. The facility received an infection control tag. There was also an issue of a nurse initiating treatment and leaving a message for the wound care nurse. This ultimately led to orders not being put in as required for this patient resulting in a quality-of-care deficiency. The facility is completing competencies and check offs for peri-care. The team has also provided nurses with further education and in-servicing on their processes and orders. The administrator is working on completing the POC for submission. There are no new self-reports at this time.

Hewitt Nursing and Rehabilitation has a 1-star rating overall. The facility has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

The administrator shared some challenges experienced with lab services. The lab service is located far away from the facility which presents challenges when the facility needs immediate

or prompt lab results from specimens. The facility's RVP is assisting in reviewing this process to ensure results meet the standards and expectations of the facility.

The facility held its QAPI meeting this month on the 9th. Falls continue to be a focus area as there are a few residents who have repeat falls. Discussed conditions affecting falls as well as fall interventions, particularly for residents experiencing repeat falls. The facility has seen pressure ulcers improving this month through the QA process. The team is reviewing wound care on the weekends to ensure consistency and no lapse in care. The nursing team makes sure wound care supplies for the weekend shifts are prepared and placed in the wound care cart on Fridays before the weekday staff depart. The facility is also ensuring CNAs assigned to patients with wound care are trained appropriately to care for them. The facility is also including POC documentation, infection control and entering orders in its quality assurance processes.

There is no COVID at this time in the facility.

There were six total grievances in the month of June. There weren't any major trends, but there were a few grievances related to dietary preferences. The facility is paying more attention to resident council comments as well to ensure any issues or grievances are captured and resolved thoroughly. There have been eight grievances thus far in July.

The facility recently completed installation of its new roof. It is also planning to become a smoke-free campus as of September 1 and will no longer admit smoking residents into their care.



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Harbor Lakes Nursing and Rehabilitation Center

1300 2nd Street
Granbury, TX 76048

July 17, 2024

Facility Administrator: Calvin Crosby

This report is from the site visit to Harbor Lakes Nursing and Rehabilitation Center on July 17, 2024. A tour of the facility was provided after a meeting was held with the administrator to provide an update on the facility.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 82 residents including 25 skilled patients. The facility has six pending admissions at this time. Discussed recent marketing efforts and opportunities for census development. WellMed is working with the facility on a waiver to allow the facility to admit patients directly from their home when appropriate.

The facility is fully staffed and is only hiring PRN staff at this time. Discussed the facility's success with recruitment and retention efforts. The facility is known in the community as a great place to work. The facility has great leadership and commitment from its team which contributes to a strong work environment.

The state visited the facility last month. The facility received a minor tag due to a lapse in documenting according to policy. Discussed the facility's plans to fix the documentation issue and ensure there are no repeated issues. The administrator reported there are no new self-reports at this time.

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.

Discussed the facility's QAPI meetings and processes. The facility implemented some performance improvement plans to address some opportunities. Maintenance has two PIPs regarding the facility's ice machines and fire panel. There have been issues with each of these leading to repairs and replacing certain components. The facility is also starting a pain

management program on August 1st with one of their consulting physicians. The nursing department has a PIP in place addressing falls. Discussed interventions and fall risk assessments at the facility.

There are no trends in grievances reported at this time.

The facility has a central nurse station which branches off to its four resident halls. Resident rooms are maintained and have individual PTAC units. The front hall on either side of the building, are long-term care halls. Some of the rooms in the long-term care halls have private showers. The diagonally oriented hallways are for skilled patients. Each of the skilled halls has a therapy gym at the end of the hall. The facility has a spacious foyer and other lounge areas in the facility with plenty of space for residence and visitors to congregate and converse.

All equipment was put away in its place unless it was in use. The facility maintained clean and uncluttered hallways and walking areas. Discussed the facility's position in the community and strong reputation which enables it to participate in various programs and preferred networks.

The facility has a very large dining room where many of the residents elect to dine-in for a social experience. Lunch was being served during the visit and the residents were enjoying their meal. There is a small room attached to the main dining hall which has an air hockey table and vending machine for the residents' enjoyment. This room can also be reserved for private dining experiences with residents and their families.

The facility has an enclosed courtyard with a covered gazebo. The facility is making plans to update the gazebo and improve its appearance and utility. The facility is also working on its landscaping to improve the curbside appeal of the facility.



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Crowley Nursing and Rehabilitation

920 East FM 1187
Crowley, TX 76036

July 16, 2024

Facility Administrator: Joe Matlock

This report is from the site visit to Crowley Nursing and Rehabilitation on July 16, 2024. A tour of the facility was provided, and a meeting was held with the administrator to provide an update on the facility.

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 101 residents including 20 skilled patients. Their census has been very strong and even reached a high census of 104 residents recently. Met the admissions coordinator and discussed efforts to keep the census full. The all-female secure unit only has one bed available which should be filled soon.

The facility's DON is moving to a sister facility. The administrator has offered the DON position to a nurse who he has worked with in the past, and who has been the DON at this facility previously. She is a capable and strong clinical leader who will be a welcomed return. The facility will be seeking a weekend supervisor soon. The team is also recruiting one additional CNA and a social worker. The BOM has been doing wonderful and improving collections.

There have been no recent visits to the facility by state surveyors. The facility submitted two recent self-reports. The first self-report was regarding a fall which initially did not show an injury. When the resident went to the hospital, the hospital's x-rays showed a hairline fracture. The second self-report was due to a lady having had an unwitnessed fall and the family transferring her out of the facility.

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

Discussed the facility's recent QAPI meeting. There are no changes reported at this time to ongoing performance improvement plans. The facility is still working on falls. Skins have had strong results and there have not been any problems with weights. Discussed team building and identifying the right team members who support high standards of care.

There is no COVID in the facility at this time.

The facility is planning to update the flooring in a few of its offices.

The facility was very clean and well lit. The front lobby has an open format where clinical staff are visibly working at and around the nursing station. There are four halls housing the resident rooms which each branch off from the central nurse station. The staff members and residents encountered on the tour were very kind and happy to introduce themselves.

The tour included the activity department, all-female secure unit, admissions department, therapy department, and the dietary department. There were some hallways which still had carpeted floors, but the flooring has been maintained and cared for well. There was no clutter or unattended equipment left in the hallways. The walls had some minor chips and marks, but maintenance routinely completes touch-up repairs in order to maintain a homelike environment.

The resident rooms have private bathrooms which is a great feature and advantage for those in the facility. The facility's all-female secure unit was filled, and the residents on the unit were gathered for an activity in their dining room. The door on this unit leading to the enclosed patio needs a replacement glass pane. The glass was cracked by a lawnmower, so the facility removed the glass and secured the door with plywood until the replacement pane is installed. The door is still functional and will be repaired soon.

The dining room was very spacious and had lots of windows and natural lighting. A large group of residents was gathered together for an activity. The activity director was very animated and engaging, which was a great source of entertainment for the attending residents. The activity director was playing music for the residents earlier during the site visit. The activity director is very experienced and has been at the facility for many years.



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Green Oaks Nursing and Rehabilitation

3033 Green Oaks Blvd.
Arlington, TX 76016

July 25, 2024

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 93 residents including 25 skilled patients. The facility has four discharges, and three admissions planned this week.

The facility went through some staffing challenges with CNAs. It reached six CNA openings but has been able to fill them over the last few weeks. It is now hiring one more full-time CNA and one PRN night nurse. Discussed the turnover of CNAs who had departed causing the vacancies. Since the new administrator and director of nursing have started employment, they've been encouraging staff to reach new levels of commitment and standards of care. There have been some staff members who have departed, but the administrator has been pleased with the facility's recent hires joining their team. The facility posts job openings on Indeed and has been successful in finding great candidates.

There have not been any visits by state surveyors to the facility this month. There are no new self-reports at this time.

Green Oaks Nursing & Rehabilitation has a 2-star rating overall. It has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's quality measures star rating decreased from a 5-star rating.

The facility held its QAPI meeting last week on the 17th. The meeting went well, and its interdisciplinary team has been very collaborative in their efforts to improve outcomes. Discussed ongoing performance improvement plans and the facility's QAPI plan.

The facility met with its medical director to discuss RTA rates. There have been more patients readmitting to the hospital recently, but this has partly been due to the facility's growing census. The medical director will be coming to the facility in a week to provide education to the staff about opportunities to improve RTA and manage care in the facility. Green Oaks Nursing

and Rehabilitation also has a cardio renal therapeutic group who comes to the facility to care for patients needing these specialized services.

There is no COVID in the facility at this time.

The facility has had an occasional grievance regarding call lights and food. There have not been any major trends, and the team strives to address and resolve grievances immediately.

The new gutters have been installed on the facility. Since the gutter installation, there was a storm with heavy rain and no water came into the building.

The activity department is planning a back-to-school bash event for staff members. On an upcoming Saturday morning, the facility will host some activities for staff members with children in grades K-5. The facility will also provide school supplies for these children.

Provided quarterly joint training on dining and meal service in skilled nursing and long-term care facilities. Discussed the impact dining and meal service has on the nutrition, socialization, quality of life, and well-being of residents. Reviewed best practices for creating person-centered dining experiences in a homelike environment which includes each resident's cultural and personal preferences. Provided additional resources for dining and meal service best practices, strategies, and evaluation.

Discussed the facility's menus and offerings to meet the dietary needs and preferences of their residents. There is an always available menu which has several meals residents can request instead of the scheduled meal. The facility's dietary department does a great job being engaged and following the residents' preferences. The facility encourages its residents to dine in the dining room and has seen dining room participation increasing. Discussed social benefits, resident hydration, and meal service outcomes for residents who dine in the dining room.



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Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

July 26, 2024

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 72 residents. The facility's skilled mix has been strong recently and has been over 25 skilled patients. The facility's budget census is 84 residents, including about 22 skilled patients. Despite being short of budget, the facility is still operating well and meeting financial expectations. The team has six strong referrals under review, some of which are pending insurance authorization.

The facility is recruiting to fill several openings. They are seeking to fill five vacancies on the 2PM-10PM shift, and one on the 2PM-10PM shift. Discussed the facility's recent hires and retention efforts. The facility is looking to partner with a local school to support having a steady source of CNAs.

The facility had a visit from the state recently which resulted in twelve tags. The highest scope and severity tag was a G-tag due to pain management with one of the residents. POCs have been submitted for the recent deficiencies. Other tags were related to staff postings, discharge letters and bed hold policy, homelike environment opportunities, nail care of a resident, medication error, infection control, and dietary handwashing and labeling. The facility is expecting a follow-up visit and has all binders, audits, and in-services documented and prepared to present to the surveyor.

The facility has submitted some self-reports recently. The first regarding an allegation of emotional abuse, in which the CNA involved self-terminated their employment. Another reportable was a fall with fracture, and an allegation made by the EMS service provider. The state came and cleared the allegation from the EMS service, as well as an allegation of neglect.

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

The administrator discussed the focus areas and ongoing performance improvement plans which were covered in this month's QAPI meeting. Falls continue to be a focus area under constant monitoring and evaluation. Skins have been managed well and are showing good results. The team has also implemented plans to monitor and address the findings from their recent survey.

Discussed upcoming education and training opportunities for various staff members. The facility's medical director is planning to visit the facility to offer training with nurses regarding sepsis. This will be in effort to help the nurses identify and address signs of sepsis before it develops further and increases the likelihood of being readmitted to the hospital. The facility continues working with HCA to provide education on RTAs and prevention.

There is no COVID in the facility at this time.

Discussed recent grievances at the facility. There have been some recent grievances regarding call light response, but the team has addressed the issue and is monitoring for continual improvement.

The facility is looking to have some A/C ductwork completed and is gathering quotes for the project.

Provided quarterly joint training on dining and meal service in skilled nursing and long-term care facilities. Discussed the impact dining and meal service has on the nutrition, socialization, quality of life, and well-being of residents. Reviewed best practices for creating person-centered dining experiences in a homelike environment which includes each resident's cultural and personal preferences. Provided additional resources for dining and meal service best practices, strategies, and evaluation.

The facility makes alternate meals available to residents and has an always available menu as well. The team also meets with the facility's resident council each quarter to take feedback and see where further adjustments can be made to meal service. The activity director supports these initiatives by holding cooking classes a few times each month with residents and learning more about resident preferences.



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Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

July 26, 2024

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and its current census is 88 residents including 23 skilled patients. The facility has a long list of twelve referrals being managed at this time. Several referrals are planned to admit once insurance authorizations are completed.

Staffing is improving at Arbrook Plaza due to recent recruitment and retention efforts. There are currently four CNA openings which is down from the nine CNA openings last month. The weekend supervisor position was recently filled, and the new team member attended orientation today. The facility's new DON is planning to start employment on Monday. The DON will be transferring from a sister facility and is already familiar with many company policies and standards. The facility also hired a social worker today who will start employment next month.

The state came to the facility at the end of June to investigate some complaints, and all were unsubstantiated. While the surveyor was making observations in the facility, she reviewed some of the PRN medications and found a discrepancy in a resident's count sheet and MAR which resulted in an E-tag. The facility also received a D-tag due to an issue cited as failure to report. There are no new self-reports at this time.

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.

Arbrook Plaza held its monthly QAPI meeting earlier this month and discussed the performance of ongoing PIPs. Due to recent improvements, the facility has completed its PIP addressing skins. The team continues to monitor falls and timeliness of physicians signing orders.

There is an outbreak of COVID at this time with seven staff members who have tested positive. There are no residents who are COVID positive. Affected staff members will return to work once infection control requirements have been met.

All grievances have been addressed and resolved with no trends identified at this time.

The facility recently finished remodeling the shower on its 100-hall. The maintenance department has also begun remodeling one of the women's restrooms in the facility.

Provided quarterly joint training on dining and meal service in skilled nursing and long-term care facilities. Discussed the impact dining and meal service has on the nutrition, socialization, quality of life, and well-being of residents. Reviewed best practices for creating person-centered dining experiences in a homelike environment which includes each resident's cultural and personal preferences. Provided additional resources for dining and meal service best practices, strategies, and evaluation.

Arbrook Plaza has received a great response and participation from residents who choose to eat their meals in the dining room. The dietary team is very supportive of the needs of the facility's residents. They put a lot of focus and emphasis on presentation with their meal service; almost every lunch and dinner meal have a small garnish to improve presentation. The facility works hard to make sure the resident-selected meal of the month is very special and memorable. Discussed alternate meals and meeting the needs of each residents' personal preferences.



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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

July 25, 2024

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 78 residents including 11 skilled patients. The facility has seven referrals under review and expects them all to be admitted soon. The local hospital census has been growing again which is leading to more referrals and admissions for Gulf Pointe Plaza. Discussed the facility's marketing strategies and best practices.

The facility is recruiting to fill one LVN opening. The position is posted, and the position is being covered by full-time and PRN staff at this time. All department heads are in place and doing well.

The state visited the facility to investigate an outstanding self-report of a fall with injury. The investigation was unsubstantiated. There have been no other visits to the facility by the state, and there have not been 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.

Discussed the facility's recent QAPI meeting. Gulf Pointe Plaza is still working on its CNA retention PIP which is planned to end next month. Discussed progress on its PIPs regarding anti-anxiety and anti-hypnotic medications which have had strong results. Discussed the facility's successful GDRs and process for GDR identification and implementation. The team includes key stakeholders in its GDR meetings including the DON, medical director, and consultant pharmacist.

The facility started new PIPs to address weight loss and falls. There were several falls in June, but these were largely due to three residents, two of which were skilled patients who were admitted for short-term stays.

There is no COVID in the facility at this time.

The facility had a grievance this morning from a new resident regarding call light response time. The administrator addressed the resident and their family member himself and gave them his contact information. He makes himself available and accessible to residents and family members and follows up on grievances daily.

The recent tropical storm and hurricane did not end up affecting Gulf Pointe Plaza as originally expected. In anticipation for the oncoming storm, the facility held several emergency management meetings to prepare. The team was prepared to shelter in place with the residents and had a crew assigned to stay overnight at the facility. Thankfully the storm passed them by, and the facility was able to thoroughly review and follow its emergency plans. Discussed transfer agreements with other facilities and opportunities for other considerations.

The facility has three shower room floors which will be redone soon. It is planning to submit for an air handler to be replaced next month as well.

Provided quarterly joint training on dining and meal service in skilled nursing and long-term care facilities. Discussed the impact dining and meal service has on the nutrition, socialization, quality of life, and well-being of residents. Reviewed best practices for creating person-centered dining experiences in a homelike environment which includes each resident's cultural and personal preferences. Provided additional resources for dining and meal service best practices, strategies, and evaluation.

Discussed outcomes of meal service and comments from residents. The administrator reported the facility receives more compliments on its meals than it does grievances. The dietary manager is very attentive and ensures resident preferences are known and followed. When a resident doesn't like a meal, or has a negative experience with meal service, the dietary department will work with the resident to find an appropriate solution or improvement.



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Stonegate Nursing and Rehabilitation

4201 Stonegate Blvd.
Fort Worth, TX 76109

July 29, 2024

Facility Administrator: Kristi Blackwell

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 81 residents. There is one confirmed admission later today, with potential for a second admission. The facility has seen an increase in referrals and census has been trending up overall. The new marketer has the drive to be successful but is continuing to learn their role and effective strategies for long-term care marketing and admissions.

The facility recently hired a talent and learning director who is expected to start employment on August 12. Discussed the impact this individual will have on recruitment and retention as they manage the hiring and onboarding process.

There have not been any recent visits to the facility by state surveyors. The administrator shared details regarding two recent self-reports submitted for allegations of abuse. The first was related to a verbal abuse incident with a staff member from the activity department. After investigating, the administrator confirmed this staff member will be terminated as their conduct was not appropriate to meet code of conduct standards. The second abuse allegation was related to a PRN CNA who did not follow protocol when speaking to a resident and when transferring the resident into their bed. This event was witnessed by a member of the maintenance department, and the PRN staff member has been terminated.

Stonegate Nursing and Rehabilitation 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 Stonegate Nursing and Rehabilitation's recent QAPI meeting held earlier this month. The facility flagged in falls with major injury and is working to improve all falls. Discussed a recent visit to the facility by the quality monitoring department focused on falls.

The team is looking for further improvement in RTA rates. Discussed the patients who are readmitting which are primarily managed care patients. The administrator shared instances of

newly admitted managed care patients who are admitted back to the hospital to receive necessary transfusions. The facility plans to share their readmission data and trends with the managed care company.

The facility has admitted some residents with COVID but has not had any positives since June.

Discussed recent grievances and observations. The administrator shared some issues expressed on the nightshift related to call light responsiveness. The facility management will be dropping in on nightshift staff unannounced to see what is going on during that shift.

The new SNFist and nurse practitioners are plugged in and engaged at the facility. They are all bought-in and support clinical improvements.

The facility recently pulled the carpet out in four rooms and will be laying down new vinyl flooring. There are three rooms remaining with carpet in need of replacement.



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Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

July 17, 2024

Facility Administrator: Donna Tillman

This report is from the site visit to Holland Lake Rehabilitation and Wellness Center on July 17, 2024. A tour of the facility was provided after a meeting was held with the administrator to provide an update on the facility.

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 82 residents including 23 skilled patients. It has five residents in the hospital at this time, and an additional nine pending referrals. The facility averaged a census of 92 residents last month. The facility has exceeded its budget census and has been working on converting short-term patients to long-term care where appropriate.

The facility is seeking one weekend charge nurse and three evening shift CNAs. The staffing needs have been managed well at the facility and coverage is provided through full-time and PRN staff. Discussed recruitment and retention efforts and best practices. Holland Lake Rehabilitation and Wellness Center's nurse aide class recently finished. The facility is beginning to plan the next class and is expecting between six and eight students.

The state came to visit the facility to investigate a complaint. All reasons for investigation were unsubstantiated. There are no new self-reports at this time.

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

The facility is planning to hold its monthly QAPI meeting soon. The team is still working on improving falls and RTA. RTA was 14% in June. Discussed strategies to improve RTA and work closely with referring hospitals. The facility has a mini QAPI meeting every day to ensure the team stays on track with focus areas.

Discussed recent grievances at the facility. Grievances are managed and there have not been any major problems or trends reported. The administrator shared the residents have been happy with fewer complaints recently and attributed this to having great managers and communication standards.

The facility participated in their town's peach festival last weekend. The facility sponsored the food event for the festival.

Discussed the consultants and various physicians who round at the building to care for the residents. The facility has an infectious disease doctor coming to the facility occasionally. The team is also starting to work with a group called the Post Acute Specialists who can make a variety of specialists available through their telehealth platform.

Holland Lake is a well-kept facility. Upon entry into the foyer, it is clear the facility has been maintained well since its last renovation. The walls and floors have been maintained and are very clean. There are many windows throughout the building which allow natural lighting to illuminate the halls and rooms.

The facility has many areas where residents can find peace and quiet or have the space to gather for social events with peers or visitors. These spaces include several courtyards, lounges, and even a large formal dining room which can be reserved for special events. The facility's CNA class is also held in the formal dining room.

The main dining room is very large with windows on either side. There's an extension to the dining room for residents who need assistance eating. The spacious dining room facilitates large group activities and even supports musical performances for the residents.

The tour included the activity, therapy, dining, nursing, business office, admissions, and social service departments. Many department heads and other staff members have been at the facility for several years. This has been a great support and source of strength for staffing and systems in the building. The DON has been at the facility nearly 30 years, since the building opened. The social service director has been employed here for the last 20 years.

The facility has some suites, which have a small entry room that then leads into two private rooms. The suites are great marketing points for skilled patients. One of the suites is going to be changed into a transitional care room. In this suite, the second room of the two will have the bed removed, but other appliances will be brought in. This suite should resemble an apartment or home and will allow staff members to work with the patient on the functions of living independently as they prepare to return home.

The grounds are being worked on and the facility has a new landscaping company taking care of the premises. They're looking forward to seeing great results from the new service provider. There are some parts of the building on the resident halls, where the hallways and resident rooms have carpeted floors. The facility has received some quotes to begin replacing the carpet in 25 resident rooms with vinyl flooring. Maintenance is also planning some paint work as needed in a few areas of the facility.



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Winnie L LTC Partners Inc
2104 N. Karnes Ave.
Cameron, TX 76520

July 25, 2024

Facility Administrator: Dennis Horsch

Winnie L LTC is licensed for 105 beds and its current census is 41 residents. The facility is expecting a resident to readmit to the facility tonight once they discharge from the hospital. The facility has two referrals under review, and there are no planned discharges at this time.

The only CNA staff openings at this time are for weekend positions. The facility is also seeking some weekday nurses and a weekend RN. Discussed the facility's recruitment and retention strategies and best practices. The facility leverages additional RN support from a sister facility when needed.

The facility's IJ from last month was cleared. The state visited the facility again to investigate a complaint. The facility received a tag regarding orders not being transposed correctly and an issue with a discharge. The facility has one reportable pending investigation regarding a resident-to-resident incident. All residents involved are well and safe.

Winnie L LTC has a 2-star overall rating. The facility has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 1-star rating in Quality Measures.

The facility will have its monthly QAPI meeting tomorrow when its medical director is able to attend. The team holds standards of care meetings on Wednesdays and discusses clinical progress and the needs of residents. The facility doesn't have many residents experiencing issues with skin or weight loss at this time. It continues to monitor psychotropic medication utilization and falls.

The facility had an outbreak of COVID recently but has been clear for a few weeks now. There were no adverse outcomes from this outbreak.

The facility proceeded with replacing the water heater which was leaking. It also replaced the hand sanitizer dispensers on the hallways.

Provided quarterly joint training on dining and meal service in skilled nursing and long-term care facilities. Discussed the impact dining and meal service has on the nutrition, socialization, quality of life, and well-being of residents. Reviewed best practices for creating person-centered dining experiences in a homelike environment which includes each resident's cultural and personal preferences. Provided additional resources for dining and meal service best practices, strategies, and evaluation.

The facility encourages residents to eat all three of their meals in the dining room. This is a great way for the facility's staff members to know how the residents are truly feeling each day. It is also a visual cue that the residents have been assisted in getting up, and ready for the day. The administrator shared other benefits through meal service including monitoring weight loss. The facility normally has over 80% of residents who participate in eating their meals in the dining room. The team always strives to improve food appearance and presentation. When surveyors were at the facility for their fullbook survey, they reported that no residents complained about the food. The facility works to address resident preferences and has alternate meals available for selection.



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Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

July 25, 2024

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 95 residents including 13 skilled patients. The facility has had great reimbursement rates and is looking forward to further improvement. The facility is working on some referrals and there are a few patients in the hospital looking to return soon. Discussed recent marketing efforts which have helped increase census.

The facility has continued to make successful hires and only has one vacant position for a morning shift CNA. Discussed another CNA who may change employment status to PRN in order to return to school. The facility has contingency plans in place and will recruit a replacement if this staff member changes their employment status. The amount of overtime has greatly decreased, largely due to the successful hires the facility has made over recent weeks.

The facility also began leveraging a new software called Valid Shift. This tool allows staff to view and pick up open shifts. The facility has been pushing the implementation of this software, and it has been received well. Staff have been adjusting and are always able to see the most up-to-date schedule through this software.

There have not been any recent visits to the facility by state surveyors. The facility has one self-report pending investigation. The self-report is in regard to a resident who had a fall with fracture. The facility is completing its internal investigation and will finalize the submission to the state soon.

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 the facility's recent QAPI meeting held earlier this month. Discussed opportunities and feedback shared by the facility's attending physician regarding hospital length of stay. The

hospital has been working to decrease patient length of stay and is pleased with Mission Nursing and Rehabilitation Center's prompt communication and quick admitting process.

The business office started a PIP to focus on improving collections. Recent collections ended at 66%. The facility has an opportunity to improve collections on Medicare and Medicaid accounts.

ADL documentation is another focus area for staff. The facility aims to improve the process for referring residents to be screened to determine if therapy services are needed. The team has provided in-servicing to applicable staff regarding documentation and the referral process.

There is one resident who was admitted to the facility with COVID recently. This individual is doing well and is expected to come off isolation next week.

Discussed recent grievances including some opportunities with meal service timeliness. The meal quality has been great.

The facility started its roof replacement project last week. The facility is very large and this project is expected to take a few weeks to complete. The administrator is getting quotes for the parking lot to be re-striped.

Provided quarterly joint training on dining and meal service in skilled nursing and long-term care facilities. Discussed the impact dining and meal service has on the nutrition, socialization, quality of life, and well-being of residents. Reviewed best practices for creating person-centered dining experiences in a homelike environment which includes each resident's cultural and personal preferences. Provided additional resources for dining and meal service best practices, strategies, and evaluation.

The facility's dietary manager is very involved and aims to make sure issues related to meal service are addressed promptly. The department takes feedback from the residents and works to always improve. Residents have many options for meal service including an alternate meal, as well as five items which are always available for their meal selection.



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The Villa at Texarkana
4920 Elizabeth St.
Texarkana, TX 75503

July 24, 2024

Facility Administrator: Lorraine Hayes

The Villa at Texarkana is licensed for 120 beds and its current census is 95 residents. The facility had two residents in the hospital, but one returned earlier today. There is a new admission planned for today, and three more planned from an assisted living soon. Once each of these is admitted, the facility will be bed-locked. Discussed the other senior living, assisted living, and skilled buildings in the area. Despite being competitors, each of these entities works closely together and prioritizes caring for the patients in their community.

Staffing is in great shape and overtime has improved. The staffing coordinator has been very successful in their role and effective in filling staffing needs. The facility has one day-nurse position open at this time and is filling the vacancy with PRN staff. This position is in the facility's secure unit, so they are looking for a permanent team member to join to have more consistency for the residents on that unit.

The facility had an allegation of abuse from a resident with dementia who alleged experiencing physical abuse. There were no signs of injury in the assessment of this resident. There was also a resident who fell with injury. This individual went out to receive stitches and then returned to the facility.

The Villa at Texarkana has a 2-star rating overall. The facility has a 2-star rating in Health Inspections, a 3-star rating in Staffing, and a 3-star rating in Quality Measures. Both the facility's overall and health inspections star ratings increased from 1-star ratings.

The facility's QAPI committee met earlier this month for their monthly QAPI meeting. The team reviewed weekly standards of care reporting and discussed COVID in the facility. The team shared information on marketing efforts and the facility's high hospice population of 30 residents. There was no new performance improvement plans reported at this time. Discussed the facility's sensory room which continues to be a great tool used every day. The facility has

been performing well and the team is working hard to ensure all systems continue to receive the appropriate care needed for strong results.

The facility has seven positive cases of COVID. Those affected have had mild symptoms and are recovering well.

Discussed recent grievances at the facility and there have not been any trends. The facility has one resident who can be very demanding. Discussed working with challenging personalities and leveraging various resources to meet the residents' needs while setting expectations.



President: Edward Murrell
Vice President: Anthony Stramecki
Sect.: Jeff Rollo

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Phone: 409-296-1003

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Copperas Cove LTC Partners Inc
607 W. Avenue B
Copperas Cove, TX 76522

July 26, 2024

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 68 residents including 6 skilled patients. The facility has two residents in the hospital who are expected to return once stable for discharge. The facility is planning on two admissions and has six open referrals under review as well. Discussed the facility's census budget and targets for reimbursement. The facility is at budget for its skilled mix and is performing well with its reimbursement metrics.

Staffing is going great at Copperas Cove LTC Partners Inc and all positions are being covered to meet the needs of the residents. There is one nurse who is deciding if she will join as a full-time employee and consequently filling the last nurse opening. The facility also expects to have two CNA vacancies soon due to an upcoming retirement and another CNA departing for educational pursuits. The facility has begun scheduling interviews for candidates to fill these positions.

The state came to the facility to investigate a complaint survey. The facility received a tag regarding showers. Showers were being given, but not being documented. The team had been utilizing shower sheets to document showers, but the aides weren't completing the forms or entering the information into the EMR. The facility has put a monitoring system in place for the ADON to check behind nurses to make sure pertinent tasks are assigned and completed. The facility will also begin assigning a shower aide for specific duties. The facility submitted one self-report regarding a resident who fell with injury.

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 1-star rating in Quality Measures.

The facility held its monthly QAPI meeting yesterday. The medical director and pharmacy consultant both attended and offered feedback and counsel where appropriate. The facility

continues to monitor falls and UTIs. It is also working on improving anti-psychotic medication utilization.

There is no COVID in the facility at this time. There was an outbreak a few weeks ago when a staff member tested positive. The employee has recovered, and no other residents or staff members ever tested positive during the outbreak.

Discussed grievances at Copperas Cove LTC Partners and there were no trends or major issues reported. The administrator discussed reviewing resident council minutes and including grievances from that where applicable to ensure nothing is missed.

The facility's prep sink in the kitchen was repaired. They have also begun upgrading the facility's internet to fiber and this project should be completed soon.

Provided quarterly joint training on dining and meal service in skilled nursing and long-term care facilities. Discussed the impact dining and meal service has on the nutrition, socialization, quality of life, and well-being of residents. Reviewed best practices for creating person-centered dining experiences in a homelike environment which includes each resident's cultural and personal preferences. Provided additional resources for dining and meal service best practices, strategies, and evaluation.

The facility has an alternate meal available for residents upon request. There are also a handful of meal options which are always available. The administrator stressed the importance of the dietary managers involvement to verify the preferences of new residents upon admission. Discussed the benefits of resident dining in the dining room which can also positively impact the social well-being of residents who choose to participate. The administrator shared that the restorative program can also be included in meal service when assisting residents who walk to the dining room.



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Winnie-Stowell Hospital District

Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

July 29, 2024

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 106 residents including 4 skilled patients. The facility is currently at its census budget and is pushing for further growth. The team is planning on two respite patient discharges and one new admission today. There is currently a long list of ten referrals under review at this time. The influx of recent referrals has been due to the facility's efforts to work closely with referring case managers.

At this time, staffing efforts are recruiting to fill four CNA openings and one nurse opening. All department head positions are filled currently. The facility's new DON has been in place for almost a month and has been working hard to assimilate into their new role at Red Oak Health and Rehabilitation Center.

The state came to the facility earlier this month on the 17th to investigate six complaints and two outstanding reportables. All complaints and reportables investigated were unsubstantiated. When the surveyor was rounding and making observations, however, they tagged the facility due to a call light being found on the floor. The facility provided training and education to staff about call lights.

Red Oak Health and Rehabilitation Center has 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 held its QAPI meeting earlier this month and is continuing to monitor focus areas and performance improvement plans. Falls and RTA continue to be areas of opportunity, but both have seen improvements this month. There were no new PIPs reported at this time.

There is no COVID in the facility at this time.

Grievances at the facility have been improving recently. Discussed trends and strategies of the administrative team to address grievances and improve the experience of their residents. The team has put a lot of effort into continually educating staff on customer service and responsiveness.

The facility confirmed its van has been fixed and is operational again for resident transportation.



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Winnie-Stowell Hospital District

Stephenville Rehabilitation and Wellness Center

2601 Northwest Loop
Stephenville, TX 76401

July 17, 2024

Facility Administrator: Jana Sanders

This report is from the site visit to Stephenville Rehabilitation and Wellness Center on July 17, 2024. A tour of the facility was provided after a meeting was held with the administrator to provide an update on the facility.

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 84 residents including 13 skilled patients. The census has had some ups and downs recently but there is currently a strong list of eight referrals under review. Discussed marketing and admissions trends and best practices. The facility has been a fixture in the community for many years and has a strong reputation. The facility is known for its great therapy and care outcomes which provides a lot of organic word-of-mouth marketing.

Staffing is going well at the facility and all department head positions are filled at this time. The facility is seeking one CNA and one night nurse. The facility manages all coverage needs with full-time and PRN staff.

There have not been any recent visits to the facility by state surveyors. There are no new self-reports at this time.

Stephenville Rehabilitation and Wellness Center 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.

The facility is planning to hold its monthly QAPI next Tuesday. The administrator shared details about focus areas including RTA and pressure ulcers. Both of these areas are being managed and wound care has seen strong results. The RTA rates have been good overall, but there have been some fluctuations due to the facility's census. The administrator did not share any new performance improvement plans.

There is no COVID in the facility at this time.

Discussed recent grievances and patient experiences. There are no trends reported at this time, and the facility continues to focus on displaying strong communication and customer service skills. The dietary services have been going well with the new manager in place and there have not been any recent complaints.

The facility celebrated the Fourth of July with watermelon and snow cones for the residents. The new activity director has been engaged and well received by the residents.

The facility recently finished the work in its spa rooms. It will also look into addressing the landscaping sprinklers. Although there is carpet in many areas of the facility, it is being maintained and well cared for.

The facility feels very open and spacious upon entry. The central nurse station is located just past the front entrance and creates a welcoming atmosphere for visitors and new residents. The facility doesn't feel crowded or cramped and there was no clutter or unattended equipment left in the halls. There are four wide hallways with resident rooms which each stem from the central nurse station. The facility recently opened its 200 hall and has been gradually filling it with residents as the census develops.

The facility has a large dining room with several windows providing natural light. The kitchen is attached to the dining room and was also very spacious and clean. The facility strives to invite its residents to dine in the dining room where they can participate in a social meal experience. The dining room has menus posted of upcoming meals. The facility has a small dining room attached to the main dining room to serve the residents who need assistance eating. There's also a formal dining room attached to the dining room which residents and their families can reserve for special occasions.

The facility has a large activity room with space to accommodate large groups. The therapy gym is located at the end of the 300 hall. The administrator shared plans to update the therapy gym with some new decorations and paint. There is also a sunroom at the end of the 400 hall which is a great place for residents to relax and socialize.

PPE and required supplies were placed outside of resident rooms to accommodate enhanced barrier precaution regulations. The facility also has a transitional care room which is utilized to prepare residents to transition back to life at home.

Administrator – Stanley Lira, LNFA
DON- Mayra Polio, RN

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current census of 100: (5) MC; (16) HMO; (3) PP; (52) MDC + 17 pending; (7) Hospice; (70) VA. Their overall star rating is a 2 and Quality Measures star rating is a 5. The Administrator reported the facility met all 4 QIPP components for QTR 3.

The QIPP site visit was conducted over the phone. The Administrator and DON were on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported they are still able to order vaccinations from the pharmacy and the facility reports this information to NSHN weekly.

The facility was only without power for 7 hours during the recent hurricane storm.

The facility had Miss Universe come to the facility, they had Cinco De Mayo and Mother's Day, Father's Day and July 4th celebrations. The Administrator reported the facility has started outings for fishing.

The Administrator reports the facility still has a monthly bonus program for staff morale staff and they also have employee of the month and the MAD Genius program with prizes or cash. The Administrator reported the facility also provides food every month for all staff.

EDUCATION PROVIDED

- Reviewed QIPP year 8 component 2 Eligibility to receive Non-Disbursed Funds – funds that are non-disbursed due to a failure of one or more nursing facilities to meet performance requirements will be distributed across QIPP NFs who have demonstrated achievement of a quality measure designated by HHSC and for QIPP year 8 they designated if a NF maintains eight additional hours of RN staffing coverage per day, for 90% of days in each month of the program period, beyond the CMS mandate of onsite RN coverage 8 hours a day, 7 days a week.
- Reviewed Year 8 active partnership requirements – Hospital District is required, quarterly joint trainings, and annual onsite visits.
- Reviewed QIPP Year 8 and Simple

SURVEY INFORMATION

The facility had a state visit in June for 4 complaints that were unsubstantiated and resulted in 2 infection control tags during **April/May/June 2024**.

REPORTABLE INCIDENTS

April/May/June 2024 -The facility did not have any self-reports.

CLINICAL TRENDING

Incidents/Falls:

April/May/June 2024 PM Westchase reported - 35 total falls without injury and 1 fall with injury with 5 repeat falls, 5 skin tears, 0 bruises, 1 fracture, 2 behaviors, 0 Lacerations and 0 Elopements.

Infection Control:

During **April/May/June 2024** PM Westchase reported a total of 78 infections- 18 UTI’s; 31 Respiratory infections; 2 Stool infections; 0 EENT infections, 2 Wound infections, 0 Blood infection and 25 Other infections.

Weight loss:

PM of Westchase in **April/May/June 2024** reported - 5 residents with 5% in 1 month or less weight loss and 10 residents with greater than 10% weight loss in 6 months.

Pressure Ulcers:

PM of Westchase in **April/May/June 2024** reported - 21 residents with pressure ulcers, totaling 42 sites, 9 of them facility acquired.

Restraints:

PM of Westchase is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	PRN	PRN	PRN	0	0	0
2 to 10	PRN	PRN	PRN	0	0	0
10 to 6	PRN	PRN	PRN	0	0	0
Other						
# Hired this month	1	1	8			
# Quit/Fired		1	3			

Total number employees: 101 Turnover rate%: 6

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0.0%	1.5%	1.9%	
Fall w/Major Injury (L)	1.4%	3.6%	3.5%	
UTI (L) *	0.0%	1.1%	1.2%	
High risk with pressure ulcers (L) *	12.5%	6.6%	7.4%	PIP in place

Submitted by L. Sue White, RN, NSGO

Loss of Bowel/Bladder Control(L)	16.4%	21.0%	21.8%	
Catheter(L)	1.7%	1.9%	2.1%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	19%	21%	21.8%	
Excessive Weight Loss(L)	4.4%	5.2%	6.6%	
Depressive symptoms(L)	3.1%	4.7%	9.2%	
Antipsychotic medication (L) *	4.7%	8.6%	14.9%	

PHARMACY Consultant reports/visit/ med destruction? All recommendations followed and drug destruction completed

of GDR ATTEMPTS in the month: _____ How many successful? _____ New DON has no documentation for these numbers
 # of Anti-anxiety (attempts___ successful _____ failed _____)
 # of Antidepressants (attempts___ successful _____ failed _____)
 # of Sedatives (attempts ___successful _____ failed _____)
 # of Antipsychotic (attempts ___ successful ___ failed _____)

DIETICIAN Recommendation concerns/Follow Up? All recommendations followed.

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-- (4 in April) (16 in May) (10 in June)All resolved

TRAUMA INFORMED CARE IDENTIFIED: N/A

ACTIVITIES: PIP/CONCERNS: N/A

DIETARY: PIP/CONCERNS: N/A

ENVIRONMENTAL SERVICES: PIP/CONCERNS: N/A

MAINTENANCE: PIP/CONCERNS: N/A

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: N/A

MDS: PIPS/CONCERNS: N/A

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.	3 rd . Tuesday/Month 4/16/24, 5/21/24, 6/18/24	

QAPI Meeting dates of submission (owner/operator involvement evident)	2 nd week/Month	High Risk Pressure Ulcers
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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 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 		
<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	Recruitment/Retention

Submitted by L. Sue White, RN, NSGO

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	5.77%	5.05%	4.94%	Y	
Percent of residents who received an anti-psychotic medication	14.72%	9.14%	4.05%	Y	
Percent of residents whose ability to move independently has worsened	15.34%	12.74%	0%	Y	
Percent of residents with urinary tract infection	2.14 %	1.17%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

Submitted by L. Sue White, RN, NSGO

Quarter 2 <ul style="list-style-type: none"> ➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. ➤ Infection control policies demonstrating data-driven 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		Y				
Quarter 3 <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 		Y				
Quarter 4						
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	National 93.84%	Baseline %	Results 100%	Met Y/N Y		
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	99.25%	Y		

Administrator: David Holt
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current census of 106: (5) MC; (24) HMO; (13) PP; (62) MDC; (4) Hospice. Their overall star rating is a 4 and Quality Measures star rating is a 4. The DON reported the PIP charter 1 is foley catheters and PIP charter 2 is for nursing turnover. They met all 4 components for QIPP quarter 3.

The QIPP site visit was conducted over the phone. The DON was on the call, and very helpful. The DON reports the facility is currently COVID_19 free. The DON reported they are still able to order vaccinations from the pharmacy and 0% of residents are up to date for COVID_19 vaccine with 0% of the staff up to date and facility reports this information to NSHN weekly.

The DON reported the facility was without power for 2.5 days, but they had an extra generator and coolers.

The facility had a Mother's Day tea, Cinco De Mayo, Juneteenth, Nursing Home Week, July 4th, Father's Day celebrations. A few residents at a time still go out to Walmart.

The DON reports the facility continues having a monthly meal for all staff and they also have employee of the month. The facility also continues with a scavenger hunt periodically and provide gift cards.

EDUCATION PROVIDED

- Reviewed QIPP year 8 component 2 Eligibility to receive Non-Disbursed Funds – funds that are non-disbursed due to a failure of one or more nursing facilities to meet performance requirements will be distributed across QIPP NFs who have demonstrated achievement of a quality measure designated by HHSC and for QIPP year 8 they designated if a NF maintains eight additional hours of RN staffing coverage per day, for 90% of days in each month of the program period, beyond the CMS mandate of onsite RN coverage 8 hours a day, 7 days a week.
- Reviewed Year 8 active partnership requirements – Hospital District is required, quarterly joint trainings, and annual onsite visits.
- Reviewed QIPP Year 8 and Simple

SURVEY INFORMATION

The facility had their full book survey in May with 0 deficiencies.

REPORTABLE INCIDENTS

The facility had 0 self-reports in **April/May/June 2024**.

CLINICAL TRENDING APRIL/MAY/JUNE 2024

Incidents/Falls:

Park Manor of South Belt had 61 total falls (10), of which 2 resulted in injury. They had 8 Skin Tears, 2 Lacerations, 2 Fractures, 0 Elopements, 11 Bruises and 6 Behaviors.

Infection Control:2

Park Manor of South Belt reports 152 total infections: 51 UTIs; 22 Respiratory; 24 Wound; 13 EENT; 6 Blood infections; 1 GI infection; 2 Genital infections and 33 Other infections. Several of these were community acquired.

Weight loss:

Park Manor of South Belt had 19 residents with 5-10% weight loss in 1 month and 0 residents with >10% weight loss in 6 months. The facility has a PIP in place for this measure.

Pressure Ulcers:

Park Manor South Belt reported 28 residents with 45 total pressure ulcers and 8 were facility acquired and there is a PIP in place.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

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

Total number employees: 97 Turnover rate%: 2

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	0%	1.5%	1.9%	
Fall w/Major Injury (L)	2.7%	3.6%	3.5%	
UTI (L) *	0%	1.1%	2.2%	
High risk with pressure ulcers (L) *	8.3%	6.6%	7.4%	PIP in Place
Loss of Bowel/Bladder Control(L)	15.8%	21%	21.8%	
Catheter(L)	0%	1.9%	2.1%	
Physical restraint(L)	0%	0%	0.1%	

Increased ADL Assistance(L)	21.9%	21.9%	18.8%	PIP in place
Excessive Weight Loss(L)	0%	5.2%	6.6%	
Depressive symptoms(L)	0%	4.7%	9.2%	
Antipsychotic medication (L) *	2.9%	8.6%	14.9%	

PHARMACY Consultant reports/visit/ med destruction? Monthly visits, drug destruction monthly, no issues and recommendations followed

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts -7 successful – 1 failed -)
 # of Antidepressants (attempts - 8 successful – 1 failed)
 # of Antipsychotic (attempts -2 successful –1 failed)
 # of Sedatives (attempts -0 successful- 0 failed)

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

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) - April-3 (2 social services and 1 laundry), May –(dietary food temp and new menu choices, 2 call lights not answered in a timely manner 1 sheets not changed). June-1-(1 resident playing music too loud)

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: Now in house

ENVIRONMENTAL SERVICES: PIP/CONCERNS: Now in house

MAINTENANCE: PIP/CONCERNS: Routine Maintenance

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

QIPP MEASURES

Component 1

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

QAPI Meeting dates of submission (owner/operator involvement evident)	4/10/24, 5/17/24, 6/12/24	
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Component 2

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

OIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	7.4%	2.5%	8.3%	N	Facility adjusted higher than observed percent (facility observed rate would have been lower than national average was 7.1%)
Percent of residents who received an anti-psychotic medication	14.9%	1.91 %	2.9%	Y/N	
Percent of residents whose ability to move independently has worsened	26.3%	23.7%	21.9%	Y	
Percent of residents with urinary tract infection	2.2%	0%	0%	Y	

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

Submitted by L. Sue White. RN. NSGO

<p>from within the last six months (or from regional hospital)</p> <ul style="list-style-type: none"> ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
<p>Quarter 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	National	Baseline	Results	Met Y/N	
	91.82%	98.08%	100%	Y	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	98.19%	%	100%	Y	

Administrator: Crystal Stalder, LNFA
DON: Adriane Ruffin, RN

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 2 and 3 in quality measures. The census on the day of the call was 96: PP: 11, MC: 2, MDC: 67, HMO: 15, Hospice: 1.

The QIPP site visit was conducted over the phone. The Administrator was on the call and very helpful. The Administrator reports the facility is currently COVID_19 free.

The Administrator reported the facility was without power for 2 days, but their generator was working without issues. The Administrator reported they are still able to allocate vaccinations (newest one) in-house for residents but none of the staff or residents have taken the most recent bivalent booster so 90% of residents are vaccinated for COVID_19 with 66.7% of the staff up to date vaccinated and the facility reports this information to NSHN weekly.

The facility has regular outings to the store and for Bingo and a lot of combined staff and resident events like barbeques and crawfish boils and they had a cookout and party for the 4th of July.

The Administrator reported the facility continues with a MAD genius program, birthdays, monthly food provisions and they also do an employee of the month program. The facility is planning a back to school drive for the staff's families in August.

EDUCATION PROVIDED

- Reviewed QIPP year 8 component 2 Eligibility to receive Non-Disbursed Funds – funds that are non-disbursed due to a failure of one or more nursing facilities to meet performance requirements will be distributed across QIPP NFs who have demonstrated achievement of a quality measure designated by HHSC and for QIPP year 8 they designated if a NF maintains eight additional hours of RN staffing coverage per day, for 90% of days in each month of the program period, beyond the CMS mandate of onsite RN coverage 8 hours a day, 7 days a week.
- Reviewed Year 8 active partnership requirements – Hospital District is required, quarterly joint trainings, and annual onsite visits.
- Reviewed QIPP Year 8 and Simple

SURVEY INFORMATION

The facility had their annual state survey in June resulting in 1 Health and 1 LSC deficiency.

REPORTABLE INCIDENTS

In **April/May/June 2024**- the facility had 4 self-reports that have been cleared when the state came for full book and cleared a total of 31 self-reports. Only the power outage and report of COVID were substantiated but not cited.

CLINICAL TRENDING FOR APRIL/MAY/JUNE 2024

Incidents/Falls:

Park Manor of Cy-fair had 28 falls without injury (9 repeat) and 5 falls with injury in which two resulted in a fracture. The facility also reported 5 Skin Tears, 1 Laceration, 0 Elopements, 0 Behaviors and 0 Bruises.

Infection Control:

Park Manor of Cy-fair reports 30 total infections 12 UTI's; 10 Respiratory infections, 5 EENT infections, 2 Wound infections, 1 GI infection and 0 Other infections.

Weight loss:

Park Manor of Cy-fair reported Weight loss 20 residents with 5-10% and 7 residents with > 10% loss.

Pressure Ulcers:

Park Manor of Cy-fair had 14 residents with 26 pressure ulcer sites and 2 were acquired in house.

Restraints:

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

Staffing:

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

Total number employees: 121 Turnover rate%: .23

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	2.7%	1.5%	1.9%	
Fall w/Major Injury (L)	0%	3.6%	3.5%	PIP in Place
UTI (L) *	0%	1.1%	2.2%	

Submitted by L. Sue White, RN, NSGO

High risk with pressure ulcers (L) *	9.7%	6.6%	7.4%	PIP in place
Loss of Bowel/Bladder Control(L)	17.5%	21%	21.8%	
Catheter(L)	1.6%	1.9%	2.1%	
Physical restraint(L)	0%	0%	.1%	
Increased ADL Assistance(L)	22.4%	21.9%	18.8%	PIP in place
Excessive Weight Loss(L)	4.4%	5.2%	6.6%	
Depressive symptoms(L)	1.5%	4.7%	9.2%	
Antipsychotic medication (L) *	1.4%	8.6%	14.9%	

PHARMACY Consultant reports/visit/ med destruction?

Drug destruction completed Monthly- no issues Focusing on drug storage and administration

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts 4 successful 4 failed 0)
 # of Antidepressants (attempts 0 successful 0 failed)
 # of Antipsychotic (attempts 6 successful 5 failed 1)
 # of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up? No concerns, follow-up on all weekly recommendations

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) - 39 grievances, all resolved

No pattern, type range from missing clothes, food, customer service and roommates

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: -Switched contracted companies as of 6/1/24 and they have seen improvement

ENVIRONMENTAL SERVICES: PIP/CONCERNS: Annual surveyor found trash and crumbs under a resident bed but PIP in place once new contracted company started as of 6/1/24

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: OIG audit resulted in a take back recommendation, but the facility is appealing

OIPP MEASURES

Component 1

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

Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	4/22/24, 5/21/24, 6/20/24	

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?	Yes	Currently there is 24 hour RN coverage
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Yes	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Yes	
<ul style="list-style-type: none"> 8 additional hours non-concurrenty scheduled? 	Yes	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 	Yes	
<ul style="list-style-type: none"> Telehealth used? 	No	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?	Yes	
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes?	Yes	
<ul style="list-style-type: none"> Was Workforce Development data submitted q month to QIPP during the quarter? 	Yes	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 	No	
<ul style="list-style-type: none"> PIP submitted on the topic of resident-centered culture change, workforce development, and staff retention: <ul style="list-style-type: none"> During the first reporting period? Subsequently reported outcomes related to the plan throughout the eligibility period? 	Yes	Staff Turnover

Submitted by L. Sue White, RN, NSGO

<ul style="list-style-type: none"> ○ 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 		
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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	14.6%	4.75%	1.75%	Y	
Percent of residents whose ability to move independently has worsened	%	%	%		Frozen
Percent of residents with urinary tract infection	2.28%	.77%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

Submitted by L. Sue White, RN, NSGO

<p>from within the last six months</p> <ul style="list-style-type: none"> ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 					
Quarter 4	National	Baseline	Results	Met Y/N	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.	93.84%	%	100%		
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	100%		

Administrator: Vincent Mitchell
DON: Adebukola Adelekan, RN (new)
Infection Preventionist: Chaquanna Fisher, LVN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current census of 86: 8 PP, 1 MCR, 60+ 4 pending MCD, 10 HMO, 3 Hospice. They have an overall star rating of 1 and a Quality Measure stat rating of 4. The facility is currently on track to meet all 4 components for QTR 3 of year seven.

The QIPP site visit was conducted over the phone. The Administrator, DON and infection preventionist were on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported that 75% of residents are vaccinated for COVID_19 with 87% of the staff vaccinated and the facility reports this information to NSHN weekly.

The facility had a celebration for Mother’s Day, Father’s Day, Juneteenth and July 4th. The facility is also planning a celebration for Labor Day and a back-to-school event in August. The Administrator reported the facility does take residents to Walmart and grocery shopping and to events at senior centers and Bingo at other facilities.

The Administrator reported the facility continues with a star of the month and weekly drawing for prizes. The facility also provides food at least monthly. The facility did a Nurse’s Week and CNA Week as well as Long Term Care week celebration and they will also be included in the back-to school week event.

EDUCATION PROVIDED

- Reviewed QIPP year 8 component 2 Eligibility to receive Non-Disbursed Funds – funds that are non-disbursed due to a failure of one or more nursing facilities to meet performance requirements will be distributed across QIPP NFs who have demonstrated achievement of a quality measure designated by HHSC and for QIPP year 8 they designated if a NF maintains eight additional hours of RN staffing coverage per day, for 90% of days in each month of the program period, beyond the CMS mandate of onsite RN coverage 8 hours a day, 7 days a week.
- Reviewed Year 8 active partnership requirements – Hospital District is required, quarterly joint trainings, and annual onsite visits.
- Reviewed QIPP Year 8 and Simple

SURVEY INFORMATION

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	6			

Submitted by L. Sue White, RN, NSGO

Number of Fire Safety Code Deficiencies	2			
Annual Full Book State Survey Characteristics (include only if within last 2 months)				
Deficiency Area	Scope & Severity	Explanation	Plan of Correction	
Abuse & Neglect	0			
Quality of Care	0			
Resident Assessment	0			
Resident Rights	0			
Dietary	F	Surveyor saw a piece of foil in a plate on the serving line.	Y	
Pharmacy	D	The facility failed to dispose of Resident #12's Rivastigmine's patches appropriately and medication error	Y	
Environment	D	Resident call light system and pest control	Y	
Infection Control	D	Wearing proper PPE	Y	
Administration	0			

REPORTABLE INCIDENTS

The facility had 5 self-reports all unsubstantiated and no citations for **April/May/June 2024**.

CLINICAL TRENDING FOR APRIL/MAY/JUNE 2024

Incidents/Falls:

Park Manor Cypress Station reported 23 falls without injury (5 repeat) and 5 falls with injury, 10 skin tears, 3 Fractures, 5 Behaviors, 1 Bruise, 1 Laceration and 1 Elopement.

Infection Control:

Administrator reported 62 total infections: 24 UTIs, 13 respiratory infections, 7 wound infections, 3 EENT infections, 0 GI infections and 15 other infections.

Weight Loss:

Park Manor Cypress Station reported 1 resident with 5-10% weight loss and 1 with weight loss >10%.

Pressure Ulcers:

Park Manor Cypress Station reports 7 residents with a total of 5 pressure ulcers and 1 in house acquired.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

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

Total number employees: 91 Turnover rate%: 55% annualized

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	%	%	%	
Fall w/Major Injury (L)	6.8%	3.6%	3.5%	Yes
UTI (L) *	0%	1.1%	2.2%	
High risk with pressure ulcers (L) *	5.6%	6.6%	7.4%	
Loss of Bowel/Bladder Control(L)	21%	21%	21.8%	
Catheter(L)	1.5%	1.9%	2.1%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	8.1%	21.9%	18.8%	
Excessive Weight Loss(L)	0%	5.2%	6.6%	
Depressive symptoms(L)	6.0%	4.7%	9.2%	Yes
Antipsychotic medication (L) *	9.0%	8.6%	14.9%	Yes

PHARMACY Consultant reports/visit/ med destruction? Monthly medication destruction all recommendations followed up

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts 5 successful 2 failed 3)
 # of Antidepressants (attempts 4 successful 3 failed 1)
 # of Antipsychotic (attempts 3 successful 0 failed 3)
 # of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up? Comes weekly, follow up on recommendations (available PRN)

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 29 grievances, all resolved. Dietary (cold food or don't like food), missing items, call light response time (night shift)

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: Storage and cleanliness of serving plates

ENVIRONMENTAL SERVICES: PIP/CONCERNS: Call light checks and pest control

MAINTENANCE: PIP/CONCERNS: Ensuring fire panel is free from objects

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

QIPP Measures

Component 1

Indicator	QAPI Program Y/N Mtg Dates	PIP's Implemented (Name specific PIP's)
Comprehensive, data driven QAPI Program/Policy that focuses on actions/activities resulting from analysis/quality assess/assurance of indicators of the outcomes of care and quality of life.	Y	
QAPI Meeting dates of submission (owner/operator involvement evident)	4/18/24, 5/16/24, 6/20/24	Falls

Component 2

<u>Indicator</u>	<u>Benchmark</u>	<u>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.	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	Staff satisfaction

OIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers	5.6%	6.6%	%		Information not provided

Submitted by L. Sue White, RN, NSGO

Percent of residents who received an anti-psychotic medication	9%	8.6%	%		
Percent of residents whose ability to move independently has worsened	20.7%	28.8%	%		
Percent of residents with urinary tract infection	0%	1.1%	%		

OIPP Component 4 – CMS Long-Stay Quality Metrics

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

<ul style="list-style-type: none"> ➤ 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 	Y				

Submitted by L. Sue White, RN, NSGO

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%	%	100%	Y	
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	96.07%	%	100%	Y	

Administrator: Tangela Manuel, LNFA
DON: Suzette Lormeus, RN

FACILITY INFORMATION

Deerbrook Nursing and Rehab is a licensed 124- bed facility with an overall star rating of 3 and a rating of 5 stars in Quality Measures. Current census is 83: 5 Private Pay; 3 Medicare; 51 Medicaid; 2 Hospice; 22 HMO)

The QIPP site visit was conducted over the phone. The Administrator was as on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported they are still able to allocate vaccinations (newest one) in-house and 87% of residents are vaccinated for COVID_19 with 52% of the staff vaccinated and this information is reported weekly to NSHN.

The facility did lose power for 4 days last week after the hurricane and they had a fully functioning kitchen except for the dishwasher, and they had plenty of fans to keep it cool.

The Facility had a Cinco De Mayo and Mother's Day (tea), Memorial Day and Father's Day (cookout) celebrations. The facility has ice cream socials and boogie to the beat exercise classes. The facility tries to do at least monthly outings through Harris County bus line. The Administrator reported they are planning an "I survived Beryl".

The Administrator reported the facility continues with the MAD Genius program and continually check their competencies and conduct regular trainings. The facility continues with their tuition reimbursement program for medication aides. They partner with LoneStar College for CMA to LVN, LVN to RN and pay for books, materials, etc. The facility recently added a payroll advancement. Honor each department/positions throughout the year.

EDUCATION PROVIDED

- Reviewed QIPP year 8 component 2 Eligibility to receive Non-Disbursed Funds – funds that are non-disbursed due to a failure of one or more nursing facilities to meet performance requirements will be distributed across QIPP NFs who have demonstrated achievement of a quality measure designated by HHSC and for QIPP year 8 they designated if a NF maintains eight additional hours of RN staffing coverage per day, for 90% of days in each month of the program period, beyond the CMS mandate of onsite RN coverage 8 hours a day, 7 days a week.
- Reviewed Year 8 active partnership requirements – Hospital District is required, quarterly joint trainings, and annual onsite visits.
- Reviewed QIPP Year 8 and Simple

SURVEY INFORMATION

The facility had a state visit in May for a complaint investigation and it was unsubstantiated with no citations.

REPORTABLE INCIDENTS

April/May/June 2024 the facility had 2 complaints cleared no citations, and 8 self-reports, all still pending.

CLINICAL TRENDING

Incidents/Falls:

April/May/June 2024 Deerbrook reported - 69 total falls without injury and 11 falls with injury with 26 repeat falls, 2 skin tears, 1 bruise, 1 fracture, 0 behaviors, 0 Lacerations and 0 Elopements. The facility does have a PIP in place for falls.

Infection Control:

April/May/June 2024 the facility reported a total of 100 infections- 25 UTI's; 13 Respiratory infections; 20 Wound infections; 17 Blood infections, 6 Genital infections; 1 EENT infections, 1 GI infection and 17 Other infections.

Weight loss:

In **April/May/June 2024** Deerbrook reported - 29 residents with 5% in 1 month or less weight loss and 10 residents with greater than 10% weight loss in 6 months. The facility does have a PIP in place for weight loss.

Pressure Ulcers:

In **April/May/June 2024** Deerbrook reported - 22 residents with pressure ulcers, totaling 38 sites, 1 of them facility acquired.

Restraints:

Deerbrook is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2			1	2		1
2 to 10			2			
10 to 6			0			
Other	2 Wknd Trmt.					
# Hired this month		11				

# Quit/Fired			4/0			
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Total number employees: 106 Turnover rate%: 11%

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	1.2%	1.5%	1.9%	
Fall w/Major Injury (L)	5.6%	3.6%	3.5%	PIP in place.
UTI (L) *	0%	1.1%	2.2%	
High risk with pressure ulcers (L) *	7.4%	6.6%	7.4%	Will review for PIP
Loss of Bowel/Bladder Control(L)	19.1%	21%	21.8%	
Catheter(L)	0%	1.9%	2.1%	
Physical restraint(L)	0%	0%	0.1%	
Increased ADL Assistance(L)	11.4%	21.9%	18.8%	
Excessive Weight Loss(L)	16%	5.2%	6.6%	PIP in place.
Depressive symptoms(L)	2%	4.7%	9.2%	
Antipsychotic medication (L) *	4.3%	8.6%	14.9%	

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)	4/11/24, 5/16/24, 6/16/24, 7/11/24	

Component 2

Indicator	Benchmark Met Y/N	Comments
REVIEW TURNOVER PIP CHARTER FROM THE MONTH PRIOR TO QIPP SUBMISSION. INCLUDE UPDATES TO PIPS AND PREPARE FOR A SUCCESS STORY IN THE LAST QUARTER OF QIPP YR 5.		
Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?	Y	
• 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	Some 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	Employee 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	-	-	-	-	
Percent of residents who received an anti-psychotic medication	14.6%	10.08%	6%	Y	
Percent of residents whose ability to move independently has worsened	-	-	-	-	
Percent of residents with urinary tract infection	2.28%	0.41%	0%	Y	

QIPP Component 4 – CMS Long-Stay Quality Metrics

Indicator	Met Y/N	National Benchmark	Baseline Target	Results	Comments
Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship:	Y				
Quarter 1 <ul style="list-style-type: none"> ➤ Designated leadership individuals for antibiotic stewardship ➤ Written policies on antibiotic prescribing ➤ Pharmacy-generated antibiotic use report from within the last six months ➤ Lab-generated antibiogram report from within the last six months (or from regional hospital) ➤ Audits (monitors and documents) of adherence to hand hygiene ➤ Audits (monitors and documents) of adherence to personal protective equipment use ➤ Current list of reportable diseases 	Y				
Quarter 2 <ul style="list-style-type: none"> ➤ Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. ➤ Infection control policies demonstrating data-driven 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				
Quarter 3 <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 4</p> <p>Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine.</p>	National 93.84%	Baseline %	Results 100%	Met Y/N Y	
<p>Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine</p>	96.07%	%	100%	Y	

Administrator: Johnny Richardson
DON: Ellis Swan, RN

FACILITY INFORMATION

Highland Park is a 120-bed facility with a current Overall Star Rating of 3 and a Quality Measures star rating of 4. The census given on the date of this report was 86 with 5 in the hospital.

The QIPP site visit was conducted in person. The Administrator was present and very helpful during the visit.

The Administrator reported the facility is currently COVID_19 free. The resident COVID_19 vaccination status was not available, but this information is reported to NSHN weekly.

The Administrator reported the facility was without power for 3 days and just got it back yesterday afternoon, but their generators worked fine, and temperatures were maintained, and they set up hydration stations in the dining room.

The facility now has a new Activity Director, and the facility has had outings to the zoo, and a fair and they continue with Bingo and regular holiday celebrations. The July Activity calendar was posted, and residents were gathered in a common area participating in crafts and others gathered in the dining room for a Bible study.

The outside of the building is a nice brick with a well-manicured entrance. The parking lanes were well marked, and no debris was noted in parking lot areas (already cleaned up after several branches fell).

The inside entrance of the facility was nicely decorated with tasteful decorations/furniture and appeared clean. The facility has a receptionist to greet and give access to all visitors with a box of masks and hand sanitizer available.

The facility has a nice outside courtyard that residents use frequently and there is a hydration station set up just in case. The facility also has a very nice movie room.

The resident rooms/bathrooms observed were clean with no odors or safety issues detected. Means of egress were clear for all hallways. The fire extinguishers located on hall 100 and 500 and in the kitchen, all had current inspections.

The oxygen supply closet was organized and clean and all cannisters were in a rack with signs posted. The shower room was clean and organized with no odors and all chemicals locked up.

One medication cart was checked, and it was unlocked at the nurses station and the water pitcher did not have a label/date. The medication room was clean, and the temp logs for the medication/specimen refrigerators were current. The E-Kit certificate was current. The central supply room was well organized and clean but there was 1 box on the floor and a few of the OTCs were not in date of expiration order (corrected during tour).

The laundry room was clean and organized with current lint logs. All chemical containers were up off the floor. During the tour one of the linen carts in the hall was not covered and it was corrected by the Administrator.

The main dining room was clean, but there was no current menu posted and the Administrator had it corrected during the tour. The kitchen floors, counters and can opener/plate were all clean. The refrigerator temperature logs were all current. The dish washer and sink chemical logs were current. Several of the dry ingredients in the dry storage area did not have a year included in the date. All items checked in the cooler were labeled and dated. All items checked in the cooler were labeled and dated.

SURVEY INFORMATION

The state came to the facility in April for self-reports and all were cleared, no citations. The facility does still have 3 pending self-reports.

EDUCATION PROVIDED

- Reviewed QIPP year 8 component 2 Eligibility to receive Non-Disbursed Funds – funds that are non-disbursed due to a failure of one or more nursing facilities to meet performance requirements will be distributed across QIPP NFs who have demonstrated achievement of a quality measure designated by HHSC and for QIPP year 8 they designated if a NF maintains eight additional hours of RN staffing coverage per day, for 90% of days in each month of the program period, beyond the CMS mandate of onsite RN coverage 8 hours a day, 7 days a week.
- Reviewed Year 8 active partnership requirements – Hospital District is required, quarterly joint trainings, and annual onsite visits.
- Reviewed QIPP Year 8 and shared Simple webinar slides on all 4 yr 8 components

REPORTABLE INCIDENTS

Information not provided.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Highland Park does not use restraints.

Staffing:

Staffing needs – fully staffed.

QIPP SCORECARD:

Component 1

Indicator	QAPI & 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 2 nd Thursday of each month	
QAPI Meeting dates of submission (owner/operator involvement evident)		Antipsychotics

Component 2

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

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

QIPP Component 3 – CMS Long-Stay Quality Metrics

Indicator	National Benchmark	Baseline Target	Results	Met Y/N	Comments
Percent of high-risk Long-Stay residents with pressure ulcers; including unstageable ulcers					Information not provided but reported they met all 4 in QTR 3 & on track to meet in QTR 4 year 7
Percent of residents who received an anti-psychotic medication					
Percent of residents whose ability to move independently has worsened					

Percent of residents with urinary tract infection					
---	--	--	--	--	--

QIPP Component 4 – CMS Long-Stay Quality Metrics

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

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

EXHIBIT “G”



**WINNIE STOWELL HOSPITAL DISTRICT
GRANT/SPONSORSHIP POLICY AND PROCEDURES**

Effective May 15, 2019

Policy Statement

The Winnie Stowell Hospital District (“District”) recognizes the importance of supporting the healthcare needs of the citizens and organizations residing inside the District. Therefore, it is the policy of the District to sponsor programs, initiatives, activities, projects and other matters that assist in the designated purposes of the District as set forth in Chapters 61, 285, and 286 of the Texas Health and Safety Code. These efforts include but are not limited to increasing the quality and scope of healthcare available to the Citizens of the District and its needy inhabitants by 1) promoting cost effective health care services; 2) ensuring regulatory compliance; 3) marketing the services provided by the District; and 4) providing leadership and management. Additionally, it is the policy of the District to support activities that advance the general welfare of the District and its facilities, including activities that promote the betterment of the District’s relationships with organizations that advocate for better healthcare for all the residents inside the District if these activities are in the best interest of the District.

To this end, the District’s Directors adopt these policies and procedures so that **all** requests for public funds, except fee for services payments, shall be evaluated to ensure that the District’s funds are spent in a manner that achieve the greatest return on its investment by achieving the District’s purposes. In addition, each request must be evaluated in the context of the current financial circumstances of the District, and its forecasted needs and resources.

As careful guardians of public funds, the District must carefully consider the requests, the costs of such request, taking care to fund only the most deserving items, at a level that is consistent with the achievement of the District’s goals and the prudent financial management of the District’s affairs. All contributions made by the District must comply with Article III, Section 52(a) of the Texas Constitution as well as case law or Texas Attorney General Opinions interpreting Article III, Section 52(a).

Consequently, any expenditure of public monies must pass a three-part test developed by Texas courts and the Texas Attorney General to determine if an expenditure of money is constitutional. First, the expenditure must serve a public purpose. Second, the District must receive adequate consideration. Third, there must be adequate controls to ensure that the public purpose will be accomplished. (*See Key v. Commissioners Court of Marion County*, 727 S.W.2d 667 (Tex.App.—Texarkana, 1987, no writ) and Attorney General Letter Op. 96-035). The request must include an explanation of how it advances the sponsorship priorities described in the next section, or the policies described in the first paragraph above, and demonstrate that the proposed expenditure satisfies the legal funding requirements of the District as set forth in Article 3, Section 52(a) and is within the appropriate budgetary allowance.

Winnie Stowell Hospital District Grant/Sponsorship Priorities

Grant funding decisions will be guided by the requester's ability to satisfy one or more of the following District Grant/Sponsorship Priorities:

- I. Indigent Healthcare. As part of its statutory duty and mission of attending to and balancing the healthcare needs of the community and its needy inhabitants, the main purpose of this District and any hospital district in the State of Texas, is to assume full responsibility for providing medical and hospital care for its Indigent inhabitants without charge.
- II. Community Healthcare. In addition, the District is working to increase the quality of healthcare resources in the community in order to re-establish confidence in the healthcare provides that services the District and to encourage additional healthcare services in the District in order ease the burden of having to travel outside of the District for healthcare treatments.
- III. Economic Development. By having a vibrant healthcare delivery system in the District, the District hopes to assist in increasing the population of the District and the tax base inside the District as well as expanding the need for infrastructure development in eastern Chambers County, Texas.
- IV. Community Outreach. The District is committed to supporting community-based activities and programs that promote the general healthcare and welfare of the region and community through alliances, cooperative arrangement with other governmental and non-governmental entities, as well as other strategic opportunities identified by the District's Board, staff, and others inside the community for volunteer efforts; educational initiatives; and community outreach efforts deemed to be in the best interest of the District.

Requests from religious organizations, social organizations, health care organizations or charities will be considered if there is a direct connection to the delivery of healthcare services to the residents of the District.

Requests from schools, project graduations, and youth sports for advertising or promoting the District will be considered if there is a benefit to reaching a large audience to promote any of the District's purposes.

Approval of Participation Requests

The District's Grant/Sponsorship Policy and Procedures should serve as a guide for its community involvement efforts, including, but not limited, to contributions of funds, sponsored community partnerships, volunteer efforts, and any other means of District's involvement inside the District's geographic boundaries.

GRANT PROPOSAL REQUIREMENTS

Application Checklist: All of the following items are required for a complete grant application. Incomplete grant applications will not be considered.

- Cover Sheet** (*See Exhibit "B"*)
 - Signed by CEO, Executive Director, head of organization, Individual making
- Narrative** (*please limit narrative to 5 pages, 12-point font, single space acceptable, 1.5 preferred*)
 - Organizational Background:** Brief history of organizational description, and affiliation with District.
 - Description & Beneficiaries:** Need statement and summary of basis for the grant request. Please state how you determine that the funding of the request is the best way to address that need. State the impact of this grant request aligns with the Grant/Sponsorship Priorities of the Winnie Stowell Hospital District, including the expected target group and number of beneficiaries. If necessary, describe how it was determined that the request is not a duplication of efforts, and any specific plans to partner with the District. (if applicable)
 - Evaluation Grant Request:** Include a logic model and a timeline for the achievement of the stated purpose of the grant request. State the objectives and anticipated outcomes along with method and criteria to evaluate the request. Show clear measurable outcomes and an evaluation process that is data-driven. The number of people served is an output and does not determine success or impact. State how you will measure whether the award of the grant resulted in a successful outcome.
 - Impact and Sustainability:** Clearly and succinctly state the expected impact that the award of the grant will have and how it aligns with the mission of the District. If applicable, specify concrete plans to sustain any projects funded with grant proceeds beyond the District's funding.
 - Funding Request:** Specify and explain your preference for the method of funding the grant. Please keep in mind, if applicable, it is the District's preference that grant payments be made on an as needed basis or schedule following the receipt of the necessary reports and supporting documents
 - Timeline:** If the basis of your request is a project, please indicate a start date, key milestones, and estimated completion date.
 - Application Budget:** (*See Exhibit "C"*)
 - ✓ Budget should include total cost of the grant request, and clearly indicate what is to be funded through the District's grant.
 - ✓ Include a budget narrative justifying expenses, including if applicable, plans to sustain any projects funded with grant proceeds beyond the District's funding.
 - ✓ Make sure to include other parties funding the above program/project, if applicable.
- Attachments**
 - Job descriptions and resumes of staff involved in the program/project
 - List of governing board members of organization and their affiliations.
 - Authority from governing organization to request grant funds. (If applicable.)
 - Proof of good standing and/or nonprofit status.
 - If you are requesting grant funding from parties for the same or similar reason, please include a complete copy of the application packet(s) submitted to the third parties.
 - Copy of most recent audited financials, organizational budget, and tax return forms.
 - Additional Pertinent Materials: You may attach materials that directly support the proposed grant request.

GENERAL GRANT TERMS, CONDITIONS AND UNDERSTANDINGS

This Agreement by and between Winnie-Stowell Hospital District ("District"), a political subdivision of the State of Texas and Winnie-Stowell Volunteer EMS District and _____ ("Recipient") sets forth the terms, conditions, and understandings of the grant ("Grant") in the amount of \$4,518.00 awarded to subject to Flood Rice Festival string with the following conditions:

1. Representations and Certifications

The Recipient represents and certifies to the best of its knowledge and belief to the District as follows:

- (a) Recipient has legal authority to enter into, execute, and deliver this Agreement, and all documents referred to herein, and it has taken all actions necessary to its execution and delivery of such documents;
- (b) Recipient has read and will comply with the GRANT/SPONSORSHIP POLICY AND PROCEDURES and the terms, conditions, provisions, covenants, requirements, and certifications in this Agreement, applicable statutory provisions, agency administrative rules, and all other documents incorporated herein by reference;
- (c) Recipient has made no material false statement or misstatement of fact in connection with the Grant application or this Agreement and its receipt of the Grant, and all of the information it previously submitted to the district or that it is required under this Contract to submit to the District relating to the Grant or the disbursement of any of the Grant is and will be true and correct at the time such statement is made;
- (d) It is in compliance in all material respects with provisions of its charter and of the laws of the State of Texas, and of the laws of the jurisdiction in which it was formed, and (i) there are no actions, suits, or proceedings pending, or threatened, before any judicial body or governmental authority against or affecting its ability to enter into this Agreement, or any document referred to herein, or to perform any of the material acts required of it in such documents and (ii) it is not in default with respect to any order, writ, injunction, decree, or demand of any court or any governmental authority which would impair its ability to enter into this Contract, or any document referred to herein, or to perform any of the material acts required of it in such documents;
- (e) Neither the execution and delivery of this Agreement or any document referred to herein, nor compliance with any of the terms, conditions, requirements, or provisions contained in this Contract or any documents referred to herein, is prevented by, is a breach of, or will result in a breach of, any term, condition, or provision of any agreement or document to which it is now a party or by which it is bound; and
- (f) Recipient shall furnish such satisfactory evidence regarding the representations and certifications described herein as may be required and requested by the District from time to time.

- (a) any changes in your organization's status;
- (b) your inability to expend the grant for the purposes described in the grant award letter; or
- (c) any expenditure from this grant made for any purpose other than those for which the grant was intended.

6. Access for Evaluation

You agree to permit the District and its representatives, at its request, to have access during regular business hours to your files, records, accounts, personnel and clients or other beneficiaries for the purpose of making financial audits, verifications or program evaluations as the District deems necessary or appropriate concerning this grant award.

7. Publicity

You will allow the District to review and approve the text of any proposed publicity concerning this grant prior to its release. The District may include information regarding this grant, including the amount and purpose of the grant, any photographs you may have provided, your logo or trademark, or other information or materials about your organization and its activities, in the District periodic reports, newsletters, and news releases.

8. Contingent upon Availability of Grant Funds

This Agreement is contingent upon funding being available for the term of the Agreement and the Recipient shall have no right of action against the District in the event that the District is unable to perform its obligations under this Agreement as a result of the suspension, termination, withdrawal, or failure of funding to the District or lack of sufficient funding of the District for this Agreement. If funds become unavailable to the District during the term of the Agreement. For the sake of clarity, and except as otherwise provided by this Agreement, if this Agreement is not funded, then both parties are relieved of all its obligations under this Agreement.

9. Right to Revoke or Modify - "Event of Default"

The District reserves the right to discontinue, modify or withhold any payments to be made under this grant award or to require a total or partial refund of any grant funds if, in the District's sole discretion, it is determined that an "Event of Default" occurred:

- (a) Recipient fails to comply with the District's GRANT/SPONSORSHIP POLICY AND PROCEDURES, or Terms and Conditions of this grant;
- (b) The purpose and objectives of the Grant are not being achieved or sustainable;
- (c) The Recipient is not in compliance with any state or federal law; or
- (d) The Recipient's material misrepresentation or false covenant, representation, certification, or warranty made by Recipient herein, in the Grant application, or in any other document furnished by Recipient pursuant to this Agreement that was misleading at the time that it was made.

If District does not receive signed copies of its grant award letter and of these general grant terms within 14 days after the date of the District's grant award letter, this grant may be revoked.

10. Duty to Report Event of Default - "Notice of Default"

The Recipient shall notify the District in writing promptly and in no event more than seven (7) days after it obtains knowledge of the occurrence of any Event of Default. The Recipient shall include a statement setting forth reasonable details of each Event of Default and the action which the Recipient proposes to take with respect thereto.

11. Interim Remedies

Upon receipt by the Recipient of a notice of Default, and at any time thereafter until such Event of Default is cured to the satisfaction of the District or this Contract is terminated, the District may enforce any or all of the following remedies (such rights and remedies being in addition to and not in lieu of any rights or remedies set forth herein):

- (a) The District may refrain from distributing any amount of the Grant funds not previously disbursed; provided, however, the District may make such a disbursement after the occurrence of an Event of Default without thereby waiving its rights and remedies hereunder; and
- (b) The District may enforce any additional remedies it has in law or equity.

The rights and remedies herein specified are cumulative and not exclusive of any rights or remedies that the District would otherwise possess.

12. Obligations/Liabilities Affected by Event of Default

The Recipient shall not incur new obligations that otherwise would have been paid for using Grant funds after the receipt of notice as of Event of Default, unless expressly permitted by the District in writing, and shall cancel or suspend as many outstanding obligations as possible. The District shall not owe any fee, penalty or other amount for exercising its right to terminate the Agreement. In no event shall the District be liable for any services performed, or costs or expenses incurred, after the termination of the Agreement.

13. Termination of Agreement

If the District intends to terminate for an Event of Default by the Recipient, the District shall provide written notice to the Recipient and shall include a reasonable description of the Event of Default and, if applicable, the steps necessary to cure such Event of Default. Upon receiving notice from the District, the Recipient shall have thirty (30) days beginning on the day following the receipt of notice to cure the Event of Default. Upon request, the District may provide an extension of time to cure the Event of Default(s) beyond the thirty (30) day period specified herein so long as the Recipient is using reasonable efforts to cure and is making reasonable progress in curing such Event(s) of Default. The extension shall be in writing and appended to

the Contract. If the Recipient is unable, or fails, to timely cure an Event of Default, unless expressly waived in writing by the District, this Contract shall immediately terminate as of the close of business on the final day of the allotted cure period without any further notice or action by the District required.

In addition, and notwithstanding the foregoing, if the District determines that certain Events of Default cannot be cured, the District shall give Final Event of Default under this Agreement and has the right to terminate this Agreement immediately.

14. Repayment of Grant Proceeds upon Event of Default

The District may require the Recipient to repay some or all the disbursed Grant proceeds in the event of termination to the extent such Event of Default resulted from Grant funds being expended in violation of this Agreement. To the extent that the District exercises this option, the District shall provide written notice to the Recipient stating the amount to be repaid, applicable interest calculated not to exceed [_____] annually, and the schedule for such repayment. The Recipient may request that the District waive the interest, subject in all cases to the District's sole discretion.

15. INDEMNIFICATION

EXCEPT AS PROVIDED HEREIN, THE RECIPIENT AGREES TO FULLY INDEMNIFY AND HOLD THE DISTRICT AND THE STATE OF TEXAS HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, COSTS, EXPENSES, LIABILITIES, CAUSES OF ACTION AND DAMAGES OF EVERY KIND AND CHARACTER (INCLUDING REASONABLE ATTORNEYS FEES) WHICH MAY BE ASSERTED BY ANY PARTY IN ANY WAY RELATED OR INCIDENT TO, ARISING OUT OF THE RECEIPT OF GRANT FUNDS BY THE DISTRICT, INCLUDING BUT NOT LIMITED TO CLAIMS OF RECIPIENT'S NEGLIGENT, INTENTIONAL OR WRONGFUL PERFORMANCE OR FAILURE TO PERFORM UNDER THIS CONTRACT, (2) THE RECIPIENTS RECEIPT OR USE OF GRANT FUNDS, (3) ANY NEGLIGENT, INTENTIONAL OR WRONGFUL ACT OR OMISSION COMMITTED BY THE RECIPIENT ASSOCIATED WITH THE GRANT; (4) ANY CLAIM OF BREACH OR NONPERFORMANCE OF ANY REPRESENTATION, COVENANT OR AGREEMENT BY RECIPIENT RESULTING FROM THE RECEIPT OF THE GRANT; OR; (5) CLAIM BY ANY CONTRACTOR, VENDOR, OR INDIVIDUAL ALLEGING DENIAL OF PAYMENT FOR GOODS, EQUIPMENT, OR SERVICES ASSOCIATED WITH GRANT BY THE DISTRICT. IN ADDITION, THE RECIPIENT AGREES TO FULLY INDEMNIFY AND HOLD THE DISTRICT AND THE STATE OF TEXAS HARMLESS FROM AND AGAINST ANY AND ALL COSTS AND EXPENSES OF EVERY KIND AND CHARACTER (INCLUDING REASONABLE ATTORNEYS FEES, COSTS OF COURT AND EXPERT FEES) THAT ARE INCURRED BY THE DISTRICT OR THE STATE OF TEXAS ARISING OUT OF OR RELATED TO A CLAIM OF THE TYPE SPECIFIED IN THE PRECEDING SENTENCE. NOTWITHSTANDING THE PRECEDING, SUCH INDEMNIFICATION SHALL NOT APPLY IN THE EVENT OF THE SOLE OR GROSS NEGLIGENCE OF THE DISTRICT

THE FOLLOWING PROCEDURE SHALL APPLY WITH RESPECT TO ANY CLAIMS OR PROCEEDINGS COVERED BY THE FOREGOING AGREEMENT TO INDEMNIFY AND HOLD HARMLESS:

- I. DISTRICT SHALL GIVE WRITTEN NOTICE TO RECIPIENT PROMPTLY AFTER DISTRICT LEARNS OF THE CLAIM OR PROCEEDING; PROVIDED THAT THE FAILURE TO GIVE SUCH NOTICE SHALL NOT RELIEVE RECIPIENT OF ITS OBLIGATIONS HEREUNDER PROVIDED DISTRICT USES ITS BEST EFFORTS TO MITIGATE DAMAGES AND EXCEPT TO THE EXTENT RECIPIENT IS ACTUALLY DAMAGED THEREBY;**

- II. WITH RESPECT TO ANY THIRD-PARTY CLAIMS OR PROCEEDINGS AS TO WHICH DISTRICT IS ENTITLED TO INDEMNIFICATION, RECIPIENT, SUBJECT TO THE CONSENT OF THE DISTRICT THAT SHOULD NOT BE UNREASONABLY WITHHELD, SHALL HAVE THE RIGHT TO SELECT AND EMPLOY COUNSEL OF ITS OWN CHOOSING TO DEFEND AGAINST ANY SUCH CLAIM OR PROCEEDING, TO ASSUME CONTROL OF THE DEFENSE OF SUCH CLAIM OR PROCEEDING, AND TO COMPROMISE, SETTLE OR OTHERWISE DISPOSE OF THE SAME, IF RECIPIENT DEEMS IT ADVISABLE TO DO SO, ALL AT THE EXPENSE OF RECIPIENT; PROVIDED, HOWEVER, THAT DISTRICT MAY EMPLOY COUNSEL, OF ITS OWN CHOOSING, AT ITS SOLE EXPENSE. THE PARTIES WILL FULLY COOPERATE IN ANY SUCH ACTION AND SHALL MAKE AVAILABLE TO EACH OTHER ANY BOOKS OR RECORDS USEFUL FOR THE DEFENSE OF ANY SUCH CLAIM OR PROCEEDING. DISTRICT MAY ELECT TO PARTICIPATE IN THE DEFENSE OF ANY SUCH THIRD-PARTY CLAIM IN CONNECTION THEREWITH. SUBJECT TO THE FOREGOING DISTRICT, SHALL NOT SETTLE OR COMPROMISE ANY SUCH THIRD-PARTY CLAIM WITHOUT THE PRIOR CONSENT OF RECIPIENT, WHICH CONSENT SHALL NOT BE UNREASONABLY WITHHELD. INDEMNIFICATION SHALL BE DUE ONLY TO THE EXTENT OF THE LOSS OR DAMAGE ACTUALLY SUFFERED (I.E. REDUCED BY ANY OFFSETTING OR RELATED ASSET OR SERVICE RECEIVED AND BY ANY RECOVERY FROM ANY THIRD PARTY, SUCH AS AN INSURER).**

16. Insurance and Additional Insured. During the Term of this Agreement, Recipient shall, at its sole cost and expense, procure and maintain policies of insurance and/or provide and maintain self-insurance insuring against comprehensive general liability and professional liability for damages directly or indirectly related to the performance of any service provided in this Agreement, and the use of any property and facilities provided by Recipient and/or District in connection with this Agreement, in such amounts, on such terms and with such deductibles as are then commonly maintained by Recipient with facilities and operations similar to those of Recipient. To the extent that the Parties determine that it is economically

feasible, the Recipient will name the District as an Additional Insured, to the Recipient's comprehensive general liability and professional liability insurance policies and from time to time, Recipient will furnish District with certificates evidencing such insurance and/or self-insurance; and Recipient shall promptly advise District of any change in the insurance and/or self-insurance maintained by Recipient.

17. Notices

All notices, requests, and communications required or permitted hereunder shall be in writing and shall be sufficiently given and deemed to have been received upon personal delivery or delivery by overnight courier or, if mailed, upon the first to occur of actual receipt or seventy-two (72) hours after being placed in the United States mail, postage prepaid, registered or certified mail, receipt requested, or e-mail addressed to the Parties as follows:

District:	Mr. Edward Murrell President Winnie-Stowell Hospital District P.O. Box 1997 Winnie, Texas 77665
Recipient:	<u>Joshua Wahlert</u> <u>Winnie-Stowell Volunteered EMS</u> <u>Po Box 755</u> <u>Winnie, TX 77665</u>

Notice of a change in address of one of the Parties shall be given in writing to the other party as provided above but shall be effective only upon actual receipt.

18. No Assignment or Delegation

Recipient may not assign, or otherwise transfer, your rights or delegate any of your obligations under this Grant without prior written approval from the District.

19. Compliance with Applicable Federal and State Law

The Recipient intends on conducting itself in full compliance with applicable state, local, and federal law including the federal law commonly known as the Stark Law, the Medicare and Medicaid Anti-Fraud and Abuse law, and the Texas Occupations Code Anti-Patient Solicitation law. Recipient will not intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of such laws.

20. Alternative Dispute Resolution

If applicable, the dispute resolution process provided for in TEX. GOVT. CODE, Ch. 2260 shall be used, as further described herein, to resolve any claim for breach of contract made against the District (excluding any uncured Event of Default). The submission, processing and resolution of a party's claim are governed by the published rules adopted by the Attorney General pursuant to

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: August 10th, 2024

Organization/Individual Requesting Grant Funds: Winnie - Stowell Volunteer EMS

Organization/Individual Address: Pc Box 755
Winnie, TX 77665

Contact Person: Josh Wahleithan

Title: Assistant Director

Phone Number: 907-284-7972 Fax Number: 409-296-1233

E-Mail Address: Josh@WSVEMS.com

Name of Project, Program or Event: Rice Festival Medical Standby

Date of Program or Event: 9/29/24 - 10/5/24

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: \$4,518.00

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): Provide stand by medical services for Rice festival. (see narrative)

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

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

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): (see 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: [Signature]
Name: Josh Wahleithan
Title: Assistant Director



Winnie Stowell Volunteer EMS

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

August 10th, 2024

To: Whom it may concern:

Re: Winnie-Stowell Hospital District Grant “Exhibit B”

- Please provide a comprehensive description of how the District’s resources will be used (Please complete below, or you may also attach support material)
 - If approved, the funds will be utilized to staff a third ambulance and staff a first aid booth for the Rice Festival. We will provide a single provider for the cook off prior to the event and medical staff as previously mentioned during the festival’s hours of operation on 10/2/24 – 10/5/24.

- 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)
 - The Rice Festival draws a large crowd into a confined area. Due to the nature of these events, there is an increased chance that medical services will be needed. By providing and staffing a first aid booth and dedicating a staffed ambulance to the festival grounds this will allow for staff to be on site and provide care for those in need.



Winnie-Stowell Volunteer EMS

PO Box 755

Winnie, TX 77665

August 10th, 2024

To :

Whom it may concern, &

Winnie-Stowell Hospital District Board Members

Purpose

Winnie-Stowell Volunteer EMS (WSVEMS) has been requested to provide medical services for the Rice Festival this fall. The festival has requested services that we are able to provide but will impose a financial impact on our organization to provide the require services. We are requesting financial support from the Winnie-Stowell Hospital District to allow our agency to provide a first aid station staffed with basic life support staff and a standby dedicated ambulance, staffed with a Paramedic and EMT/AEMT to provide additional staff and immediate transport services from the festival grounds and/or immediate area during main festival events.

Organizational Background

WSVEMS has provided pre-hospital medical services to the communities of Winnie and Stowell since our inception in 2010. Over the years we have successfully delivered high quality emergency medical services to the sick and injured while delivering those patients to definitive care.

Staffing and Deployment for Event

WSVEMS has spoken with officials with Rice Festival as well as providers from past years and developed the following plan to provide stand by medical services in and around the festival.

Winnie EMS Salary Expenses For Rice Festival 2024

Staffing Numbers

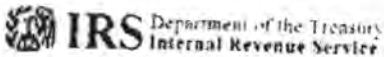
	9/29/2024	9/30/2024	10/2/2024	10/3/2024	10/4/2024	10/5/2024
AEMT	1200 - 2200	0900 - 2200	1600 - 0100	1600 - 0100	0800 - 0200	0800 - 0200
EMT			1600 - 0100	1600 - 0100	0800 - 0200	0800 - 0200
Medic			1600 - 0100	1600 - 0100	0800 - 0200	0800 - 0200
Medic			1600 - 0100	1600 - 0100	0800 - 0200	0800 - 0200

Staffing Hours

	9/29/2024	9/30/2024	10/2/2024	10/3/2024	10/4/2024	10/5/2024	Total
AEMT	10	13	9	9	18	18	77
EMT			9	9	18	18	54
Medic			9	9	18	18	54
Medic			9	9	18	18	54
Total	10	13	36	36	72	72	239

Staffing Expenses

	9/29/2024	9/30/2024	10/2/2024	10/3/2024	10/4/2024	10/5/2024	Event Total
AEMT	\$ 180.00	\$ 234.00	\$ 162.00	\$ 162.00	\$ 324.00	\$ 324.00	\$ 1,386.00
EMT	\$ -	\$ -	\$ 144.00	\$ 144.00	\$ 288.00	\$ 288.00	\$ 864.00
Medic	\$ -		\$ 189.00	\$ 189.00	\$ 378.00	\$ 378.00	\$ 1,134.00
Medic	\$ -	\$ -	\$ 189.00	\$ 189.00	\$ 378.00	\$ 378.00	\$ 1,134.00
Daily Summary	\$ 180.00	\$ 234.00	\$ 684.00	\$ 684.00	\$ 1,368.00	\$ 1,368.00	\$ 4,518.00



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248464840
Nov. 17, 2010 LTR 4168C EO
71-0864023 000000 00

00017517
BODC: TE

WINNIE-STOWELL VOLUNTEER EMERGENCY
MEDICAL SERVICES
PO BOX 755
WINNIE TX 77665-0755

Employer Identification Number: 71-0864023
Person to Contact: Mrs. Dudley
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 05, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in SETEMBER 2002.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Winnie Stowell Volunteer EMS



EMT-Basic

Job Description

Supervisor: EMS Coordinator

Salary/Wage Status: Hourly

SUMMARY OF DUTIES:

Provides emergency medical care and community education to the citizens of Winnie-Stowell service area, provide exceptional pre-hospital clinical medicine based on the Winnie-Stowell Volunteer EMS Scope of Care. Must be able to utilize electronic communication including portable and mobile radios, electronic patient care records and computer aided dispatch equipment. Must have excellent written and verbal communication skills and excellent customer service skills. Follows all established standards and procedures set forth by policy and procedures. Must be able to maintain and trouble shoot medical equipment as well as keep equipment and vehicles clean and response ready.

SUPERVISION RECEIVED:

Works under the general supervision of the EMS Coordinator.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Report for duty on time and when assigned.
- Maintain good physical condition and personal hygiene.
- Serves as crew member on an EMS unit.
- Responds to emergency and non-emergency calls for service.
- Ability to assess emergency scenes and respond to conditions as per policies and protocols.
- Assess patient and provide medical care on the scene and enroute to destination facility.
- Must have the ability to remain calm and follow oral and written procedures and instructions clearly and accurately in emergency situations.
- Must have the ability to demonstrate compassion to patients and family.
- Have the ability to effectively manage difficult interpersonal situations and conflicts involving patients, family members, bystanders and other health care or public safety workers.

Winnie Stowell Volunteer EMS



- Demonstrate effective and positive interpersonal relationship skills with co-workers and supervisors, in both routine and stressful circumstances.
- Lift 150 pounds with assistance.
- Operate EMS vehicles safely under normal and emergency conditions.
- Delivers patients to the destination facility.
- Safely operate standard equipment; such as stretchers, cots, patient care monitors and standard diagnostic equipment.
- Document activities, including patient care via written and electronic media.
- Maintains EMS vehicles and equipment.
- Performs routine maintenance and cleaning at EMS facilities.
- Instructs first responders and the public on emergency care, including CPR.
- Attends continuing education classes for updates on medical procedures.
- Be able to handle extreme stress in crisis situations.
- Be able to stand for extended periods of time.
- Must be available to work assigned shift unless otherwise requested.

OTHER JOB DUTIES:

- Performs other duties as required.
- Job description statements are intended to describe the general nature and level of work being performed by employees assigned to this job title. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required.

WORKING CONDITIONS:

- May work in inclement weather, including extreme heat and cold.
- Be available to report for duty in dangerous and severe weather such as ice storms, wind storms and flooding event.
- Subject to various hazards associated with emergency rescue operations.
- Be able to work with and under the direction of other agencies during regional emergency response incidents.
- Evening, weekend and holiday hours are required as needed.
- Exposed to persons with unknown illnesses, uncontrolled accident and crime scenes and hazards of traffic while operating an ambulance under routine and emergency conditions.

DESIRED MINIMUM QUALIFICATIONS:

- Must be certified or licensed by the Texas Department of State Health Services as a Basic Emergency Medical Technician and be in good standing with the DSHS.

Winnie Stowell Volunteer EMS



- Thorough working knowledge of the operation of EMS vehicles.
- Thorough working knowledge of EMS communications and medical equipment.
- Must have no felony convictions or disqualifying criminal history.
- Must have high school diploma or GED equivalent.
- Must have a valid Texas driver's license.
- Be able to read, write and speak English.
- Must demonstrate excellent written and verbal communications skills.
- Must demonstrate excellent customer service skills.
- Must successfully complete ACLS, BLS CPR and PALS/PEEP within the first six (6) months of hire.

PREFERRED QUALIFICATIONS:

- Two (2) years 911 field experience.
- Be able to provide emergency care at the Intermediate level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Proficiency in computer key board, use of word processing, computer aided dispatching equipment.

OTHER:

Winnie-Stowell Volunteer EMS provides equal employment opportunities (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.

Winnie-Stowell Volunteer EMS may consider all related education and/or experience in determining the applicant's minimum qualifications and starting salary.

- Evening and weekend and holiday hours are required as needed

Qualifications:

- Prefer graduation from an accredited intermediate program.
- Must be certified or licensed by the Texas Department of State Health Services as a Intermediate (must not have state sanctions or disciplinary restrictions).
- Must have a valid Texas driver's license (must obtain by hire date).
- Must possess thorough knowledge of current principles and practices of emergency care at the basic and advanced levels.
- Must be able to provide emergency care at the Intermediate level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Must demonstrate excellent oral and written communication skills.
- Prefer 2 year 911 field experience
- Must be proficient with computer key board, use of word processing, Computer Aid Dispatching (Mobile Data Terminal).

Winnie Stowell Volunteer EMS



Paramedic Job Description

Supervisor: EMS Coordinator

Salary/Wage Status: Hourly

SUMMARY OF DUTIES:

Functions independently, once credentialed by the Medical Director, providing exceptional prehospital clinical medicine based on the Departments Scope of Care. Must be able to utilize electronic communication including portable and mobile radios, electronic patient care records, computer aid dispatching equipment and have excellent written and verbal communication skills. Once cleared to independent duty, field paramedics are required to manage medical and trauma patients, direct co-workers, first responders and bystanders. Must be able to maintain and trouble shoot medical equipment as well as keep equipment and vehicle clean and response ready.

SUPERVISION RECEIVED:

Works under the general supervision of the EMS Coordinator.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Report for duty on time and when assigned
- Maintain good physical condition and personal hygiene
- Ability to assess emergency scenes
- Lift 150 pounds with assistances
- Operate EMS vehicles under normal and emergency conditions
- Operate standard equipment; such as stretchers, cots, patient care monitors, and standard diagnostic equipment.
- Extricate persons from vehicles, bend and lift, and perform CPR for extended periods of time.
- Be able to handle extreme stress in crisis situations
- Be able to stand for extended periods of time.
- Work 24 hour shifts, overtime when required and attend all mandatory in-service training

Winnie Stowell Volunteer EMS



ENVIROMENTAL FACTORS:

- May work in inclement weather, including extreme heat and cold.
- Be available to report for duty in dangerous and severe weather such as ice storms, wind storms and flooding event.
- Be able to work with and under the direction of other agencies during regional emergency response incidences.
- Evening and weekend and holiday hours are required as needed

Qualifications:

- Prefer graduation from an accredited paramedic program.
- Must be certified or licensed by the Texas Department of State Health Services as a Paramedic (must not have state sanctions or disciplinary restrictions).
- Must have a valid Texas driver's license (must obtain by hire date).
- Must possess thorough knowledge of current principles and practices of emergency care at the basic and advanced levels.
- Must be able to provide emergency care at the Paramedic level under adverse conditions.
- Must obtain system credentialing (as required by the Medical Director) within 6 months of hire date.
- Must demonstrate excellent oral and written communication skills.
- Prefer 2 year 911 field experience.
- Must be proficient with computer key board, use of word processing, Computer Aid Dispatching (Mobile Data Terminal).



Winnie Stowell Volunteer EMS



Assistant Director Job Description

Supervisor: EMS Coordinator

Salary/Wage Status: Full-Time

SUMMARY OF DUTIES:

Work involves the responsibility for the operational functions of the emergency medical services program. The employee works closely with the EMS Coordinator on short and long range budget preparation; development of operational structure and staffing; projection of needs, service expansion and delivery; and overseeing daily operations. Employee may assist with responding to major emergency response scenes to coordinate the activities of various agencies and to ensure availability of necessary equipment, supplies and manpower. Work is performed in accordance with State and Federal regulations, program SOP's, established EMS procedures and under local medical director approved protocols. The employee is exposed to the normal hazards of emergency rescue work, including risk of exposure to human body fluids and infectious diseases, thus the work is subject to the OSHA requirements for bloodborne pathogens. Employee must maintain ability to respond to emergency situations, as required. Work is performed independently requiring initiative, sound judgment and tact and diplomacy. Work is performed under the general supervision of the EMS Coordinator, and work is reviewed by discussion, reports and public acceptance of services.

SUPERVISION RECEIVED

Works under the general supervision of Winnie-Stowell Volunteer EMS Coordinator

SUPERVISION EXERCISED

Directly supervises Equipment, Supplies, Fleet Maintenance, Personnel Management, On Boarding, FTO Program, Scheduling, Payroll, Hospital District Grant Programs, Quality Improvement, Clinical Review, Clinical Development and Information Technology

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Coordinates and supervises emergency medical services daily operations and training activities and staff through EMS Coordinator.
- Assists the Coordinator in planning, organizing and directing the delivery of emergency services throughout the Service Area.

- Recommends budget needs for the division to the EMS Coordinator and provides justification for recommendations.
- Research and recommendation of needed equipment and medical supplies.
- Ensures proper maintenance of equipment.
- Participates in development, evaluation and revision of protocols and SOP's.
- Functions as Power of Attorney for schedule II and IV medications.
- Provides supervision over fleet maintenance and medical equipment and supplies.
- Ensure all WSEMS protocols, policies and procedures are followed by all staff members.
- Maintains readiness to respond to emergency situations, as required.
- Responsible for maintaining par levels in supply room with 90 days expirations notice for ordering.
- Serve as liaison between WSVEMS and WSHD
- Manage transfer program, maintain and submit documentations as required. Serve as point of contact for hospital transfers screenings
- Supervise QA process and ensure policies are followed.
- Provide feedback on trends in treatments and areas of improvement.
- Coordinate with Medical Director for protocol revisions and updates.
- Ensure all employee certifications are up to date and current.
- Coordinate with EMS Coordinator to provide training as determined by trends.
- Ensure DSHS documents are current.
- Ensure all staff follow policies and procedures.
- Oversee schedule development
- Serve as point of contact for all crews regarding scheduling changes and call offs.
- Find coverage as needed to fill any schedule vacancies.
- Complete and submit payroll to accounting service.
- Oversee all pieces of technology and manage technology systems.
- Serve as point of contact for system failures and trouble shooting.
- Develop and maintain internal forms and documents.

DESIRED MINIMUM QUALIFICATIONS

- High school diploma or GED equivalent; college or university course work in related field preferred.
- Five (5) years of experience in Advanced Life Support or equivalent combination of education and experience preferred.
- Four (4) years supervisor experience preferred.
- Experience with ePCR software.
- Valid Texas driver's license

Special Requirements:

- Must be twenty-one (21) years of age or older at time of hire.
- Must have no felony convictions or disqualifying criminal histories within the past seven (7) years.
- Ability to read, write, and speak English.
- Must be a U.S. Citizen
- Must possess and Maintain state Paramedic certification as well as BLS, ACLS, PALS or PEEP, and PHTLS.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The work is performed while intermittently sitting, standing, walking, bending, crouching, kneeling, climbing and descending stairs, balancing, stooping and reaching. The work is often performed while wearing PPE and could be while carrying additional equipment. The ability to use hands to operate objects, tools or controls is necessary. The employee will lift light and heavy objects including patients and equipment. The employee is required to be able to lift a 200 lb patient with assistance from another partner. A high degree of dexterity is necessary. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. The work is typically performed in an office, stockroom, outdoors and at the scene of emergency incidents. The employee may be exposed to fire, smoke, noise, dust, dirt, grease, machinery with moving parts, contagious or infectious disease or pathogens, irritating chemicals and hot, cold or inclement weather. The work requires use of protective equipment such as masks, goggles, gloves and all protective clothing associated with EMS operations.



Winnie - Stowell Volunteer EMS

249 Broadway Ave

Winnie TX, 77665

409-296-9627

2024 Winnie-Stowell Volunteer EMS

Board Members

Dennis Dugat – President

Brandon Green – Vice President

Michelle Hardy – Secretary

Meredith Hamilton – Treasurer

George (Buck) Stobart – Member

Proposed Winnie Stowell EMS Budget 2024

Proposed County Funds	\$	750,000.00
Estimated Insurance Collections	\$	60,000.00
Hospital District Grant	\$	150,000.00
Total anticipated funds for 2024	\$	960,000.00

PLANNED EXPENSES		2024
Payroll With Benefits		Jan
EMS Coordinator	\$	85,000.00
Administrative Assistant	\$	30,000.00
Paramedic 1 Full Time	\$	190,000.00
2 Full time any level	\$	320,000.00
Para/Int/EMT (part time)	\$	158,000.00
Overtime	\$	30,000.00
SS/MC/FICA	\$	200,000.00
Insurance	\$	30,000.00
401K	\$	1,600.00
Subtotal	\$	1,044,600.00

Office Expenses		Jan
Maintenance Contracts		\$24,000.00
Office Equipment and Supplies		\$3,000.00
Computer Equipment and Software		\$20,000.00
Internet/Web/Email		\$2,500.00
Postage		\$2,000.00
Utilities		\$15,000.00

Copier Rental and Supplies	\$2,000.00
Subtotal	\$68,500.00

Field Operations Expenses	Jan
Ambulance First Responder Supplies	\$45,000.00
Medical Equipment	\$7,500.00
Vehicle Repairs	\$18,000.00
Fuel and Oil	\$35,000.00
Medical Waste Expense	\$2,000.00
Subtotal	\$107,500.00

Training Expenses	Jan
Training classes	\$5,000.00
Training Conferences/Seminars	\$5,000.00
Training-related travel costs	\$5,000.00
Subtotal	\$15,000.00

Administrative Expenses	Jan
Licensing Fees	\$2,000.00
Drug and Alcohol Testing	\$2,500.00
Billing Services	\$25,000.00
Medical Director	\$18,000.00
Professional Services	\$30,000.00
Insurance	\$80,000.00
Uniforms	\$5,000.00
Miscellaneous	\$2,500.00
Subtotal	\$165,000.00

Equipment Purchases	Unknown
Subtotal	\$0.00

TOTALS

TOTAL Planned Expenses

\$1,272,100.00

EXHIBIT “H”

Hubert Oxford IV

From: Kaley Smith <kaley.smith@coastalgatewayhc.org>
Sent: Friday, August 16, 2024 9:07 AM
To: Hubert Oxford IV
Cc: 'Edward Murrell'
Subject: RE: Agenda Item

Good morning,

Dividing up the Business Office space into smaller offices or workstations and moving the checkout window closer to the checkout space.

I think something needs to be added to the agenda in order to get 'approval' so I can keep the ball rolling. We would like renovations to be complete before we roll into flu season (i.e. November/December).

Also, something on the agenda about creating a 'Building Committee or Planning Committee' to begin meeting about the future building.

Thanks,

Kaley



Kaley Smith, MHA

Chief Executive Officer

409.296.4444
kaley.smith@coastalgatewayhc.org
P.O. Box 2264, Winnie, Texas 77665
www.coastalgatewayhc.org

From: Hubert Oxford IV <hoxfordiv@benoxford.com>
Sent: Friday, August 16, 2024 9:01 AM
To: Kaley Smith <kaley.smith@coastalgatewayhc.org>
Cc: 'Edward Murrell' <murrelledward@yahoo.com>
Subject: RE: Agenda Item

Interesting. What renovations are you all making? I am asking because I am trying to figure out how that works, if the District owns the building. That is, in looking at from the Clinics position, they would be making improvements to a building that isn't theirs.

With this said, while I am thinking about, do we need to add this to the agenda?

Let me finish what I am doing and I will call you.



[Hubert Oxford, IV](#)
Partner
3535 Calder Ave, Suite 300
Beaumont, Texas 77706
(409) 833-9182 (O) (409) 951-4721 (D)
(409) 351-0000 (C)



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From: Kaley Smith <kaley.smith@coastalgatewayhc.org>
Sent: Friday, August 16, 2024 8:50 AM
To: Hubert Oxford IV <hoxfordiv@benoxford.com>
Cc: 'Edward Murrell' <murrelledward@yahoo.com>
Subject: Agenda Item

Hubert,

Good morning. At our last health center board meeting we discussed making some minor modifications/renovation to the Ramtech building using the DSHS Incubator funds. To move forward with something like that I had to request formal permission from DSHS, which I did following the July meeting. I heard back from DSHS last week with their approval to move forward with spending the funds in this manner. I also received approval from DSHS to use funds to engage an architectural firm for architectural design services for the 'future' building. This was also discussed at our last board meeting, as well as collaborating with the WSHD to start the planning process (either by Committee or however it needs to be set up). This last part is technically separate from the other item (renovation).

In order to renovate the building, I know I will need formal permission from the landlord (WSHD) and DSHS has a form we will have to complete and send in (it's like a Landlord Consent Form).

Please call whenever you have a chance to discuss.

Thanks,

Kaley



Kaley Smith, MHA

Chief Executive Officer





-  409.296.4444
-  kaley.smith@coastalgatewayhc.org
-  P.O. Box 2264, Winnie, Texas 77665
-  www.coastalgatewayhc.org

EXHIBIT ‘I’

FIFTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT

THIS FIFTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT (“Fifth Amended Agreement”) is effective as of September 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”).

R E C I T A L S

WHEREAS, on August 26, 2024, the District held its Regular Meeting to discuss, among other things, authorized the execution of the Fifth 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 September 1, 2024 to the Agreement.

NOW THEREFORE, for and in consideration of the execution of this Fifth Amended Agreement and of the mutual covenants and agreements herein contained, the parties hereby enter into this Fifth Amended Agreement and in so doing, completely supersede and replace Fifth 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 September 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 Fifth 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 Fifth Amended Agreement, the Agreement is hereby ratified and confirmed (giving legal effect to this Amendment).
5. This Fifth 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 Fifth 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

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.]

EXHIBIT “J-1”

ORDER OF CANCELLATION

The Winnie Stowell Hospital District hereby cancels the election scheduled to be held on November 5, 2024 in accordance with Section 2.053(a) of the Texas Election Code. The following candidates have been certified as unopposed and are hereby elected as follows:

Office(s)	Candidate(s)
At-Large Position 1	Edward Murrell
At-Large Position 2	Anthony Stramecki
At-Large Position 3	Jeffrey Rollo

A copy of this order will be posted on Election Day at each polling place that would have been used in the election.

President

Secretary

Date of adoption

ORDEN DE CANCELACIÓN

El Distrito De Hospitalario Winnie Stowell por la presente cancela la elección que, de lo contrario, se hubiera celebrado el 5 de Noviembre de 2024 de conformidad, con la Sección 2.053(a) del Código de Elecciones de Texas. Los siguientes candidatos han sido certificados como candidatos únicos y por la presente quedan elegidos como se haya indicado a continuación:

Cargos(s)	Candidato(s)
En general miembro de la Junta Posición 1	Edward Murrell
En general miembro de la Junta Posición 2	Anthony Stramecki
En general miembro de la Junta Posición 3	Jeffrey Rollo

El Día de las Elecciones se exhibirá una copia de esta orden en todas las mesas electorales que se hubieran utilizado en la elección.

Presidente

Secretario

Fecha de adopción

EXHIBIT “J-2

**CERTIFICATION OF UNOPPOSED CANDIDATES FOR WINNIE STOWELL
HOSPITAL DISTRICT**

To: Presiding Officer of Governing Body

As the authority responsible for having the official ballot prepared, I hereby certify that the following candidates are unopposed for election to office for the election scheduled to be held on November 5, 2024.

List offices and names of candidates:

Office(s)	Candidate(s)
At-Large Position 1	Edward Murrell
At-Large Position 2	Anthony Stramecki
At-Large Position	Jeffrey Rollo

Signature

Victoria Carlo
Printed name

Election Administrator
Title

August 26, 2024
Date of signing

**CERTIFICACIÓN DE CANDIDATOS ÚNICOS PARA EL DISTRITO DE
HOSPITALARIO WINNIE STOWELL**

Al: Presidente de la entidad gobernante

Como autoridad a cargo de la preparación de la boleta de votación oficial, por la presente certifico que los siguientes candidatos son candidatos únicos para elección para un cargo en la elección que se llevará a cabo el 5 de Noviembre de 2024.

Lista de cargos y nombres de los candidatos:

Cargos(s)	Candidato(s)
En general miembro de la Junta Posición 1	Edward Murrell
En general miembro de la Junta Posición 2	Anthony Stramecki
En general miembro de la Junta Posición 3	Jeffrey Rollo

Firma

Victoria Carlo

Nombre en letra de molde

Administradora de Elecciones

Puesto

el 26 de Agosto de 2024

Fecha de firma

EXHIBIT “K”

FIRST AMENDMENT TO MANAGEMENT AGREEMENT

This First Amendment to Management Agreement (“Amendment”) is dated to be effective as of August 26, 2024, **Winnie-Stowell Hospital District**, a governmental entity and political subdivision of the State of Texas organized pursuant to Tex. Const. Art. IX, § 9 and Chapter 286 of the Health and Safety Code, as amended (“Hospital District”) and **TDT Lamarque OpCo LLC**, a Texas limited liability company (“Manager”).

RECITALS:

WHEREAS, Hospital District and Manager executed a Management Agreement dated as of August 1, 2024 (the “Agreement”), whereby Hospital District retains the services of Manager to manage the operations of the nursing facility known as Bayou Pines Care Center, located at 4905 Fleming Street, La Marque, Texas 77568 (the “Facility”); and

WHEREAS, Hospital District and Manager desire to amend the Agreement, all upon and subject to the terms and conditions hereinafter provided.

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Words whose initial letters are capitalized are defined terms. When used in this Amendment such terms shall have the meaning assigned to them in the context of this Amendment or, if not defined in this Amendment, the same meaning as that assigned to such defined terms by the Agreement.
2. Paragraph 6.3, Interim Working Capital, is hereby added to the Agreement in its entirety, and the following is substituted in lieu thereof:

6.3.1 In consideration of Manager’s transfer of operations of the Facility as contemplated herein, the Sublease and the Operations Transfer Agreement, Manager’s commitment to manage the Facility as provided herein, and in order to ensure the continued efficient operation of the Facility, the Hospital District agrees to provide interim working capital (“Interim Working Capital”) during the change of ownership process. As provided below, Hospital District agrees to provide Interim Working Capital based on the prior month’s outstanding payables due from Medicaid, not to exceed the aggregate amount of ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) (the “Draw Limit”), subject a request by Manager for an increase in the Draw Limit and approval by the Hospital District’s Board of Directors. Hospital District will fund the Interim Working Capital within five (5) business days after receipt of a written request from Manager. Repayment of outstanding balance shall be made with no interest. After giving notice to the Manager, Manager agrees that the Hospital District may reduce the outstanding balance owed of the Interim Working Capital by retaining all Medicaid payments related to Medicaid claims that accrued after the Commencement Date and subject to the Medicaid vendor hold (“Accrued Medicaid Vendor Payments”).

6.3.2 Notwithstanding any other provision of this Agreement stating otherwise, all unreimbursed Interim Working Capital shall be reimbursed to Hospital District upon the earlier of the receipt of the Accrued Medicaid Vendor Payments or by May 31, 2025. If all outstanding Interim Working Capital has not been reimbursed to Hospital District by May 31, 2025, Hospital District shall have, as its sole remedy and upon written notice to Manager, the right to transfer of all Medicaid payments that accrued before and/or after the Commencement

Date, as well as all Incentive Payments due to Manager until such time as all Interim Working Capital has been reimbursed, subject to the timely payment of rent under the Sublease.

6.3.3 Manager represents and warrants that the Accrued Medicaid Vendor Payments, Ordinary Revenue and Surplus Working Capital are unencumbered and not subject to a loan, line of credit, working capital line of credit, accounts receivable collateral agreement, or deposit account control agreement, or deposit account instructions and service agreement by the Manager or any third party by which the Manager serves as an agent, affiliate, a related entity, or an entity that controls, is controlled by or is under common control of Manager.

3. The parties hereto represent and warrant to each other, which representations and warranties shall survive the execution and delivery hereof, that this Amendment 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 Amendment, the Agreement is hereby ratified and confirmed (giving legal effect to this Amendment).
5. This Amendment is binding on and enforceable by and against the parties hereto and their successors and permitted assigns. This Amendment 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. A signature hereto sent or delivered by facsimile or other electronic transmission shall be as legally binding and enforceable as a signed original for all purposes. The Recitals hereto are hereby incorporated into this Amendment by this reference thereto.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned have duly executed and delivered this Amendment as of the date first written above.

TDT LAMARQUE OPCO LLC
a Texas limited liability company

By: _____
Name: Alan Samples
Title: CEO

WINNIE-STOWELL HOSPITAL DISTRICT

By: _____
Edward Murrell, Board Chairman

EXHIBIT “L”



Texas Indigent Health Care Association

Frequently Asked Questions About TIHCA

What is the Texas Indigent Health Care Association?

The Texas Indigent Health Care Association (TIHCA) was created in 2004 as a program of the Urban Counties, with the cooperation of the Texas Association of Counties, when county indigent health care directors requested organizational assistance in response to the State's discontinuation of the Texas Department of Health Regional Coordinators the prior year. TIHCA was formed to help Chapter 61 entities effectively address many of the issues surrounding indigent health care administration. TIHCA's intent is to meet and exceed the level of service formerly provided by the state.

There are over 254 Chapter 61 entities, including counties, hospital districts and public hospitals, in the State of Texas. Each is required to provide indigent health care within their service area. This unfunded mandate from the state government can create political, financial and operational issues at the local and regional level.

What does TIHCA do?

The primary goal of TIHCA is to provide timely information on upcoming legislative issues, state-level changes, and staff training for program administration. TIHCA can also assist members by:

- Keeping programs up-to-date with the latest news and information;
- Strengthening inter-program dialogue and networking among programs; and
- Providing programs with educational opportunities, technical support, and peer review.

By being a member of TIHCA, members can work together to find solutions to operational issues that, when coupled with cost savings arising from pooled-purchasing opportunities, can save organizations money. This allows members to provide the same level of services while reducing the burden on taxpayers.

Who are the current members?

Angelina County
Bell and Mills CIHCP
Brazoria County
Fort Bend County
Liberty County Hospital District
Montgomery County Hospital District
Williamson County
Aransas County
Atascosa County
Bastrop County
Big Bend Regional Hospital District
Brazos Valley C.O.G.
Brown County
Brownfield Regional Medical Center
Burnet County
Chambers County
Collin County
Comal County
Denton County
Dewitt County
Ellis County
Falls County

Fayette County
Galveston County
Garza County Hospital District
Gillespie County
Grayson County
Guadalupe County
Hardin County
Harrison County
Hays County
Henderson County
Hidalgo County
Hill County
Hockley County
Hood County
Howard County
Jasper County
Jefferson County
Jim Wells County CIHCP
Kaufman County
Kerr County
Lamb County
Lee County
Liberty County
Limestone County

Lynn County
Matagorda County Hospital District
Maverick County Hospital District
McCamey County HD
McLennan County IHC
Parker County Hospital District
Rains County
Randall County
Real County
Red River County
Rockwall County IHC
San Jacinto
San Patricio County
Sterling County
Taylor County
Tom Green County
University Medical Center Hospital District
University of Texas Medical Branch
Van Zandt County
Walker County HD
Webb County
Wood County

Who are the current Board of Directors?

Chairman	Ebony Jackson, Bell County
Chairman Elect Immediate	Jennifer Gutierrez, Brazoria County
Past Chair	Martha Hernandez, Fort Bend County
Secretary	Alma Martinez, Maverick County Hospital District
Board Members	Tracie Simmons, Jasper County
	Terri Klein, Ellis County
	AJ Harris, Gregg County
	Dayna Foreman, Rockwall County
	Ida Chapman, Montgomery County Hospital District
	Aurora Maldonado, Williamson County

Who is eligible to join?

Membership is open to all programs with responsibilities under Chapter 61. Chapter 61, Health And Safety Code, defines the responsibilities of counties, hospital districts, and public hospitals in providing health care to eligible residents who are considered indigent.

How much are Dues?

A standard membership in the Texas Indigent Health Care Association is \$200. A charter membership is \$500. Charter members will receive a discount on registration for the annual conference, which benefits those entity's that may bring multiple people to the annual conference.

How does an eligible entity join?

A potential member entity joins by submitting an application, with a check for dues, and appointing a representative to TIHCA. Appointment authority rests with the governing body of each individual entity. Please call Texas Conference of Urban Counties, at 512.476.6174, for more information or assistance in joining this organization.

Visit the website at <https://cuc.org/tihca/> or email tihca@cuc.org for additional information.



Texas Indigent Health Care Association

The Value of Working Together to Manage our IHC Programs

There are over 254 Chapter 61 entities (counties, hospital districts and public hospitals) in the State of Texas. Each is required to provide indigent health care (IHC) within their service area. This unfunded mandate from the state government can create political, financial and operational issues at the local and regional level.

In recent years, the State has reduced administrative and financial support for IHC programs leaving each of them to, in effect, fend for themselves. The Texas Indigent Health Care Association has been formed to help Chapter 61 entities effectively address many of the issues surrounding IHC administration. TIHCA's intent is to meet and exceed the level of service formerly provided by the state.

How TIHCA can help

TIHCA can assist members in a number of ways including:

- Keeping programs up to date with the latest news and information;
- Strengthening inter-program dialogue and networking among programs;
- Providing educational opportunities to programs; and
- Provide programs with technical support and peer review.

The benefit of being a member of TIHCA

By working together, TIHCA members can assist each other with finding solutions to operational issues that, when coupled with cost savings arising from pooled-purchasing opportunities, can save your organization money. This means you may be able to provide the same level of services while reducing the burden on your taxpayers.



Texas Indigent Health Care Association

Membership Application

___NEWMEMBERSHIP

___RENEWING MEMBERSHIP

County Name	Winnie Stowell Hospital District
Chapter 61 Program Type	<input type="checkbox"/> County <input checked="" type="checkbox"/> HospitalDistrict <input type="checkbox"/> PublicHospital
Contact	Tina Davis
Title	Indigent Care Director
Physical Address	520 Broadway
City, State, Zip	Winnie, TX 77665
Mailing Address	PO Box 1997
City, State, Zip	Winnie, TX 77665
Phone	409-296-1003
Fax	409-400-4023
Email Address	IndigentCare@wshd-tx.com
Website Address	https://wshd-tx.org/
Number of Full-Time Employees	3
Number of Clients/Patients	85
Federal Poverty Income Limit	200%
Membership Type	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Charter

A standard membership in the Texas Indigent Health Care Association is \$200. A charter membership is \$500. Charter members will receive a discount on registration for the annual conference. Upon completion, please submit to TIHCA at windy@cuc.org or [faxto 512.476.5122](tel:512.476.5122).

State of Texas §

§

County of Chambers

§

BOARD RESOLUTION

WHEREAS, the governing board of the Winnie Stowell Hospital District believes it to be in the best interest of the Winnie Stowell Hospital District to join the Texas Indigent Health Care Association (“TIHCA”); and

WHEREAS, it is believed that participation in TIHCA will be highly beneficial to the taxpayers of the Winnie Stowell Hospital District through the efficiencies and potential savings to be realized;

NOW, THEREFORE, BE IT RESOLVED, THAT Winnie Stowell Hospital District agrees to join Texas Indigent Health Care Association, and:

1. Approves the attached TIHCA Charter and agrees to be bound thereby in connection with its membership in TIHCA;

2. Appoints Tina Davis as its Representative to TIHCA, whose contact information is:

Phone number: 409-296-1003

Fax number: 409-400-4023

Address: PO Box 1997, Winnie, TX 77665

Email address: IndigentCare@wshd-tx.com

3. Approves and authorizes the payment of initial dues to TIHCA in an amount of \$200.00 such dues being the initial membership dues charged by TIHCA for the time period extending through August 25, 2025.

BE IT FURTHER RESOLVED, that the execution of this Resolution shall evidence the election of Winnie Stowell Hospital District to become a member of the TIHCA upon the terms and conditions stated in the attached Charter. The governing board of Winnie Stowell Hospital District has, and at the time of adoption of this Resolution had, full power and lawful authority to adopt the foregoing Resolution and to confer the obligations, powers, and authority to the person named, who is hereby granted power to exercise the same.

BE IT FURTHER RESOLVED, that the meeting at which this Resolution was approved was duly noticed and held in strict compliance with the Texas Open Meetings Act, Ch. 551 Tex. Govt. Code.

This Resolution was approved and passed on the _____ day of _____, 20__.

Winnie Stowell Hospital District

By: _____
Authorized Representative

Printed Name: _____

Title: _____

Date: _____

Attest:

Name

Title