

EXHIBIT “A”

Winnie Stowell Hospital District

2024-2025 Benefits Presentation

Kimberly B. Tamberella

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Presented by: InsureLife Insurance Agency, LLC / Prepared by: Kimberly B. Tamberella Office # 409-313-6313

	Medical Option 1	Medical Option 2	Medical Option 3
Network Name	Blue Cross Blue Shield Blue Choice PPO – Platinum P620CHC	Blue Cross Blue Shield Blue Choice PPO – Platinum P621CHC	Blue Cross Blue Shield Blue Choice PPO – Gold G9L1CHC
Calendar Year Deductible			
Individual	\$250 In-Network	\$1,250 In-Network	\$2,000 In-Network
Family	\$750 In-Network	\$3,750 In-Network	\$6,000 In-Network
Co Insurance	80% / 20% In Network 60% / 40% Out of Network	100% / 0% In Network 80% / 20% Out of Network	80% / 20% In Network 70% / 30% Out of Network
Out of Pocket Maximum			
Individual	\$1,500 In-Network	\$1,250 In-Network	\$6,000 In-Network
Family	\$4,500 In-Network	\$3,750 In-Network	\$17,100 In-Network
Office Visit			
Primary	\$30.00	\$25.00	\$30.00
Specialty	\$60.00	\$45.00	\$60.00
RX Drug Card Copay	Non-Preferred Pharmacy Co-Pays Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 \$10 / \$20 / \$55 / \$95 / \$150 / \$250	Non-Preferred Pharmacy Co-Pays Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 \$10 / \$20 / \$55 / \$95 / \$150 / \$250	Non-Preferred Pharmacy Co-Pays Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 \$10 / \$20 / \$70 / \$120 / \$150 / \$250
Lab / X Ray	Deductible + 20% Co-insurance (In-Network)	No Charge after deductible (In-Network)	Deductible + 20% Co-insurance (In-Network)
Complex Imaging (MRI, CT, PET)	\$250 Co-Pay = Deductible does not apply (In-Network)	\$250 Co-Pay = Deductible does not apply (In-Network)	\$250 Co-Pay = Deductible does not apply (In-Network)
Hospital	\$150 Co-Pay + Deductible + 20% Co-insurance (In-Network)	\$150 Co-Pay + Deductible (In-Network)	\$150 Co-Pay + Deductible + 20% Co-insurance (In-Network)
Emergency Room	\$300 Co-Pay + Deductible + 20% Co-insurance [Co-pay waived if admitted] (In-Network)	\$400 Co-Pay + Deductible [Co-pay waived if admitted] (In-Network)	\$300 Co-Pay + Deductible + 20% Co-insurance [Co-pay waived if admitted] (In-Network)
Urgent Care Facility	\$30.00 Copay/visit (In-Network)	\$25.00 Copay/visit (In-Network)	\$75.00 Copay/visit (In-Network)
	Composite Rated	Composite Rated	Composite Rated
Employee (1)	\$990.00	\$991.70	\$842.22
Employee & Spouse	\$1,980.00	\$1,983.40	\$1,684.44
Employee & Child (1)	\$1,980.00	\$1,983.40	\$1,684.44
Family	\$2,970.00	\$2,975.10	\$2,526.66
Total Monthly Premium	\$2,970.00	\$2,975.10	\$2,526.66

DENTAL	DENTAL	VISION	VISION
Plan Number	DTXHR30	Plan Number	Plan 7
Deductible	\$25.00 (in-network) / \$25.00 (out-of-network)	Frequency (Eye / Lens / Frame)	12/12/12
Annual Maximum Benefit	\$5,000	Lens Co-Pay	\$10.00
Out of Network Reimbursement Type	90 th % of Reasonable & Customary Charges	Frame / Contact Allowance	\$150.00
Preventative	100% Coverage	Funded Standard Progressive	No
Basic Services	80% Coverage	Funded Scratch Coating	Yes
Major Services	50% Coverage	Funded Kids Polycarb	Yes
Child (up to age 19) Orthodontia Services	50% Coverage (up to \$2,000 per child)		
	Composite Rated		Composite Rated
Employee (1)	\$85.60	Employee (1)	\$11.18
Employee & Spouse	\$171.20	Employee & Spouse	\$21.23
Employee & Child (1)	\$209.72	Employee & Child (1)	\$22.34
Family	\$338.12	Family	\$32.85
Total Monthly Premium	\$295.32	Total Monthly Premium	\$33.52

EXHIBIT “B”



INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of the business-type activities and of Winnie-Stowell Hospital District (the "District"), as of and for the years ended December 31, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the Winnie-Stowell Hospital District's basic financial statements as presented on pages 1-5.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities of Winnie-Stowell Hospital District as of December 31, 2023 and 2022, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our 2022 audit was also conducted in accordance with the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Winnie-Stowell Hospital District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in aggregate, that raise substantial doubt about Winnie-Stowell Hospital District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibility for the Audit of Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management discussion and analysis on pages A-1 through A-4 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context.

Required Supplementary Information (Continued)

We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

D & Co, L.L.P.
Lubbock, Texas
June __, 2024

DRAFT

**WINNIE-STOWELL HOSPITAL DISTRICT
WINNIE, TEXAS**

Management's Discussion and Analysis

DRAFT

**AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2023 AND 2022**

WINNIE-STOWELL HOSPITAL DISTRICT
MANAGEMENT'S DISCUSSION AND ANALYSIS
AND FINANCIAL STATEMENTS

Our discussion and analysis of Winnie-Stowell Hospital District's financial performance provides an overview of the District's financial activities for the fiscal years ended December 31, 2023 and 2022. Please read it in conjunction with the District's financial statements, which begin on page 1.

FINANCIAL HIGHLIGHTS

- The District's net position increased in 2023 by \$4,181,118 or 19.4% and increased in 2022 by \$9,730,241 or 82.5%.
- The District's net patient service revenue increased in 2023 by \$46,856,378 or 13.1% and increased in 2022 by \$80,623,147 or 29.1%.
- The District's operating expenses increased in 2023 by \$51,351,615 or 14.7% and increased in 2022 by \$61,885,265 or 21.6%.
- The District's non-operating revenues/expenses decreased in 2023 by \$2,699,760 or 471.3% and decreased in 2022 by \$7,002,538 or 92.4%.

USING THIS ANNUAL REPORT

The District's financial statements consist of three statements, a Statement of Net Position; a Statement of Revenues, Expenses and Changes in Fund Net Position; and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of the District, including resources held by the District but restricted for specific purposes by contributors, grantors, and enabling legislation.

The Statement of Net Position and Statement of Revenues, Expenses, and Changes in Net Position

Our analysis of the District's finances begins on page A-2. One of the most important questions asked about the District's finances is, "Is the District as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position report information about the District's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the District's net position and changes to it. You can think of the District's net position—the difference between assets and liabilities—as one way to measure the District's financial health, or financial position. Over time, increases or decreases in the District's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the District.

**WINNIE-STOWELL HOSPITAL DISTRICT
 UNAUDITED MANAGEMENT’S DISCUSSION AND ANALYSIS
 AND FINANCIAL STATEMENTS (CONTINUED)**

The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as “Where did cash come from? “What was cash used for?” and “What was the change in cash balance during the reporting period?”

THE DISTRICT’S NET POSITION

The District’s net position is the difference between its assets and liabilities reported in the Statement of Net Position on page 2. The District’s assets, liabilities, and net position are summarized in **Table 1**. The total net position represents the District’s net worth.

Table 1: Assets, Liabilities, and Net Position

	2023	2022	2021
Assets:			
Current Assets	\$142,270,930	\$111,654,902	\$97,868,701
Capital Assets (net)	2,065,752	1,426,949	121,283
Total Assets	<u>\$144,336,682</u>	<u>\$113,081,851</u>	<u>\$97,989,984</u>
Liabilities:			
Other Current and Non-Current	\$118,634,127	\$91,560,414	\$82,946,636
Deferred Inflows of Resources	-	-	3,252,152
Total Net Position	<u>25,702,555</u>	<u>21,521,437</u>	<u>11,791,196</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$144,336,682</u>	<u>\$113,081,851</u>	<u>\$97,989,984</u>

A significant component of the change in the District’s assets is the increase in patient accounts receivable in the amount of \$23,193,191, and the increase in prepaid and other current assets of \$5,218,162 in 2023. A significant component of the change in the District’s liabilities, deferred inflows of resources and net position is the increase in accounts payable of \$30,526,303 and the decrease in notes payable of \$3,464,868 in 2023.

**WINNIE-STOWELL HOSPITAL DISTRICT
UNAUDITED MANAGEMENT'S DISCUSSION AND ANALYSIS
AND FINANCIAL STATEMENTS (CONTINUED)**

OPERATING RESULTS AND CHANGES IN THE HOSPITAL'S NET POSITION

In 2023 and 2022, the District's net position increased in 2023 by \$4,181,118 or 19.4% and decreased in 2022 by \$9,730,241 or 82.5%.

	2023	2022	2021
Operating Revenues:			
Net Patient Service Revenue	\$404,139,295	\$357,282,917	\$276,659,770
Other Operating Revenue	1,682,827	36,953	12,314
Total Operating Revenue	<u>405,822,122</u>	<u>357,319,870</u>	<u>276,672,084</u>
Operating Expenses:			
Salaries	184,339	150,062	126,149
Employee Benefits	16,186	11,559	10,394
Nursing Home Expenses	367,380,339	322,097,373	260,782,079
Indigent Care	4,517,589	2,335,138	1,142,607
Legal and Consulting Fees	3,479,022	2,825,549	2,283,616
Other Operating	23,931,461	20,737,640	21,927,211
Depreciation and Amortization	5,179	5,179	5,179
Total Operating Expenses	<u>399,514,115</u>	<u>348,162,500</u>	<u>286,277,235</u>
Operating Income (Loss)	<u>6,308,007</u>	<u>9,157,370</u>	<u>(9,605,151)</u>
Nonoperating Revenues and (Expenses):			
Sales Tax Revenue	945,549	781,769	675,333
CAREs Act Provider Relief Funds	-	3,252,152	9,610,727
Investment Income	328,761	36,847	21,443
Interest Expense	<u>(3,401,199)</u>	<u>(3,497,897)</u>	<u>(2,732,094)</u>
Total Nonoperating Revenue / (Expense)	<u>(2,126,889)</u>	<u>572,871</u>	<u>7,575,409</u>
Increase (Decrease) in Net Position	<u>\$ 4,181,118</u>	<u>\$ 9,730,241</u>	<u>\$ (2,029,742)</u>

Operating Income (Loss)

Contributing to the overall change of the District's net position is its operating income, generally, the difference between the net patient service revenue and the expenses incurred to perform those services. The District has reported an operating income of \$6,308,007 and \$9,157,370 in 2023 and 2022, respectively.

**WINNIE-STOWELL HOSPITAL DISTRICT
UNAUDITED MANAGEMENT'S DISCUSSION AND ANALYSIS
AND FINANCIAL STATEMENTS (CONTINUED)**

Nonoperating Revenues and Expenses

Nonoperating revenues consist primarily of sales taxes levied by the state and provider relief funds. The District received \$163,780 more in taxes in 2023, while in 2022 the taxes collected increased by \$106,436. The District recognized provider relief funds of \$-0- and \$3,252,152 as of December 31, 2023 and 2022. Nonoperating expenses consist primarily of interest expense. The District paid \$96,698 more in interest in 2023 and \$765,803 more in 2022.

THE DISTRICT'S CASH FLOWS

Changes in the District's cash flows are consistent with changes in operating losses and nonoperating revenues and expenses previously discussed.

DEBT ADMINISTRATION

Debt

At December 31, 2023 and 2022, the District had \$25,606,894 and \$29,071,762, respectively, in notes payable as detailed in Note 8 of the financial statements.

Other Economic Factors

The District maintains good relations with various employers in the area. The District seeks to maintain its provider status in the many health insurance networks that local employers participate in. The District will continue to look for ways to foster its relationship with local employers and work towards promoting the services it offers to potential patients in the area.

CONTACTING THE DISTRICT'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. If you have any questions about this report or need additional financial information, contact, the District's office at Winnie-Stowell Hospital District, 538 Broadway, Winnie, Texas 77665.

**WINNIE-STOWELL HOSPITAL DISTRICT
WINNIE, TEXAS**

Financial Statements

DRAFT

**AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2023 AND 2022**

**WINNIE-STOWELL HOSPITAL DISTRICT
STATEMENTS OF NET POSITION**

DECEMBER 31, 2023 AND 2022

ASSETS:	<u>2023</u>	<u>2022</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 22,101,569	\$ 24,293,196
Short-Term Investments	8,200,000	7,019,422
Patient Accounts Receivable, Net of Allowance	72,875,433	49,682,242
Nursing Home Supplemental Payment Receivable	15,037,104	11,842,095
Prepaid and Other Current Assets	23,899,652	18,681,490
Sales Taxes Receivable	<u>157,172</u>	<u>136,457</u>
Total current assets	142,270,930	111,654,902
 CAPITAL ASSETS, NET		
Land	1,197,232	1,197,232
Construction-in-Progress	757,595	113,613
Depreciable Capital Assets, Net	<u>110,925</u>	<u>116,104</u>
Total Capital Assets, Net	<u>2,065,752</u>	<u>1,426,949</u>
Total Assets	<u><u>\$ 144,336,682</u></u>	<u><u>\$ 113,081,851</u></u>

**WINNIE-STOWELL HOSPITAL DISTRICT
STATEMENTS OF NET POSITION**

DECEMBER 31, 2023 AND 2022

LIABILITIES AND NET POSITION:	<u>2023</u>	<u>2022</u>
CURRENT LIABILITIES		
Accounts Payable	\$ 93,013,549	\$ 62,487,246
Accrued Payroll, Benefits, and Related Liabilities	13,684	1,406
Notes Payable	<u>25,606,894</u>	<u>29,071,762</u>
Total Current Liabilities	<u>118,634,127</u>	<u>91,560,414</u>
Total Liabilities	<u>118,634,127</u>	<u>91,560,414</u>
NET POSITION		
Invested in Capital Assets Net of Related Debt	2,065,752	1,426,949
Unrestricted	<u>23,636,803</u>	<u>20,094,488</u>
Total Net Position	<u>25,702,555</u>	<u>21,521,437</u>
Total Liabilities and Net Position	<u><u>\$ 144,336,682</u></u>	<u><u>\$ 113,081,851</u></u>

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WINNIE-STOWELL HOSPITAL DISTRICT
STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
OPERATING REVENUES:		
Net Nursing Home Patient Service Revenue	\$ 404,139,295	\$ 357,282,917
Other Revenue	1,682,827	36,953
Total Operating Revenues	405,822,122	357,319,870
OPERATING EXPENSES:		
Salaries	184,339	150,062
Employee Benefits	16,186	11,559
Nursing Home Expenses	367,380,339	322,097,373
Indigent Care	4,517,589	2,335,138
Legal and Consulting Fees	3,479,022	2,825,549
Other Operating	23,931,461	20,737,640
Depreciation and Amortization	5,179	5,179
Total Operating Expenses	399,514,115	348,162,500
Operating Income (Loss)	6,308,007	9,157,370
NONOPERATING REVENUES (EXPENSES):		
Sales Tax Revenue	945,549	781,769
CAREs Act Provider Relief Funds	-	3,252,152
Investment Income	328,761	36,847
Interest Expense	(3,401,199)	(3,497,897)
Total Nonoperating Revenues (Expenses)	(2,126,889)	572,871
Excess of Revenues Over Expenses Before Capital Grants and Contributions	4,181,118	9,730,241
Increase (Decrease) in Net Position	4,181,118	9,730,241
Net Position, Beginning of Year	21,521,437	11,791,196
Net Position, End of Year	\$ 25,702,555	\$ 21,521,437

**WINNIE-STOWELL HOSPITAL DISTRICT
STATEMENTS OF CASH FLOWS**

FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
CASH FLOW FROM OPERATING ACTIVITIES		
Receipts from and on Behalf of Patients	\$ 338,892,760	\$ 316,462,731
Other Receipts and Payments, net	(1,393,850)	(213,370)
Indigent Care Support	(10,219,299)	2,037,454
Payments to Suppliers and Contractors	(321,845,959)	(315,810,825)
Payments to Employees	(188,247)	(161,799)
Net cash provided by (used in) operating activities	5,245,405	2,314,191
CASH FLOWS FROM INVESTING ACTIVITIES		
Investment Earnings	328,761	36,847
Purchase of Investments	(1,180,578)	(997,083)
Net Cash Provided by (Used in) Investing Activities	(851,817)	(960,236)
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Purchase of Capital Assets	(643,982)	(1,310,845)
Net Cash Provided by (Used in) Capital and Related	(643,982)	(1,310,845)
CASH FLOW FROM NONCAPITAL FINANCING ACTIVITIES		
Sales Tax	924,834	777,730
Principal Payments on Debt and Notes Payable	(50,376,597)	(23,572,319)
Proceeds From Issuance of Long-Term Debt and Notes Payable	46,911,729	29,071,763
Interest Payments on Long-Term Debt and Notes Payable	(3,401,199)	(3,497,897)
Net Cash Provided by (Used in) Noncapital Financing Activities	(5,941,233)	2,779,277
Net Increase (Decrease) in Cash and Cash Equivalents	(2,191,627)	2,822,387
Cash and Cash Equivalents, Beginning of Year	24,293,196	21,470,809
Cash and Cash Equivalents, End of Year	\$ 22,101,569	\$ 24,293,196

**WINNIE-STOWELL HOSPITAL DISTRICT
STATEMENTS OF CASH FLOWS (CONTINUED)**

FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
RECONCILIATION OF CASH AND EQUIVALENTS TO THE BALANCE SHEETS		
Cash and equivalents presented under the following titles:		
Cash and Cash Equivalents	\$ 22,101,569	\$ 24,293,196
	\$ 22,101,569	\$ 24,293,196
RECONCILIATION OF NET INCOME TO NET CASH USED IN OPERATING ACTIVITIES		
Operating Income (Loss)	6,308,007	9,157,370
Adjustments to Reconcile Operating Income (Loss) to Net Cash Flows Used in Operating Activities:		
Depreciation and Amortization	5,179	5,179
(Increase) Decrease in:		
Accounts Receivable	(23,193,191)	(5,625,848)
Prepaid Expenses and Other Current Assets	(5,218,162)	(2,932,317)
Nursing Home Supplemental Payment Receivable	(3,195,009)	(1,404,527)
Increase (Decrease) in:		
Accounts Payable	30,526,303	3,114,512
Accrued Salaries and Benefits Payable	12,278	(178)
	\$ 5,245,405	\$ 2,314,191
Net Cash Provided By (Used in) Operating Activities	\$ 5,245,405	\$ 2,314,191

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization - The Winnie-Stowell Hospital District (the “District”) was formed as a political subdivision under the laws of the State of Texas, and became effective on January 1, 2005, in the eastern portion of Chambers County, Texas. The District is governed by an elected five-member board of directors serving four-year terms. As a hospital district it is not controlled by or dependent upon any other entity and does not exercise control over operations of any other entity. The District has entered into operations transfer agreements with forty nursing facilities which transferred the operations and certain operating assets of each facility. The District has also received an assignment or transfer of the Medicare and Medicaid Provider agreements for each facility.

The accounting policies of the District conform to accounting principles generally accepted in the United States of America.

Enterprise Fund Accounting – The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. The District has elected to apply the provisions based on Governmental Accounting Standards Board (GASB) Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*. The District has also elected to apply the provisions of GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position* and Statement No. 65, *Items Previously Reported as Assets and Liabilities*.

Newly Adopted Accounting Pronouncements:

GASB Statement No. 96 – In May 2020, the Governmental Accounting Standards Board (“GASB”) issued GASB Statement No. 96 – *Subscription-Based Information Technology Arrangements*. This Statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA, and (4) requires note disclosures regarding a SBITA. To the extent relevant, the standards for SBITAs are based on the standards established in Statement No. 87, *Leases*, as amended. This statement is effective for reporting periods beginning after June 15, 2022, with earlier application encouraged. Implementation of the Statement had no effect on the District’s change in net position.

GASB Statement No. 99 – In April 2022, the Governmental Accounting Standards Board (“GASB”) issued GASB Statement No. 99 – *Omnibus 2022*. The objectives of this Statement are to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing (1) practice issues that have been identified during implementation and application of certain GASB Statements and (2) accounting and financial reporting for financial guarantees.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Newly Adopted Accounting Pronouncements (Continued):

GASB Statement No. 99 (Continued) –

The practice issues addressed by this Statement are as follows:

- Clarification of provisions in Statement No. 87, Leases, as amended, related to the determination of the lease term, classification of a lease as short-term lease, recognition and measurement of a lease liability and a lease asset, and identification of lease incentives.
- Clarification of provisions in Statement No. 96, Subscription-Based Information Technology Arrangements, related to the subscription-based information technology arrangement (SBITA) term, classification of a SBITA as a short-term SBITA, and recognition and measurement of a subscription liability.
- Disclosures related to nonmonetary transactions.
- Pledges of future revenues when resources are not received by the pledging government.
- Clarification of provisions of Statement No. 34, Basic Financial Statements—and Management’s Discussions and Analysis—for State and Local Governments, as amended, related to the focus of the government-wide financial statements.
- Terminology updates related to certain provisions of Statement No. 63, Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position.
- Terminology used in Statement No. 53 to refer to resource flows statements.

This statement is effective upon issuance for requirements related to disclosures of nonmonetary transactions, pledges of future revenues by pledging governments, clarification of certain provisions of Statement 34, as amended, and terminology updates related to Statement 53 and Statement 63 are effective upon issuance. The requirements related to leases and SBITAs are effective for fiscal years beginning after June 15, 2022. Implementation of the Statement had no effect on the District’s change in net position.

Pending Adoption of Recent Accounting Pronouncements:

GASB Statement No. 100 – In June 2022, the Governmental Accounting Standards Board (“GASB”) issued GASB Statement No. 100 – *Accounting Changes and Error Corrections* – an amendment of GASB Statement No. 62. The primary objective of this Statement is to enhance accounting and financial reporting requirements for accounting changes and error corrections to provide more understandable, reliable, relevant, consistent, and comparable information for making decisions or assessing accountability. This statement is effective for fiscal years beginning after June 15, 2023, with earlier application encouraged. Management is currently evaluating the effect this statement will have on the financial statements and related disclosures.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Pending Adoption of Recent Accounting Pronouncements (Continued):

GASB Statement No. 101 – In June 2022, the Governmental Accounting Standards Board (“GASB”) issued GASB Statement No. 101 – *Compensated Absences*. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures. The statement is effective for fiscal years beginning after December 15, 2023, with earlier application encouraged. Management is currently evaluating the effect this statement will have on the financial statements and related disclosures.

GASB Statement No. 102 – In December 2023, the Governmental Accounting Standards Board (“GASB”) issued GASB Statement No. 102 – *Certain Risk Disclosures*. The objective of this Statement is to provide users of government financial statements with essential information about risks related to a government’s vulnerabilities due to certain concentrations or constraints. The Statement is effective for fiscal years beginning after June 15, 2024, with earlier application encouraged. Management is currently evaluating the effect this Statement will have on the financial statements and related disclosures.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents - The District considers highly liquid investments with an original maturity of three months or less to be cash equivalents, excluding amounts whose use is limited by board designation or other arrangements under trust agreements.

Patient Accounts Receivable – The allowance for estimated uncollectible patient accounts receivable is maintained at a level which, in management’s judgment, is adequate to absorb patient account balance write-offs inherent in the billing process. The amount of the allowance is based on management’s evaluation of the collectability of patient accounts receivable, including the nature of the accounts, credit concentrations, and trends in historical write-off experience, specific impaired accounts, and economic conditions. Allowances for uncollectibles and contractuals are general determined by applying historical percentages to financial classes within accounts receivable. The allowances are increased by a provision for bad debt expenses and contractual adjustments, and reduced by write-offs, net of recoveries.

Investments – The District is authorized to invest excess working capital and assets whose use is limited in certificate of deposit, money market accounts, or U.S. government securities. The District can invest its excess working capital monies in certificates of deposit at its designated depository and other financial institutions. Investments at the District’s depository are secured by the Federal Deposit Insurance Corporation (FDIC) or through the purchase of collateral in the form of US government securities by the depository.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Assets Whose Use is Limited - Assets whose use is limited (if any) include assets held under indenture agreements and designated assets set aside by the board of directors to be used for capital expenditures over which the board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the District have been reclassified as current assets

Capital Assets – Capital assets are carried at cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. Equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment life. Such amortization is included in depreciation and amortization in the financial statements. Except for capital assets acquired through gifts, contributions, or capital grants, interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring these assets.

The District has elected to capitalize expenditures over \$5,000 and provide for depreciation of capital assets by the straight-line method at rates promulgated by the American Hospital Association, which are designed to amortize the cost of such equipment over its useful life as follows:

Building	5 to 50 years
Major Moveable Equipment	3 to 20 years

Net Position – Net position of the District is classified into two components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets.

Operating Revenues and Expenses – For purposes of display, the District’s statements of revenues, expenses and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues and expenses result from exchange transactions associated with providing health care services - the District’s principal activity. Non-exchange revenues and expenses, including taxes, grants and contributions, and intergovernmental transfers received for purposes other than capital asset acquisition, are reported as non-operating revenues and expenses. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Federal Income Taxes - The District is a political subdivision under the laws of the State of Texas, and therefore, it is exempt from federal income tax pursuant to Section 115 of the Internal Revenue Code. Additionally, pursuant to Section 1.6033-2(g)(6) of the Income Tax Regulations, it is not required to file an information return form 990.

Indigent Care – The District provides payment for services to health care providers for certified indigents who have applied and met the District’s criteria for indigent care. The District pays a discounted rate which in most cases is equal to the Medicaid reimbursement rates.

**WINNIE-STOWELL HOSPITAL DISTRICT
 NOTES TO FINANCIAL STATEMENTS (CONTINUED)
 DECEMBER 31, 2023 AND 2022**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Sales Tax Revenue – Sales taxes are collected by the state of Texas and remitted to the District monthly. The tax is collected by the vendor and is required to be remitted to the state by the 20th of the month following collection. The tax is then paid to the District by the Friday following the second Wednesday of the subsequent month. These funds were used to support operations.

Risk Management - The District is exposed to various risks of loss from torts: theft of, damage to and destruction of assets; business interruption; errors and omissions and natural disasters. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage during the year.

Reclassifications – Certain reclassifications have been made to the 2022 financial statements to conform to the 2023 financial statement presentation. These reclassifications had no effect on the change in net position.

NOTE 2 – NURSING HOME NET PATIENT SERVICE REVENUE

A significant portion of the District’s nursing home revenues and related accounts receivable are derived from programs administered by various federal and state agencies. Accordingly, the District is subject to regulatory requirements imposed by these governmental agencies. Revenues under certain of these programs are subject to examination and retroactive adjustment. Management does not expect a material settlement to result from any such examinations.

Patient service revenue for the Nursing Homes is comprised as follows:

	<u>2023</u>	<u>2022</u>
SNF Gross Patient Revenue	\$ 415,809,377	\$ 368,786,300
Provision for Bad Debts	<u>(11,670,082)</u>	<u>(11,503,383)</u>
Net Nursing Home Patient Service Revenue	<u>\$ 404,139,295</u>	<u>\$ 357,282,917</u>

**WINNIE-STOWELL HOSPITAL DISTRICT
 NOTES TO FINANCIAL STATEMENTS (CONTINUED)
 DECEMBER 31, 2023 AND 2022**

NOTE 3 - DEPOSITS WITH FINANCIAL INSTITUTIONS

At December 31, 2023 and 2022, the carrying amount of the District’s deposits with financial institutions was \$31,038,389 and \$30,611,591, respectively, and the bank balance was \$29,564,649 and \$30,611,591, respectively.

	<u>2023</u>	<u>2022</u>
Amount insured by the FDIC	\$ 1,000,000	\$ 1,000,000
Amount collateralized with securities held by the pledging financial institution's trust department in the District's name	<u>28,571,600</u>	<u>29,611,591</u>
Total bank balance	<u>\$29,571,600</u>	<u>\$30,611,591</u>

NOTE 4 – INVESTMENTS

The District has funds invested in TexSTAR which is reported as cash and equivalents. TexSTAR is a local government investment pool created under the Interlocal Cooperation Act specifically tailored to meet Texas state and local government investment objectives of preservation of principal, daily liquidity, and competitive yield. TexSTAR is administered by First Southwest Asset Management, Inc. and JP Morgan Chase. The fund is rated AAAM by Standard and Poor’s and maintains a maturity of 60 days or less, with a maximum maturity of 13 months for any individual security. The fund seeks to maintain a constant dollar objective and fulfills all requirements of the Texas Public Funds Investment Act for local government investment pools. At December 31, 2023 and 2022, the carrying amount of the District’s deposits with financial institutions was \$736,920 and \$701,027, respectively. Separate financial statements can be obtained by sending TexSTAR a fax or calling 1-800-TEX-STAR.

TexSTAR is a member of Securities Investor Protection Corporation (SIPC). The SIPC provides \$500,000 of coverage for missing securities, including \$250,000 for claims of cash awaiting reinvestment. Market losses are not covered by SIPC.

The District’s investments may be exposed to the following types of risk:

Interest Rate Risk – Interest rate risk is the risk that the market values of investments will change based on changes in market interest rates. The District limits maturities to one year or less as a means of managing its exposure to fair value losses arising from increasing interest rates. State investment pools are presented as an investment with a maturity of less than one year because they are redeemable in full immediately.

Credit Risk – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. At December 31, 2023 and 2022, the District’s investments in TexSTAR was rated AAA by Standard & Poor’s.

**WINNIE-STOWELL HOSPITAL DISTRICT
 NOTES TO FINANCIAL STATEMENTS (CONTINUED)
 DECEMBER 31, 2023 AND 2022**

NOTE 4 – INVESTMENTS (CONTINUED)

Custodial Credit Risk – For an investment, custodial credit risk is the risk that in the event of the failure of the counterparty the District will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. TexSTAR is managed to fulfill all requirements of the Texas Public Funds Investment Act.

Concentration of Credit Risk – The District places no limit on the amount that may be invested in any one issuer. At December 31, 2023 and 2022, the investment in state investment pools was approximately 2.4% and 4.0% of total cash and cash equivalents and short-term investments respectively.

NOTE 5 – NURSING HOME ACCOUNTS RECEIVABLE

Concentration of Credit Risk – The District grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at December 31 is as follows:

	<u>2023</u>	<u>2022</u>
Medicare	9%	16%
Medicaid	15%	15%
Managed Care	54%	44%
Patients	22%	25%
Total	<u>100%</u>	<u>100%</u>

NOTE 6 – SALES TAX RECEIVABLE

Sales taxes are reported as revenues in the period for which they are collected. Tax revenue for 2023 and 2022 was \$945,549 and \$781,769, respectively. As of December 31, 2023 and 2022, the balance of sales tax receivable and its related allowance for uncollectible taxes are as follows:

	<u>2023</u>	<u>2022</u>
Taxes Receivable	<u>\$ 157,172</u>	<u>136,457</u>

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 7 – CAPITAL ASSETS

The following is a summary of capital assets at cost less accumulated depreciation:

	Balance 12/31/22	Additions	Reclass/ Retirements	Balance 12/31/23
Land	\$ 1,197,232	\$ -	\$ -	\$ 1,197,232
Building and improvements	129,483	-	-	129,483
Equipment	140,655	-	-	140,655
Construction in progress	113,613	643,982	-	757,595
Totals at Historical Cost	1,580,983	643,982	-	2,224,965
Less Accumulated Depreciation for:				
Building and improvements	(8,200)	(5,179)	-	(13,379)
Equipment	(145,834)	-	-	(145,834)
Total Accumulated Depreciation	(154,034)	(5,179)	-	(159,213)
Capital Assets, Net	<u>\$ 1,426,949</u>	<u>\$ 638,803</u>	<u>\$ -</u>	<u>\$ 2,065,752</u>
	Balance 12/31/21	Additions	Reclass/ Retirements	Balance 12/31/22
Land	\$ -	\$ 1,197,232	\$ -	\$ 1,197,232
Building and improvements	129,483	-	-	129,483
Equipment	140,655	-	-	140,655
Construction in progress	-	113,613	-	113,613
Totals at Historical Cost	270,138	1,310,845	-	1,580,983
Less Accumulated Depreciation for:				
Building and improvements	(3,021)	(5,179)	-	(8,200)
Equipment	(145,834)	-	-	(145,834)
Total Accumulated Depreciation	(148,855)	(5,179)	-	(154,034)
Capital Assets, Net	<u>\$ 121,283</u>	<u>\$ 1,305,666</u>	<u>\$ -</u>	<u>\$ 1,426,949</u>

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 8 – NOTES PAYABLE

Following is a summary of notes payable at December 31:

	Balance 12/31/22	Additions	Reductions	Balance 12/31/23
(21) Salt Creek Capital	9,014,433	-	(9,014,433)	-
First Financial Bank	13,057,329	-	(13,057,329)	-
Stellar Bank	7,000,000	-	(7,000,000)	-
FFB Line of Credit	-	2,442,255	-	2,442,255
FFB Loan 5 Months	-	11,694,493	(11,694,493)	-
FFB Loan 11 Months	-	17,353,948	(9,610,342)	7,743,606
FFB Loan	-	15,421,033	-	15,421,033
Total Notes Payable	<u>\$ 29,071,762</u>	<u>\$ 46,911,729</u>	<u>\$(50,376,597)</u>	<u>\$ 25,606,894</u>

	Balance 12/31/21	Additions	Reductions	Balance 12/31/22
(19) Salt Creek Capital	11,786,159	-	(11,786,159)	-
(20) Salt Creek Capital	11,786,159	-	(11,786,159)	-
(21) Salt Creek Capital	-	9,014,433	-	9,014,433
First Financial Bank	-	13,057,329	-	13,057,329
Stellar Bank	-	7,000,000	-	7,000,000
Total Notes Payable	<u>\$ 23,572,318</u>	<u>\$ 29,071,762</u>	<u>\$(23,572,318)</u>	<u>\$ 29,071,762</u>

The terms and due dates of the District’s notes payable at December 31, 2023 and 2022 follow:

- (19) Salt Creek Capital – 16.8% note payable with all outstanding principal and interest due April 30, 2022 and is collateralized by cash and investments.
- (20) Salt Creek Capital – 16.8% note payable with all outstanding principal and interest due October 30, 2022 and is collateralized by cash and investments.
- (21) Salt Creek Capital – 16.8% note payable with all outstanding principal and interest due April 30, 2023 and is collateralized by cash and investments.
- First Financial Bank – 16.8% note payable with all outstanding principal and interest due October 30, 2023 and is collateralized by cash and investments.
- Stellar Bank – 2.55% note payable with all outstanding principal and interest due May 23, 2023 and is collateralized by a certificate of deposit.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 8 – NOTES PAYABLE (CONTINUED)

- FFB Line of Credit – 5.6% note payable with all outstanding principal and interest due May 1, 2024 and is collateralized by cash and investments.
- FFB Loan 5 Months – 8.25% note payable with all outstanding principal and interest due November 1, 2023 and is collateralized by cash and investments.
- FFB Loan 11 Months – 8.25% note payable with all outstanding principal and interest due May 1, 2024 and is collateralized by cash and investments.
- FFB Loan – 8.25% note payable with all outstanding principal and interest due November 1, 2024 and is collateralized by cash and investments.

In 2023 and 2022, total interest incurred was \$3,401,199 and \$3,497,897, respectively, all of which was charged to operations.

NOTE 9 – INDIGENT CARE

The District is responsible for providing healthcare for residents of the District that qualify under the indigent program guidelines. In March 2015, the District hired an indigent care director and began operating the indigent care program themselves. In addition, the District is part of an indigent care assistance agreement with Winnie Community Hospital (the “Hospital”). This agreement is intended to reimburse the Hospital for services provided to residents of the District. The District incurred expense for indigent care and assistance in the amount of \$4,517,589 and \$2,335,138 for the year ended December 31, 2023 and 2022, respectively.

NOTE 10 – NURSING HOME OPERATIONS

During 2014, the District entered into operations transfer agreements with thirteen nursing facilities which transferred the operations and certain operating assets of each facility. In fiscal years 2017 and 2018, the District entered into operations transfer agreements with a total of eleven additional nursing homes. In fiscal year 2020, the District entered into an operation transfer agreement with an additional nursing home. In 2021, the District entered into operations transfer agreement with an additional fourteen nursing home. In 2022, the District entered into an operation transfer agreement with an additional nursing home. In 2023, the District entered into operations transfer agreement with an additional ten nursing homes. The District has also received an assignment or transfer of the Medicare and Medicaid Provider agreements for each facility. In addition to the operations transfer agreements, the District has also entered into a lease agreement with each facility for the lease of real property, fixed assets, and associated equipment that encompass the nursing home’s physical properties. Additionally, in 2023, the District entered into an operations transfer agreement, which resulted in one nursing home leaving the District. The total rental expense paid to all facilities was \$43,434,844 and \$37,465,824 for the year ended December 31, 2023 and 2022, respectively.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 10 – NURSING HOME OPERATIONS (CONTINUED)

At the time of each transfer agreement, the District executed a management agreement with LTC Group, LLC to provide certain operational and clinical review services for all of the nursing home facilities on behalf of the Hospital District. The initial term of these agreements are through August 31, 2016, unless sooner terminated. These agreements shall be automatically renewed for successive two-year periods unless either party cancels in writing on or before 90 days prior to the end of the current term. As of December 31, 2023 and 2022, no termination event has occurred.

Under these agreements, the District has paid total service fees of \$22,549,402 and \$17,124,144, respectively, which is recorded in other operating expenses on the statements of revenues, expenses, and changes in net position for the year ended December 31, 2023 and 2022.

In connection with these agreements, the District has recorded all patient revenue and the related accounts receivable. The District recorded \$404,139,295 and \$357,282,917 in net patient related revenue for the years ended December 31, 2023 and 2022, respectively. These revenues are recorded as Net Nursing Home Patient Service Revenues on the statements of revenues, expenses, and changes in net position.

Additionally, the District has entered into separate management agreements whereby each facility is managed by a third-party in which the District pays monthly fees for management services and operating expenses including quality incentives, if any, based upon the terms of each individual agreement. These fees total \$367,380,339 and \$322,097,373 for the years ended December 31, 2023 and 2022, respectively. These expenses are recorded as Nursing Home expenses on the statements of revenues, expenses, and changes in net position. Amounts due and unpaid as of December 31, 2023 and 2022 for these expenses are \$93,013,549 and \$62,487,246, respectively.

Quality Incentive Payment Program (QIPP) – During its 84th session, the Texas Legislature directed HHSC to transition MPAP to a new Quality Incentive Payment Program (QIPP) effective September 1, 2016, and HHSC will implement QIPP on September 1, 2017. QIPP will require participating facilities meeting certain qualifying criteria to submit projects to HHSC requesting the additional funding as supported in the individual projects. These projects are expected to improve quality and innovation in the provision of nursing facility services, including but not limited to payment incentives to establish culture change, small house models, staffing enhancements and outcome measures to improve the quality of care and life for nursing facility residents. A portion of the additional funding will be funded through intergovernmental transfer (IGT) payments from each participating provider. QIPP IGTs for a specific capitation rate period will be due to HHSC approximately six months prior to the beginning of the rate period. The District has recorded a QIPP receivable of \$15,037,104 and \$11,842,095 at December 31, 2023 and 2022, respectively.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 11 – COMMITMENTS AND CONTINGENCIES

Litigation – The District is, from time to time, subject to claims and suits for damages, including damages for personal injuries to patients and others, most of which are covered as to risk and amount. In the opinion of management, there were no known pending legal proceedings that could have a material effect on the District’s financial position or results of operations.

NOTE 12 – MALPRACTICE CLAIMS

The District is a unit of government covered by the Texas Tort Claims Acts which, by statute, limits its liability to \$100,000 per person and \$300,000 for each single occurrence. These limits coincide with the malpractice insurance coverage maintained by the District, which is purchased under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claims costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the District’s claims experience, no such accrual has been made.

NOTE 13 – COVID-19 FEDERAL AND STATE FINANCIAL ASSISTANCE

The Coronavirus Aids, Relief, and Economic Security (CARES) Act (P.L. 116-136) and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (P.L. 116-123) appropriated funds to reimburse eligible healthcare providers for healthcare related expense or lost revenues attributable to coronavirus. These funds were distributed by the Health Resources and Services Administration (HRSA) through the Provider Relief Fund (PRF) program. The District received relief funds through General and Targeted Distributions stimulus payments and Allocation for Skilled Nursing Facilities (SNFs).

Recipients of these funds agreed to Terms and Conditions, which require compliance with reporting requirements as specified by the Secretary of Health and Human Services in program instructions.

- **Targeted Distribution** – By accepting the Relief Funds, the District must maintain compliance with the Secretary's terms and conditions, including but not limited to, using the Relief Funds to prevent, prepare for, and respond to coronavirus, and shall reimburse the District only for health care related expenses or lost revenues that are attributable to coronavirus. The District's commitment to full compliance with all terms and conditions is material to the Secretary's decision to disburse these funds. Non-compliance with any terms and conditions is grounds for the secretary to recoup some or all of the payment made from the Relief Fund.
- **General Distribution** – The Provide Relief Funds designated to rural hospital is for those hospitals that are located in a geography that is non-Metro county, in an independent rural health clinic, critical access hospital, or has a Rural-Urban Commuting Area (RUCA) code of 2, 3, or 4-10. The funds received by the district shall reimburse the expenses used to prevent, prepare for, and respond to coronavirus or lost revenues attributable to coronavirus.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 13 – COVID-19 FEDERAL AND STATE FINANCIAL ASSISTANCE (CONTINUED)

- **Skilled Nursing Facilities (SNFs) and Nursing Home Infection Control** – The Relief Funds provided to skilled nursing facilities is to help them combat the effects of the pandemic on the nation’s vulnerable seniors. The provider relief funds will be used to support nursing homes suffering from significant expensed or lost revenue attributable to COVID-19. Each SNF will receive a fixed distribution of \$50,000, plus a distribution of \$2,500 per bed to all certified SNFs with six or more certified beds. The Nursing Home must attest they will only use the Provider Relief Fund payments to prevent, prepare for, and respond to coronavirus. The payment shall reimburse for health care related expense or lost revenues that are attributable to coronavirus.

In accordance with the Department of Health and Human Services Post-Payment Notice of Reporting Requirements, the recipients must submit their use of PRF payments by reporting healthcare related expense attributable to coronavirus that another source has not reimbursed then applying actual patient care lost revenues to the remaining funds.

The period of availability of funds is based on the date the payment is received as follows:

<u>Payment Received Period</u>	<u>Period of Availability for Eligible Expenses</u>	<u>Period of Availability for Lost Revenues</u>
April 10, 2020 through June 30, 2020	January 1, 2020 through June 30, 2021	January 1, 2020 through June 30, 2021
July 1, 2020 through December 31, 2020	January 1, 2020 through December 31, 2021	January 1, 2020 through December 31, 2021
January 1, 2021 through June 30, 2021	January 1, 2020 through June 30, 2022	January 1, 2020 through June 30, 2022
July 1, 2021 through December 31, 2021	January 1, 2020 through December 31, 2022	January 1, 2020 through December 31, 2022
January 1, 2022 through June 30, 2022	January 1, 2020 through June 30, 2023	January 1, 2020 through June 30, 2023
July 1, 2022 through December 31, 2022	January 1, 2020 through December 31, 2023	January 1, 2020 through June 30, 2023
January 1, 2023 through June 30, 2023	January 1, 2020 through June 30, 2024	January 1, 2020 through June 30, 2023

If recipients do not expend PRF funds in full by these deadlines towards expenses attributable to coronavirus but not reimbursed by other sources, and/or lost revenues, the funds may become subject to recoupment.

For the year ended December 31, 2023 and 2022, the District recognized \$-0- and \$3,252,152, respectively, in COVID-19 federal and state financial assistance. The respective revenue is included with nonoperating revenues in accompanying statements of revenues, expenses and changes in net position.

**WINNIE-STOWELL HOSPITAL DISTRICT
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2023 AND 2022**

NOTE 14 – SUBSEQUENT EVENTS

During January 2024, the District entered into operations transfer agreement with an additional seven nursing homes. Additionally, in June 2024, the District entered into operations transfer agreement with an additional three nursing homes.

The date to which events occurring after December 31, 2023, the date of the most recent statement of net position, have been evaluated for possible adjustment to the financial statements or disclosure is June __, 2024, which is the date on which the financial statements were available to be issued.

DRAFT

EXHIBIT “C”

AUTHORIZING RESOLUTION

At a duly constituted meeting of the Board of Directors of Winnie-Stowell Hospital District (“District”), a political subdivision of the State of Texas established pursuant to CHAPTER 286 OF THE TEXAS HEALTH & SAFETY CODE, held June 26, 2024 the following resolution was adopted:

WHEREAS, during its June 26, 2024 Regular Meeting, the Board of Directors determined that it was in the best interest of the District to acquire the following nursing facilities (hereafter referred to “Facilities” or “Facility”):

Manager	Facility Name	Address
Trident LTC	Bayou Pines Care Center	Bayou Pines Care Center 4905 Fleming Street, La Marque, TX 77568
Cascades Healthcare of Texas, LLC	Cascades at Galveston	3702 Cove View Blvd Galveston, TX 77554
Diversicare Healthcare Services Inc.	Afton Oaks Nursing and Rehabilitation Center	7514 Kingsley Houston, TX 77087

WHEREAS, during the Board Regular Meeting, a majority Board of Directors unanimously voted to:

1. Establish depository accounts for each Facility consistent with the District’s other nursing home accounts at First Financial Bank (“Bank”) for the purpose of operating the District, including owning and operating the District’s nursing homes.
2. Make the President, Edward Murrell; Vice President, Anthony Stramecki; Treasurer, George Robert Way, Jr.; Administrator, Victoria Carlo; and the District’s Certified Public Account, MaKayla Vidal, as signatories for the District’s accounts and enter into Treasury Management Services Agreements with Bank.

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

- (1) First Financial Bank is authorized to open depository accounts for each Facility consistent with the District’s other nursing home accounts.
- (2) The following officers of the District, listed below, are authorized to enter into execute Treasury Management Services Agreements with Bank; and wire transfer funds or ACH Funds to or from the Accounts subject to any agreement with the following: a) Bank; b) Managers of each Facility; c) Accounts Receivable Lenders; or d) Landlords, including but not limited to: a) Management Agreements; b) Security Agreements; c) Depository

Account Instruction and Service Agreements (“DAISA”); d) Inter-creditor Agreements; Collateral Agreements; or e) Depository Account Control Agreements (“DACA”):

Name	Title	Signature
Edward Murrell	President	_____
Anthony Stramecki	Vice President	_____
George Robert Way, Jr.	Treasurer	_____

- (3) The following employee of the District, listed below is authorized to enter into execute Treasury Management Services Agreements with Bank; and wire transfer funds or ACH Funds to or from the Accounts subject to any agreement with the following: a) Bank; b) Managers of each Facility; c) Accounts Receivable Lenders; or d) Landlords, including but not limited to: a) Management Agreements; b) Security Agreements; c) Depository Account Instruction and Service Agreements (“DAISA”); d) Inter-creditor Agreements; Collateral Agreements; or e) Depository Account Control Agreements (“DACA”):

Name	Title	Signature
Victoria Carlo	Administrator	_____
MaKayla Vidal	District Certified Public Account	_____

- (4) The officers and employee named above have provided specimen signatures herein and are authorized to sign signature cards and Accounts agreements.
- (5) The Administrator of the District or the District’s General Counsel are authorized and directed to deliver for and on behalf of the District, a certificate of this resolution to the bank.
- (6) The Bank is authorized to rely upon this Resolution until the bank has received written notice of any amendment or recession of the resolution.

(7) The District is authorized to enter into Treasurer Management Agreements for the newly established accounts, subject to this Resolution on behalf of the Facilities.

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

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary this 26th day of June 2024.

Edward Murrell, President

CERTIFICATE

I, the undersigned, Jeffrey Rollo, Secretary of the Winnie Stowell Hospital District, hereby certify that that the foregoing Resolution to establish depository accounts for each Facility at First Financial Bank is a full, true, and correct copy of a resolution duly adopted by the Board of Directors of the Winnie Stowell Hospital District at its Regular Meeting held on November 15, 2023 and at the place therein specified, at which a majority of the members were present and voted. I further certify that the resolution is entered in the minutes and has not been amended or repealed.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary this 26th day of June 2024.

Jeffrey Rollo
Secretary, Board of Directors

EXHIBIT “D”

The purpose of this DOI form is for non-state governmental entities (a.k.a. local governmental entities (LGEs)) to declare the amounts they intend to IGT for use as the non-federal share of the Medicaid Managed Care Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (a.k.a. The ATLIS). The amounts that are declared are non-binding; however, the declaration amount gives HHSC a valuable estimate of expected IGT amounts across the program. The non-federal share of all ATLIS payments is funded through IGTs from LGEs. Please complete all yellow cells.

This form is due **by 5:00 p.m. Central Time on June 3, 2024.**

Local Government Entity Contact Information

Sponsoring Governmental Entity Information	
Sponsoring Governmental Entity (SGE) Name* <i>(e.g., [Name] County, [Name] Hospital District, City of [Name], etc.)</i>	Winnie Stowell Hospital District
SGE's Operational Nature** <i>(If SGE administers and operates an LPPF, select LPPF-SGE's Operational Nature)</i>	Political Subdivision of the State of Texas - Not LPPF
SGE TEXNET Location Number <i>(five digit number associated with the SGE's TEXNET account used to transfer IGT to HHSC)</i>	611500560
SGE Jurisdiction County Name <i>(if the SGE is not a state entity, which county is it located in?)</i>	Chambers
Does the Transferring SGE have General Taxing Authority?	Yes- Local Sales Tax

Please select one or more of the following:

Yes	The LGE listed above <u>intends</u> to transfer public funds as an intergovernmental transfer to HHSC for use as the non-federal share of the ATLIS program.
Yes	It is the LGE's intention that HHSC, to the best of their ability, utilize the funds transferred by the LGE listed above to support payments for the following service delivery area(s)[1]:
Complete if answering yes to the item above:	Service Delivery Area(s):
	Jefferson
No	The LGE listed above is willing to commit more than the IGT amount listed below if necessary in order to ensure the entire allowable program size is funded. Enter amount below.

First Half of IGT Settlement

Planned to occur in January 2025

Declaration Amount: \$ 61,096.00

Second Half of IGT Settlement

Planned to occur in July 2025

Declaration Amount: \$ 61,096.00

Additional IGT Commitment, if willing to commit additional funds in the event of an IGT shortfall

Declaration Amount: \$0.00

I certify that I am legally authorized to sign this declaration of intent on behalf of **Winnie Stowell Hospital District** and that the information entered above is true and correct to the best of my knowledge and belief. I also understand that the declaration of intent does not bind **Winnie Stowell Hospital District** to transfer IGT.



Certifier's Name: Edward Murrell
 Certifier's Title: Board President
 Certifier's Email: victoria@wshd-tx.com
 Certifier's Phone: 409-296-1003

[1] HHSC will pool all IGTs received by service delivery area, in accordance with the indication provided at the time of IGT, and will not align a particular IGT to a payment to any particular or specific managed care organization.

EXHIBIT “E”

Merchant Application

Business Information			
Merchant's DBA Name/Outlet Name: Park Manor of The Woodlands		Merchant's Legal Name: Winnie-Stowell Hospital District	
Physical Street Address (No P.O. Box): 1014 Windsor Lakes Blvd		Legal Address: 520 Broadway Ave	
City, State, Zip: The Woodlands, TX 77384		City, State, Zip: Winnie, TX 77665	
DBA Phone: (936) 273-9424	Fax:	Corp. Phone: (409) 296-1003	Fax:
Contact Name at this Address: Krystal Balsamo		Contact Name at this Address: Edward Murrell	
E-Mail: krystal.balsamo@healthmarkgroup.com		E-Mail: victoria@wshd-tx.com	
Customer Service Phone # (Required for MOTO and Internet merchants only): (936) 273-9424			
Website Address (Required for Internet merchants): https://www.securebillpay.net/parkmanorwoodlands			

Merchant Profile			
Ticker Symbol:		Market Type:	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Professional Assoc. <input type="checkbox"/> Tax Exempt Org (501C: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 10) <input type="checkbox"/> Government/Municipality		<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Supermarket <input type="checkbox"/> Restaurant <input type="checkbox"/> Emerging Market <input type="checkbox"/> Lodging <input type="checkbox"/> Public Sector <input type="checkbox"/> MO/TO <input type="checkbox"/> Auto Rental <input type="checkbox"/> P-Card <input type="checkbox"/> Cash Advance <input type="checkbox"/> E-Commerce <input type="checkbox"/> Other	
Type of Goods or Services Sold: Medical Service		SIC Code: 8099	
Years in Business Under Current Ownership: 1		Federal Tax ID #: 611500560	
Do you currently accept AMEX/Visa/MasterCard/Discover? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Does merchant accept transactions before the customer receives product or service? Yes No If yes:
 How long does customer wait before product is received? day(s) % of sales in this category
 % cost that is prepayment?

Does merchant offer warranties, dues, subscriptions, memberships or other extended services? Yes No If yes:
 Duration of extended service or benefit (in weeks):

Annual Amex/Visa/MC/Discover Sales: \$675,000.00 Average Ticket: \$1,500.00 Total Amex/Visa/MC/Discover Sales (multiple locations only):

Member Bank (Acquirer) Information
Wells Fargo Bank, P.O. Box 6079 – Concord, CA 94524 – (844) 284-6834

- Important Member Bank (Acquirer) Responsibilities**
- The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
 - The Bank must be a principal (signer) to the Merchant Agreement.
 - The Bank is responsible for educating Merchants on pertinent Card Organization Rules with which Merchants must comply; but this information may be provided to you by Processor.
 - The Bank is responsible for and must provide settlement funds to the Merchant.
 - The Bank is responsible for all funds held in reserve.

- Important Merchant Responsibilities**
- Ensure compliance with cardholder data security and storage requirements.
 - Maintain fraud and chargebacks below Card Organization thresholds.
 - Review and understand the terms of the Merchant Agreement.
 - Comply with Card Organization rules.
 - Retain a signed copy of this Disclosure Page.

Merchant Resources

You may download "Visa Regulations" from Visa at:
<https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf>
 You may download "MasterCard Rules" from MasterCard at:
<http://www.mastercard.us/en-us/about-mastercard/what-we-do/rules.html>
 You may download additional Merchant information from Discover at:
<http://www.discovernetwork.com/merchants/index.html>
 You may download "American Express Merchant Operating Guide" at:
<https://www.americanexpress.com/merchantopguide>

The responsibilities listed above do not supersede terms of the Card Services Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa member (acquirer) is the ultimate authority should the Merchant have any problems.

Merchant's Signature:	Name (printed): Edward Murrell	Title: President	Date:
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For questions regarding Card Services, contact: Customer Service within 60 days of the date of the statement and/or notice, Global Payments Direct Inc. – 3550 Lenox Road NE, Suite 3000, Atlanta, GA 30326 or call: 1-800-367-2638,
 Note: Billing disputes must be forwarded, in writing, to Customer Service within 60 days of the date of the statement and/or notice.

Credit/Debit Card Services and Fee Schedule*

Plan Type	New	Existing	Existing Merchant #	Discount Rate	Per Item	Per Auth
<input checked="" type="checkbox"/> VISA Credit	<input checked="" type="checkbox"/>	N/A	N/A	0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> VISA Check	<input checked="" type="checkbox"/>	N/A	N/A	0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> MasterCard Credit	<input checked="" type="checkbox"/>	N/A	N/A	0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> Debit MasterCard	<input checked="" type="checkbox"/>	N/A	N/A	0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> Discover Credit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> Discover Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> PayPal Credit (card present)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> Diners Club, China Union Pay, JCB	<input type="checkbox"/>	<input type="checkbox"/>		2.8500%	\$0.1500	
<input checked="" type="checkbox"/> Debit (other than Visa or MC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$0.2900	
<input checked="" type="checkbox"/> EBT	<input checked="" type="checkbox"/>	<input type="checkbox"/>			\$0.3500	
<input checked="" type="checkbox"/> American Express	<input type="checkbox"/>	<input type="checkbox"/>		0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> American Express Prepaid	<input type="checkbox"/>	<input type="checkbox"/>		0.2500%	\$0.1500	\$0.0000
<input checked="" type="checkbox"/> POS Vendor Fee†						

Merchant FNS# _____

Cash Benefits: YES NO

Daily Discount: YES NO

Surcharges: (Non-Qualified surcharges are marked "NQ" and are per-occurrence)

Surcharges:

Tiered

Rewards Discount
Mid-Qualified Discount
Non-Qualified Discount

Enhanced Billback

Enhanced Billback

Interchange Plus

A list of additional fees/rates can be found on pages 2 and 4 of this Card Services Agreement contract under the headings "Other Fees" and "Association Fees and Assessments."

The foregoing discount rate, per item and authorization fees are based upon Merchant's complying with all processing requirements as established by the applicable governing authority of the payment type which qualifies Merchant for the most favorable interchange rates available for such payment type. Transactions that do not qualify for the most favorable interchange rates will be subject to the surcharges up to 4.00% in addition to the rate quoted. See "Other Fees" section of this Card Services Agreement and Section 34 of the Card Services Terms and Conditions for more information regarding non-qualifying surcharges. Discount rates and other percentage fees are calculated by multiplying the rates or fees and the Merchant's applicable transaction volume. Per item and per authorization fees are calculated per transaction or authorization, as applicable. See Section 13 of the Card Services Terms and Conditions for information regarding the early termination fee. In addition to the per item fee, all Debit Transactions include fees assessed by the applicable network organization.

Other Fees (Per occurrence fees marked with a *)

Non-Refundable Application Fee *	Virtual Site Survey Fee *	\$15.00	Chargeback Fee *
\$0.00 Membership Fee	\$2.50 Retrieval Fee *		Monthly Debit Card Membership Fee
\$0.00 Monthly Regulatory Compliance Fee	\$0.00 Minimum Monthly Discount		Global Transport VT (Recurring Billing)
Annual Association Technology Fee	\$0.05 Voice AVS Fee *		Setup Fee *
Global Access @dvantage Monthly Fee	PCI ASSURE Monthly Fee		Global Transport VT (Recurring Billing)
\$0.60 Voice Authorization Fee *	\$94.95 PCI ASSURE Non-Compliance		Monthly Fee
\$0.00 Batch/ACH Fee *	Fee (monthly)		Global Transport VT (Recurring Billing)
\$15.00 Non-Sufficient Fund *	Data Monitoring Fee *		Transaction Fee *
\$0.00 Account Maintenance Fee	Other: _____	\$0.00	Customer Engagement Suite (Monthly)
Gateway Monthly Fee	Gateway Setup Fee		POS Vendor Fee† (Monthly)

†Third party fee for Merchant's POS/business management software (Global Direct bills this fee as agent of the software provider.) Questions about this fee should be addressed to the software provider directly.

Association Fees and Assessments (Per occurrence fees marked with a *)

0.1400% GP Fee - DISC Assessments *	\$0.0300 GP Fee - MC Acct Status Inquiry *
0.5000% GP Fee - DISC Intl Processing *	\$0.0550 GP Fee - MC Data Integrity *
0.8000% GP Fee - DISC Intl Service *	\$0.0000 GP Fee - MC CVC2 *
\$0.0500 GP Fee - DISC Program Integrity Fee *	0.1400% GP Fee - MC Assessments *
0.1000% GP Fee - PayPal Assessment *	0.1500% GP Fee - MC Assessments Lg Tkt *
\$0.0250 GP Fee - PayPal Participation *	0.0200% GP Fee - MC Acceptance & Licensing *
0.1400% GP Fee - VISA Assessments-Credit *	0.6000% GP Fee - MC Cross Bdr Domestic *
0.1300% GP Fee - VISA Assessments-Debit *	1.0000% GP Fee - MC Cross Bdr Foreign *
1.0000% GP Fee - VISA Intl Svc Assessment-Purchase *	0.8500% GP Fee - MC Acq Program Support *
1.4000% GP Fee - VISA Intl Svc Assessment *	0.0200% GP Fee - MC Digital Enablement *
0.4500% GP Fee - VISA Intl Acquiring *	\$1.2500 GP Fee - MC Monthly Fee
\$0.1000 GP Fee - VISA Trans Integrity *	0.2500% GP Fee - MC Integrity - Final Auth (Max) *
\$0.0195 GP Fee - VISA APF - Credit *	\$0.0400 GP Fee - MC Integrity - Final Auth (Min) per Auth PI *
\$0.0155 GP Fee - VISA APF - Debit *	\$0.0450 GP Fee - MC Integrity - Pre Auth/Undefined per Auth PI *
\$0.0395 GP Fee - VISA APF Intl - Credit *	1.0000% GP Fee - AMEX Inbound *
\$0.0355 GP Fee - VISA APF Intl - Debit *	0.1650% GP Fee - AMEX Network *
\$0.0000 GP Fee - VISA AVS Only *	0.3000% GP Fee - AMEX CNP *
\$0.0900 GP Fee - VISA Misuse of Auth *	GP Fee - AMEX Access *
\$0.0350 GP Fee - VISA Account Verification Fee Credit *	0.0000% GP Fee - Settlement Funding Fee *
\$0.0300 GP Fee - VISA Account Verification Fee Debit *	\$0.0000 GP Fee - Settlement Funding Fee PI
\$0.0700 GP Fee - VISA Account Verification Fee Intl *	0.0000% GP Fee - Risk Assessment Fee
\$0.0018 GP Fee - VISA Kilobyte Fee	\$0.0000 GP Fee - Risk Assessment Fee PI

Personal Guaranty

I/We hereby irrevocably guarantee to Global Direct and Member, their successors and assigns, the full, prompt, and complete performance of Merchant and all of Merchant's obligations under the Card Services Agreement, including but not limited to all monetary obligations arising out of Merchant's performance or non-performance under the Card Services Agreement, whether arising before or after termination of the Card Services Agreement. This guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Card Services Agreement made by or agreed to by Global Direct, Member, and/or Merchant. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment or nonperformance of any provision of the Card Services Agreement by Merchant, and all other notices or demands regarding the Card Services Agreement. I/We agree to promptly provide to Global Direct and Member any information requested by any of them from time to time concerning my/our financial condition(s), business history, business relationships, and employment information. I/We agree that Global Direct and Global Direct (on behalf of Member) may order a consumer credit report on me, Merchant and each of Merchant's officers, partners, and/or owners, as well as subsequent consumer credit reports, which may be required or used in conjunction with the maintenance, updating, renewal or extension of the services provided hereunder, or in conjunction with reviewing, taking collection action on, or other legitimate purposes associated with the Merchant account. I/We have read, understand, and agree to be bound by the Card Services Terms & Conditions provided to Merchant and those terms and conditions contained in this Merchant Application.

Signature of Guarantor (please sign below)

Name (printed):

X _____, an individual

Signature of Guarantor (please sign below)

Name (printed):

X _____, an individual

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents

Owner/Officer Information

Complete Owner/Officer Information must be present for all Equity Owners with 25% or greater equity in the business and for any person(s) with authority or control. An owner or person with control listed, must be the one to accept the agreement at the end of this application.

Name:	Title:	Equity Owned:	Date of Birth (mm/dd/yyyy):	Social Security #:	Home Phone #:
Edward Murrell	President	0%	██████████	██████████	(409) 296-1003
Home Address:			City:	State: Zip Code:	Years There:
520 Broadway Avenue			Winnie	TX 77665	10
Former Address (if less than 1 year at current address):			City:	State: Zip Code:	Years There:

Name:	Title:	Equity Owned:	Date of Birth (mm/dd/yyyy):	Social Security #:	Home Phone #:
Home Address:			City:	State: Zip Code:	Years There:
Former Address (if less than 1 year at current address):			City:	State: Zip Code:	Years There:

Name	Title:	Equity Owned:	Date of Birth (mm/dd/yyyy):	Social Security #:	Home Phone #:
Home Address:			City:	State: Zip Code:	Years There:
Former Address (if less than 1 year at current address):			City:	State: Zip Code:	Years There:

Name	Title:	Equity Owned:	Date of Birth (mm/dd/yyyy):	Social Security #:	Home Phone #:
Home Address:			City:	State: Zip Code:	Years There:
Former Address (if less than 1 year at current address):			City:	State: Zip Code:	Years There:

Is any owner, officer, director, employee, or agent a current or former official in the executive, legislative, administrative, military, or judicial branch of any government (elected or not); a senior official of a major political party; an executive of a government-owned commercial enterprise; a family member of any of the foregoing officials; or a close personal or professional associate of any of the foregoing officials? Yes No If "yes," please attach details.

Bank Information (Attach Voided Check or Bank Letter):

	Routing Number:	DDA/Checking Account#:	Deposit	Discount	Chargebacks	Equipment	Supplies	Misc. Fees
Bank 1	113025723	1078989	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bank 2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank 3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank 4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Merchant Site Survey Report (To be Completed by Sales Representative)

Merchant Location: Retail Location with Store Front Office Building Residence Other: _____

Surrounding Area: Commercial Industrial Residential

Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business? Yes No

If no, explain: _____

Does the Merchant use a Fulfillment House? Yes No If yes, was the Fulfillment House inspected? Yes No

The Merchant: Owns Leases the business premises

Further comments by inspector (must complete): _____

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and inspected by (print name): _____

Representative Name: _____ Representative Signature: X _____ Date: _____

Sales Rep Name:	Sales Rep Code:	Sales Phone Number:	Sales Email Address:
------------------------	------------------------	----------------------------	-----------------------------

Amex annual volume < \$1,000,000 YES NO

Amex Acceptance YES NO

Amex Marketing YES NO

American Express ESA Program

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Merchant Operating Guide ("Agreement") - https://icm.aexp-static.com/content/dam/gms/en_us/optblue/us-mog.pdf, and that all information provided herein is true, complete, and accurate. I authorize Global Direct and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Global Direct and American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <https://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance program.

Merchant's Signature _____ **Name (printed):** _____ **Title:** _____ **Date:** _____
X Edward Murrell President

Hardware			
Quantity	Hardware Device	Rental/Purchase	Unit Price

Special Instructions:

Rate Table: Y (IC+)

Global Terminal Type: ZQ2

EXHIBIT “F-1”

Winnie-Stowell Hospital District

Balance Sheet

As of May 31, 2024

06/26/24

Accrual Basis

	May 31, 24
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	227,550.55
102 First Financial Bank	
102b FFB #4846 DACA	38,876,120.36
102c FFB #7190 Money Market	13,418,586.72
Total 102 First Financial Bank	52,294,707.08
105 TexStar	753,350.38
108 Nursing Home Banks Combined	5,343,327.48
Total Checking/Savings	58,618,935.49
Other Current Assets	
110 Sales Tax Receivable	82,150.65
114 Accounts Receivable NH	71,397,475.92
115 Hosp Uncomp Care Receivable	1,345,470.35
116 - A/R CHOW - LOC	9,752,955.85
117 NH - QIPP Prog Receivable	6,864,893.33
118 Prepaid Expense	1,000.00
119 Prepaid IGT	8,026,434.44
Total Other Current Assets	97,470,380.54
Total Current Assets	156,089,316.03
Fixed Assets	
120 Equipment	140,654.96
121 Office Building	129,483.00
122 Highway 124 Property	1,197,231.85
123 Highway 124 Building	757,595.48
125 Accumulated Depreciation	-154,033.64
Total Fixed Assets	2,070,931.65
Other Assets	
118.01 Prepaid NH Fees	11,475.00
Total Other Assets	11,475.00
TOTAL ASSETS	158,171,722.68
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	5,448,082.89
201 NHP Accounts Payable	7,638,538.17
206 FFB Loan (11 Mth) (24)	12,887,283.99
206 FFB Loan 25	29,290,000.00
235 Payroll Liabilities	4,286.29
240 Accounts Payable NH Oper.	73,657,179.18
Total Other Current Liabilities	128,925,370.52
Total Current Liabilities	128,925,370.52
Total Liabilities	128,925,370.52

7:27 AM

Winnie-Stowell Hospital District

06/26/24

Balance Sheet

Accrual Basis

As of May 31, 2024

	<u>May 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	15,522,461.30
Net Income	1,932,694.73
	<hr/>
Total Equity	29,246,352.16
	<hr/>
TOTAL LIABILITIES & EQUITY	158,171,722.68
	<hr/> <hr/>

Winnie-Stowell Hospital District Profit & Loss Budget vs. Actual

January through May 2024

	Jan - May 24	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	350,893.38	850,000.00	-499,106.62	41.3%
405 Investment Income	412,524.84	150,000.00	262,524.84	275.0%
407 Rental Income	17,500.00	42,000.00	-24,500.00	41.7%
409 Tobacco Settlement	16,772.64	15,000.00	1,772.64	111.8%
415 Nursing Home - QIPP Program	27,801,390.15	93,098,874.94	-65,297,484.79	29.9%
Total Income	28,599,081.01	94,155,874.94	-65,556,793.93	30.4%
Gross Profit	28,599,081.01	94,155,874.94	-65,556,793.93	30.4%
Expense				
500 Admin				
501 Admin-Administrative Salary	53,919.09	105,000.00	-51,080.91	51.4%
502 Admin-Administrative Assnt	10,698.00	35,000.00	-24,302.00	30.6%
503 Admin - Staff Incentive Pay	0.00	4,000.00	-4,000.00	0.0%
504 Admin-Administrative PR Tax	6,562.61	16,800.00	-10,237.39	39.1%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
515 Admin-Bank Service Charges	1,015.94	1,400.00	-384.06	72.6%
521 Professional Fees - Accntng	4,812.50	11,000.00	-6,187.50	43.8%
522 Professional Fees - Audit	0.00	30,000.00	-30,000.00	0.0%
523 Professional Fees - Legal	48,704.20	75,000.00	-26,295.80	64.9%
550 Admin-D&O / Liability Ins.	25,123.45	16,000.00	9,123.45	157.0%
560 Admin-Cont Ed, Travel	0.00	5,250.00	-5,250.00	0.0%
562 Admin-Travel&Mileage Reimb.	348.99	2,500.00	-2,151.01	14.0%
569 Admin-Meals	895.35	1,500.00	-604.65	59.7%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	9,837.25	10,000.00	-162.75	98.4%
572 Admin-Web Site	510.00	1,000.00	-490.00	51.0%
573 Admin-Copier Lease/Contract	1,507.55	3,000.00	-1,492.45	50.3%
575 Admin-Cell Phone Reimburse	1,002.27	1,800.00	-797.73	55.7%
576 Admin-Telephone/Internet	1,436.80	3,500.00	-2,063.20	41.1%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
591 Admin-Notices & Fees	493.41	4,000.00	-3,506.59	12.3%
592 Admin Office Rent	1,700.00	4,080.00	-2,380.00	41.7%
593 Admin-Utilities	1,406.78	4,000.00	-2,593.22	35.2%
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	2,445.00	6,000.00	-3,555.00	40.8%
Total 500 Admin	172,419.19	352,575.00	-180,155.81	48.9%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	165,338.59	435,700.00	-270,361.41	37.9%
601.01b IC Pmt to Coastal (Ind)	3,914.22	25,000.00	-21,085.78	15.7%
601.01c IC Pmt to Thompson	6,289.13	18,000.00	-11,710.87	34.9%
601.02 IC Pmt to UTMB	72,873.91	300,000.00	-227,126.09	24.3%
601.03 IC Special Programs				
601.03a Dental	11,002.20	24,000.00	-12,997.80	45.8%
601.03b IC Vision	1,220.00	1,500.00	-280.00	81.3%
601.04 IC-Non Hosp Cost-Other	2,705.45	35,000.00	-32,294.55	7.7%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	14,927.65	85,500.00	-70,572.35	17.5%
Total 601 IC Provider Expenses	263,343.50	864,200.00	-600,856.50	30.5%
602 IC-WCH 1115 Waiver Prog	48,146.73	129,340.00	-81,193.27	37.2%
603 IC-Pharmaceutical Costs	27,229.71	56,650.00	-29,420.29	48.1%
605 IC-Office Supplies/Postage	307.44	2,000.00	-1,692.56	15.4%
611 IC-Indigent Care Dir Salary	11,679.98	45,000.00	-33,320.02	26.0%
612 IC-Payroll Taxes -Ind Care	51.00	5,125.00	-5,074.00	1.0%
613 IC-Contract Services	31,575.00	75,000.00	-43,425.00	42.1%
615 IC-Software	7,830.00	14,500.00	-6,670.00	54.0%
616 IC-Travel	15.33	600.00	-584.67	2.6%
617 Youth Programs				
617.01 Youth Counseling	1,530.00	25,000.00	-23,470.00	6.1%
617.02 Irlen Program	0.00	600.00	-600.00	0.0%
Total 617 Youth Programs	1,530.00	25,600.00	-24,070.00	6.0%
Total 600 - IC Healthcare Expenses	391,708.69	1,218,015.00	-826,306.31	32.2%

Winnie-Stowell Hospital District Profit & Loss Budget vs. Actual

06/26/24

Accrual Basis

January through May 2024

	Jan - May 24	Budget	\$ Over Budget	% of Budget
620 WSHD - Grants				
620.01 WCH/RMC				
620.01b WCH/RMC - Other	56,128.26	300,000.00	-243,871.74	18.7%
Total 620.01 WCH/RMC	56,128.26	300,000.00	-243,871.74	18.7%
620.03 WSVEMS	75,813.25	152,774.40	-76,961.15	49.6%
620.05 East Chambers ISD	110,385.65	253,693.56	-143,307.91	43.5%
620.06 FQHC(Coastal)	458,434.00	1,001,803.00	-543,369.00	45.8%
620.07 Marcelous Williams	38,795.00	77,590.00	-38,795.00	50.0%
620.08 Future Grants	0.00	209,139.04	-209,139.04	0.0%
620.09 Admin-Cont Ed-Med Pers.	4,243.66	5,000.00	-756.34	84.9%
Total 620 WSHD - Grants	743,799.82	2,000,000.00	-1,256,200.18	37.2%
630 NH Program				
630 NH Program-Mgt Fees	8,712,700.98	34,887,661.12	-26,174,960.14	25.0%
631 NH Program-IGT	13,207,748.05	43,153,006.29	-29,945,258.24	30.6%
632 NH Program-Telehealth Fees	150,753.55	300,870.04	-150,116.49	50.1%
633 NH Program-Acctg Fees	43,312.50	85,000.00	-41,687.50	51.0%
634 NH Program-Legal Fees	134,667.37	350,000.00	-215,332.63	38.5%
635 NH Program-LTC Fees	2,016,000.00	4,938,000.00	-2,922,000.00	40.8%
637 NH Program-Interest Expense	753,678.79	3,043,548.33	-2,289,869.54	24.8%
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	3,020.00			
Total 630 NH Program	25,329,058.24	87,509,820.54	-62,180,762.30	28.9%
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	0.00	17,405.00	-17,405.00	0.0%
Total 675 HWY 124 Expenses	0.00	52,405.00	-52,405.00	0.0%
Total Expense	26,666,386.28	93,332,815.54	-66,666,429.26	28.6%
Net Ordinary Income	1,932,694.73	823,059.40	1,109,635.33	234.8%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	148,938,145.85			
Total Other Income	148,938,145.85			
Other Expense				
640 Nursing Home Oper. Expenses	148,938,145.85			
Total Other Expense	148,938,145.85			
Net Other Income	0.00			
Net Net Income	1,932,694.73	823,059.40	1,109,635.33	234.8%

EXHIBIT “F-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, June 26, 2024						
Pending Expenses		For	Amount	Funds Summary		Totals
Brookshire Brothers Pharm.	Indigent Care		\$4,770.70	Prosperity Operating (Unrestricted)		\$270,838.38
Wilcox Pharm.	Indigent Care		\$2,141.46	First Financial DACA (Unrestricted)		\$3,078,531.85
UTMB Family Group Practice	Indigent Care		\$3,964.30	First Financial DACA (Restricted)		\$3,815,096.04
UTMB Galveston	Indigent Care		\$70,339.46	First Financial Money Market		\$13,464,298.71
Thompson Outpatient	Indigent Care		\$1,400.77	TexStar (Restricted)		\$753,350.38
Coastal Gateway HC	Indigent Care		\$935.00	FFB CD Balance		\$0.00
Alliance Medical	Indigent Care		\$230.00	Total District Funds		\$21,382,115.36
Bayside Dental	SP Program		\$4,136.00	Less First Financial (Restricted)		(\$3,815,096.04)
Winne Family Dental	SP Program		\$1,482.80	Less TexStar Reserve Account		(\$753,350.38)
Caba Therapy (Physio)	SP Program		\$677.59	Less LOC Outstanding		\$0.00
Kalos Counseling	YC Program		\$850.00	Less First Financial Money Market		\$0.00
Indigent Healthcare Solutions	Inv# 77950		\$1,566.00	Less Committed Funds (See Total Commitment)		(\$917,649.63)
Technology Solutions	Inv# 1869		\$95.00	Cash Position (Less First Financial Restricted)		\$15,896,019.31
Function 4	Inv# 82713429		\$222.76	Pending Expenses		(\$229,270.30)
Seabreeze Beacon	Inv# 7299		\$300.00	Ending Balance (Cash Position-Pending Expenses)		\$15,666,749.01
Hubert Oxford	Legal Retainer		\$1,000.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)		\$27,347,432.64
Benckenstien & Oxford, L.L.P	Inv# 51088		\$25,310.00			
Vidal Accounting	Inv# 00058		\$9,187.50			
Graciela Chavez	Inv# 965972		\$120.00			
Felipe Ojeda (Yard Maintenance)	Inv# 1050		\$350.00			
Patricia Ojeda (Consultant)	Inv# 3006		\$8,250.00			
J & W AC & Heating	Inv # 855953		\$3,800.00			
Coastal Gateway HC	Grant- (6 of 12 pmts)		\$83,483.58			
US Department of Education	Grant B.Odom- Student Loan		\$720.62			
Curtis Scott Johnson	Inv# 202405		\$1,740.00			
CGHC Marketing	Grant Pmt 2-2024		2196.76			
Total Pending Expenses:			\$229,270.30			
Prior Month						
				Prosperity Operating (Unrestricted)		\$416,513.03
				First Financial (Unrestricted)		\$734,258.78
				First Financial (Restricted)		\$5,345,440.77
				First Financial Money Market (Restricted)		\$13,418,586.71
				TexStar (Restricted)		\$746,713.23
				FFB CD Balance		\$0.00
				Total District Funds		\$20,661,512.52
				Less First Financial (Restricted)		(\$5,345,440.77)
				Less TexStar Reserve Account		(\$746,713.23)
				Less LOC Outstanding		\$0.00
				Less First Financial Money Market (Restricted)		\$0.00
				Less Committed Funds (See Total Commitment)		(\$1,169,786.99)
				Cash Position (Less First Financial Restricted)		\$13,399,571.53
				Pending Expenses		(\$149,643.08)
				Ending Balance (Cash Position-Pending Expenses)		\$13,249,928.45
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)		\$27,342,622.29
First Financial Bank Reconciliations						
FFB Balance	\$6,893,627.89					
	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	
Total Component 1, IGT 11	\$0.00	\$9,712,388.13	\$9,510,135.78	\$202,252.35	\$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)	\$2,535,285.53	\$2,604,095.08	\$2,544,232.74	\$59,862.34	\$0.00	
Total Loan Set Aside	\$2,535,285.53	\$9,712,388.13	\$12,054,368.52	\$202,252.35	\$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	
Total Component 2 due to MGRs.	\$998,799.96	\$3,511,238.46	\$3,433,622.52	\$60,812.95	\$1,030,086.76	
Yr. 6, Component 3 (Public & Private)						
Yr. 7, Component 3 Q2 (Dec. to Feb.)	\$42,323.81	\$171,394.85	\$60,462.59	\$110,932.26	\$30,231.30	
Total Component 3 due to MGRs	\$42,323.81	\$171,394.85	\$60,462.59	\$110,932.26	\$30,231.30	
Yr. 6, Component 4 (Public Only)						
Yr. 7, Component 4 Q2 (Dec. to Feb.)	\$44,782.64	\$140,976.67	\$63,975.20	\$77,001.47	\$19,192.56	
Total Component 4 due to MGRs	\$44,782.64	\$140,976.67	\$63,975.20	\$77,001.47	\$19,192.56	
Yr. 6, Lapse Funds						
Yr. 7, Component Lapse Q2 (Dec. to Feb.)	\$34,988.79	\$97,077.40	\$49,983.98	\$47,093.42	\$14,995.19	
Total Lapse Funds 4 due to MGRs	\$34,988.79	\$97,077.40	\$49,983.98	\$47,093.42	\$14,995.19	
Variance Payments (Component 1, 2, 3, 4, and Lapsing Funds)						
Variance December	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Variance January	(\$19,011.37)	(\$82,143.06)	(\$27,159.10)	(\$54,983.96)	(\$8,147.73)	
Variance February	(\$81,420.65)	(\$119,542.55)	(\$116,315.21)	(\$3,227.34)	(\$34,894.56)	
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 Payment Totals	(\$84,926.79)	(\$179,535.28)	(\$121,323.98)	(\$58,211.30)	(\$36,397.19)	
Non-QIPP Funds	\$243,842.10					
Restricted	\$3,815,096.04					
Unrestricted	\$3,078,531.85					
Total Funds	\$7,137,469.99					

Committed Funds			
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2023	\$1,001,803.00	\$500,901.48	\$500,901.52
2. Coastal Marketing Grant	\$276,040.00	\$95,705.03	\$180,334.97
3. WSVEMS Grant	\$152,774.40	\$76,387.20	\$76,387.20
4. Marcelous Williams	\$77,590.00	\$38,795.00	\$38,795.00
5. East Chambers ISD	\$253,693.56	\$132,462.62	\$121,230.94
Total Commitments	\$1,761,900.96	\$844,251.33	\$917,649.63

Hospital - DY 8 Repayment			
	Amount Advanced by District	IC Repayment by RMC	Balance Owed by RMC
June 28, 2023	\$147,856.73		\$147,856.73
July 19, 2023	\$147,856.73		\$295,713.46
August 16, 2023	\$147,856.73		\$443,570.19
September 20, 2023	\$147,856.73		\$591,426.92
October 18, 2023	\$147,856.73	\$29,635.54	\$709,648.11
November 15, 2023	\$147,856.73	\$51,690.12	\$805,814.72
December 20, 2023	\$147,856.73	\$37,938.73	\$915,732.72
December 20, 2023 - state payoff	\$591,426.89	\$0.00	\$1,507,159.61
January 17, 2024	\$0.00	\$34,294.40	\$1,472,865.21
February 20, 2024	\$0.00	\$40,089.30	\$1,432,775.91
March 20, 2024	\$0.00	\$31,699.18	\$1,401,076.73
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
	\$1,626,424.00	\$318,897.38	\$1,307,526.62

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	\$344,680.34	\$357,380.35
Gulf Coast - Creekside Village	\$1,000,000.00	\$559,082.57	\$440,917.43	\$355,531.49	\$203,551.08
Gulf Coast - Wells	\$1,000,000.00	\$681,911.77	\$318,088.23	\$641,976.99	\$39,934.78
Gulf Coast - Shepard	\$1,000,000.00	\$826,853.14	\$173,146.86	\$42,211.05	\$784,642.09
Balance Owed by Gulf Coast	\$4,000,000.00	\$2,769,908.17	\$1,230,091.83	\$1,384,399.87	\$1,385,508.30
Health Mark Group (10 Months-May 1, 2024)					
HMG -Treviso	\$1,500,000.00	\$1,500,000.00	\$0.00	\$0.00	\$1,500,000.00
Balance Owed by Health Mark Group	\$1,500,000.00	\$1,500,000.00	\$0.00	\$0.00	\$1,500,000.00
Senior Living Properties (SLP) (10 Months-Nov. 1, 2024)					
SLP - Coronado	\$1,000,000.00	\$1,678,797.47	(\$678,797.47)	\$0.00	\$1,678,797.47
SLP - Paris	\$1,000,000.00	\$910,616.97	\$89,383.03	\$5,118.26	\$905,498.71
SLP - Palestine	\$1,000,000.00	\$901,471.06	\$98,528.94	\$3,574.80	\$897,896.26
SLP - Overton	\$1,000,000.00	\$917,424.85	\$82,575.15	\$1,579.76	\$915,845.09
SLP - Seabreeze	\$1,000,000.00	\$1,894,665.99	(\$894,665.99)	\$126,701.40	\$1,767,964.59
Balance Owed by Senior Living Group	\$5,000,000.00	\$6,302,976.34	(\$1,302,976.34)	\$136,974.22	\$6,166,002.12
Caring (10 Months-Nov. 1, 2024)					
Caring - Oak Brook	\$1,000,000.00	\$581,972.99	\$418,027.01	\$135,172.71	\$446,800.28
Caring - Gracy Woods	\$1,000,000.00	\$726,914.84	\$273,085.16	\$43,219.97	\$683,694.87
Balance Owed by Caring	\$2,000,000.00	\$1,308,887.83	\$691,112.17	\$178,392.68	\$1,130,495.15
Pillarstone (10 Months-March 1, 2024)					
Pillarstone - Mont Belvieu	\$1,000,000.00	\$119,862.80	\$880,137.20	\$0.00	\$119,862.80
Balance Owed by Pillarstone	\$1,000,000.00	\$119,862.80	\$880,137.20	\$0.00	\$119,862.80
Total CHOW Loan Outstanding	\$13,500,000.00	\$12,001,635.14	\$1,498,364.86	\$1,699,766.77	\$10,301,868.37

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)	\$2,535,285.53	(\$2,535,285.53)	(\$100,413.42)	(\$2,635,698.95)	\$10,351,998.46
8-July 31, 2024 (May, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$77,639.99)	(\$2,647,812.12)	\$7,781,826.33
9-August 31, 2024 (June, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$58,363.70)	(\$2,628,535.83)	\$5,211,654.20
10-September 30, 2024 (July, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$39,087.41)	(\$2,609,259.54)	\$2,641,482.07
11-October 31, 2024 (August, Comp. 1)	\$2,570,172.13	(\$2,570,172.13)	(\$19,811.12)	(\$2,589,983.25)	\$71,309.94
Amount Paid	\$15,349,722.84	(\$15,349,722.84)	(\$950,709.52)	(\$16,300,432.36)	

**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			(\$162,722.22)	(\$162,722.22)	\$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)	(\$1,766,553.11)	(\$31,056,553.11)	

District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
Money Market-First Financial Bank	\$13,464,298.71	4.00%	May 2024	\$45,712.00	\$168,094.73
Texstar C.D. #1110	\$753,350.38	5.3378%	May 2024	3,380.86	\$16,430.87

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

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date: _____

Date: _____

*Italics are Estimated amounts

EXHIBIT “F-3”

Winnie-Stowell Hospital District
Bank Accounts Register
As of May 16, 2024 to June 1, 2024

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							236,067.10
Check	05/16/2024		Funcion 4-Lease fka Star Grap...	ACH, Withdrawal, Processed	X	(222.76)	235,844.34
Deposit	05/17/2024			Deposit, Processed	X	3,500.00	239,344.34
Check	05/17/2024		Specturm/Time Warner Cable	ACH, Withdrawal, Processed	X	(289.56)	239,054.78
Check	05/28/2024			ACH, Withdrawal, Processed	X	(1,858.69)	237,196.09
Liability C...	05/30/2024		QuickBooks Payroll Service	Created by Payroll Service on 05/26/2024	X	(9,704.00)	227,492.09
Paycheck	05/31/2024	DD1352	Norris, Sherrie	Direct Deposit	X		227,492.09
Paycheck	05/31/2024	DD1353	Carlo, Victoria M	Direct Deposit	X		227,492.09
Paycheck	05/31/2024	DD1354	Walters, Reagan D	Direct Deposit	X		227,492.09
Deposit	05/31/2024			Deposit, Processed	X	58.46	227,550.55
Check	06/10/2024	Pending	ECISD	Service Charge		(22,077.13)	205,473.42
Check	06/13/2024	Pending	Riceland Medical Center	Memo:Draft, Withdrawal, Processed		(340.00)	205,133.42
Check	06/13/2024	4239	Winnie Community Hospital, LLC	Adonis Construction- invoice number 2		(23,773.26)	181,360.16
Paycheck	06/14/2024	4240	Walters, Reagan D			(1,707.59)	179,652.57
Paycheck	06/14/2024	4241	Carlo, Victoria M			(1,627.07)	178,025.50
Paycheck	06/14/2024	4242	Davis, Tina R			(862.55)	177,162.95
Check	06/15/2024			Service Charge	X	(126.85)	177,036.10
Check	06/26/2024		Brookshire Brothers	Batch 5/4/2024		(4,770.70)	172,265.40
Check	06/26/2024		Wilcox Pharmacy	Batch 5/3/2024		(2,141.46)	170,123.94
Check	06/26/2024		UTMB Faculty Group Practice	Batch Date 5/1/2024		(3,964.30)	166,159.64
Check	06/26/2024		UTMB at Galveston	Batch Date 5/1/2024		(70,339.46)	95,820.18
Check	06/26/2024		Thompson Outpatient Clinic, LLC	Batch 5/11/2024		(1,400.77)	94,419.41
Check	06/26/2024		Coastal Gateway Health Center	Batch 5/11/2024		(935.00)	93,484.41
Check	06/26/2024		Alliance Medical Services	Batch 5/10/2024		(230.00)	93,254.41
Check	06/26/2024		Bayside Dental	Batch 5/8/2024		(4,136.00)	89,118.41
Check	06/26/2024		Winnie Family Dental	Batch 5/8/2024		(1,482.80)	87,635.61
Check	06/26/2024		CABA Therapy Services dba Ph...	Batch 5/10/2024		(677.59)	86,958.02
Check	06/26/2024		Kalos Counseling	Batch 5/2/2024		(850.00)	86,108.02
Check	06/26/2024		Indigent Healthcare Solutions, ...	Inv 77950		(1,566.00)	84,542.02
Check	06/26/2024		Technology Solutions of Texas, ...	Inv 1869		(95.00)	84,447.02
Check	06/26/2024		Funcion 4-Lease fka Star Grap...	Inv# 82713429		(222.76)	84,224.26
Check	06/26/2024		The Seabreeze Beacon	Inv# 7299		(300.00)	83,924.26
Check	06/26/2024		Hubert Oxford	Legal Retainer		(1,000.00)	82,924.26
Check	06/26/2024		Benckenstein & Oxford	Inv# 51088		(28,790.00)	54,134.26
Check	06/26/2024		Makayla Vidal	Inv# 00058		(9,187.50)	44,946.76
Check	06/26/2024		Graciela Chavez	Inv# 965972		(120.00)	44,826.76
Check	06/26/2024		Felipe Ojeda	Inv# 1050		(350.00)	44,476.76
Check	06/26/2024		Patricia Ojeda	Inv# 3006		(8,250.00)	36,226.76
Check	06/26/2024		J & W A/C & Heating	Inv # 855953		(3,800.00)	32,426.76
Check	06/26/2024		Coastal Gateway Health Center	Grant- (6 of 12 pmts)		(83,483.58)	(51,056.82)
Check	06/26/2024		US Department of Education	Acct #177877792-1		(720.62)	(51,777.44)
Check	06/26/2024		Curtis Scott Johnson	Inv# 202405		(1,740.00)	(53,517.44)
Check	06/26/2024		Coastal Gateway Health Center	Marketing- Grant Pmt (2) 2024		(21,906.76)	(75,424.20)
Total 100 Prosperity Bank -Checking						(311,491.30)	(75,424.20)
102 First Financial Bank							19,497,846.28
102b FFB #4846 DACA							6,079,259.56
Check	05/16/2024			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	3,232,225.96	9,311,485.52
Check	05/17/2024			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	1,071,802.90	10,383,288.42
Check	05/21/2024			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	59,400.00	10,442,688.42
Check	05/23/2024			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	2,118,409.31	12,561,097.73
Check	05/29/2024			Transfer from XXX4846 to XXX9067: Conf #:21858631	X	(2,635,698.95)	9,925,398.78
Check	05/29/2024			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(36,378.42)	9,889,020.36
Deposit	05/31/2024				X	29,290,000.00	39,179,020.36
Check	05/31/2024				X	(302,900.00)	38,876,120.36
Total 102b FFB #4846 DACA						32,796,860.80	38,876,120.36
102c FFB #7190 Money Market							13,418,586.72
General Jo...	05/31/2024	MV 05.24-09		post interest for MM account	X	44,810.35	13,463,397.07
Total 102c FFB #7190 Money Market						44,810.35	13,463,397.07
Total 102 First Financial Bank						32,841,671.15	52,339,517.43
TOTAL						32,530,179.85	52,264,093.23

EXHIBIT “G”



06.26.24 WSHD Regular Board Meeting Indigent Care Report

1) Active Client Count:

- a) Indigent Clients: **90** – DOWN by **1** from **91** in **MON**
- b) Youth Counseling: **12** – the same as in **APR**
- c) Irlen Services: **0** – the same since **OCT 2022** – However, we did have 1 client enroll and be tested in **JUN**
- d) Dental: **13** clients used their benefit in **MAY**
- e) Vision Services: **00** clients used their benefit in **MON**

2) Riceland Hospital & Clinics:

The **MAY** charges were UP by **\$2.5 K** from **\$66.1 K** to **\$68.6 K**.

3) UTMB Hospital & Clinics:

UTMB **MAY** charges were UP by **\$436 K** from **\$32 K** to **\$468 K**, due to the UTMB Hospital charges for Mar through May being submitted all at once. Included in the charges was a **\$168K** surgery with a paid amount of **\$30K**.

4) Our over-all YTD expenditure Charts:

We have expended **24%** of the overall Indigent Care Budget

- **54%** of the Pharmacy budget
- **40%** of the Riceland budget
- **49%** of the UTMB budget
- **9%** of the Youth Counseling budget
- **67%** of the Vision budget
- **66%** of the Dental budget
- **35%** of the Thompson Outpatient Clinic budget

CHART 1: 2024 YTD WSHD Services & Budget Status:

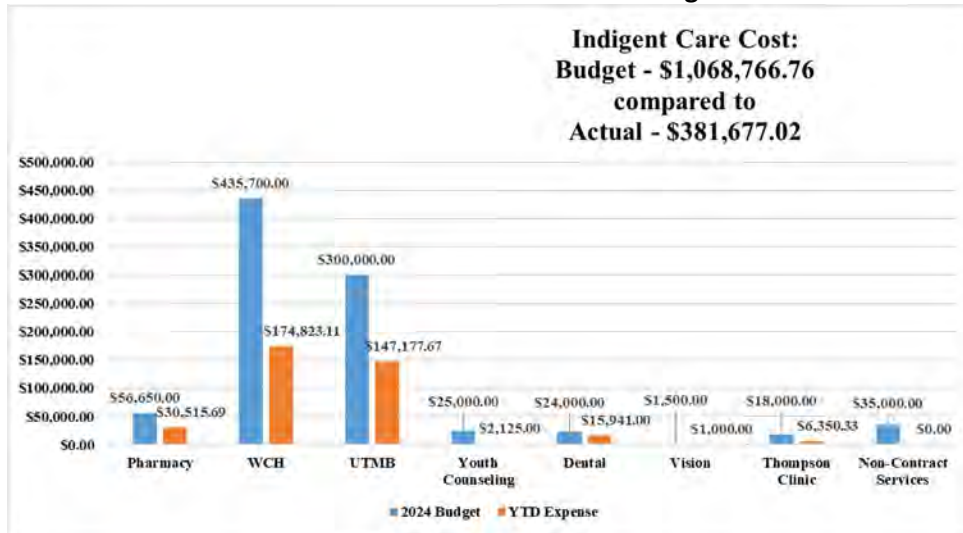
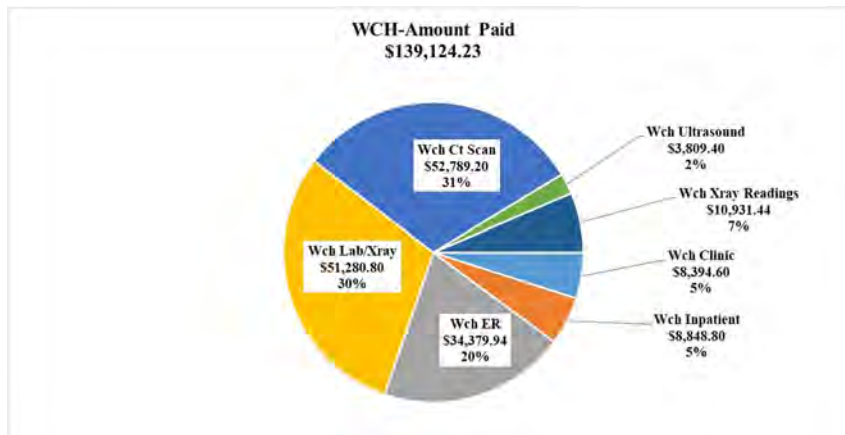


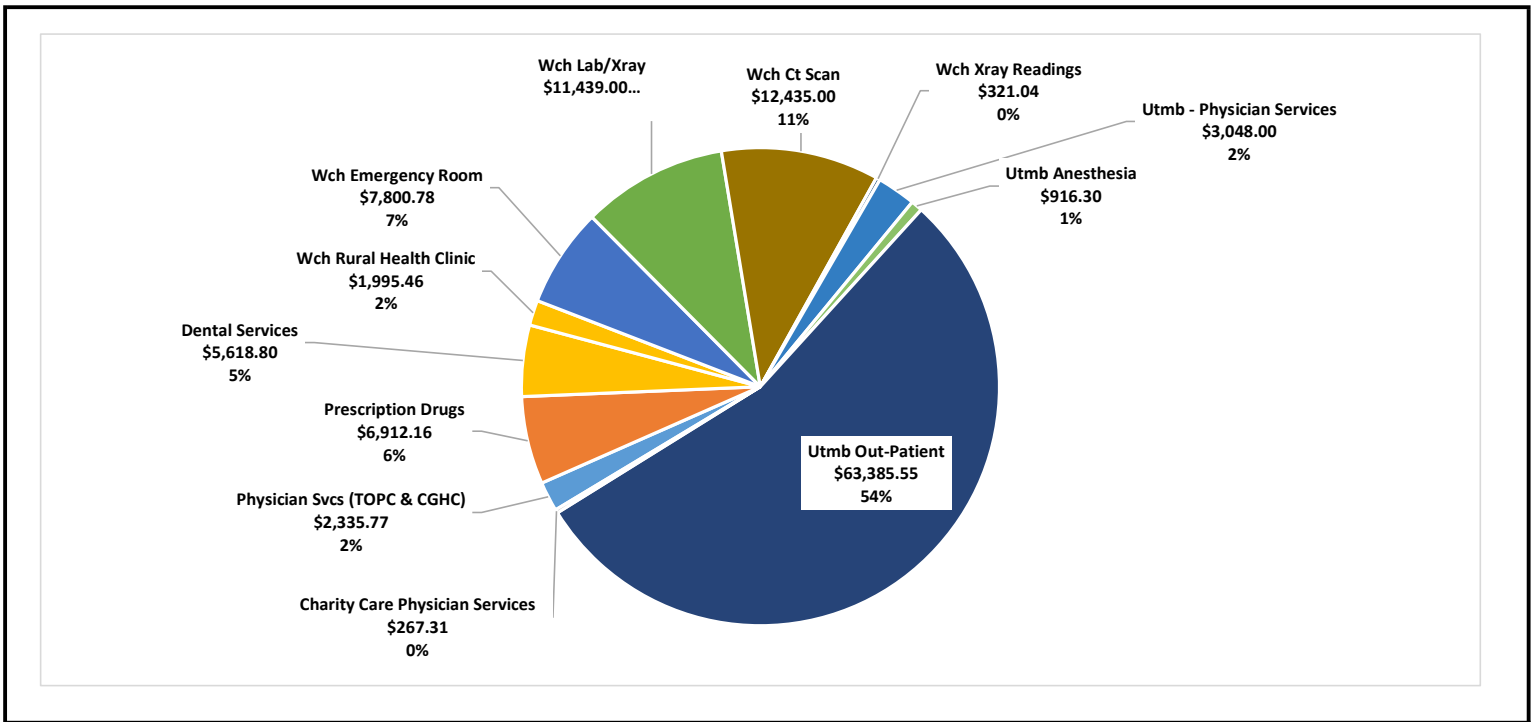
CHART 2: 2024 WCH Services Breakdown



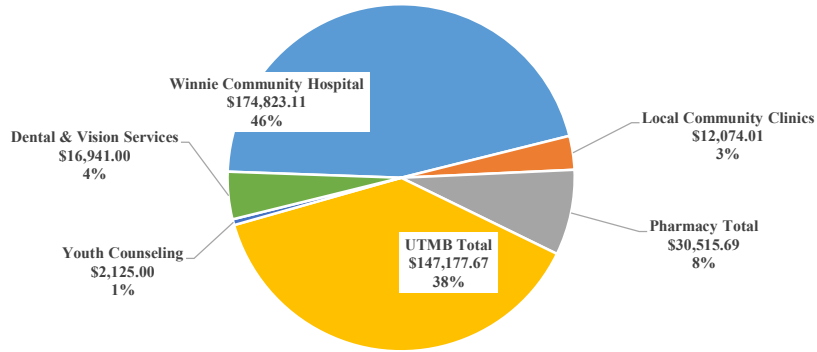
WSHD Indigent Care Director Report May 2024 SOURCE CODE REPORT

Source	Description	Amount Billed	Amount Paid	% of Total
01	Physician Svcs (TOPC & CGHC)	\$7,289.23	\$2,335.77	1.84%
02	Prescription Drugs	\$7,341.08	\$6,912.16	5.46%
09	DME Medical Supplies	\$330.00	\$230.00	0.18%
10	Optional Svcs	\$1,369.00	\$677.59	0.54%
14	Dental Services	\$17,829.90	\$5,618.80	4.44%
20	Wch Physical Therapy	\$1,420.00	\$852.00	0.67%
21	Wch Rural Health Clinic	\$4,500.00	\$1,995.46	1.58%
24	Wch Emergency Room	\$14,430.00	\$7,800.78	6.16%
25	Wch Lab/Xray	\$19,065.00	\$11,439.00	9.03%
26	Wch Ct Scan	\$20,725.00	\$12,435.00	9.82%
27	Wch Optional Svcs (Infusion Therapy)	\$1,561.00	\$215.69	0.17%
28	Wch X-Ray (MRI)	\$3,851.00	\$159.31	0.13%
29	Wch Ultrasound	\$801.00	\$480.60	0.38%
44	Wch Xray Readings	\$2,327.00	\$321.04	0.25%
31	Utmb - Physician Services	\$14,049.00	\$3,048.00	2.41%
31-1	Utmb Anesthesia	\$1,586.00	\$916.30	0.72%
33	Utmb In-Patient	\$21,727.07	\$1,178.94	0.93%
34	Utmb Out-Patient	\$403,841.15	\$63,385.55	50.06%
35	Utmb Lab/X-Ray	\$25,034.83	\$5,507.66	4.35%
39	Youth Counseling	\$850.00	\$850.00	0.67%
51	Charity Care Physician Services	\$2,430.08	\$267.31	0.21%

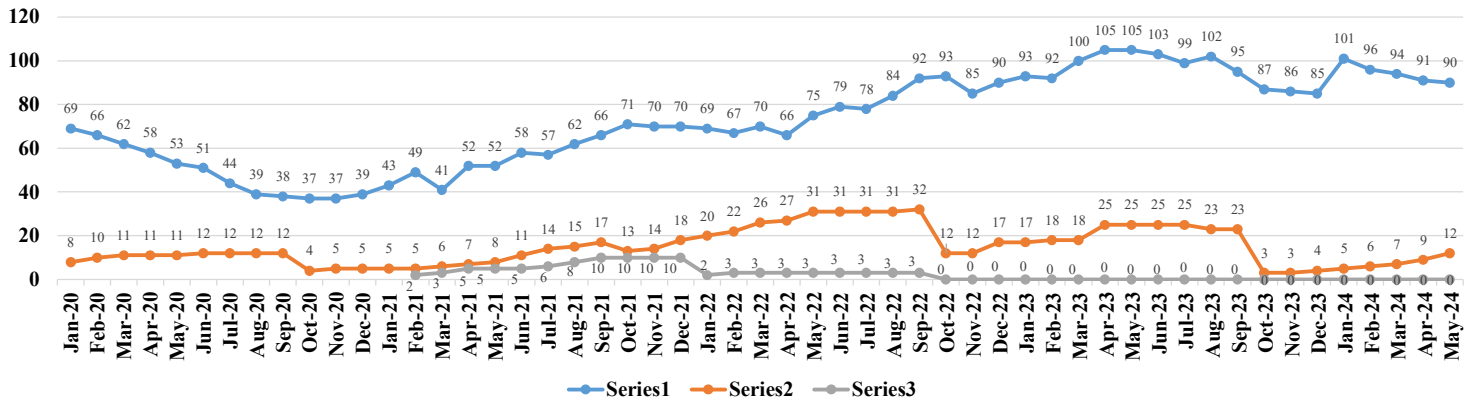
Expenditures	\$572,357.34	\$126,626.96	100%
	\$0.00	\$0.00	
Grand Total	\$572,357.34	\$126,626.96	100%



Year To Date Payments Incurred: \$384,231.48



Client Count Trending



PHARMACY SAVINGS = \$116,711.97

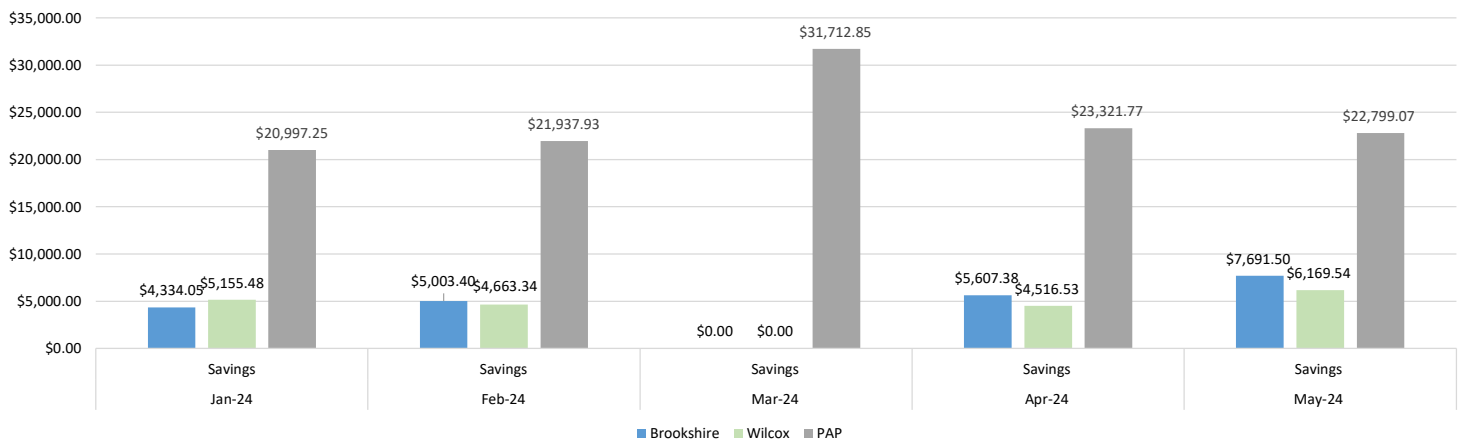


EXHIBIT “H”

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		7173
TOTAL HOURS DRIVEN		344.20
TOTAL EXPENSES FOR MONTH		\$1,539.00
<i>FUEL COST</i>		\$1,429.05
<i>REPAIRS & MAINTENANCE COST</i>	front end alignment for bus	\$109.95
<i>MISC EXPENSES</i>		
TOTAL RIDERS		63
<i>TOTAL WSHD RIDERS</i>		4
TOTAL TRIPS		137
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		5

VEHICLE #2	EAST SIDE VAN #2	
TOTAL MILES DRIVEN		2842
TOTAL HOURS DRIVEN		142.67
TOTAL EXPENSES FOR MONTH		\$638.07
<i>FUEL COST</i>		\$638.07
<i>REPAIRS & MAINTENANCE COST</i>		
<i>MISC EXPENSES</i>		
TOTAL RIDERS		32
<i>TOTAL WSHD RIDERS</i>		3
TOTAL TRIPS		45
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		3

VEHICLE #3	RAV 4	
TOTAL MILES DRIVEN		2558
TOTAL HOURS DRIVEN		158.00
TOTAL EXPENSES FOR MONTH		\$580.84
<i>FUEL COST</i>		\$546.49
<i>REPAIRS & MAINTENANCE COST</i>	wipers, tire repair	\$34.35
<i>MISC EXPENSES</i>		
TOTAL RIDERS		28
<i>TOTAL WSHD RIDERS</i>		2
TOTAL TRIPS		45
<i>TOTAL TRIPS FOR WSHD RIDERS</i>		3

GRAND TOTALS		
MILES DRIVEN		12573
RIDERS		123
<i>WSHD RIDERS</i>		9
TRIPS		227
<i>WSHD TRIPS</i>		11
EXPENSES		\$2,757.91

Marcelous Williams May Report

 Marcelous Williams Resource Center Winnie-Stowell Hospital District Report							
Year to Date Details for 2024		Jan-24	Feb-24	Mar-24	Apr-24	May-24	YTD DATE
YTD WSHD REFERRALS		0	3	0	1	4	8
YTD Indigent Care (Medical, Dental & Vision)		0	0	0	1	1	2
YTD Prescription Assistance		0	0	0	0	0	0
YTD Youth Counseling		0	0	0	0	1	1
YTD Navigating Resources for Clients		0	3	0	0	2	5
YTD OTHER REFERRALS		1	5	1	1	0	8
YTD Gift of Life		0	3	0	0	0	3
YTD Work in Texas (Texas Workforce Commission)		0	0	1	0	0	1
YTD Chambers County Indigent or OmniPoint FQHC		0	0	0	0	0	0
YTD Chambers County Indigent Dental		0	0	0	0	0	0
YTD Transportation		0	0	0	0	0	0
YTD Medical Services (Other Than Indigent)		0	0	0	1	0	1
YTD G.E.T.C.A.P.		0	1	0	0	0	1
YTD Misc. MWRC Available Services		1	1	0	0	0	2
YTD APPLICATIONS INITIATED/PROCESSED		23	34	28	16	27	128
YTD WSHD Indigent Care		0	0	0	0	0	0
YTD Prescription Assistance		0	0	0	0	0	0
YTD Social Security		2	4	1	5	6	18
YTD Medicare Savings Program		0	1	0	1	0	2
YTD Medicaid		6	8	9	2	5	30
YTD Food Stamps		15	17	16	8	15	71
YTD Home Repair		0	4	2	0	1	7
YTD G.E.T.C.A.P.		0	0	0	0	0	0
YTD CLIENTS SERVED		18	27	20	15	25	105
YTD WSHD Clients		18	26	20	15	25	104
YTD Chambers County Residents		0	0	0	0	0	0
YTD Other County Residents		0	1	0	0	0	1
YTD OFFICE SUPPLIES EXPENSES		\$841.17	\$497.78	\$714.84	\$442.06	\$635.12	\$3,130.97
YTD STAFFING EXPENSES		\$1,330.00	\$3,015.67	\$8,335.51	\$5,430.84	\$5,424.34	\$23,536.36
YTD GRANT AMOUNT SPENT OF TOTAL \$0.00		\$2,171.17	\$3,513.45	\$9,050.35	\$5,872.90	\$6,059.46	\$26,667.33
YTD GRANT BALANCE REMAINING OF		\$77,590.00	\$74,076.55	\$65,026.20	\$59,153.30	\$53,093.84	-\$26,667.33
OUTREACH ACTIVITIES/EVENTS ATTENDED		0	0	0	2	1	5

May-24												
MONTHLY REFERRALS & APPLICATIONS REPORT												
CLIENT DETAILS						PROGRAMS APPLICATIONS INITIATED						
DATE	REPEAT CLIENTS Enter "R"	Client Identifier Example: Smi,J OR For Repeat	Client Residency Data			WSHD Indigent Care	WSHD Youth Counseling	Navigating Resources for Clients	Social Security: Disability, SSI, Retirement	Medicaid	Food Stamps	Home Repair
			Winnie Stowell Hosp Dist	Chambers County	Any Other County: ENTER COUNTY							
5/1/2024	N	Hud,S	X					X				
5/6/2024	NF	Cas,T	X							X		
5/6/2024	N	Hef,D	X							X		
5/6/2024	R	Hau,R	X							X		
5/7/2024	RF	Deh,T	X					X				
5/7/2024	RF	Low,A	X					X				
5/8/2024	N	Mar,J	X						X			
5/8/2024	RF	Bre,J	X							X		
5/8/2024	RF	Eng,M	X						X	X		
5/15/2024	RF	Lop,I	X						X	X		
5/15/2024	N	Ber,D	X								X	
5/16/2024	RF	Mar,S	X							X		
5/20/2024	N	Cha,K	X							X		
5/20/2024	RF	Deh,T	X					X				
5/21/2024	RF	Deh,T	X					X				
5/22/2024	NF	Cha,K	X			X						
5/22/2024	RF	Per,S	X						X			
5/23/2024	N	Mac,S	X							X		
5/23/2024	N	Smi,L	X							X		
5/23/2024	N	Jen,S	X				X					
5/28/2024	NF	Smi,L	X							X		
5/29/2024	RF	Fig,S	X						X	X		
5/29/2024	RF	All,C	X					X		X		
5/31/2024	RF	Hoff,K	X							X		
5/31/2024	R	Arm,D	X				X			X		
25	(2)	0	25	0	0	1	1	2	6	5	15	1

May-24		
OFFICE SUPPLY EXPENSES INCURRED		
DATE	EXPENSE DESCRIPTION	\$ AMOUNT SPENT
5/1/2024	Administrative Costs	\$635.12
TOTAL OFFICE SUPPLY EXPENSE FOR THE MONTH		\$635.12

Winnie-Stowell Volunteer EMS May 2024 Report

Winnie-Stowell Volunteer EMS Winnie-Stowell Hospital District Report							
Year to Date Details for 2024	Previous Year: (2023) End	Jan-24	Feb-24	Mar-24	Apr-24	May-24	YTD DATE
	CALL SUMMARY						
CALLS/TRANSPORTS REQUESTED	102	8	6	8	9	8	39
CALLS/TRANSPORTS MADE							
INSURED	60	5	5	6	6	7	29
SELF-PAY	17	0	0	1	2	1	4
TOTAL CALLS MADE	77	5	5	7	8	8	33
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0
TRANSPORTS NOT MADE	25	3	1	1	1	0	6
PERCENTAGE OF CALLS MADE	75%	62.5%	83.3%	87.5%	88.9%	100.0%	84.6%
INVOICED/BILLED							
Insurance Billed during Month	\$79,777.63	\$5,738.67	\$5,233.94	\$10,826.41	\$9,210.08	\$6,308.49	\$37,317.59
Self-Pay Billed during the Month	\$29,969.41	\$0.00	\$0.00	\$856.34	\$1,594.63	\$723.13	\$3,174.10
Total	\$109,747.04	\$5,738.67	\$5,233.94	\$11,682.75	\$10,804.71	\$7,031.62	\$40,491.69
PAYMENTS RECEIVED							
Insurance Payments Rcvd during in the Month	\$31,939.70	\$1,616.98	\$1,022.13	\$2,887.50	\$1,384.19	\$0.00	\$6,910.80
Self-Pay Billed Rcvd during the Month	\$10,429.84	\$0.00	\$0.00	\$856.34	\$0.00	\$0.00	\$856.34
Total	\$42,369.54	\$1,616.98	\$1,022.13	\$3,743.84	\$1,384.19	\$0.00	\$7,767.14
ACCOUNTS RECEIVABLE FUNDS OWED							
Owed by Insurance	\$21,466.99	\$1,999.92	\$3,194.13	\$3,299.90	\$7,586.65	\$6,308.49	\$22,389.09
Owed by Self-Pay	\$2,961.51	\$0.00	\$0.00	\$0.00	\$1,594.63	\$723.13	\$2,317.76
Total	\$24,428.50	\$1,999.92	\$3,194.13	\$3,299.90	\$9,181.28	\$7,031.62	\$24,706.85
STAFFING EXPENSES							
	\$120,580.00	\$12,418.14	\$12,052.90	\$12,939.91	\$12,522.49	\$12,679.02	\$62,612.46

May-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
5/8/2024	Riceland	UTMB Galveston	M			24-13678	2343	5/21/2024	13
5/9/2024	Riceland	Texas Children's The Medical Center	M			24-13707	2336	5/16/2024	7
5/13/2024	Riceland	HCA Passadena (We delayed this trip due to poor weather conditions. Winds sustaining >60 mph, Riceland ignored the safety issue and contacted another service instead of waiting.				N/A	N/A	N/A	N/A
5/15/2024	Riceland	Baptist Famin (Psych)	M			24-14398	2347	5/24/2024	9
5/16/2024	Riceland	HCA Clearlake	M			24-14513	483	5/27/2024	11
5/17/2024	Riceland	St. Elizabeth Beaumont	M			24-14634	2350	5/27/2024	10
5/21/2024	Riceland	Texas Children's The Medical Center	M			24-15077	2372	5/30/2024	9
5/23/2024	Riceland	Hermann Memorial TMC	M			24-15314			Not Billed Yet
5/31/2024	Riceland	Baptist Beaumont	M			24-16204			Not Billed Yet
TOTAL CALLS & RESULTS			9	8	0	0	AVERAGE DAYS TO BILL:		10

May-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)
5/1/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/2/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
5/3/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/4/2024	Jeff Gibson	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
5/5/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/6/2024	Brad Eads	7am - 4pm	\$17.39	24	\$417.42	9	(15.0)	0	\$156.53	(\$260.89)	\$20.00	\$180.00	(\$23.47)
5/7/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/8/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
5/9/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/10/2024	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/11/2024	Ron Nichols	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/12/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/13/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
5/14/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/15/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/16/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/17/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/18/2024	Boyd Abshire	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
5/19/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/20/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/21/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/22/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/23/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/24/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/25/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
5/26/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/27/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/28/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/29/2024	Haley Brandin	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
5/30/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
5/31/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
TOTAL SALARY EXPENSE FOR THE MONTH:			\$17.39	744.00	\$12,939.91	729.00	(15.0)	0	\$12,679.02	(\$260.89)	\$17.84	\$12,972.00	(\$292.98)

EXHIBIT “I”



Report to Winnie-Stowell Hospital District

June 26, 2024

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

- The HRSA Look Alike (LAL) application was sent to HRSA on Sunday, June 9th. We received a confirmation email that our application was received and is in the queue to be reviewed. THRIVE will be onsite within the next month conducting a Mock Site Visit.
- There is a HRSA New Access Point (NAP) application that was just released last week. The first due date is August 15, 2024 (in grants.gov) and September 30, 2024 (in the HRSA EHB). Announcements and funding would not be available until June 2025.
- Generator Update. We are still waiting for CenterPoint to come onsite to conduct their site visit and load data gathering; several phone calls have been made to check status. If CenterPoint continues to be unresponsive, we will be checking pricing on a propane tank. The generator is on order and should arrive by mid-July.
- The statistical report for May is attached.
- 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. Programming will include things like: lecture by a provider or staff on a health topic, bingo, game, health screenings (such as blood pressure, glucose). The health center has signed up to deliver Meals on Wheels to residents in the Winnie community once a month on Thursday's.
- Upcoming Events/Activities
 - We will be participating 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 on the virtual call. We will be partnering with Chambers Health to provide sports physicals to attendees at no cost; Dr. Lyons has volunteered to be the male provider.
 - Blood Drive last week, met the quota at 12 donors.
 - Mobile Mammo Day: August 20th.
 - Programming is still ongoing with Winnie Square once a month.
- We received our first shipment of vaccines for the Texas Vaccine for Children (TVFC) program. Currently working to order a shipment of private stock vaccines (for kids with commercial insurance).
- 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 will be used to add our Eligibility Specialist.



- 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).
- Enhanced Marketing Update:
 - 141 Google reviews, all are 5-stars (except for one 4-star review). Our rating remains at a 5-star.
 - Our new videos are running on Facebook as 'Sponsored Ads'.
 - Specific Marketing Plan for the communities of Nome, China, and Devers is underway. This will help to increase our presence in this community.

EXHIBIT “J”

Facility ID	Operator	Facility Name	April 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	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5297	Regency	Hallettsville Rehabilitation & Nursing Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5234	Regency	Monument Hill Rehabilitation & Nursing Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5203	Regency	The Woodlands Healthcare Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4154	Caring	Garrison Nursing Home & Rehabilitation Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4376	Caring	Golden Villa	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
110098	Caring	Highland Park Care Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4730	Caring	Marshall Manor West	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4798	Caring	Rose Haven Retreat	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5182	Caring	The Villa at Texarkana	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5166	Nexion	Oak Manor Nursing Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	22	91.7%	2	8.3%	24
5369	Gulf Coast	Oak Village Healthcare	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4747	Gulf Coast	Parkview Manor Nursing & Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5289	Gulf Coast	Winnie L Nursing & Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5240	Gulf Coast	Hemphill Care Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5307	SLP	Oakland Manor Nursing Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4028	SLP	Coronado Nursing Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
100790	HMG	Park Manor Conroe	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4456	HMG	Park Manor Cyfair	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
101489	HMG	Park Manor Cypress Station	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
101633	HMG	Park Manor Humble	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
102417	HMG	Park Manor Quail Valley	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
102294	HMG	Park Manor Westchase	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
104661	HMG	Park Manor The Woodlands	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
103191	HMG	Park Manor of Tomball	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5400	HMG	Park Manor of Southbelt	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
104541	HMG	Deerbrook Skilled Nursing and Rehab	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4286	HMG	Friendship Haven Healthcare & Rehab Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5225	HMG	Willowbrook Nursing Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
106988	HMG	Accel at College Station	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
102375	HMG	Cimarron Place Health & Rehabilitation Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
106050	HMG	Silver Springs Health & Rehabilitation Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4158	HMG	Red Oak Health and Rehabilitation Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5255	HMG	Mission Nursing and Rehabilitation Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4053	HMG	Stephenville Rehabilitation and Wellness Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
103743	HMG	Hewitt Nursing and Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
103011	HMG	Stallings Court Nursing and Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
104537	HMG	Pecan Bayou Nursing and Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5372	HMG	Holland Lake Rehabilitation and Wellness Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
5387	HMG	Stonagate Nursing and Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	22	91.7%	2	8.3%	24
102993	HMG	Green Oaks Nursing and Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
103223	HMG	Crowley Nursing and Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
101157	HMG	Arbrook Plaza	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
106566	HMG	Forum Parkway Health & Rehabilitation	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
105966	HMG	Treviso Transitional Care	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
100806	HMG	Gulf Pointe Plaza	MET	MET	MET	MET	8	100.0%	0	0.0%	8	24	100.0%	0	0.0%	24
4807	SLP	Sebreeze Nursing and Rehabilitation	MET	MET	MET	MET	4	50.0%	4	50.0%	8	24	100.0%	0	0.0%	24
4584	SLP	Palestine Healthcare Center	MET	MET	MET	MET	4	50.0%	4	50.0%	8	24	100.0%	0	0.0%	24
4586	SLP	Paris Healthcare Center	MET	MET	MET	MET	5	62.5%	3	37.5%	8	24	100.0%	0	0.0%	24
4996	SLP	Overton Healthcare Center	MET	MET	MET	MET	3	37.5%	5	62.5%	8	24	100.0%	0	0.0%	24
5250	Caring	Oak Brook Health Care Center	MET	MET	MET	MET	4	50.0%	4	50.0%	8	24	100.0%	0	0.0%	24
5261	Caring	Gracy Woods Nursing Center	MET	MET	MET	MET	4	50.0%	4	50.0%	8	24	100.0%	0	0.0%	24
Total NSGO							424	94.6%	24	5.4%	448	1340	99.7%	4	0.3%	1344

Private to NSGO Mid-Year



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

P.O. Box 1997
Winnie, Texas 77665
Phone: 409-296-1003

Treasurer: Bobby Way
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 22, 2024

Facility Administrator: Lorraine Hayes

The Villa at Texarkana is licensed for 120 beds and its current census is 94 residents. The facility has a respite patient coming soon, and six pending admissions under review. The facility only has three beds left available at this time.

The facility has a few openings but is nearly fully staffed at this time. It has identified a nurse who is filling the ADON position.

The state came about two weeks ago to investigate a complaint. All reasons for investigation were unsubstantiated. The facility has not submitted any new self-reports.

The facility is planning its monthly QAPI meeting this upcoming Friday. Points of focus and discussion include anti-psychotic medications, as well as pain management and palliative care. Performance improvement plans are ongoing at this time. The facility has implemented a new PIP for treatment and wound care plans.

The sensory unit is functioning and has been a major success in supporting the residents at the Villa at Texarkana. The administrator continues to receive great feedback and excitement about the newly added room and program.

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

There are no trends in grievances at this time.

There is no COVID in the facility.

The administrator invited a resident's family member to its recent all-staff meeting. The intent was for the family member to share their experience working with the facility, to offer some constructive feedback, but also to share appreciation to the staff for the caring for their loved one. The administrator said this was a very successful meeting and the staff were engaged and passionate in the discussions and conversations with the family member.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The facility discusses falls in its morning meetings, and again in weekly clinical meetings. The facility works to review each fall and identify the root cause of the incident to more effectively care for each residents' individual needs.



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Sect.: Jeff Rollo

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 29, 2024

Facility Administrator: Dennis Horsch

Winnie L LTC is licensed for 105 beds and its current census is 42 residents. The facility's census has been trending positively but has had some recent discharges. There were a few skilled patients who completed their rehabilitation and discharged home. Discussed marketing efforts and outreach to referral sources in the community.

The facility is seeking a weekend RN. This position is currently being filled by agency staffing. The nursing team is also recruiting a few CNAs. There is a new therapy director who recently started and has had a good transition into the department. There are no other openings at this time.

The facility's Plan of Correction was accepted by the state, and surveyors haven't come back to follow-up yet. A federal surveyor visited the facility this month to review pressure ulcers and incidents. The federal surveyor didn't find anything out of compliance and had a great visit.

The administrator submitted a self-report earlier this month due to a resident having had a stroke with a subsequent injury.

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. Both star ratings for overall and staffing increased from 1-star to 2-star ratings.

Discussed the facility's recent QAPI meeting. The administrative team works well together and supports all the needs of the facility and its residents. The facility's corporate nurse also follows-up on their QAPI meetings and goals to offer additional support when needed. There were not any problems or systems trending this month.

The facility is focusing on minimizing falls. Most of the falls at Winnie L LTC Partners are related to residents who ambulate on their own. The facility aims to identify the personalized needs and interventions for each resident.

There is no COVID in the facility at this time.

There have not been any recent trends in grievances. Discussed the facility's laundry service and efforts to ensure clothing is marked and returned to the correct residents.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

Discussed interventions leveraged in the facility and the desired goal of reducing the incidence of falls. Staff members are trained to watch for environmental risk factors. The facility conducts medication audits when falls occur including the appropriateness of medications as well as the timing of their administration. The facility makes every effort to identify the root cause of falls in order to effectively address them.



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

P.O. Box 1997
Winnie, Texas 77665
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

May 22, 2024

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 73 residents including 6 Medicare patients. The facility has a potential admission later today. Discussed recent admissions and referral sources.

Discussed some recent changes of nursing assignments made to better leverage the strengths of staff members. The facility is seeking one more nurse and a few CNAs. Copperas Cove still uses agency staffing occasionally as needed. Discussed staffing challenges and strategies with staffing ratios and census growth.

The state visited the facility yesterday to investigate a self-report and a P1 complaint. Both reasons for the investigation were unsubstantiated. No new self-reports were submitted this month.

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's Quality Measures star rating decreased from a 2-star rating.

The facility will hold its monthly QAPI meeting later this week. It has completed its performance improvement plan addressing elopements. The administrator stated the team will be discussing and revising its PIP on falls. Discussed the facility's medical director and involvement in the facility. The medical director is accessible and supportive of the facility's efforts to grow and care for its residents.

The air conditioning in the front of the facility was repaired.

There were no trends in grievances reported this month. Discussed some of the grievances and methods the facility uses to address and resolve them.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The facility completes fall risk assessments for its residents. It also discusses falls in its Standards of Care meeting.



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Forum Parkway Health & Rehabilitation

2112 Forum Parkway
Bedford, TX 76021

May 28, 2024

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 92 residents including 32 skilled patients. The facility has seen a big pick up in Medicare part A patients. There are six referrals pending insurance authorization before they can be approved to admit. A resident is planned to admit later today for respite care. There are roughly five patients who are also planning on transitioning to long-term care in the facility.

The facility was represented in a golf tournament last month and it will attend the HEB expo for marketing soon.

Last month, the facility reported about 5% overtime for the month. At this time, it has two double weekends CNA positions open. All department heads are in place, and there is still an AIT working at Forum Parkway Health & Rehabilitation.

The facility received its 2567 from the last time the state came to visit and there were no deficiencies. There have not been any visits from the state this month. The administrator has not submitted any new self-reports.

Forum Parkway Health & Rehabilitation 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's overall and health inspections star ratings increased from 4-star and 3-star ratings respectively.

The facility recently held its QAPI meeting and discussed PIPs and focus areas. The facility was flagging for falls again, mostly repeat falls. The team is working hard to reduce falls. Discussed training, education, and in-services for staff. The facility is also working on anti-hypnotic utilization.

There is no COVID in the facility at this time.

Discussed recent grievances, some of which are still regarding dietary. The administrator is working on directing these issues to a resolution and is considering options to improve the dining experience and meal service for residents. Discussed dietary best practices and strategies.

The equipment the facility received including the E-stem ultrasound and the hydrocollator have been great additions and effective tools. The facility is buying some new mattresses as needed and looking into purchasing new concentrators.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The facility discusses falls in its QAPI and morning meetings. The facility is always seeking new opportunities to improve and support its residents.



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

May 28, 2024

Facility Administrator: Drew Gurley

The administrator stated his last day of employment at Treviso Transitional Care Center will be later this week on May 31. He stated a new administrator has been selected and is expected to start employment on June 3.

Treviso Transitional Care Center is licensed for 140 beds and its current census is 69 residents. The facility's census has started to trend upward but there is still room for significant growth.

The facility has vacant positions for one weekend supervisor and one weekday treatment nurse. No other staff vacancies were stated at this time.

State surveyors have not visited the facility this month. There are no new self-reports submitted.

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 has continued to have its monthly QAPI meetings which facilitate meaningful discussions and conversation. The administrator reports strong participation and reporting from department heads and attendees. The facility is still focusing on falls. Skins, weights, and POC documentation saw improvements this month.

The administrator shared some recent grievances but stated there have not been any recent trends. The team strives to promptly address and resolve all grievances.

The facility's new dietary manager has been struggling to manage the department thus far. The administrator has been providing feedback to the dietary manager, as well as the manager's company HCSG.

The facility is working on getting new bedside tables and chairs for resident rooms.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The facility has open discussions regarding falls with its interdisciplinary team. It aims to include each department in its efforts to minimize falls and ensure interventions are in place.



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Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

May 29, 2024

Facility Administrator: Jodi Scarbro
Facility Director of Nursing: Zella Wilson

The facility's director of nursing, Zella Wilson, provided the facility's update.

Arbrook Plaza is licensed for 120 beds and its current census is 92 residents. The facility has one pending discharge but has several pending admissions and other referrals under review at this time.

There are a few open positions at Arbrook Plaza. The facility is seeking one nurse and one CNA. Current staffing levels are being managed well and are appropriate for the facility's current census.

The state visited the facility last week to investigate two self-reports and a complaint. All reasons for investigation were unsubstantiated. There were two self-reports submitted this month, but both have already been investigated and unsubstantiated.

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

Discussed the facility's recent QAPI meeting. The facility is focusing on skins and falls at this time. Performance improvement plans are ongoing with no reported changes. The facility routinely completes in-servicing with staff to ensure education and skills are satisfactory. The facility is planning to have someone from Vohra, the wound care service, to come in-service staff on positioning and pressure-relieving equipment and devices.

There is no COVID in the facility at this time.

Discussed recent grievances in the facility. There are currently no trends in grievances at Arbrook Plaza.

Maintenance is starting a project to update the female public bathroom.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The facility completes fall risk assessments for each of its residents. It discusses falls in its QAPI meetings, as well as in stand-up meetings. The team reviews incidents and their root causes to ensure any problems and risks are being addressed completely.



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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

May 28, 2024

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 76 residents including 9 skilled patients. Hospitals in the community have reported having lower census than usual which is affecting Gulf Pointe Plaza.

Staffing is in good shape overall at the facility. The team is seeking two CNAs at this time. The facility's new social worker started employment at the end of April.

The administrator reported submitting some recent self-reports. Reasons for the reportables include an injury of unknown origin, and a fall with injury. The administrator has not been able to confirm when the injury occurred related to the fall with injury reportable. When the resident was sent out to the hospital, the hospital could not confirm when the injury happened from their x-ray as it was considered age indeterminate. The facility still reported the incident to err on the side of caution. The facility has in-serviced staff on abuse and neglect.

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

Gulf Pointe Plaza held its QAPI meeting this month on May 15. The team reported great outcomes and is monitoring its systems closely. The facility barely missed its excessive weight loss metric, but when MDSs are done this quarter proper measures should be reflected again. The facility also initiated a PIP on excessive weight loss to ensure it is properly monitored and managed. The facility is also focusing on falls with major injury, CNA retention, and reducing anti-anxiety & anti-hypnotics. CNA turnover has been improving recently and was at 0% turnover for roughly the last two months.

There is no COVID in the facility at this time.

The administrator discussed some recent grievances but stated there have not been any recent trends. Grievances are addressed and resolved immediately.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

Gulf Pointe Plaza discusses recent incidents in its stand-up meetings. The team reviews root causes and identifies effective interventions to meet the needs of the affected resident. Falls are also discussed weekly in the facility's SOC meeting.



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Silver Spring

1690 N. Treadway Blvd.
Abilene, TX 75551

May 24, 2024

Facility Administrator: Jackie Lowe

Silver Spring is licensed for 120 beds and its current census is 72 residents. The facility's census has been growing and it is expecting another three admissions over the next few days. There are two discharges pending. Discussed recent referral trends and sources in the community. The facility has a quarterly meeting with hospital case management to review and collaborate as well.

The facility has been flexing its staffing assignments to ensure it operates within its target budget for its census level. With the recent census growth, the facility has been able to add hours to various staffing schedules. Overtime has only been at 3.3% recently. The facility has a new business office manager and a new payroll supervisor who will be starting soon.

Discussed customer service opportunities and managing residents and family's needs and grievances. The facility has been conducting customer service in-services with staff members. It also completes satisfaction surveys and staff reviews to learn how the care and environment is being perceived by residents.

There have not been any recent visits from the state. The administrator has not submitted any new self-reports.

The facility's recent QAPI meetings have been productive. Falls are a focus for the facility. Discussed great outcomes with skins, and month over month improvements in RTA. The facility's newest physician partner has been supportive in working with post-acute patients and reducing RTA.

The remodel work is ongoing and has taken a little longer than planned due to insurance processing. The construction has continued, and the flooring work has started. Furniture replacement will be the next step.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The team discusses falls in its morning stand-up meetings and identifies the root cause of incidents to then determine proper interventions and plans of care. Fall risks assessments are completed for residents upon admission and again when needed.



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Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

May 22, 2024

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 104 residents. Last month, the facility reached a census of 110 but has since had some discharges. The facility has three residents in the hospital at this time who are expected to return once appropriate. There are no planned discharges at this time.

Staffing is in good shape overall. The facility is seeking three nurses, and it has identified a DON who will start employment in 30 days. The facility is still managing the required RN coverage seven days a week and the ADONs are covering DON duties at this time.

The state has not been back to visit the facility this month. The administrator reported the facility submitted three self-reports this month. All three self-reports were related to falls. The facility has in-serviced staff regarding fall prevention, abuse and neglect.

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 decreased to a 1-star overall rating from a 2-star rating and decreased to a 4-star quality measures rating from a 5-star rating.

The monthly QAPI meetings are in place. All measures were reported below their respective benchmarks and no new PIPs were needed at this time. The facility is continuing to watch RTA to ensure it does not rise.

There is no COVID in the facility at this time.

Grievances have been improving recently. The administrator reported most of the facility's grievances are often from family members. The facility is always working with staff to improve communication and customer service.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The facility completes assessments of residents upon admission and as needed throughout their stay at Red Oak Health and Rehabilitation Center. The facility holds a fall prevention meeting every week and discusses falls each day in stand-up meetings. The administrator shared the facilities efforts to personalize care by providing interventions which best meet the needs for the residents.



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Harbor Lakes Nursing and Rehabilitation Center

1300 2nd Street
Granbury, TX 76048

May 17, 2024

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 5/17/24, the administrator and other attendees discussed the facility's outcomes from April 2024.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 77 residents including 18 skilled patients.

Discussed staffing challenges and trends at the facility. As census fluctuates, the facility flexes staffing to ensure appropriate staff-to-resident ratios are in place. The leadership team strives to hold staff accountable for their hours and breaks.

There have not been any recent visits to the facility by state surveyors. There have been no new self-reports submitted.

Harbor Lakes Nursing and Rehabilitation Center has a 5-star rating overall. The facility has a 4-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility discussed some financial discrepancies with its lab services. The team is correcting the issue with lab management to ensure the services and billing are correct and uninterrupted.

Discussed call light response in the facility. CNAs are staffed well, which has supported the building in having prompt call lights response times. Call lights are not generally an issue at Harbor Lakes Nursing and Rehabilitation Center.

Dietary improvements are ongoing and under review. Meal temperature audits have also been improving while complaints are decreasing.

The facility is still working on replacing curtains throughout the facility. The facility is also looking into repairing its van which has begun leaking water into the van when there is rain.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

Harbor Lakes Nursing and Rehabilitation Center discusses falls in morning standup meetings and includes all members of the interdisciplinary team. Fall risk assessments are completed for new residents upon admission. The facility reported an increase in falls last month, and it has implemented a PIP to focus on improving falls. Issues contributing to the root cause discussed in this PIP include staff turnover, toileting schedule, intervention implementation, staff education, identification of residents with toileting issues, as well as toileting and room rounds. The facility is increasing toileting rounds and requesting office staff to complete facility rounds every few hours to check on the floor and residents.



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Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

May 30, 2024

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 78 residents including 28 skilled patients. The facility is not meeting its budget census of 84 this month, but its skilled census is very high.

The facility has experienced significant staffing challenges recently including twelve CNA openings. The facility is considering changing to 12-hour shifts if it doesn't make new hires soon. Existing full-time and PRN staff have been picking up open shifts. The facility's overtime is nearly 8%. Discussed recruitment and staffing strategies. Cimarron Place Health & Rehabilitation is offering bonuses to new employees. It also has some nurses and medication aides who pickup and fill CNA roles occasionally to ensure coverage needs are met.

The team is interviewing for a part-time MDS nurse to come help and support documentation and rates. They are also working on hiring a director of talent and learning who will be focused on advertising, interviewing, and managing staff recruitment and retention efforts. The administrator has been interviewing a candidate who will be receiving an offer soon to start employment next month. The administrator sees this as an opportunity to improve and shorten the hiring process.

The facility had its annual fullbook survey which began on April 29 and finished when surveyors exited early May. The facility received five d-tags in its health inspection. Some of the findings included hand washing, grease barrel lid, freezer log in nutrition room, a medication error, and a medication cart left unlocked by a med aide. Life safety surveyors also came to conduct the life safety portion of the survey. Life safety cited three tags which were related to quarterly sprinkler inspections, fire alarm timing, and spider webs found on sprinkler heads in the facility's attic.

The facility submitted its POC which has already been accepted. The fullbook surveyors also investigated and unsubstantiated a self-report. State surveyors returned later in May to

investigate a complaint regarding a fall which was found to be unsubstantiated. The administrator reported submitting a self-report regarding an allegation of abuse.

Cimmaron 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 facility held its monthly QAPI meeting and is still focusing on falls. Most of the falls are from individuals who experience repeat falls. The team addresses and adjusts care plans accordingly. The facility is meeting its measures for anti-psychotics and UTIs. The facility is also reviewing RTA rates and expects rates to improve for WellMed patients. WellMed is providing a physician or NP to round in the facility every day to follow those patients covered by WellMed. Of the 17 managed care patients, over 10 of the facility's patients are covered by WellMed. HCA also has a program the team is looking at with the facility's DON to improve RTA. The facility's medical director helps with conversations and directing care with discharges and medications at the hospital.

Performance improvement plans are ongoing at this time. The facility is also working on hurricane preparedness. Discussed the facility emergency plans and emergency staff roster.

There is no COVID in the facility at this time.

The facility is working on updating its sprinkler system. There are several sprinkler heads which need to be either raised, lowered, or moved.



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Stonegate Nursing and Rehabilitation

4201 Stonegate Blvd.
Fort Worth, TX 76109

May 23, 2024

Facility Administrator: Kristi Blackwell

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 87 residents including 25 skilled patients. The facility has been working hard to grow their census month over month. Discussed recent marketing plans and efforts with community engagement.

The facility is seeking two nurses as well as five CNAs. The team has also hired a new MDS nurse who is scheduled to start employment next week.

There have not been any recent visits to the facility by the state. Discussed status of outstanding self-reports pending investigation. The administrator shared details of a new self-report related to a fall with injury. The team is beginning survey readiness training with its department heads as the facility is entering its fullbook survey window.

Stonegate Nursing and Rehabilitation held its QAPI meeting earlier this week. The team is working on diving into the details to identify the root cause of issues and opportunities for improvement. The team is still focusing on reducing RTA, and they reported having 0% RTA so far this month. Discussed skins and the facility's actions to care for residents affected. The facility has conducted a skin sweep and included all skins in its QAPI plan. The facility has implemented a new PIP to address and improve care plan documentation.

Discussed grievances in the facility and there have not been any recent trends. Food complaints are down, and meal service is improving. The administrator is following up with the grievance process to ensure the facility closes the loop and reports back to the affected individuals after a grievance has been resolved. The ombudsman has made two recent visits to the facility, and both went well.

The facility had its trust fund audit last week and made some minor changes based on feedback from the auditor.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

The facility completes fall risk assessments for its residents upon admission and as needed thereafter. The team discusses falls in its stand-up meetings to share pertinent information and interventions in place. When falls occur, the team reviews the 72-hour timeline of each fall to determine the root cause of the incident.



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Stephenville Rehabilitation and Wellness Center

2601 Northwest Loop
Stephenville, TX 76401

May 30, 2024

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 85 residents including 15 skilled patients. The facility is working to increase its skilled census.

Staffing is going well at the facility. It is currently seeking two night-shift nurses. Discussed the facility's recent efforts with its CNA training class. The facility's new activity director has started employment and is doing great. The residents are taking to her well and are enjoying the new offerings she's providing.

State surveyors have not visited the facility this month. There have not been any new self-reports submitted.

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's overall and quality measures star ratings both increased to 5-star ratings.

The facility's recent QAPI meeting went well. Discussed focuses areas and PIPs. There were no new PIPs reported at this time, and efforts continue to monitor and evaluate RTA, falls, and pressure ulcers.

There is no COVID in the facility at this time.

No trends in grievances were reported this month. Discussed some individual residents and recent grievances. Some grievances have been regarding residents with behaviors. Discussed the facility's efforts to meet the needs of those exhibiting behaviors.

The facility is still completing work in its shower room.



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Pecan Bayou Nursing and Rehabilitation

2700 Memorial Park Drive
Brownwood, TX 76801

May 24, 2024

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 59 including 12 skilled patients. The facility has one planned discharge, and one resident in the hospital who is expected to return to the facility this weekend. The facility has nine referrals approved for admission. These include referrals from hospitals, transfers from other facilities, and some respite care patients coming from home. Several of these will be added to the facility's long-term care census.

Staffing has some department head openings, but most caregiver positions are filled. The facility is seeking one night nurse, and all CNA positions are filled. The facility hired a social worker who is expected to start employment next month on the 17th. It is recruiting a maintenance director, a housekeeping supervisor, a dietary director, and a CNA trainer.

State surveyors have not visited the facility this month. The facility has not submitted any new self-reports.

Pecan Bayou Nursing and Rehabilitation has maintained its 5-star ratings in Overall and health inspections. The facility's last QAPI meeting was held earlier this month on May 15. The facility is focusing on falls. Discussed opportunities, interventions, and a resident experiencing repeat falls. The administrator reported on the facility's RTA rate which is lower than its benchmark at 7.5%.

There haven't been many grievances recently, but there have been some regarding breakfast meal service. Discussed the mealtimes, menus, and resident preferences.

There is no COVID in the facility at this time.

The facility completed a facility-wide disaster drill for tornado warning.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

Pecan Bayou Nursing and Rehabilitation focuses on falls and fall prevention by discussing recent falls each morning in its stand-up meetings. Staff members are alerted to those individuals who are fall risks and updated on current interventions in the facility.



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Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

May 28, 2024

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 92 residents including 13 skilled patients. The facility had several discharges two weeks ago and has been maintaining its census level since then. It is four residents away from its census budget.

Staffing has improved since last month. There are four CNA openings at this time. The nursing department hired one aide last week, and four the week before that. Discussed the facility's hiring strategies and recent efforts to attract new staff. All department heads are in place. The facility has been focusing on showing staff appreciation this month and has had several events for nursing home and nurse's week.

The state visited the facility earlier this month to investigate a complaint. The surveyor departed without closing the investigation. There have not been any new self-reports submitted this month.

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

The facility held its QAPI meeting this month on May 20. Performance improvement plans were discussed, and some were resolved including RTA, collections, and psychotropics. There are no new PIPs reported at this time.

There is no COVID in the facility.

Discussed grievances and the resolution process at Mission Nursing and Rehabilitation Center. There are no grievance trends at this time.

The facility was approved for new rent rates and has also incorporated a new remodeling budget. The administrator is planning visits from the facility's owners to begin the process of planning the remodel.

Provided quarterly training regarding fall prevention and management in nursing facilities. Discussed medical and environmental risk factors contributing to the risk of falling. Reviewed recommendations for effective risk management programs, assessments, and care planning to reduce the prevalence of falls. Discussed inclusion of interdisciplinary team members in fall risk management program. Shared resources for fall prevention and management and fall risk management evidence-based best practices.

Mission Nursing and Rehabilitation Center discusses falls daily during its standup meeting. It has very involved department managers who are aware, involved and vocal about falls and changes of condition in the facility.



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Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

May 24, 2024

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 89 residents with 30 skilled patients. The census has been strong this month and has been pushing the 90s which has put the facility ten to fifteen residents over budget. The facility had a celebration when it reached its high census of 90 residents. Discussed some of the admission trends in the community and at Holland Lake Rehabilitation and Wellness Center. Many recent admissions have transferred to the facility from competitors.

The facility is seeking a few CNAs and nurses. The team is managing coverage needs well even with the increase in census. The facility's new wound care nurse and ADON are both in place. The new ADON is doing great and was previously an instructor. This ADON can help facility IV training for qualified staff members in the facility.

The administrator shared some of the facility's efforts to thank staff for their hard work and maintaining employee morale. The administrator and DON recently grilled hot dogs for staff as thanks for a busy week. Discussed other strategies to improve employee morale and staff appreciation.

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

Discussed the facility's recent QAPI meeting and systems under evaluation. Performance improvement plans are ongoing and continue to be monitored. Falls continue to be a focus area.

There have not been any recent trends in grievances, and the facility strives to resolve any issues immediately.

The administrator reported the facility is working to resolve an A/C issue in the laundry department. Certain members of the facility's regional leadership team will be visiting soon to discuss some potential capital projects for the facility.



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

P.O. Box 1997
Winnie, Texas 77665
Phone: 409-296-1003

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation

8836 Mars Drive
Hewitt, TX 76643

May 24, 2024

Facility Administrator: Ben Falls

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 78. The facility's census has fluctuated recently, but it is expecting a few admissions soon. The facility also has four residents in the hospital who will return once appropriate for hospital discharge.

The facility has several open positions for which it is recruiting. It is seeking four day-shift and three night-shift nurses. The facility has a new DON who started employment recently. The administrator and new DON are working together to improve care systems in the facility. The leadership team is focusing on its personnel to ensure it has the right team members who are committed to high standards of care. Discussed recruiting strategies and best practices. The facility only utilizes agency staffing when needed for coverage needs.

State surveyors came to the facility to investigate two self-reports and a complaint. During this visit, the state surveyor found an issue with a resident's BiPap settings and their BiPap filter. The facility was put in immediate jeopardy during this visit. The facility has included BiPap and CPAP tracking into their QAPI process. The facility's call light system also went out of service due to a storm in the area. The facility has responded appropriately and has managed resident needs through increased rounding and providing bells to residents. Surveyors did not substantiate any deficiency regarding the call system.

The facility has submitted two self-reports regarding falls with injury.

Discussed the facility's recent QAPI meeting which was held on May 21. Topics for discussion and review included call lights, BiPap and CPAP tracking, and the facility's falling star program. The facility also reported eight successful GDRs and improvements in both depressive symptoms and percentage of residents with catheters. POC documentation has also reached 99%.

The administrator reported some work was recently completed on the roof to ensure there are no leaks or issues. The facility expects the new call light system to be installed in roughly six weeks. The main reason for the lengthy repair time is attributed to vendors quoting roughly four-five weeks to source parts.



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Green Oaks Nursing and Rehabilitation

3033 Green Oaks Blvd.
Arlington, TX 76016

May 31, 2024

Facility Administrator: Eric Johnan
Facility Business Office Manager: Gaynell Price

The facility's business office manager, Gaynell Price, provided the facility's update. Gaynell stated the new administrator has started employment at Green Oaks Nursing and Rehabilitation, and his name is Eric Johnan.

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 80 with 23 skilled patients.

The state has not made any visits to the facility this month. There are no new reportables 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 5-star rating in Quality Measures. Its health inspections star rating decreased from a 3-star rating, but its quality measures star rating increased from a 4-star rating.

The facility had its monthly QAPI earlier this month. Performance improvement plans are ongoing.

There is no COVID in the facility at this time.

Discussed recent grievances in the facility. Grievances are addressed promptly and there were no trends reported at this time.



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Crowley Nursing and Rehabilitation

920 East FM 1187
Crowley, TX 76036

May 31, 2024

Facility Administrator: Joe Matlock
Facility Business Office Manager: Cindy Bowers

The facility's business office manager, Cindy Bowers, provided the facility's update.

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 89 with 12 skilled patients. The facility has four pending discharges and four referrals under review at this time.

Recent recruitment efforts have been working to hire some CNAs and no other vacancies were discussed. All department head positions are filled.

State surveyors came to the facility to conduct its annual fullbook survey two weeks ago. At the surveyors exit conference, the facility was given five low-level deficiencies. The facility will complete its POC once it receives its 2567. Life safety surveyors also came the same week to conduct the life safety portion of the annual survey.

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

No trends in grievances

There is no COVID in the facility at this time.

Discussed recent grievances and reporting process. All grievances are addressed timely and there have not been any trends observed.

**WINNIE-STOWELL HOSPITAL DISTRICT
WINNIE, TEXAS**

DRAFT

**AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2023 AND 2022**

NSGO RANKINGS

NSGO	Facilities
WEST WHARTON COUNTY HOSPITAL DISTRICT	100
WINNIE-STOWELL HOSPITAL DISTRICT	70
HAMILTON COUNTY HOSPITAL DISTRICT	62
FANNIN COUNTY HOSPITAL AUTHORITY	46