

EXHIBIT “A-1”

Winnie-Stowell Hospital District

Balance Sheet

06/17/25

As of May 31, 2025

Accrual Basis

	May 31, 25
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	139,031.06
102 First Financial Bank	
102b FFB #4846 DACA	165,276.71
102c FFB #7190 Money Market	52,849.32
Total 102 First Financial Bank	218,126.03
105 TexStar	7,446,470.90
108 Nursing Home Banks Combined	6,718,582.48
Total Checking/Savings	14,522,210.47
Other Current Assets	
110 Sales Tax Receivable	157,171.65
114 Accounts Receivable NH	72,875,432.92
115 Hosp Uncomp Care Receivable	229,207.05
116 - A/R CHOW - LOC	943,580.68
117 NH - QIPP Prog Receivable	67,830,933.15
119 Prepaid IGT	14,763,405.26
Total Other Current Assets	156,799,730.71
Total Current Assets	171,321,941.18
Fixed Assets	2,065,752.65
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	173,400,500.31
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	6,615,934.95
201 NHP Accounts Payable	20,769,709.82
206 FFB Loan 26	29,324,000.00
235 Payroll Liabilities	5,994.92
240 Accounts Payable NH Oper.	81,827,107.18
Total Other Current Liabilities	138,542,746.87
Total Current Liabilities	138,542,746.87
Total Liabilities	138,542,746.87
Equity	34,857,753.44
TOTAL LIABILITIES & EQUITY	173,400,500.31

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

	Jan - May 25	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	395,394.90	850,000.00	-454,605.10	46.5%
405 Investment Income	179,376.01	750,000.00	-570,623.99	23.9%
407 Rental Income	26,500.00	42,000.00	-15,500.00	63.1%
409 Tobacco Settlement	18,002.15	15,000.00	3,002.15	120.0%
415 Nursing Home - QIPP Program	54,266,202.80	123,487,690.00	-69,221,487.20	43.9%
Total Income	54,885,475.86	125,144,690.00	-70,259,214.14	43.9%
Gross Profit	54,885,475.86	125,144,690.00	-70,259,214.14	43.9%
Expense				
500 Admin				
501 Admin-Administrative Salary	31,250.00	75,000.00	-43,750.00	41.7%
502 Admin-Administrative Assnt	9,253.08	46,860.00	-37,606.92	19.7%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	3,855.86	9,500.00	-5,644.14	40.6%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	26,553.18	81,000.00	-54,446.82	32.8%
507 Admin-Retirement	6,363.89	14,000.00	-7,636.11	45.5%
515 Admin-Bank Service Charges	4,220.74	2,000.00	2,220.74	211.0%
521 Professional Fees - Acctntng	4,140.50	12,000.00	-7,859.50	34.5%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	5,000.00	50,000.00	-45,000.00	10.0%
550 Admin-D&O / Liability Ins.	11,304.15	20,000.00	-8,695.85	56.5%
560 Admin-Cont Ed, Travel	2,087.17	6,500.00	-4,412.83	32.1%
562 Admin-Travel&Mileage Reimb.	824.50	2,500.00	-1,675.50	33.0%
569 Admin-Meals	1,538.94	3,500.00	-1,961.06	44.0%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	9,667.92	25,000.00	-15,332.08	38.7%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	1,476.32	5,000.00	-3,523.68	29.5%
575 Admin-Cell Phone Reimburse	825.00	1,800.00	-975.00	45.8%
576 Admin-Telephone/Internet	1,767.76	3,500.00	-1,732.24	50.5%
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	1,700.00	4,080.00	-2,380.00	41.7%
593 Admin-Utilities	1,848.92	4,000.00	-2,151.08	46.2%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	3,137.00	15,000.00	-11,863.00	20.9%
Total 500 Admin	129,402.43	439,485.00	-310,082.57	29.4%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	206,110.54	435,700.00	-229,589.46	47.3%
601.01b IC Pmt to Coastal (Ind)	4,249.60	25,000.00	-20,750.40	17.0%
601.01c IC Pmt to Thompson	4,448.72	18,000.00	-13,551.28	24.7%
601.02 IC Pmt to UTMB	166,553.28	300,000.00	-133,446.72	55.5%
601.03 IC Special Programs				
601.03a Dental	8,368.00	30,000.00	-21,632.00	27.9%
601.03b IC Vision	520.00	2,750.00	-2,230.00	18.9%
601.04 IC-Non Hosp Cost-Other	7,234.58	35,000.00	-27,765.42	20.7%
601.05 IC - Chairty Care Prog	273.61	25,000.00	-24,726.39	1.1%
Total 601.03 IC Special Programs	16,396.19	92,750.00	-76,353.81	17.7%
Total 601 IC Provider Expenses	397,758.33	871,450.00	-473,691.67	45.6%
602 IC-WCH 1115 Waiver Prog	155,911.02	420,000.00	-264,088.98	37.1%
603 IC-Pharmaceutical Costs	19,910.80	80,000.00	-60,089.20	24.9%
605 IC-Office Supplies/Postage	236.79	2,000.00	-1,763.21	11.8%
610 IC-Community Health Prog.	46,622.05	111,893.00	-65,270.95	41.7%
611 IC-Indigent Care Dir Salary	25,000.00	60,000.00	-35,000.00	41.7%
612 IC-Payroll Taxes -Ind Care	1,198.50	4,500.00	-3,301.50	26.6%
615 IC-Software	10,115.00	25,000.00	-14,885.00	40.5%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	1,955.00	25,000.00	-23,045.00	7.8%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	1,955.00	26,600.00	-24,645.00	7.3%
Total 600 - IC Healthcare Expenses	658,707.49	1,602,443.00	-943,735.51	41.1%
620 WSHD - Grants				
620.01 WCH/RMC	85,603.00	115,000.00	-29,397.00	74.4%
620.03 WSVEMS	187,998.85	265,403.04	-77,404.19	70.8%
620.05 East Chambers ISD	120,315.10	278,165.04	-157,849.94	43.3%
620.06 FQHC(Coastal)	398,828.08	823,734.00	-424,905.92	48.4%
620.09 Admin-Cont Ed-Med Pers.	3,138.89	8,647.44	-5,508.55	36.3%
Total 620 WSHD - Grants	795,883.92	1,490,949.52	-695,065.60	53.4%

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

	Jan - May 25	Budget	\$ Over Budget	% of Budget
630 NH Program				
630 NH Program-Mgt Fees	21,047,428.74	44,776,079.56	-23,728,650.82	47.0%
631 NH Program-IGT	24,425,316.33	59,470,097.67	-35,044,781.34	41.1%
632 NH Program-Telehealth Fees	150,753.55	400,000.00	-249,246.45	37.7%
633 NH Program-Acctg Fees	37,264.50	100,000.00	-62,735.50	37.3%
634 NH Program-Legal Fees	92,361.25	350,000.00	-257,638.75	26.4%
635 NH Program-LTC Fees	2,107,500.00	5,118,000.00	-3,010,500.00	41.2%
637 NH Program-Interest Expense	1,470,785.34	4,895,659.55	-3,424,874.21	30.0%
638 NH Program-Loan/Bank Fees	588.76	655,734.76	-655,146.00	0.1%
639 NH Program-Appraisal	7,734.00	96,000.00	-88,266.00	8.1%
641 NH Program-NH Manager	9,230.00	20,400.00	-11,170.00	45.2%
Total 630 NH Program	49,348,962.47	115,881,971.54	-66,533,009.07	42.6%
674 Prop Acquisition/Development	564,665.67	4,500,000.00	-3,935,334.33	12.5%
675 HWY 124 Expenses				
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%
Total 675 HWY 124 Expenses	15,602.61	52,500.00	-36,897.39	29.7%
Total Expense	51,513,224.59	123,967,349.06	-72,454,124.47	41.6%
Net Ordinary Income	3,372,251.27	1,177,340.94	2,194,910.33	286.4%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	148,938,145.85			
Total Other Income	148,938,145.85			
Other Expense				
640 Nursing Home Oper. Expenses	148,938,145.85			
Total Other Expense	148,938,145.85			
Net Other Income	0.00			
Net Income	3,372,251.27	1,177,340.94	2,194,910.33	286.4%

EXHIBIT “A-2”

CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
Golden Triangle (10 Months - November 20, 2025)					
RS Golden Triangle - Oak Grove	\$1,000,000.00	\$997,580.68	\$2,419.32	\$0.00	\$997,580.68
Balance Owed by Oak Grove	\$1,000,000.00	\$997,580.68	\$2,419.32	\$0.00	\$997,580.68
Total CHOW Loan Outstanding	\$1,000,000.00	\$997,580.68	\$2,419.32	\$0.00	\$997,580.68

**First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 26 (Acct #57635) (December 12, 2024 - November 30, 2025)
2nd Half of Year 8**

Annual Interest Rate: 7.00% Payments Per Year: 12 Origination Fee: \$302,900.00
 Years: 1 Amortization Table: \$29,290,000.00

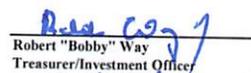
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-December 25, 2024			(\$112,205.02)	(\$112,205.02)	\$29,290,000.00
2-January 25, 2025			(\$175,536.72)	(\$175,536.72)	\$29,290,000.00
3-February 25, 2025			(\$176,758.56)	(\$176,758.56)	\$29,290,000.00
4-March 25, 2025			(\$159,652.89)	(\$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			(\$171,056.67)	(\$171,056.67)	\$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 (YR8 Q3)	\$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 (YR8 Q4)	\$14,645,000.00	(\$14,645,000.00)	(\$85,429.17)	(\$14,730,429.17)	\$14,645,000.00
Amount Paid	\$29,290,000.00	(\$29,290,000.00)	(\$1,740,830.91)	(\$31,030,830.91)	\$0.00

	Balance	District's Investments	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE						
Money Market-First Financial Bank	\$52,137.14		4.00%	May 2025	\$667.69	\$66,875.15
Texstar C.D. #1110	\$7,017,653.17		4.32	May 2025	\$34,014.27	\$182,764.57

TO THE BEST OF MY KNOWLEDGE, THESE FIGURES IN THE WSHD



Edward Murrell,
 President
 Date: 06/18/2025


 Robert "Bobby" Way
 Treasurer/Investment Officer
 Date: 06/18/2026

*Italics are Estimated amounts

BOANNED

EXHIBIT “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
May 22, 2025 to June 18, 2025

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							147,124.89
Check	05/22/2025		Entergy	ACH, Withdrawal, Processed	X	(189.56)	146,935.33
Deposit	05/23/2025			Deposit, Processed	X	4,250.00	151,185.33
Check	05/27/2025	4608	Graciela Chavez	Invoice 965985		(210.00)	150,975.33
General Jo...	05/27/2025	MV 04.25-1R	Graciela Chavez	Reverse of GJE MV 04.25-19 -- For CHK 4600 voided on 05/27/2025		210.00	151,185.33
Check	05/27/2025	4609	Benckenstein & Oxford	Invoice 51303 - SLP		(4,250.00)	146,935.33
Liability C...	05/29/2025		QuickBooks Payroll Service	Created by Payroll Service on 05/28/2025	X	(5,627.20)	141,308.13
Deposit	05/29/2025		Tony's BBQ	Deposit, Processed	X	3,500.00	144,808.13
Check	05/29/2025	4460	Dr. June Stansky, Optometrist	Check, Draft, Withdrawal, Processed		(60.00)	144,748.13
Paycheck	05/30/2025	DD1426	Carlo, Victoria M	Direct Deposit	X		144,748.13
Paycheck	05/30/2025	DD1427	Davis, Tina R	Direct Deposit	X		144,748.13
Paycheck	05/30/2025	DD1428	Barron, Kiela M	Direct Deposit	X		144,748.13
Check	05/30/2025		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(5,794.70)	138,953.43
Deposit	05/31/2025			Deposit, Processed	X	77.63	139,031.06
Liability C...	06/12/2025		QuickBooks Payroll Service	Created by Payroll Service on 06/11/2025		(5,594.33)	133,436.73
Paycheck	06/13/2025	DD1429	Barron, Kiela M	Direct Deposit	X		133,436.73
Paycheck	06/13/2025	DD1430	Carlo, Victoria M	Direct Deposit	X		133,436.73
Paycheck	06/13/2025	DD1431	Davis, Tina R	Direct Deposit	X		133,436.73
Check	06/18/2025	4610	Anesthesia Associates Group, P...			(275.63)	133,161.10
Check	06/18/2025	4611	Barrier Reef Emergency Physican			(97.49)	133,063.61
Check	06/18/2025	4612	Brookshire Brothers	The District had a credit this month see GL Totals		(1,345.25)	131,718.36
Check	06/18/2025	4613	Coastal Gateway Health Center			(787.49)	130,930.87
Check	06/18/2025	4614	Indigent Healthcare Solutions, ...	Invoice # 80019		(2,023.00)	128,907.87
Check	06/18/2025	4615	Dr. June Stansky, Optometrist	Batch Dates 05/08/25		(300.00)	128,607.87
Check	06/18/2025	4616	Bayside Dental	Batch Dates 05/08/25		(220.00)	128,387.87
Check	06/18/2025	4617	CABA Therapy Services dba Ph...	Batch Dates 05/10/25		(1,344.94)	127,042.93
Check	06/18/2025	4618	\$25 Optical	Batch Dates 05/08/25		(150.00)	126,892.93
Check	06/18/2025	4619	Gaudet Solutions	Batch Dates 05/07/25		(500.00)	126,392.93
Check	06/18/2025	4620	Kalos Counseling	Batch Dates 05/02/25		(595.00)	125,797.93
Check	06/18/2025	4621	Thompson Outpatient Clinic, LLC	Batch Dates 05/11/25		(1,095.41)	124,702.52
Check	06/18/2025	4622	UTMB Faculty Group Practice	Batch Dates 05/01/25		(3,455.12)	121,247.40
Check	06/18/2025	4623	UTMB at Galveston	Batch Dates 05/01/25		(38,607.09)	82,640.31
Check	06/18/2025	4624	Waheeda Mathani, Md	Batch Dates 05/30/25		(485.96)	82,154.35
Check	06/18/2025	4625	Wilcox Pharmacy	Batch Dates 05/03/25		(1,075.53)	81,078.82
Check	06/18/2025	4626	3Branch & More	June 2025		(9,324.41)	71,754.41
Check	06/18/2025	4627	Benckenstein & Oxford	Invoice No. 51327		(8,600.00)	63,154.41
Check	06/18/2025	4628	Benckenstein & Oxford	Fundamental Payment of Inv 51302		(9,900.00)	53,254.41
Check	06/18/2025	4629	Coastal Gateway Health Center	Grant Pmt June		(68,644.50)	(15,390.09)
Check	06/18/2025	4630	Felipe Ojeda	Invoice# 1063		(350.00)	(15,740.09)
Check	06/18/2025	4631	Function 4	3A0064 INV1214137		(105.00)	(15,845.09)
Check	06/18/2025	4632	Graciela Chavez	965986		(140.00)	(15,985.09)
Check	06/18/2025	4633	Philadelphia Insurance Compa...	Invoice number: 2008178478		(14,538.00)	(30,523.09)
Check	06/18/2025	4634	Vidal Accounting, PLLC	00096		(5,985.00)	(36,508.09)
Check	06/18/2025	4635	Hubert Oxford	Retainer		(1,000.00)	(37,508.09)
Check	06/18/2025	4636	Coastal Gateway Health Center	Marketing Grant June Pmt		(2,787.00)	(40,295.09)
Check	07/01/2025	4637	Winnie-Stowell Volunteer EMS	Qtrly Grant Pmt July		(38,193.60)	(78,488.69)
Total 100 Prosperity Bank -Checking						(225,613.58)	(78,488.69)
102 First Financial Bank							15,127,835.49
102b FFB #4846 DACA							14,903,929.50
Check	05/22/2025			MQL-Q42024Winnie-Stowell HCCD 1611500560	X	(20,927.00)	14,883,002.50
Check	05/22/2025			UHCQ4QLTY Winnie-Stowell HCCD 1611500560	X	(28,714.00)	14,854,288.50
Check	05/22/2025			UHC QLTYSWinnie-Stowell HCCD 1611500560	X	(52,215.18)	14,802,073.32
Check	05/27/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	179,450.00	14,981,523.32
Check	05/27/2025			Transfer from XXX4846 to XXX2026: Conf #:26122912	X	(14,736,124.45)	245,398.87
Check	05/30/2025			OGN LN Winnie-Stowell HCCD 1611500560		(80,122.16)	165,276.71
Total 102b FFB #4846 DACA						(14,738,652.79)	165,276.71
102c FFB #7190 Money Market							223,905.99
Check	05/27/2025			Transfer from XXX7190 to XXX1984: Conf #:26122896		(171,056.67)	52,849.32
Total 102c FFB #7190 Money Market						(171,056.67)	52,849.32
Total 102 First Financial Bank						(14,909,709.46)	218,126.03
TOTAL						(15,135,323.04)	139,637.34

EXHIBIT “B”

This is NOT a Tax Statement - Do NOT Pay From This Notice.

Mitch McCullough, RPA
 Chambers Co Appraisal District
 PO Box 1520
 Anahuac, Texas 77514
 Phone: 409-267-3795
 Fax: 409-267-6192



Location of ARB Hearings:

Chambers CAD
 1222 S. Ross Sterling
 Anahuac, TX 77514
 409-267-3795

Protest Deadline: **06/23/2025**
 ARB Hearings to Begin: **5/27/25 9:00 am**
 Owner ID: **79237**

Online Account PIN: **0000000000000000000077501**

Website: WWW.CHAMBERSCAD.ORG Email: arb@chamberscad.org

Postmark Date: 05/21/2025

00001833 1 SP 0.730 8
 COASTAL GATEWAY HEALTH CENTER
 2584 TX-124
 WINNIE, TX 77665

Dear Property Owner:

This appraisal on the property listed below is for the 2025 tax year.

Beginning August 7th, visit Texas.gov/PropertyTaxes to find a link to your local property tax database on which you can easily access information regarding your property taxes, including information regarding the amount of taxes that each entity that taxes your property will impose if the entity adopts its proposed tax rate. Your local property tax database will be updated regularly during August and September as local elected officials propose and adopt the property tax rates that will determine how much you pay in property taxes.

The 5th Year History data is not available on this property.

ACCOUNT NUMBER / PROPERTY DESCRIPTION	APPRAISAL INFORMATION	LAST-YEAR APPRAISED VALUE	CURRENT YEAR MARKET VALUE	PROPOSED 2025 TAXABLE VALUE
ACCOUNT: 88888-00647-00001-006961 PARCEL: 68805/1 PROPERTY 2584 SH 124 ADDRESS: WINNIE, TX 77665 LEGAL: BUSINESS PERSONAL PROPERTY ACRES: 0.0000 CATEGORY: XVL Prop Type: P INTEREST: 1.000000 EXEMPT	Total Personal Property Value	25,000	25,000	25,000
	Total Proposed Taxable Value	25,000		25,000
	Total Proposed Taxable Value <i>(with HS Cap/Circuit Breaker if applicable)</i>	25,000		25,000

Taxing Units	Exemption Type for Last Year	Exemption Amount for Last Year	Exemption Type for Current Year	Exemption Amount for Current Year	Exemption Amount Cancelled or Reduced from Last Year	Last Year Taxable Value (less exemptions)	Current Year Taxable Value (less exemptions)	Estimated Tax Rate	Proposed Tax Estimate
CHAMBERS COUNTY		25,000		25,000	0	0	0	0.35645700	\$0.00
Chambers Co School Fund		25,000		25,000	0	0	0	0.02457800	\$0.00
CHAMBERS COUNTY ROAD		25,000		25,000	0	0	0	0.05900000	\$0.00
EAST CHAMBERS ISD		25,000		25,000	0	0	0	1.11190000	\$0.00
TRINITY BAY CONV DIST		25,000		25,000	0	0	0	0.29616300	\$0.00
ESTIMATE OF PROPERTY'S TOTAL TAXES:									\$0.00

**** (THIS IS NOT A TAX BILL. DO NOT PAY) ****

The governing body of each taxing unit decides whether taxes on the property will increase and the appraisal district only determines the property's value. The Texas Legislature does not set the amount of your local taxes. Your property tax burden is decided by your locally elected officials, and all inquiries concerning your taxes should be directed to those officials.

If you qualified your home for an **age 65 or older or disabled person homestead exemption** for school taxes, the school taxes on that property cannot increase as long as you own and live in that home. The tax ceiling is the amount you pay in that year that you qualified for the age 65 or older or disabled person exemption. The school taxes on your home may not go above the amount of the ceiling, unless you improve the home (other than normal repairs or maintenance).

Enclosed are copies of the following documents published by the Texas Comptroller of Public Accounts: (1) Property Taxpayer Remedies; and (2) notice of protest. **The Appraisal Review Board will begin hearing protests on 5/27/2025 9:00:00AM.** To file a protest, complete the notice of protest form by following the instructions included on the form and, no later than **06/23/2025**, mail or deliver the form to the appraisal review board at the following address: PO Box 1520, Anahuac, Texas 77514.

Property owners who file a notice of protest with the appraisal review board (ARB) may request an informal conference with the appraisal district to attempt to resolve a dispute prior to a formal ARB hearing. In counties with populations of 1 million or more, property owners may request an ARB special panel for certain property protests. Contact your appraisal district for further information.

Sincerely,
 Mitch McCullough, RPA, Chief Appraiser - Chambers Co Appraisal District

Attention for Non-Homestead Properties: Under Section 23.231, Tax Code, for the 2024, 2025, and 2026 tax years, the appraised value of real property other than a residence homestead for ad valorem tax purposes may not be increased by more than 20 percent each year, with certain exceptions. The circuit breaker limitation provided under Section 23.231, Tax Code, expires December 31, 2026. Unless this expiration date is extended by the Texas Legislature, beginning in the 2027 tax year, the circuit breaker limitation provided under Section 23.231, Tax Code, will no longer be in effect and may result in an increase in ad valorem taxes imposed on real property previously subject to the limitation.

This is NOT a Tax Statement.

NOTICE OF APPRAISED VALUE

Do NOT Pay From This Notice.

Owner ID: 79237

COASTAL GATEWAY HEALTH CENTER
2584 TX-124
WINNIE, TX 77665

Online Account PIN: 000000000000000000077501

INFORMATION REGARDING ONLINE PROTESTS

The Chambers Co Appraisal District is offering the option to electronically file a Notice of Protest on your property. This is mandated by the Texas Property Tax Code Section 41.415.

When you receive your property Notice of Appraised Value in the mail, you may choose to protest your value online by visiting our website at WWW.CHAMBERSCAD.ORG and use the following instructions.

Click on the "Online Protest" menu item located under Services. If you choose to come in to the appraisal district or call the appraisal district and initiate an inquiry and/or send in your protest by mail, you will not be able to protest online.

You will need to create an online profile to submit a protest online. If you have not already done so, you can click the "Sign Up" button and enter your information. Once you have signed in, you will be able to add your property to your dashboard.

Enter your Online Owner PIN (that is located on your Notice of Appraised Value) in the box and click "Add Property". You can then click on the house icon to view your property details and click on "File A Protest".

If you have already created an online profile, please sign in and follow the steps above by clicking on the house to view the property details and click on "File A Protest".

If you think you should be eligible to file a protest online but cannot, please contact us at 409-267-3795.

Fill out the form by answering all questions. When all questions are completed, you will be required to agree to sign the protest digitally, and you will have the ability to view and/or print your own copy of the protest for your records. A copy of your protest will also be saved on your dashboard to access at any time.

The Chambers Co Appraisal District will receive a notification of your protest and will contact you regarding your request.

You or your property (including inherited property) may qualify for one of these residence homestead exemptions. Contact your appraisal district for more information.

Partial Exemptions	Total Exemptions
<ul style="list-style-type: none"> • General Residence homestead • Disabled veteran or surviving spouse/child • Person age 65 or older or surviving spouse • Disabled person • Temporary damage by disaster • Donated Residence Homestead of Partially Disabled Veteran 	<ul style="list-style-type: none"> • 100% disabled veteran or surviving spouse • Surviving spouse of armed services member killed in line of duty • Surviving spouse of a first responder killed or fatally injured in the line of duty

Property Owner's Notice of Protest

Form 50-132-A

for Counties with Populations Less than 120,000

Tax Year: _____

Appraisal District's Name _____

Appraisal District Account Number (if known) _____

GENERAL INFORMATION: A property owner or an owner's designated agent can use this form to file a protest with the appraisal review board (ARB) pursuant to Tax Code Section 41.41. Lessees contractually obligated to reimburse a property owner for property taxes may be entitled to protest as a lessee if all Tax Code requirements are met, including those in Tax Code Section 41.413.

FILING INSTRUCTIONS: File this document and all supporting documentation with the appraisal district office in the county in which the property is taxable. **Do not file this document with the Texas Comptroller of Public Accounts.**

SECTION 1: Property Owner or Lessee

- Person Age 65 or Older Disabled Person Military Service Member Military Veteran Spouse of a Military Service Member or Veteran

Name of Property Owner or Lessee _____

Mailing Address, City, State, Zip Code _____

Phone Number (area code and number) _____

SECTION 2: Property Description

Physical Address, City, State, Zip Code (if different than above) – If no street address, provide legal description _____

Mobile Home Make, Model and Identification (if applicable) _____

SECTION 3: Reasons for Protest

To preserve your right to present each reason for your ARB protest according to law, be sure to select all boxes that apply. Failure to select the box that corresponds to each reason for your protest may result in your inability to protest an issue that you want to pursue.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Incorrect appraised (market) value and/or value is unequal compared with other properties. | <input type="checkbox"/> Incorrect appraised or market value of land under special appraisal for ag-use, open-space or other special appraisal. |
| <input type="checkbox"/> Property should not be taxed in _____ (taxing unit). | <input type="checkbox"/> Ag-use, open space or other special appraisal was denied, modified or cancelled. |
| <input type="checkbox"/> Failure to send required notice. _____ (type) | <input type="checkbox"/> Change in use of land appraised as ag-use, open-space or timberland. |
| <input type="checkbox"/> Exemption was denied, modified or cancelled. | <input type="checkbox"/> Owner's name is incorrect. |
| <input type="checkbox"/> Property description is incorrect. | <input type="checkbox"/> Temporary disaster damage exemption was denied or modified. |
| <input type="checkbox"/> Property is not located in this appraisal district or otherwise should not be included on the appraisal district's records. | <input type="checkbox"/> Incorrect damage assessment rating for a property qualified for a temporary disaster exemption. |
| <input type="checkbox"/> Circuit breaker limitation on appraised value for non-homestead real property was denied, modified or cancelled. | <input type="checkbox"/> Other: _____ |

SECTION 4: Additional Facts

What is your opinion of your property's value? (Optional) \$ _____

Provide facts that may help resolve this protest: _____

SECTION 5: Hearing Type

Do you request an informal conference with the appraisal office before the protest hearing? Yes No

Do you request a single-member ARB panel or a regular panel of at least three members? Single-member panel Regular panel

A property owner does not waive the right to appear in person at a protest hearing by submitting an affidavit to the ARB or by electing to appear by telephone conference call.

I intend to appear in the ARB hearing scheduled for my protest in the following manner (check only one box):

- In person On written affidavit submitted with evidence and delivered to the ARB before the hearing begins.
- By telephone conference call or videoconference and will submit evidence with a written affidavit delivered to the ARB before the hearing begins. **** (Moy use Comptroller Form 50-283, Property Owner Affidavit of Evidence)**

**If you decide later to appear by telephone conference call or videoconference, you must provide written notice to the ARB at least 10 days before the hearing date. You are responsible for providing access to the call to any persons(s) you wish to invite to participate in the hearing. Review the ARB's hearing procedures for county-specific telephone conference call procedures.

SECTION 6: ARB Hearing Notice and Procedures

I request my notice of hearing to be delivered by (check one box only):

- Regular first-class mail Certified mail and agree to pay the cost (if applicable)

If a protest goes to a hearing, the ARB automatically sends each party a copy of the ARB's hearing procedures.

I want the ARB to send me a copy of its hearing procedures. Yes No

SECTION 7: Certification and Signature

- Property owner Property Owner's Agent Other: _____

Print Here  _____
Print Name of Property Owner or Authorized Representative

Sign Here  _____
Signature of Property Owner or Authorized Representative

_____ Date

Important Information

GENERAL INFORMATION

This form is for use by a property owner or an owner's designated agent to file a protest with ARB pursuant to Tax Code Section 41.41. Lessees contractually obligated to reimburse a property owner for property taxes may be entitled to protest as a lessee if all Tax Code requirements are met, including those in Tax Code Section 41.413.

FILING INSTRUCTIONS This form and all supporting documentation must be filed with the appraisal district office in each county in which the property is located. **Do not file this document with the Texas Comptroller of Public Accounts.** Contact Information for appraisal district offices may be found on the Comptroller's website.

VIDEOCONFERENCES

Videoconference hearings are not available in counties with a population of less than 100,000 that lack the technological capabilities to conduct a videoconference. (Tax Code Section 41.45(b-4)).

SINGLE-MEMBER PANELS

An ARB must provide the option of a single-member panel hearing if requested in the Notice of Protest or submitted in writing to the ARB not later than the 10th day before the

hearing date. (Tax Code Section 41.45(b-4)).

ELECTRONIC DELIVERY OF COMMUNICATIONS

A property owner or their authorized representative may request electronic communications from a tax official under Tax Code Section 1.085(a-1) by using Form 50-843, Request for Electronic Delivery of Communications with a Tax Official. The form must be filed with the applicable tax official in the county where the property is located.

DEADLINES

With exceptions, the typical deadline for filing a notice of protest is midnight, May 15 (Tax Code Section 41.44). Contact the ARB for the county in which the property is located for the specific protest filing deadline.

NOTICE

The Comptroller's office may not advise a property owner, a property owner's agent, the chief appraiser or any appraisal district employee on a matter that the Comptroller's office knows is the subject of an ARB protest. Consult Tax Code Chapter 41 or the ARB hearing procedures for more information.

Property Tax Protest and Appeal Procedures

Property owners have the right to protest actions concerning their property tax appraisals. You may follow these appeal procedures if you have a concern about:

- your properties appraised (market) value;
- the unequal value of your property compared with other properties;
- your property's inclusion on the appraisal records;
- any exemptions that may apply to you;
- the qualification for an agricultural or timber appraisal;
- the taxing units taxing your property;
- the property's ownership;
- the change of use of land receiving special appraisal;
- failure of the chief appraiser or appraisal review board (ARB) to send a required notice;
- the denial, modification or cancellation of the circuit breaker limitation on appraised value; or
- any action taken by the appraisal district or ARB that applies to and adversely affects you.

INFORMAL REVIEW

For information about informal review and obtaining property tax records, call your appraisal district at the number listed on the Notice of Appraised Value.

REVIEW BY THE ARB

If you cannot resolve your problem informally with the appraisal district, you have the right to have your case heard by the ARB.

The ARB is an independent board of citizens that hears and determines protests regarding property appraisals or other concerns listed above. It has the power to order the appraisal district to make the necessary changes based on evidence heard during the ARB hearing.

If you file a written request for an ARB hearing (notice of protest) before the deadline, the ARB will set your case for a hearing and send you written notice of the time, date, place and subject of the hearing. If necessary, you may request a hearing in the evening or on a Saturday. You may use Comptroller Form 50-132A, *Property Appraisal – Notice of Protest*, to file your written request for an ARB hearing.

Prior to your hearing, you may request a copy of the evidence the appraisal district plans to introduce at the hearing to establish any matter at issue. Before a hearing on a protest or immediately after the hearing begins, you or your authorized representative and the appraisal district are required to provide each other with a copy of any materials (evidence) intended to be offered or submitted to the ARB at the hearing. Evidence may be submitted for any hearing type either on paper or on a small portable electronic device (such as a CD, USB flash drive or thumb drive) which will be kept by the ARB. **DO NOT** bring evidence on a smart phone. The ARB's hearing procedures regarding all the requirements to properly submit evidence on a small portable electronic device must be reviewed.

To the greatest extent practicable, the hearing will be informal. You or your authorized representative may appear in person, by telephone conference or videoconference call

or by submission of a written affidavit to present your evidence, facts and argument. You must indicate the type of hearing you request on your written notice of protest filed with the ARB not later than the 10th day before the hearing date and provide your evidence and written affidavit before the ARB hearing begins. You may use Comptroller Form 50-283, *Property Owner's Affidavit of Evidence to the Appraisal Review Board*, to submit evidence for your telephone conference call hearing or for hearing by affidavit.

You and the appraisal district representative have the opportunity to present evidence about your case. In most cases, the appraisal district has the burden of establishing the property's value by a preponderance of the evidence presented.

In certain protests, the chief appraiser has the burden of proving the property's value by clear and convincing evidence. You should review ARB hearing procedures to learn more about evidence and related matters.

You should not try to contact ARB members outside of the hearing. ARB members are required to sign an affidavit saying that they have not talked about your case before the ARB hears it.

If you believe that the ARB or chief appraiser failed to comply with an ARB procedural requirement, you may file a complaint with the local taxpayer liaison officer. If it is not resolved by the ARB or chief appraiser, you can request limited binding arbitration to compel the ARB or the chief appraiser to comply.

REVIEW BY THE DISTRICT COURT, AN ARBITRATOR OR SOAH

After it decides your case, the ARB must send you a copy of its order by certified mail. If you are not satisfied with the ARB's decision, you have the right to appeal to district court. As an alternative to district court, you may appeal through regular binding arbitration or the State Office of Administrative Hearings (SOAH) if you meet the qualifying criteria.

If you choose to go to district court, you must start the process by filing a petition with the district court within 60 days of the date you receive the ARB's order. If you choose to appeal through regular binding arbitration, you must file a request for regular binding arbitration not later than the 60th day after you receive the notice of the ARB order. Additional information on how to appeal through regular binding arbitration will be included with the ARB's order of determination. If you choose to appeal to the SOAH, you must file an appeal with the appraisal district not later than the 30th day after you receive notice of the ARB's order. Appeals to district court, regular binding arbitration or SOAH all require payment of certain fees or deposits.

TAX PAYMENT

You must pay the amount of taxes due on the portion of the taxable value not in dispute, the amount of taxes due on the property under the order from which the appeal is taken or the amount of taxes due in the previous year.

MORE INFORMATION

You can get more information by contacting your appraisal district at the address and telephone number shown on the Notice of Appraised Value. You can get Comptroller forms and additional information on how to prepare a protest from the Comptroller's website at comptroller.texas.gov/taxes/property-tax/.

Deadline for Filing Protests with the ARB*

USUAL DEADLINE

Not later than May 15 (or within 30 days after a notice of appraised value was mailed to you, whichever is later). Late protests are allowed for good cause if you miss the usual deadline. The ARB decides whether you have good cause. Late protests are not allowed after the ARB approves the appraisal records for the year.

SPECIAL DEADLINES

For change of use (the appraisal district informed you that you are losing agricultural appraisal because you changed the use of your land), the deadline is not later than the 30th day after the notice of the determination was delivered to you. For ARB changes (the ARB has informed you of a change that increases your tax liability and the change did not result from a protest you filed), the deadline is not later than the 30th day after the notice of the change was delivered to you.

If you believe the appraisal district or ARB should have sent you a notice and did not, you may file a protest until the day before taxes become delinquent (usually Feb. 1) or no later than the 125th day after the date you claim you received a tax bill from one or more of the taxing units that tax your property. The ARB decides whether it will hear your case based on evidence about whether a required notice was mailed to you.

*The deadline is postponed to the next business day if it falls on a weekend or legal, state or national holiday.

EXHIBIT “C”



June 18, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In May, the Indigent Care Program experienced an increase of six (6) clients.

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

All budgetary items remain within established limits. There are no billing issues to report.

Vendor Request

The Winnie-Stowell Volunteer EMS submitted a request to increase their reimbursement rates from the current Indigent Care (Medicaid) Rates to the prevailing CMS rates. This request was presented to the Indigent Care (IC) Committee for consideration. Upon review, the Committee noted that no other vendor is reimbursed above the Texas State Indigent Care Rate. As such, the Committee determined that an increase was not warranted, and no further action is necessary, as reimbursements are limited to the approved Texas Indigent Care Rates.

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, Mar, Apr, May, YTD Monthly Average. Rows include Indigent Care Clients, Youth Counseling, and Irlen Services.

3. Renewals & Approvals:

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



Services Usage

Youth Counseling:

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

Dental:

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

Vision Services:

- Six (6) clients used their benefit in May.

4. Indigent Care Vendor Payment Trends:

Service Provider	Mar	Apr	May	YTD Monthly Average
Local Clinics	\$ 2,207.96	\$ 3,514.39	\$ 3,227.84	\$ 2,897.13
UTMB (Includes Charity Care)	\$ 73,109.15	\$ 32,038.68	\$ 42,159.70	\$ 30,237.21
Riceland Medical Center	\$ 44,205.50	\$ 48,113.96	\$ 37,682.65	\$ 41,013.63
Pharmacy Costs (Includes Charity Care)	\$ 3,479.07	\$ 3,609.89	\$ 3,042.22	\$ 3,836.50
Indigent Special Services (Dental & Vision)	\$ 1,170.00	\$ 2,070.00	\$ 670.00	\$ 1,052.60
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 170.00
Non Contract ER Services (Includes WSEMS)	\$ 246.12	\$ 371.70	\$ 761.59	\$ 275.88
Other Services				
Irlen Services	\$ -	\$ -	\$ 500.00	\$ 100.00
Youth Counseling	\$ 255.00	\$ 510.00	\$ 595.00	\$ 408.00
<i>Total</i>	<i>\$ 124,672.80</i>	<i>\$ 90,228.62</i>	<i>\$ 88,639.00</i>	<i>\$ 79,990.95</i>

5. YTD Budget Expenditures:

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$18,908.88	24%
WCH	\$435,700.00	\$205,068.17	47%
UTMB	\$300,000.00	\$151,186.04	50%
Youth Counseling	\$25,000.00	\$2,040.00	8%
Irlen	\$1,600.00	\$500.00	31%
Dental	\$28,000.00	\$4,413.00	16%
Vision	\$2,750.00	\$850.00	31%
CGHC Clinic	\$25,000.00	\$4,244.05	17%
Thompson Clinic	\$18,000.00	\$4,665.68	26%
Other Non-Contract/Unspecified Services	\$35,000.00	\$7,805.31	22%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$273.61	5%
Adjustments & Credits			
TOTALS	\$976,050.00	\$399,954.74	41%



6. Riceland Medical Center 2025 Expenditure Breakdown:

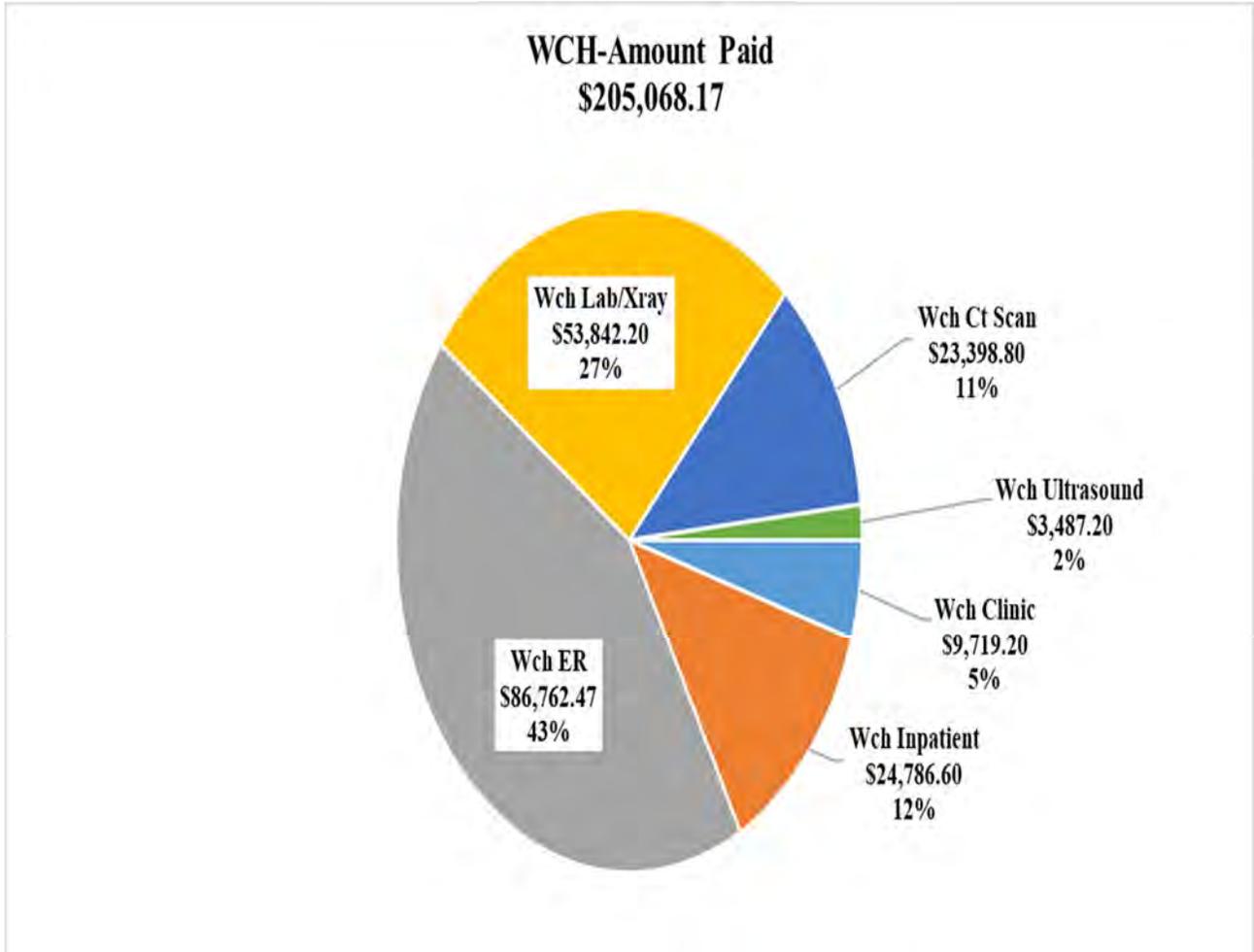


EXHIBIT “D”



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

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2733
TOTAL HOURS DRIVEN			127.17
TOTAL EXPENSES FOR MONTH			\$563.31
FUEL COST			\$563.31
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			27
TOTAL WSHD RIDERS			0
TOTAL TRIPS			56
TOTAL TRIPS FOR WSHD RIDERS			0
VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			3866
TOTAL HOURS DRIVEN			172.42
TOTAL EXPENSES FOR MONTH			\$800.37
FUEL COST			\$752.82
REPAIRS & MAINTENANCE COST	oil change		\$47.55
MISC EXPENSES			\$0.00
TOTAL RIDERS			14
TOTAL WSHD RIDERS			0
TOTAL TRIPS			56
TOTAL TRIPS FOR WSHD RIDERS			0
VEHICLE #3		RAV 4	
TOTAL MILES DRIVEN			5262
TOTAL HOURS DRIVEN			192.00
TOTAL EXPENSES FOR MONTH			\$1,052.20
FUEL COST			\$867.30
REPAIRS & MAINTENANCE COST	parking fee, new tire		\$130.60
MISC EXPENSES	oil change, labor		\$54.30
TOTAL RIDERS			29
TOTAL WSHD RIDERS			1
TOTAL TRIPS			68
TOTAL TRIPS FOR WSHD RIDERS			1
VEHICLE #4		VAN #3	
TOTAL MILES DRIVEN			2446
TOTAL HOURS DRIVEN			135.00
TOTAL EXPENSES FOR MONTH			\$891.02
FUEL COST			\$362.58
REPAIRS & MAINTENANCE COST	tire, labor		\$225.42
MISC EXPENSES	oil change, 2 tires, labor		\$303.02
TOTAL RIDERS			30
TOTAL WSHD RIDERS			0
TOTAL TRIPS			47
TOTAL TRIPS FOR WSHD RIDERS			0
GRAND TOTALS			
MILES DRIVEN			14307
RIDERS			100
WSHD RIDERS			1
TRIPS			227
WSHD TRIPS			1
EXPENSES			\$3,306.90

 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	Apr-25	May-25	YTD DATE
CALL SUMMARY							
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	5	50
CALLS/TRANSPORTS MADE							
INSURED	89	10	7	7	8	5	37
SELF-PAY	18	0	0	0	2	0	2
TOTAL CALLS MADE	107	10	7	7	10	5	39
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	4	0	11
PERCENTAGE OF CALLS MADE INVOICED/BILLED	84.3%	71.4%	77.8%	87.5%	71.4%	100.0%	78.0%
Insurance Billed for Services this Month	\$143,279.23	\$14,891.22	\$12,950.57	\$12,715.23	\$19,868.00	\$13,101.00	\$73,526.02
Self-Pay Billed for Services this Month	\$14,579.19	\$0.00	\$0.00	\$0.00	\$5,684.00	\$2,710.00	\$8,394.00
Total	\$157,858.42	\$14,891.22	\$12,950.57	\$12,715.23	\$25,552.00	\$15,811.00	\$81,920.02
PAYMENTS RECEIVED							
Insurance Payments Rcvd for Services this Month	\$53,989.68	\$3,474.47	\$1,048.57	\$3,496.41	\$0.00	\$0.00	\$8,019.45
Self-Pay Billed Rcvd for Services this Month	\$11,645.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$65,634.82	\$3,474.47	\$1,048.57	\$3,496.41	\$0.00	\$0.00	\$8,019.45
ACCOUNTS RECEIVABLE-FUNDS OWED							
Owed by Insurance for Services this Month	\$52,042.81	\$11,416.73	\$11,902.00	\$9,218.79	\$19,868.00	\$13,101.00	\$65,506.52
Owed by Self-Pay for Services this Month	\$3,424.94	\$0.00	\$0.00	\$0.00	\$5,684.00	\$2,710.00	\$8,394.00
Total	\$55,467.75	\$11,416.73	\$11,902.00	\$9,218.79	\$25,552.00	\$15,811.00	\$73,900.52
STAFFING EXPENSES							
	\$151,378.66	\$12,931.21	\$11,687.66	\$12,896.43	\$12,522.49	\$12,916.08	\$62,953.87

May-24						
MONTHLY CALLS/TRANSPORTS REPORT						
CALLS REQUESTED			CALL RESULTS			BILLING DETAILS
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSIMS Incident#
5/5/2025	RiceLand ER	UTMB Galveston	M			25-13491
5/11/2025	RiceLand ER	St. Elizabeth Beaumont	M			25-14165
5/26/2025	RiceLand ER	Texas Childrens TMC	M			25-1907
5/29/2025	RiceLand ER	Texas Women's Hospital Houston	M			25-16347
5/31/2025	RiceLand ER	Baytown Methodst	M			25-16321
TOTAL CALLS & RESULTS			5	0	0	

May-24													
MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL													
DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
5/1/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/2/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/3/2025	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
5/4/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/5/2025	Steven Hilton	8:22am - 7pm	\$17.39	12	\$208.71	10.63	(1.4)	0	\$184.88	(\$23.83)	\$22.00	\$233.86	(\$48.98)
5/5/2025	Ron Nichols	7pm - 7am	\$17.39	12	\$208.71	12	0.0	0	\$208.71	\$0.00	\$22.00	\$264.00	
5/6/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/7/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/8/2025	Nicole Silva	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
5/9/2025	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/10/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/11/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/12/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/13/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/14/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/15/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/16/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/17/2025	Jeff Gibson	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
5/18/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/19/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
5/20/2025	Chris Reviere	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
5/21/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/22/2025	Nicole Silva	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
5/23/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/24/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/25/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/26/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
5/27/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/28/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/29/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
5/30/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
5/31/2025	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
TOTAL SALARY EXPENSE FOR THE MONTH:			\$17.39	744.00	\$12,939.91	742.63	(1.4)	0	\$12,916.08	(\$23.83)	\$20.38	\$15,089.86	(\$2,173.78)



Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	YTD
CLIENTS SERVED							
ICAP	10	15	25	18	29	35	122
Non-ICAP	21	23	19	31	27	60	160
Total Clients Served	31	38	44	49	56	95	282
BENEFIT APPLICATION TYPE							
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	2	17
Prescription Assistance Program (PAP)	2	0	22	6	2	0	30
Medicaid	17	10	3	12	11	14	50
Medicare	1	2	0	2	0	0	4
Medicare Savings Plan	2	3	0	3	1	3	10
Food Stamps (SNAP)	43	17	22	28	34	47	148
Supplemental Security Income (SSI)	8	6	3	1	11	3	24
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	5	29
Unemployment/Texas Workforce	3	1	0	2	3	2	8
Housing	2	0	2	4	0	1	7
Utilities	2	0	0	1	0	0	1
Legal Aid	0	1	0	0	0	0	1
OTHER	2	3	2	1	2	1	9
Total Applications Facilitated	94	56	62	66	76	78	338
EXPENSES							
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$6,459.92	\$6,500.00	\$32,009.92
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$4.00	\$1,395.66
Total	\$26,655.95	\$7,116.00	\$7,053.03	\$6,268.63	\$6,463.92	\$6,504.00	\$33,405.58
BUDGET REMAINING	\$85,237.05	\$104,777.00	\$97,723.97	\$91,455.34	\$84,991.42	\$78,487.42	\$78,487.42

EXHIBIT “E”



Report to Winnie-Stowell Hospital District

June 18, 2025

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

- Working to enroll in the 340B Drug Discount, the next open enrollment period is July 1 – July 15th. We are looking to add both Wilcox Pharmacy and Brookshire Brothers as our ‘contract pharmacy’. See attached document on an overview of how the 340B program works.
- DSHS Incubator grant. Currently working with vendors for pricing to begin ordering additional equipment (to be stored offsite) for the future, proposed building. All must be ordered and delivered by August 31, 2025 to be in compliance with grant.
- Grants
 - **United Way grant.** We will receive continued funding for the FY 2025-2026 grant cycle. Funding amount = **\$46,166**.
- **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.
- 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 has been completed, the countertop was installed last week. The storage unit project is set to begin soon.
- Looking to make an offer to a new mid-level provider within the next couple of weeks.
- Statistical report for May is attached for your review; there were 400 patient encounters.
- We are continuing to work with Durbin and Co. (or now re-branded as D&Co.) on the following areas:
 - Financial and revenue cycle management review—this has been completed.
 - Completion of cost report (so that we will be able to re-credential for our PPS rate with CMS)—not started.
 - Assist with interview candidates for the Director of Finance position. The current Director of Finance resigned and will be leaving the health center in a couple of months.

EXHIBIT “F”

Facility ID	Operator	Facility Name	Q2 Comp 1				Q2 Comp 2				Q2 Comp 3				Q2 Comp 4				Total Q2				Total YTD			
			# of Metrics Hit	# of Metrics Missed	% Metrics Attained	Payout % Earned	# of Metrics Hit	# of Metrics Missed	% Metrics Attained	Payout % Earned	# of Metrics Hit	# of Metrics Missed	% Metrics Attained	Payout % Earned	# of Metrics Hit	# of Metrics Missed	% Metrics Attained	Payout % Earned	# of Metrics Hit	# of Metrics Missed	% Metrics Attained	Payout % Earned	# of Metrics Hit	# of Metrics Missed	% Metrics Attained	Payout % Earned
5256	ReGENCY	Spindletop Hill Nursing and Rehabilitation Center	5	-	100.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	66.67%	1	1	50.00%	50.00%	9	4	69.23%	69.23%	19	7	73.08%	73.08%
5297	ReGENCY	Hallettsville Nursing and Rehabilitation Center	3	2	60.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	66.67%	2	1	66.67%	66.67%	8	5	61.54%	100.00%	18	8	69.23%	69.23%
5234	ReGENCY	Monument Hill Nursing and Rehabilitation Center	3	-	100.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	66.67%	2	1	66.67%	66.67%	5	7	41.67%	50.00%	12	12	50.00%	50.00%
5203	ReGENCY	The Woodlands Nursing and Rehabilitation Center	4	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	12	9	60.00%	60.00%	18	8	69.23%	69.23%
4154	Caring	Garrison Nursing Home & Rehabilitation Center	5	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	13	-	100.00%	100.00%	26	-	100.00%	100.00%
4376	Caring	Golden Villa	4	1	80.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	12	1	92.31%	25	1	96.15%	96.15%	
110208	Caring	Highland Park Rehabilitation & Nursing Center	3	-	100.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	66.67%	2	1	66.67%	66.67%	8	4	66.67%	66.67%	16	3	84.00%	84.00%
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	5	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	12	1	92.31%	21	4	84.00%	84.00%	
4730	Caring	Marshall Manor West	5	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	13	-	100.00%	25	1	96.15%	96.15%	
4798	Caring	Rose Haven Retreat	4	1	80.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	66.67%	2	-	100.00%	100.00%	11	2	84.62%	21	4	84.00%	84.00%	
5182	Caring	The Villa at Teawaters	4	-	100.00%	100.00%	2	3	0.00%	0.00%	3	-	100.00%	100.00%	8	5	61.54%	61.54%	17	9	65.38%	65.38%				
5250	Caring	Oak Brook Health Care Center	5	-	100.00%	100.00%	4	1	80.00%	100.00%	2	1	66.67%	66.67%	2	-	100.00%	100.00%	12	1	92.31%	23	3	86.46%	86.46%	
5281	Caring	Gracy Woods Nursing Center	3	2	60.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	10	3	76.92%	20	6	76.92%	76.92%	
5106	Nexxon	Flatonis Nursing Center	2	2	50.00%	100.00%	2	1	66.67%	100.00%	2	-	100.00%	100.00%	3	-	100.00%	100.00%	9	3	75.00%	19	5	79.17%	79.17%	
100790	HMG	Park Manor of Conroe	3	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	13	-	100.00%	25	1	96.15%	96.15%	
4456	HMG	Park Manor of Cyfair	3	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	9	3	75.00%	16	8	66.67%	66.67%	
101489	HMG	Park Manor of Cypress Station	4	1	80.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	10	3	76.92%	20	6	76.92%	76.92%	
101633	HMG	Park Manor of Humble	3	1	75.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	1	1	50.00%	50.00%	8	4	66.67%	19	6	75.00%	75.00%	
102417	HMG	Park Manor of Quail Valley	2	2	50.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	8	4	66.67%	15	9	62.50%	62.50%	
102294	HMG	Park Manor of Westchase	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	11	1	91.67%	20	4	83.33%	83.33%	
104681	HMG	Park Manor of The Woodlands	2	2	50.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	10	2	83.33%	20	4	83.33%	83.33%	
103191	HMG	Park Manor of Tomball	4	1	80.00%	100.00%	2	3	0.00%	0.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	9	4	69.23%	17	9	65.38%	65.38%	
5400	HMG	Park Manor of Southbelt	5	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	13	-	100.00%	20	5	80.00%	80.00%	
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	4	1	80.00%	100.00%	2	3	0.00%	0.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	9	4	69.23%	19	6	76.00%	76.00%	
4286	HMG	Friendship Haven Healthcare & Rehab Center	4	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	-	100.00%	19	6	76.00%	76.00%	
5225	HMG	Willowbrook Nursing Center	4	1	80.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	2	84.62%	23	3	86.46%	86.46%	
106988	HMG	Accel at College Station	5	-	100.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	2	84.62%	22	2	92.00%	92.00%	
102375	HMG	Cimarron Place Health & Rehabilitation	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	1	91.67%	23	2	91.67%	91.67%	
106060	HMG	Silver Spring	4	-	100.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	66.67%	2	-	100.00%	100.00%	10	2	83.33%	19	5	79.17%	79.17%	
4158	HMG	Red Oak Health and Rehabilitation Center	5	-	100.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	2	84.62%	20	6	76.92%	76.92%	
5255	HMG	Mission Nursing and Rehabilitation Center	4	-	100.00%	100.00%	3	3	0.00%	0.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	9	3	75.00%	17	7	70.83%	70.83%	
4053	HMG	Stephens Rehabilitation and Wellness Center	3	1	75.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	66.67%	2	-	100.00%	100.00%	10	2	83.33%	18	3	83.33%	83.33%	
103743	HMG	Hewitt Nursing and Rehabilitation	3	1	75.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	66.67%	1	1	50.00%	50.00%	8	4	66.67%	18	6	75.00%	75.00%	
103011	HMG	Stallings Court Nursing and Rehabilitation	4	-	100.00%	100.00%	3	3	0.00%	0.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	9	3	75.00%	19	5	79.17%	79.17%	
104537	HMG	Pecan Bayou Nursing and Rehabilitation	3	1	75.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	1	91.67%	21	3	87.50%	87.50%	
5372	HMG	Holland Lake Rehabilitation and Wellness Center	3	1	75.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	1	1	50.00%	50.00%	9	3	75.00%	17	7	70.83%	70.83%	
5387	HMG	Stonegate Nursing and Rehabilitation	3	1	75.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	9	3	75.00%	17	7	70.83%	70.83%	
102993	HMG	Green Oaks Nursing and Rehabilitation	4	-	100.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	10	2	83.33%	19	5	79.17%	79.17%	
103223	HMG	Crowley Nursing and Rehabilitation	4	-	100.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	10	2	83.33%	21	3	87.50%	87.50%	
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	3	2	60.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	8	5	61.54%	16	9	64.00%	64.00%	
105966	HMG	Trevino Transitional Care	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	1	91.67%	23	1	95.83%	95.83%	
100806	HMG	Gulf Pointe Plaza	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	1	91.67%	20	4	83.33%	83.33%	
101157	HMG	Arlbrook Plaza	4	-	100.00%	100.00%	2	1	66.67%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	11	1	91.67%	22	2	91.67%	91.67%	
106566	HMG	Forum Parkway Health & Rehabilitation	4	-	100.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	9	3	75.00%	18	6	75.00%	75.00%	
4747	Creative Solutions	Parkview Manor Nursing & Rehabilitation	2	2	50.00%	100.00%	2	3	0.00%	0.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	7	5	58.33%	15	9	62.50%	62.50%	
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	2	2	50.00%	100.00%	2	3	0.00%	0.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	7	5	58.33%	13	11	54.17%	54.17%	
5369	Gulf Coast	Oak Village Healthcare	3	1	75.00%	100.00%	3	1	66.67%	100.00%	2	1	66.67%	66.67%	2	2	50.00%	50.00%	7	5	58.33%	14	10	68.33%	68.33%	
5193	Gulf Coast	Corriean LTC Nursing & Rehabilitation	1	3	25.00%	90.00%	2	1	66.67%	100.00%	2	1	66.67%	66.67%	2	-	100.00%	100.00%	7	5	58.33%	16	8	66.67%	66.67%	
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	2	2	50.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	1	1	50.00%	50.00%	7	5	58.33%	12	12	50.00%	50.00%	
5240	Gulf Coast	Hamphill Care Center	2	1	66.67%	100.00%	1	2	33.33%	70.00%	2	-	100.00%	100.00%	2	-	100.00%	100.00%	7	4	63.64%	15	7	68.18%	68.18%	
4340	Gulf Coast	Woodlake Nursing Center	2	2	50.00%	100.00%	1	2	33.33%	70.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	8	4	66.67%	16	8	66.67%	66.67%	
4663	Gulf Coast	Creekside Village	2	3	40.00%	100.00%	3	-	100.00%	100.00%	3	-	100.00%	100.00%	2	-	100.00%	100.00%	10	3	76.92%	19	7	73.08%	73.08%	
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	2	2	50.00%	100.00%	3	-	100.00%	100.00%	1	2	33.33%	70.00%	2	-	100.00%	100.00%	8	4	66.67%	14	10	58.33%	58.33%	
5350	Gulf Coast	Woodland Park Nursing & Rehab	2	2	50.00%	100.00%	3	-	100.00%	100.00%	2	1	66.67%	66.67%	2	-	100.00%	100.00%	9	3	75.00%	19	5	79.17%	79.17%	
4379	HSM	Cleveland Health Care Center	1	4	20.00%	90.00%	3	3	0.00%	0.00%	2	1	66.67%	66.67%	1	1	50.00%	5								

Quarterly Payment

Facility ID	Operator	Facility Name	Quarterly Payment					Payments		Total Payment
			Q2 Comp 1 Payment	Q2 Comp 2 Payment	Q2 Comp 3 Payment	Q2 Comp 4 Payment	Q2 Lapse Payment	Earned in Prior Periods		
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	251,507.88	69,704.70	66,374.10	45,724.38	45,343.74	171,788.56	\$650,443.36	
5297	Regency	Hallettsville Nursing and Rehabilitation Center	174,826.00	48,492.72	46,199.92	63,625.20	34,506.64	93,637.06	\$461,287.54	
5234	Regency	Monument Hill Nursing and Rehabilitation Center	138,868.12	-	36,613.24	-	18,447.08	89,589.69	\$283,518.13	
5203	Regency	The Woodlands Nursing and Rehabilitation Center	373,999.68	-	148,016.16	68,018.40	62,333.28	214,600.95	\$866,968.47	
4154	Caring	Garrison Nursing Home & Rehabilitation Center	218,297.31	86,381.90	86,381.90	79,354.22	49,340.17	150,703.84	\$670,459.34	
4376	Caring	Golden Villa	127,230.29	50,365.04	50,365.04	46,265.56	28,696.36	87,842.64	\$390,764.93	
110098	Caring	Highland Park Rehabilitation & Nursing Center	180,502.56	49,947.84	47,714.40	65,581.92	36,141.12	119,411.06	\$499,298.90	
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	242,454.96	95,898.55	95,898.55	88,138.82	54,318.11	136,687.34	\$713,396.33	
4730	Caring	Marshall Manor West	171,006.88	67,787.83	67,787.83	62,224.25	38,505.83	110,890.70	\$518,203.32	
4798	Caring	Rose Haven Retreat	83,453.70	33,088.66	22,107.91	30,306.87	17,715.61	59,491.88	\$246,164.63	
5182	Caring	The Villa at Texarkana	201,167.34	-	53,146.83	73,205.00	34,552.76	113,445.74	\$475,517.67	
5250	Caring	Oak Brook Health Care Center	307,314.59	121,666.71	121,666.71	111,710.83	69,251.93	306,531.66	\$1,038,142.43	
5261	Caring	Gracy Woods Nursing Center	281,107.28	111,244.32	74,162.88	102,254.88	59,274.12	172,094.33	\$800,137.81	
5166	Nexion	Flatonina Nursing Center	75,473.84	29,871.16	29,871.16	27,436.52	16,948.84	49,249.08	\$228,850.60	
100790	HMG	Park Manor of Conroe	232,886.88	92,180.16	92,180.16	84,667.68	52,790.40	158,100.40	\$712,805.68	
4456	HMG	Park Manor of Cyfair	249,739.20	-	98,880.48	90,758.88	45,887.04	113,625.17	\$598,890.77	
101489	HMG	Park Manor of Cypress Station	199,588.32	55,226.88	78,982.56	72,688.32	42,841.44	128,022.02	\$577,349.54	
101633	HMG	Park Manor of Humble	182,939.04	50,760.00	72,485.28	33,298.56	35,938.08	113,625.17	\$489,046.13	
102417	HMG	Park Manor of Quail Valley	176,847.84	49,135.68	70,048.80	64,363.68	37,765.44	99,738.50	\$497,899.94	
102294	HMG	Park Manor of Westchase	226,795.68	89,743.68	89,743.68	82,434.24	51,166.08	140,982.94	\$680,866.30	
104661	HMG	Park Manor of The Woodlands	160,604.64	63,551.52	63,551.52	58,475.52	36,547.20	108,901.81	\$491,632.21	
103191	HMG	Park Manor of Tomball	265,576.32	-	105,174.72	96,647.04	49,338.72	147,198.87	\$663,935.67	
5400	HMG	Park Manor of Southbelt	215,222.40	85,276.80	85,276.80	78,373.44	48,120.48	97,962.52	\$610,232.44	
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	223,140.96	-	88,322.40	81,216.00	41,826.24	151,374.29	\$585,879.89	
4286	HMG	Friendship Haven Healthcare & Rehab Center	283,240.80	112,078.08	112,078.08	102,941.28	64,160.64	197,689.07	\$872,187.95	
5225	HMG	Willowbrook Nursing Center	296,187.43	117,274.41	117,274.41	107,757.76	66,909.37	306,705.00	\$1,012,108.38	
106988	HMG	Accel at College Station	193,397.68	53,651.52	76,579.52	70,388.96	41,041.12	126,944.63	\$562,003.43	
102375	HMG	Cimarron Place Health & Rehabilitation	173,161.36	68,545.12	68,545.12	62,949.60	38,719.00	116,010.02	\$527,930.22	
106050	HMG	Silver Spring	158,966.70	62,970.53	42,021.43	57,794.87	33,518.56	118,684.90	\$473,956.99	
4158	HMG	Red Oak Health and Rehabilitation Center	297,409.28	82,396.16	117,806.08	108,102.40	64,180.48	180,393.12	\$850,287.52	
5255	HMG	Mission Nursing and Rehabilitation Center	247,608.76	-	98,005.04	90,054.30	46,162.97	148,339.74	\$630,170.81	
4053	HMG	Stephenville Rehabilitation and Wellness Center	168,864.72	66,835.12	66,835.12	61,447.04	37,831.20	110,774.63	\$512,587.83	
103743	HMG	Hewitt Nursing and Rehabilitation	207,154.48	82,082.24	54,683.28	37,716.56	39,780.08	127,595.67	\$549,012.31	
103011	HMG	Stallings Court Nursing and Rehabilitation	180,816.35	-	71,594.49	65,738.09	33,674.30	117,975.20	\$469,798.43	
104537	HMG	Pecan Bayou Nursing and Rehabilitation	104,622.27	41,405.28	41,405.28	38,078.07	23,536.93	68,813.40	\$317,861.23	
5372	HMG	Holland Lake Rehabilitation and Wellness Center	137,785.20	54,527.76	54,527.76	25,065.18	28,436.52	74,263.41	\$374,605.83	
5387	HMG	Stonegate Nursing and Rehabilitation	112,133.70	31,074.96	44,413.74	40,749.24	23,892.54	64,689.66	\$316,953.84	
102993	HMG	Green Oaks Nursing and Rehabilitation	231,010.08	64,055.46	91,465.92	83,990.34	49,397.46	134,106.12	\$654,025.38	
103223	HMG	Crowley Nursing and Rehabilitation	209,169.66	58,045.68	82,817.70	76,075.02	45,146.64	141,099.09	\$612,353.79	
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	150,244.50	-	59,511.48	54,674.34	27,850.20	82,750.26	\$375,030.78	
105966	HMG	Treviso Transitional Care	146,117.18	57,831.95	57,831.95	53,146.83	33,088.66	100,948.18	\$448,964.75	
100806	HMG	Gulf Pointe Plaza	143,135.40	56,654.64	56,654.64	52,058.32	31,824.52	82,508.58	\$422,836.10	
101157	HMG	Arbrook Plaza	193,632.18	76,661.34	76,661.34	70,358.40	43,974.00	130,669.71	\$591,956.97	
106566	HMG	Forum Parkway Health & Rehabilitation	214,446.54	-	84,869.82	77,980.56	39,723.18	118,149.87	\$535,169.97	
4747	Creative Solutions	Parkview Manor Nursing & Rehabilitation	91,712.00	-	36,340.88	33,360.24	16,737.44	49,179.02	\$227,329.58	
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	155,337.20	-	61,447.04	56,517.52	28,201.44	70,765.99	\$372,269.19	
5369	Gulf Coast	Oak Village Healthcare	99,692.64	-	26,192.16	36,141.12	17,055.36	51,031.21	\$230,112.49	
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	108,339.66	47,675.16	31,783.44	43,773.60	24,170.64	79,695.97	\$335,438.47	
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	118,079.20	32,787.04	46,773.12	21,552.32	22,698.72	58,394.35	\$300,284.75	
5240	Gulf Coast	Hemphill Care Center	48,900.94	13,469.72	12,884.08	17,715.61	9,663.06	54,780.18	\$157,413.59	
4340	Gulf Coast	Woodlake Nursing Center	152,280.00	42,232.32	60,302.88	55,429.92	32,486.40	89,951.73	\$432,683.25	
4663	Gulf Coast	Creekside Village	188,827.20	74,718.72	74,718.72	68,627.52	42,638.40	117,385.02	\$566,915.58	
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	124,887.73	49,486.58	16,544.33	45,387.10	24,743.29	86,709.50	\$347,758.53	
5350	Gulf Coast	Woodland Park Nursing & Rehab	120,995.94	47,913.06	31,926.18	44,011.50	25,455.30	75,181.33	\$345,483.31	
4379	HSM	Cleveland Health Care Center	208,781.04	-	61,235.46	42,203.46	32,972.94	150,028.32	\$495,221.22	

5135	HSM	Lawrence Street Healthcare Center	136,036.80	53,805.60	53,805.60	49,541.76	30,862.08	86,720.94	\$410,772.78
4355	HSM	West Janisch Health Care Center	157,356.00	62,333.28	-	28,628.64	26,598.24	100,305.32	\$375,221.48
4306	HSM	Beaumont Health Care Center	140,075.52	-	55,478.28	50,958.18	25,502.88	91,739.48	\$363,754.34
4500	HSM	Conroe Health Care Center	165,274.56	65,378.88	43,653.60	60,099.84	35,125.92	95,865.37	\$465,398.17
4439	HSM	Huntsville Healthcare Center	128,989.38	-	34,019.70	23,456.94	19,555.38	70,249.19	\$276,270.59
5067	HSM	Liberty Health Care Center	182,278.98	72,178.86	48,103.38	66,278.94	38,301.90	124,464.96	\$531,607.02
4511	HSM	Richmond Health Care Center	123,651.36	34,313.76	32,689.44	22,537.44	22,334.40	61,951.62	\$297,478.02
5145	HSM	Sugar Land Healthcare Center	242,835.84	96,037.92	96,037.92	88,322.40	55,226.88	164,656.38	\$743,117.34
5307	SLP	Oakland Manor Nursing Center	160,967.16	63,675.20	63,675.20	58,525.00	35,864.12	89,622.24	\$472,328.92
4807	SLP	Seabreeze Nursing and Rehabilitation	203,649.12	80,606.88	53,805.60	74,109.60	43,450.56	142,272.66	\$597,894.42
4584	SLP	Palestine Healthcare Center	226,935.50	89,895.74	89,895.74	82,575.24	51,243.50	149,585.66	\$690,131.38
4586	SLP	Paris Healthcare Center	149,631.02	59,149.64	39,384.29	54,464.52	31,770.97	103,323.36	\$437,723.80
4996	SLP	Overton Healthcare Center	148,606.15	41,141.21	39,237.88	54,025.29	29,867.64	102,674.34	\$415,552.51
4028	SLP	Coronado Nursing Center	339,621.88	134,443.93	89,588.21	123,476.46	70,734.02	146,054.66	\$903,919.16
110342	Pillar Stone	Mont Belvieu Rehabilitation & Healthcare Center	214,252.74	-	28,262.52	77,888.46	33,543.90	188,532.81	\$542,480.43
5379	Trident	Bayou Pines Care Center	287,504.64	-	75,733.92	104,565.60	48,932.64	130,950.52	\$647,687.32
		Total NSGO	13,235,156.18	3,497,657.90	4,570,054.80	4,428,011.59	2,696,183.10	8,416,678.61	\$36,843,742.18

Hubert Oxford IV

From: Chris Rutledge <chris.rutledge@newlighthousehealthcare.com>
Sent: Friday, June 6, 2025 4:45 PM
To: Hubert Oxford IV; Victoria Carlo; MaKayla Vidal
Cc: Lee Hughes; David B. Smith; Charice Cole; Scott Johnson; Sarah Garofalo; Clark Hughes; Michael Hunt
Subject: Winnie QIPP Year 8 Q2 Scorecard
Attachments: Winnie QIPP Year 8 Q2 Scorecard.xlsx

All,

Attached is Winnie's scorecard for Q2. It was another solid quarter for Winnie's facilities, as they outperformed the overall program on three of the four components, especially Comp 3 and Comp 4.

	Winnie	Overall Program
Comp 1	79.8%	77.0%
Comp 2	51.2%	53.1%
Comp 3	85.9%	77.7%

As I mentioned last quarter, to achieve 100% payout on Comp 1, facilities only need to hit on two of five metrics. Hitting on one of five results in a 90% payout. 69 of Winnie's 71 facilities earned a 100% payout. Corrigan LTC (Gulf Coast) and Cleveland Health Care Center (HSM) achieved a 90% payout. Cleveland missed out on a 100% payout ever so slightly, as they hit 7.27% on the weight loss metric, against a target of 7.04%. Both of these facilities hit 100% payout in Q1, and the three facilities that earned a 90% payout last quarter earned 100% this quarter. Visually, it's pretty clear to see that HMG, Caring, and Regency perform very well on Comp 1. Gulf Coast is on the opposite end of the spectrum and had a few facilities come within one missed metric of only achieving a 90% payout.

Comp 2 is similar to Comp 1 in that the metrics are not evenly weighted. Hitting on 2 of 3 achieves a 100% payout, while hitting on 1 of 3 results in 70%. Winnie's facilities achieved 51.2% on Comp 2 metrics (a bit below program average), but the facilities averaged a 67.9% payout. Comp 2 is a staffing metric and is probably more of a business decision for operators in terms of value in hitting the metric versus increasing payroll, which is why you see low performance program-wide.

Winnie's facilities performed well above program average on both Comp 3 and Comp 4. On Comp 3, only Wells LTC (Gulf Coast), West Janisch (HSM) and Mont Belvieu (Pillar Stone) missed more than one metric. On Comp 4, only Monument Hill (Regency) missed both metrics, while the vast majority hit both metrics. All said, Winnie hit 76.3% of measurable metrics this quarter, which is up from 74.9% in Q1.

For the quarter, the payout (before splits) is \$36,843,742. As I mentioned on yesterday's email, this scorecard included a true-up for Q1, including \$5.63m in Q1 Lapse funds. Now that the frozen metric issue has been resolved, the program should be back on track and quarterly payments should be back to normal.

Charice and team will be working through the facility-level reconciliations in the coming days and will then be able to provide distribution numbers for all parties.

Christopher Rutledge / CFO / NewLight Healthcare / 7500 Rialto Blvd., Bldg. 1, Suite 250 / Austin, TX 78735

206.465.5882 mobile



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Crowley Nursing and Rehabilitation

920 East FM 1187
Crowley, TX 76036

May 29, 2025

Facility Administrator: Joe Matlock

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 102 residents including 22 skilled patients. There are two planned admissions today and no planned discharges. Discussed the consistency of admissions and discharges due to the skilled population at the facility.

All department heads are in place at the facility. Crowley Nursing and Rehabilitation has been working to hire and fill nurse and CNA openings. Discussed orienting new staff and supporting them as they start employment at the facility.

There have not been any recent visits by state surveyors. There are no new self-reports at this time. The facility is expecting the state to enter the building soon to conduct its annual fullbook survey.

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

The facility discussed its ongoing performance improvement plans at its recent monthly QAPI meeting. Discussed ongoing focus monitoring labor and staff retention efforts. The team is also continuing to ensure angel rounds are completed. The administrator reported there have been improvements over the last month, but there is room for further improvement.

There are no reported trends related to infection control or grievances at this time.

A tree in front of the building was struck by lightning recently and the storm caused some electrical issues. The facility is making some repairs to its generator and fire panel. The facility rented another backup generator to have available for the facility until the repairs have been completed.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Green Oaks Nursing and Rehabilitation

3033 Green Oaks Blvd.
Arlington, TX 76016

May 23, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 101 residents including 22 skilled patients. There were six admissions yesterday and there are four pending admissions planned for today. The facility budget is 97 residents.

The facility is seeking a night shift LVN, and an evening CNA shift. There is a candidate who has been interviewed and expected to fill the CNA opening. All department heads are in place. Discussed supporting the admissions and marketing processes. Discussed the importance of having the right people on the team to ensure expectations are met.

There have not been any state visits this month, and there are no new self-reports.

Green Oaks Nursing & Rehabilitation has a 1-star rating overall. It has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's overall and health inspections star ratings both decreased from 2-star and 3-star ratings respectively.

The facility reported on its monthly QAPI meeting. Discussed QIPP Measures and strong outcomes in April. Falls have been trending down by roughly 10% over the course of recent months. RTA rate has been trending down as well. The administrator has been in the facility for a year now and discussed the improvements that have been made in clinical outcomes. Discussed supporting the admissions and marketing processes as well to help build the facility census.

There were no infection control issues or concerns reported.

There were no trends in grievances, but the administrator shared some recent opportunities regarding shower schedules, call light response times, and laundry services.

The facility is still waiting to receive the replacement drip pan for one of its A/C units.
Discussed making equipment repairs and striving to support preventative maintenance efforts.



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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Hewitt Nursing and Rehabilitation

8836 Mars Drive
Hewitt, TX 76643

May 22, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 72 residents. The facility census was down in the 60s but has been climbing back up. Discussed marketing efforts to hospitals and facilities. Discussed completing additional training with staff members as well to support census growth efforts.

The facility's MDS nurse submitted notice of resignation, and the team has begun recruiting for a replacement. The facility is seeking a few night nurses as well. Discussed ensuring coverage is in place with fulltime and PRN staff. There is no agency staffing utilization.

The life safety survey team came at the beginning of the month and the facility received three low-level deficiencies. The facility is addressing the findings and submitted its POC today.

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 and reviewed clinical outcomes and QIPP Measures. Discussed follow-up actions from the recent annual survey as well as monitoring call lights. Discussed ambassador rounds and making sure call lights are placed correctly.

There are no infection control or grievance trends reported at this time.

Discussed ongoing life safety monitoring. The facility's new maintenance manager is working to touch up and update rooms when they are available.

The facility will be holding a cookout this weekend. The new activity director has been in place for a month and has been very proactive planning events for the residents.



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Sect.: Jeff Rollo

P.O. Box 1997
Winnie, Texas 77665
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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

May 27, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 86 residents including 23 skilled patients. The facility has had several residents transition from skilled services to long-term care. There are nine referrals under review for admission, and two residents in the hospital who are expected to return soon. There are some upcoming discharges planned, but the census has been stable over the last week. Discussed providing additional nursing support to help in the evening hours, particularly with new admissions and discharges. Discussed challenges with transportation to specialty appointments and dialysis.

The facility is working to hire four evening shift CNAs. Discussed efforts by the payroll and talent and learning managers to support the hiring and onboarding processes. Discussed the importance of finding good candidates and improving the vetting process to ensure the facility makes great hires. Discussed employee retention efforts and showing appreciation to staff members.

There have not been any state visits this month or reportable incidents.

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 held its monthly QAPI meeting last month. Falls continue to be a focus, and the team has begun seeing improvements and a decrease in the number of falls. Discussed leveraging assist bars where appropriate with patients on skilled services. Discussed other interventions with proximity to the nurse station, fall mats, and cues. There are no new PIPs reported.

There are no reported trends related to infection control or grievances at this time. The administrator reported there has been positive feedback and satisfaction from residents and family members recently.

The facility is continuing work to replace carpet in some of the rooms. The facility expects to complete two rooms each month until the remaining rooms are completed.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

The facility works hard to manage weights and collaborate with its medical director and registered dietitian. The facility's nurse managers are involved to ensure weights are recorded consistently according to policy. Discussed monitoring the needs of patients on hospice or dialysis services as they can be susceptible to weight fluctuations.

Joint Training Information

Healthy weight management significantly impacts the quality of life for residents in nursing facilities. Many comorbidities and conditions can affect an individual's weight, but residents who receive personalized care are less likely to experience unwanted weight fluctuations. Facilities are responsible for developing personalized weight management plans for each resident by identifying contributing factors to weight change and assessing the resident's dietary needs. Significant unplanned weight loss or gain should be closely monitored to ensure appropriate interventions are implemented.

Staff members in our facilities play a key role in supporting successful weight management. When staff consistently follow care plans and orders, residents are more likely to receive the proper nutrition their bodies need. The facility's processes for weighing residents and documenting weights should be followed diligently to reduce the risk of error. Accurate documentation is vital for identifying true weight changes. Properly documenting preferences, care plans, and orders also ensures that staff are equipped to meet residents' most current needs.

Facilities are required to routinely collaborate with an employed or contracted registered dietitian. The dietitian plays a crucial role in assessing each resident's nutritional status and supporting the development of a person-centered care plan. Ongoing collaboration between the dietitian, the facility's interdisciplinary team, and staff in the dietary or food services department is essential.

Please consider reviewing this topic in greater detail by visiting the websites linked below. These pages offer additional information and resources related to healthy weight management. Other factors that influence weight management include end-of-life care,

physical activity, and feeding assistance. Several evidence-based best practices for various settings and circumstances are also referenced.

[Healthy Weight Management](#)

[Registered Dietitian's Role in a Nursing Facility](#)

I hope this information complements the weight management system and staff training at your facility. If there are any questions for me, please feel free to contact me at your earliest convenience.



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Winnie-Stowell Hospital District

Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

May 23, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 89 residents including 14 skilled patients. The facility has several referrals under review and four referrals planned for admission. There is only one discharge planned at this time. The facility's budget census is 93 residents total including 17 skilled patients.

The facility is fully staffed at this time. The team recently hired a few CNAs who are orienting now. The new talent and learning director stepped in and has been successfully driving the employee recruitment and retention processes over the last month.

There have not been any visits this month from the state. There are no new self-reports 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 will have its monthly QAPI meeting next week. The team plans to review and address clinical and educational needs of staff. Discussed recent referrals and opportunities to take patients needing trach care. The team has a training today for nurses with a respiratory therapist to cover the education and competencies for trach care.

There are no infection control trends. The facility reports many of the UTIs have improved and efforts last month have been successful. The team has been reviewing and completing hand washing checkoffs.

The administrator reported on grievances from last month. There was a nurse who was a cause of concern from some staff and residents about taking extended lunches and breaks. The individual was let go due to not following standards of employee conduct.

The facility renovations are reportedly moving along well. Some of the architects from the state are coming to the facility next month to inspect the new secure-unit to give approval for the facility to open the new unit. Work replacing lights and painting have nearly been completed. There will be eighteen beds in the secure unit.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

The facility had several staff members involved in managing weights in the past. There have been changes and just the restorative aides are managing weights at this time to improve consistency. The team reports having strong collaboration with the medical director and RD to manage weights.

Joint Training Information

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Staff members in our facilities play a key role in supporting successful weight management. When staff consistently follow care plans and orders, residents are more likely to receive the proper nutrition their bodies need. The facility's processes for weighing residents and documenting weights should be followed diligently to reduce the risk of error. Accurate documentation is vital for identifying true weight changes. Properly documenting preferences, care plans, and orders also ensures that staff are equipped to meet residents' most current needs.

Facilities are required to routinely collaborate with an employed or contracted registered dietitian. The dietitian plays a crucial role in assessing each resident's nutritional status and supporting the development of a person-centered care plan. Ongoing collaboration between the dietitian, the facility's interdisciplinary team, and staff in the dietary or food services department is essential.

Please consider reviewing this topic in greater detail by visiting the websites linked below. These pages offer additional information and resources related to healthy weight management. Other factors that influence weight management include end-of-life care, physical activity, and feeding assistance. Several evidence-based best practices for various settings and circumstances are also referenced.

[Healthy Weight Management](#)

[Registered Dietitian's Role in a Nursing Facility](#)

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Pecan Bayou Nursing and Rehabilitation

2700 Memorial Park Drive
Brownwood, TX 76801

May 20, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 63 residents including 20 skilled patients. The facility is expecting three admissions over the next week and a half. There are three more referrals under review at this time.

There is a night nurse opening which the facility should have filled soon with a recent candidate. The team is also working through the process of hiring a new housekeeping supervisor. There is also an interview scheduled for an evening dietary aide position.

A state surveyor visited the facility over the course of three days and cleared all outstanding self-reports.

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

The facility recently held its monthly QAPI meeting. There were no new performance improvement plans reported at this time. Discussed ongoing focus on reducing RTA rate and falls. The facility reported RTA improvements in April.

There were no trends related to infection control.

The facility reported an increase in grievances this month, but there are not any trends in the issues. Discussed working with some new family members and ensuring communication is clear and expectations are set appropriately.

The facility has requested some new furniture which is expected to be fulfilled sometime this year.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

The facility is meeting its targets for weight loss and weight management. Discussed ongoing review of this system and ensuring data is accurate. The DON is very involved in this system to ensure processes are followed correctly.

Joint Training Information

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Vice President: Anthony Stramecki
Sect.: Jeff Rollo

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Stephenville Rehabilitation and Wellness Center

2601 Northwest Loop
Stephenville, TX 76401

May 16, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 80 residents including 20 skilled patients. The facility has one pending admission, and one planned discharge.

The facility hired a new activity director who will start employment next week on May 22. The team is hiring six CNAs and one nurse. Discussed trends each year of some CNAs or staff departing during the summer months for time away or to pursue nursing school when the fall semester begins. The facility is working on starting a new cohort in its CNA training program. Discussed some options for students to complete applicable parts of the coursework online.

The facility has not had any recent visits by state surveyors. There are no new self-reports 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 and discussed QIPP Measures. There are no new performance improvement plans at this time, but the team resolved its PIP addressing RTA rate. Discussed improvements and focus on RTA which supported reducing readmissions. The facility has also been receiving referrals of patients of lower clinical acuity since there aren't as many respiratory infections going around as there were in the earlier months of this year.

Discussed infection control protocol and standards. There are no trends reported with recent infections.

The facility reported about a resident who frequently submits grievances. Discussed addressing each grievance and properly documenting the process and actions taken. There are no other trends or issues related to grievances.



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Vice President: Anthony Stramecki
Sect.: Jeff Rollo

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Stonegate Nursing and Rehabilitation

4201 Stonegate Blvd.
Fort Worth, TX 76109

May 21, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 85 residents. Discussed recent referrals and work to collaborate with hospitals. Discussed efforts to improving quality measures and marketing those improvements. The facility is planning an event to invite case managers to the facility next month on June 18.

The facility is seeking three CNAs, one nurse, and an RN weekend supervisor. The facility is planning an education event for nurses regarding taking care of tracheotomies.

The state came to investigate a complaint at the end of last month. There were no reported issues during the investigation and there were no deficiencies cited.

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

The facility's monthly QAPI meeting was held yesterday. The team reviewed falls and fall prevention efforts. Discussed quality measures and focusing on areas for improvement. Reviewed staff education and training needs to ensure all team members have the skills to perform the functions of their jobs successfully.

Grievances have been down this month and are being managed well. Discussed taking feedback from the resident council. Reviewed the facility's reporting processes and ensuring follow-up actions are completed to resolve issues and opportunities.

The facility worked with some volunteers to complete a project updating its courtyard.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes

for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

Discussed weight management and personalizing care to meet the needs of the residents. The facility reviews residents' weights each week and makes adjustments as needed. Discussed working with resident requests, portion sizes, and functional ability.

Joint Training Information

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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

May 16, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 72 residents including 20 skilled patients. The skilled census has picked increased recently. The facility has seen some improvements with WellMed and expects referrals to further increase once the new wound care nurse starts employment next week.

The facility has eight CNA openings, five of which are on the evening shift. The team is also seeking one charge nurse. Discussed offering sign-on and referral bonuses in efforts to draw in candidates for the open positions.

State surveyors visited the facility to investigate 21 self-reports and 9 complaints. The self-reports and complaints were outstanding and occurred over the course of the last year. Through all the investigations, the facility received two low-level deficiencies. The deficiencies were under pharmacy services due to a label not being updated and second related to care plans.

The facility recently submitted a self-report due to a resident-to-resident incident. Discussed interventions including one-on-one supervision for the aggressor.

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.

The facility recently held its monthly QAPI meeting. The team identified some needed improvements in its skins system. The team completed a 100% audit of this system and have appropriate interventions in place. The total number of falls decreased this month, but the percentage of falls increased due to the lower census observed last month. The facility RTA rate decreased to 12% from the prior months rate of 18%. Discussed having success working

with post-acute specialists to provide more care in the facility. The new lab service provider has also been successful and a stronger partner.

The facility is working to bring another doctor and nurse practitioner to see residents in the facility. These new providers work at the Shoreline hospital and will support the continuum of care between this hospital and Cimarron Place Health & Rehabilitation.

The facility is continuing to paint and has recently finished the 100-hall. The entry lobby is being painted today. Discussed bringing in additional help to paint the rooms throughout the building.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Harbor Lakes Nursing and Rehabilitation Center

1300 2nd Street
Granbury, TX 76048

May 16, 2025

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 5/16/2025, the interdisciplinary team discussed the facility's outcomes from April 2025.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 88 residents including 26 skilled patients. The facility's average census for the month of April was 83 residents.

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

Discussed follow-up from last month's QAPI meeting including falls, RTA rate, and pressure ulcers. RTAs and falls both have seen improvements. The interdisciplinary team is continuing to focus on rounding and having a presence on the floor to be supportive of residents needs and being extra eyes for safety checks and intervention follow-up.

The facility's fall rate decreased to 5.91% in April. Discussed reasons for the improvement and ongoing interventions addressing falls. The RTA rate decreased to 11.1% in April which was a significant improvement from the prior month. There is a performance improvement plan in place addressing pressure ulcers. April saw some improvements compared to the prior month, but the facility is not yet meeting its target. Discussed ongoing interventions and the root cause of existing pressure ulcers. The team evaluated if there were opportunities to prevent any of the existing wounds and what adjustments can be made to prevent new wounds from developing.

The interdisciplinary team has implemented a performance improvement plan addressing 48-hour care plans related to the timeliness of completion and offering copies of care plans to the residents. Discussed updates to this system moving forward from the nurse management team.

Discussed a recent PIP addressing admissions. The facility met with the local referring hospital and the case manager shared opportunities to make the referral process communication better. Some difficulties communicating with Harbor Lakes has led to the facility receiving fewer referrals.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

Discussed efforts of the facility to focus on malnutrition and instances of residents experiencing weight loss. Reviewed residents who have desired weight loss and plans to support these goals. Discussed ensuring any changes are documented and making frequent adjustments to ensure efforts stay on track to support the residents' care goals.

Joint Training Information

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Vice President: Anthony Stramecki
Sect.: Jeff Rollo

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

May 27, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 100 residents including 4 skilled patients. Discussed coordinating efforts with Baylor Scott & White last week to discuss transitioning admissions from the hospital to the facility. Discussed processes and efforts to align to improve the patient experience. The facility is also making adjustments to the discharge sheet it provides to the hospital to more clearly communicate what specific services are needed.

The facility is seeking one nurse and two CNAs. All department heads are in place at this time.

The state visited the facility to investigate a self-report and all reasons for investigation were unsubstantiated. There are no new self-reports at this time.

Red Oak Health and Rehabilitation Center has a 2-star overall rating. 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 overall and health inspections star ratings both increased from 1-star ratings.

The facility held its monthly QAPI meeting and discussed clinical outcomes and QIPP Measures. The facility has seen steady improvements and outcomes over recent months. There are no new performance improvement plans at this time.

There were no infection control issues or trends reported.

Grievances have continued to decrease over the last month. Discussed the facility's efforts to be proactive and being attentive to the needs and requests of residents and their family members.

The facility completed all repairs to its smoke barriers as identified in the life safety survey. The repairs have been approved and are in compliance.



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

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 21, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds and its current census is 85 residents including 12 skilled patients. The facility has averaged a census of 82 residents so far this month. There are three pending admissions today, and no planned discharges at this time.

The facility is seeking a part-time weekend RN supervisor, a new talent and learning director, and a part-time van driver. Discussed employee recruitment and retention best practices.

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

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

The facility held its monthly QAPI meeting last week. Discussed continued focus on falls and skins. The facility reported improvements in RTA rates over recent weeks.

There are no infection control trends reported at this time.

The administrator reported some recent grievances related to customer service. The facility held meetings with all staff over the course of two days to make sure staff on all shifts would be able to attend at different times. The facility reviewed some policies and customer service expectations during these meetings.

The company CEO visited the facility recently to see all the changes in the building since the renovations last year. Discussed plans for growth and expected needs of the facility.



President: Edward Murrell
Vice President: Anthony Stramecki
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P.O. Box 1997
Winnie, Texas 77665
Phone: 409-296-1003

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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

May 15, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 79 residents including 10 skilled patients. The census has been in the high 70s to low 80s. The facility has two planned discharges, and five referrals under review.

The facility is seeking one CNA. Discussed recent hires made and standards for orienting and supporting new staff members.

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

Gulf Pointe Plaza has a 5-star overall rating. The facility has a 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's staffing star rating increased from a 2-star rating.

The facility will have its monthly QAPI meeting next week. Discussed ongoing evaluation and monitoring of clinical systems. The facility is achieving all four Components of their QIPP Measures. Discussed collaborating as an interdisciplinary team to ensure standards of care are maintained.

There are no trends related to infection control or grievances at this time.

Gulf Pointe Plaza recently completed a landscaping project in the front of the facility to improve curbside appeal. The landscaping looks great, and the new lawn care service provider is doing great managing the grounds.

The recent dog adoption event in collaboration with the Humane Society went well. The facility had several community stakeholders attend and learn about Gulf Pointe Plaza.



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Vice President: Anthony Stramecki
Sect.: Jeff Rollo

P.O. Box 1997
Winnie, Texas 77665
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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

May 15, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and its current census is 87 residents. The census has been climbing again after decreasing at the start of this month. The facility is expecting four admissions today. There are another fifteen referrals under review which are pending insurance authorization and hospital discharge.

The facility has all positions filled at this time. Discussed building strong teams and providing support to staff enabling them to complete their work tasks well.

There have not been any recent visits by state surveyors. The administrator self-reported an incident this past Sunday due to an allegation of abuse. Discussed the investigation conducted in the facility which will be submitted to the state soon.

Arbrook Plaza has a 2-star rating overall. The facility has a 3-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

The facility held its monthly QAPI meeting on May 13. Discussed performance improvement plans addressing RTA, physician orders, and documentation in social services. The RTA rate in April increased slightly over March rates. Discussed challenges with some newly admitted residents and having prompt lab results. The facility has recently entered into an agreement with Baylor Scott & White to provide transfusion services when needed and appropriate at a specific center without having to readmit the patient.

The administrator reported no trends related to infection control or grievances at this time.

The facility is waiting for further approval to replace the hallway carpets but is continuing with all maintenance and cleaning at this time.



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Vice President: Anthony Stramecki
Sect.: Jeff Rollo

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 21, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds and its current census is 95 residents including 23 skilled patients. There are five residents in the hospital who are expected to return soon. There are seven referrals under review.

The facility is seeking three nightshift nurses. Discussed some LVNs leaving employment to attend school in pursuit of their RN. There is an ADON and two unit-managers who pick up shifts alongside fulltime and PRN staff to ensure adequate coverage is provided.

There have not been any state visits this month. Treviso received notice they will have a rapid response visit in June. The facility's last annual survey was on July 10, so it has recently entered its fullbook window. Discussed survey preparedness efforts and making sure operations are in compliance.

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 will have its monthly QAPI meeting next week. The facility is continuing to work on skins, weights, RTA rate, and falls. The facility has seen some steady improvements in most of these areas and will continue to push for improvement. RTA rate saw a slight increase last month, but the team has identified some factors which contributed to the increases.

The facility discussed adding door containers with enhanced barrier precaution supplies. There haven't been any trends related to infection control.

Grievances are sometimes related to meals and meal tickets. The satellite kitchen is now ready for utilization and will start being used tomorrow evening. There were a few grievances related to call light response as well.



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Winnie, Texas 77665
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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Forum Parkway Health & Rehabilitation

2112 Forum Parkway
Bedford, TX 76021

May 29, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 87 residents including 18 skilled patients. The facility has two residents in the hospital who are expected to return when appropriate for hospital discharge. There are another four referrals under review who are expected to admit soon. There is one planned discharge at this time. The facility is pushing to grow its census and discussed the populations it serves.

The facility has a concierge position open at this time. Discussed efforts to maintain appropriate staffing levels and hiring new team members whenever there are openings. Overtime has been managed well and is close to 1%.

A state surveyor visited the facility earlier this week on Tuesday to investigate two complaints and a self-report. Discussed the nature of the complaints and the systems investigated by the surveyor. All reasons for investigation were unsubstantiated. The administrator reported there have not been any recent self-reports and there are no outstanding pending investigation.

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

The facility held its monthly QAPI meeting and reported strong outcomes and progress with QIPP Measures. The interdisciplinary team is involved in managing the systems and focus areas in the facility. The facility reported a slight increase in falls last month, but this system has been trending down over the last several months.

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

The facility reported it fixed its washers in the laundry department. There were also repairs made to a pipe, circulation pump, electrical coil, and roof leak.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

The facility reported it has seen some minor changes in weight loss, but there have not been any significant trends. The team has assigned two restorative aides to managing the weights. Discussed the importance of having responsible staff members measure weights and the need of consistency with this system. The dietary department is also very involved in working to meet the nutritional needs of the residents.

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Facilities are required to routinely collaborate with an employed or contracted registered dietitian. The dietitian plays a crucial role in assessing each resident's nutritional status and supporting the development of a person-centered care plan. Ongoing collaboration between the dietitian, the facility's interdisciplinary team, and staff in the dietary or food services department is essential.

Please consider reviewing this topic in greater detail by visiting the websites linked below. These pages offer additional information and resources related to healthy weight management. Other factors that influence weight management include end-of-life care, physical activity, and feeding assistance. Several evidence-based best practices for various settings and circumstances are also referenced.

[Healthy Weight Management](#)

[Registered Dietitian's Role in a Nursing Facility](#)

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Vice President: Anthony Stramecki
Sect.: Jeff Rollo

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

Treasurer: Bobby Way
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 21, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 74 residents. Yesterday, there were two residents who discharged home and one new admission. The facility has two more admissions planned this weekend.

The facility is seeking a new maintenance director. The DON submitted notice of resignation due to her mother being ill and needing to relocate to be with her. The facility also has openings for two nurses.

The facility reported a drug diversion which was confirmed to have been caused by one of the nurses. The facility investigated the incident and terminated the nurse. Discussed actions taken to address the issue and ensure it is not repeated. There was a second self-report due to an allegation of misappropriation of a resident's bank account. After investigation, the facility and resident found there were not any missing funds.

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

The facility held its monthly QAPI meeting yesterday. The facility triggered for UTIs, weight loss, and anti-anxiety medication utilization. Discussed ongoing interventions and efforts to improve outcomes in these areas.

There were a few grievances related to food and meal service. The dietary manager has been involved and addressed the issues.

The facility's owner visited the facility and was supportive of making further repairs and updates in the facility. The facility received some new patio furniture and is seeking bids to build an awning on the facility's back patio. The A/C has also been fixed in the kitchen. The

facility is changing its lawncare service provider. There was a hailstorm recently and the facility will have its roof replaced once the claim is resolved.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 30, 2025

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 5/30/25, the Administrator and other attendees discussed the facility's outcomes from April 2025.

Winnie L LTC is licensed for 105 beds and its current census is 38 residents. For the month of April, the facility averaged a census of 38 residents.

The facility had 53 employees total and a 13% turnover rate during the reporting period.

State surveyors recently visited the facility to conduct its annual fullbook survey. The facility also submitted a self-report regarding an injury of unknown origin. The state entered on April 30 to investigate this incident and it was unsubstantiated. Discussed the facility's expectations and policies for reporting and investigating incidents and self-reports. Discussed the importance of proper documentation in all processes.

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.

Discussed clinical data sources and review to ensure data is accurate. The facility is meeting three of five indicators under Component 1. The facility did not meet indicators for falls with major injury or antipsychotic medications. Discussed fall prevention interventions and reviewing the GDR list.

The facility did not meet any indicators under Component 2 and it is working on staffing to bring these closer to targets.

Under Component 3, the facility did not reach its target for new or worsened bowel and bladder incontinence.

The indicator for pressure ulcers under Component 4 was not met. The facility reported on current wounds and recent improvements with wounds. The facility's wound care doctor has been pleased with the progress of wounds in the building.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

The facility reported there are not any significant trends with weight loss or weight gain at this time. Discussed the importance of having consistent processes and accurate documentation.

Joint Training Information

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Staff members in our facilities play a key role in supporting successful weight management. When staff consistently follow care plans and orders, residents are more likely to receive the proper nutrition their bodies need. The facility's processes for weighing residents and documenting weights should be followed diligently to reduce the risk of error. Accurate documentation is vital for identifying true weight changes. Properly documenting preferences, care plans, and orders also ensures that staff are equipped to meet residents' most current needs.

Facilities are required to routinely collaborate with an employed or contracted registered dietitian. The dietitian plays a crucial role in assessing each resident's nutritional status and supporting the development of a person-centered care plan. Ongoing collaboration between the dietitian, the facility's interdisciplinary team, and staff in the dietary or food services department is essential.

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

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

May 20, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and its current census is 92 residents. There were six residents in the hospital recently, but some have returned and there are four more admissions expected by the end of this week. The facility expects its census to be 96 residents soon which is its current functional capacity.

The facility is recruiting some CNAs at this time. There were no other vacant positions reported. The facility is covering CNA vacancies with fulltime and PRN staff and there is no agency staffing utilization.

There have not been any recent visits to the facility by the state. The administrator shared updates on recent reportable incidents related to an allegation of abuse and a fracture. The allegation of abuse was investigated and unconfirmed internally. Discussed in-servicing provided to staff members related to these reportable incidents.

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 will hold its monthly QAPI meeting this Friday. There were no new performance improvement plans at this time. Discussed ongoing evaluation of systems and interventions utilized to support the residents.

There were no reported trends related to infections or grievances.

The facility reported its Spring Fling event last month was a very successful celebration of local caregivers. Discussed other upcoming community events and building relationships in the area.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

The facility reviews weights and addresses the clinical needs of residents, but the team also strives to consider how systems and interventions can impact the residents' quality of life. The team discusses weights and meals in the facility morning meetings to ensure issues are addressed and resolved promptly.

Joint Training Information

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Parkview Manor Nursing & Rehabilitation

206 N. Smith St.
Weimar, TX 78962

May 19, 2025

Facility Administrator: Maricruz Rebolgar

At the facility QAPI meeting on 5/19/25, the Administrator and other attendees discussed the facility's outcomes from April 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds and its current census is 41 residents including 3 skilled patients. For the month of April, the facility averaged a census of 41 residents.

The facility reported 62 total employees and a turnover rate of 6%. Discussed efforts to improve employee retention. Discussed reviewing wages to ensure the facility is competitive with other facilities in the area. The facility is interviewing for a maintenance director and an MDS nurse.

The facility is in its annual fullbook survey window. The facility submitted one self-report in April regarding an injury of unknown origin.

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.

Discussed quality outcomes and QIPP Measures. The team is maintaining its PIP addressing falls. Discussed the residents experiencing repeat falls and working with therapy services to meet their needs. There are ongoing PIPs addressing weight loss, locomotion, and pressure ulcers.

The team has a new psych service provider identified and is working on completing the agreement and then implementing the change.

Discussed CNA hours and working to bring in more certified staff. Discussed developing relationships with a local school in efforts to have access to more staff.

The team is reviewing pressure ulcers and is considering changing providers for wound care services. Discussed the wounds being managed and progress healing. Discussed ongoing standards of care meetings to manage these clinical systems.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

Reviewed weight loss affecting the facility's residents. Discussed working closely with the medical director and other providers to help residents with their appetite. Discussed medication management and the impact medications have on appetite and weight loss. The interdisciplinary team reviewed the process to ensure instances of desired weight loss are accounted for correctly.

Joint Training Information

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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Gracy Woods Nursing Center
12021 Metric Blvd
Austin, TX 78758

May 21, 2025

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds and its current census is 93 residents including 9 skilled patients. The facility aims to steadily grow its census and discussed working to have a strong referral review process. Discussed ensuring the facility is equipped to meet the needs of residents before admitting them.

The facility is seeking three nurses and four CNAs at this time. Openings are covered by fulltime and PRN staff. There is no agency staffing utilization. All department heads are in place.

The state came to the facility last Friday to investigate a complaint related to a 30-day discharge notice. The complaint was unsubstantiated and there were no citations from this investigation. The facility discussed its discharge process and ensuring residents meet medical necessity. The facility also works to ensure residents who are discharging have a successful and safe transfer. The facility is expecting surveyors to come in August to conduct a survey for the facility as a special focus facility.

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

The facility held its monthly QAPI meeting last Tuesday. The interdisciplinary team reviewed ongoing performance improvement plans which have been in place since the facility's annual survey earlier this year in February. Discussed recent survey activity and POCs. During annual survey, there were no findings at a G-level or higher, and the facility's POC was desk reviewed.

There are no reported infection control trends. The facility has an ICAR assessment with the quality monitoring team expected later this month to offer observations and feedback.

The facility is in the process of replacing the water heater on the 300-hall. This water heater has functioned well for many years and has been approved for replacement.

Discussed recent positive feedback from visitors and vendors. Comments have recognized a positive and bright environment. The activity department has seen strong improvements. Discussed encouraging community engagement through the facility Facebook page and events.

Provided quarterly joint training regarding healthy weight management. Discussed assessing the nutritional needs of residents and creating personalized care plans to meet their individual needs. Reviewed methods to reduce the margin of error by implementing effective processes for weighing residents, recording outcomes, and following physician orders. Reviewed opportunities to train staff and collaborate with the consultant registered dietitian.

The facility works hard to manage weights and ensure residents are receiving personalized care to meet their needs. Discussed ongoing monitoring and efforts to ensure processes are followed consistently and correctly.

Joint Training Information

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

FACILITY INFORMATION

Willowbrook-Nacogdoches is a licensed 161- bed facility with an overall star rating of 3 and a rating of 4 stars in Quality Measures. The facility reports census of 110: 14 PP; 6 Skilled; 61 MCD +5 pending; 11 HMO; 13 Hospice and 14 in Memory Care.

The QIPP site visit was conducted over the phone with DON.

The facility has been able to offer more outings because they have a new van. The Administrator reports the facility had a celebration for Easter, Cinco De Mayo and Mothers' Day and they had a Nursing Home Celebration with staff and residents. The facility is planning something for Father's Day and 4th of July.

The Administrator reported the facility continues with a thankful Thursday for all staff, Mad Genius program (turn poker chips in for prizes). The company has a star of the month program, and all those names go into a drawing for a car at the end of the year. If an employee writes an accepted essay about why they want to further their education, the company will pay for their education. The facility celebrated Nurses Week every day, and they are planning something for the CNAs in June.

SURVEY INFORMATION

The facility is currently in their full book survey window. The state was in the building in March to clear an SRI, no citations.

REPORTABLE INCIDENTS

During **Feb/March/April 2025** the facility had 1 self-report that was cleared.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components —All components met but they do have a PIP in place for antipsychotics.
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed



measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has agreements in place for sister facilities and they have updated their emergency preparedness plan and employees have been trained successfully.

CLINICAL TRENDING FOR FEB/MARCH/APRIL 2025

Incidents/Falls:

Willowbrook had 66 falls without injury (33 repeat) and 2 falls with injury. The facility also reported 1 Fracture, 8 Skin Tears, 1 Laceration, 0 Elopements, 0 Behaviors and 7 Bruises. PIP in place for falls.

Infection Control:

Willowbrook reports 117 total infections 37 UTI’s; 23 Respiratory infections, 14 EENT infections, 15 Wound infections, 0 Blood infections, 3 GI infections, 2 Genital infections and 23 Other infections.

Weight loss:

Willowbrook reported Weight loss 5 residents with 5-10% and 0 residents with > 10% loss.

Pressure Ulcers:

Willowbrook had 15 residents with 22 pressure ulcer sites and 4 were acquired in house.

Restraints:

Willowbrook is a restraint free facility.

Staffing:

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

Total number employees: 124 ___ Turnover rate%: _13___

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	1.8%	7.9%	7.6%	



Fall w/Major Injury (L)	3.2%	3.4%	3.5%	
UTI (L)	0.0%	1.0%	2.0%	
High risk with pressure ulcers (L)	3.4%	5.7%	6.7%	
Loss of Bowel/Bladder Control(L)	16.2%	17.9%	21.7%	
Catheter(L)	0.0%	0.8%	1.6%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Residents whose ability to walk independently worsened (L)	4.1%	20.4%	22.0%	
Excessive Weight Loss(L)	2.6%	3.7%	5.8%	
Depressive symptoms(L)	3.2%	3.2%	10.7%	
Antipsychotic medication (L)	9.2%	8.3%	15.0%	GDR mtg nxt wk with PIP

PHARMACY Consultant reports/visit/ med destruction? no concerns

of GDR ATTEMPTS in the month: How many successful? 10

of Anti-anxiety (attempts__4__ successful__2__ failed__2__)

of Antidepressants (attempts__3__ successful__2__ failed__1__)

of Antipsychotic (attempts__8__ successful__4__ failed__4__)

of Sedatives (attempts__5__ successful__3__ failed__2__)

DIETICIAN Recommendation concerns/Follow Up? Comes weekly no concerns

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 3, all resolved_

TRAUMA INFORMED CARE IDENTIFIED: None_

ACTIVITIES: PIP/CONCERNS: None

DIETARY: PIP/CONCERNS: None

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None

MAINTENANCE: PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: Falls, antipsychotics, weight loss

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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Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	3.4%	3.2%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.0%	1.0%	0.0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	3.7%	3.7%	2.6%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.3%	8.3%	9.2%	N	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	20.4%	20.4%	4.1%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	Y	1.61%	1.67%	1.97%	Y	
Metric 2: Reported Licensed Nursing HPRD	N	1.30%	1.35%	1.19%	N	
Metric 3: Reported Total Nursing Staff HPRD	Y	2.91%	3.02%	3.16%	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> 8 additional hours non-concurrenty scheduled? 						
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
<ul style="list-style-type: none"> Telehealth used? 						



NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 						

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	10.7%	10.7%	3.2%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	7.6%	7.6%	1.8%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	21.7%	21.7%	16.2%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	5.7%	5.7%	3.4%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.8%	0.8%	0.0	Y	



Acting Administrator: David Bilbo, LNFA
DON: Mistee Aquippa, RN
ADON: Bionca Chinzi, LVN
ADON: Erika Stevens, LVN
ADON: Latoya Gladden, LVN

FACILITY INFORMATION

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 4 and a rating of 4 stars in Quality Measures. Census given was 160: 3 PP; 11 MC; 90 MDC; 28 MDP; 21 HMO; 10 Hospice; 14 VA; and 14 Memory Care.

The QIPP site visit was conducted over the phone with the Administrator.

The facility celebrated Cinco De Mayo, Mother's Day and Memorial Day and Easter that included families and a singer from America's Got Talent. The Administrator reports they are planning parties for Father's Day and 4th of July.

The facility continues to celebrate Employee of the Month, usually with a barbeque. The Administrator reports they also provide snacks daily and gift cards periodically for the monthly town hall meetings and every Friday is a theme day for dress/food. The facility did celebrate Nurse's Week with gifts, sno-cone truck, etc. and they are planning something similar for CNAs.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components - The facility is meeting 2 of the 4 components with a PIP in place for pressure ulcers, anti-anxiety and anti-psychotics.
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has been doing regular check on generator, and all supplies are in place. The employee training was completed last week. The facility will stay in place unless damage occurs.

SURVEY INFORMATION



The Administrator reports the facility has not had a state visit since they came to investigate a complaint in April resulting in a citation, F755, scope D and it was cleared 5/1/25. They are currently in their full book window.

REPORTABLE INCIDENTS FEB/MARCH/APRIL 2025

The Administrator reports there are 36 pending self-reports and one complaint that was cleared.

CLINICAL TRENDING FEB/MARCH/APRIL 2025

Incidents/Falls:

The Woodlands had 47 falls without injury (16 repeat) and 1 fall with injury. The facility also reported 9 Skin Tears, 1 Fracture, 0 Lacerations, 1 Elopement, 6 Behaviors and 5 Bruises.

Infection Control:

The Woodlands reports 32 total infections 20 UTIs; 12 Respiratory infections, 0 EENT infections, 0 Wound infections, 0 GI infections and 0 Other infections.

Weight loss:

The Woodlands reported Weight loss of 4 residents with 5-10% and 6 residents with > 10% loss.

Pressure Ulcers:

The Woodlands had 24 residents with 36 pressure ulcer sites and 3 acquired in house.

Restraints:

Information not provided

Staffing:

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

Total number employees: 156 ___ Turnover rate%: _

CASPER REPORT -

Indicator	Current %	State %	National %	Comments/PIPs
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New Psychoactive Med Use (S)	3.3%	7.7%	7.5%	
Fall w/Major Injury (L)	.8%	3.4%	3.4%	
UTI (L) *	0%	.9%	2.0%	
High risk with pressure ulcers (L) *	8.3%	5.8%	6.8%	
Loss of Bowel/Bladder Control(L)	13.3%	17.7%	22%	
Catheter(L)	0%	.8%	1.6%	
Physical restraint(L)	0%	0%	.1%	
Increased ADL Assistance(L)	8.7%	20.7%	22%	
Excessive Weight Loss(L)	2.9%	4.0%	6.1%	
Depressive symptoms(L)	1.8%	3.1%	10.9%	
Antipsychotic medication (L) *	9.2%	8.2%	14.9%	PIP in place

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts__ successful __failed __)
 # of Antidepressants (attempts__ successful _failed __)
 # of Antipsychotic (attempts_ successful __failed __)
 # of Sedatives (attempts __successful __ failed __)

DIETICIAN Recommendation concerns/Follow Up? All concerns addressed

SOCIAL SERVICES NUMBER/TYPER OF GRIEVANCES (RESOLVED OR NOT)- Feb -6; March 10; April 7 all resolved_

TRAUMA INFORMED CARE IDENTIFIED: NA

ACTIVITIES PIP/CONCERNS: None

DIETARY PIP/CONCERNS: None

ENVIRONMENTAL SERVICES PIP/CONCERNS: None

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS: PIPS/CONCERNS: None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	3.43%	0.8%	Y	
Metric 2: (CMS N024.02) Percent of residents with a	%	1.17%	0%	y	



urinary tract infection					
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	%	4.55%	1.8%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	%	10.55%	10%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	%	2.0%	4.1%	N	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	Y	2.33		2.33	N	Corporate is picking certain facilities to do a study to ensure trying to meet these goals is cost effective
Metric 2: Reported Licensed Nursing HPRD	Y	1.25		1.14	N	
Metric 3: Reported Total Nursing Staff HPRD	Y	3.73		3.47	N	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?				Y		
• Additional hours provided by direct care staff?				Y		
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?				Y		
• 8 additional hours non-concurrently scheduled?				Y		
• Additional hours provided by direct care staff?				Y		
• Telehealth used?				Y		



NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?				Y		
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 				N		

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	%	2.0%	1.7%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	%	13.19%	16.5%	N	PIP in place
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	%	19.9%	13.8%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	6.5%	6.5%	7.0%	N	Will review for PIP -admitting several with pressure ulcers
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	1.01%	0.9%	Y	



Administrator: Dr. Kera Gored, LNFA
DON: Tara Murphy, RN

FACILITY INFORMATION

Rose Haven Retreat is a licensed 108- bed facility with an overall star rating of 3 and a rating of 5 stars in Quality Measures. The current census on the date of the call was 46.

The Administrator was available and very helpful during the call. The administrator reports the facility is meeting all 4 QIPP components.

The Administrator reports the facility had a dedication for their Memorial Garden today and they are planning a Father's Day celebration based on resident council and a cookout for 4th of July.

The Administrator reports the facility offer lunches every quarter and management staff will be conducting fund raisers monthly so they can do more for the staff during their celebrated week and holidays. The facility also provides regular cookouts for the staff. The facility celebrated Nurse's Week and they are planning something for CNAs.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components - meeting all metrics/components, understands how/when data is collected.
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has completed 1 disaster drill and employees have been trained successfully. The Administrator also reports they have agreements in place with facilities who may need to re-locate during a hurricane.

QIPP SCORECARD:

Information not available



SURVEY INFORMATION

Administrator reports the facility had their full book 9 days ago and they are having Life Safety today. The Administrator reports she believes only minor tags will be cited.

REPORTABLE INCIDENTS

The Administrator reports the state cleared 2 SRIs during the full book survey and they do not have any pending.

Pharmacy: No concerns

Nursing/MDS: No concerns

Dietary/Kitchen: No Concerns

Housekeeping/laundry: No concerns

Central supply/medical records: No Concerns

Maintenance: No Concerns

Activities: No concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility is currently fully staffed.



Administrator: James Teel, LNFA
DON: Angel McSpadden, RN

FACILITY INFORMATION

Spindletop Hill is a licensed 148- bed facility with an overall star rating of 3 and a rating of 4 stars in Quality Measures. Census 89.

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

The facility had a celebration for Easter and Mother's Day as well as a crawfish boil for Nursing Home week. They are planning something for Father's Day and 4th of July. The facility offers regular outings to Walmart. The Administrator reports the facility got physician orders for a happy hour that will start today.

The Administrator reports the facility is still in the process to re-start celebrating monthly birthdays and Employee of the Month (setting new criteria) and continues with a recognition program when anyone is seen providing above and beyond care. Spindletop Hill is currently not using an agency for staffing. The facility staff participate in most of the residents' celebrations. The Administrator reported the facility spent close to \$50,000 in bonuses to meet staffing needs in March/April and now they only lack 3 CNAs and 1 nurse. The Administrator reports the facility celebrated Nurse's Week and they are planning something for CNAs in June.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components - Not meeting Components 2 or 3.
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has completed a review of their emergency supplies and they have agreements in place with corporate letting them know where they will go if needed and they have completed their disaster drill and their tabletop and employees have been trained successfully.



SURVEY INFORMATION

The facility had the state in the building in April 2025 for a self-report that resulted in 1 tag related to not reporting (sent in 3613 but state never got it). Per company policy they will call to ensure report is received.

REPORTABLE INCIDENTS – INFORMATION NOT PROVIDED

CLINICAL TRENDING FEB/MARCH/APRIL 2025:

Incidents/Falls:

Spindletop had 90 falls without injury (14 repeat) and 10 falls with injury. The facility also reported 6 Skin Tears, 3 Fractures, 4 Lacerations, 0 Elopements, 7 Behaviors and 7 Bruises.

Infection Control:

Spindletop reports 19 total infections 11 UTI; 3 Respiratory infections, 0 EENT infections, 3 Wound infections, 0 GI infections and 2 Other infections.

Weight loss:

Spindletop reported Weight loss of 15 residents with 5-10% and 0 residents with > 10% loss.

Pressure Ulcers:

Spindletop had 7 residents with 7 pressure ulcer sites and 5 acquired in house.

Restraints:

Staffing: Information not provided

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

Total number employees: _____ Turnover rate%: _____

CASPER REPORT – Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	20.8%	20.0%	19.9%	PIP in place
Fall w/Major Injury (L)	9.8%	3.4%	3.4%	PIP in place
UTI (L)	0%	0.9%	2.0%	
High risk with pressure ulcers (L)	6.3%	5.8%	6.8%	
Loss of Bowel/Bladder Control(L)	17.6%	17.7%	22.0%	
Catheter(L)	0%	0.8%	1.6%	



Physical restraint(L)	0%	0%	0.11%	
Residents whose ability to walk independently worsened (L)	23.9%	20.7%	22.0%	PIP in place
Excessive Weight Loss(L)	11.4%	4.0%	6.1%	PIP in place
Depressive symptoms(L)	0%	3.1%	10.9%	
Antipsychotic medication (L)	8.8%	8.2%	14.9%	

PHARMACY Consultant reports/visit/ med destruction: No concerns

-
- # of GDR ATTEMPTS in the month: How many successful?
 - # of Anti-anxiety (attempts____ successful ____ failed_____)
 - # of Antidepressants (attempts____ successful__ failed_____)
 - # of Antipsychotic (attempts__ successful __ failed_____)
 - # of Sedatives (attempts__ successful__ failed_____)
-

DIETICIAN Recommendation concerns/Follow Up – No concerns, very engaged

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

TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES PIP/CONCERNS: no concerns but working with them for improvement

DIETARY PIP/CONCERNS: No concerns

ENVIRONMENTAL SERVICES PIP/CONCERNS: No concerns

MAINTENANCE PIP/CONCERNS: No concerns

MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS: No concerns

MDS PIPS/CONCERNS: PIP on Falls & Pressure ulcers

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	3.43%	9.8%		
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.9%	1.17%	0%		
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.0%	8.24%	12.7%		



Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.2%	9.61%	8.8%		
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	20.7%	28.00%	21.4%		

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

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



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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	10.9%	3.72%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.9%	20.51%	20.8%	N	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	22.0%	53.52%	17.3%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	5.8%	7.8%	6.5%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.8%	1.03%	0%	Y	



Administrator: Crystal Quintero, DON
DON: Charity Reese, RN
ADON: Ashley Colbert, LVN

FACILITY INFORMATION

Park Manor Conroe is a licensed 123- bed facility with an overall star rating of 4 and Quality of Care of 4. Census given that day was 108: PP (4); MC (7); MCD (65 +5 pending) Hospice (3) and HMO (20); VA (4).

The QIPP site visit was conducted over the phone with the ADON (Administrator was with the state surveyor during the call) who was very welcoming and helpful.

The facility had a Cinco De Mayo, Mother's Day and Memorial Day celebration and they are planning a luncheon for Father's Day and July 4th. The facility has regular religious services and outings for the residents, and they will be going to a casino in June. The facility had a big party/carnival for Nursing Home Week.

The ADON reports the facility continues to provide chips/tokens to staff who go above and beyond and they can turn them in for gift cards or merchandise. Additionally, meals are provided periodically and some type of recognition for staff every month. The ADON reports the facility had lunch for day/evening staff and dinner for night staff as well as a coffee truck to celebrate Nurse's Week. The facility will be doing something similar for CNAs in June.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components - The facility is meeting all but component 2 and there is a PIP in place.
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The ADON reports the facility has completed the staff training on hurricane preparation.



SURVEY Information

The state was in the facility for the 3rd day of full book during the call.

REPORTABLE INCIDENTS FEB/MARCH/APRIL 2025

The facility had 3 self-reports and one complaint that the state just cleared during full book.

CLINICAL TRENDING FEB/MARCH/APRIL 2025

Incidents/Falls:

Park Manor of Conroe had 55 total falls without injury and 3 falls with injury, 0 repeat falls, 21 Skin Tears, 0 Elopements, 1 Fracture, 0 Lacerations, 4 Bruises and 0 Behaviors. The facility does still have a PIP in place for falls.

Infection Control:

Park Manor of Conroe reported 112 infections of which 20 were UTI's, 21 Respiratory infections, 8 Wound infections, 0 Blood infections, 0 EENT infections, 5 GI infections, 0 Genital infections and 58 Other infections.

Weight loss:

Park Manor of Conroe had 11 residents with 5-10% weight loss in 1 month and 0 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor of Conroe reported 30 residents with pressure ulcers with 43 sites, 0 of them facility-acquired. The facility does have a PIP for this measure.

Restraints:

Park Manor of Conroe does not use restraints.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	1	1	0	0
2 to 10	0	0	3	0	0	0
10 to 6	0	0	0	0	0	0
Other	0	0	0	0	0	0
# Hired this month	3	7	14	3	4	0
# Quit/Fired	1	6	11	4	5	0

Total number employees: **107** Turnover rate%: **17%**



CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	6.5%	7.7%	7.5%	
Fall w/Major Injury (L)	1.3%	3.4%	3.4%	
UTI (L)	0%	0.9%	2.0%	
High risk with pressure ulcers (L)	1.6%	5.8%	6.8%	
Loss of Bowel/Bladder Control(L)	3.1%	17.7%	22.0%	
Catheter(L)	0%	0.8%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	15.0%	20.7%	22.0%	
Excessive Weight Loss(L)	0%	4.0%	6.1%	
Depressive symptoms(L)	0%	3.1%	10.9%	
Antipsychotic medication (L)	0%	8.2%	14.9%	

PHARMACY Consultant reports/visit/ med destruction? Drug destruction completed in Feb/March/April

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

DIETICIAN Recommendation concerns/Follow Up? No concerns, recommendations 100% follow up

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 76 - all resolved

TRAUMA INFORMED CARE IDENTIFIED: none

ACTIVITIES PIP/CONCERNS: none

DIETARY PIP/CONCERNS: none

ENVIRONMENTAL SERVICES PIP/CONCERNS: none

MAINTENANCE PIP/CONCERNS: none

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: none

MDS PIPS/CONCERNS: none



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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	2.0%	0%	1.23%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.0%	0%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	3.47%	1.25%	1.32%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	9.15%	6.08%	2.14%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	2.24	1.98	1.97		N	PIP in place
Metric 2: Reported Licensed Nursing HPRD	1.54	1.28	1.26		N	PIP in place
Metric 3: Reported Total Nursing Staff HPRD	3.78	3.25	3.23		N	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?				y		



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

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	3.77%	1.51%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	12.07%	8.56%	3.95%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2.00%	0%	1.41%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	1.01%	0%	0%	Y	



Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	2.00%	0%	0%	Y	
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Administrator: AV Meghani
Assistant Administrator: Kameran Shirali
DON: Julie Slyotsky, RN

FACILITY INFORMATION

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 5 and a rating of 5 stars in Quality Measures. Current census given 98: 7 PP; 21 MC; 23 MCD; 46 HMO; 1 Hospice.

The QIPP site visit was conducted Over the phone with the Administrator.

The Assistant Administrator reports the facility continues with happy hour every week, exercising, etc. The facility had a party for Cinco De Mayo, Mother's Day and Memorial Day and they are planning celebrations for Father's Day and 4th of July. New Activity Director and anticipate starting outings for residents again.

The Administrator reports the facility continues with monthly Employee Appreciation Day, as well as celebrating birthdays as well as multiple employee appreciation activities are planned for each month. The facility did celebrate Nurse's Week and they are planning something for CNAs in June.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components - The facility is meeting all 4 components.
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility will be meeting June 4th for hurricane prep training and review their plan and supplies.

SURVEY INFORMATION

The Administrator reports the facility is currently in their full book survey window and they have not had a state visit since August of 2024.



REPORTABLE INCIDENTS

Park Manor Woodlands had no self-reports or complaints for **Feb/March/April 2025**.

CLINICAL TRENDING FEB/MARCH/APRIL 2025

Incidents/Falls:

Park Manor Woodlands had 23 total falls without injury (4 repeat) and 3 falls with injury; 10 skin tears; 0 fractures; 0 elopement; 5 bruises; 0 lacerations and 0 behaviors.

Infection Control:

Park Manor Woodlands reported 93 infections, of which 32 were UTI's; 19 Respiratory infections; 4 Wound infections; 3 Blood infections, 5 GI infections, 0 Genital infections and 30 Other infections. The facility has a PIP in place for infections.

Weight loss:

Park Manor Woodlands had 5 residents with 5-10% weight loss in 1 month and 4 with >10% weight loss in 6 months.

Pressure Ulcers:

Park Manor Woodlands reported 3 residents with pressure ulcers with 5 sites and 0 were facility acquired.

Restraints:

Park Manor Woodlands does not use restraints.

Staffing:

QA STAFFING COMPONENT COMPLETE?

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

Total number employees: **145** Turnover rate%: **23%**

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	13.3%	20%	19.9%	
Fall w/Major Injury (L)	3%	3.4%	3.4%	
UTI (L)	0%	0.9%	2.0%	



High risk with pressure ulcers (L)	0%	5.8%	6.8%	
Loss of Bowel/Bladder Control(L)	7.4%	17%	22%	
Catheter(L)	0%	0.8%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	20.7%	22%	
Excessive Weight Loss(L)	0%	4%	6.1%	
Depressive symptoms(L)	0%	3.1%	10.9%	
Antipsychotic medication (L)	12.9%	8.2%	14.9%	PIP in Place

PHARMACY Consultant reports/visit/med destruction? No concerns

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts_3_ successful_3_ failed____)
 # of Antidepressants (attempts_2_ successful_2_ failed____)
 # of Antipsychotic (attempts__0_ successful__ failed____)
 # of Sedatives (attempts__0_ successful__ failed____)

DIETICIAN Recommendation concerns/Follow Up? All concerns addressed

SOCIAL SERVICES NUMBER/TYPER OF GRIEVANCES (RESOLVED OR NOT)- 13 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
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	1.06%	0.9%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	



Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.55%	0%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	5.62%	12.9%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.7%	8.83%	0%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	Y	2.24	Y		Y	
Metric 2: Reported Licensed Nursing HPRD	Y	1.54	Y		Y	
Metric 3: Reported Total Nursing Staff HPRD	Y	3.78	Y		Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?				Y		
• Additional hours provided by direct care staff?				Y		
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?				Y		
• 8 additional hours non-concurrenty scheduled?				Y		
• Additional hours provided by direct care staff?				Y		
• Telehealth used?				Y		
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?				Y		
• Agency usage or need d/t critical staffing levels				N		



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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	14.36%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	22.02%	13.79%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	16.37%	0%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59%	0	0	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0.50%	0	Y	



Administrator: Greg Sechrist, LNFA
DON: Robin Sharp, RN

FACILITY INFORMATION

Marshall Manor Nursing and Rehab is a 169-bed facility with a current overall star rating of 4 and a Quality Measures rating of 4. The census on the date of this call was 91.

The QIPP site visit was conducted over the phone with the Administrator.

The facility has regular outings but not many go out with the current population. The facility had a St. Patrick's Day, Mother's Day, and Easter celebrations and they are planning something for Father's Day and they had a big Nursing Home Week celebration as well.

The Administrator reports the facility continues anniversary recognitions, giveaways at staff meetings, and they also have an employee of the month program. The facility celebrated every day for Nurse's Week and they are planning something similar for CNAs in June.

QIPP SCORECARD:

The Administrator reports the facility is meeting all 4 QIPP components in year 8.

SURVEY INFORMATION

The state came for the facility's full book survey 2 weeks ago resulting in 8 low level tags.

REPORTABLE INCIDENTS

The facility has one pending self-report for unwitnessed fall.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components - All 4 components being met but they do have a PIP for antipsychotics.
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed



measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has agreements in place for sister facilities and they had an actual drill during a tornado warning recently.

PHARMACY: No concerns

NURSING/MDS: PIP for antipsychotics

DIETARY/KITCHEN: None

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: None

ACTIVITIES: None

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

The Administrator reports they have open positions for CNAs and nurses but are able to staff the building without use of agency.



Administrator: Ken Kale, LNFA
DON: Lakeisha Owens, RN

FACILITY INFORMATION

Marshall Manor West is a 118-bed facility with a current overall star rating of 4 and a Quality Measures rating of 5. The census on the date of this call was 52 (5 skill mix) with 15 in memory care.

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

The facility has regular outings to the store and for Bingo and they went to the casino boats to celebrate nursing home week. The Administrator reports they are planning a party for Father's Day and 4th of July.

The Administrator reports the facility continues birthdays, weekly meal provisions (stew next week) and they also have an employee of the month program. The facility celebrated Nurse's Week and they are planning something for CNAs next month.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components – Meeting all 4 components but they do have a PIP for falls.
- Preparation for hurricane season – Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility does have agreements with sister facilities in Houston.

QIPP SCORECARD:

The facility is currently meeting all 4 QIPP components for year 8.

SURVEY INFORMATION

Administrator reports the state has not been in the facility since November for their full book.



REPORTABLE INCIDENTS

One pending self-report for injury of unknown origin.

PHARMACY: No concerns

NURSING/MDS: PIP for falls

DIETARY/KITCHEN: None

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: None

ACTIVITIES: None

CLINICAL TRENDING

Incidents/Falls:

Information not provided

Infection Control:

Information not provided

Weight loss:

Information not provided

Pressure Ulcers:

Information not provided

Restraints:

Information not provided

Staffing:

Administrator reports ability to staff facility without use of Agency, low overtime but they do have 3 nurse open positions.



Administrator: Julie Johnson, LNFA
DON: Amber Manning, RN

FACILITY INFORMATION

Garrison Nursing and Rehabilitation is a 93 bed SNF in a rural area. The census is at 76 residents (6 in Hospital). The facility now has an overall star rating of 5 and a star rating in Quality Measures of 5.

The QIPP site visit call was conducted over the phone with the Administrator.

The Administrator reports the facility had a Mother's Day and St. Patrick's Day celebration and they are planning something for Father's Day.

The Administrator reports the facility has an employee of the month celebration, random drawings for gifts and treats weekly and they try to feed the staff at least monthly. The Administrator reports the facility celebrated Nurse's Week with an outdoor party and they are planning something for CNAs in June.

QIPP SCORECARD:

The Administrator reports the facility is meeting all 4 QIPP components in year 8.

SURVEY INFORMATION

The facility had state in the building to clear out 5 SRIs with no citations.

REPORTABLE INCIDENTS

Administrator reports there are 2 outstanding SRIs.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components not met QTR two- meeting all 4 components but they do have a PIP for falls
- Preparation for hurricane season - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to



move to a safer location. The Administrator reports the facility participated in a community wide disaster drill followed by a desktop with SET_TRAC and employees have been trained successfully.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Information was not provided.

Staffing:

Administrator reports the facility is able to staff the building without use of agency.

PHARMACY: No concerns

NURSING/MDS: PIP for pain management and weight loss

DIETARY/KITCHEN: None

HOUSEKEEPING/LAUNDRY: None

CENTRAL SUPPLY/MEDICAL RECORDS: None

MAINTENANCE: completed re-painting entire facility

ACTIVITIES: NONE



Administrator: Michael Herring, LNFA
DON: Jerold Hindsman, RN

FACILITY INFORMATION

Golden Villa is a 110 Medicaid/Medicare & 10 Medicare-bed facility with a current overall star rating of 1 (due to full book survey results) and a Quality Measures star rating of 4. The census on the date of this call was 91 (1 in hospital).

The QIPP site visit was conducted over the phone with the Administrator.

The Administrator reports they are planning a 4th of July cookout, and they had a huge Mother's Day celebration and they are working on a vegetable and fairy garden.

The Administrator reports the facility continues to celebrate employee of the month and each department's week throughout the year. If an employee goes above and beyond, they get handwritten notes and gift cards and meals are offered at a discounted rate. The facility did celebrate Nurse's Week/Month and they are planning something for CNAs in June.

DON reports that so far, they have not had to use an agency, covering internally with management staff. The facility is a certified CNA facility but due to IJ they received they are not able to run a class. Their sister facility is still running classes.

QIPP SCORECARD:

The Administrator reports they are meeting all 4 QIPP components for quarter two of year 8.

SURVEY INFORMATION

The Administrator reports the state came back in March to clear their POC from the IJ and they are now in full compliance.

REPORTABLE INCIDENTS

The Administrator reports the facility has 1 pending self-report.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components – meeting all 4 components met but they do have a PIP for falls and elopements due to IJ.
- Preparation for hurricane season – Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with



generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has completed 1 disaster drill for severe weather, including generator and water supply.

PHARMACY: No concerns, new regional

NURSING/MDS: PIP on Falls and Elopements

DIETARY/KITCHEN: No concerns

HOUSEKEEPING/LAUNDRY: No concerns

CENTRAL SUPPLY/MEDICAL RECORDS: No concerns

MAINTENANCE: No concerns

ACTIVITIES: No concerns

CLINICAL TRENDING

Incidents/Falls:

Facility information not provided

Infection Control:

Facility information not provided

Weight loss:

Facility information not provided

Pressure Ulcers:

Facility information not provided

Restraints:

Facility information not provided

Staffing:

Facility currently has open CNA and nursing positions, PRN & ADON staff fill in



Administrator: David Holt
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current census of 96: (5) MC; (29) HMO; (6) PP; (55) MDC; (1) Hospice. Their overall star rating is 5 and Quality Measures star rating is 4.

The QIPP site visit was conducted in person. The DON was present, and very helpful. The DON reports the facility is currently COVID_19 free.

The facility had a crawfish boil for nursing home week including families and staff and they are planning a Memorial Day party tomorrow and a meal on Monday and a Father's Day celebration with a sports theme. The facility does have a van to take residents if they want to go somewhere and several have metro passes to go out.

The DON reports the facility continues with a monthly meal for all staff and they also have employee of the month. The facility also continues with the Mad Genius program with tokens for going above and beyond. The DON reports the facility celebrated Nurse's Week with a different theme each day and they will do something similar for the CNAs in June.

The outside of the facility was well groomed and did not have trash in the lawn. The front lobby was very nicely decorated and had a very kind receptionist to welcome the public. The resident calendar was posted for May. Several of the residents were gathered around the nurse's station. The fire extinguishers in the kitchen, entrance and hall 200 all had current inspections. The fire extinguisher in the laundry room did not have a current inspection since February 2025 and the DON notified maintenance.

The shower room on hall 200 was clean, with no odor and all chemicals locked. The medication room was clean and organized with current temperature logs and E-Kit. The O2 closet was organized but the floor needed to be swept and mopped. The central supply closet was clean and organized with all boxes off the floor and ceiling height requirement met.

The laundry room was clean, organized, and had up to date lint logs. The dining room was being cleaned after lunch and the menu was posted. The kitchen was clean and well organized. There were 3 fruit cups unlabeled in the fridge and the Dietary Manager quickly discarded them. Nothing was expired, and there was nothing on the floor. The dry storage area was clean and organized but the dry ingredient bins did not have the year included in the labels.



Residents seemed happy and well cared for. The facility is overall, very clean, and there were no major safety or infection control concerns during the tour.

EDUCATION PROVIDED

Reviewed QIPP year 8 components - PIP in place for pressure ulcers and not sure about the numbers for component 2, believes PBJ is behind because the internal numbers show they have enough.

Preparation for Hurricane Season - The DON reports the facility has sufficient supply of food/water and supplies and staff have been educated. The letters to the families will go out next month. The DON is not sure if the city of Houston generator mandate will affect them since they are governed by the county.

SURVEY INFORMATION

The facility has not had a state survey since last May 2024 and they are currently in their full book survey window.

REPORTABLE INCIDENTS

The facility had 1 pending self-report (unsubstantiated by police) in **Jan/Feb/March 2025**.

CLINICAL TRENDING JAN/FEB/MARCH 2025

Incidents/Falls:

Park Manor of South Belt had 91 total falls (26 repeat), of which 0 resulted in injury. They had 6 Skin Tears, 1 Laceration, 0 Fractures, 0 Elopements, 1 Bruise and 2 Behaviors.

Infection Control:

Park Manor of South Belt reports 142 total infections: 34 UTIs; 35 Respiratory; 22 Wound; 6 EENT; 8 Blood infections; 3 GI infections; 0 Genital infections and 34 Other infections. Several of these were community acquired.

Weight loss:

Park Manor of South Belt had 14 residents with 5-10% weight loss in 1 month and 0 residents with >10% weight loss in 6 months. The facility has a PIP in place for this measure.

Pressure Ulcers:

Park Manor South Belt reported 51 residents with 72 total pressure ulcers and 8 were facility acquired and there is a PIP in place.

Restraints:

Park Manor of South Belt is a restraint free facility.

Staffing:



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

Total number employees: 93 Turnover rate%: 19.4

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	7.4%	20.3%	20.0%	
Fall w/Major Injury (L)	1.4%	3.4%	3.5%	
UTI (L)	0%	1%	2%	
High risk with pressure ulcers (L)	3.0%	3.0%	5.7%	
Loss of Bowel/Bladder Control(L)	4.9%	17.9%	21.7%	
Catheter(L)	0%	0.8%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	20.4%	22.0%	
Excessive Weight Loss(L)	0%	3.7%	5.8%	
Depressive symptoms(L)	1.5%	3.2%	10.7%	
Antipsychotic medication (L)	0%	8.3%	15.0%	

PHARMACY Consultant reports/visit/ med destruction? Monthly destruction and all recommendations are addressed.

-
- # of GDR ATTEMPTS in the month: How many successful?
 - # of Anti-anxiety (attempts 4 successful 4 failed 0)
 - # of Antidepressants (attempts 9 successful 6 failed 3)
 - # of Antipsychotic (attempts 0 successful 0 failed 3)
 - # of Sedatives (attempts 0 successful 0 failed 0)
-

DIETICIAN Recommendation concerns/Follow Up? Weekly recommendations addressed.

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

NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)—All concerns were addressed and resolved. **January** - 9 grievances- 2 call lights not answered in a timely manner, 2 staff discourteous, 1 loud environment, 3 family concerns from same family- MD had not called them, staff did not notify when pt refused adl care and not notified when psychologist came. 1 cold food. **February**-6 grievances- 1 call lights not answered in a timely manner, 1 not enough weekend staff, 1 trash not emptied after staff cared for resident, 1 staff left room untidy, 1 missing blanket, 1 food doesn't look as well on the weekend. **March** -7 grievances 1-care concerns, 1 Maintenance, 1 w/c issue by another pt, 1 noise on hallway by another pt, 1 call light not answered in a timely manner, 2 missing items



TRAUMA INFORMED CARE IDENTIFIED: None

ACTIVITIES: PIP/CONCERNS: New Activity Assistant

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
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	0.92%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.55%	1.33%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	1.91%	0%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	5.91%	0%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	2.24%	1.75%	1.82%	1.84%	Y	



Metric 2: Reported Licensed Nursing HPRD	1.54%	1.16%	1.21%	1.25%	Y	
Metric 3: Reported Total Nursing Staff HPRD	3.78%	2.92%	3.03%	3.09%	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
<ul style="list-style-type: none"> Telehealth used? 					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	0.32%	0.0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	14.56%	7.4%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	23.58%	4.76%	Y	



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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59	4.07	1.85	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01	3.06	0	Y	



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

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current census of 110 (3 in hospital): (4) MC; (18) HMO; (11) PP; (64) MDC + 5 pending; (6) Hospice; (0) VA. Their overall star rating is 1 (staffing down to 1) and Quality Measures star rating is 4.

The QIPP site visit was conducted in person. The Administrator and DON were available and very helpful. The Administrator reports the facility is currently COVID_19 free.

The facility celebrates all major holidays including an Easter party, Mother's Day and Nursing Home Week. The Administrator reported the facility continues outings for fishing and shopping at Walmart 2x per month. The resident calendar was posted for May.

The Administrator reports the facility still has the employee of the month and the MAD Genius program with prizes or cash. The Administrator reported the facility also provides food every month during staff meetings for all staff appreciation. The facility celebrated Nurses' Week, and they are planning something for CNAs in June.

The outside entrance was well maintained with nice landscaping and the parking lot was well marked.

The inside entrance was clean, well decorated with old, but nice furniture.

The shower room was clean, with no odors and all chemicals were locked. The central supply room was clean and organized and all boxes were off the floor and ceiling height requirements met.

The Medication room was clean and organized. The E-Kit and temperature logs were current. One cart was checked, and it was locked, and the water pitcher was labeled/dated. This facility utilizes Pixus as their medication dispenser. The OTCs checked were all current and in correct order of expiration.

The laundry room had clothes on the floor but overall was clean. The lint log had no entries since 5/10/25 and the DON made a note to check on it. There was 1 chemical container on the floor and the staff immediately placed it on the pallet. The large washer had a wet towel on the floor up against it, per the staff, there was a small leak. The DON made a note to notify maintenance.

The dining room was clean with the menu posted. The kitchen was clean. There were 4 trays of unlabeled/dated beverages in the cooler. The Dry storage area was clean and organized and all boxes were off the floor and ceiling height requirements met.



Overall, this facility was very welcoming, with residents who seemed very well taken care of. There were no major safety concerns.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components - All met but component 4 and there is a PIP in place for pressure ulcers.
- Preparation for hurricane season - Train staff; communicate with local authorities, residents/families/caregivers; check and make sure emergency food/water and medical supplies are adequate; regular/required maintenance of generators; transportation plans in event of evacuation; agreements with receiving facilities are current. The Administrator reports the facility updated their emergency preparedness plan and they have started educating staff for this season.

SURVEY INFORMATION

Jan/Feb/M arch 2025 -The facility had their annual full book survey with 9 deficiencies in March, and the state returned to clear their IJ level deficiency. Their POC has been accepted and cleared via desk review.

Annual Full Book State Survey Characteristics (include only if within last 2 months)			
Deficiency Area	Scope & Severity	Explanation	Plan of Correction
Free of Accidents/Hazards	1	Free of Hazards - F689	System in place
Quality of Care			
Resident Assessment	1	Timely Transmitting assessments - F640	Review during standards of care.
Resident Rights	1	Patient Dignity - F550	Monitoring
Dietary	0		
Pharmacy	1	Medication Storage - F761	Daily Monitoring
Environment	0		
Infection Control	3	F880, F690, F677	Monitoring
Administration			
ADL Care	1	Residents with facial hair - F677	Daily monitoring
Tube Feeding	1	Gtube care	Monitoring

REPORTABLE INCIDENTS

Jan/Feb/March 2025 -The facility had 3 self-reports that were all cleared, no citations and 1 complaint that was cleared during their full book survey in March.



CLINICAL TRENDING -JAN/FEB/MARCH 2025

Incidents/Falls:

PM Westchase reported - 41 total falls without injury and 1 fall with injury with 6 repeat falls, 8 skin tears, 12 bruises, 1 fracture, 2 behaviors, 2 Lacerations and 0 Elopements.

Infection Control:

PM Westchase reported a total of 45 infections- 12 UTI’s; 10 Respiratory infections; 1 GI infection; 3 EENT infections, 8 Wound infections, 2 Blood infections 3 Genital infections and 6 Other infections.

Weight loss:

PM of Westchase reported - 12 residents with 5% in 1 month or less weight loss and 1 resident with greater than 10% weight loss in 6 months. Reviewing for a PIP.

Pressure Ulcers:

PM of Westchase reported - 22 residents with pressure ulcers, totaling 33 sites, 13 of them facility acquired. PIP in place.

Restraints:

PM of Westchase is a restraint free facility.

Staffing:

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

Total number employees: 95 Turnover rate%: 15

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	9.9%	20.4%	20%	
Fall w/Major Injury (L)	3%	3.4%	3.4%	
UTI (L)	0%	0.9%	2.0%	
High risk with pressure ulcers (L)	7.5%	5.5%	6.5%	PIP in place
Loss of Bowel/Bladder Control(L)	15.6%	17.4%	21.4%	
Catheter(L)	0.00%	0.7%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk	8.5%	19.5%	21.2%	



independently worsened (L)				
Excessive Weight Loss(L)	0.00%	3.5%	5.6%	
Depressive symptoms(L)	4.3%	3.2%	10.5%	Below federal; above state; PIP
Antipsychotic medication (L)	1.1%	8.0%	14.9%	

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts __5__ successful __2__ failed __3__)
 # of Antidepressants (attempts __3__ successful __2__ failed __1__)
 # of Antipsychotic (attempts __4__ successful __1__ failed __3__)
 # of Sedatives (attempts __4__ successful __1__ failed __3__)

DIETICIAN Recommendation concerns/Follow Up? No specific concerns; system in place and functioning properly.

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

TRAUMA INFORMED CARE IDENTIFIED: N/A

ACTIVITIES: PIP/CONCERNS: N/A

DIETARY: PIP/CONCERNS: N/A

ENVIRONMENTAL SERVICES: PIP/CONCERNS: N/A

MAINTENANCE: PIP/CONCERNS: N/A

MEDICAL RECORDS/ CENTRAL SUPPLY: PIPS/CONCERNS: Purging old records

MDS: PIPS/CONCERNS: Timely completing and transmitting assessments

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	2.21%	0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0.34%	1.43%	N	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.38%	0.32%	0%	Y	



Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	4.22%	1.89%	3.03%	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	11.74%	8.28%	7.14%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	2.24	1.89		2.10	Y	
Metric 2: Reported Licensed Nursing HPRD	1.54	1.18		1.16	N	Focus Area
Metric 3: Reported Total Nursing Staff HPRD	3.78, Not Met	3.13		3.25	Y	
In case of audit: Did NF maintain 4 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> 8 additional hours non-concurrently scheduled? 					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 					Y	
<ul style="list-style-type: none"> Telehealth used? 					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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



Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	6.47%	1.54%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	14.00%	10.20%	10.14%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	14.52%	10.64%	13.56%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59%	3.67%	8.57%	N	PIP in place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0.25%	0.00%	Y	

EXHIBIT “G”



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	4th Qtr Totals 2025-Jun 2025	YTD DATE
ACCIDENT INSURANCE							
<i>Number of Students Insured</i>		1558		1562	1583		
<i>Number of Claims Filed</i>		17		12	21		50
CONTRACTED SERVICES (THERAPY)							
<i>Number of Students Using:</i>		410		370	379	0	1159
<i>Counseling</i>		183		152	141		476
<i>Occupational Therapy</i>		106		95	115		316
<i>Speech Therapy-provided by district speech pathologist</i>		97		98	101		296
<i>Physical Therapy</i>		24		25	22		71
SCREENINGS							
<i>Number of Students Screened:</i>		964		209	456	0	1629
<i>Vision</i>		488		25	223	0	736
<i>Hearing</i>		476		25	233	0	734
<i>Scoliosis</i>		0		159	0	0	159
NURSE SALARY & BENEFITS, SUPPLIES, IMMUNIZATIONS, & MISC SERVICES							
<i>Number of Nurses:</i>		3		3	3		
<i>Number of Students:</i>		1558		1562	1583		4703
<i>Given First Aid</i>		645		691	410		1746
<i>Medication Administered</i>		1456		1284	1144		3884
<i>Injuries</i>		14		9	5		28
2024-2025 Budget							
Category		Actual (YTD)		Budget	Budget Amend.	Difference	Balance
Insurance		\$ 47,827.00		\$52,000.00	\$0.00	\$0.00	\$4,173.00
Therapy and Related Contracted Services (Partial)		\$ 1,459.50		\$2,100.00	\$0.00	\$0.00	\$640.50
3 Nurse Salaries/Benefits (Partial)		\$ 143,170.74		\$204,065.00	\$0.00	\$0.00	\$60,894.26
Nurse Supplies/Expenses (Partial)		\$ 34,684.00		\$20,000.00	\$0.00	\$0.00	(\$14,684.00)
Immunizations		\$ 90.00		\$0.00	\$0.00	\$0.00	(\$90.00)
Total		\$227,231.24		\$278,165.00	\$0.00	\$0.00	\$50,933.76



East Chambers Independent School District
Home of the Buccaneers

2024- 2025 Budget

Category	Actual YTD	Budget	Projected Remaining Expenses	Requested Amendment	Amended Budget
Insurance	\$ 47,827.00	\$ 52,000.00	\$ -	\$ (4,173.00)	\$ 47,827.00
Therapy and Related Contracted Services (Partial)	\$ 1,459.50	\$ 2,100.00	\$ 691.50	\$ 51.00	\$ 2,151.00
3 Nurse Salary/Benefits (Partial)	\$ 143,170.43	\$ 204,065.00	\$ 47,005.50	\$ (13,890.00)	\$ 190,175.00
Nurse Supplies/Expenses (Partial) - including immunization	\$ 34,774.00	\$ 20,000.00	\$ 3,238.00	\$ 18,012.00	\$ 38,012.00
Total	\$ 227,230.93	\$ 278,165.00	\$ 50,935.00	\$ -	\$ 278,165.00

Payment Schedule-2025 et seq (as outlined in the current agreement)

1st Amendment	
January	\$23,180.42
February	\$23,180.42
March	\$23,180.42
April	\$23,180.42
May	\$23,180.42
June	\$23,180.42
July	\$23,180.42
August	\$23,180.42
September	\$23,180.42
October	\$23,180.42
November	\$23,180.42
December	\$23,180.42
Total	\$278,165.04