

# **EXHIBIT “A-1”**

**Winnie-Stowell Hospital District**  
**Balance Sheet**  
As of March 31, 2025

	Mar 31, 25
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	219,993.33
102 First Financial Bank	
102b FFB #4846 DACA	18,696,231.21
102c FFB #7190 Money Market	221,963.52
<b>Total 102 First Financial Bank</b>	<b>18,918,194.73</b>
105 TexStar	10,446,470.90
108 Nursing Home Banks Combined	4,623,727.74
<b>Total Checking/Savings</b>	<b>34,208,386.70</b>
<b>Other Current Assets</b>	
110 Sales Tax Receivable	157,171.65
114 Accounts Receivable NH	72,875,432.92
115 Hosp Uncomp Care Receivable	315,003.66
116 - A/R CHOW - LOC	684,697.27
117 NH - QIPP Prog Receivable	51,391,843.15
119 Prepaid IGT	24,538,071.92
<b>Total Other Current Assets</b>	<b>149,962,220.57</b>
<b>Total Current Assets</b>	<b>184,170,607.27</b>
<b>Fixed Assets</b>	2,065,752.65
<b>Other Assets</b>	
118.01 Prepaid NH Fees	12,806.48
<b>Total Other Assets</b>	<b>12,806.48</b>
<b>TOTAL ASSETS</b>	<b>186,249,166.40</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	4,510,075.04
201 NHP Accounts Payable	23,226,063.91
206 FFB Loan 25	14,645,000.00
206 FFB Loan 26	29,324,000.00
235 Payroll Liabilities	4,537.45
240 Accounts Payable NH Oper.	81,827,107.18
<b>Total Other Current Liabilities</b>	<b>153,536,783.58</b>
<b>Total Current Liabilities</b>	<b>153,536,783.58</b>
<b>Total Liabilities</b>	<b>153,536,783.58</b>
<b>Equity</b>	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	19,694,306.04
Net Income	1,226,880.65
<b>Total Equity</b>	<b>32,712,382.82</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>186,249,166.40</b>

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

04/22/25

Accrual Basis

January through March 2025

	Jan - Mar 25	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	259,587.26	850,000.00	-590,412.74	30.5%
405 Investment Income	177,335.75	750,000.00	-572,664.25	23.6%
407 Rental Income	17,700.00	42,000.00	-24,300.00	42.1%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	32,769,675.41	123,487,690.00	-90,718,014.59	26.5%
<b>Total Income</b>	<b>33,224,298.42</b>	<b>125,144,690.00</b>	<b>-91,920,391.58</b>	<b>26.5%</b>
<b>Gross Profit</b>	<b>33,224,298.42</b>	<b>125,144,690.00</b>	<b>-91,920,391.58</b>	<b>26.5%</b>
<b>Expense</b>				
<b>500 Admin</b>				
501 Admin-Administrative Salary	18,750.00	75,000.00	-56,250.00	25.0%
502 Admin-Administrative Assnt	2,902.01	46,860.00	-43,957.99	6.2%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	1,708.73	9,500.00	-7,791.27	18.0%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	8,144.39	81,000.00	-72,855.61	10.1%
507 Admin-Retirement	4,192.47	14,000.00	-9,807.53	29.9%
515 Admin-Bank Service Charges	536.32	2,000.00	-1,463.68	26.8%
521 Professional Fees - Accntng	2,513.00	12,000.00	-9,487.00	20.9%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	3,000.00	50,000.00	-47,000.00	6.0%
550 Admin-D&O / Liability Ins.	10,989.48	20,000.00	-9,010.52	54.9%
560 Admin-Cont Ed, Travel	2,049.89	6,500.00	-4,450.11	31.5%
562 Admin-Travel&Mileage Reimb.	550.10	2,500.00	-1,949.90	22.0%
569 Admin-Meals	891.78	3,500.00	-2,608.22	25.5%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	4,516.79	25,000.00	-20,483.21	18.1%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	669.41	5,000.00	-4,330.59	13.4%
575 Admin-Cell Phone Reimburse	525.00	1,800.00	-1,275.00	29.2%
576 Admin-Telephone/Internet	1,039.43	3,500.00	-2,460.57	29.7%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	692.50	3,000.00	-2,307.50	23.1%
592 Admin Office Rent	1,020.00	4,080.00	-3,060.00	25.0%
593 Admin-Utilities	863.19	4,000.00	-3,136.81	21.6%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	1,676.00	15,000.00	-13,324.00	11.2%
<b>Total 500 Admin</b>	<b>69,125.49</b>	<b>439,485.00</b>	<b>-370,359.51</b>	<b>15.7%</b>
<b>600 - IC Healthcare Expenses</b>				
<b>601 IC Provider Expenses</b>				
601.01a IC Pmt to Hosp-Indigent	120,313.93	435,700.00	-315,386.07	27.6%
601.01b IC Pmt to Coastal (Ind)	2,514.02	25,000.00	-22,485.98	10.1%
601.01c IC Pmt to Thompson	2,944.03	18,000.00	-15,055.97	16.4%
601.02 IC Pmt to UTMB	61,405.45	300,000.00	-238,594.55	20.5%
<b>601.03 IC Special Programs</b>				
601.03a Dental	5,418.00	30,000.00	-24,582.00	18.1%
601.03b IC Vision	170.00	2,750.00	-2,580.00	6.2%
601.04 IC-Non Hosp Cost-Other	4,134.68	35,000.00	-30,865.32	11.8%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
<b>Total 601.03 IC Special Programs</b>	<b>9,722.68</b>	<b>92,750.00</b>	<b>-83,027.32</b>	<b>10.5%</b>
<b>Total 601 IC Provider Expenses</b>	<b>196,900.11</b>	<b>871,450.00</b>	<b>-674,549.89</b>	<b>22.6%</b>
602 IC-WCH 1115 Waiver Prog	155,911.02	420,000.00	-264,088.98	37.1%
603 IC-Pharmaceutical Costs	13,095.45	80,000.00	-66,904.55	16.4%
605 IC-Office Supplies/Postage	9.68	2,000.00	-1,990.32	0.5%
610 IC-Community Health Prog.	27,973.23	111,893.00	-83,919.77	25.0%
611 IC-Indigent Care Dir Salary	15,000.00	60,000.00	-45,000.00	25.0%
612 IC-Payroll Taxes -Ind Care	1,198.50	4,500.00	-3,301.50	26.6%
615 IC-Software	6,069.00	25,000.00	-18,931.00	24.3%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
<b>617 Youth Programs</b>				
617.01 Youth Counseling	935.00	25,000.00	-24,065.00	3.7%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
<b>Total 617 Youth Programs</b>	<b>935.00</b>	<b>26,600.00</b>	<b>-25,665.00</b>	<b>3.5%</b>
<b>Total 600 - IC Healthcare Expenses</b>	<b>417,091.99</b>	<b>1,602,443.00</b>	<b>-1,185,351.01</b>	<b>26.0%</b>

**Winnie-Stowell Hospital District**  
**Profit & Loss Budget vs. Actual**  
 January through March 2025

	Jan - Mar 25	Budget	\$ Over Budget	% of Budget
<b>620 WSHD - Grants</b>				
620.01 WCH/RMC	85,603.00	115,000.00	-29,397.00	74.4%
620.03 WSVEMS	149,822.64	265,403.04	-115,580.40	56.5%
620.05 East Chambers ISD	73,954.26	278,165.04	-204,210.78	26.6%
620.06 FQHC(Coastal)	117,563.39	823,734.00	-706,170.61	14.3%
620.09 Admin-Cont Ed-Med Pers.	3,138.89	8,647.44	-5,508.55	36.3%
<b>Total 620 WSHD - Grants</b>	<b>430,082.18</b>	<b>1,490,949.52</b>	<b>-1,060,867.34</b>	<b>28.8%</b>
<b>630 NH Program</b>				
630 NH Program-Mgt Fees	13,471,105.40	44,776,079.56	-31,304,974.16	30.1%
631 NH Program-IGT	14,650,649.67	59,470,097.67	-44,819,448.00	24.6%
632 NH Program-Telehealth Fees	90,452.13	400,000.00	-309,547.87	22.6%
633 NH Program-Acctg Fees	22,617.00	100,000.00	-77,383.00	22.6%
634 NH Program-Legal Fees	59,711.25	350,000.00	-290,288.75	17.1%
635 NH Program-LTC Fees	1,264,500.00	5,118,000.00	-3,853,500.00	24.7%
637 NH Program-Interest Expense	943,568.87	4,895,659.55	-3,952,090.68	19.3%
638 NH Program-Loan/Bank Fees	513.76	655,734.76	-655,221.00	0.1%
639 NH Program-Appraisal	4,129.50	96,000.00	-91,870.50	4.3%
641 NH Program-NH Manager	6,260.00	20,400.00	-14,140.00	30.7%
<b>Total 630 NH Program</b>	<b>30,513,507.58</b>	<b>115,881,971.54</b>	<b>-85,368,463.96</b>	<b>26.3%</b>
<b>674 Prop Acquisition/Development</b>	<b>552,007.92</b>	<b>4,500,000.00</b>	<b>-3,947,992.08</b>	<b>12.3%</b>
<b>675 HWY 124 Expenses</b>				
675.01 Tony's BBQ Bldg Expenses	15,602.61	25,000.00	-9,397.39	62.4%
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%
<b>Total 675 HWY 124 Expenses</b>	<b>15,602.61</b>	<b>52,500.00</b>	<b>-36,897.39</b>	<b>29.7%</b>
<b>Total Expense</b>	<b>31,997,417.77</b>	<b>123,967,349.06</b>	<b>-91,969,931.29</b>	<b>25.8%</b>
<b>Net Ordinary Income</b>	<b>1,226,880.65</b>	<b>1,177,340.94</b>	<b>49,539.71</b>	<b>104.2%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	89,362,887.51			
<b>Total Other Income</b>	<b>89,362,887.51</b>			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	89,362,887.51			
<b>Total Other Expense</b>	<b>89,362,887.51</b>			
<b>Net Other Income</b>	<b>0.00</b>			
<b>Net Income</b>	<b>1,226,880.65</b>	<b>1,177,340.94</b>	<b>49,539.71</b>	<b>104.2%</b>

# **EXHIBIT “A-2”**

**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, April 23, 2025</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
\$25 Optical	SP Program		\$50.00	Prosperity Operating (Unrestricted)	\$246,576.43
Bayside Dental	SP Program		\$880.00	First Financial DACA (Unrestricted)	\$13,916,854.11
Brookshire Brothers	Indigent Care		\$2,090.07	First Financial DACA (Restricted)	\$2,870,170.47
CABA Therapy Services dba Physio	SP Program		\$662.35	First Financial Money Market	\$221,971.75
Coastal Gateway Health Center	Indigent Care		\$860.46	TexStar (Restricted)	\$10,446,470.90
Dr. June Stansky, Optometrist	SP Program		\$240.00	FFB CD Balance	\$0.00
Indigent Healthcare Solutions, LTD	Invoice # 79676		\$2,023.00	Total District Funds	<b>\$27,702,043.66</b>
Kalos Counseling	Youth Counseling		\$255.00	Less First Financial (Restricted)	(\$2,870,170.47)
Thompson Outpatient Clinic, LLC	Indigent Care		\$685.15	Less TexStar Restricted Amount	(\$500,000.00)
UTMB at Galveston	Indigent Care		\$68,181.93	Less LOC Outstanding	\$0.00
UTMB Faculty Group Practice	Indigent Care		\$4,927.22	Less First Financial Money Market	\$0.00
Wilcox Pharmacy	Indigent Care		\$1,389.00	Less Committed Funds (See Total Commitment)	(\$940,626.69)
Winnie-Stowell Volunteer EMS	Indigent Care		\$246.12	Cash Position (Less First Financial Restricted)	<b>\$23,391,246.50</b>
Benckenstein & Oxford	Invoice No. 51287		\$15,860.00	Pending Expenses	(\$235,893.27)
Benckenstein & Oxford	Diversicare		\$7,551.39	Ending Balance (Cash Position-Pending Expenses)	\$23,155,353.23
Bill Clark Pest Control	Service Report #1101466		\$80.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	<b>\$24,189,037.56</b>
3Branch & More	INVOICE # 45750		\$9,324.41	<b>Prior Month</b>	
Felipe Ojeda	Invoice# 1061		\$350.00	Prosperity Operating (Unrestricted)	\$328,351.43
Graciela Chavez	Invoice 965969		\$140.00	First Financial (Unrestricted)	\$1,400,381.20
Technology Solutions of Texas, LLC	Invoice 1943		\$159.07	First Financial (Restricted)	\$2,120,248.45
Whitley Technical Services LLC	Invoice 225547		\$600.00	First Financial Money Market (Restricted)	\$221,317.65
J. S. Edwards and Sherlock Ins.	Invoice 131342		\$11,500.00	TexStar (Restricted)	\$10,408,120.01
Coastal Gateway Health Center	Grant Pmt- April		\$68,644.50	FFB CD Balance	\$0.00
Hubert Oxford	Retainer		\$1,000.00	Total District Funds	<b>\$14,478,418.74</b>
Winnie-Stowell Volunteer EMS	Grant Pmt- Qtr1		\$38,193.60	Less First Financial (Restricted)	(\$2,120,248.45)
	<b>Total Expenses:</b>		<b>\$235,893.27</b>	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)	(\$1,066,678.14)
				Cash Position (Less First Financial Restricted)	<b>\$10,791,492.15</b>
				Pending Expenses	(\$85,418.90)
				Ending Balance (Cash Position-Pending Expenses)	<b>\$10,706,073.25</b>
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	<b>\$27,689,218.76</b>

\*Note - In prior month, it was assumed WSHD would receive enough Comp 1 funds to cover 1/2 of loan paymnt. After reconciliation of distribution files for YR8Q1 it was determined Comp 1 funds were \$82.5M short causing a decrease in available funds. We also received the YR7 Iterium scorecard where we have to pay funds back to the MCOs, this was not accounted for in the previous month either. Only the income from the Recon/Adj was shown not the payback, this also casued the available funds to decrease. We have now received and distributed all funds having to do with the YR7 recon/adj/iterium.

**First Financial Bank Reconciliations**

<b>FFB Balance</b>	<b>\$16,787,024.58</b>				
	<b>Restricted Funds</b>	<b>Total Scheduled Payment</b>	<b>Balance Received</b>	<b>Balance Due</b>	<b>Due to District</b>
<b>Gross YR 8 Q1 Comp 1</b>					
QIPP YR 8 Q1 Comp 1	\$0.00	\$12,377,409.77	\$12,377,409.77	\$0.00	
<b>Total QIPP YR 8 Comp 1</b>	<b>\$0.00</b>	<b>\$12,377,409.77</b>	<b>\$12,377,409.77</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Yr. 8, Component 2-4 (Public & Private)**

Yr. 8, Component 2-4 Q1	\$2,870,170.47	\$10,692,451.24	\$10,692,451.24	\$0.00	\$0.00
<b>Total Component 2-4 due to MGRs.</b>	<b>\$2,870,170.47</b>	<b>\$10,692,451.24</b>	<b>\$10,692,451.24</b>	<b>\$0.00</b>	<b>\$0.00</b>

**IGT Reconciliation**

QIPP YR 7 Interim	\$0.00	(\$2,975,639.59)	(\$2,975,639.59)	\$0.00	\$0.00
<b>Total Payment</b>	<b>\$0.00</b>	<b>(\$2,975,639.59)</b>	<b>(\$2,975,639.59)</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Non-QIPP Funds**

	\$26,981.00
<b>Restricted</b>	<b>\$2,870,170.47</b>
<b>Unrestricted</b>	<b>\$13,916,854.11</b>
<b>Total Funds</b>	<b>\$16,787,024.58</b>

**Committed Funds**

Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2024	\$706,170.61	\$102,560.44	\$603,610.17
2. Coastal Marketing Grant	\$276,040.00	\$263,227.66	\$12,812.34
3. East Chambers ISD	\$278,165.04	\$69,541.26	\$208,623.78
4. WSVEMS Grant	\$265,403.04	\$149,822.64	\$115,580.40
<b>Total Commitments</b>	<b>\$1,525,778.69</b>	<b>\$585,152.00</b>	<b>\$940,626.69</b>

**Hospital - DY 8 Repayment**

	Amount Advanced by District	IC Repayment	Balance Owed by RMC
January 31, 2025	\$0.00	\$33,594.56	\$400,675.66
February 28, 2025	\$0.00	\$41,471.50	\$359,204.16
March 31, 2025	\$0.00	\$44,205.50	\$314,998.66
	<b>\$1,626,424.00</b>	<b>\$1,311,425.34</b>	<b>\$314,998.66</b>

CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
<b>Pillarstone (10 Months-March 31, 2025)</b>					
Pillarstone - Mont Belvieu	\$1,000,000.00	\$361,998.82	\$638,001.18	\$318,318.60	\$43,680.22
Balance Owed by Pillarstone	<b>\$1,000,000.00</b>	<b>\$361,998.82</b>	<b>\$638,001.18</b>	<b>\$318,318.60</b>	<b>\$43,680.22</b>
<b>Golden Triangle (10 Months - November 20, 2025)</b>					
RS Golden Triangle - Oak Grove	\$1,000,000.00	\$675,005.45	\$324,994.55	\$0.00	\$675,005.45
Balance Owed by Trident	<b>\$1,000,000.00</b>	<b>\$675,005.45</b>	<b>\$324,994.55</b>	<b>\$0.00</b>	<b>\$675,005.45</b>
<b>Total CHOW Loan Outstanding</b>	<b>\$2,000,000.00</b>	<b>\$1,037,004.27</b>	<b>\$962,995.73</b>	<b>\$318,318.60</b>	<b>\$718,685.67</b>
<b>First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 25 (Acet #57635) (May 31, 2024 - May 25, 2025)</b>					
1st Half of Year 8					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$302,900.00
Years:	1	Amount:	\$29,290,000.00		
<b>Amortization Table</b>	<b>Component Payment</b>	<b>Principle</b>	<b>Interest</b>	<b>Payment</b>	<b>Balance</b>
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	(\$79,733.89)	(\$79,733.89)	\$14,645,000.00
11-April 25, 2025	\$0.00	\$0.00	(\$79,733.89)	(\$79,733.89)	\$14,645,000.00
12-May 25, 2025 (YR8 Q2)	\$14,645,000.00	(\$14,645,000.00)	(\$79,733.89)	(\$14,724,733.89)	\$0.00
<b>Amount Paid</b>	<b>\$29,290,000.00</b>	<b>(\$29,290,000.00)</b>	<b>(\$1,895,917.29)</b>	<b>(\$31,185,917.29)</b>	
<b>First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 26 (Acet #57635) (December 12, 2024 - November 30, 2025)</b>					
2nd Half of Year 8					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$302,900.00
Years:	1	Amount:	\$29,290,000.00		
<b>Amortization Table</b>	<b>Component Payment</b>	<b>Principle</b>	<b>Interest</b>	<b>Payment</b>	<b>Balance</b>
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			(\$159,652.89)	(\$159,652.89)	\$29,290,000.00
5-April 25, 2025			(\$176,758.55)	(\$176,758.55)	\$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
<b>Amount Paid</b>	<b>\$29,290,000.00</b>	<b>(\$29,290,000.00)</b>	<b>(\$1,740,632.57)</b>	<b>(\$31,030,632.57)</b>	
<b>District's Investments</b>					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$221,971.75	4.00%	March 2025	\$645.87	\$65,539.77
Texstar C.D. #1110	\$10,446,470.90	4.32	March 2025	\$38,350.89	\$111,582.30
TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSHD					
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**  
**March 19, 2025 to April 23, 2025**

Type	Date	Num	Name	Memo	Clr	Amount	Balance
<b>100 Prosperity Bank -Checking</b>							247,333.63
Check	03/20/2025	995245	ECISD	Check, Draft, Withdrawal, Processed	X	(23,180.42)	224,153.21
Check	03/21/2025			ACH, Withdrawal, Processed	X	(3,627.40)	220,525.81
Deposit	03/24/2025			Deposit, Processed	X	5,300.00	225,825.81
Check	03/24/2025		Entergy	ACH, Withdrawal, Processed	X	(195.10)	225,630.71
Check	03/25/2025	4550	Vidal Accounting, PLLC	Inv# 00085		(6,580.00)	219,050.71
Deposit	03/26/2025		Tony's BBQ	Deposit, Processed	X	3,500.00	222,550.71
Liability C...	03/28/2025		QuickBooks Payroll Service	Created by Payroll Service on 03/25/2025	X	(4,407.08)	218,143.63
Paycheck	03/31/2025	DD1414	Carlo, Victoria M	Direct Deposit	X		218,143.63
Paycheck	03/31/2025	DD1415	Davis, Tina R	Direct Deposit	X		218,143.63
Deposit	03/31/2025			Deposit, Processed	X	1,800.00	219,943.63
Deposit	03/31/2025			Deposit, Processed	X	49.70	219,993.33
Liability C...	04/14/2025		QuickBooks Payroll Service	Adjusted for voided paycheck(s)		(4,363.69)	215,629.64
Liability C...	04/14/2025		QuickBooks Payroll Service	Created by Payroll Service on 04/11/2025		(1,108.59)	214,521.05
Paycheck	04/15/2025	DD1416	Carlo, Victoria M	Direct Deposit	X		214,521.05
Paycheck	04/15/2025	DD1417	Davis, Tina R	Direct Deposit	X		214,521.05
Paycheck	04/15/2025	DD1418	Barron, Kiela M	VOID: Direct Deposit Payroll Service funds recovered	X		214,521.05
Paycheck	04/15/2025	DD1419	Barron, Kiela M	Direct Deposit	X		214,521.05
Check	04/15/2025	4550	Austin Flynn	Mover for Storage of Files		(200.00)	214,321.05
Check	04/23/2025	4552	Benckenstein & Oxford	Invoice No. 51287.		(15,860.00)	198,461.05
Check	04/23/2025	4553	Benckenstein & Oxford	Diversicare Pmt		(7,551.39)	190,909.66
Check	04/23/2025	4554	\$25 Optical	Batch Dates 03/01/25-03/31/25		(50.00)	190,859.66
Check	04/23/2025	4555	Bayside Dental	Batch Dates 03/01/25-03/31/25		(880.00)	189,979.66
Check	04/23/2025	4556	Brookshire Brothers	Batch Dates 03/01/25-03/31/25		(2,090.07)	187,889.59
Check	04/23/2025	4557	CABA Therapy Services dba Ph...	Batch Dates 03/01/25-03/31/25		(662.35)	187,227.24
Check	04/23/2025	4558	Coastal Gateway Health Center	Batch Dates 03/01/25-03/31/25		(860.46)	186,366.78
Check	04/23/2025	4559	Dr. June Stansky, Optometrist	Batch Dates 03/01/25-03/31/25		(240.00)	186,126.78
Check	04/23/2025	4560	Indigent Healthcare Solutions, ...	Batch Dates 03/01/25-03/31/25		(2,023.00)	184,103.78
Check	04/23/2025	4561	Kalos Counseling	Batch Dates 03/01/25-03/31/25		(255.00)	183,848.78
Check	04/23/2025	4562	Thompson Outpatient Clinic, LLC	Batch Dates 03/01/25-03/31/25		(685.15)	183,163.63
Check	04/23/2025	4563	UTMB at Galveston	Batch Dates 03/01/25-03/31/25		(68,181.93)	114,981.70
Check	04/23/2025	4564	UTMB Faculty Group Practice	Batch Dates 03/01/25-03/31/25		(4,927.22)	110,054.48
Check	04/23/2025	4565	Wilcox Pharmacy	Batch Dates 03/01/25-03/31/25		(1,389.00)	108,665.48
Check	04/23/2025	4566	Winnie-Stowell Volunteer EMS	Batch Dates 03/01/25-03/31/25		(246.12)	108,419.36
Check	04/23/2025	4567	Bill Clark Pest Control	Service Report # 1101466		(80.00)	108,339.36
Check	04/23/2025	4568	3Branch & More	INVOICE # 45750		(9,324.41)	99,014.95
Check	04/23/2025	4569	Felipe Ojeda	Invoice#1061		(350.00)	98,664.95
Check	04/23/2025	4570	Graciela Chavez	Invoice 965984		(140.00)	98,524.95
Check	04/23/2025	4571	Technology Solutions of Texas, ...	Invoice 1943		(159.07)	98,365.88
Check	04/23/2025	4572	Whiteley Technical Services LLC	Invoice No: 225547		(600.00)	97,765.88
Check	04/23/2025	4573	J. S. Edwards and Sherlock Ins.	Invoice 131342		(11,500.00)	86,265.88
Check	04/23/2025	4574	Coastal Gateway Health Center	Grant Pmt- April		(68,644.50)	17,621.38
Check	04/23/2025	4575	Hubert Oxford	Retainer		(1,000.00)	16,621.38
Check	04/23/2025	4576	Winnie-Stowell Volunteer EMS	Grant- EMS Qtr 1 Pmt		(38,193.60)	(21,572.22)
<b>Total 100 Prosperity Bank -Checking</b>						<b>(268,905.85)</b>	<b>(21,572.22)</b>
<b>102 First Financial Bank</b>							3,750,803.68
<b>102b FFB #4846 DACA</b>							3,557,529.65
Check	03/21/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	158,240.64	3,715,770.29
Check	03/25/2025			Transfer from XXX4846 to XXX2026: Conf #:25351635	X	(79,733.89)	3,636,036.40
Check	03/25/2025			Transfer from XXX4846 to XXX1984: Conf #:25351732	X	(159,652.89)	3,476,383.51
Check	03/26/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	6,329,326.73	9,805,710.24
Check	03/26/2025			ACH Paymen WINNIEMONEYMRKT PPD **WINNIEMONEYMRKT	X	(143,154.00)	9,662,556.24
Check	03/27/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	219,221.93	9,881,778.17
Check	03/31/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...		11,163,330.07	21,045,108.24
Check	03/31/2025			QIPP Y7 Winnie-Stowell HCCD 1611500560		(13,611.85)	21,031,496.39
Check	03/31/2025			Y7 QIPP Winnie-Stowell HCCD 1611500560		(59,874.85)	20,971,621.54
Check	03/31/2025			Y7 QIPP Winnie-Stowell HCCD 1611500560		(106,867.00)	20,864,754.54
Check	03/31/2025			QIPP Y7 Winnie-Stowell HCCD 1611500560		(164,489.39)	20,700,265.15
Check	03/31/2025			QIPP Y7 Winnie-Stowell HCCD 1611500560		(552,170.33)	20,148,094.82
Check	03/31/2025			QIPP Y7 WINNIEMONEYMRKT CCD B611500560		(1,451,863.61)	18,696,231.21
<b>Total 102b FFB #4846 DACA</b>						<b>15,138,701.56</b>	<b>18,696,231.21</b>
<b>102c FFB #7190 Money Market</b>							193,274.03
Deposit	03/31/2025			Interest	X	28,689.49	221,963.52
<b>Total 102c FFB #7190 Money Market</b>						<b>28,689.49</b>	<b>221,963.52</b>
<b>Total 102 First Financial Bank</b>						<b>15,167,391.05</b>	<b>18,918,194.73</b>
<b>TOTAL</b>						<b>14,898,485.20</b>	<b>18,896,622.51</b>

# **EXHIBIT “B”**



April 23, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In March, the Indigent Care Program experienced an increase of one (1) client.

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

All budgetary items remain within established limits.

UTMB submitted hospital billing for January and February 2025. We are still awaiting the March 2025 billing.

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:

Table with 5 columns: 2025 Indigent Care Statistics, Jan, Feb, Mar, YTD Monthly Average. Rows include Indigent Care Clients, Youth Counseling, and Irlen Services.

3. Renewals & Approvals:

Table with 7 columns: March Client Activity, Total, Approved, Denied, No Show, Withdrew, Pending. Rows include Renewals, Late Renewals/Previous Client, and New Applicants.

Services Usage

Youth Counseling:

- Three (3) clients used their benefit in March.

Dental:

- Seven (7) clients used their benefit in March.

Vision Services:

- Four (4) clients used their benefit in March.



**4. Indigent Care Vendor Payment Trends:**

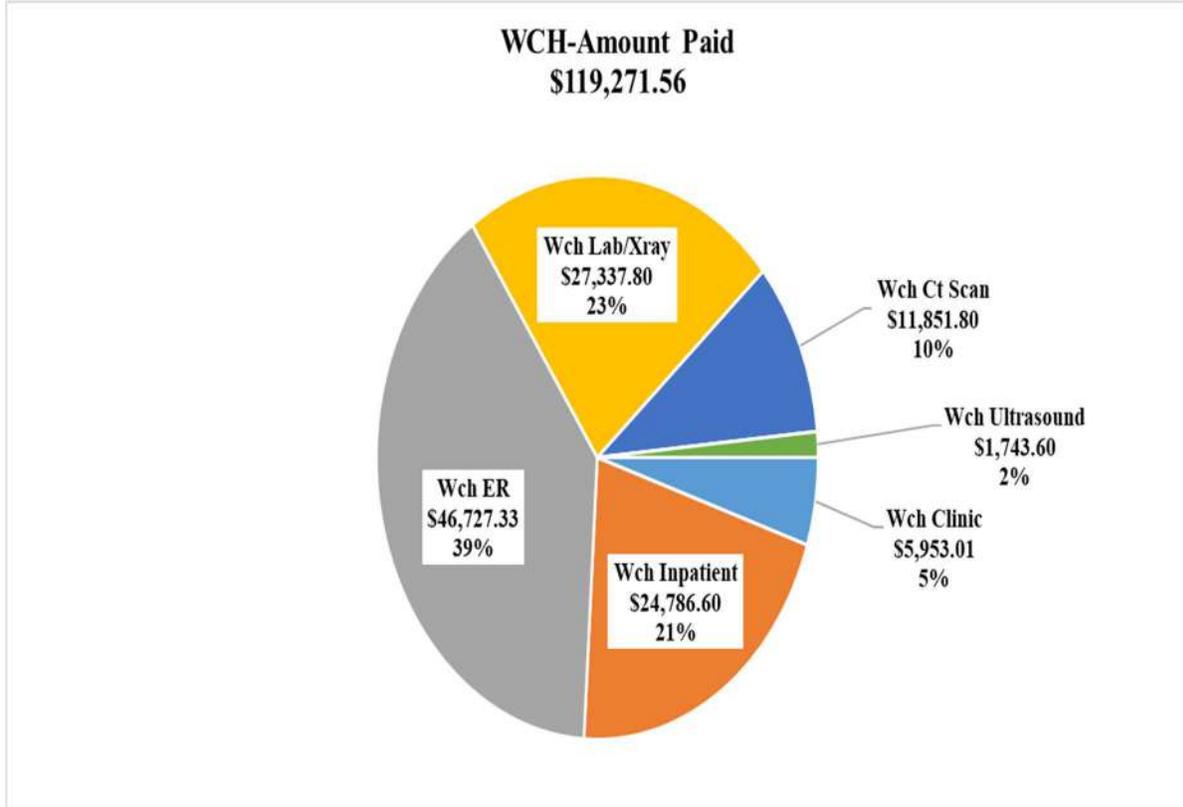
Service Provider	Jan	Feb	Mar	YTD Monthly Average
Local Clinics	\$ 2,735.58	\$ 2,799.86	\$ 2,207.96	\$ 2,581.13
UTMB (Includes Charity Care)	\$ -	\$ 3,878.51	\$ 73,109.15	\$ 25,662.55
Riceland Medical Center	\$ 33,594.56	\$ 41,471.50	\$ 44,205.50	\$ 39,757.19
Pharmacy Costs	\$ 3,748.04	\$ 5,303.27	\$ 3,479.07	\$ 4,176.79
Indigent Special Services (Dental & Vision)	\$ 1,133.00	\$ 220.00	\$ 1,170.00	\$ 841.00
Medical Supplies (C-PAP)	\$ 850.00	\$ -	\$ -	\$ 283.33
Non Contract ER Services (Includes WSEMS)	\$ -	\$ -	\$ 246.12	\$ 82.04
<b>Other Services</b>				
Irlen Services	\$ -	\$ -	\$ -	\$ -
Youth Counseling	\$ 255.00	\$ 425.00	\$ 255.00	\$ 311.67
<b>Total</b>	<b>\$ 42,316.18</b>	<b>\$ 54,098.14</b>	<b>\$ 124,672.80</b>	<b>\$ 73,695.71</b>

**5. YTD Budget Expenditures:**

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$12,530.38	16%
WCH	\$435,700.00	\$119,271.56	27%
UTMB	\$300,000.00	\$76,987.66	26%
Youth Counseling	\$25,000.00	\$935.00	4%
Irlen	\$1,600.00	\$0.00	0%
Dental	\$28,000.00	\$2,123.00	8%
Vision	\$2,750.00	\$400.00	15%
CGHC Clinic	\$25,000.00	\$2,581.44	10%
Thompson Clinic	\$18,000.00	\$2,750.73	15%
Other Non-Contract/Unspecified Services	\$35,000.00	\$3,507.35	10%
<b>Charity Care</b>	<b>\$25,000.00</b>	<b>\$0.00</b>	<b>0%</b>
Adjustments & Credits			
<b>TOTALS</b>	<b>\$976,050.00</b>	<b>\$221,087.12</b>	<b>23%</b>



**6. Riceland Medical Center 2025 Expenditure Breakdown:**



# **EXHIBIT “C”**



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

<b>VEHICLE #1 EAST SIDE VAN #1</b>	
TOTAL MILES DRIVEN	3300
TOTAL HOURS DRIVEN	165.83
TOTAL EXPENSES FOR MONTH	\$854.36
FUEL COST	\$640.43
REPAIRS & MAINTENANCE COST <u>tow to strattons</u>	\$160.00
MISC EXPENSES <u>oil change, labor</u>	\$53.93
TOTAL RIDERS	26
TOTAL WSHD RIDERS	1
TOTAL TRIPS	69
TOTAL TRIPS FOR WSHD RIDERS	1
<b>VEHICLE #2 EAST SIDE VAN #2</b>	
TOTAL MILES DRIVEN	2492
TOTAL HOURS DRIVEN	140.83
TOTAL EXPENSES FOR MONTH	\$525.30
FUEL COST	\$525.30
REPAIRS & MAINTENANCE COST _____	\$0.00
MISC EXPENSES _____	\$0.00
TOTAL RIDERS	21
TOTAL WSHD RIDERS	1
TOTAL TRIPS	38
TOTAL TRIPS FOR WSHD RIDERS	1
<b>VEHICLE #3 RAV 4</b>	
TOTAL MILES DRIVEN	4068
TOTAL HOURS DRIVEN	165.00
TOTAL EXPENSES FOR MONTH	\$490.77
FUEL COST	\$466.77
REPAIRS & MAINTENANCE COST _____	
MISC EXPENSES <u>parking fee, parking fee</u>	\$24.00
TOTAL RIDERS	21
TOTAL WSHD RIDERS	1
TOTAL TRIPS	50
TOTAL TRIPS FOR WSHD RIDERS	1
<b>VEHICLE #4 VAN #3</b>	
TOTAL MILES DRIVEN	2799
TOTAL HOURS DRIVEN	133.08
TOTAL EXPENSES FOR MONTH	\$483.94
FUEL COST	\$483.94
REPAIRS & MAINTENANCE COST <u>oil change, labor</u>	\$0.00
MISC EXPENSES _____	
TOTAL RIDERS	28
TOTAL WSHD RIDERS	2
TOTAL TRIPS	40
TOTAL TRIPS FOR WSHD RIDERS	2
<b>GRAND TOTALS</b>	
MILES DRIVEN	12659
RIDERS	96
WSHD RIDERS	5
TRIPS	197
WSHD TRIPS	5
EXPENSES	\$2,354.37



Winnie-Stowell Volunteer EMS  
Winnie-Stowell Hospital District Report

Year to Date Details for 2025	Previous Year (2024) End	Jan-25	Feb-25	Mar-25	YTD DATE
<b>CALL SUMMARY</b>					
CALLS/TRANSPORTS REQUESTED	127	14	9	8	31
CALLS/TRANSPORTS MADE					
INSURED	89	10	7	7	24
SELF-PAY	18	0	0	0	0
TOTAL CALLS MADE	107	10	7	7	24
CALLS/TRANSPORTS DELAYED	3	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	7
PERCENTAGE OF CALLS MADE	84.3%	71.4%	77.8%	87.5%	77.4%
<b>INVOICED/BILLED</b>					
Insurance Billed for Services this Month	\$147,494.03	\$23,381.00	\$14,478.00	\$11,666.00	\$49,525.00
Self-Pay Billed for Services this Month	\$13,988.13	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$161,482.16</b>	<b>\$23,381.00</b>	<b>\$14,478.00</b>	<b>\$11,666.00</b>	<b>\$49,525.00</b>
<b>PAYMENTS RECEIVED</b>					
Insurance Payments Rcvd for Services this Month	\$51,450.90	\$687.96	\$0.00	\$0.00	\$687.96
Self-Pay Billed Rcvd for Services this Month	\$7,397.07	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$58,847.97</b>	<b>\$687.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$687.96</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>					
Owed by Insurance for Services this Month	\$58,101.16	\$19,430.75	\$14,478.00	\$11,666.00	\$45,574.75
Owed by Self-Pay for Services this Month	\$6,591.06	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$64,692.22</b>	<b>\$19,430.75</b>	<b>\$14,478.00</b>	<b>\$11,666.00</b>	<b>\$45,574.75</b>
<b>STAFFING EXPENSES</b>					
	\$151,378.66	\$12,931.21	\$11,687.66	\$12,896.43	\$37,515.30

## 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#
3/3/2025	Riceland ER	UTMB Galveston	M			25-06526
3/3/2025	Riceland ER	UTMB Galveston (Turned down, other truck still on prior transfer)			R	
3/3/2025	Riceland ER	The Medical Center of Port Arthur	M			25-06995
3/13/2025	Riceland ER	HCA Kingwood	M			25-07635
3/16/2025	Riceland ER	HCA Passadena	M			25-08082
3/28/2025	Riceland ER	Methodist TMC	M			25-09420
3/30/2025	Riceland ER	UTMB Galveston	M			25-09541
3/31/2025	Riceland ER	St. Elizabeth Beaumont	M			
<b>TOTAL CALLS &amp; RESULTS</b>			<b>7</b>	<b>0</b>	<b>1</b>	

### Mar-25

#### MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
3/1/2025	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
3/2/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/3/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/4/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/5/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/6/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/7/2025	Richard Land	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/8/2025	Mark Matak	7am - 7am	\$17.39	23	\$400.02	23	0.0	0	\$400.02	\$0.00	\$19.00	\$437.00	(\$36.98)
3/9/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/10/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/11/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/12/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/13/2025	Chris Reviere	7am - 6am	\$17.39	23	\$400.02	23	0.0	0	\$400.02	\$0.00	\$24.00	\$552.00	(\$151.98)
3/14/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	23.5	(0.5)	0	\$408.72	(\$8.70)	\$21.00	\$493.50	(\$84.78)
3/15/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/16/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/17/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/18/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/19/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
3/20/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/21/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/22/2025	Boyd Abshire	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
3/23/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/24/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
3/25/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/26/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
3/27/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/28/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
3/29/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
3/30/2025	Chris Reviere	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
3/31/2025	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>			<b>GRANT ALLOWED SALARY (SPR HR)</b>	<b>MAXIMUM HOURS</b>	<b>MAXIMUM PAY</b>	<b>HOURS WORKED</b>	<b>Not Staffed SURPLUS or (DEFICIT)</b>	<b>OVER-TIME HOURS</b>	<b>GRANT FUNDED PAYROLL AMOUNT</b>	<b>Maximum v. Actual SURPLUS or (DEFICIT)</b>	<b>ACTUAL SALARY (SPR HR)</b>	<b>ACTUAL PAYROLL AMOUNT</b>	<b>GRANT vs ACTUAL SURPLUS or (DEFICIT)</b>
			<b>\$17.39</b>	<b>742.00</b>	<b>\$12,905.12</b>	<b>741.50</b>	<b>(0.5)</b>	<b>0</b>	<b>\$12,896.43</b>	<b>(\$8.696)</b>	<b>\$20.00</b>	<b>\$14,826.50</b>	<b>(\$1,930.07)</b>



# Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	YTD
<b>CLIENTS SERVED</b>					
ICAP	10	15	25	18	58
Non-ICAP	21	23	19	31	73
<b>Total Clients Served</b>	<b>31</b>	<b>38</b>	<b>44</b>	<b>49</b>	<b>131</b>
<b>BENEFIT APPLICATION TYPE</b>					
Indigent Care Assistance Program (ICAP)	3	7	3	5	15
Prescription Assistance Program (PAP)	2	0	22	6	28
Medicaid	17	10	3	12	25
Medicare	1	2	0	2	4
Medicare Savings Plan	2	3	0	3	6
Food Stamps (SNAP)	43	17	22	28	67
Supplemental Security Income (SSI)	8	6	3	1	10
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12
Unemployment/Texas Workforce	3	1	0	2	3
Housing	2	0	2	4	6
Utilities	2	0	0	1	1
Legal Aid	0	1	0	0	1
OTHER	2	3	2	1	6
<b>Total Applications Facilitated</b>	<b>94</b>	<b>56</b>	<b>62</b>	<b>66</b>	<b>184</b>
<b>EXPENSES</b>					
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$19,050.00
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$1,387.66
<b>Total</b>	<b>\$26,655.95</b>	<b>\$7,116.00</b>	<b>\$7,053.03</b>	<b>\$6,268.63</b>	<b>\$20,437.66</b>
<b>BUDGET REMAINING</b>	<b>\$85,237.05</b>	<b>\$104,777.00</b>	<b>\$97,723.97</b>	<b>\$91,455.34</b>	<b>\$91,455.34</b>



**East Chambers Independent School District**  
Home of the Buccaneers

Year to Date Details	2024-2025	1st Qtr Totals 2024-Nov 2024	Sept 2024	2nd Qtr Totals Dec 2024-Feb 2025	3rd Qtr Totals 2025-Mar 2025	Mar 2025	4th Qtr Totals 2025-Jun 2025	June 2025	YTD DATE
<b>ACCIDENT INSURANCE</b>									
<i>Number of Students Insured</i>		1558		1562					
<i>Number of Claims Filed</i>		17		12					29
<b>CONTRACTED SERVICES (THERAPY)</b>									
<i>Number of Students Using:</i>		410		370	0		0		780
<i>Counseling</i>		183		152					335
<i>Occupational Therapy</i>		106		95					201
<i>Speech Therapy-provided by district speech pathologist</i>		97		98					195
<i>Physical Therapy</i>		24		25					49
<b>SCREENINGS</b>									
<i>Number of Students Screened:</i>		964		209	0		0		1173
<i>Vision</i>		488		25	0		0		513
<i>Hearing</i>		476		25	0		0		501
<i>Scoliosis</i>		0		159	0		0		159
<b>NURSE SALARY &amp; BENEFITS, SUPPLIES, IMMUNIZATIONS, &amp; MISC SERVICES</b>									
<i>Number of Nurses:</i>		3		3					
<i>Number of Students:</i>		1558		1562					3120
<i>Given First Aid</i>		645		691					1336
<i>Medication Administered</i>		1456		1284					2740
<i>Injuries</i>		14		9					23
<b>2024-2025 Budget</b>									
<b>Category</b>		<b>Actual (YTD)</b>		<b>Budget</b>	<b>Budget Amend.</b>		<b>Difference</b>		<b>Balance</b>
Insurance		\$ -		\$52,000.00	\$0.00		\$0.00		\$52,000.00
Therapy and Related Contracted Services (Partial)		\$ 500.00		\$2,100.00	\$0.00		\$0.00		\$1,600.00
3 Nurse Salaries/Benefits (Partial)		\$ 105,524.00		\$204,065.00	\$0.00		\$0.00		\$98,541.00
Nurse Supplies/Expenses (Partial)		\$ 10,885.78		\$20,000.00	\$0.00		\$0.00		\$9,114.22
Immunizations		\$ 90.00		\$0.00	\$0.00		\$0.00		(\$90.00)
<b>Total</b>		<b>\$116,999.78</b>		<b>\$278,165.00</b>	<b>\$0.00</b>		<b>\$0.00</b>		<b>\$161,165.22</b>

# **EXHIBIT “D”**



## Report to Winnie-Stowell Hospital District

April 16, 2025

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

- HRSA LAL Status Update. As of this writing we are still pending a response on our HRSA Look Alike (LAL) status. I reached out to our HRSA Representative (Yas Sandridge) on April 10<sup>th</sup> to inquire on the status, the response was she would have more of an update in two (2) weeks and that HRSA (Bureau of Primary Health Care) was undergoing changes.
- The health center was asked by the United Way of Greater Baytown and Chambers County to participant in their upcoming video/filming for their annual campaign video, “United is the Way”. We will be selecting a patient to be interviewed and included in the video. This patient will be someone that has been assisted by our Eligibility Specialist.
- DSHS Community Partner Program (CPP) site (Level II)—trained and ready to begin advertising to the community that this service is available at the health center. Our goal is to become a Level III site within the next six (6) months).
- United Way grant. We had our scheduled interview with the reviewers on March 19<sup>th</sup>; interview went very well. This is for grant funding for the FY 2025-2026 cycle.
- Was invited to attend the BeWell Beaumont Steering Committee meeting in Beaumont on March 24<sup>th</sup>. We are quite positioned to submit a Letter of Intent to participate in the first round. I will continue to participate on the Steering Committee.
- DSHS Incubator grant. Had a scheduled call with DSHS regarding possible re-budget items and other ways to spend down the money.
- **Upcoming Events/Activities**
  - Programming is still ongoing with Winnie Square once a month.
  - Twice a month Home Delivery Meals (‘Meals on Wheels’) delivery.
  - Monthly presence at the Hardin Jefferson Hunger Initiative food distribution in China.
  - Reality Check at East Chambers HS, hosted by the Chambers County Public Health Department .
  - Coastal will be hosting two (2) of the Senior Luncheon’s that are hosted by Precinct 1 office (Kaye Silcox leads the effort).
  - Attended the Annual Winnie Area Chamber of Commerce Awards Banquet on March 21<sup>st</sup>. Janci Burleson won the Best-dressed Award!
  - The health center will be participating in East Chambers Elementary Career Day on May 9<sup>th</sup>. We plan to send Dr. Lyons, a medical assistant, and Joe Daigle (as an x-ray technician).
- Dr. Lyons has started the process of the health center working to become Patient-Centered Medical Home (PCMH) designated through the National Council of Quality Assurance (NCQA). The minor



renovation project at the clinic is nearing completion (only item that remains is an access panel where the water fountain was removed and the countertop for the kitchen).

- Provider recruitment is underway for an additional mid-level provider.
- Statistical report for March is attached for your review. There were 432 patient encounters.
- We are working with Durbin and Co. (or now re-branded as D&Co.) on a financial and revenue cycle management review. Their work entails review financial and billing/collections data, providing feedback and mentorship. They will also provide feedback on the timing of when we need to complete a cost report (a cost report will be needed once we receive LAL status and are eligible for enhanced reimbursement for Medicare and Medicaid).
- Reviewing a small grant application from MD Anderson for their CONNECT (Coordinating Center for Colorectal Cancer Screening across Texas) Pilot Program for Cancer Screening Enhancement. The due date to submit the application is not until June 15, 2025 and would be for \$20,000.

# **EXHIBIT “E”**

Facility ID	Operator	Facility Name	Q1 Comp 1				Q1 Comp 2				Q1 Comp 3				Q1 Comp 4				Total Q1		
			# of Metrics	# Missed	% Metrics	Payout Earned	# of Metrics	# Missed	% Metrics	Payout Earned	# of Metrics	# Missed	% Metrics	Payout Earned	# of Metrics	# Missed	% Metrics	# of Metrics	# Missed	% Metrics	
5295	Regency	Spindletop Hill Nursing and Rehabilitation Center	4	1	80.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	2	1	100.00%	10	3	70.00%		
5297	Regency	Hallettsville Nursing and Rehabilitation Center	5	-	100.00%	100.00%	3	0	0.00%	0.00%	3	-	100.00%	3	-	100.00%	10	3	70.00%		
5234	Regency	Mountaintop Hill Nursing and Rehabilitation Center	3	1	75.00%	100.00%	3	0	0.00%	0.00%	3	-	100.00%	2	1	50.00%	7	5	68.23%		
5203	Regency	The Woodlands Nursing and Rehabilitation Center	5	-	100.00%	100.00%	3	0	0.00%	0.00%	2	1	66.67%	2	-	100.00%	9	4	68.23%		
4154	Caring	Garrison Nursing Home & Rehabilitation Center	5	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	2	-	100.00%	13	-	100.00%		
4376	Caring	Golden Oaks	4	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	13	-	100.00%		
110098	Caring	Highland Park Rehabilitation & Nursing Center	3	2	60.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	2	-	100.00%	8	5	61.54%		
4454	Caring	Marshall Manor Nursing & Rehabilitation Center	4	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	9	3	75.00%		
4730	Caring	Marshall Manor West	5	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	2	-	100.00%	12	1	92.31%		
4788	Caring	Rose Haven Retreat	3	1	75.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	2	-	100.00%	10	2	83.33%		
5182	Caring	The Villa at Teahukana	5	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	2	-	100.00%	12	1	92.31%		
5166	Nexion	Flotonia Nursing Center	3	1	75.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	10	2	83.33%		
100790	HMG	Park Manor of Conroe	5	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	12	1	92.31%		
4456	HMG	Park Manor of Cyfar	4	-	100.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	1	1	50.00%	7	5	58.33%		
101489	HMG	Park Manor of Cypress Station	4	1	80.00%	100.00%	1	2	33.33%	70.00%	1	-	100.00%	1	-	100.00%	10	3	70.00%		
101633	HMG	Park Manor of Westbase	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	1	1	50.00%	10	2	83.33%		
102417	HMG	Park Manor of Quail Valley	2	2	50.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	2	0.00%	7	5	58.33%		
102284	HMG	Park Manor of Westbase	3	1	75.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	8	5	61.54%		
104661	HMG	Park Manor of The Woodlands	2	2	50.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	10	2	83.33%		
103193	HMG	Park Manor of Tomball	3	2	60.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	2	-	100.00%	8	5	61.54%		
5400	HMG	Park Manor of Southbeat	4	-	100.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	1	1	50.00%	7	5	58.33%		
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	3	1	75.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	10	2	83.33%		
4286	HMG	Friendship Haven Healthcare & Rehab Center	5	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	2	-	100.00%	12	1	92.31%		
5225	HMG	Wilowood Nursing Center	5	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	1	1	50.00%	11	2	84.62%		
100688	HMG	Astral of College Station	4	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	12	-	100.00%		
102375	HMG	Camaron Place Health & Rehabilitation	3	1	75.00%	100.00%	2	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	11	1	91.67%		
100500	HMG	Silver Springs	3	1	75.00%	100.00%	3	-	100.00%	100.00%	1	2	33.33%	1	1	50.00%	8	4	66.67%		
4156	HMG	Red Oak Health and Rehabilitation Center	4	1	80.00%	100.00%	-	3	0.00%	0.00%	3	-	100.00%	2	-	100.00%	9	4	69.23%		
5255	HMG	Mission Nursing and Rehabilitation Center	3	1	75.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	8	4	66.67%		
4053	HMG	Stephenville Rehabilitation and Wellness Center	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	11	1	91.67%		
103743	HMG	Hewitt Nursing and Rehabilitation	3	1	75.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	2	-	100.00%	10	2	83.33%		
103011	HMG	Staffing Court Nursing and Rehabilitation	1	4	100.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	2	-	100.00%	10	2	83.33%		
104537	HMG	Pocan Bayou Nursing and Rehabilitation	3	1	75.00%	100.00%	2	1	66.67%	100.00%	2	-	100.00%	2	-	100.00%	10	2	83.33%		
5372	HMG	Holland Lake Rehabilitation and Wellness Center	4	-	100.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	1	1	50.00%	8	4	66.67%		
5387	HMG	Stonegate Nursing and Rehabilitation	3	1	75.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	1	1	50.00%	8	4	66.67%		
102993	HMG	Green Oaks Nursing and Rehabilitation	4	-	100.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	1	1	50.00%	9	3	75.00%		
103223	HMG	Cowley Nursing and Rehabilitation	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	11	1	91.67%		
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	3	1	75.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	8	4	66.67%		
100966	HMG	Thruway Transitional Care	4	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	12	-	100.00%		
100966	HMG	Gulf Pointe Plaza	1	2	50.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	1	1	50.00%	9	3	75.00%		
101197	HMG	Adriatic Plaza	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	11	1	91.67%		
100566	HMG	Four Parkway Health & Rehabilitation	4	-	100.00%	100.00%	-	3	0.00%	0.00%	3	-	100.00%	2	-	100.00%	8	3	75.00%		
4747	Creative Solutions	Parkeview Manor Nursing & Rehabilitation	3	1	75.00%	100.00%	-	3	0.00%	0.00%	3	-	100.00%	2	-	100.00%	8	4	66.67%		
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	3	1	75.00%	100.00%	3	-	100.00%	100.00%	1	2	33.33%	2	0	0.00%	6	6	50.00%		
5369	Gulf Coast	Oak Village Healthcare	3	1	75.00%	100.00%	-	3	0.00%	0.00%	2	1	66.67%	2	-	100.00%	7	5	58.33%		
5193	Gulf Coast	Corigan LTC Nursing & Rehabilitation	2	2	50.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	9	3	75.00%		
5154	Gulf Coast	Coopers Cove Nursing & Rehabilitation	1	3	25.00%	80.00%	1	2	33.33%	70.00%	2	1	66.67%	1	1	50.00%	5	7	41.67%		
5240	Gulf Coast	Hampshire Care Center	4	-	100.00%	100.00%	1	2	33.33%	70.00%	1	1	50.00%	-	2	0.00%	6	5	54.55%		
4340	Gulf Coast	Woodlake Nursing Center	1	3	25.00%	80.00%	3	-	100.00%	100.00%	3	-	100.00%	1	1	50.00%	8	4	66.67%		
4663	Gulf Coast	Cokeville Village	2	3	40.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	1	1	50.00%	9	4	69.23%		
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	2	2	50.00%	100.00%	1	2	33.33%	70.00%	1	2	33.33%	2	-	100.00%	6	6	50.00%		
5350	Gulf Coast	Woodland Park Nursing & Rehab	3	1	75.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	2	-	100.00%	10	2	83.33%		
4379	HSM	Cleveland Health Care Center	2	3	40.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	2	-	100.00%	7	6	53.58%		
5135	HSM	Lawrence Street Healthcare Center	2	3	40.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	2	-	100.00%	9	4	69.23%		
4355	HSM	West Janisch Health Care Center	3	1	75.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	2	-	100.00%	10	2	83.33%		
4336	HSM	Beaumont Health Care Center	3	1	75.00%	100.00%	-	3	0.00%	0.00%	3	-	100.00%	1	2	0.00%	6	6	50.00%		
4500	HSM	Conroe Health Care Center	2	2	50.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	2	-	100.00%	7	5	58.33%		
4439	HSM	Huntsville Healthcare Center	3	1	75.00%	100.00%	1	2	33.33%	70.00%	1	2	33.33%	2	-	100.00%	7	5	58.33%		
5067	HSM	Lakely Health Care Center	4	1	80.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	1	1	50.00%	10	3	70.00%		
4511	HSM	Richmond Health Care Center	4	-	100.00%	100.00%	1	2	33.33%	70.00%	1	2	33.33%	1	1	50.00%	7	5	58.33%		
5145	HSM	Sugar Land Healthcare Center	4	1	80.00%	100.00%	3	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	11	2	84.62%	
5307	SLP	Oakland Manor Nursing Center	5	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	1	1	50.00%	11	2	84.62%		
4807	SLP	Seabreeze Nursing and Rehabilitation	3	1	75.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	2	-	100.00%	10	2	83.33%		
4584	SLP	Palmetto Healthcare Center	1	2	33.33%	80.00%	3	-	100.00%	100.00%	3	-	100.00%	2	-	100.00%	9	2	81.82%		
4586	SLP	Paris Healthcare Center	2	1	66.67%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	2	-	100.00%	9	2	81.82%		
4994	SLP	O																			



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### **Stephenville Rehabilitation and Wellness Center**

2601 Northwest Loop  
Stephenville, TX 76401

March 24, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 84 residents including 19 skilled patients. The facility has two referrals under review at this time. Discussed the recent decrease in volume of referrals and hospital census in the community.

There is one nursing department opening reported at this time. The facility expects to have a few CNA openings in a couple weeks due to some staff members who have given notice of their plans to leave for personal reasons. Discussed the facility's CNA training program and conditions necessary to start a new cohort. The facility aims to have roughly ten applicants for the program at a time to make the cost worthwhile. All of the facility's department heads are in place and doing well.

There have not been any recent visits to the facility by state surveyors. There were no new reportable incidents reported at this time.

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.

The facility held its monthly QAPI meeting recently. The interdisciplinary team reviewed quality measures and outcomes from the prior month. The main focus areas at this time are RTA rate and pressure injuries. Discussed ongoing interventions and attention to these systems. The facility had a high RTA rate in February due to several respiratory issues and infections. The facility reported having successfully cleared some of the pressure injuries in the building.

There were no reported trends or issues regarding infection control at this time.

Grievances are being managed, but there have been some in the dietary department regarding preferences and meal tickets. Discussed recent changes which have impacted meal service and consequently led to providing additional education to staff. The team also reviewed and updated resident meal tickets to ensure tickets are accurate.

The facility is repairing its outdoor sprinkler system. The sprinklers have not been functioning properly which has caused some of the landscaping to grow poorly. Discussed plans to improve landscaping and curbside appeal.



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### **Red Oak Health and Rehabilitation Center**

101 Reese Drive  
Red Oak, TX 74154

March 18, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 111 residents including 11 skilled patients. There are two expected admissions today and another admission later this week. There are two discharges planned this week. The facility has a goal to reach 115 residents by the end of the week. Discussed marketing efforts and having a strong presence in the community.

The facility has one nurse, one CMA, and eight CNA positions open. All department heads are in place and the new unit manager is doing great.

There was one visit by the state this month to investigate two self-reports and three complaints. All reasons for investigation were unsubstantiated. The facility submitted a self-report regarding an allegation of abuse.

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 3-star rating in Quality Measures.

The facility held its monthly QAPI meeting and has a new medical director. The facility reported great improvements with falls and RTA. The team will continue to monitor to ensure the recent improvements continue to be achieved. Discussed residents experiencing repeat falls and root causes affecting these residents. The facility is working on getting furniture for the GIP hospice service which will be in two resident rooms. The facility has already begun marketing these services which will be implemented soon.

There is no COVID or flu in the facility at this time.

Grievances have been low over the last month and there have not been any customer service issues. The administrator has completed one-on-one trainings with department heads about customer service, which is then relayed to staff in their respective departments.

The facility's van has been fixed after purchasing a new battery.



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**Parkview Manor Nursing & Rehabilitation**

206 N. Smith St.  
Weimar, TX 78962

March 17, 2025

Facility Administrator: Terri Jones

At the facility QAPI meeting on 3/17/25, the Administrator and other attendees discussed the facility's outcomes from February 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds and its current census is 41 residents. For the month of February, the facility averaged a census of 43 residents.

The facility reported a total of 66 employees and a 3% turnover rate in February.

There were no recent state surveys with significant findings reported. Parkview Manor Nursing & Rehabilitation will enter its fullbook survey window in May.

Parkview Manor Nursing & Rehabilitation has a 3-star overall rating. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 1-star rating in Quality Measures.

The interdisciplinary team reviewed clinical outcomes and results for QIPP measures. The facility has ongoing performance improvement plans addressing falls without injury, lost too much weight, locomotion independently worsened, and CNA hours.

Three indicators under Component 1 were not met including falls with major injury, lost too much weight, and locomotion independently worsened.

The facility did not meet any indicators under Component 2. Discussed progress with staffing over the last few months. The team has posted a shower aide position which will support the CNA hours indicator. All indicators under Components 3 and 4 were met.

The activities department has begun taking residents out to lunch once per week. Discussed making memorable and exciting experiences for residents.

Environmental services identified opportunities to adjust some storage areas to ensure supplies and boxes are not stored on the ground.

The maintenance department is completing construction of applicable areas in the secure unit, medication rooms, and the beauty shop.

Reviewed improvements in the medical records department. The department is functioning properly and will work to have uploaded all pertinent records to the EMR within sixty days.



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

March 18, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 76 residents including 7 skilled patients. There are five referrals under review and three are expected to admit soon. There is one planned admission today. The administrator expects the census to reach 80 residents this week. There have been several VA referrals and admissions since the facility has been able to receive VA referrals again. The facility also started a contract with a new hospice provider in the area and has already admitted one hospice patient under the newly contracted service.

The facility is seeking one day-shift LVN and one night-shift CNA. The administrator shared the facility's recruitment efforts and sign-on bonuses being offered. Discussed employee recruitment and retention best practices and strategies. The new MDS coordinator started last week.

The facility submitted its POC to address the findings from the state visit last month. The team is still waiting to receive confirmation of acceptance of the POC. There were a few self-reports submitted recently. The first self-report was regarding a fracture on a big toe. The resident did not recall anything happening which would have caused the injury. The second incident was reported last week regarding an allegation of neglect. Both incidents have been investigated and the administrator shared actions taken including in-services provided to staff members.

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

The facility's monthly QAPI meeting will be held next week. Discussed anti-anxiety medications, behaviors, and weight loss as focus areas this month. Reviewed targets for these areas and root causes affecting them.

There were no trends related to infection control reported at this time.

Grievances are being managed well and there have not been any recent trends. Discussed including the recent reportable incident regarding neglect in the grievance log to ensure the resolution is managed well for all residents.



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

March 19, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and its current census is 89 residents. The facility has two residents in the hospital who should be readmitted to the facility once appropriate for hospital discharge. There are some other referrals under review for potential admission soon.

There facility is recruiting for a few frontline staff at this time. Department heads are in place and there is no agency staffing utilization.

The facility has a state surveyor in the building at this time. The surveyor entered the facility yesterday to begin investigating some intakes and complaints. The administrator expects the investigations to be completed soon. The facility will submit a new reportable incident today due to a resident falling and having a laceration to their forehead. The resident has received the necessary care needed and is in good condition.

The Villa at Texarkana 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's monthly QAPI meeting will be held next week. The facility did not report any changes to ongoing performance improvement plans. Reviewed outcomes related to falls and the fall prevention program. Wounds in the facility have been improving which has been due to the great treatment nurse who is managing the program well. Discussed the facility's review of weights and ensuring residents are stable.

There have not been any trends in infections over the last month. The administrator reported there is a case of clostridium difficile which should be resolved soon. There has also been a case of ESBL and a few UTIs recently.

The facility recently installed new lights, ceiling fans, and a 75" flatscreen in the dining room. Painting and some ceiling repairs were completed in the lobby, dining room, and the porte-cochère. The administrator expects to start some major renovation projects this year which will include redoing three of the bathrooms.



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**Mission Nursing and Rehabilitation Center**

1013 S. Bryan Road  
Mission, TX 78572

March 18, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 91 residents including 17 skilled patients. The facility's budget census is 93 residents including 17 skilled patients. The facility has been able to accept WellMed insurance since March 1 which has been a positive source for new admissions. The new director of business development has also been very influential and the facility is receiving referrals from new sources. The facility has five residents in the hospital who are expected to return to the facility once appropriate for discharge from the hospital. There is one new admission coming soon, and another two referrals working through insurance authorization.

The facility is onboarding three new staff members. There are still five CNA openings at this time. The facility is implementing higher staffing ratios to meet its QIPP targets. Discussed expectations with clinical outcomes, customer reviews, and public perception by increasing staffing ratios.

The facility has not had any state visits this month. There are no new self-reports reported at this time.

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

The facility is planning to hold its monthly QAPI meeting soon. Discussed continued focus on staffing ratios and staff retention. The facility is implementing a team leader role where a few lead CNAs will be promoted to assist with staff training, retention, and scheduling. RTA has seen great improvements and was down to 5% last month. The facility had a PIP for falls implemented which has helped support improvements over the last month. The facility hosted a competition related to fall prevention efforts for direct-care staff which was very successful. Staff were great participants in the program, and the facility achieved great outcomes setting a new benchmark for falls.

There is no COVID or flu in the facility at this time. Discussed isolation precautions for residents who have contagious infections.

There are no reported trends in grievances. Discussed maintaining high standards for customer service.

The facility remodel is going well. The hall which is being worked has been repainted, and the shower room has had new flooring installed. The first hall's work is roughly 85% complete. The facility is preparing the second hall to begin similar work and has started relocating residents to new rooms for this work to be completed. The administrator is planning to go to Direct Supply to select furnishings for the building soon.



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

March 27, 2025

Facility Administrator: James Boswell

At the facility QAPI meeting on 3/27/25, the Administrator and other attendees discussed the facility's outcomes from February 2025.

Winnie L LTC is licensed for 105 beds and its current census is 35 residents. For the month of February, the facility averaged a census of 35 residents.

The facility reported four nurse openings at this time. Despite the open positions, the facility is managing coverage needs without utilizing agency staffing. Full-time and PRN staff are picking up additional shifts when needed, and the DON is also helping with coverage needs. There were 47 total employees and 0% turnover rate in February.

The facility recently completed a mock survey and identified some opportunities for improvement which are being addressed.

The facility had a self-report due to fire head sprinklers freezing. The facility completed fire watch rounds from February 21 until all repairs were completed on March 18. The life safety survey team entered and the facility received five deficiencies. The facility completed its POC which was accepted by the state.

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

There were five falls without injury, and no residents experienced repeat falls in February.

There were eight total infections which was 23% of the average census. There were two respiratory, two urinary, and four other infections.

The interdisciplinary team reviewed its QIPP Measures and clinical outcomes in February. Under Component 1, the facility did not meet its targets for falls with major injury or antipsychotic medications. The facility reported strong outcomes related to urinary tract infections, lost too much weight, and locomotion independently worsened.

The facility reported meeting all indicators under Components 2, 3, and 4.



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### **Holland Lake Rehabilitation and Wellness Center**

1201 Holland Lake Drive  
Weatherford, TX 76086

March 18, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 93 residents including 40 skilled patients. There are four residents in the hospital at this time. The facility has converted several rooms to be dually occupied again. These were rooms which are dually certified, but have been used as private rooms during times when the facility's census was not as high as it is now. There are three active referrals at this time. There are some planned discharges over the next week, but referrals have been strong. The facility is budgeted for a census of 83 residents and has been averaging about ten residents over budget. The facility has been successful transitioning many skilled patients to long-term care services when appropriate.

The facility has increased its staffing to maintain appropriate ratios for the growing census. The nursing department is looking for some CNAs and nurses. The team has also hired a nurse to assist with the admissions process to ensure admissions are completed correctly. The facility has a strong PRN pool who is supporting staffing needs too. The facility is also seeking additional therapy team members to facilitate the growing census and ensuring residents needs are met under skilled or Part B services.

The state came to the facility again to investigate a P1 complaint. The surveyor interviewed residents and investigated the complaints. The surveyor observed skills of various staff members during their observations and was very complimentary. All reasons for investigation were unsubstantiated. There are no new self-reports at this time.

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

The facility will have its monthly QAPI meeting tomorrow. Discussed the facility's focus on falls and supporting the needs of short-term patients in efforts to prevent falls. Discussed utilization

of assist bars, signage, fall mats, and other interventions for fall prevention. The facility will be ensuring appropriate equipment for mobility is in the residents' rooms upon admission.

There have been some residents admitting with respiratory infections, but the facility is managing well. Discussed isolation precautions and caring for residents while preventing illnesses from spreading.

The facility has not had any trends in grievances, but ensures all are addressed and resolved. Discussed setting expectations and working with staff to meet the residents' needs.

The facility received its NuStep equipment for the therapy department. There have already been residents having success with the equipment since its arrival and availability in the therapy gym.



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**Stonegate Nursing and Rehabilitation**

4201 Stonegate Blvd.  
Fort Worth, TX 76109

March 19, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 102 residents including 35 skilled patients. The facility has had fluctuations with admissions and discharges, but is maintaining a strong average census. There was a recent drop in referral volume due to the Red Hand from CMS due to past survey findings.

The facility is recruiting some nurses and a few CNAs at this time. Seeking some nurses. Discussed recent hires and two new RNs who have joined the team.

The state visited the facility on February 20, but there have not been any visits in March. The ombudsman visited the facility this month and did not report any issues.

Stonegate 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 4-star rating in Quality Measures.

The facility held its monthly QAPI meeting yesterday. The interdisciplinary team started a performance improvement plan to focus on falls. Discussed outcomes related to QIPP Measures and opportunities to improve staffing and falls with injury. The MDS department is working to ensure assessments and care plans are always up-to-date.

There were no infection control issues reported at this time.

Discussed the facility's grievance process and expectations for reporting. There were no grievance trends reported at this time.



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**Gulf Pointe Plaza**  
1008 Enterprise Blvd.  
Rockport, TX 78382

March 20, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 86 residents including 16 skilled patients. The facility has one referral under review at this time. Discussed some upcoming discharges and recently issued notices of non-coverage. Many people live in the community seasonally, and have begun to travel to their homes in northern areas now that the winter season has closed.

There is one evening shift LVN and one day-shift CNA open at this time. The facility is managing coverage needs with full-time and PRN staff. The facility's new talent and learning director started and has been very successful in supporting staff recruitment and retention efforts.

There have not been any recent investigations of the facility by state surveyors. A surveyor came two weeks ago to speak with a resident who was part of an investigation at a different facility prior to transferring to Gulf Pointe Plaza. The administrator stated the facility is still waiting to receive acceptance of its life safety POC. All life safety concerns listed in the POC have been fixed and resolved.

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 yesterday. The facility is meeting nearly all of its QIPP measures. Discussed missing targets for weights nurse hours, and total nursing hours. The team reviewed weights and expects to be in line with targets soon. Discussed a recent weight loss related to hospice care. The facility expects nurse and total nursing hours to improve as it continues to bring on full-time staff for the facility's 300-hall.

Infection control efforts are going well in the facility and there were no reported trends. Respiratory infections in the community have been decreasing recently.

The facility reported having completed repair work on thirteen exterior columns. The facility's new generator has also been installed and is in proper working order. Discussed the process for managing routine load tests for the generator.



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**Arbrook Plaza**  
401 West Arbrook Blvd.  
Arlington, TX 76014

March 27, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and its current census is 99 residents including 35 skilled patients. There are four admissions planned today, and one discharge who may return to the facility at a later date.

There are only two CNA and one nurse openings. Discussed having an influx of applicants recently who have applied for jobs. The facility aims to be diligent in efforts to onboard new hires and to check-in with them routinely. These actions are to make new staff members are comfortable and feel supported.

There was state surveyor who was in the facility earlier this month to investigate a complaint. All reasons for investigation were unsubstantiated. The facility submitted a self-report regarding an allegation of abuse. The facility investigated the incident and had the police involved to check out the incident and confirm residents were safe. The allegation was unconfirmed internally.

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 monthly QAPI meeting was on March 13. Discussed updates on performance improvement plans. The facility reported it has a new fall program which was kicked off yesterday. This program includes falling star program elements and will have a mural to illustrate the status and progress of residents. There will be celebrations during months when interventions and outcomes are successful.

Infection control efforts are going well at this time. There are a few individuals on isolation precautions, but their needs are being managed well. There were no infection related trends reported at this time.

The facility received a new NuStep in the therapy gym. The previous machine is still functional, but was due for a replacement.

The facility will add a staff development nurse who will take care of all educational needs of nursing staff including orientation, monthly, and annual trainings. This staff development nurse will also assist with coordinating staffing needs and checking on staff routinely to make sure they are supported and equipped to be successful in their roles.



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### **Cimarron Place Health & Rehabilitation**

3801 Cimarron Blvd.  
Corpus Christi, TX 78414

March 19, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 79 residents including 25 skilled patients. The administrator shared systems working with managed care organizations like WellMed. Discussed expectations and opportunities for improvement with managed care patients and lab services.

The facility is seeking one nurse and three CNAs. The team made offers to two nurses recently, and is working through the interview process with CNA applicants. The facility's social worker will no longer be departing employment, so the facility is not seeking a replacement anymore. Cimarron Place Health & Rehabilitation is seeking an activity director too.

The facility has submitted three allegations of abuse to the state. The state visited the facility to investigate one of the self-reports which was unsubstantiated. The state also investigated a complaint which was substantiated due to issues with documenting and physician orders with potential for a second deficiency related to care plans. The team held an ad hoc QAPI meeting to address the deficiency.

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 3-star rating in Quality Measures.

Discussed the facility's recent monthly and ad hoc QAPI meetings. The team shared changes to begin using their former lab service provider beginning next month. The interdisciplinary team reviewed RTA rates in February. Discussed opportunities to provide further training to nurses and having a nurse designated to assist with admissions and rounding with physicians.

Fall rates are still being managed, but there were some improvements recently. Discussed fall prevention best practices.

The facility has started to utilize Post Acute Specialists to provide additional services to the residents. The implementation has been well so far, and the facility had some in-services last Monday for the new program. These services and training are intended to support efforts to be more proactive than reactive in care efforts and plans.

There were no reported issues related to infection control at this time.

The facility continues to address grievances promptly and works to ensure they are resolved completely.

Discussed plans to paint the building once new paint colors are selected.



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

March 21, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 95 residents including 22 skilled patients. There have been some recent discharges and fewer referrals, but the local hospital census has been low. The facility reported there haven't been any care issues, and the team expects census to grow again as volume picks up in the hospital. The facility's overall budget is 96 residents including 25 skilled patients.

The facility is seeking one CNA. All other vacancies were filled earlier this week. One of Green Oaks Nursing and Rehabilitation's restorative aides is winning the employee of the year award from the management company. Discussed staff retention and recognition efforts at the facility.

There have not been any recent visits to the facility by state surveyor. 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 held its monthly QAPI meeting recently. The team has been watching falls and reported fall rate has been improving close to 4%. The facility triggered for wounds in February, but has seen several wounds healed out this month. The RTA rate was also at an acceptable rate of 8% reported in February. There have been few readmissions this month. The team reviewed the deficiencies cited in February, and is still waiting to receive confirmation of acceptance of their POC.

There is no COVID or flu in the facility at this time. There were no reported trends in infection control.

Grievances are being managed well with no major trends. There was some turnover in the dietary department earlier this year, but the facility has reported improvements month over month.

Discussed the recent completion of water testing for legionella and water quality.

The administrator ordered some PTAC units last month.



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### **Crowley Nursing and Rehabilitation**

920 East FM 1187  
Crowley, TX 76036

March 19, 2025

Facility Administrator: Joe Matlock

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 91 residents including 16 skilled patients. The facility's census has decreased due to some discharges. Referrals have also slowed down recently, but the administrator expects referrals to grow again. Discussed business development plans and best practices.

There are a few CNA openings at this time. There were several weekend positions open, but the team has made some great hires recently filling these roles. Discussed staff recruitment and retention strategies and best practices.

The state came to the facility to investigate three outstanding self-reports and three complaints. All reasons for investigation were unsubstantiated. There have not been any new self-reports submitted recently. The facility's corporate resource team is in the facility today conducting a mock survey. Discussed plans to take feedback from the mock survey and improve wherever possible.

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.

Discussed the facility's QAPI meeting schedule and process for thoroughly reviewing clinical outcomes and ongoing PIPs. The facility is doing well with its QIPP measures, and is continuing to focus on falls.

There is one case of COVID in the facility at this time. The affected resident's care is being managed well. Discussed ongoing infection control efforts and precautions in place to keep everyone safe.

There were no reported grievance trends this month.

The facility purchased a new OmniCycle for the therapy department. Discussed the facility's process for determining when new equipment is needed and availability of the therapy department to meet all the needs of the residents. Reviewed methods for ensuring staff have appropriate education or training for new equipment.



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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

### **Harbor Lakes Nursing and Rehabilitation Center**

1300 2nd Street  
Granbury, TX 76048

March 14, 2025

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 3/14/2025, the interdisciplinary team discussed the facility's outcomes from February 2025.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 85 residents including 20 skilled patients. Discussed recent hospital readmissions and referral volume which have impacted the facility census.

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.

The interdisciplinary team followed up on the prior month's QAPI meeting discussing falls, RTA rate, and wounds. Discussed causes of falls and interventions being utilized for residents. Reviewed equipment needed for residents and ensuring it is available to support their needs. Discussed direct-care staff and managerial staff members rounding routinely to support focus areas and interventions.

Reviewed causes of readmissions and working with physicians. Discussed acquiring stat labs when needed. The facility has seen RTA increase recently. The facility has reviewed readmissions with the payor group representatives, and is also checking to make sure all follow-up appointments are being made timely to ensure residents receive the care they need quickly.

Discussed wound care efforts and working with the wound care physician. Reviewed the facility's process for communicating with the physician and ensuring correct bandages and methods are being utilized to effectively meet the residents' needs.

Discussed infections and behaviors which have both been managed well with no trends. The team reviewed recent infections and utilization of appropriate precautions to keep residents and staff safe.

Reviewed ongoing performance improvement plans and current projects in each department. Routine maintenance is being completed with no new major projects discussed at this time.



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**Hewitt Nursing and Rehabilitation**

8836 Mars Drive  
Hewitt, TX 76643

March 21, 2025

Facility Administrator: Chris Gallardo

Chris Gallardo began employment as the new administrator of Hewitt Nursing and Rehabilitation earlier this month.

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 73 residents. The facility is working to grow its long-term base in efforts to create a strong and stable foundation in the overall census. There are three discharges planned at this time, but there are also several referrals under review.

The facility is interviewing candidates for the activity director position. There is also one CNA opening. No other vacancies were reported at this time. The facility recently hired several new staff members who are working through orientation now.

There have not been any recent visits to the facility by state surveyors. The facility is expecting the state to enter soon to conduct their annual fullbook survey. The team recently completed a life safety mock survey with its corporate resource. The maintenance department has been making some updates as needed based on feedback from the mock survey. Discussed preparing survey binders to be available for the state.

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 held its monthly QAPI meeting recently. The new administrator is working with each department to review processes, expectations, and any opportunities for improvement. The interdisciplinary team reviewed QIPP measures from the prior month.

There is no COVID or flu in the facility at this time.

There have not been any trends in grievances, but the administrator shared his expectations for reporting and managing issues. Discussed the facility's process to manage resident preferences regarding meals, shower times, and medication administration.

The facility expects to replace some A/C units soon. The call light system was recently serviced and is in working order.



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### **Pecan Bayou Nursing and Rehabilitation**

2700 Memorial Park Drive  
Brownwood, TX 76801

March 20, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 63 residents including 17 skilled patients. There's a respite patient admitting to the facility this weekend. The facility also has two residents who may be discharged soon depending on outcomes from follow-up appointments and notices of non-coverage.

The facility is seeking a night nurse, but has identified a candidate for the opening. The nursing department has recently filled a night-shift CNA. HCSG has some openings in their departments. Discussed challenges with HCSG completing background checks in a timely manner.

There have not been any visits by state surveyors recently. Discussed submitting a self-report due to a new COVID outbreak. The facility in-serviced staff regarding donning and doffing of PPE, utilizing the right fit of PPE, the facility's COVID policy, door signs and hangers, hand washing, as well as COVID signs and symptoms.

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 meeting last week. The team reviewed QIPP measures and clinical outcomes from the prior month. Discussed the facility's recent COVID outbreak and response. The administrator shared challenges in the community due to not having very many local providers. The facility is discussing the possibility of utilizing a nurse practitioner more to support the needs of the residents.

The facility is in a COVID outbreak at this time. There have been two employees and six residents who have tested positive. All of the resident cases remained on one hall and those affected have been recovering and coming off isolation recently. The administrator expects the

outbreak to be closed soon. Brownwood has had a lot of respiratory infections so the facility has been diligent with staff education and in-services related to infection control.

The facility does not usually have many grievances, and there were no trends reported at this time. Discussed working with residents and their family members to ensure the residents needs and preferences are met.

The administrator is working on ordering some new oxygen concentrators and overbed tables.



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

March 25, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds and its current census is 100 residents including 26 skilled patients. The facility's census averaged over 100 residents including an average of 25 skilled patients last month. There are six residents in the hospital who are expected to return soon as skilled patients. The facility also has seven pending discharges and six referrals under review.

The facility is recruiting to fill open positions for two CNAs and one nurse. There are interviews scheduled with candidates for each of these positions. One of the former students who started working at the facility has been doing well and was recognized as the employee of the month. There are still four students working at Treviso Transitional Care Center since the facility began working with the CNA school last June.

There have not been any recent visits to the facility by the state this month, but there was a visit at the end of February. All reasons for investigation during the last visit were unsubstantiated. There are no new self-reports at this time.

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 had its monthly QAPI meeting today. The facility reviewed ongoing performance improvement plans addressing falls, RTA rate, and weights. The facility's fall rate spiked last month and barely exceeded the facility benchmark by half a percent. The facility's medical director, Dr. Davis, attended a seminar recently and provided the interdisciplinary team with updates and information from the event. Discussed team building efforts with the leadership team and reviewed managing conflicts while aligning on goals and expectations.

Infection control efforts have been effective at the facility over the last month. The facility had a skills competency fair last week and is continuing to ensure all audits and tracking activities

are up-to-date. Discussed ensuring immunizations are up-to-date as well. The facility is putting in orders for staff flu vaccines.

There have been some recent grievances related to meal service. There has been some staff turnover in the dietary department which has resulted in opportunities to provide additional training to new staff members in this department. The facility also received a new hydration cart for the long-term care hall.

The facility is beginning to plan to update its courtyard. There are some new patio cushions in place and additional pieces of furniture will be purchased soon. The flag pole was damaged by a recent storm and will be repaired or replaced. The facility will have a new landscaping service provider starting soon.

The maintenance director has repainted the first corridor, and will start work on the dining room and columns soon.



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

March 19, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds and its current census is 78 residents including 18 skilled patients. There were some discharges due to managed care patients receiving notices of non-coverage. There are three residents in the hospital expected to return to the facility. There are also eleven referrals pending insurance authorization and hospital discharge to be admitted to Silver Spring.

Silver Spring is also planning to participate in a community event regarding emergency preparedness in association with Kendrick Hospice. The hospice provider will be completing an evacuation drill and Silver Spring will be an evacuation point. The local hospital, EMS service, fire service, and the county emergency preparedness coordinator will all be involved in this event.

The facility is seeking an admissions coordinator, but has found a replacement who will start soon. The facility's new maintenance director started recently and has been very effective and proactive in completing repairs and projects in the facility. All other positions are filled at this time and no vacancies were reported.

The facility also reported having held a potluck for staff members on St. Patrick's Day earlier this week. Discussed the administrator's efforts to engage staff and show appreciation for the work they do.

There have not been any recent visits to the facility by state surveyors. The administrator reported there have been two new self-reports submitted to the state. The first was due to a sprinkler system pipe which froze and burst. This caused the sprinkler system to be down for a few days. The facility was on fire watch and completed rounds until the repairs were completed a few days later. The second reportable incident was regarding a fracture injury experienced by a resident who fell in their bathroom. Discussed fall and fall prevention in-services completed for staff.

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's monthly QAPI meeting was held last week. The team is continuing to work its PIPs addressing RTA rate, skins, and falls. The facility also started a new PIP to manage some maintenance projects. The new maintenance director has started addressing these opportunities and has been effective ensuring the facility is in compliance with reporting requirements and routine testing.

The facility had a resident test positive for COVID yesterday. Discussed ongoing infection control efforts and precautions implemented to keep residents and staff safe.

The facility has received three planter boxes and will be staining them this week. The residents will be able to use these for activities soon.



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**Forum Parkway Health & Rehabilitation**

2112 Forum Parkway  
Bedford, TX 76021

March 18, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 102 residents including 36 skilled patients. There are eight planned discharges this week, but the facility is working on ten pending referrals. Discussed the facility's strong conversion with referrals to admissions.

There are no staff openings reported at this time.

There is a state surveyor visiting the facility today in regards to a P1 complaint regarding transportation to a dialysis appointment. Discussed policies related to the complaint and providing the surveyor with requested documentation. There are no new self-reports at this time.

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 will have its monthly QAPI meeting tomorrow. Discussed plans to review QIPP measures and clinical outcomes. Discussed falls and the facility's fall prevention program.

There is no COVID in the facility at this time. The facility has been successful with infection control efforts and reducing or eliminating the risk of infections spreading. There is a resident who has ESBL and the facility is taking necessary precautions to care for this resident's needs.

There have been some grievances regarding the weekend staff members. The administrator plans to visit the facility this weekend to visit with staff and ensure expectations are clear. He will ensure staff are wearing the proper dress code and are completing their duties according to the schedule.

The facility received some new computers and chairs this week. There is a new TV as well which will be installed soon in one of the lobbies. The facility has ordered a new food processor and some enclosed meal carts to keep trays insulated during delivery.



Administrator: Brent Walsh, LNFA  
DON: Jodie Naeseth, RN

### **FACILITY INFORMATION**

Friendship Haven is a 150-bed facility with a current overall star rating of 2 and Quality Measures star rating of 5. The census on the date of this report was 116: (12) MC (23) HMO; (6) PP; (68+ 5 pending) MCD; (2) Hospice. The Administrator reported the facility is in the process of recredentialing their HCA preferred provider status.

The QIPP site visit was conducted over the phone. The DON was on the call.

The facility is currently COVID\_19 free. The vaccination rate for the residents and staff is at 0% and this information is reported weekly to NSHN.

The DON reports the facility celebrated all major holidays since January and a new singer comes in weekly as well as different churches. They also had Frito pie day as several of the residents love Frito pies. The DON reports the facility is planning a community Easter fest with egg hunts, games, and Easter bunny.

The DON reports the facility is fully staffed. The facility has monthly birthday, anniversary and star of the month celebrations for the staff. The DON reports the facility continues giving outdoor prizes for their pay day in-services and they have the Mad Genius program. The DON reports the facility had a St. Patrick's Day party for staff and residents.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 components status -The DON believes they will meet all 4 components for QTR 3.
- QIPP QTR 3 started officially 3/1/25 but the data collection already started 1/1/25 and will end 3/31/25 so should be looking at all metrics to ensure accuracy and complete any required off cycle assessments.
- Also reviewed the recent notification from the state on the listeria outbreak from [Lyons Magnus](#) who announced on Feb. 22 that it is voluntarily recalling 4 oz. Lyons ReadyCare and Sysco Imperial Frozen Supplemental Shakes. The facility sent back the shakes they had in stock and have just started reordering.

### **SURVEY INFORMATION**

The DON reports the state Has not been back in the building since November.



**REPORTABLE INCIDENTS**

Information for **Dec/Jan/Feb 2024/2025**, - 3 total pending self-reports.

**CLINICAL TRENDING**

**Incidents/Falls:**

Friendship Haven had 15 total falls without injury (3 repeat falls) during **Dec/Jan/Feb 2024/2025**, 0 falls with injury, 2 Skin tears, 0 Fractures, 2 bruises, 0 behaviors and 0 lacerations.

**Infection Control:**

Friendship Haven reported 48 infections during **Dec/Jan/Feb 2024/2025** of which 14 were UTI's, 8 respiratory infections, 0 EENT infections, and 8 wound infections, 4 Blood infections, 2 GI infections, 0 Genital infections, and 12 Other infections.

**Weight loss:**

During **Dec/Jan/Feb 2024/2025**, (1) had 5-10% loss and (0) with >10% loss in 6 months.

**Pressure Ulcers:**

Friendship Haven reported 5 residents with pressure ulcers with 14 sites, 0 facility-acquired during **Dec/Jan/Feb 2024/2025**.

**Restraints:**

Friendship Haven does not use side rails or restraints.

**Staffing:**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2						
2 to 10			8			
10 to 6						
Other						
# Hired this month	3	5	3			
# Quit/Fired	2	4	5			

**Total number employees:** 132 **Turnover rate%:** 30.37

**CASPER REPORT –**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	14.6%	20.4%	20.0%	
Fall w/Major Injury (L)	1.2%	3.4%	3.4%	



UTI (L)	0%	0.9%	2.0%	
High risk with pressure ulcers (L)	3.8%	5.5%	6.5%	
Loss of Bowel/Bladder Control(L)	9.5%	17.4%	21.4%	
Catheter(L)	0%	0.7%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	20.8%	19.5%	21.2%	Pip in place - on-going
Excessive Weight Loss(L)	1.3%	3.5%	5.6%	
Depressive symptoms(L)	2.7%	3.2%	10.5%	
Antipsychotic medication (L)	7.8%	8.0%	14.9%	

**PHARMACY Consultant reports/visit/ med destruction?** Med destruction completed recently.

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

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**DIETICIAN Recommendation concerns/Follow Up?**

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) –** 15 in Jan, 7 in Feb, and 3 currently in March. All resolved.\_

**TRAUMA INFORMED CARE IDENTIFIED:** None at this time

**ACTIVITIES: PIP/CONCERNS:** None at this time

**DIETARY: PIP/CONCERNS:** None at this time

**ENVIRONMENTAL SERVICES: PIP/CONCERNS:** None at this time

**MAINTENANCE: PIP/CONCERNS:** None at this time

**MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS:** None at this time

**MDS: PIPS/CONCERNS:** None at this time

**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
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<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.33%	1.30%	1.08%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0.00%	0.00%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	4.55%	2.75%	1.20%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	8.08%	7.14%	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	10.03%	20.00%	N	

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
<b>Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)</b>	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	<b>Y</b>	<b>1.85</b>		<b>1.98</b>	<b>Y</b>	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	<b>Y</b>	<b>1.16</b>		<b>1.20</b>	<b>Y</b>	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	<b>Y</b>	<b>3.01</b>		<b>3.19</b>	<b>Y</b>	
<b>In case of audit:</b> 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-concurrenty scheduled?					Y	
• Additional hours provided by direct care staff?						
• 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?						
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>					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
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	3.52%	2.53%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	14.47%	14.44%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	11.07%	10.13%	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
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	4.49%	4.40%	3.49%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0.73%	0.00%	Y	



Administrator: Craig Cannon  
DON: Ardrila Myles, (KiKi) RN

### **FACILITY INFORMATION HOSPICE**

Park Manor Humble is a 125-bed facility with a current census of 94: 4 PP, 6 MCR, 50+ 8 pending MCD, 24 HMO, 2 Hospice. Their overall star rating is a 2 (due to IJs from survey this past March) and their Quality Measures rating is a 5.

The QIPP site visit was conducted over the phone. The Administrator was available and very helpful and reports the facility is currently COVID\_19 free.

The Administrator reports that the facility had a super bowl, Mardi Gras, Valentine's Day and St. Patrick's Day party. The Administrator also reports the facility will have a big outing and Easter celebration next month and they continue with taco Tuesdays for residents and staff.

The Administrator reports the facility has a Director of Talent and Learning and they will be honoring the employee of the year next week. The facility follows the AHCA calendar for recognizing each department.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 components status (all met in QTR 2) – The Administrator believes the facility is on track to meet all 4 in QTR 3 as well.
- QIPP QTR 3 started officially 3/1/25 but the data collection already started 1/1/25 and will end 3/31/25 so should be looking at all metrics to ensure accuracy and complete any required off cycle assessments.
- Also reviewed the recent notification from the state on the listeria outbreak from [Lyons Magnus](#) who announced on Feb. 22 that it is voluntarily recalling 4 oz. Lyons ReadyCare and Sysco Imperial Frozen Supplemental Shakes. The facility did have some of the shakes in stock and used chocolate ice cream for a replacement.

### **SURVEY INFORMATION**

Administrator reports facility had their full book in February and they had 2 low level tags with the POC being accepted with possibility of a re-visit by the state.

### **REPORTABLE INCIDENTS**

Administrator denies any outstanding self-reports in **Dec/Jan/Feb 2024/2025**.

### **CLINICAL TRENDING**



**Incidents/Falls:**

In **Dec/Jan/Feb 2024/2025**, Park Manor of Humble had 23 total falls without injury (3 repeat falls) and 2 falls with injury, 4 received skin tears, 1 Elopement, 0 Fractures, 0 Lacerations, 2 behaviors and 0 bruises. The facility has a PIP in place for falls.

**Infection Control:**

Facility reports 106 total infections in **Dec/Jan/Feb 2024/2025**- 15 UTI's; 32 Respiratory infections; 15 EENT infections; 15 Blood infections; 6 Wound infections; 3 Genital infections, 23 GI infections and 0 Other infections and there is a PIP in place for infections.

**Weight loss:**

Park Manor of Humble reported Weight loss information for **Dec/Jan/Feb 2024/2025** to include 7 total residents with weight loss. Of which 5 has a loss of 5-10% and 2 with a > 10% loss.

**Pressure Ulcers:**

In **Dec/Jan/Feb 2024/2025**, there were 8 residents with 14 pressure ulcer sites - 1 acquired in house.

**Restraints:**

Park Manor of Humble is a restraint free facility.

**QA STAFFING COMPONENT:**

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

**Total number employees: 93 Turnover rate%: 33%**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	7.3%	20.4%	20%	
Fall w/Major Injury (L)	5.3%	3.4%	3.4%	
UTI (L)	0%	0.9%	2.0%	
High risk with pressure ulcers (L)	0%	0%	0%	
Loss of Bowel/Bladder Control(L)	0%	17.4%	21.4%	
Catheter(L)	0%	0.7%	1.6%	
Physical restraint(L)	0%	0%	0.1%	



Residents whose ability to walk independently worsened (L)	7.1%	19.5%	21.2%	
Excessive Weight Loss(L)	0%	3.5%	5.6%	
Depressive symptoms(L)	0%	3.2	10.5%	
Antipsychotic medication (L)	10.6%	8%	14.9%	

**PHARMACY Consultant reports/visit/ med destruction?**

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

**DIETICIAN Recommendation concerns/Follow Up?**

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**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)--** 14; In-services completed related to Grievances: Abuse, Neglect, Call Lights, Customer Service, Personal Clothing. All resolved.

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** No concerns at this time. Next outing is April 2<sup>nd</sup>.

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

**MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS:** None

**MDS PIPS/CONCERNS:** None

**QIPP MEASURES - 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
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<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	<b>2.00%</b>	<b>2.36%</b>	<b>4.55%</b>	<b>No</b>	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	<b>1.17%</b>	<b>0%</b>	<b>0%</b>	<b>Yes</b>	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	<b>4.55%</b>	<b>2.62%</b>	<b>0%</b>	<b>Yes</b>	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	<b>9.14%</b>	<b>8.79%</b>	<b>10.91%</b>	<b>No</b>	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	<b>6.58%</b>	<b>4.58%</b>	<b>4.76%</b>	<b>Yes</b>	

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
<b>Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)</b>	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	<b>Yes</b>	<b>1.83</b>		<b>1.92</b>	<b>Y</b>	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	<b>No</b>	<b>1.54</b>		<b>1.22</b>	<b>N</b>	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	<b>Yes</b>	<b>3.78</b>		<b>3.14</b>	<b>Y</b>	
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					<b>Y</b>	
• Additional hours provided by direct care staff?						<b>YY</b>
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
• 8 additional hours non-concurrently scheduled?					<b>Y</b>	
• Additional hours provided by direct care staff?					<b>Y</b>	
• Telehealth used?					<b>Y</b>	
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"> <li>Agency usage or need d/t critical staffing levels</li> </ul>					<b>Y</b>	

**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
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	2%	0%	0%	Yes	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	16.05%	8.06%	Yes	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2%	0%	0%	Yes	

**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
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	0	1.01%	0%	Yes	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	4.59%	2.42%	1.79%	Yes	

**Administrator: Rodney Lege**  
**DON: Susan Joy, RN, BSN**

## **FACILITY INFORMATION**

Park Manor of Quail Valley is a 125 -bed facility with a current census of 97 with a skill mix of 20: 15 PP, 5 MCR, 53 MCD, 18 HMO, 6 Hospice. They have an overall star rating of 3 and a Quality Measures rating of 4.

The QIPP site visit was conducted over the phone with the Administrator and DON. The facility COVID\_19 free. Currently, the residents are at 6% vaccinated and staff are at 5% for COVID\_19 and this information is reported to NSHN weekly.

The Administrator reported the facility had a party with green snacks for St. Patrick's Day, they had a New Year's celebration and a Mardi Gras parade with an amazing band. The Administrator reports the facility will have an Easter dinner and trying to set up and Easter egg hunt.

The Administrator reported the facility still has star of the month and MAD genius programs (poker chips worth \$ value to purchase merchandise). The facility continues to have snack attacks to pass out snacks to all staff as well as employee birthdays. A Food truck came out 2 weeks ago to pass out sausage/hot dogs.

## **EDUCATION PROVIDED**

- Reviewed QIPP year 8 components status- While the Administrator believes the facility is on track to meet all 4 components in QTR 3, they do have PIPs in place for the 3 metrics not being met in component 1 and there is also a PIP for the catheter inserted into the bladder for component 4.
- QIPP QTR 3 started officially 3/1/25 but the data collection already started 1/1/25 and will end 3/31/25, so should be looking at all metrics to ensure accuracy and complete any required off cycle assessments.
- Also reviewed the recent notification from the state on the listeria outbreak from [Lyons Magnus](#) who announced on Feb. 22 that it is voluntarily recalling 4 oz. Lyons ReadyCare and Sysco Imperial Frozen Supplemental Shakes. The facility sent back 6 cases and they stopped ordering until last week from their supplier.

## **SURVEY INFORMATION**

The facility had the state in the building in January for a complaint investigation resulting in no citations and the complaint was unsubstantiated.

**REPORTABLE INCIDENTS**

**Dec/Jan/Feb 2024/2025** -Park Manor of Quail Valley had 1 complaint (multiple allegations, all unsubstantiated) and 3 self-reports still pending.

**CLINICAL TRENDING**

**Incidents/Falls:**

**Dec/Jan/Feb 2024/2025** -Park Manor of Quail Valley had 49 total falls and 2 with injury, 8 repeat falls. They reported 8 skin tears, 2 fractures, 2 bruises and 0 lacerations. The facility does have a PIP in place for falls, trying to get residents to participate more in activities and they have placed more fall mats.

**Infection Control:**

**Dec/Jan/Feb 2024/2025** -Facility reports 132 total infections – 53 UTI’s; 42 Respiratory infections, 19 wound infections, 6 Blood infections, 3 EENT infection, 0 GI infections and 9 Other infections (no details). The facility does have a PIP in place for UTIs.

**Weight loss:**

**Dec/Jan/Feb 2024/2025** -Weight loss information includes 13 residents with 5-10% loss and 15 with > 10% loss. The facility is working on weight loss as a PIP.

**Pressure Ulcers:**

**Dec/Jan/Feb 2024/2025** -The facility reports 22 residents with 54 pressure ulcer sites – 6 acquired in house. The facility has a wound care physician who rounds weekly and there is a PIP in place.

**Restraints:**

The facility had 0 residents with restraints.

**Staffing:**

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

	Sup					
# Hired this month	0	1	2			
# Quit/Fired	0	0	3			

**Total number employees:** 113 **Turnover rate%:** 30 quarterly

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	1.4%	20.4%	20%	Met
Fall w/Major Injury (L)	3.8%	3.4%	3.4%	
UTI (L)	6.6%	0.9%	2.0%	PIP
High risk with pressure ulcers (L)	8.0%	5.5%	6.5%	PIP
Loss of Bowel/Bladder Control(L)	0%	17.4%	21.4%	Met
Catheter(L)	0%	0.7%	1.6%	Met
Physical restraint(L)	0%	0%	0.1%	Met
Residents whose ability to walk independently worsened (L)	%	%	%	
Excessive Weight Loss(L)	8.6%	3.5%	5.6%	PIP
Depressive symptoms(L)	0%	3.2%	10.5%	Met
Antipsychotic medication (L)	1.3%	8.0%	14.9%	Met

**PHARMACY Consultant reports/visit/ med destruction?** Comes monthly, destruction done monthly, teaching provided teaching for pulling curtain during med pass

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

**DIETICIAN Recommendation concerns/Follow Up?** Continue monitoring weights/pressure ulcer f/u

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)** - Avg 13 – cleanliness, missing items, response, fall, meds not called in, incorrect formula, transportation late, meal issue, shower schedule – all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** None identified

**ACTIVITIES PIP/CONCERNS:** No issues identified

**DIETARY PIP/CONCERNS:** Continue focus on cleanliness, meals w/food not eaten\_

**ENVIRONMENTAL SERVICES: PIP/CONCERNS:** Continue focus on cleanliness of facility - IMPROVED

**MAINTENANCE PIP/CONCERNS:** No issues identified

**MEDICAL RECORDS/ CENTRAL SUPPLY**

**PIPS/CONCERNS:** No issues identified

**MDS: PIPS/CONCERNS:** No issues identified

**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
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	0.00%	0.00%	2.56%	N	PIP
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	0.00%	0.00%	4.00%	N	PIP
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	4.55%	4.91%	8.96%	N	PIP
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	3.01%	1.35%	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	1.73%	0.00%	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 Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
<b>Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)</b>						
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD		1.85	1.93	2.01	Y	
<b>Metric 2:</b> Reported Licensed Nursing HPRD		1.43	1.49	1.42	N	PIP
<b>Metric 3:</b> Reported Total Nursing Staff HPRD		3.28	3.41	3.43	Y	
<b>In case of audit:</b> Did NF maintain 4 additional hours						

(non-managerial) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
Did NF maintain 8 additional hours (non-managerial) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>						
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"> <li>Agency usage or need d/t critical staffing levels</li> </ul>						

**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
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	0.00%	0.00%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	3.26%	0.00%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	0.00%	0.00%	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

<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	1.01%	2.43%	0.00%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	4.59%	2.93%	9.33%	N	PIP



Administrator: Joe Quinn, LNFA  
DON: Bernadette Boamah, RN

### **FACILITY INFORMATION**

Park Manor Tomball is a 125-bed facility with a current overall star rating of 3 and Quality Measures star rating of 5. The census on the date of this report was 110: 9 PP; 9 MC; 66 MCD +3 pending; 17 HMO; 6 Hospice.

The QIPP site visit was conducted over the phone. The Administrator was available 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. 72% of residents are vaccinated with the 2024/25 COVID\_19 vaccine with 89% of the staff up to date and the facility reports this information to NSHN weekly.

The facility has regular outings to the store and for Bingo. The Administrator reports they are planning a Mardi Gras, Valentine's Day (blast of love) and St. Patrick's Day party as well as planning something for Easter.

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 had food yesterday during in-services and they gave out T-shirts last week for employee appreciation.

### **EDUCATION PROVIDED**

- QIPP components for QTR 3 are all being met except component 2. The Administrator is working on PIP but has not identified what exactly they can implement because they are at the top of their staffing (looking to ensure they are reporting accurately).
- QIPP QTR 3 started officially 3/1/25 but the data collection already started 1/1/25 and will end 3/31/25 so facilities should be looking at all metrics to ensure accuracy and complete any required off cycle assessments.
- Also reviewed the recent notification from the state on the listeria outbreak from [Lyons Magnus](#) who announced on Feb. 22 that it is voluntarily recalling 4 oz. Lyons ReadyCare and Sysco Imperial Frozen Supplemental Shakes. The facility destroyed what they had in stock and just now started ordering again.

### **SURVEY INFORMATION**

Administrator reports facility's last full book survey was in December 2024 resulting in 4 health tags (2 Ds, 1 E and 1 F) and 3 tags for Health (2 Ds and 1 E). The Administrator reports the POC was accepted and the state did a desk review to clear all tags.



**REPORTABLE INCIDENTS**

In **Dec/Jan/Feb 2024/2025**- The facility had 3 self-reports all closed during full book survey.

**CLINICAL TRENDING FOR DEC/JAN/FEB 2024/2025**

**Incidents/Falls:**

Park Manor of Tomball had 55 falls without injury (9 repeat) and 6 falls with injury, 6 Skin Tears, 1 Laceration, 0 Elopements, 0 Behaviors and 1 Bruise. PIP in place.

**Infection Control:**

Park Manor of Tomball reports 70 total infections: 26 UTI's; 15 Respiratory infections, 2 EENT infections, 11 Wound infections, 6 Blood infections, 0 GI infections and 10 Other infections.

**Weight loss:**

Park Manor of Tomball reported weight loss: 21 residents with 5-10% and 12 residents with > 10% loss. PIP in place. Dietician coming weekly.

**Pressure Ulcers:**

Park Manor of Tomball had 21 residents with 32 pressure ulcer sites and 6 were acquired in house. The facility does have a PIP in place for this measure.

**Restraints:**

Park Manor of Tomball is a restraint free facility.

**QA STAFFING COMPONENT:**

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

**Total number employees: 107 Turnover rate%: 5.3**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	11%	20.4	20.0	
Fall w/Major Injury (L)	2.4%	3.4	3.4	
UTI (L)	0%	0.9	2.0	
High risk with pressure ulcers (L)	4.8%	5.5	6.5	



Loss of Bowel/Bladder Control(L)	9.6%	17.4	21.4	
Catheter(L)	0.0%	0.7	1.6	
Physical restraint(L)	0%	0	0.1	
Residents whose ability to walk independently worsened (L)	11.1%	19.5	21.2	
Excessive Weight Loss(L)	%	%	%	
Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L)	%	%	%	

**PHARMACY Consultant reports/visit/ med destruction?** Med destruction completed weekly with pharmacists, med cart locks changed

# of GDR ATTEMPTS in the month: How many successful?

# of Anti-anxiety (attempts\_23\_\_\_successful\_12\_\_failed\_\_11\_\_\_)

# of Antidepressants (attempts\_62\_\_\_successful\_46\_\_failed\_16\_\_\_)

# of Antipsychotic (attempts\_10\_\_\_successful\_5\_\_failed\_5\_\_\_)

# of Sedatives (attempts\_\_1\_\_successful\_0\_\_failed\_\_1\_\_)

**DIETICIAN Recommendation concerns/Follow Up?** Meet weekly, working on weight loss & pressure ulcer PIPs

**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)** – 18 in Dec, 22 in Jan 14 in Feb. All resolved

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

**MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS:** None

**MDS PIPS/CONCERNS:** None

**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
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.27% 3.27	1.27% 1.27	4.49% 2.35	N	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a	1.17% 1.17	0.33% 0.33	0.00% 0.00	Y	



urinary tract infection					
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	2.00% 2.00	0.00% 0.00	0.00% 0.00	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	6.12% 6.12	4.12% 4.12	5.13% 2.70	Y/N	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	7.95% 7.95	5.95% 5.95	9.09% 15.38	N	

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
<b>Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)</b>	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	<b>2.24/2.24</b>	<b>1.94/1.94</b>		<b>1.83/1.83</b>	<b>N</b>	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	<b>1.54/1.54</b>	<b>1.30/1.3</b>		<b>1.15/1.15</b>	<b>N</b>	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	<b>3.78/3.78</b>	<b>3.24/3.24</b>		<b>2.97/2.97</b>	<b>N</b>	
<b>In case of audit:</b> 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"> <li>Additional hours provided by direct care staff?</li> </ul>						
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"> <li>8 additional hours non-concurrently scheduled?</li> </ul>						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>						
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"> <li>Agency usage or need d/t critical staffing levels</li> </ul>						



**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
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	2.67% 2.67	0.67% 0.67	0.00% 0.00	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	16.73% 16.73	14.73% 14.73	16.25% 16.22	Y/N	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	9.52% 9.52	7.52% 7.52	6.76% 8.45	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
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	3.45 / 3.45	1.45 / 1.45	1.23 / 7.23	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01 / 1.01	1.01 / 1.01	0.00 / 0.00	Y	

# **EXHIBIT “F”**

## NURSING FACILITY CONTRACTOR AGREEMENT

This Independent Contractor Agreement (“Agreement”) is made effective the 1<sup>st</sup> day of January 2024, between **WINNIE STOWELL HOSPITAL DISTRICT**, a political entity of the State of Texas (hereinafter referred to as “District”) and **JONATHAN TYLER NEWMAN** (hereinafter referred to as “Contractor”). The District and Contractor are collectively referred to “Parties”.

### RECITALS

**WHEREAS**, the District is engaged in the business of, among other things, operating licensed nursing facilities (“Facilities”) and has participated in the Quality Incentive Payment Program (“QIPP” or “Program”) that is overseen by the Texas Health and Human Services Commission (“Commission”) from the Program’s inception; and

**WHEREAS**, as the owner of nursing facilities throughout the State of Texas, the District’s Board wishes to engage Contractor to provide certain services to assist the District to ensure its Facilities are providing quality healthcare to the residents of the facilities by: (i) participating in monthly meetings with the District’s Facilities’ staff to review clinical and quality operations as well as to identify areas of improvement; (ii) conducting and/or participating in quarterly joint training with each of the District’s Facilities; (iii) providing documentation and write-ups to the District’s Board of Directors and staff on a monthly basis that update the District on the status of each facility, the monthly meetings; and quarterly training; and (iv) to provide the District with any information and recommendations as may be necessary to ensure the highest level of healthcare for residents at the Facilities (collectively referred to as “Services”); and

**WHEREAS**, Contractor has extensive history of working with various healthcare facilities, including nursing facilities.

**NOW THEREFORE**, for and in consideration of the execution of this Agreement and of the mutual covenants and agreements herein contained, the Parties hereby enter into this and in so doing, completely supersede and replace the Original Services Agreements, and covenant and agree as follows:

1. **Engagement**. Contractor is hereby engaged by District as an independent contractor, to participate and provide the Services, as defined in the Recitals.
2. **Term**. This Agreement shall commence on the Effective Date and, subject to Section 3 of this Agreement, and shall expire on December 31, 2025 (the “Initial Term”). The term shall be automatically extended for successive one (1) year periods (“Extended Terms”) unless terminated in accordance with the provisions of Section 3. Except as otherwise agreed to by the Parties, the terms, and conditions during any such Extended Term shall be the same as the terms and conditions during the Initial Term, provided that the terms may be modified.
3. **Termination**. This Agreement may be terminated by the Parties at any time with thirty (30) days’ notice. In the event of any termination of this Agreement the District’s sole liability

thereupon will be to pay Contractor any unpaid balance due for work performed up to and including the date of termination, if applicable. Upon termination of this Agreement (for whatever reason) Contractor will immediately deliver to District all material developed and/or prepared pursuant to this Agreement.

4. **Compensation.** In consideration for the Services to be provided herein, Contractor shall be paid \$40.00 per hour by the District. This compensation shall be paid for the prior month's work within five (5) working days following the District's monthly meeting. Monthly invoices for the Services provided shall be submitted to District within ten (10) days of the first (1<sup>st</sup>) of each month.
5. **Confidential Information.** Contractor agrees that it shall keep in strictest confidence all information relating to the services products, plans, programs, trade secrets, secret processes, customers and markets of District and all other confidential knowledge, data and information related to the business or affairs of District (collectively, "Confidential Information") that may be acquired pursuant to or in connection with this Agreement or the relationship or relationships contemplated by this Agreement. During and after the term of this Agreement, neither Contractor nor any of Contractor's Associates will, without the prior written consent of an officer of District, publish, communicate, disclose, or use for any purpose any of such Confidential Information. Upon termination of this Agreement, Contractor will return to District all records, data, notes, reports, printouts, material, equipment and other documents or property, and all reproductions of any of the foregoing, furnished by District or developed or prepared pursuant to the relationship hereunder. Notwithstanding the foregoing, it is agreed that Confidential Information shall not include any (i) information which is or becomes through no fault of Contractor or any of Contractor's Associates generally known to the public, and (ii) Contractor's and Contractor's Associates' skill, knowledge, knowhow, and experience as it existed prior to their relationship with **District**.
6. **"Work Made for Hire" and Assignment of Intellectual Property.** Contractor and District intend this to be a contract for services and each considers the products and results of the services to be rendered by Contractor hereunder (the "Work Product" ) to be a work made for hire. Contractor acknowledges and agrees that the Work Product (and all rights therein, including, without limitation, copyright) belongs to and shall be the sole and exclusive property of District. If, for any reason, the Work Product would not be considered a Work Product made for hire under applicable law, Contractor does hereby sell, assign, and transfer to District, its successors and assigns, the entire right, title, and interest in the Work Product. Moreover, Contractor agrees that Contractor will sign, execute, and acknowledge, or cause to be signed, executed, and acknowledged, at the expense of District, any and all documents, and will perform any and all acts, as may be necessary, useful, or convenient for the purpose of securing the Contractor's Services for the District.
7. **Assignment.** Neither Contractor nor District shall assign or transfer its interest in this Agreement without the prior written consent of the other party which consent may be withheld in the sole discretion of such other party. In the event either Party consents to an assignment of this Agreement by the other, no further assignment shall be made without the express consent in writing of such party, unless such assignment may otherwise be made without such consent pursuant to the terms of this Agreement.

8. **Contractor Warranties.** Contractor represents and warrants that:
- a. This Agreement does not conflict with any other agreement or term of employment applicable to or binding upon the Contractor as of the date hereof and that Contractor will promptly notify District in the event that any such conflict does arise during the term hereof.
  - b. Contractor has never been sanctioned by the State of Texas or barred from any federal or state procurement programs or convicted of a criminal offense with respect to health care reimbursement. Contractor shall notify District immediately if the foregoing representation becomes untrue, or if Contractor is notified by the State of Texas or other enforcement agencies that an investigation has begun which could lead to such sanction, debarment, or conviction.
  - c. Contractor has never been terminated from any prior Healthcare employer under suspicion of fraud, theft, or for any ethical concerns or complaints.
9. **Further Assurances.** Except as specifically provided in this Agreement, District or Contractor, as the case may be, shall cause to be executed and delivered to the other party all such other instruments and shall take or cause to be taken such further or other action as may reasonably and in good faith be deemed by the other party to be necessary or desirable in order to further assure the performance by District or Contractor, as the case may be, of any of their respective obligations under this Agreement.
10. **Consents.** Wherever in this Agreement the consent or approval of District or Contractor is required and the same is not expressly indicated to be as the sole discretion of a party, such consent or approval shall not be unreasonably withheld, shall be in writing and shall be executed by a duly authorized officer or agent of the party granting such consent or approval. If either District or Contractor fails to respond within thirty (30) days to a request by the other party for consent or approval, such consent or approval shall be deemed to have been given.
11. **Applicable Law and Venue.** The validity, construction and effect of this Agreement, and all extensions and modifications thereof, shall be construed in accordance with the laws of the State of Texas without regard to its choice of law rules, and Chambers County, Texas shall be the exclusive venue for any suit, litigation or alternate dispute resolution brought pursuant to this Agreement.
12. **Dispute Resolution and Waiver of Jury Trial.** Prior to the commencement of a lawsuit by either party to this agreement, the Parties agree to mediate any dispute that may arise resulting from this Agreement or services provided. In the event that the Parties to this Agreement are not able to resolve their differences at mediation, the Parties agree to waive their right to a jury trial and have the dispute decided on by a District Court judge in Chambers, County, Texas.
13. **Notices.** All notices and other communications given or made pursuant hereto shall be in writing and shall be deemed to have been duly given on the date delivered, if delivered personally, on the fifth (5th) business day after being mailed by registered or certified mail

(postage prepaid, return receipt requested), in each case, to the Parties at the following addresses, or on the date sent and confirmed by electronic transmission to the telecopier number specified below (or at such other address or telecopier number for a party as shall be specified by notice given in accordance with this Section):

If to District, to:

Winnie-Stowell Hospital District  
P.O. Box 1997  
Winnie, Texas 77662  
Attn: President

If to Contractor, to:

Jonathan Tyler Newman  
3408 Benecia Court  
Austin, Texas 78738

14. **Compliance with Laws.** Contractor agrees to comply with all federal and state laws or regulations applicable to the services to be provided under this Agreement.
15. **HIPAA Compliance.** The Parties agree that the services provided under this Agreement will comply in all material respects with all federal and state-mandated regulations, rules, or orders applicable to the services provided herein, including but not limited to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) (“HIPAA”) and Title 2, Section I, Chapter 181 of the Texas Medical Records Privacy Act. Furthermore, the Parties shall execute the Business Associates Agreement attached as **Exhibit “A”** or any additional documentation to amend the Agreement to conform with HIPAA, the Texas Medical Records Privacy Act, or any new or revised legislation, rules, and regulations to which they are subject now or in the future, including, without limitation, the Standards for Privacy of Individually Identifiable Health Information or similar legislation in order to ensure that the Parties are at all times in conformance with all such laws.
16. **Entire Agreement.** This Agreement, together with other writings signed by the Parties which are expressly stated to be supplemental hereto and together with any instruments to be executed and delivered pursuant to this Agreement, constitutes the entire agreement between the Parties and supersedes all prior understandings and writings and may be changed only by a writing signed by both Parties hereto.
17. **Waiver.** The failure of either party to insist upon a strict performance of any of the terms or provisions of this Agreement, or to exercise any option, right or remedy herein contained, shall not be construed as a waiver or as a relinquishment for the future of such term, provision, option, right or remedy, but the same shall continue and remain in full force and effect. No waiver by either party of any term or provision hereof shall be deemed to have been made unless expressed in writing and signed by such party.

18. **Severability**. If one or more of the provisions in this Agreement are deemed void by law, then the remaining provisions will continue in full force and effect. Moreover, if any portion of this Agreement shall be declared invalid by order, decree or judgment of a court, this Agreement shall be construed as if such portion had not been inserted herein except when such construction would operate as an undue hardship on Contractor or District or constitute a substantial deviation from the general intent and purpose of said Parties as reflected in this Agreement. Severability.
19. **Successors and Assigns**. This Agreement shall be binding on all of Contractor's heirs, executors, administrators, and legal representatives, and all of Contractor's successors in interest and assigns, and shall be for the benefit of District, its successors, and its assigns.
20. **Disclaimer**. None of the services or assistance offered to District by Contractor, or payments made to the Contractor, shall in any manner be construed as an inducement for the referral of any patients or for the arrangement of any services covered under a Federal healthcare program. The Parties do not intend the terms of this Agreement to provide for, and nothing in this Agreement shall be deemed or in any manner construed to be, the solicitation, receipt, offer or payment of remuneration for the furnishing of any item or service for which payment may be made in whole or in part under a Federal healthcare program, or in return for purchasing, leasing, ordering or arranging for, or recommending purchasing, leasing, ordering, any good, facility, service or item for which payment may be made in whole or in part under a Federal healthcare program. Such services and assistance are wholly intended to improve the delivery of health care services to the population and communities served by the Parties and are provided in a manner so as to confer a benefit on those communities. In the event any state or federal laws or regulations, now existing or enacted or promulgated after the effective date of this Agreement, are interpreted by judicial decision, a regulatory agency or legal counsel in such a manner as to indicate that the structure of this Agreement may be in violation of such laws or regulations, District and Contractor shall attempt in good faith to amend this Agreement as necessary. To the maximum extent possible, any such amendment shall preserve the underlying economic and financial arrangement between District and Contractor.
21. **Headings**. Headings of Sections are inserted only for convenience and in no way limit the scope of the particular Articles or Sections to which they refer.
22. **Authority**. Each individual who has signed this Agreement warrants that such execution has been duly authorized by the party for which he or she is signing.
23. **Counterparts**. This Agreement may be executed in counterparts, each of which shall be deemed an original. Executed counterparts may be delivered by facsimile (and/or Adobe ® PDF), and shall be effective when received, with the original copy sent by overnight delivery service. This Agreement shall be of no force or effect unless and until it has been executed and delivered by both Parties.

**{SIGNATURE PAGE TO FOLLOW}**

This Agreement is executed on the date set forth below and shall be effective as of the date specified.

**WINNIE STOWELL HOSPITAL CONTRACTOR**  
**DISTRICT**

\_\_\_\_\_  
Signed

Mr. Edward Murrell  
President,  
Winnie Stowell Hospital District

\_\_\_\_\_  
Signed

Jonathan Tyler Newman  
Contractor

**Exhibit “A”**  
**HIPAA BUSINESS ASSOCIATE AGREEMENT**

This HIPAA Business Associate Agreement is made the 1st day of January 2024 ("Effective Date"), by and between Jonathan Tyler Newman ("Business Associate"); and Winnie Stowell Hospital District, a political subdivision of the State of Texas ("Covered Entity" or "District").

**ARTICLE 1**  
**Applicability**

- 1.1 Business Associate has entered into a Service Agreement dated January 1, 2024 to allow the Covered Person to access records as necessary for the performance of their work. During the course of the performance of such services, Business Associate may have access to certain individually identifiable health information maintained by Covered Entity. This Agreement applies to all present and future contracts and relationships between Covered Entity and Business Associate, written or unwritten, formal, or informal, in which Covered Entity provides any Protected Health Information to Business Associate in any form whatsoever. As of the Effective Date, this Agreement automatically amends all existing agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, including the Main Agreement. This Agreement shall automatically be incorporated in all subsequent agreements between Business Associate and Covered Entity involving the use or disclosure of Protected Health Information, in which a business associate relationship exists, whether or not specifically referenced therein. In the event of any conflict or inconsistency between the provisions of this Agreement and the provisions of any other agreement between Business Associate and Covered Entity, the provisions of this Agreement shall control unless Covered Entity specifically agrees to the contrary in writing.
- 1.2 Business Associate acknowledges that the provisions of the Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009 imposes certain privacy and security obligations on Business Associate under the HITECH Act and under existing privacy and security standards at 45 Code of Federal Regulations Parts 160 and 164, as amended.

**ARTICLE 2**  
**Terms Used in this Agreement**

- 2.1 "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended by Federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") of 2009 and codified at 45 Code of Federal Regulations Parts 160 and 164.
- 2.2 "Privacy Rule" shall mean those rules and standards in 45 CFR Part 164, Subpart E.

- 2.3 “Security Rule” shall mean those rules and standards in 45 CFR Part 164, Subpart C.
- 2.4 “Breach Notification Rule” shall mean those rules and standards in 45 CFR Part 164, Subpart D.
- 2.5 “Business Associate” shall generally have the same meaning as the term “Business Associate” at 45 CFR 160.103, and in this Agreement shall mean Winnie Stowell Hospital District, a political entity of the State of Texas, and its directors, officers, employees, contractors, and agents.
- 2.6 “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.130, and in this Agreement shall mean Winnie Community Hospital, and its directors, officers, employees, volunteers, and contractors.
- 2.7 Catch-All Definition. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
- 2.8 Capitalized terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the HIPAA Rules.

### **ARTICLE 3**

#### **Obligations of Business Associate**

- 3.1 Obligations. Business Associate agrees to:
- 3.1.1 Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- 3.1.2 Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
- 3.1.3 Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
- 3.1.4 In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;

- 3.1.5 Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;
- 3.1.6 Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;
- 3.1.7 Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;
- 3.1.8 To the extent the Business Associate is to conduct one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
- 3.1.9 Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

### 3.2 Permitted Uses and Disclosures by Business Associate.

- 3.2.1 Business Associate may only use or disclose protected health information as necessary to perform the services set forth in Agreement.
- 3.2.2 Business Associate may use or disclose protected health information as required by law.
- 3.2.3 Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
- 3.2.4 Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.
- 3.2.5 Business Associate may use protected health information for the proper management and administration of the Business Associate or to fulfill the legal responsibilities of the Business Associate.
- 3.2.6 Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to

whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

- 3.2.7 Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

#### **ARTICLE 4**

#### **Privacy Practices and Restrictions**

- 4.1 Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.
- 4.2 Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.
- 4.3 Covered Entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

#### **Article 5**

#### **Permissible Requests by Covered Entity**

- 5.1 Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

#### **Article 6**

#### **Term and Termination**

- 6.1 Term. The Term of this Agreement shall begin upon the Effective Date and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or if it is infeasible to return or destroy Protected Health Information, protections are extended to such information.
- 6.2 Destruction of PHI. At the termination of the Agreement for whatever reason, Business Associate agrees to return or destroy all Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity and will not retain

any copies. If return or destruction is not feasible, Business Associate agrees to an extension of the protections of this Agreement for as long as necessary to protect Covered Entity's Protected Health Information and to limit further uses and disclosures to those purposes that make the return or destruction of Covered Entity's Protected Health Information unfeasible.

- 6.3 Consequences of Breach by Business Associate. On Covered Entity's learning of a material breach of this Agreement by Business Associate, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. If Business Associate does not cure the breach or end the violation within fourteen (14) days of being notified by Covered Entity, or if cure or ending the violation is not possible, Covered Entity may terminate this Agreement and those portions of the Main Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if non-severable, the Main Agreement.

## **ARTICLE 7** **Miscellaneous**

- 7.1 Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA and its applicable implementing regulation.
- 7.2 Notices. All notices pursuant to this Agreement must be given in writing and shall be effective when received if hand-delivered or sent by facsimile or upon dispatch if sent by a reputable overnight delivery service or by U.S. Mail, certified, return receipt requested and addressed as follows:

To Business Associate:

Jonathan Tyler Newman  
3408 Benecia Court  
Austin, Texas 78738

To Covered Entity:

Winnie-Stowell Hospital District  
P.O. Box 1997  
Winnie, Texas 77665

- 7.3 Change in Law. On the enactment of any federal law or regulation, or law or regulation of any state to whose jurisdiction Covered Entity is subject, affecting the use or disclosure of Covered Entity's Protected Health Information, or on the publication of any decision of a court of the United States or of any state to whose jurisdiction Covered Entity is subject relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, Covered Entity may, by written notice to Business Associate, amend this

Agreement in such manner as Covered Entity determines necessary to comply with such law or regulation. If Business Associate disagrees with any such amendment, it shall, so notify Covered Entity in writing within thirty (30) days of receipt of Covered Entity's notice. If the Parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate this Agreement and those portions of the Agreement that involve the disclosure to Business Associate of Covered Entity's Protected Health Information, or, if non-severable, the Agreement by written notice to the other.

7.4 Jurisdiction and Venue. This Agreement is governed by the laws of the State of Texas and the federal government. Venue shall be in Chambers County, Texas.

7.5 Severability. In the event that any provision of this Agreement violates any applicable statute, ordinance, or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

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

**BUSINESS ASSOCIATE:**

By: \_\_\_\_\_

Printed: \_\_\_\_\_

**COVERED ENTITY:**

By: \_\_\_\_\_

WINNIE-STOWELL HOSPITAL DISTRICT

Printed: Edward Murrell

Title: President

# **EXHIBIT “G”**

APRIL 23, 2025

**COASTAL GATEWAY HEALTH CENTER FEASIBILITY STUDY:**

For better understanding of what it would take to build on the proposed property, the design team is recommending the client to engage a Geotech engineer to provide services and reports to help determine site conditions and assist in the design of suitable foundation(s) and pavement systems for the project.

Because the project is still in feasibility phase – we requested a total of 6-borings be drilled at 50 feet depth to get a fair fee from all, refer to exhibit a for locations. Once Geotech engineer is engaged, the number of borings and their depths can be reduced or adjusted as the project evolves.

The following geotechnical engineers provided their services fees according to the scope above and Exhibit A:

**1. TOLUNAY-WONG ENGINEERS:**

a. ESTIMATED COST: **\$29,915.00**

Proposed Budget Estimate					
Description	Unit	Quantity	Rate	Extension	
<b>Pre-Commencement Activities</b>					
1 Project Setup/Coordinate/Scheduling	lump sum	1	\$475.00	\$475.00	
<b>Field Program - 6 TB @ 50-ft</b>					
2 Transports of Geotechnical Drilling Equipment	each	2	\$550.00	\$1,100.00	
3 2-Man Drilling Crew/Equipment	day	3	\$2,975.00	\$8,925.00	
4 Grout Backfill	foot	300	\$4.00	\$1,200.00	
5 Senior Technician	day	3	\$1,275.00	\$3,825.00	
6 Support Vehicles/Field Supplies	trip	3	\$150.00	\$450.00	
<b>Laboratory Testing - Standard</b>					
7 Standard Geotechnical Index/Strength Testing	foot	300	\$15.00	\$4,500.00	
8 Laboratory Supervisor	hour	4	\$85.00	\$340.00	
<b>Engineering/Reporting</b>					
9 Senior Project Manager	hour	12	\$250.00	\$3,000.00	
10 Project Manager	hour	16	\$175.00	\$2,800.00	
11 Staff Professional	hour	30	\$110.00	\$3,300.00	
<b>Total Budget Estimate</b>				<b>\$29,915.00</b>	

b. <https://tweinc.com/>

**2. NINYO & MOORE ENGINEERS:**

a. ESTIMATED COST: **\$21,000.00**

b. <https://ninyoandmoore.com/>

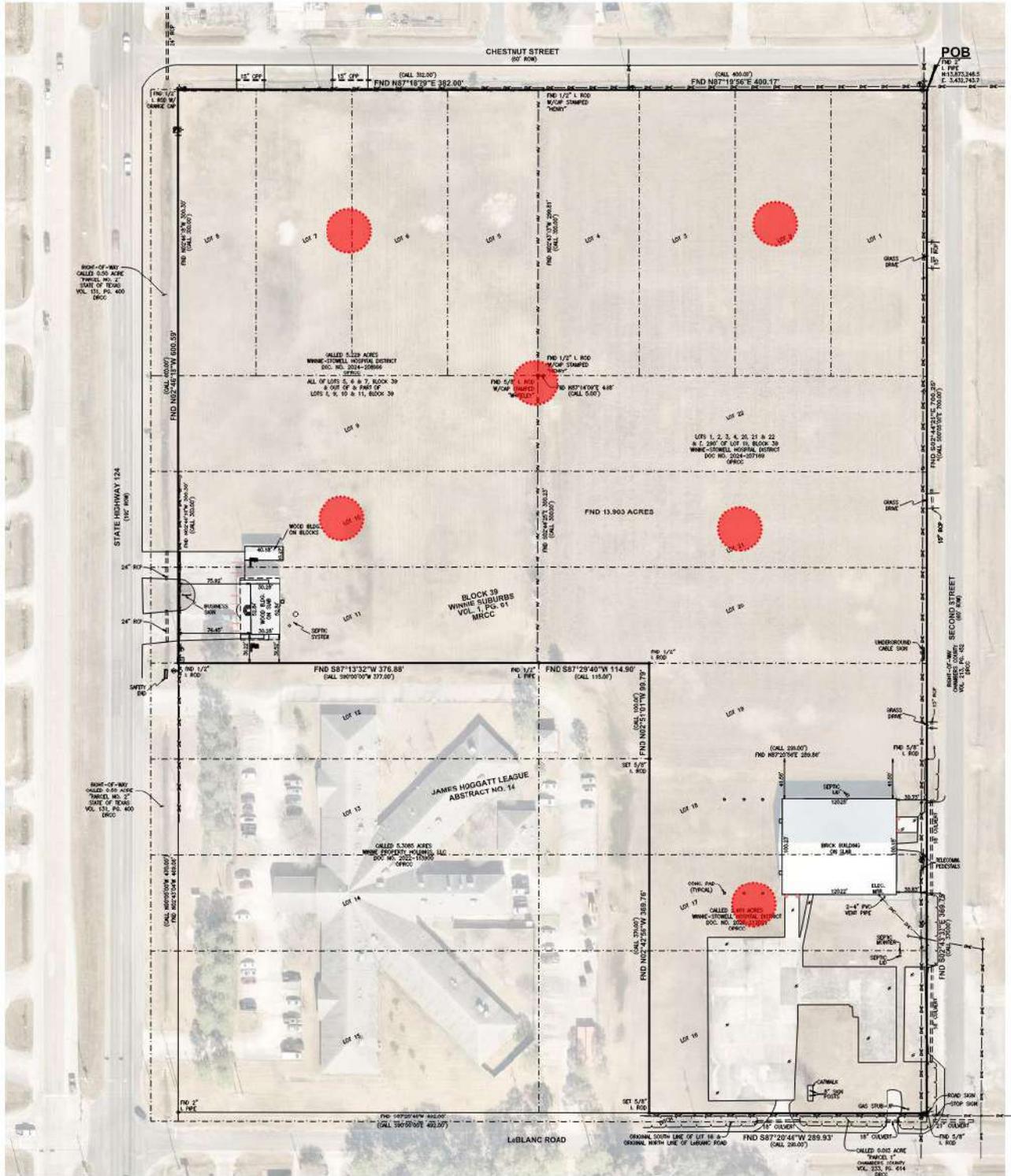
**3. TERRACON:**

a. ESTIMATED COST: **\$19,500.00**

Description	Requested Scope	Fee	Remarks
Soil borings and Private Utility Locate	6 Soil Borings to 50 feet	\$12,200	<ul style="list-style-type: none"> <li>We assume the site is accessible with truck mounted equipment and does not need clearing.</li> <li>A recommend scope can be provided once a site layout and loading information is available.</li> <li>Anticipating a 6-week schedule from notice to proceed to delivery of the final report.</li> </ul>
Lab Testing		\$3,100	
Geotech Engineering Report	\$4,200		
<b>Total Cost</b>		<b>\$19,500</b>	

b. <https://www.terracon.com/>

**EXHIBIT A:**



SCALE 1"=50'

13,900 Acre Tract or Parcel of Land  
 All of Lots 1, 2, 3, 4, 5, 6, 7, 10, 21 and 22, Block 39 in  
 City of Waco, Chambers County, Texas, and being all of Lots 1, 2, 3, 4, 5, 6, 7,  
 10, 21 and 22, Block 39, and being all of said part of Lots 8, 9, 10, 11, 16, 17, 18 and 19, Block 39,  
 James Hoggatt League, Abstract No. 14  
 Waco, Chambers County, Texas

13,900 Acre Tract or Parcel of Land situated in the James Hoggatt League, Abstract  
 No. 14, City of Waco, Chambers County, Texas, and being all of Lots 1, 2, 3, 4, 5, 6, 7,  
 10, 21 and 22, Block 39, and being all of said part of Lots 8, 9, 10, 11, 16, 17, and 18,  
 and 19 of said Block 39, for a distance of 50.00 feet to a  
 bearing north 02°42'56" west, along and with the boundary between the tract herein  
 described and the East 1/2 of the said 5.308 acre Brown Property Tract, LLC tract, and  
 east and across Lots 16, 17 and 18 of said Block 39, for a distance of 50.00 feet to a

**ABBREVIATIONS**  
 PL = PLATE  
 VOL = VOLUME

= BORING LOCATIONS AT 50 FEET DOWN

**From:** [Jennifer Higgins](#)  
**To:** [Kaley Smith](#)  
**Subject:** CGHC Feasibility - Geotech Services  
**Date:** Wednesday, April 23, 2025 4:20:31 PM  
**Attachments:** [image001.png](#)  
[CGHC Geotech Engineer Services Quotes.pdf](#)

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This sender is trusted.

Kaley,

As discussed, attached are (3) service fees to engage a geotech engineer to provide a geotech study and report on the site. This will help design team design and price the suitable foundation system as the project progresses. The scope of what we requested from them and their fees are on the attached. Once approved and selected, they will send you a proposal directly to you.

All these 3 companies are very reputable in the industry.

Sincerely,



**Jennifer Higgins**

Principal

9301 Southwest Freeway, Suite 350

Houston, TX 77074

Office: (346) 484-3300 Mobile: (281) 620-7727