

EXHIBIT “A-1”

Winnie-Stowell Hospital District

Balance Sheet

As of January 31, 2025

	Jan 31, 25
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	382,838.60
102 First Financial Bank	
102b FFB #4846 DACA	7,411,592.84
102c FFB #7190 Money Market	11,369,482.12
Total 102 First Financial Bank	18,781,074.96
105 TexStar	10,373,413.68
108 Nursing Home Banks Combined	3,783,246.18
Total Checking/Savings	33,320,573.42
Other Current Assets	
110 Sales Tax Receivable	157,171.65
114 Accounts Receivable NH	72,875,432.92
115 Hosp Uncomp Care Receivable	438,619.39
116 - A/R CHOW - LOC	952,828.16
117 NH - QIPP Prog Receivable	50,803,071.84
118 Prepaid Grants	76,022.77
119 Prepaid IGT	34,307,063.42
Total Other Current Assets	159,610,210.15
Total Current Assets	192,930,783.57
Fixed Assets	2,065,752.65
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	195,009,342.70
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	3,538,049.82
201 NHP Accounts Payable	18,071,147.37
206 FFB Loan 25	29,290,000.00
206 FFB Loan 26	29,324,000.00
235 Payroll Liabilities	6,005.53
240 Accounts Payable NH Oper.	81,827,107.18
Total Other Current Liabilities	162,056,309.90
Total Current Liabilities	162,056,309.90
Total Liabilities	162,056,309.90
Equity	32,953,032.80
TOTAL LIABILITIES & EQUITY	195,009,342.70

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02/18/25

Accrual Basis

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

January 2025

	Jan 25	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	111,016.30	850,000.00	-738,983.70	13.1%
405 Investment Income	74,793.03	750,000.00	-675,206.97	10.0%
407 Rental Income	1,800.00	42,000.00	-40,200.00	4.3%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	13,295,843.55	123,487,690.00	-110,191,846.45	10.8%
Total Income	13,483,452.88	125,144,690.00	-111,661,237.12	10.8%
Gross Profit	13,483,452.88	125,144,690.00	-111,661,237.12	10.8%
Expense				
500 Admin				
501 Admin-Administrative Salary	6,250.00	75,000.00	-68,750.00	8.3%
502 Admin-Administrative Assnt	969.74	46,860.00	-45,890.26	2.1%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	1,213.92	9,500.00	-8,286.08	12.8%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	6,241.00	81,000.00	-74,759.00	7.7%
507 Admin-Retirement	3,554.90	14,000.00	-10,445.10	25.4%
515 Admin-Bank Service Charges	160.88	2,000.00	-1,839.12	8.0%
521 Professional Fees - Accntng	980.00	12,000.00	-11,020.00	8.2%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	1,000.00	50,000.00	-49,000.00	2.0%
550 Admin-D&O / Liability Ins.	10,522.04	20,000.00	-9,477.96	52.6%
560 Admin-Cont Ed, Travel	0.00	6,500.00	-6,500.00	0.0%
562 Admin-Travel&Mileage Reimb.	0.00	2,500.00	-2,500.00	0.0%
569 Admin-Meals	665.17	3,500.00	-2,834.83	19.0%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	1,228.68	25,000.00	-23,771.32	4.9%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	210.00	5,000.00	-4,790.00	4.2%
575 Admin-Cell Phone Reimburse	225.00	1,800.00	-1,575.00	12.5%
576 Admin-Telephone/Internet	334.88	3,500.00	-3,165.12	9.6%
577 - Admin Dues	0.00	1,895.00	-1,895.00	0.0%
591 Admin-Notices & Fees	692.50	3,000.00	-2,307.50	23.1%
592 Admin Office Rent	340.00	4,080.00	-3,740.00	8.3%
593 Admin-Utilities	274.28	4,000.00	-3,725.72	6.9%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	490.00	15,000.00	-14,510.00	3.3%
Total 500 Admin	35,352.99	439,485.00	-404,132.01	8.0%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	33,594.56	435,700.00	-402,105.44	7.7%
601.01b IC Pmt to Coastal (Ind)	793.04	25,000.00	-24,206.96	3.2%
601.01c IC Pmt to Thompson	878.45	18,000.00	-17,121.55	4.9%
601.02 IC Pmt to UTMB	57,526.94	300,000.00	-242,473.06	19.2%
601.03 IC Special Programs				
601.03a Dental	4,175.00	30,000.00	-25,825.00	13.9%
601.03b IC Vision	60.00	2,750.00	-2,690.00	2.2%
601.04 IC-Non Hosp Cost-Other	1,535.80	35,000.00	-33,464.20	4.4%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	5,770.80	92,750.00	-86,979.20	6.2%
Total 601 IC Provider Expenses	98,563.79	871,450.00	-772,886.21	11.3%
602 IC-WCH 1115 Waiver Prog	0.00	420,000.00	-420,000.00	0.0%
603 IC-Pharmaceutical Costs	4,044.14	80,000.00	-75,955.86	5.1%
605 IC-Office Supplies/Postage	9.68	2,000.00	-1,990.32	0.5%
610 IC-Community Health Prog.	9,324.41	111,893.00	-102,568.59	8.3%
611 IC-Indigent Care Dir Salary	5,000.00	60,000.00	-55,000.00	8.3%
612 IC-Payroll Taxes -Ind Care	35.00	4,500.00	-4,465.00	0.8%
615 IC-Software	2,023.00	25,000.00	-22,977.00	8.1%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	255.00	25,000.00	-24,745.00	1.0%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	255.00	26,600.00	-26,345.00	1.0%
Total 600 - IC Healthcare Expenses	119,255.02	1,602,443.00	-1,483,187.98	7.4%

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Accrual Basis

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

January 2025

	Jan 25	Budget	\$ Over Budget	% of Budget
620 WSHD - Grants				
620.01 WCH/RMC	0.00	115,000.00	-115,000.00	0.0%
620.03 WSVEMS	149,822.64	265,403.04	-115,580.40	56.5%
620.05 East Chambers ISD	27,593.42	278,165.04	-250,571.62	9.9%
620.06 FQHC(Coastal)	34,889.45	823,734.00	-788,844.55	4.2%
620.09 Admin-Cont Ed-Med Pers.	2,067.13	8,647.44	-6,580.31	23.9%
620.11 Thompson OPC	0.00			
Total 620 WSHD - Grants	214,372.64	1,490,949.52	-1,276,576.88	14.4%
630 NH Program				
630 NH Program-Mgt Fees	5,967,311.83	44,776,079.56	-38,808,767.73	13.3%
631 NH Program-IGT	4,881,658.17	59,470,097.67	-54,588,439.50	8.2%
632 NH Program-Telehealth Fees	30,150.71	400,000.00	-369,849.29	7.5%
633 NH Program-Acctg Fees	8,820.00	100,000.00	-91,180.00	8.8%
634 NH Program-Legal Fees	15,040.00	350,000.00	-334,960.00	4.3%
635 NH Program-LTC Fees	421,500.00	5,118,000.00	-4,696,500.00	8.2%
637 NH Program-Interest Expense	350,869.92	4,895,659.55	-4,544,789.63	7.2%
638 NH Program-Loan/Bank Fees	0.00	655,734.76	-655,734.76	0.0%
639 NH Program-Appraisal	25.00	96,000.00	-95,975.00	0.0%
641 NH Program-NH Manager	3,120.00	20,400.00	-17,280.00	15.3%
Total 630 NH Program	11,678,495.63	115,881,971.54	-104,203,475.91	10.1%
674 Prop Acquisition/Development	6,394.70	4,500,000.00	-4,493,605.30	0.1%
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	17,500.00	-17,500.00	0.0%
Total 675 HWY 124 Expenses	0.00	52,500.00	-52,500.00	0.0%
Payroll Expenses	0.00			
Total Expense	12,053,870.98	123,967,349.06	-111,913,478.08	9.7%
Net Ordinary Income	1,429,581.90	1,177,340.94	252,240.96	121.4%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	29,787,629.17			
Total Other Income	29,787,629.17			
Other Expense				
640 Nursing Home Oper. Expenses	29,787,629.17			
Total Other Expense	29,787,629.17			
Net Other Income	0.00			
Net Income	1,429,581.90	1,177,340.94	252,240.96	121.4%

EXHIBIT “A-2”

WSHD Treasurer's Report					
Reporting Date: Wednesday, February 19, 2025					
Pending Expenses		For	Amount	Funds Summary	Totals
Brookshire Brothers	Indigent Care		\$2,379.37	Prosperity Operating (Unrestricted)	\$441,888.32
Coastal Gateway Health Center	Indigent Care		\$778.50	First Financial DACA (Unrestricted)	\$4,346,231.44
Thompson Outpatient Clinic, LLC	Indigent Care		\$1,243.49	First Financial DACA (Restricted)	\$2,917,561.12
Wilcox Pharmacy	Indigent Care		\$1,368.67	First Financial Money Market	\$11,369,482.12
Bayside Dental	SP Program		\$1,133.00	TexStar (Restricted)	\$10,373,413.68
CABA Therapy Services dba Physio	SP Program		\$713.59	FFB CD Balance	\$0.00
Alliance Medical	SP Program		\$850.00	Total District Funds	\$29,448,576.67
Kalos Counseling	Youth Counseling		\$255.00	Less First Financial (Restricted)	(\$2,917,561.12)
Coastal Gateway Health Center	Marketing (Jan.)		\$6,651.17	Less TexStar Restricted Amount	(\$500,000.00)
Grant- Ben Odom	Acct #1778777792-1		\$1,071.76	Less LOC Outstanding	\$0.00
Hubert Oxford	Retainer		\$1,000.00	Less First Financial Money Market	\$0.00
Function 4	Inv# 1186435		\$105.00	Less Committed Funds (See Total Commitment)	(\$1,089,858.56)
Graciela Chavez	Inv# 965982		\$210.00	Cash Position (Less First Financial Restricted)	\$24,941,157.00
Indigent Healthcare Solutions, LTD	Inv# 79330		\$2,023.00	Pending Expenses	\$0.00
3Branch & More	Jan Pmt		\$9,324.41	Ending Balance (Cash Position-Pending Expenses)	\$24,941,157.00
Technology Solutions of Texas, LLC	Inv# 1926		\$149.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$26,736,010.81
Benckenstein & Oxford	Inv# 51253 (Jan)		\$14,300.00	Prior Month	
Benckenstein & Oxford	Inv# 51219 (Dec)		\$9,861.25	Prosperity Operating (Unrestricted)	\$341,401.07
Vidal Accounting, PLLC	Inv# 00082		\$8,750.00	First Financial (Unrestricted)	\$5,714,872.32
Felipe Ojeda	Inv# 1059		\$350.00	First Financial (Restricted)	\$2,594,290.78
Bill Clark	Inv# 1084888		\$76.00	First Financial Money Market (Restricted)	\$11,333,301.21
DLL- Printer Lease	Inv# 83496026		\$249.41	TexStar (Restricted)	\$10,334,888.60
Grant- WCH	Computers		\$85,603.00	FFB CD Balance	\$0.00
Benckenstein & Oxford	Creative Nursing Homes		\$3,480.00	Total District Funds	\$30,318,753.98
TORCH Membership Dues	Inv# 2235058		\$1,895.00	Less First Financial (Restricted)	(\$2,594,290.78)
Total Expenses			\$153,820.62	Less TexStar Reserve Account	(\$500,000.00)
				Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$1,119,690.15)
				Cash Position (Less First Financial Restricted)	\$26,104,773.05
				Pending Expenses	(\$240,469.44)
				Ending Balance (Cash Position-Pending Expenses)	\$25,864,303.61
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	\$27,066,710.40
First Financial Bank Reconciliations					
FFB Balance		\$7,263,792.55			
Restricted Funds		Total Scheduled Payment	Balance Received	Balance Due	Due to District
IGT Reconciliation					
QIPP YR 7 IGT Recon 1		\$2,594,290.78	\$3,706,129.68	\$3,706,129.68	\$0.00
Total Payment		\$2,594,290.78	\$3,706,129.68	\$3,706,129.68	\$0.00
Adjustments					
QIPP YR7 Adjustment 1		\$323,270.34	\$1,940,952.22	\$461,814.77	\$1,479,137.45
Total Adjustment Payments		\$323,270.34	\$1,940,952.22	\$461,814.77	\$1,479,137.45
Non-QIPP Funds					
Restricted		\$0.00			
Unrestricted		\$2,917,561.12			
Total Funds		\$4,346,231.44			
		\$7,263,792.55			
Committed Funds					
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance		
1. FQHC Grant Funding-2024	\$823,734.00	\$102,560.44	\$721,173.56		
2. Coastal Marketing Grant	\$276,040.00	\$254,739.60	\$21,300.40		
3. East Chambers ISD	\$278,165.04	\$46,360.84	\$231,804.20	Added new grants approved on 2025 budget	
4. WSVEMS Grant	\$265,403.04	\$149,822.64	\$115,580.40		
Total Commitments	\$1,643,342.08	\$553,483.52	\$1,089,858.56		
Hospital - DY 8 Repayment					
	Amount Advanced by District	IC Repayment	Balance Owed by RMC		
January 17, 2024	\$0.00	\$34,294.40	\$1,472,865.21		
February 20, 2024	\$0.00	\$40,089.30	\$1,432,775.91		
March 20, 2024	\$0.00	\$31,699.18	\$1,401,076.73		
April 17, 2024	\$0.00	\$23,814.81	\$1,377,261.92		
May 15, 2024	\$0.00	\$34,036.42	\$1,343,225.50		
June 26, 2024	\$0.00	\$35,698.88	\$1,307,526.62		
July 22, 2024	\$0.00	\$20,765.38	\$1,286,761.24		
August 26, 2024	\$0.00	\$26,797.78	\$1,259,963.46		
September 19,2024	\$0.00	\$26,820.68	\$1,233,142.78		
Ocotober 16, 2024	\$0.00	\$35,591.62	\$1,197,551.16		
November 20, 2024	\$0.00	\$18,658.61	\$1,178,892.55		
December 6, 2024	\$0.00	\$680,007.87	\$498,884.68		
December 18, 2024	\$0.00	\$33,175.85	\$465,708.83		
January 29, 2025	\$0.00	\$31,438.61	\$434,270.22		
February 19, 2025	\$0.00	\$33,594.56	\$400,675.66		
	\$1,626,424.00	\$1,225,748.34	\$400,675.66		

CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
Pillarstone (10 Months-March 31, 2025)					
Pillarstone - Mont Belvieu	\$1,000,000.00	\$361,998.82	\$638,001.18	\$260,603.04	\$101,395.78
Balance Owed by Pillarstone	\$1,000,000.00	\$361,998.82	\$638,001.18	\$260,603.04	\$101,395.78
Diversicare (10 Months-June 30, 2025)					
Diversicare - Afton Oaks	\$1,000,000.00	\$666,740.79	\$333,259.21	\$0.00	\$666,740.79
Balance Owed by Diversicare	\$1,000,000.00	\$666,740.79	\$333,259.21	\$0.00	\$666,740.79
Golden Triangle (10 Months - November 20, 2025)					
RS Golden Triangle - Oak Grove	\$1,000,000.00	\$182,300.35	\$817,699.65	\$0.00	\$182,300.35
Balance Owed by Trident	\$1,000,000.00	\$182,300.35	\$817,699.65	\$0.00	\$182,300.35
Total CHOW Loan Outstanding	\$3,000,000.00	\$1,211,039.96	\$1,788,960.04	\$260,603.04	\$950,436.92
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 25 (Acct #57635) (May 31, 2024 - May 25, 2025)					
1st Half of Year 8					
Annual Interest Rate: Years:	7.00% 1	Payments Per Year: Amount:	12 \$29,290,000.00	Origination Fee:	\$302,900.00
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			(\$195,266.66)	(\$195,266.66)	\$29,290,000.00
3-August 25, 2024			(\$201,775.56)	(\$201,775.56)	\$29,290,000.00
4-September 25, 2024			(\$201,775.56)	(\$201,775.56)	\$29,290,000.00
5-October 25, 2024			(\$180,621.66)	(\$180,621.66)	\$29,290,000.00
6-November 25, 2024			(\$185,706.46)	(\$185,706.46)	\$29,290,000.00
7-December 25, 2024			(\$176,960.69)	(\$176,960.69)	\$29,290,000.00
8-January 25, 2024			(\$175,333.20)	(\$175,333.20)	\$29,290,000.00
9-February 25, 2025 (YR8 Q1)	\$14,645,000.00	(\$14,645,000.00)	(\$176,553.61)	(\$14,821,553.61)	\$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)	(\$1,958,768.75)	(\$31,248,768.75)	
First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 26 (Acct #57635) (December 12, 2024 - November 30, 2025)					
2nd Half of Year 8					
Annual Interest Rate: Years:	7.00% 1	Payments Per Year: Amount:	12 \$29,290,000.00	Origination Fee:	\$302,900.00
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-December 25, 2024			(\$112,205.02)	(\$112,205.02)	\$29,290,000.00
2-January 25, 2025			(\$175,536.72)	(\$175,536.72)	\$29,290,000.00
3-February 25, 2025			(\$176,758.56)	(\$176,758.56)	\$29,290,000.00
4-March 25, 2025			(\$170,858.33)	(\$170,858.33)	\$29,290,000.00
5-April 25, 2025			(\$170,858.33)	(\$170,858.33)	\$29,290,000.00
6-May 25, 2025			(\$170,858.33)	(\$170,858.33)	\$29,290,000.00
7-June 25, 2025			(\$170,858.33)	(\$170,858.33)	\$29,290,000.00
8-July 25, 2025			(\$170,858.33)	(\$170,858.33)	\$29,290,000.00
9-August 25, 2025 (YR9 Q1)	\$14,645,000.00	(\$14,645,000.00)	(\$170,858.33)	(\$14,815,858.33)	\$14,645,000.00
10-September 25, 2025	\$0.00	\$0.00	(\$85,429.17)	(\$85,429.17)	\$14,645,000.00
11-October 25, 2025	\$0.00	\$0.00	(\$85,429.17)	(\$85,429.17)	\$14,645,000.00
12-November 25, 2025 (YR9 Q2)	\$14,645,000.00	(\$14,645,000.00)	(\$85,429.17)	(\$14,730,429.17)	\$0.00
Amount Paid	\$29,290,000.00	(\$29,290,000.00)	(\$1,745,937.80)	(\$31,035,937.80)	
District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
Money Market-First Financial Bank	\$11,369,482.12	4.00%	January 2025	\$36,180.91	\$36,180.91
Texstar C.D. #1110	\$10,373,413.68	4.66%	January 2025	\$38,525.08	\$38,525.08
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 “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
January 29, 2025 to February 19, 2025

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							40,501.50
Check	01/29/2025	4486	Felipe Ojeda	inv# 1058		(350.00)	40,151.50
Liability C...	01/30/2025		QuickBooks Payroll Service	Created by Payroll Service on 01/29/2025	X	(4,820.59)	35,330.91
Paycheck	01/31/2025	DD1402	Carlo, Victoria M	Direct Deposit	X		35,330.91
Paycheck	01/31/2025	DD1403	Davis, Tina R	Direct Deposit	X		35,330.91
Paycheck	01/31/2025	DD1404	Barron, Kiela M	Direct Deposit	X		35,330.91
Deposit	01/31/2025			Memo:Daca to PBWinnie-Stowell HCCD 1611500560 Payee:Daca to P...	X	350,000.00	385,330.91
Deposit	01/31/2025			ACH, Deposit, Processed	X	3,480.00	388,810.91
Check	01/31/2025		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(5,794.70)	383,016.21
Check	01/31/2025			ACH, Withdrawal, Processed	X	(235.87)	382,780.34
Deposit	01/31/2025			Deposit, Processed	X	58.26	382,838.60
Liability C...	02/13/2025		QuickBooks Payroll Service	Created by Payroll Service on 02/12/2025		(5,079.08)	377,759.52
Paycheck	02/14/2025	DD1405	Carlo, Victoria M	Direct Deposit	X		377,759.52
Paycheck	02/14/2025	DD1406	Davis, Tina R	Direct Deposit	X		377,759.52
Paycheck	02/14/2025	DD1407	Barron, Kiela M	Direct Deposit	X		377,759.52
Check	02/19/2025	4487	Brookshire Brothers	BATCH DATE 01.04.25		(2,379.37)	375,380.15
Check	02/19/2025	4488	Coastal Gateway Health Center	BATCH DATE 01.11.25		(778.50)	374,601.65
Check	02/19/2025	4489	Indigent Healthcare Solutions, ...	INVOICE # 79330		(2,023.00)	372,578.65
Check	02/19/2025	4490	Alliance Medical Services	BATCH DATE 01.10.25		(850.00)	371,728.65
Check	02/19/2025	4491	Bayside Dental	BATCH DATE 01.08.25		(1,133.00)	370,595.65
Check	02/19/2025	4492	CABA Therapy Services dba Ph...	BATCH DATE 01.10.25		(713.59)	369,882.06
Check	02/19/2025	4493	Thompson Outpatient Clinic, LLC	BATCH DATE 01.11.25		(1,243.49)	368,638.57
Check	02/19/2025	4494	Wilcox Pharmacy	BATCH DATE 01.03.05		(1,368.67)	367,269.90
Check	02/19/2025	4495	Kalos Counseling	BATCH DATE 01.02.25		(255.00)	367,014.90
Check	02/19/2025	4496	Technology Solutions of Texas, ...	INVOICE # 1926		(149.00)	366,865.90
Check	02/19/2025	4497	Felipe Ojeda	INVOICE # 1059		(350.00)	366,515.90
Check	02/19/2025	4498	Benckenstein & Oxford	INVOICE # S 51219 & 51253		(24,191.25)	342,324.65
Check	02/19/2025	4499	Bill Clark Pest Control	INVOICE # 1084888		(76.00)	342,248.65
Check	02/19/2025	4500	Funcion 4-Lease fka Star Grap...	INV # INV1186435		(105.00)	342,143.65
Check	02/19/2025	4501	Graciela Chavez	INVOICE # 965982		(210.00)	341,933.65
Check	02/19/2025	4502	Coastal Gateway Health Center	MARKETING GRANT		(6,651.17)	335,282.48
Check	02/19/2025	4503	US Department of Education	Acct #1778777792-1		(1,071.76)	334,210.72
Check	02/19/2025	4504	Benckenstein & Oxford	RETAINER - JANUARY		(1,000.00)	333,210.72
Check	02/19/2025	4505	TORCH	INVOICE # 2235058		(1,895.00)	331,315.72
Check	02/19/2025	4506	Vidal Accounting, PLLC	INVOICE # 00082		(8,750.00)	322,565.72
Check	02/19/2025	4507	DE LAGE LANDEN FINANCIAL ...	Inv# 83496026		(249.41)	322,316.31
Check	02/19/2025	4508	3Branch & More	Feb Pmt		(9,324.41)	312,991.90
Check	02/19/2025	4509	Winnie Community Hospital, LLC	Grant- Computers		(85,603.00)	227,388.90
Check	02/19/2025	4510	Hubert Oxford	VOID: CRS Pmt GJE, RGJE created on 02/19/2025	X		227,388.90
General Jo...	02/19/2025	MV 01.25-10	Hubert Oxford	For CHK 4510 voided on 02/19/2025	X	(3,480.00)	223,908.90
General Jo...	02/19/2025	MV 01.25-1R	Hubert Oxford	Reverse of GJE MV 01.25-10 -- For CHK 4510 voided on 02/19/2025	X	3,480.00	227,388.90
Check	02/19/2025	4511	Benckenstein & Oxford	CRS Pmt		(3,480.00)	223,908.90
Total 100 Prosperity Bank -Checking						183,407.40	223,908.90
102 First Financial Bank							19,328,465.62
102b FFB #4846 DACA							7,995,193.19
Check	01/29/2025			UHC NONQIPWINNIEMONEYMRKT CCD B611500560	X	(83,700.00)	7,911,493.19
Check	01/30/2025			OGN CHW LNWinnie-Stowell HCCD 1611500560	X	(182,300.35)	7,729,192.84
Deposit	01/31/2025			Memo:Daca to PBWinnie-Stowell HCCD 1611500560 Payee:Daca to P...	X	(350,000.00)	7,379,192.84
Check	01/31/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	32,400.00	7,411,592.84
Total 102b FFB #4846 DACA						(583,600.35)	7,411,592.84
102c FFB #7190 Money Market							11,333,272.43
General Jo...	01/31/2025	MV 01.25-06		post interest for FFB MM	X	847.16	11,334,119.59
General Jo...	01/31/2025	MV 01.25-08		post interest for FFB MM	X	35,362.53	11,369,482.12
Total 102c FFB #7190 Money Market						36,209.69	11,369,482.12
Total 102 First Financial Bank						(547,390.66)	18,781,074.96
TOTAL						(363,983.26)	19,004,983.86

EXHIBIT “B”

**February 19, 2025****WSHD Regular Board Meeting Indigent Care Report****1. Summary:**

In January, the Indigent Care Program experienced a net decrease of seven clients. This decline was attributed to non-renewals, individuals obtaining insurance coverage, and one client passing away.

The program will continue to ensure that all eligible individuals receive necessary support while monitoring enrollment trends and maintaining a commitment to accessible care.

Budget and Billing Update – Fiscal Year Start

With the commencement of the new fiscal year, all budgetary items remain within established limits.

The UTMB billing was not received by the close of business on February 14, 2025, and is therefore not reflected in this report. Upon inquiry, UTMB indicated that they are unable to provide billing until after the 13th of each month. As a result, UTMB's billing will consistently be one month behind each reporting cycle.

Efforts will continue to closely monitor and manage expenditures while maintaining a steadfast commitment to ensuring the provision of essential care to those in need.

2. Active Client Trends:

2025 Indigent Care Statistics	Jan	YTD Monthly Average
Indigent Care Clients	82	82
Youth Counseling	2	2
Irlen Services	1	1

3. Renewals & Approvals:

December Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	15	11	0	3	0	1
Late Renewals/Previous Client	9	5	0	0	0	4
New Applicants	2	0	0	1	0	1

Services Usage**Youth Counseling:**

- Two (2) clients used their benefit in January.


Dental:

- Two (2) clients used their benefit in January.

Vision Services:

- Vision Services were not utilized in January.

4. Indigent Care Vendor Payment Trends:

Service Provider	Jan	YTD Monthly Average
Local Clinics	\$ 2,735.58	\$ 2,735.58
UTMB (Includes Charity Care)	\$ -	\$ -
Riceland Medical Center	\$ 33,594.56	\$ 33,594.56
Pharmacy Costs	\$ 3,748.04	\$ 3,748.04
Indigent Special Services (Dental & Vision)	\$ 1,133.00	\$ 1,133.00
Medical Supplies (C-PAP)	\$ 850.00	\$ 850.00
Non Contract ER Services (Includes WSEMS)	\$ -	\$ -
Other Services		
Irlen Services	\$ -	\$ -
Youth Counseling	\$ 255.00	\$ 255.00
Total	\$ 42,316.18	\$ 3,526.35

5. YTD Budget Expenditures:

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$3,748.04	5%
WCH	\$435,700.00	\$33,594.56	8%
UTMB	\$300,000.00	\$0.00	0%
Youth Counseling	\$25,000.00	\$255.00	1%
Irlen	\$1,600.00	\$0.00	0%
Dental	\$28,000.00	\$1,133.00	4%
Vision	\$2,750.00	\$0.00	0%
CGHC Clinic	\$25,000.00	\$778.50	3%
Thompson Clinic	\$18,000.00	\$1,243.49	7%
Other Non-Contract/Unspecified Services	\$35,000.00	\$1,563.59	4%
Charity Care	\$25,000.00	\$0.00	0%
Adjustments & Credits			
TOTALS	\$976,050.00	\$42,316.18	4%



6. Riceland Medical Center 2025 Expenditure Breakdown:

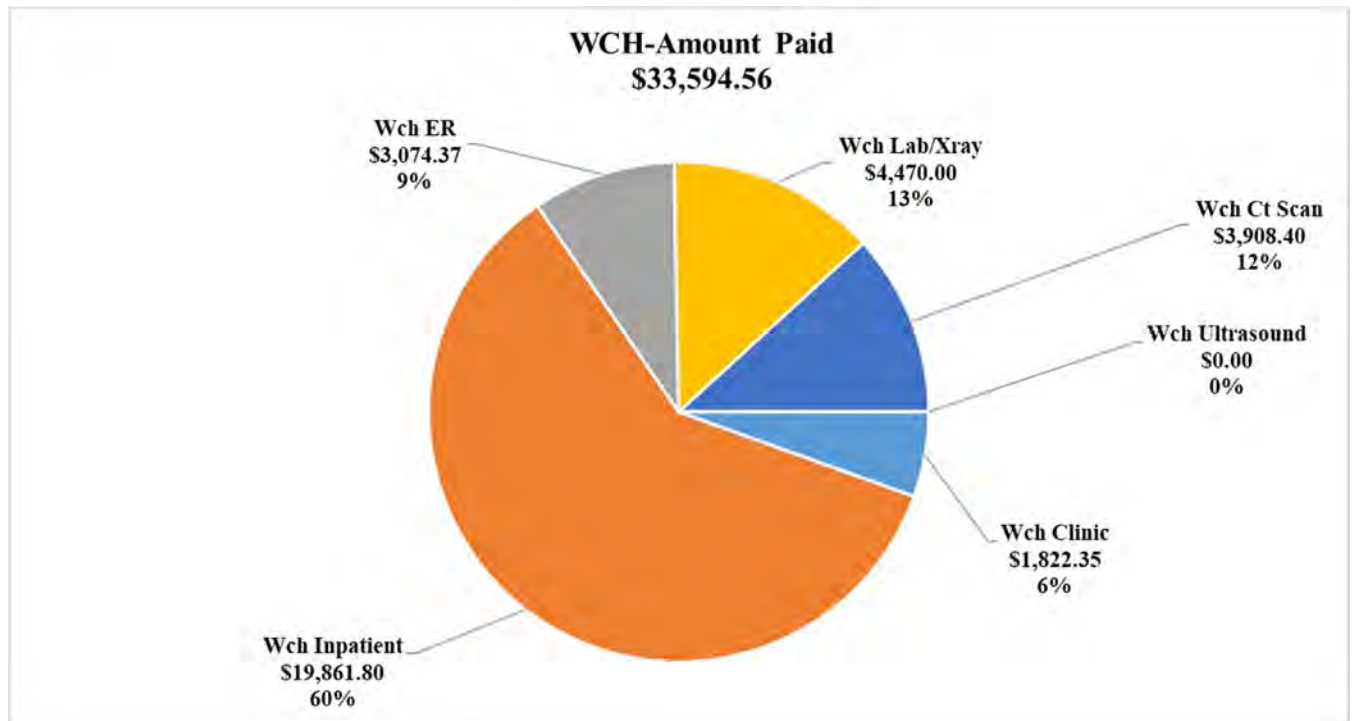


EXHIBIT “C”

Chambers County East Side Van Monthly Report



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

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	2574
TOTAL HOURS DRIVEN	142.33
TOTAL EXPENSES FOR MONTH	\$615.56
FUEL COST	\$615.56
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	23
TOTAL WSHD RIDERS	1
TOTAL TRIPS	62
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	1697
TOTAL HOURS DRIVEN	94.00
TOTAL EXPENSES FOR MONTH	\$367.59
FUEL COST	\$367.59
REPAIRS & MAINTENANCE COST	\$0.00
MISC EXPENSES	\$0.00
TOTAL RIDERS	18
TOTAL WSHD RIDERS	4
TOTAL TRIPS	31
TOTAL TRIPS FOR WSHD RIDERS	4
VEHICLE #3 RAV 4	
TOTAL MILES DRIVEN	4022
TOTAL HOURS DRIVEN	163.50
TOTAL EXPENSES FOR MONTH	\$800.71
FUEL COST	\$482.61
REPAIRS & MAINTENANCE COST	oil change \$55.27
MISC EXPENSES	parking, tires, labor \$262.83
TOTAL RIDERS	20
TOTAL WSHD RIDERS	0
TOTAL TRIPS	49
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #4 VAN #3	
TOTAL MILES DRIVEN	2354
TOTAL HOURS DRIVEN	136.25
TOTAL EXPENSES FOR MONTH	\$622.06
FUEL COST	\$442.81
REPAIRS & MAINTENANCE COST	backup beeper \$179.25
MISC EXPENSES	
TOTAL RIDERS	30
TOTAL WSHD RIDERS	3
TOTAL TRIPS	53
TOTAL TRIPS FOR WSHD RIDERS	5
GRAND TOTALS	
MILES DRIVEN	10647
RIDERS	91
WSHD RIDERS	8
TRIPS	151
WSHD TRIPS	10
EXPENSES	\$2,405.92

Chambers County East Side Van Monthly Report



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

December Report

VEHICLE #1 EAST SIDE VAN #1	
TOTAL MILES DRIVEN	2441
TOTAL HOURS DRIVEN	147.33
TOTAL EXPENSES FOR MONTH	\$696.37
FUEL COST	\$444.34
REPAIRS & MAINTENANCE COST	parts, labor \$252.03
MISC EXPENSES	\$0.00
TOTAL RIDERS	19
TOTAL WSHD RIDERS	0
TOTAL TRIPS	45
TOTAL TRIPS FOR WSHD RIDERS	0
VEHICLE #2 EAST SIDE VAN #2	
TOTAL MILES DRIVEN	2052
TOTAL HOURS DRIVEN	128.08
TOTAL EXPENSES FOR MONTH	\$626.11
FUEL COST	\$386.16
REPAIRS & MAINTENANCE COST	lift adjustment \$150.00
MISC EXPENSES	front end alignment \$89.95
TOTAL RIDERS	20
TOTAL WSHD RIDERS	2
TOTAL TRIPS	31
TOTAL TRIPS FOR WSHD RIDERS	2
VEHICLE #3 RAV 4	
TOTAL MILES DRIVEN	3906
TOTAL HOURS DRIVEN	157.25
TOTAL EXPENSES FOR MONTH	\$579.12
FUEL COST	\$535.27
REPAIRS & MAINTENANCE COST	oil change, labor \$43.85
MISC EXPENSES	\$0.00
TOTAL RIDERS	21
TOTAL WSHD RIDERS	1
TOTAL TRIPS	46
TOTAL TRIPS FOR WSHD RIDERS	1
VEHICLE #4 VAN #3	
TOTAL MILES DRIVEN	2392
TOTAL HOURS DRIVEN	145.50
TOTAL EXPENSES FOR MONTH	\$437.55
FUEL COST	\$437.55
REPAIRS & MAINTENANCE COST	oil change, labor \$0.00
MISC EXPENSES	
TOTAL RIDERS	25
TOTAL WSHD RIDERS	2
TOTAL TRIPS	53
TOTAL TRIPS FOR WSHD RIDERS	5
GRAND TOTALS	
MILES DRIVEN	10791
RIDERS	86
WSHD RIDERS	5
TRIPS	175
WSHD TRIPS	8
EXPENSES	\$2,339.15



Winnipeg-Stowell Volunteer EMS
Winnipeg-Stowell Hospital District Report

Year to Date Details for 2024	Previous Year (2024) End	Jan-24	YTD DATE
CALL SUMMARY			
CALLS/TRANSPORTS REQUESTED	127	14	14
CALLS/TRANSPORTS MADE			
INSURED	88	9	9
SELF-PAY	19	1	1
TOTAL CALLS MADE	107	10	10
CALLS/TRANSPORTS DELAYED	3	0	0
TRANSPORTS NOT MADE	20	4	4
PERCENTAGE OF CALLS MADE	84%	71.4%	71.4%
INVOICED/BILLED			
Insurance Billed during Month	\$182.54	\$18,675.00	\$18,675.00
Self-Pay Billed during the Month	\$36,773.42	\$0.00	\$0.00
Total INVOICED/BILLED	\$36,955.96	\$18,675.00	\$18,675.00
PAYMENTS RECEIVED			
Insurance Payments Rcvd during the Month	\$44,283.72	\$0.00	\$0.00
Self-Pay Billed Rcvd during the Month	\$7,397.07	\$0.00	\$0.00
Total PAYMENTS RECEIVED	\$51,680.79	\$0.00	\$0.00
ACCOUNTS RECEIVABLE-FUNDS OWED			
Owed by Insurance	\$83,411.34	\$18,675.00	\$18,675.00
Owed by Self-Pay	\$25,753.35	\$0.00	\$0.00
Total A/R FUNDS OWED	\$109,164.69	\$18,675.00	\$18,675.00
STAFFING EXPENSES			
	\$151,378.66	\$12,931.21	\$13,766.04

Jan-24						
MONTHLY CALLS/TRANSPORTS REPORT						
CALLS REQUESTED			CALL RESULTS		BILLING DETAILS	
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSEMS Incident#
1/4/2025	Riceland ER	Baptist Beaumont (Turned down due to call volume)			R	
1/4/2025	Riceland ER	Baytown Methodist	M			25-00399
1/5/2025	Riceland ER	HCA Kingwood	M			25-00463
1/6/2025	Riceland ER	Methodist TMC	M			25-00574
1/9/2025	Riceland ER	Baptist Beaumont	M			25-00925
1/10/2025	Riceland ER	Hermann TMC (Turned down due to staffing)			R	
1/14/2025	Riceland ER	Hermann TMC	M			25-01341
1/14/2025	Riceland ER	HCA Pasadena	M			25-01384
1/24/2025	Riceland ER	Baytown Methodist	M			25-02258
1/27/2025	Riceland ER	UTMB Galveston	M			25-02581
1/27/2025	Riceland ER	Beaumont (Unable to take, Riceland called 3 transfers in 3 hours with the first going to UTMB)			R	
1/27/2025	Riceland ER	Beaumont (Unable to take, Riceland called 3 transfers in 3 hours with the first going to UTMB)			R	
1/29/2025	Riceland ER	HCA Pasadena	M			25-02844
1/31/2025	Riceland ER	Hermann Memorial City	M			25-03109
TOTAL CALLS & RESULTS			14	0	4	

Jan-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)
1/1/2025	Boyd Abshire	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
1/2/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
1/3/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
1/4/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
1/5/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/6/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
1/7/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/8/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
1/9/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
1/10/2025	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
1/11/2025	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/12/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/13/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
1/14/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/15/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/16/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
1/17/2025	Steven Hilton	7am - 630am	\$17.39	24	\$417.42	23.5	(0.5)	0	\$408.72	(\$8.70)	\$22.00	\$517.00	(\$108.28)
1/18/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
1/19/2025	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
1/20/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
1/21/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/22/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
1/23/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/24/2025	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
1/25/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
1/26/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
1/27/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
1/28/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/29/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
1/30/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
1/31/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
TOTAL SALARY EXPENSE FOR THE MONTH:			GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
			\$17.39	744.00	\$12,939.91	743.50	(0.5)	0	\$12,931.21	(\$8.70)	\$19.65	\$14,605.00	(\$1,673.79)

Community Health Worker Program

	2024 YTD	JAN	YTD
CLIENTS SERVED			
ICAP	10	15	15
Non-ICAP	21	23	23
ICAP Referred	3	3	3
Total Clients Served	31	38	38
BENEFIT APPLICATION TYPE			
Indigent Care Assistance Program (ICAP)	3	7	7
Prescription Assistance Program (PAP)	2	0	0
Medicaid	17	10	10
Medicare	1	2	2
Medicare Savings Plan	2	3	3
Food Stamps (SNAP)	43	17	17
Supplemental Security Income (SSI)	8	6	6
Retirement, Survivor, Disability Income (RSDI)	9	6	6
Unemployment/Texas Workforce	3	1	1
Housing	2	0	0
Utilities	2	0	0
Legal Aid	0	1	1
OTHER	2	3	3
EXPENSES			
Personnel	\$23,811.00	\$6,300.00	\$6,300.00
Operational	\$2,844.95	\$816.00	\$816.00
Total	\$26,655.95	\$7,116.00	\$7,116.00
BUDGET REMAINING	\$85,237.05	\$104,777.00	\$104,777.00

EXHIBIT “D”



Report to Winnie-Stowell Hospital District

February 19, 2025

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

- Submitted the documents to HRSA from the Operational Site Visit back in December. Once HRSA accepts and approves our responses, it will be another 30-45 days before we receive the official notice of Look Alike (LAL) designation.
- We have finally been approved as a DSHS Community Partner Program (CPP) site (Level II). The Eligibility Specialist has a few more trainings to complete, as well as a background check before she has access to the portal and can begin helping patients (and non-patients) with applications for Medicaid, SNAP, TANF, etc.
- Statistical report for January is attached for your review. There were 405 patient encounters.
- Our first 4th year medical student from the University of Houston, Tilman J. Fertitta Family College of Medicine (Farnaz Karimighovanloo) finished up her rotation with us on January 30th. We will continue to have students from the Medical School rotating through the clinic over the next year.
- We are also hosting a Nurse Practitioner student (Whitney Gusman, RN), she will be rotating with us about 23 days this spring semester (2025).
- I attended the NACHC P&I in Washington D.C. on February 5—7th and made a ‘Hill visit’ with our Federal Representative (Dr. Brian Babin), as well as attend the 2-day conference. The Hill visits are usually group visits with all health centers within the same district attend together—it was Coastal, TAN in Beaumont, and Community Health Network in Houston were in attendance for our group.
- Chambers County Day at the Capitol on February 12—13th. We completed ‘Hill visits’ with Representative Terri Leo Wilson (met with her personally) and Senator Brandon Creighton (met with his staffers).
- United Way grant. Submitted the application for grant funding for the FY 2025-2026 cycle on Friday, February 14th.
- Upcoming Events/Activities
 - Bolivar Chamber of Commerce luncheon. We are participating in a group presentation on their annual “Biggest Loser” challenge and will be serving as a weigh-in site for participants in the Winnie-Stowell community.
 - We have our 2025 dates for The Rose Mobile Mammo Bus—we have five (5) dates pre-scheduled for this calendar year.
 - Attended Buccaneer Bingo Saturday, February 8th, several of us were in attendance to represent Coastal.
 - Attending the CCA Saltwater Chapter Banquet on Thursday, February 20th.
 - Programming is still ongoing with Winnie Square once a month.

EXHIBIT “E”

			Q4 Component 3 Met?				Q4 Component 4 Met?	Current Quarter Metrics Attainment					Year 7 to Date Metrics Attainment				
Facility ID	Operator	Facility Name	Pressure Ulcers	Antipsychotic Medication	Mobility	UTI		Yes	Yes %	No	No %	Total	Yes	Yes %	No	No %	Total
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	NO	2	66.7%	1	33.3%	3	11	91.7%	1	8.3%	12
5297	Regency	Hallettsville Rehabilitation & Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	75.0%	3	25.0%	12
5234	Regency	Monument Hill Rehabilitation & Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
5203	Regency	The Woodlands Healthcare Center	MIN DATA	YES	MIN DATA	NO	YES	2	66.7%	1	33.3%	3	9	75.0%	3	25.0%	12
4154	Caring	Garrison Nursing Home & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
4376	Caring	Golden Villa	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
110098	Caring	Highland Park Care Center	MIN DATA	YES	MIN DATA	YES	NO	2	66.7%	1	33.3%	3	11	91.7%	1	8.3%	12
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
4730	Caring	Marshall Manor West	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
4798	Caring	Rose Haven Retreat	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
5182	Caring	The Villa at Texarkana	MIN DATA	YES	MIN DATA	YES	NO	2	66.7%	1	33.3%	3	11	91.7%	1	8.3%	12
5166	Nexion	Flatonia Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
5307	SLP	Oakland Manor Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
100790	HMG	Park Manor Conroe	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
4456	HMG	Park Manor Cyfair	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
101489	HMG	Park Manor Cypress Station	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
101633	HMG	Park Manor Humble	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
102417	HMG	Park Manor Quail Valley	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
102294	HMG	Park Manor Westchase	MIN DATA	YES	MIN DATA	YES	NO	2	66.7%	1	33.3%	3	9	75.0%	3	25.0%	12
104661	HMG	Park Manor The Woodlands	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
103191	HMG	Park Manor of Tomball	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
5400	HMG	Park Manor of Southbelt	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	8	66.7%	4	33.3%	12
104541	HMG	Deerbrook Skilled Nursing and Rehab	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
4286	HMG	Friendship Haven Healthcare & Rehab Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
5225	HMG	Willowbrook Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
106988	HMG	Accel at College Station	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
102375	HMG	Cimarron Place Health & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
106050	HMG	Silver Springs Health & Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
4158	HMG	Red Oak Health and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
5255	HMG	Mission Nursing and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
4053	HMG	Stephenville Rehabilitation and Wellness Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
103743	HMG	Hewitt Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
103011	HMG	Stallings Court Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
104537	HMG	Pecan Bayou Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
5372	HMG	Holland Lake Rehabilitation and Wellness Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
5387	HMG	Stonegate Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
102993	HMG	Green Oaks Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
103223	HMG	Crowley Nursing and Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	11	91.7%	1	8.3%	12
105966	HMG	Treviso Transitional Care	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
100806	HMG	Gulf Pointe Plaza	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
101157	HMG	Arbrook Plaza	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	8	66.7%	4	33.3%	12
106566	HMG	Forum Parkway Health & Rehabilitation	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	12	100.0%	0	0.0%	12
4747	Creative Solutions	Parkview Manor Nursing & Rehabilitation	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	9	75.0%	3	25.0%	12
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	8	66.7%	4	33.3%	12
5369	Gulf Coast	Oak Village Healthcare	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	75.0%	3	25.0%	12
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	MIN DATA	NO	MIN DATA	YES	YES	2	66.7%	1	33.3%	3	7	58.3%	5	41.7%	12
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	MIN DATA	YES	MIN DATA	NO	YES	2	66.7%	1	33.3%	3	9	75.0%	3	25.0%	12
5240	Gulf Coast	Hemphill Care Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	10	83.3%	2	16.7%	12
4379	HSM	Cleveland Health Care Center					NO	0	0.0%	1	100.0%	1	0	0.0%	1	100.0%	1
5135	HSM	Lawrence Street Healthcare Center					NO	0	0.0%	1	100.0%	1	0	0.0%	1	100.0%	1
4355	HSM	West Janisch Health Care Center					YES	1	100.0%	0	0.0%	1	1	100.0%	0	0.0%	1
4807	SLP	Seabreeze Nursing and Rehabilitation					YES	1	100.0%	0	0.0%	1	3	100.0%	0	0.0%	3
4584	SLP	Palestine Healthcare Center					NO	0	0.0%	1	100.0%	1	2	66.7%	1	33.3%	3
4586	SLP	Paris Healthcare Center					YES	1	100.0%	0	0.0%	1	3	100.0%	0	0.0%	3
4996	SLP	Overton Healthcare Center					YES	1	100.0%	0	0.0%	1	3	100.0%	0	0.0%	3
4028	SLP	Coronado Nursing Center	MIN DATA	YES	MIN DATA	YES	YES	3	100.0%	0	0.0%	3	9	100.0%	0	0.0%	9
5250	Caring	Oak Brook Health Care Center					YES	1	100.0%	0	0.0%	1	3	100.0%	0	0.0%	3
5261	Caring	Gracy Woods Nursing Center					NO	0	0.0%	1	100.0%	1	2	66.7%	1	33.3%	3
Total Eligible for Split																	
4379	HSM	Cleveland Health Care Center															
5135	HSM	Lawrence Street Healthcare Center															
4355	HSM	West Janisch Health Care Center															
4807	SLP	Seabreeze Nursing and Rehabilitation															
4584	SLP	Palestine Healthcare Center															
4586	SLP	Paris Healthcare Center															
4996	SLP	Overton Healthcare Center															
5250	Caring	Oak Brook Health Care Center															
5261	Caring	Gracy Woods Nursing Center															
Total NSGO								144	90.6%	15	9.4%	159	565	91.4%	53	8.6%	618

Q4 Comp 3 Metrics Met		
Yes	93	93.0%
No	7	7.0%
	100	

Q4 Comp 4 Metrics Met		
Yes	51	86.4%
No	8	13.6%
	59	

Q4 Total Metrics Met		
Yes	144	90.6%
No	15	9.4%
	159	



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Stephenville Rehabilitation and Wellness Center
2601 Northwest Loop
Stephenville, TX 76401

January 29, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 87 residents. The facility census was in the 90s and close to 100 residents, but there have been some unplanned discharges recently. Discussed the facility's updated census target of 89 residents for the year.

The nursing department is currently recruiting three CNAs and one charge nurse. There were no other vacancies reported at this time. Discussed ongoing recruitment and retention efforts and best practices.

The state came to the facility yesterday and again today to investigate three complaints. The facility has not submitted any new self-reports recently.

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

Discussed the facility's monthly QAPI meeting. Reviewed ongoing efforts to address falls and fall prevention in the facility. The team is also working on RTA rates. Discussed efforts by the interdisciplinary team to work together when addressing opportunities for improvement.

There has been an increase in cases of flu in the community recently. There had been a few cases in the facility too, but there are no active cases at this time. Discussed infection control guidelines and ongoing monitoring for PPE utilization and hand hygiene.

There are no trends in grievances reported at this time. Discussed the facility grievance process and methods for addressing and resolving resident and family member issues.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility had high psychotropic medication utilization last year, but focused efforts have led to improvements. Discussed working with psych services and processes for auditing medication regimens. The team is working on reducing anti-anxiety utilization where appropriate. Discussed working with the activities department to engage residents and provide meaningful interventions.



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Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

January 22, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 106 residents including 10 skilled patients. There are four residents in the hospital with one planning to return today. There are two referrals pending insurance authorization, and other referrals under review at this time. The facility reported one planned discharge. The facility's new census budget for the year is an average of 106 residents.

The facility is recruiting two nurses and nine CNAs. Discussed the certification process through TULIP and challenges with hiring and employing staff who need to manage their certifications for employment.

State surveyors visited the facility last week to conduct its annual fullbook survey. Upon exiting, the surveyors recommended five deficiencies. The areas impacted include dietary services, quality of care, medication labeling, infection control, and care plans. Discussed the observations shared by state surveyors and plans the facility is implementing for improvements. The life safety survey has not yet been completed and the facility is waiting on the life safety team to enter and conduct their portion of the survey.

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

The facility held its monthly QAPI meeting earlier this month. The team is still watching falls due to an increase in falls over the holidays. Discussed previous efforts which successfully improved falls, and discussed implementing those again. The administrator shared the facility's PIPs addressing falls and RTA.

There is a COVID outbreak in the facility with residents on one side of the building affected at this time. Discussed efforts to contain and manage the outbreak. The administrator shared ongoing facility infection control standards and expectations for staff.

Grievances are still being managed well and the volume of grievances has continued to be low since last month. The administrator confirmed his team is still working to have a strong presence throughout the facility through rounding efforts.



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

January 24, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 67 residents. There is one resident in the hospital at this time who is expected to return to the facility soon. The team is reviewing three new inquiries for admission which are waiting on insurance authorization. Another referral is looking to admit when cleared for hospital discharge. The facility has been cleared to admit veterans from the VA again since last month.

The facility is still recruiting an LVN and is also recruiting an MDS nurse. Discussed managing transitions and coverage needs when these vacancies are present. There's a corporate MDS nurse who is managing assessments and care plans for the facility at this time.

There have not been any recent visits from state surveyors. There are no new reportable incidents at this time either. There is one outstanding reportable incident from November which has not yet been investigated.

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

The facility's QAPI meeting was yesterday, and the new medical director attended. Dr. Syed is a very involved new partner and was involved in discussions with the IDT team. He will be working on antipsychotic medication utilization. The team also reviewed falls, UTIs, and infection control.

There is no COVID in the facility at this time. There was a recent COVID outbreak in the facility, but all individuals affected have recovered. Discussed infection control standards and monitoring symptoms of staff and residents.

There have been a few grievances recently, but no trends. Discussed an opportunity to support a resident who experienced a change in condition and now needs incontinent care. Discussed customer service with staff and setting expectations for conduct.

The facility has a heater experiencing issues at the front of the building. The facility is maintaining appropriate temperatures, but plans to have this unit repaired. Discussed completing temperature checks in the facility and in resident rooms. The maintenance department is completing some touch-up painting and repair needs on the premises too.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility discussed alignment with its medical director and ensuring medications are being used appropriately. Discussed training and education for staff members, as well as interventions to attempt before resorting to prescribing new medications.



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

January 21, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and its current census is 90 residents. There are three residents in the hospital, and two of those residents are expected to return to the facility tomorrow. There's one pending discharge for February 1 at this time.

The facility is recruiting a treatment nurse. The administrator reported a strong candidate for the open position interviewed today and will likely fill the vacancy. There were no other open positions reported at this time and there is no agency staffing utilization.

There have not been recent visits to the facility by state surveyors. Discussed three outstanding reportable incidents which are still pending investigation at this time. The facility received its 2567 from the recent annual fullbook survey. The team completed and submitted its POC which was accepted and desk reviewed.

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

The facility is planning to hold its monthly QAPI meeting this upcoming Friday. The administrator plans to review quality measures and recent survey activity including ongoing POC implementation.

There is no COVID in the facility at this time.

The administrator reported there have not been any trends in grievances. Discussed responding to issues and requests promptly to ensure residents' needs are met.

The facility expects to have some significant improvements this year. These improvements will likely include major renovations in some of the resident bedrooms and bathrooms. The facility is also looking to repair or replace a steam table and an ice machine.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

Discussed opportunities to offer training and education to staff members. The team strives to look at the true cause of issues, symptoms and behaviors experienced by residents. Where appropriate, the team offers non-medication related interventions for residents exhibiting issues before resorting to administering new medications. Discussed routine reviews of medication regimens to make sure there is no overuse of PRN medications as well.



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Mission Nursing and Rehabilitation Center
1013 S. Bryan Road
Mission, TX 78572

January 22, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 78 residents including 8 skilled patients. The facility also has four residents in the hospital who are expected to return when appropriate for hospital discharge. There are three referrals pending admissions and two planned discharges. Discussed working on the facility marketing plan with the director of business development in efforts to build the census. The team has seen some referrals from new sources, but they are working to increase the volume. Discussed having consistent and clear communication, and showcasing the quality of care at the facility.

There are six CNA openings at this time, but the facility is seeking three CNAs to support current census levels. Discussed ongoing staffing schedules to ensure all coverage needs are met to provide appropriate levels of care to the residents. The administrator shared historical trends with PBJ hours and current QIPP staffing benchmarks. Discussed staff duties and utilization of certifications and licenses.

State surveyors came to the facility on January 6 in order to conduct the facility's annual fullbook survey. The surveyors expressed some concerns which touched on infection control, quality of care, physician services, residents rights, and pharmacy services. The team is still awaiting receipt of its 2567 and expects it will be delivered today. The team was told there were six deficiencies total all of low scope and severity. The administrator has begun coordinating corrective actions and will continue to develop its POC.

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

The facility is planning to hold its monthly QAPI meeting soon. The team will review survey outcomes and corrective actions taken. Additionally, the team is still working on RTA which has been improving month over month. Discussed having had only two hospital readmissions

so far this month. One of the readmissions may have been avoidable so the team has addressed the nurse involved and is providing additional training.

There is no COVID in the facility at this time. Infection control efforts are going well. There have been some cases of the flu recently, but there have not been any positive cases for the last three weeks.



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Winnie-Stowell Hospital District

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

January 23, 2025

Facility Administrator: James Boswell

At the facility QAPI meeting on 1/23/25, the Administrator and other attendees discussed the facility's outcomes from December 2024.

Winnie L LTC is licensed for 105 beds and its current census is 34 residents. For the month of December, the facility averaged a census of 39 residents.

The facility reported a total of 52 employees for the period with 0% turnover rate. Discussed recent hires and recruiting efforts. The team hired a social worker who has recently started employment at the facility.

There were no significant survey findings or self-reports reported at this time.

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

Discussed QIPP measures and clinical outcomes in December. The team reported fifteen total falls in December with one resident experiencing repeat falls. There were no infections during the reporting period. Discussed ongoing infection control efforts and precautions.

The facility did not meet falls with major injury, weight loss, antipsychotic medication, or licensed and total nursing hour indicators under Components 1 & 2. Discussed ongoing performance improvement plans and interventions in place to address opportunities. All indicators under Component 3 & 4 were met.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication

management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The team reviews the residents' medication regimens and works with their attending physicians to remove any unnecessary medications and implement GDRs where appropriate. The team works closely with prescribers and is aligned with treatment goals. Discussed sharing training information with staff and the facility's medical director.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

January 24, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 82 residents including 30 skilled patients. The team is pushing to increase its long-term care census. Discussed increasing the facility target census from an average of 78 residents to an average of 83 residents including 27 skilled patients. The facility also completed its application for the Silver Award with the AHCA/NCAL National Quality Award Program. The team should hear back on the status of their application and if they will be a recipient sometime this Summer.

The facility has been fully staffed, but a nurse submitted notice yesterday to change their employment status to PRN. The team has opened the full-time position and has begun recruitment efforts. The facility also hired a new ADON who began employment this week. The new ADON comes with a lot of experience and will add value to the nursing department.

The state came to the facility on New Year's Eve, and then again on January 2 to complete their investigations. Three complaints were investigated and all were unsubstantiated. During the visit, however, the surveyor observed an incident and cited a low-level deficiency related to locking medication carts. The facility immediately addressed the issue and has completed in-services with applicable staff.

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

The facility held its QAPI meeting and is continuing to focus on falls. There are a few residents who experience repeat falls and the team is evaluating efforts to support all residents. Discussed factors affecting falls including equipment, call lights, and even resident's ability to recall information. The IDT team includes all team members in efforts to support fall prevention efforts.

There is no COVID in the facility at this time. Discussed some respiratory infections experienced in December, but there are no issues at this time. The facility has admitted some new patients from the hospital who had COVID, but those individuals were cared for and recovered from the illness.

There are major grievances or trends reported at this time. When the team receives grievances, the facility addresses them promptly and involves all necessary parties in order to fully resolve the issue.

Discussed emergency planning and staffing contingencies during severe weather. The facility recently had several staff members stay overnight due to icy roads.

The team received the new bariatric beds which were ordered last month. Additional purchases will be made to replace some rentals including some bariatric mattresses and air mattresses. The team also purchased a new bike for the therapy department.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility's corporate risk management visited the facility recently to evaluate processes. Through these observations, risk management made some recommendations for improvement which were implemented. Discussed having strong channels of communication with providers to ensure alignment and consistency of care are in place. The facility and its providers work together to address all issues. The team also provides necessary training and education to staff often to ensure their skills and knowledge supports the functions of their position.



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Scott Johnson, Nursing Facility Specialist
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Stonegate Nursing and Rehabilitation
4201 Stonegate Blvd.
Fort Worth, TX 76109

January 24, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 107 residents including 44 skilled patients. The facility has nine admissions under review including two residents in the hospital who are expected to return soon. Discussed transitioning some skilled patients to long-term care when appropriate. The facility is approaching its functional capacity of roughly 122 residents. The facility's target census last year was 84 residents, and it has increased to an average of 88 residents for 2025.

The nursing department is working to recruit some CNAs and LVNs. Discussed revamping some staffing assignments to fit the needs of the facility and residents. The team is also working with its recruiter and staffing coordinator to push for better employee retention.

The state came to investigate a complaint which was unsubstantiated. During the investigation, however, the facility received two tags related to medication carts and temperatures in the dietary department. The facility is finishing its POC to be submitted to the state. There were also two reportable incidents submitted earlier this month.

Stonegate Nursing and 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 reported on its monthly QAPI meeting which included a new performance improvement plan for the QAPI meeting itself. The team has implemented a new process for reporting and documenting data in its QAPI meetings to be more effective. Discussed involvement from both attending physicians and having strong communication in place. The social services department has been working on 48-hour care plans. The team is looking to provide additional support to the social services department by adding another staff member to help with functions of the department. The administrator reported on improvements made with fall and skin systems.

There is no COVID in the facility at this time. Infection control efforts have been consistent and there are no respiratory issues at this time. There were some individuals who were admitted from the hospital with the flu, but their care was managed well following facility protocols. Discussed implementation of isolation precautions when appropriate.

The facility will look into building a new break room sometime this year. It also plans to make some adjustments to some storage areas. The facility was also approved to order ten wheelchairs and ten new beds.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility emphasizes strong lines of communication with the attending physicians. Discussed the activity department supporting residents' needs and alternative interventions by working with families to increase offerings. There are many volunteers who are involved and supportive of the residents.



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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

January 23, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 82 residents including 12 skilled patients. The facility's census this month has averaged 82 residents. The census budget for 2025 is an average of 79 residents. Discussed expectations for census development and maintaining strong community relationships.

The facility is seeking three LVNs at this time. Discussed implementing a sign-on bonus for LVNs. Reviewed recruitment and retention best practices and strategies. There were no other openings reported at this time.

There have not been any visits by state surveyors this month. The facility had its annual fullbook survey last month and received four D-tags. These tags were related to a supply room door not locking consistently, locking a medication cart, personalization of a care plan, and a DNR order update. The facility submitted its POC and is waiting for confirmation of acceptance and approval. Life safety also came to conduct their portion of the survey. There were four life safety deficiencies related to insulation in the attic, door closers, egress doors, and some broken brick on some of the facility's exterior columns. Discussed maintaining logs of ongoing monitoring and corrections.

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

The facility held its monthly QAPI meeting and is focusing on improvement in resident function. Discussed the facility benchmark and work to meet the indicator. The team is also working on licensed nurse hours and hopes the recent implementation of the LVN sign-on bonus will help push the facility to its target. The CNA hours indicator has been met. There are no new performance improvement plans reported at this time. Discussed MDS' involvement in helping reviewing quality measures and ensuring assessments are complete and up to date.

There is no COVID in the facility at this time. Discussed trends in infection control and respiratory infections. There have been a lot of upper respiratory infections in the community, but the facility is managing well. Discussed ongoing training and education efforts amongst staff members.

There are no grievances reported at this time. Discussed managing the grievance system to ensure issues are addressed promptly and residents are satisfied with their experience at Gulf Pointe Plaza.

The facility van repairs are still going. The mechanic will be completing a flush soon in efforts to resolve the issue with the engine. The facility plans to have a new generator delivered and installed sometime this year. The team will meet on Monday to determine the extent of the repair work and renovations which include fixing the exterior columns as cited in the facility's recent life safety survey.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility's nurse managers work closely with the prescribers and consultant pharmacist to ensure residents are receiving appropriate medications to meet their needs. There haven't been any major issues, but the team addresses opportunities to ensure risk of error is minimized.



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Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

January 29, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and its current census is 99 residents including 33 skilled patients. The facility's target census this year is an average of 96 residents total including 33 skilled patients. There are two planned discharges today, but also two pending admissions. Census has slowed down over the last week and a half, but referral volume has been strong. Discussed recent trends in the community and business development efforts by the facility.

The nursing department recently hired a weekend RN supervisor who started orientation today. Current vacancies include three CNAs, one nurse, and one double-weekend nurse. The facility also has a new director of rehabilitation who is expected to start employment at the end of February.

The state came to the facility last week to investigate a self-report and a complaint which were both unsubstantiated. During the exit conference, the surveyor was very complimentary but cited issues found during her observations. These included quality of care and physical environment. There are no outstanding self-reports pending investigation at this time.

Arbrook Plaza has a 3-star rating overall. The facility has a 4-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's overall and quality measures star ratings decreased from 4-star and 5-star ratings respectively.

The facility's monthly QAPI meeting was held on January 10. The team discussed its clinical outcomes and adherence to systems. The facility is working on falls which was slightly over its target percentage. The new DON has been a great addition and has supported review and problem solving falls. The nursing department reviewed the timing and location of falls to identify any potential trends or staffing needs.

The facility reported an increase in respiratory illness including one resident with pneumonia and another with the flu. Staff have been well, but are following infection control to remain at home when ill. Discussed ongoing education and PPE utilization in the facility.

There have not been any trends in grievances. The administrator reports improvements made to communicating therapy plans with residents and family members.

The facility might replace the carpet floors sometime this year. Discussed process for maintaining carpet floors and a homelike environment.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility works hard to review diagnoses and medications of referrals prior to admission. Whenever appropriate and possible, the team strives to remove unnecessary medications from residents' regimens. The facility works closely with the hospital and ensures clear lines of communication are in place. Discussed other team members in all departments engaging with residents to help them be socially active and fulfilled.



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Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

January 22, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 82 residents including 32 skilled patients. The facility's new census budget is an average of 81 residents. The facility has two pending admissions, but also four discharges planned this week. The administrator reported an increase in admissions after the conclusion of recent holidays. They have had several referrals of patients with respiratory illness.

The facility is recruiting a total of three total nurses and CNAs. The team recently hired four new staff members and expects the remaining openings to be filled soon. Discussed recruitment and retention best practices and strategies.

The state came to the facility last month to investigate an outstanding reportable incident. There were two self-reports submitted last month.

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

The facility held its monthly QAPI meeting recently. The administrator reported improvement in falls, but the team is continuing its efforts for further improvement. Discussed updating the facility disaster manual and completing drills and fire extinguisher training. The facility has experienced an increase in RTAs. The team will begin working with Post Acute Specialists soon. This service will help the facility identify any concerns with the residents and have various specialists available for consultations via virtual visits. This service is expected to start on the 30th and hopes to further support efforts to manage care in-house and reduce readmissions.

There have not been any infection outbreaks within the facility, but the team has admitted new patients with various respiratory illnesses. Discussed actions taken to re-in-service staff

regarding handwashing, infection control standards, and PPE donning and doffing. Discussed ensuring all necessary supplies are available and in stock.

The facility has had an increase in grievances or complaints regarding call lights. The facility completed in-servicing with staff and managers. Managers are expected to round more often in the facility and assist with call lights. The administrator reported seeing improvements and complaints decreasing again.

The facility is starting to paint the main hallways. Discussed other facility needs and plans for this year.



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Green Oaks Nursing and Rehabilitation
3033 Green Oaks Blvd.
Arlington, TX 76016

January 30, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 105 residents. The facility has been averaging a census close to 103 residents including 28 skilled patients. The new year has brought good volume of referrals from the community. Discussed best practices and strategies for marketing and admissions.

The nursing department is recruiting two nurses and one CNA at this time. The new maintenance director is doing well and was an effective team member during the recent life safety survey. There were no other open positions reported at this time.

State surveyors came to the facility to conduct its annual fullbook survey earlier this month and exited on January 8. The administrator reported the deficiencies cited during the visit under the health and life safety surveys. Affected areas included infection control, background checks and the misconduct registry, management of the treatment cart, lighting in the kitchen, spare generator parts, and ash trays. Discussed the facility's ongoing efforts to address deficiencies and complete POCs. There were no deficiencies at a G-level or higher. There are no new self-reports at this time.

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

The facility shared updates from its recent monthly QAPI meeting. Discussed ongoing efforts focusing on falls and fall prevention. The team has scheduled a representative from Medical City to provide a fall prevention program presentation next month. The team reviewed survey results and expectations for continued monitoring as well as further efforts to follow POCs. The team has some work to be completed by a contractor soon.

There have been some cases of the flu this month. Discussed ongoing infection control management.

There have not been any significant trends in grievances. Discussed some instances with call lights, meal service, and missing items. The administrator shared the facility's process for working with residents and their families to effectively resolve issues. Discussed the importance of strong communication in these processes.

The facility has plans to replace lighting in the kitchen as noted from the recent life safety survey. This work is being planned to be completed next month.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The administrator shared the facility's process for evaluating medication regimens. Discussed making all appropriate reductions and removing any unnecessary medications.



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Crowley Nursing and Rehabilitation
920 East FM 1187
Crowley, TX 76036

January 28, 2025

Facility Administrator: Joe Matlock

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 100 residents including 19 skilled patients. The facility already has a few pending discharges. Discussed residents exhibiting behaviors and the process the facility goes through to evaluate the needs of residents and working to meet their needs. The facility has been receiving a lot of referrals and is reviewing.

The facility is seeking a few CNAs at this time, but coverage needs are being met. There were no other vacant positions reported at this time.

The state visited the facility to investigate a self-report two days ago. All reasons for investigation were unsubstantiated. The facility has no new self-reports at this time.

Crowley Nursing and Rehabilitation has a 5-star overall rating. 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 recently held its monthly QAPI meeting. Discussed focus on fall prevention and management. The facility has recent improvements, but still reviewed the locations and timing of falls. There have been several which have occurred in the secure unit during the evening hours. The facility is looking into adding an activity staff member to the secure unit in the evening to help keep those residents engaged. There are no new performance improvement plans reported at this time.

Infection control efforts have been ongoing and the team continues to maintain education regarding hand hygiene and PPE utilization. There were some cases of flu going around recently, but the facility has worked through them and has managed cases well.

There have not been any recent trends in grievances.

There are no major maintenance projects planned at this time. The floor replacement work in the MDS office has been completed.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility puts great attention to utilization of psychotropics in the facility and therefore has great outcomes. Discussed opportunities for continuing education and training. The facility has not had any issues or stewardship challenges recently which pertain to medication management.



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Harbor Lakes Nursing and Rehabilitation Center
1300 2nd Street
Granbury, TX 76048

January 27, 2025

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 81 residents including 22 skilled patients. The facility plans to have three admissions today. There are no discharges pending at this time. Discussed transitioning some skilled patients to long-term care where appropriate.

There are no staff vacancies or open positions reported at this time.

The facility has not had any visits by state surveyors this month. There were no new reportable incidents reported at this time.

Harbor Lakes Nursing and Rehabilitation Center has a 4-star rating overall. The facility has a 3-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures. Discussed staffing expectations and reporting PBJ data to ensure star ratings correctly capture applicable staff.

The facility held its monthly QAPI last week. The team is still monitoring falls and fall prevention efforts. The team initiated a new 2-hour toileting program and discussed a revised process for evaluating and completing fall investigations. This is intended to have a more complete review of the causes of each fall and determination of interventions. The administrator expects to see positive results from these changes in the coming months. The administrator reported other QIPP measures are on track.

There is no COVID or flu in the facility at this time. There have been several staff members who have been ill recently as there's reportedly been cases of respiratory illness in the community. The facility discussed efforts to be vigilant with infection control and keeping the residents safe.

There are no trends in grievances at this time. Discussed recent grievances and processes to address issues. The administrator shared the facility's process and policy for maintaining an inventory of resident's personal belongings.

On February 13, the Hood County News station, local chamber of commerce, and Mayor will be visiting the facility to celebrate its recent designation as the 2nd place of Newsweek's America's Best Nursing Homes 2025. Discussed preparations for the event and acknowledging the great developments the team has had over the last year.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

Discussed facility processes regarding ordering and stewardship of medications. Reviewed training opportunities for staff members, and including medication management in the facility's QA process.



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Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

January 30, 2025

Facility Administrator: Gabriel Pallanez
Medical Records Director: Drea Heyenga

The facility's medical records director, Drea Heyenga, provided the facility update.

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 81 residents including 20 skilled patients. Referrals have been increasing this month. There is one admission planned today.

The nursing department is currently recruiting an LVN and some CNAs. Discussed the recent hire in the MDS department. The team currently has an MDS nurse and a PPS nurse to support all needs in this department.

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

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

Discussed the facility's recent monthly QAPI meeting. Discussed working as an interdisciplinary team to address opportunities for improvement. The team is continuing to focus on falls and fall prevention. There were no new performance improvement plans reported at this time.

Discussed ongoing infection control efforts and outcomes. There are some residents with the flu who are on isolation precautions at this time. Discussed efforts to maintain hand hygiene and PPE standards in the facility.

There are no trends in grievances reported at this time.



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Pecan Bayou Nursing and Rehabilitation
2700 Memorial Park Drive
Brownwood, TX 76801

January 22, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 54 residents including 14 skilled patients. The admissions team has five referrals pending admission and there is also one planned discharge. Discussed building strong relationships with case managers and referring partners in efforts to build census.

The facility is seeking one day-shift CNA and three night-shifts CNAs. There are interviews scheduled with several candidates for these positions. The dietary department is also recruiting two cooks. The facility recently hired a new activity director who has already started employment. The administrator expects the new director to be very successful for the facility and meeting the needs of residents through activities. The facility also has a new social worker who is experienced and has also been a licensed nursing facility administrator. All other department heads are doing great and performing well in their respective departments.

There have not been any recent visits to the facility by state surveyors. There was one new reportable incident. Discussed interventions and processes for investigating and addressing reportable incidents.

Pecan Bayou Nursing and Rehabilitation has a 2-star rating overall. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures.

The facility held its monthly QAPI earlier this month. The team discussed falls and will continue to focus on improvement. The QAPI team is also working on ADL management and facility star ratings. Discussed the positive perspective of the facility in the community and trust local physicians have in the care provided at Pecan Bayou Nursing and Rehabilitation.

There is no COVID in the facility at this time. The facility discusses infections in the facility every morning and reports there are no current trends. The team reviews labs routinely to ensure care plans are on track. Respiratory needs of residents have been managed well.

There are no grievance trends reported at this time. Discussed ordering new grievance forms and discussing them in the morning meetings. The facility is planning a mandatory in-service later this month to complete staff annual inservices. This mandatory in-service will include a grievance process in-service as well.

The facility expects to order some new dressers and nightstands for resident rooms sometime this year. Discussed having an extra PTAC unit on hand in the event one goes out of commission, particularly during the winter season.



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

January 29, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds and its current census is 101 residents including 32 skilled patients. Census has continued to trend positively and the facility is expected to be 100% full on long-term care beds after an admission tomorrow. Discussed a recent surge in referrals and the process of working through them thoroughly to ensure residents needs can be met at the facility. Treviso Transitional Care Center is targeting a budget census of 94 residents including 25 skilled patients this year.

Staffing is being managed well and there are a few openings at this time. The team is recruiting two night-shift CNAs and one day-shift nurse. There are three PRN nurses who consistently pick up shifts to ensure coverage needs are met. The nursing department is working to see if one of the PRN nurses will convert to full-time employment. The administrator shared considerations to add another nurse to the night shift.

The state visited the facility yesterday to investigate some complaints and self-reports which were all unsubstantiated. During the investigation, the surveyor also reviewed infection control and the facility was in compliance. The administrator submitted a new self-report this morning regarding an allegation of verbal abuse.

Treviso Transitional Care 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 3-star rating in Quality Measures. The facility's staffing star rating decreased from a 2-star rating.

At the facility's monthly QAPI meeting, the interdisciplinary team discussed recent care outcomes and quality measures. The team is maintaining ongoing performance improvement plans focused on RTAs, weights, and skin management.

The facility recently had some cases of COVID, but the needs of those affected have been managed well. There were twelve cases this month, but there are only four remaining.

A new plate warmer was ordered recently in efforts to improve meal service and maintain temperatures of warm foods. Discussed feedback from a recent resident council regarding meal service and cold food. The administrator is also having the satellite kitchenette surveyed with intention to begin serving meals out of this location later this year. The facility also received approval to activate the associated ice machine and vent hood.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The team has good processes in place and focuses on staff education. Discussed the facility's upcoming plans to provide staff with further education and training.



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Silver Spring
1690 N. Treadway Blvd.
Abilene, TX 75551

January 24, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds and its current census is 84 residents including 20 skilled patients. The facility census has been in the low 80s this month. Discussed managing referrals well and not letting them slip through the cracks. The facility has five referrals pending admission. There is one planning admission on Monday, and others will admit once insurance authorization is granted. There are two pending discharges at this time.

The facility is seeking one night-shift CNA and a director of talent and learning. The facility offered the director position to someone who is expected to start employment next week. The new talent and learning director will support staff engagement, recruitment, and retention efforts at the facility.

A state surveyor came to Silver Spring earlier this month on the 7th and again on the 8th to investigate some outstanding self-reports and complaints. All reasons for investigation were unsubstantiated. The facility's life safety survey POC was also accepted. The administrator reported that the IDR last month was successful and the tag was removed.

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

The facility held its QAPI meeting earlier this month on January 8. Discussed efforts to continue working to improve falls and RTA. There were several residents reported who have experienced repeat falls. Discussed personalizing interventions to meet the needs of each resident.

There was a resident who tested positive with COVID and flu who has since recovered. There are two residents who have the flu at this time. Discussed isolation precautions, infection control audits, and staff education. The facility will also be holding annual training sessions for staff members soon.

There were no trends in grievances reported. Discussed process for reviewing and addressing grievances promptly to ensure problems don't develop into major issues.

The facility is still waiting on delivery of the new electric lift which has been ordered. The facility van is also out for repairs and the facility is using a rental van for transportation in the meantime.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The facility continually works on addressing utilization of strong medications including antipsychotics. Discussed creating an environment where staff can ask questions to ensure learning is present and new ideas can be considered. The team also has a strong activity department who engages residents to keep their minds and bodies active.



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

Forum Parkway Health & Rehabilitation
2112 Forum Parkway
Bedford, TX 76021

January 29, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 98 residents including 28 skilled patients. There are five pending discharges this weekend, but three planned admissions today. There are another eight referrals pending admission at this time. The facility's average census has been over 100 residents this month. December's average census was 104 residents. The administrator shared census goals and expects 2025 to be a strong year.

The facility recently hired to fill a weekend position, and there are no other vacant staff positions at this time. Discussed ongoing recruitment and retention plans in efforts to support maintaining a strong team.

The state visited the facility to conduct its annual fullbook survey. The facility received three D-tags and five E-tags under its health survey. Discussed recommendations by the state and efforts to address these opportunities. The life safety team surveyed and wrote one F-tag, three E-tags, and some associated N-tags. The facility received the 2567 for this portion of survey yesterday, and the team is working on its POC. Discussed ongoing monitoring, education, and in-servicing.

Forum Parkway Health & Rehabilitation has a 3-star rating overall. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility had a productive QAPI meeting. The facility reported having triggered in anti-anxiety medications. Discussed ongoing efforts to address utilization of these medications. Also discussed fall outcomes and fall prevention efforts. The team discussed efforts to monitor clinical outcomes and address any changes in condition.

The facility recently had some cases of COVID as well as some upper respiratory illnesses. Discussed infection control protocol and actions taken to keep these illnesses from spreading.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Parkview Manor Nursing & Rehabilitation
206 N. Smith St.
Weimar, TX 78962

January 20, 2025

Facility Administrator: Maricruz Rebollar

At the facility QAPI meeting on 1/20/25, the Administrator and other attendees discussed the facility's outcomes from December 2024.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds and its current census is 41 residents. For the month of December, the facility averaged a census of 45 residents.

There was a total of 50 employees during the reporting period with 12% turnover rate. The turnover rate increased from 7% reported in the prior month. Discussed recent efforts for staff recruitment and retention.

There were no state visits with significant survey findings reported. A self-report was submitted to the state regarding infection control and some positive COVID cases. Discussed survey readiness efforts and the upcoming annual survey window which opens in May.

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

The interdisciplinary team discussed QIPP measures and clinical outcomes from the reporting period. There were nine falls without injury which decreased from seventeen reported in November. There were five falls with injury in December which increased from two reported in the prior month. There were four residents who experienced repeat falls in December. Discussed fall prevention efforts and evaluation of interventions.

There were seventeen total infections in December, with fourteen being respiratory infections. The team reviewed the recent COVID outbreak and infection control policies. The facility initiated inservices regarding infection control protocol, hand hygiene, and PPE utilization.

Weight loss was at 13% this month with six residents affected. Discussed working with the attending physician and consulting dietician to support affected residents. The facility has a PIP in place addressing weight loss.

Under Component 1, all indicators were met except falls with major injury and antipsychotic medication utilization. All indicators under Components 2, 3, and 4 were all met.

Discussed quarterly joint training regarding medication management. Reviewed the need to assess resident medication regimens to ensure anticipated benefits are realized while recognizing and monitoring the risk of adverse side effects. Discussed the importance of implementing strong policies and procedures related to all aspects of the facility's medication management system. Reviewed the need of effective communication amongst the IDT team, prescribers, and applicable staff members to support a culture focused on improving the outcomes and quality of life of the residents in the facility.

The interdisciplinary team discussed the need for constant evaluation and management of all medications. Reviewed process for following physician orders and supported strong communication with physicians and associated partners. Discussed training opportunities for staff and how the QAPI team can support improvements and interventions. The team also discussed working with psych services and focusing on GDRs where appropriate.

Administrator: Tangela Manuel, LNFA
DON: Tia Ketter, RN

FACILITY INFORMATION

Deerbrook Nursing and Rehab is a licensed 124- bed facility with an overall star rating of 3 and a rating of 4 stars in Quality Measures. Current census is 103: 10 Private Pay; 4 Medicare; 57 Medicaid; 4 Hospice; 28 HMO.

The QIPP site visit was conducted over the phone. The Administrator was as on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported they are still able to allocate vaccinations (newest one) in-house and 89% of residents are vaccinated for COVID_19 with 33% of the staff vaccinated and this information is reported weekly to NSHN.

The Facility had a Christmas celebration for the residents with gifts (some from the community). The facility is planning a super bowl watch party and a Valentine's Day party and Black History month.

The Administrator reported the facility continues with the MAD Genius program and continually check their competencies and conduct regular training. The facility continues with their tuition reimbursement program for medication aides. They partner with LoneStar College & local community college for CMA to LVN, LVN to RN and pay for books, materials, etc. The Administrator reports they continue to honor each department/position throughout the year. The Administrator reports the facility formed an alliance with a nursing school that has a high pass rate as well as with a CNA school to help them with training.

EDUCATION PROVIDED

Reviewed QIPP year 8 QTR two all components met.

Preparation for winter temperatures - The Administrator reports the facility implemented their emergency preparedness plan for the most recent snow/ice storm and she is completing the community tabletop documentation. The staff have been in-serviced on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

SURVEY INFORMATION

The facility had no state visits in **Oct/Nov/Dec 2024.**

REPORTABLE INCIDENTS

Oct/Nov/Dec 2024 the facility had **October** (Neglect); **November** (Abuse – Employee; Abuse – Responsible Party); **December** (2 Abuse – Misappropriation; Physical; 1 Injury of Unknown Origin; 1 Fall With Injury)

CLINICAL TRENDING

Incidents/Falls:

Oct/Nov/Dec 2024 Deerbrook reported - 42 total falls without injury and 5 falls with injury with 14 repeat falls, 3 skin tears, 1 bruise, 0 fractures, 0 behaviors, 1 Laceration and 0 Elopements. The facility does have a PIP in place for falls.

Infection Control:

Oct/Nov/Dec 2024 the facility reported a total of 93 infections- 22 UTI's; 12 Respiratory infections; 17 Wound infections; 17 Blood infections, 2 Genital infections; 6 EENT infections, 0 GI infections and 10 Other infections.

Weight loss

In **Oct/Nov/Dec 2024** Deerbrook reported - 35 residents with 5% in 1 month or less weight loss and 0 residents with greater than 10% weight loss in 6 months. The facility does have a PIP in place for weight loss.

Pressure Ulcers:

In **Oct/Nov/Dec 2024** Deerbrook reported - 55 residents with pressure ulcers, totaling 95 sites, 4 of them facility acquired.

Restraints:

Deerbrook is a restraint free facility.

Staffing:

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

Total number employees: 141 Turnover rate%: 6%

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	4.88%	8.42%	6.07%	



Fall w/Major Injury (L)	0%	0.99%	0.75%	
UTI (L)	0%	1%	2%	
High risk with pressure ulcers (L)	12.23%	5.33%	5.97%	PIP in place
Loss of Bowel/Bladder Control(L)	0%	53.4%	48.55%	
Catheter(L)	0%	1.10%	1.29%	
Physical restraint(L)	0%	.04%	0.14%	
Residents whose ability to walk independently worsened (L)	0%	12.73%	15.34%	
Excessive Weight Loss(L)	13.11%	4.59%	5.81%	PIP in place
Depressive symptoms(L)	3.28%	4.74%	9.14%	
Antipsychotic medication (L)	3.39%	8.73%	14.67%	

PHARMACY Consultant reports/visit/ med destruction? No concerns

of GDR ATTEMPTS in the month: How many successful? **20**
 # of Anti-anxiety (attempts successful **4** failed **0**)
 # of Antidepressants (attempts successful **2** failed **0**)
 # of Antipsychotic (attempts successful **n/a** failed **n/a**)
 # of Sedatives (attempts successful **n/a** failed **n/a**)

DIETICIAN Recommendation concerns/Follow Up? Weight Changes above standard.

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) - Oct (5) – (1 Roommate Complaint); (1 Care Issue); (3 Missing Item); **Nov (8)** – (3 Care Issue); (2 Missing Item); (3 Other – Equipment Concern, Needs remote, Did not receive Discharge Packet); **Dec (12)** – (8 Other); (2 Missing Item); (2 Care Issue)

TRAUMA INFORMED CARE IDENTIFIED: Yes (October – 1 Resident)

ACTIVITIES: PIP/CONCERNS: N/A

DIETARY: PIP/CONCERNS: N/A

ENVIRONMENTAL SERVICES: PIP/CONCERNS: N/A

MAINTENANCE: PIP/CONCERNS: N/A

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

MDS: PIPS/CONCERNS: N/A

OIPP MEASURES - MDS Measures: Relative 5% improvement from the NF baseline, increasing by 5% each quarter (5% in Q1, 10% in Q2, 15% in Q3, 20% in Q4). **HPRD Staffing Measures:** Relative 1% improvement from the NF baseline, increasing by 1% each quarter (1% in Q1, 2% in Q2, 3% in Q3, 4% in Q4)

Component 1 -Hospital Partner MDS Measures (NSGO-only). Achievement in 1 metric earns 90% of eligible funds; achievement in 2 metrics earns 100%

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	2.59%	3.43%	1.54%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0%	1.17%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	7.25%	4.55%	7.25%	N	PIP in place.
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	6.05%	8.73%	3.39%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	7.73%	10.59%	0%	Y	

Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	Y	2.10	2.24	2.21	Y	
Metric 2: Reported Licensed Nursing HPRD	N	1.30	1.54	1.26	N	
Metric 3: Reported Total Nursing Staff HPRD	Y	3.40	3.78	3.47	Y	
In case of audit: Did NF maintain 4 additional hours (non-managerial) of RN staffing						



coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
<ul style="list-style-type: none"> Telehealth used? 						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 						

QIPP Component 3 – Texas Priority MDS Measures (All Facilities). Equally weighted measures, each worth 33.33% of available component funds

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	14.29%	3.28%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	18.83%	16.13%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2%	0%	0%	Y	

QIPP Component 4 – Resident Focus MDS Measures (NSGO-only). Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	9.78%	4.59%	7.81%	Y	

Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0%	0%	Y	
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Administrator: Johnny Richardson
DON: Ellis Swan, RN

FACILITY INFORMATION

Highland Park is a 120-bed facility with a current Overall Star Rating of 3 and a Quality Measures star rating of 4. The census given on the date of this report was 88 with 4 in the hospital.

The QIPP site visit was conducted over the phone. The Administrator was on the call and very helpful.

The Administrator reported the facility is currently COVID_19 free. The resident COVID_19 vaccination status was not available, but the Administrator reports most residents have not taken the most recent booster. This information is reported to NSHN weekly.

The Administrator reports the facility implemented their emergency plan for staffing, food (cisco did not deliver), pharmacy, dialysis centers. The building did not lose power.

The Administrator reported the facility is on track to meet their QIPP measures for QTR 2, year eight.

The facility now has a new Activity Director, and the facility continue with outings, and they continue with Bingo and regular holiday celebrations. The facility will have a king and queen pageant for Valentines Day.

SURVEY INFORMATION

The state came to the facility in November for a P1 (self-report the facility called in) that was unsubstantiated, not cited.

EDUCATION PROVIDED

Reviewed QIPP year 8 QTR one & two - Discussed QTR 2 and Administrator reported she believes they are on track to meet all 4 components.

Preparation for winter temperatures - The staff have been in-serviced on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

REPORTABLE INCIDENTS

Information not provided.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Highland Park does not use restraints.

Staffing:

Staffing needs – need Medical Records position and 2 evening shift nurses and 1 night nurse position.

QIPP SCORECARD: Information not provided

Administrator: Vincent Mitchell
DON: Adebukola Adelekan, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current census of 80: 2 PP, 2 MCR, 61 pending MCD, 9 HMO, 2 Hospice. They have an overall star rating of 2 and a Quality Measure rating of 5.

The QIPP site visit was conducted over the phone. The Administrator and DON were on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported that 100% of residents are vaccinated for up to date COVID_19 with 100% of the staff vaccinated and the facility reports this information to NSHN weekly.

The Administrator reported the facility is planning a super bowl watch party, a Valentine's Day ball and a Mardi Gras celebrations, including the local fire department.

The Administrator reported the facility continues with a star of the month and weekly drawing for prizes. The facility also provides food at least monthly.

EDUCATION PROVIDED

Reviewed QIPP year 8 QTR two - all components met

Preparation for winter temperatures - The Administrator reports the facility implemented their emergency preparedness plan, including sheltering in place, during the recent snow/ice storm. The staff have been in-serviced on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

SURVEY INFORMATION

The facility had a state visit in January for a P1 that was unsubstantiated, no citations.

REPORTABLE INCIDENTS

The facility had 8 self-reports still pending for **Oct/Nov/Dec 2024**.

CLINICAL TRENDING FOR OCT/NOV/DEC 2024

Incidents/Falls:

Park Manor Cypress Station reported 50 falls without injury (7 repeat) and 2 falls with injury, 4 skin tears, 2 Fractures, 4 Behaviors, 1 Bruise, 1 Laceration and 0 Elopements.

Infection Control:

Administrator reported 60 total infections: 20 UTIs, 15 respiratory infections, 6 wound infections, 4 EENT infections, 0 GI infections and 15 other infections.

Weight Loss:

Park Manor Cypress Station reported 0 residents with 5-10% weight loss and 0 with weight loss >10%.

Pressure Ulcers:

Park Manor Cypress Station reports 5 residents with a total of 13 pressure ulcers and 0 in house acquired.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

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

Total number employees: 77 Turnover rate%: 15

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	13.4%	21.5%	20.1%	
Fall w/Major Injury (L)	5.4%	3.4%	3.5%	PIP in place
UTI (L)	0%	0.9%	2.1%	
High risk with pressure ulcers (L)	4.1%	5.7%	6.6%	
Loss of Bowel/Bladder Control(L)	1.5%	18.3%	21.7%	
Catheter(L)	0%	0.9%	1.7%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	3.4%	21.7%	22.6%	

Excessive Weight Loss(L)	0%	3.8%	5.7%	
Depressive symptoms(L)	3.0%	3.6%	10.1%	
Antipsychotic medication (L)	7.5%	8.1%	14.9%	

PHARMACY Consultant reports/visit/ med destruction? Yes, monthly for destruction and visits

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts_0_ successful ___ failed ___)
 # of Antidepressants (attempts_4_ successful_3_ failed_1_)
 # of Antipsychotic (attempts_1_ successful_1_ failed ___)
 # of Sedatives (attempts_0_ successful_0_ failed_0_)

DIETICIAN Recommendation concerns/Follow Up? No concerns, recommendations provided weekly

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-- 22 Grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: 0

ACTIVITIES: PIP/CONCERNS: More social activities that involves music, casino, and out of facility events. Had events for Thanksgiving, Christmas, New Year's celebrations, and birthdays.

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: Updating care plans

QIPP MEASURES - MDS Measures: Relative 5% improvement from the NF baseline, increasing by 5% each quarter (5% in Q1, 10% in Q2, 15% in Q3, 20% in Q4). **HPRD Staffing Measures:** Relative 1% improvement from the NF baseline, increasing by 1% each quarter (1% in Q1, 2% in Q2, 3% in Q3, 4% in Q4)

Component 1 -Hospital Partner MDS Measures (NSGO-only). Achievement in 1 metric earns 90% of eligible funds; achievement in 2 metrics earns 100%

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	3.41%	5.41%	N	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.55%	0.40%	0%	Y	

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	10.4%	7.46%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	2.21%	3.45%	Y	

Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	N	1.87		1.85	N	
Metric 2: Reported Licensed Nursing HPRD	Y	1.05		1.19	Y	
Metric 3: Reported Total Nursing Staff HPRD	Y	2.92		3.03	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• 8 additional hours non-concurrently scheduled?					Y	
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
• Agency usage or need d/t critical staffing levels					N	

OIPP Component 3 – Texas Priority MDS Measures (All Facilities). Equally weighted measures, each worth 33.33% of available component funds

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	5.33%	3.03%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	22.62%	13.43%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	0%	1.49%	Y	

QIPP Component 4 – Resident Focus MDS Measures (NSGO-only). Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59	4.29	4.11	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01	0.96	0	Y	

Administrator: LaNetia Taylor Deason, MHA,
LBSW, LNFA
DON: Adriane Ruffin, RN

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 4 and 5 in quality measures. The census on the day of the call was 98: PP: 13, MC: 8, MDC: 63 +8 pending, HMO: 10, Hospice: 3.

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

The Administrator reported they are still able to allocate vaccinations (newest one) in-house for residents. 62.5% of residents are vaccinated with the 2024/25 COVID_19 vaccine with 0% of the staff up to date (offering incentives for this and flu vaccines) and the facility reports this information to NSHN weekly.

The facility has regular outings to the store and for Bingo and had a Thanksgiving dinner with families and a small Christmas gathering with cookies and hot chocolate. The Activity Director reports they are planning a Mardi Gras, Valentine's Day (blast of love) party as well as

The Administrator reported the facility continues with a MAD genius program, birthdays, monthly food provisions and they also do an employee of the month program. The facility will be honoring 3 staff members for their length of employment this month.

EDUCATION PROVIDED

- Preparation for winter temperatures - The DON reports the facility implemented their emergency preparedness plan during the recent snow/ice storm. The staff have been in-serviced on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

SURVEY INFORMATION

The facility has not had state in the building since September.

REPORTABLE INCIDENTS

In **Oct/Nov/Dec 2024**- the facility had 9 self-reports that are all still pending.

CLINICAL TRENDING FOR OCT/NOV/DEC 2024

Incidents/Falls: Information not provided

Infection Control: Information not provided

Weight loss: Information not provided

Pressure Ulcers: Information not provided

Restraints:

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

Staffing: Information not provided

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

Total number employees: _____ **Turnover rate%:** _____

CASPER REPORT Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	%	%	%	
Fall w/Major Injury (L)	%	%	%	
UTI (L)	%	%	%	
High risk with pressure ulcers (L)	%	%	%	
Loss of Bowel/Bladder Control(L)	%	%	%	
Catheter(L)	%	%	%	
Physical restraint(L)	%	%	%	
Residents whose ability to walk independently worsened (L)	%	%	%	
Excessive Weight Loss(L)	%	%	%	
Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L)	%	%	%	

PHARMACY Consultant reports/visit/ med destruction? Information not provided

of GDR ATTEMPTS in the month: How many successful?

of Anti-anxiety (attempts successful failed)

of Antidepressants (attempts successful failed)

of Antipsychotic (attempts successful failed)

of Sedatives (attempts successful failed)

DIETICIAN Recommendation concerns/Follow Up? Information not provided

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

TRAUMA INFORMED CARE IDENTIFIED: Information not provided

ACTIVITIES: PIP/CONCERNS: Information not provided

DIETARY: PIP/CONCERNS: Information not provided

ENVIRONMENTAL SERVICES: PIP/CONCERNS: Information not provided

MAINTENANCE: PIP/CONCERNS: Information not provided

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: Information not provided

MDS: PIPS/CONCERNS: Information not provided

OIPP MEASURES - MDS Measures: Relative 5% improvement from the NF baseline, increasing by 5% each quarter (5% in Q1, 10% in Q2, 15% in Q3, 20% in Q4). **HPRD Staffing Measures:** Relative 1% improvement from the NF baseline, increasing by 1% each quarter (1% in Q1, 2% in Q2, 3% in Q3, 4% in Q4)

Component 1 -Hospital Partner MDS Measures (NSGO-only). Achievement in 1 metric earns 90% of eligible funds; achievement in 2 metrics earns 100%

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	%	%		Information not provided
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	%	%	%		
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	%	%	%		
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	%	%	%		
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	%	%	%		

Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator	National Benchmark	Baseline Target	Performance Target of 1%	Results	Met	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per						

Resident Day (HPRD)	Met Y/N		improvement		Y/N	
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD						Information not provided
Metric 2: Reported Licensed Nursing HPRD						
Metric 3: Reported Total Nursing Staff HPRD						
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
<ul style="list-style-type: none"> Telehealth used? 						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 						

QIPP Component 3 – Texas Priority MDS Measures (All Facilities). Equally weighted measures, each worth 33.33% of available component funds

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	%	%	%		Information not provided
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	%	%	%		

Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	%	%	%		
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QIPP Component 4 – Resident Focus MDS Measures (NSGO-only). Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	%	%	%		Information not provided
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	%	%	%		

Administrator: David Holt
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current census of 105: (12) MC; (29) HMO; (11) PP; (51) MDC; (2) Hospice. Their overall star rating is a 5 and Quality Measures star rating is a 5.

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

The facility had a Christmas party with Santa and a resident and family luncheon. A few residents at a time still go out to Walmart and one resident was taken to hospital to visit her sick husband. The facility is planning something for the super bowl and Valentine's Day king and queen. The DON reports the facility is also having a Chinese dragon for Chinese New Year.

The DON reports the facility continues with a monthly meal for all staff and they also have employee of the month. The facility also provides tokens for going above and beyond and some have recently had enough to turn in for TVs and watches, etc. The DON reports the facility had a Christmas party with gifts and prize drawings with a meal.

EDUCATION PROVIDED

Reviewed QIPP year 8 QTR one components not met, 4 - PIP in place for accurate documentation for Residents whose ability to walk independently worsened. The facility also has a PIP for pressure ulcers and will be reviewing catheters inserted into the bladder for a PIP.

Preparation for winter temperatures - The DON implemented the emergency plan and in-serviced staff on the plan for the snow/ice and freezing temperatures this week, that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

SURVEY INFORMATION

The facility had their full book survey in May with 0 deficiencies and no other state visits since then.

REPORTABLE INCIDENTS

The facility had 0 self-reports in **Oct/Nov/Dec 2024**.

CLINICAL TRENDING OCT/NOV/DEC 2024

Incidents/Falls:

Park Manor of South Belt had 66 total falls (10 repeat), of which 1 resulted in injury. They had 7 Skin Tears, 1 Laceration, 0 Fractures, 0 Elopements, 2 Bruises and 0 Behaviors.

Infection Control:

Park Manor of South Belt reports 132 total infections: 43 UTIs; 11 Respiratory; 23 Wound; 11 EENT; 11 Blood infections; 3 GI infections; 4 Genital infections and 26 Other infections. Several of these were community acquired.

Weight loss:

Park Manor of South Belt had 3 residents with 5-10% weight loss in 1 month and 2 residents with >10% weight loss in 6 months. The facility has a PIP in place for this measure.

Pressure Ulcers:

Park Manor South Belt reported 48 residents with 76 total pressure ulcers and 5 were facility acquired and there is a PIP in place.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:

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

Total number employees: 88 Turnover rate%: 34

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	9.2%	21.5%	20.1%	
Fall w/Major Injury (L)	3.0%	3.4%	3.5%	
UTI (L)	0%	0.9%	2.1%	
High risk with pressure ulcers (L)	3.1%	5.7%	6.6%	
Loss of Bowel/Bladder Control(L)	9.6%	18.3%	21.7%	



Catheter(L)	0%	0.9%	1.7%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	9.6%	18.3%	21.7%	
Excessive Weight Loss(L)	0%	3.8%	5.7%	
Depressive symptoms(L)	1.5%	3.6%	10.1%	
Antipsychotic medication (L)	0%	8.1%	1.9%	

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

of GDR ATTEMPTS in the month: How many successful?

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

of Antidepressants (attempts 4 successful 4 failed 0)

of Antipsychotic (attempts 1 successful 1 failed 0)

of Sedatives (attempts 1 successful 1 failed 0)

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

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) - **October** (3) concerns- 2 missing items (found), 1 HH not set up, **November** (1) concern, 1 loss hearing aid (found) **December** (7) concerns, 5 care concerns, 1 staff on cell phone, 1 loss laundry (found)

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: Now in house

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

OIPP MEASURES - MDS Measures: Relative 5% improvement from the NF baseline, increasing by 5% each quarter (5% in Q1, 10% in Q2, 15% in Q3, 20% in Q4). **HPRD Staffing Measures:** Relative 1% improvement from the NF baseline, increasing by 1% each quarter (1% in Q1, 2% in Q2, 3% in Q3, 4% in Q4)

Component 1 -Hospital Partner MDS Measures (NSGO-only). Achievement in 1 metric earns 90% of eligible funds; achievement in 2 metrics earns 100%

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	0.92%	2.63%	Y	

Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.55%	1.33%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	1.91%	1.37%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	5.91%	26.32%	N	

Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	Y	1.75%		1.87%	Y	
Metric 2: Reported Licensed Nursing HPRD	N	1.54%		1.16%	N	
Metric 3: Reported Total Nursing Staff HPRD	Y	2.92%		3.03%	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• 8 additional hours non-concurrently scheduled?					Y	
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					N	Available
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within					Y	



the reporting period?						
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

QIPP Component 3 – Texas Priority MDS Measures (All Facilities). Equally weighted measures, each worth 33.33% of available component funds

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	0.32%	1.39%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	14.56%	9.59%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	23.58%	22.39%	Y	

QIPP Component 4 – Resident Focus MDS Measures (NSGO-only). Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59%	4.33%	6.94%	N	PIP in place Palliative care residents, won't go on hospice
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	3.06%	1.56%	N/Y	New MDS nurses – need to clean up

Administrator – Carrie Hill, LNFA
DON- Mayra Polio, RN

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current census of 93: (6) MC; (16) HMO; (3) PP; (60) MDC + 5 pending; (4) Hospice; (0) VA. Their overall star rating is a 2 and Quality Measures star rating is a 5.

The QIPP site visit was conducted over the phone. The Administrator were on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported they are still able to order vaccinations from the pharmacy and the resident and staff COVID_19 vaccination rates are at 15% and 8%% up to date. The facility reports this information to NSHN weekly.

The facility had a dinner including families for Thanksgiving and Christmas. The Administrator reported the facility continues outings for fishing and shopping at Walmart 2x per month.

The Administrator reports the facility still has employee of the month and the MAD Genius program with prizes or cash. The Administrator reported the facility also provides food every month during staff meetings for all staff appreciation. The facility had a Christmas party for all the staff.

EDUCATION PROVIDED

Reviewed QIPP year 8 QTR one components not met, 3 – will review for PIPs on the Residents who lose too much weight, and Depressive Symptoms.

Preparation for winter temperatures – The Administrator reports the facility implemented their emergency preparedness plan during the recent snow/ice storm. The staff have been in-serviced on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

SURVEY INFORMATION

Oct/Nov/Dec 2024 -The facility is currently in their annual survey window, and they had no state visits.

REPORTABLE INCIDENTS

Oct/Nov/Dec 2024 -The facility had 4 self-reports that are all still pending.

CLINICAL TRENDING

Incidents/Falls:

Oct/Nov/Dec 2024 PM Westchase reported - 35 total falls without injury and 1 fall with injury with 4 repeat falls, 12 skin tears, 4 bruises, 1 fracture, 4 behaviors, 1 Lacerations and 0 Elopements.

Infection Control:

During **Oct/Nov/Dec 2024** PM Westchase reported a total of 58 infections- 15 UTI's; 11 Respiratory infections; 1 Stool infection; 4 EENT infections, 8 Wound infections, 0 Blood infections and 19 Other infections.

Weight loss:

PM of Westchase in **Oct/Nov/Dec 2024** reported - 5 residents with 5% in 1 month or less weight loss and 4 residents with greater than 10% weight loss in 6 months. Reviewing for a PIP.

Pressure Ulcers:

PM of Westchase in **Oct/Nov/Dec 2024** reported - 52 residents with pressure ulcers, totaling 72 sites, 9 of them facility acquired. PIP in place.

Restraints:

PM of Westchase is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2			2			
2 to 10			2			
10 to 6			4			
Other	1	3	7			
# Hired this month	1	3	15			
# Quit/Fired	0	1	12			

Total number employees: 105 Turnover rate%: 15

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	0%	8.1%	7.4%	
Fall w/Major Injury (L)	0%	3.4%	3.5%	
UTI (L)	0%	1.0%	2.1%	
High risk with pressure ulcers (L)	3.0%	5.7%	6.6%	
Loss of Bowel/Bladder Control(L)	9.4%	18.3%	21.7%	
Catheter(L)	0.0%	1%	1.7%	
Physical restraint(L)	0.0%	0.0%	0.1%	



Residents whose ability to walk independently worsened (L)	0%	21.7%	22.6%	
Excessive Weight Loss(L)	2.9%	3.8%	5.7%	
Depressive symptoms(L)	7.6%	3.6%	10.1%	Will review for PIP
Antipsychotic medication (L)	1.5%	8.3%	14.8%	

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

of GDR ATTEMPTS in the month: 13 How many successful? 10
 # of Anti-anxiety (attempts 4 successful 3 failed 1)
 # of Antidepressants (attempts 3 successful 2 failed 1)
 # of Antipsychotic (attempts 3 successful 2 failed 1)
 # of Sedatives (attempts 3 successful 3 failed 0)

DIETICIAN Recommendation concerns/Follow Up? All recommendations followed.

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 51 grievances- All resolved

TRAUMA INFORMED CARE IDENTIFIED: N/A

ACTIVITIES: PIP/CONCERNS: N/A

DIETARY: PIP/CONCERNS: N/A

ENVIRONMENTAL SERVICES: PIP/CONCERNS: N/A

MAINTENANCE: PIP/CONCERNS: N/A

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

MDS: PIPS/CONCERNS: N/A

QIPP MEASURES - MDS Measures: Relative 5% improvement from the NF baseline, increasing by 5% each quarter (5% in Q1, 10% in Q2, 15% in Q3, 20% in Q4). **HPRD Staffing Measures:** Relative 1% improvement from the NF baseline, increasing by 1% each quarter (1% in Q1, 2% in Q2, 3% in Q3, 4% in Q4)

Component 1 -Hospital Partner MDS Measures (NSGO-only). Achievement in 1 metric earns 90% of eligible funds; achievement in 2 metrics earns 100%

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	2.35%	2.61%	0%	Y	No falls with major injury.
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.31%	0.34%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	0.34%	0.38%	2.94%	N	Will review for PIP



Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	2.00%	2.22%	1.52%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	8.76%	9.75%	0.0%	Y	

Component 2 -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD		1.89		2.04	Y	
Metric 2: Reported Licensed Nursing HPRD		1.15		1.14	N	
Metric 3: Reported Total Nursing Staff HPRD		3.04		3.18	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• 8 additional hours non-concurrently scheduled?						
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					N	
• Agency usage or need d/t critical staffing levels					N	

QIPP Component 3 – Texas Priority MDS Measures (All Facilities). Equally weighted measures, each worth 33.33% of available component funds

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	6.85%	7.61%	7.69%	N	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	10.80%	12%	7.14%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	11.27%	12.50%	9.38%	Y	

QIPP Component 4 – Resident Focus MDS Measures (NSGO-only). Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.10	4.55	2.74	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.26	0.29	0	Y	

Administrator: Chad Mohammed, LNFA (New 2 weeks)
DON: Anthony Leonard, RN

FACILITY INFORMATION

Spring Branch Transitional Care Center is managed by Caring Healthcare. They are licensed for 198 beds and are comprised of 4 floors. The CMS overall star rating for the facility is 1 with a 2-star rating in Quality Measures. The facility specializes in Behavioral/psychiatric but also has a wing for Korean residents. The census given on the day of report was 179.

The QIPP site visit was conducted over the phone. The Administrator was on the call and very helpful.

The facility had staff stay overnight Monday night (including Administrator) due to a winter storm. The building did not suffer any damage from the storm. The Administrator reported they implemented the emergency plan, and they were prepared.

The Administrator reported they are currently free of COVID_19. Spring Branch is utilizing their own pharmacy for vaccines. The Administrator reported the percent of residents who are fully vaccinated is 0% and approximately 0% of staff have received the up-to-date COVID_19 vaccine and this information is reported to NSHN weekly.

EDUCATION PROVIDED

Reviewed QIPP year 8 QTR one & two -Discussed QTR 1 and Administrator reported he believes they met all 4 components. Also discussed QTR 2 data now being collected through Dec 31.

Preparation for winter temperatures - The staff have been in-serviced on the facility's emergency plan for freezing temperatures that includes Power loss, Water and food needs, Medical and pharmaceutical supplies, Communication to families and staff, Staffing shortages and Sheltering in place and evacuation, as applicable.

SURVEY Information

The facility is currently having their annual full book in October, and they do not anticipate the coming back until April. The facility has 10 self-reports still pending.

CLINICAL TRENDING

Incidents/Falls:

Information not provided.

Infection Control:

Information not provided.



Weight loss:

Information not provided.

Pressure Ulcers:

Information not provided.

Restraints:

Spring Branch Transitional Care is a restraint free facility.

Staffing:

Staffing needs include a weekend supervisor, wound nurse, med aides and CNAs.

QIPP SCORECARD - Information not provided

EXHIBIT “F”

Hubert Oxford IV

From: Hubert Oxford IV
Sent: Wednesday, February 12, 2025 3:08 PM
To: Bobby Way; Anthony Stramecki
Cc: 'Victoria Carlo'; MaKayla Vidal; Edward Murrell; Jeff Rollo; Kacey Vratis
Subject: FW: TAG Real Estate Land in Winnie
Attachments: TAG Property-Parcel 35444.pdf; TAG Property-Parcel 32893.pdf; Item 1-Agenda February 19, 2025 Regular Meeting.docx

Bobby and Anthony-NO ONE ELSE RESPOND,

See below. TAG wants to know if you all want to buy the two pieces of property on the corner of 2nd and LeBlanc (i.e., basketball court property). Combined, the property is 2.46 acres and per the e-mail below, he will sell it the District for \$575,000.00. When we were going to buy it the first time, we thought we could buy the parcel we purchased plus these two parcels for \$620,000.00 because we thought all three were listed for \$825,000.00. However, Tag came back and wanted \$500,000.00 for the Parcel we bought and \$825,000.00 for the two smaller parcels.

See attached for the Appraisal District information on the two parcels.

My response was that I would run it past you and then put it on the agenda. As such, I put it on the agenda if you all want to discuss but otherwise, the only other thing on the agenda is possibly to amend the budget for 2024. See attached.

Sincerely,



B&O
BENCKENSTEIN & OXFORD, LLP
 — ATTORNEYS AT LAW —
www.benoxford.com



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Hubert Oxford, IV

Partner
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 (409) 351-0000 (C)

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From: Erich Heinold <erich@tagmgt.com>
Sent: Wednesday, February 12, 2025 1:30 PM
To: Hubert Oxford IV <hoxfordiv@benoxford.com>
Cc: Quint Burris <qburris@tagmgt.com>
Subject: TAG Real Estate Land in Winnie

Hubert,
Quint asked that I send you an email regarding the remaining land owned by the TAG Real Estate in Winnie. I believe y'all discussed the possibility of your client acquiring this property last year.

It's about 2.46 acres, more or less, with the large metal building. His price, if the hospital district is the purchaser, is \$575,000. Please let me know if your client has any interest.

Thanks,

--

Erich M. Heinold
Attorney at Law
115 Medical Dr., Ste. 200
Victoria, TX 77902
Phone: (361) 576-9454
Fax: (361) 576-2994

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Parcel ID 34542

Property Detail

Property ID 34542 For Year 2024 ▼

Print ▼

Notice Of Appraisal

TNT Link

File a Protest

Return to search

New Search

ACCOUNT



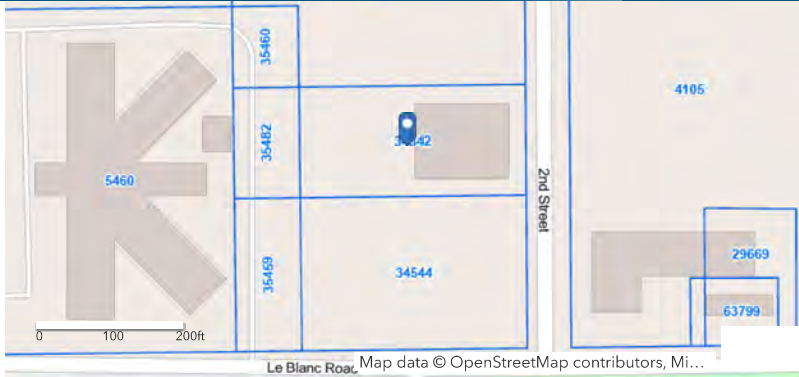
Parcel ID	34542
Legal Description	14-39-17 WINNIE SUBURBS
Additional Legal Information	
Additional Legal Information 2	
Additional Legal Information 3	
Geographic ID	66500-14039-01700-000001
Description	Real Estate
Agent	2814 - RAINBOLT & ALEXANDER
Category Code	F1 - REAL COMMERCIAL
Total Acres	1.1320

OWNER



Owner ID	R41250
Name	TAG REAL ESTATE LLC
Care of	
Mailing Address	PO BOX 7230 VICTORIA TX 77903
% Ownership	1.000000
Exemptions	

Show Map 



LOCATION



Location 2ND STREET WINNIE TX 77665

Map ID

VALUES

Values shown are 2024 Last Sequence



Improvement Hs	0
Improvement Nhs	302,450
New Improvement Hs	0
New Improvement Nhs	0
Land Hs	0
Land Nhs	16,980
Market Value	319,430
Land Market Value	0
Ag/Timber Value	0
Market Taxable	319,430
Homestead Cap Loss	0
Circuit Breaker Loss	230,610
Appraised Value	319,430

IMPROVEMENT BUILDING



Sequence	Type	Class	Condition	% Good	Year Built	Sqft	Total Value
1	WH-IND	LOW		0.740	1998	12000	300230
2	ASPHALT			1.000	0	2470	2220

LAND



Sequence	Type	Description	Acres	Sqft	Eff Front	Eff Depth	Market Value
1			1.1320	0.00	0.00	0.00	16980

TAXING JURISDICTIONS



Entity	Description	Tax Rate	Market Value	Taxable Value
01	CHAMBERS COUNTY	0.3564570	319,430	88,820
01	CHAMBERS COUNTY	0.3564570	319,430	88,820
01R	CHAMBERS COUNTY ROAD	0.0590000	319,430	88,820
01R	CHAMBERS COUNTY ROAD	0.0590000	319,430	88,820
01SE	Chambers Co School Fund	0.0245780	319,430	88,820
01SE	Chambers Co School Fund	0.0245780	319,430	88,820
33	EAST CHAMBERS ISD	1.1119000	319,430	88,820
33	EAST CHAMBERS ISD	1.1119000	319,430	88,820
62	TRINITY BAY CONV DIST	0.2961630	319,430	88,820
62	TRINITY BAY CONV DIST	0.2961630	319,430	88,820
70	CHAMBERS CO EMERGENCY DIST #1	0.0000000	319,430	88,820
70	CHAMBERS CO EMERGENCY DIST #1	0.0000000	319,430	88,820

ROLL VALUE HISTORY





Year	Improvements	Land Market	Ag/Timber Taxable	Productivity Value	Market Taxable	Hs Cap Loss	Appraised
2024	302,450	16,980	0	0	319,430	0	319,430
2023	60,440	13,580	0	0	74,020	0	74,020
2022	60,440	13,580	0	0	74,020	0	74,020
2021	60,440	8,830	0	0	69,270	0	69,270
2020	60,440	8,830	0	0	69,270	0	69,270

10-20-2005	L	LETTER	ARBORETUM GROUP INC	TAG REAL ESTATE LLC	815	438	8927-S
07-12-1999		PRITCHETT J P	419	286	4215-B
07-12-1999	L	LETTER	BURRIS MIKE	ARBORETUM GROUP INC	419	273	4213-B
10-02-1998	L	LETTER	FIRST ASSEMBLY OF GOD	BURRIS MIKE	384	504	6145-B
...		...	ARBORETUM NURSING & REHABILITA	BURRIS MIKE	0	0	...

DISCLAIMER : Information provided for research purposes only. Legal descriptions and acreage amounts are for appraisal district use only and should be verified prior to using for legal purpose and or documents. Please contact the Appraisal District to verify all information for accuracy.

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 info@chamberscad.org

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Parcel ID 34544

[Property Detail](#)

Property ID 34544 For Year 2024 ▼

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ACCOUNT



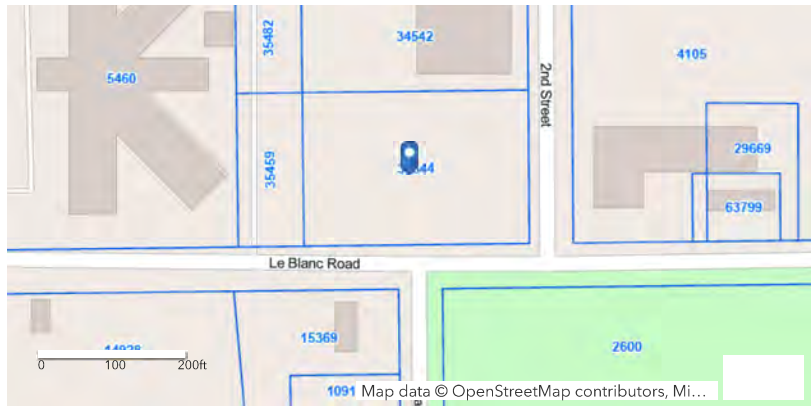
Parcel ID	34544
Legal Description	14-39-16 WINNIE SUBURBS
Additional Legal Information	VACANT.
Additional Legal Information 2	
Additional Legal Information 3	
Geographic ID	66500-14039-01600-000001
Description	Real Estate
Agent	
Category Code	F1 - REAL COMMERCIAL
Total Acres	1.3320

OWNER



Owner ID	R42996
Name	TAG REAL ESTATE LLC
Care of	
Mailing Address	P O BOX 7230 VICTORIA TX 77903 7230
% Ownership	1.000000
Exemptions	

Show Map 



LOCATION



Location LEBLANC WINNIE TX

Map ID

VALUES

Values shown are 2024 Last Sequence



Improvement Hs	0
Improvement Nhs	95,160
New Improvement Hs	0
New Improvement Nhs	0
Land Hs	0
Land Nhs	19,980
Market Value	115,140
Land Market Value	0
Ag/Timber Value	0
Market Taxable	115,140
Homestead Cap Loss	0
Circuit Breaker Loss	68,880
Appraised Value	115,140

IMPROVEMENT BUILDING



Sequence	Type	Class	Condition	% Good	Year Built	Sqft	Total Value
1	CONCRETE	1		0.600	0	2490	10460
2	CONCRETE	1		0.550	1995	22000	84700

LAND



Sequence	Type	Description	Acres	Sqft	Eff Front	Eff Depth	Market Value
1			1.3320	0.00	0.00	0.00	19980

TAXING JURISDICTIONS



Entity	Description	Tax Rate	Market Value	Taxable Value
01	CHAMBERS COUNTY	0.3564570	115,140	46,260
01R	CHAMBERS COUNTY ROAD	0.0590000	115,140	46,260
01SE	Chambers Co School Fund	0.0245780	115,140	46,260
33	EAST CHAMBERS ISD	1.1119000	115,140	46,260
62	TRINITY BAY CONV DIST	0.2961630	115,140	46,260
70	CHAMBERS CO EMERGENCY DIST #1	0.0000000	115,140	46,260

ROLL VALUE HISTORY



Year	Improvements	Land Market	Ag/Timber Taxable	Productivity Value	Market Taxable	Hs Cap Loss	Appraised
2024	95,160	19,980	0	0	115,140	0	115,140
2023	22,570	15,980	0	0	38,550	0	38,550
2022	22,570	15,980	0	0	38,550	0	38,550
2021	21,640	10,390	0	0	32,030	0	32,030
2020	21,640	10,390	0	0	32,030	0	32,030

DEED HISTORY



Deed Date	Deed Type	Description	Grantor	Grantee	Volume	Page	Number
08-21-2006		...	ARBORETUM GROUP INC	TAG REAL ESTATE LLC	891	723	17928
02-11-1998		ABORETUM GROUP INC	357	295	758-B

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