

EXHIBIT “A-1”

Winnie-Stowell Hospital District
Balance Sheet
As of April 30, 2025

	Apr 30, 25
ASSETS	
Current Assets	
Checking/Savings	
100 Prosperity Bank -Checking	394,049.60
102 First Financial Bank	
102b FFB #4846 DACA	13,070,944.30
102c FFB #7190 Money Market	223,935.81
Total 102 First Financial Bank	13,294,880.11
105 TexStar	10,446,470.90
108 Nursing Home Banks Combined	5,243,418.77
Total Checking/Savings	29,378,819.38
Other Current Assets	
110 Sales Tax Receivable	157,171.65
114 Accounts Receivable NH	72,875,432.92
115 Hosp Uncomp Care Receivable	266,889.70
116 - A/R CHOW - LOC	859,392.09
117 NH - QIPP Prog Receivable	56,423,021.15
119 Prepaid IGT	19,650,738.59
Total Other Current Assets	150,232,646.10
Total Current Assets	179,611,465.48
Fixed Assets	2,065,752.65
Other Assets	
118.01 Prepaid NH Fees	12,806.48
Total Other Assets	12,806.48
TOTAL ASSETS	181,690,024.61
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
190 NH Payables Combined	5,003,698.42
201 NHP Accounts Payable	17,858,308.13
206 FFB Loan 25	14,645,000.00
206 FFB Loan 26	29,324,000.00
235 Payroll Liabilities	5,558.27
240 Accounts Payable NH Oper.	81,827,107.18
Total Other Current Liabilities	148,663,672.00
Total Current Liabilities	148,663,672.00
Total Liabilities	148,663,672.00
Equity	
300 Net Assets, Capital, net of	121,283.00
310 Net Assets-Unrestricted	11,219,913.13
315 Committed for Capital Proj	450,000.00
Retained Earnings	19,694,306.04
Net Income	1,540,850.44
Total Equity	33,026,352.61
TOTAL LIABILITIES & EQUITY	181,690,024.61

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

	Jan - Apr 25	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 Sales Tax Revenue	319,980.09	850,000.00	-530,019.91	37.6%
405 Investment Income	179,376.01	750,000.00	-570,623.99	23.9%
407 Rental Income	21,200.00	42,000.00	-20,800.00	50.5%
409 Tobacco Settlement	0.00	15,000.00	-15,000.00	0.0%
415 Nursing Home - QIPP Program	43,566,833.33	123,487,690.00	-79,920,856.67	35.3%
Total Income	44,087,389.43	125,144,690.00	-81,057,300.57	35.2%
Gross Profit	44,087,389.43	125,144,690.00	-81,057,300.57	35.2%
Expense				
500 Admin				
501 Admin-Administrative Salary	25,000.00	75,000.00	-50,000.00	33.3%
502 Admin-Administrative Assnt	5,557.61	46,860.00	-41,302.39	11.9%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	2,791.09	9,500.00	-6,708.91	29.4%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	14,517.48	81,000.00	-66,482.52	17.9%
507 Admin-Retirement	5,164.92	14,000.00	-8,835.08	36.9%
515 Admin-Bank Service Charges	1,946.07	2,000.00	-53.93	97.3%
521 Professional Fees - Accntng	3,325.00	12,000.00	-8,675.00	27.7%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	4,000.00	50,000.00	-46,000.00	8.0%
550 Admin-D&O / Liability Ins.	10,989.48	20,000.00	-9,010.52	54.9%
560 Admin-Cont Ed, Travel	2,087.17	6,500.00	-4,412.83	32.1%
562 Admin-Travel&Mileage Reimb.	659.30	2,500.00	-1,840.70	26.4%
569 Admin-Meals	1,170.85	3,500.00	-2,329.15	33.5%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	7,473.23	25,000.00	-17,526.77	29.9%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	993.82	5,000.00	-4,006.18	19.9%
575 Admin-Cell Phone Reimburse	675.00	1,800.00	-1,125.00	37.5%
576 Admin-Telephone/Internet	1,387.73	3,500.00	-2,112.27	39.6%
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	1,360.00	4,080.00	-2,720.00	33.3%
593 Admin-Utilities	1,558.47	4,000.00	-2,441.53	39.0%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	2,246.00	15,000.00	-12,754.00	15.0%
Total 500 Admin	95,490.72	439,485.00	-343,994.28	21.7%
600 - IC Healthcare Expenses				
601 IC Provider Expenses				
601.01a IC Pmt to Hosp-Indigent	168,427.89	435,700.00	-267,272.11	38.7%
601.01b IC Pmt to Coastal (Ind)	3,374.48	25,000.00	-21,625.52	13.5%
601.01c IC Pmt to Thompson	3,629.18	18,000.00	-14,370.82	20.2%
601.02 IC Pmt to UTMB	134,514.60	300,000.00	-165,485.40	44.8%
601.03 IC Special Programs				
601.03a Dental	6,298.00	30,000.00	-23,702.00	21.0%
601.03b IC Vision	460.00	2,750.00	-2,290.00	16.7%
601.04 IC-Non Hosp Cost-Other	5,043.15	35,000.00	-29,956.85	14.4%
601.05 IC - Chairty Care Prog	0.00	25,000.00	-25,000.00	0.0%
Total 601.03 IC Special Programs	11,801.15	92,750.00	-80,948.85	12.7%
Total 601 IC Provider Expenses	321,747.30	871,450.00	-549,702.70	36.9%
602 IC-WCH 1115 Waiver Prog	155,911.02	420,000.00	-264,088.98	37.1%
603 IC-Pharmaceutical Costs	16,574.52	80,000.00	-63,425.48	20.7%
605 IC-Office Supplies/Postage	228.68	2,000.00	-1,771.32	11.4%
610 IC-Community Health Prog.	37,297.64	111,893.00	-74,595.36	33.3%
611 IC-Indigent Care Dir Salary	20,000.00	60,000.00	-40,000.00	33.3%
612 IC-Payroll Taxes -Ind Care	1,198.50	4,500.00	-3,301.50	26.6%
615 IC-Software	8,092.00	25,000.00	-16,908.00	32.4%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
617 Youth Programs				
617.01 Youth Counseling	1,190.00	25,000.00	-23,810.00	4.8%
617.02 Irlen Program	0.00	1,600.00	-1,600.00	0.0%
Total 617 Youth Programs	1,190.00	26,600.00	-25,410.00	4.5%
Total 600 - IC Healthcare Expenses	562,239.66	1,602,443.00	-1,040,203.34	35.1%

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

	Jan - Apr 25	Budget	\$ Over Budget	% of Budget
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	97,134.68	278,165.04	-181,030.36	34.9%
620.06 FQHC(Coastal)	189,080.09	823,734.00	-634,653.91	23.0%
620.09 Admin-Cont Ed-Med Pers.	3,138.89	8,647.44	-5,508.55	36.3%
Total 620 WSHD - Grants	562,955.51	1,490,949.52	-927,994.01	37.8%
630 NH Program				
630 NH Program-Mgt Fees	18,075,920.25	44,776,079.56	-26,700,159.31	40.4%
631 NH Program-IGT	19,537,983.00	59,470,097.67	-39,932,114.67	32.9%
632 NH Program-Telehealth Fees	120,602.84	400,000.00	-279,397.16	30.2%
633 NH Program-Acctg Fees	29,925.00	100,000.00	-70,075.00	29.9%
634 NH Program-Legal Fees	75,571.25	350,000.00	-274,428.75	21.6%
635 NH Program-LTC Fees	1,686,000.00	5,118,000.00	-3,432,000.00	32.9%
637 NH Program-Interest Expense	1,208,604.22	4,895,659.55	-3,687,055.33	24.7%
638 NH Program-Loan/Bank Fees	588.76	655,734.76	-655,146.00	0.1%
639 NH Program-Appraisal	4,129.50	96,000.00	-91,870.50	4.3%
641 NH Program-NH Manager	6,260.00	20,400.00	-14,140.00	30.7%
Total 630 NH Program	40,745,584.82	115,881,971.54	-75,136,386.72	35.2%
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	42,546,538.99	123,967,349.06	-81,420,810.07	34.3%
Net Ordinary Income	1,540,850.44	1,177,340.94	363,509.50	130.9%
Other Income/Expense				
Other Income				
416 Nursing Home Operations	119,150,516.68			
Total Other Income	119,150,516.68			
Other Expense				
640 Nursing Home Oper. Expenses	119,150,516.68			
Total Other Expense	119,150,516.68			
Net Other Income	0.00			
Net Income	1,540,850.44	1,177,340.94	363,509.50	130.9%

EXHIBIT “A-2”

WSHD Treasurer's Report

Reporting Date: Wednesday, May 21, 2025					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$2,070.00	Prosperity Operating (Unrestricted)	\$459,784.30
Brookshire Brothers	Indigent Care		\$1,705.02	First Financial DACA (Unrestricted)	\$14,867,029.49
CABA Therapy Services dba Physio	SP Program		\$1,819.73	First Financial DACA (Restricted)	\$28,714.00
Coastal Gateway Health Center	Indigent Care		\$875.12	First Financial Money Market	\$222,609.62
Indigent Healthcare Solutions, LTI	Invoice # 79848		\$2,023.00	TexStar (Restricted)	\$7,483,638.90
Kalos Counseling	Youth Counseling		\$510.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$819.54	Total District Funds	\$23,061,776.31
UTMB at Galveston	Indigent Care		\$26,960.84	Less First Financial (Restricted)	\$0.00
UTMB Faculty Group Practice	Indigent Care		\$5,077.84	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care		\$1,904.87	Less LOC Outstanding	\$0.00
Winnie-Stowell Volunteer EMS	Indigent Care		\$270.70	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No. 51314		\$16,790.00	Less Committed Funds (See Total Commitment)	(\$784,555.55)
Benckenstein & Oxford	Fundamental		\$9,415.68	Cash Position (Less First Financial Restricted)	\$21,777,220.76
Function4	INV1207643		\$105.00	Pending Expenses	(\$100,472.89)
3Branch & More	INVOICE # 45784		\$9,324.41	Ending Balance (Cash Position/Pending Expenses)	\$21,676,747.87
Felipe Ojeda	Invoice# 1062 & 1060B		\$500.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	\$22,807,091.09
Graciela Chavez	Invoice 965985		\$210.00	Prior Month	
Technology Solutions of Texas, LLC	Invoice 1950		\$155.80	Prosperity Operating (Unrestricted)	\$246,576.43
Curtis Scott Johnson	Inv WSHD202503 & WSHD202504		\$2,970.00	First Financial (Unrestricted)	\$13,916,854.11
Makayla Vidal	Invoice 00092		\$8,155.00	First Financial (Restricted)	\$2,870,170.47
Coastal Gateway Health Center	Marketing Grant		\$3,754.49	First Financial Money Market (Restricted)	\$221,971.75
Hubert Oxford	Retainer		\$1,000.00	TexStar (Restricted)	\$10,446,470.90
Tx Em-I Medical Services	Indigent Care		\$101.00	FFB CD Balance	\$0.00
Cascades Healthcare LLC	CHOW Fee Split		\$3,604.50	Total District Funds	\$27,702,043.66
TAG Real Estate LLC	TAG Water Bill Split		\$35.68	Less First Financial (Restricted)	(\$2,870,170.47)
J. S. Edwards & Sherlock	Inv 131624		\$314.67	Less TexStar Reserve Account	(\$500,000.00)
Coastal Gateway Health Center	Grant Pmt	To Be Discussed		Less LOC Outstanding	\$0.00
	Total Expenses:		\$100,472.89	Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$940,626.69)
				Cash Position (Less First Financial Restricted)	\$23,391,246.50
				Pending Expenses	(\$235,893.27)
				Ending Balance (Cash Position/Pending Expenses)	\$23,155,353.23
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	\$24,189,037.56

*Note - Decrease from prior month due to payment of \$738,693.24 for IGT buyout for two new facilities to City of Ennis. We will receive these funds back as Comp 1 funds for the remaining Quarter's of QIPP YR8. The District has also paid LTC fees, interest on both loans, and normal operating expenses with no QIPP funds received since the prior meeting.

First Financial Bank Reconciliations

FFB Balance	\$14,867,029.49				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
Gross YR 8 Q1 Comp 1					
QIPP YR 8 Q1 Comp 1	\$0.00	\$0.00	\$0.00	\$0.00	
Total QIPP YR 8 Comp 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

Yr. 8, Component 2-4 Q1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Component 2-4 due to MGRs.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Non-QIPP Funds	\$28,714.00
Restricted	\$0.00
Unrestricted	\$14,867,029.49
Total Funds	\$14,867,029.49

Committed Funds

Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2024	\$706,170.61	\$171,204.94	\$534,965.67
2. Coastal Marketing Grant	\$276,040.00	\$266,099.86	\$9,940.14
3. East Chambers ISD	\$278,165.04	\$115,902.10	\$162,262.94
4. WSVEMS Grant	\$265,403.04	\$188,016.24	\$77,386.80
Total Commitments	\$1,525,778.69	\$741,223.14	\$784,555.55

Hospital - DY 8 Repayment

	Amount Advanced by District	IC Repayment	Balance Owed by RMC
Januray 31, 2025	\$0.00	\$33,594.56	\$400,675.66
February 28, 2025	\$0.00	\$41,471.50	\$359,204.16
March 31, 2025	\$0.00	\$44,205.50	\$314,998.66
April 30, 2025	\$0.00	\$48,113.96	\$266,884.70
	\$1,626,424.00	\$1,359,539.30	\$266,884.70

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	\$863,458.52	\$136,541.48	\$0.00	\$863,458.52
Balance Owed by Oak Grove	\$1,000,000.00	\$863,458.52	\$136,541.48	\$0.00	\$863,458.52
Total CHOW Loan Outstanding	\$1,000,000.00	\$863,458.52	\$136,541.48	\$0.00	\$863,458.52

**First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 25 (Acct #57635) (May 31, 2024 - May 25, 2025)
1st Half of Year 8**

Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$302,900.00
Years:	1	Amount:	\$29,290,000.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
1-June 25, 2024			(\$162,722.22)	(\$162,722.22)	\$29,290,000.00
2-July 25, 2024			(\$195,266.66)	(\$195,266.66)	\$29,290,000.00
3-August 25, 2024			(\$201,775.56)	(\$201,775.56)	\$29,290,000.00
4-September 25, 2024			(\$201,775.56)	(\$201,775.56)	\$29,290,000.00
5-October 25, 2024			(\$180,621.66)	(\$180,621.66)	\$29,290,000.00
6-November 25, 2024			(\$185,706.46)	(\$185,706.46)	\$29,290,000.00
7-December 25, 2024			(\$176,960.69)	(\$176,960.69)	\$29,290,000.00
8-January 25, 2024			(\$175,333.20)	(\$175,333.20)	\$29,290,000.00
9-February 25, 2025 (YR8 Q1)	\$14,645,000.00	(\$14,645,000.00)	(\$176,553.61)	(\$14,821,553.61)	\$14,645,000.00
10-March 25, 2025	\$0.00	\$0.00	(\$79,733.89)	(\$79,733.89)	\$14,645,000.00
11-April 25, 2025	\$0.00	\$0.00	(\$88,276.80)	(\$88,276.80)	\$14,645,000.00
12-May 25, 2025 (YR8 Q2)	\$14,645,000.00	(\$14,645,000.00)	(\$85,429.17)	(\$14,730,429.17)	\$0.00
Amount Paid	\$29,290,000.00	(\$29,290,000.00)	(\$1,910,155.48)	(\$31,200,155.48)	

**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	Amount:	\$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)	\$0.00
Amount Paid	\$29,290,000.00	(\$29,290,000.00)	(\$1,740,830.91)	(\$31,030,830.91)	

District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$222,609.62	4.00%	April 2025	\$667.69	\$65,561.59
Texstar C.D. #1110	\$7,483,638.90	4.32	April 2025	\$37,168.00	\$148,750.30

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

Edward Murrell,
President

Robert "Bobby" Way
Treasurer/Investment Officer

Date: _____

Date: _____

*Italics are Estimated amounts

EXHIBIT “A-3”

Winnie-Stowell Hospital District
Bank Accounts Register
April 23, 2025 to May 21, 2025

Type	Date	Num	Name	Memo	Clr	Amount	Balance
100 Prosperity Bank -Checking							7,989.83
Check	04/24/2025	4579	J. S. Edwards and Sherlock Ins.	Invoice 131342		(12,057.75)	(4,067.92)
Deposit	04/25/2025			Memo:Daca to PBWinnie-Stowell HCCD 1611500560 Payee:Daca to P...	X	400,000.00	395,932.08
Deposit	04/25/2025			Deposit, Processed	X	3,517.39	399,449.47
Paycheck	04/30/2025	DD1420	Carlo, Victoria M	Direct Deposit	X		399,449.47
Paycheck	04/30/2025	DD1421	Davis, Tina R	Direct Deposit	X		399,449.47
Paycheck	04/30/2025	DD1422	Barron, Kiela M	Direct Deposit	X		399,449.47
Liability C...	04/30/2025		QuickBooks Payroll Service	Created by Payroll Service on 04/29/2025	X	(5,448.97)	394,000.50
Deposit	04/30/2025			Deposit, Processed	X	49.10	394,049.60
Liability C...	05/14/2025		QuickBooks Payroll Service	Created by Payroll Service on 05/13/2025		(4,363.69)	389,685.91
Liability C...	05/14/2025		QuickBooks Payroll Service	Created by Payroll Service on 05/13/2025		(1,658.00)	388,027.91
Paycheck	05/15/2025	DD1423	Carlo, Victoria M	Direct Deposit	X		388,027.91
Paycheck	05/15/2025	DD1424	Davis, Tina R	Direct Deposit	X		388,027.91
Paycheck	05/15/2025	DD1425	Barron, Kiela M	Direct Deposit	X		388,027.91
Check	05/21/2025	4580	Benckenstein & Oxford	Invoice No. 51314		(16,790.00)	371,237.91
Check	05/21/2025	4581	Hubert Oxford	Retainer		(1,000.00)	370,237.91
Check	05/21/2025	4582	Wilcox Pharmacy	Batch Dates 04/03/25		(1,904.87)	368,333.04
Check	05/21/2025	4583	Brookshire Brothers	Batch Dates 04/04/25		(1,705.02)	366,628.02
Check	05/21/2025	4584	Coastal Gateway Health Center	Batch Dates 04/11/25		(875.12)	365,752.90
Check	05/21/2025	4585	Indigent Healthcare Solutions, ...	79848		(2,023.00)	363,729.90
Check	05/21/2025	4586	Bayside Dental	Batch Dates 04/08/25		(2,070.00)	361,659.90
Check	05/21/2025	4587	CABA Therapy Services dba Ph...	1,819.73		(1,819.73)	359,840.17
Check	05/21/2025	4588	Kalos Counseling	Batch Dates 04/02/25		(510.00)	359,330.17
Check	05/21/2025	4589	Thompson Outpatient Clinic, LLC	Batch Dates 04/11/25		(819.54)	358,510.63
Check	05/21/2025	4590	Tx Em-I Medical Services, Pa	Batch Dates 04/01/25		(101.00)	358,409.63
Check	05/21/2025	4591	UTMB Faculty Group Practice	Batch Dates 04/01/25		(5,077.84)	353,331.79
Check	05/21/2025	4592	UTMB at Galveston	Batch Dates 04/01/25		(26,960.84)	326,370.95
Check	05/21/2025	4593	Winnie-Stowell Volunteer EMS	Batch Dates 04/09/25		(270.70)	326,100.25
Check	05/21/2025	4594	Technology Solutions of Texas, ...	invoice 1950		(155.80)	325,944.45
Check	05/21/2025	4595	3Branch & More	INVOICE # 45784		(9,324.41)	316,620.04
Check	05/21/2025	4596	Cascades Healthcare LLC	CHOW Fee Split Galveston		(3,604.50)	313,015.54
Check	05/21/2025	4597	Coastal Gateway Health Center	Grant- Marketing		(3,754.49)	309,261.05
Check	05/21/2025	4598	Felipe Ojeda	Invoice# 1062 & 1060B		(500.00)	308,761.05
Check	05/21/2025	4599	Function 4	INV1207643		(105.00)	308,656.05
Check	05/21/2025	4600	Graciela Chavez	Invoice 965985		(210.00)	308,446.05
Check	05/21/2025	4601	Curtis Scott Johnson	Inv WSHD202503 & WSHD202504		(2,970.00)	305,476.05
Check	05/21/2025	4602	TAG Real Estate LLC	TAG Water Bill Split		(35.68)	305,440.37
Check	05/21/2025	4603	Benckenstein & Oxford	Fundamental		(9,415.68)	296,024.69
Check	05/21/2025	4604	J. S. Edwards and Sherlock Ins.	Inv 131624		(314.67)	295,710.02
Check	05/21/2025	4605	Vidal Accounting, PLLC	Invoice 00092		(8,155.00)	287,555.02
Total 100 Prosperity Bank -Checking						279,565.19	287,555.02
102 First Financial Bank							15,725,520.07
102b FFB #4846 DACA							15,502,260.18
Check	04/24/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	160,200.00	15,662,460.18
Check	04/24/2025			Y8Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(270,832.43)	15,391,627.75
Check	04/24/2025			Y8Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(418,103.47)	14,973,524.28
Check	04/24/2025			Y8Q1 QIPP Winnie-Stowell HCCD 1611500560	X	(859,570.19)	14,113,954.09
Deposit	04/25/2025			Memo:Daca to PBWinnie-Stowell HCCD 1611500560 Payee:Daca to P...	X	(400,000.00)	13,713,954.09
Check	04/28/2025			Transfer from XXX4846 to XXX2026: Conf #:25765979	X	(88,276.80)	13,625,677.29
Check	04/28/2025			Transfer from XXX4846 to XXX1984: Conf #:25766000	X	(176,758.55)	13,448,918.74
Check	04/30/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	M	21,450.18	13,470,368.92
Deposit	04/30/2025			Transfer from XXX8143 to XXX4846: Conf #:25794955	M	15,000.00	13,485,368.92
Check	04/30/2025			April Cap Winnie-Stowell HCCD 1611500560	M	(37,800.00)	13,447,568.92
Check	04/30/2025			UhcMarCap Winnie-Stowell HCCD 1611500560	M	(39,825.00)	13,407,743.92
Check	04/30/2025			OGN CHOW Winnie-Stowell HCCD 1611500560	M	(95,599.62)	13,312,144.30
Check	04/30/2025			UhcMAYcap WINNIEMONEYMRKT CCD B611500560	M	(118,800.00)	13,193,344.30
Check	04/30/2025			UHC CAP WINNIEMONEYMRKT CCD B611500560	M	(122,400.00)	13,070,944.30
Total 102b FFB #4846 DACA						(2,431,315.88)	13,070,944.30
102c FFB #7190 Money Market							223,259.89
Deposit	04/30/2025				X	667.69	223,927.58
Deposit	04/30/2025			Interest	X	8.23	223,935.81
Total 102c FFB #7190 Money Market						675.92	223,935.81
Total 102 First Financial Bank						(2,430,639.96)	13,294,880.11
TOTAL						(2,151,074.77)	13,582,435.13

EXHIBIT “B”



May 21, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

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

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

Budget and Billing Update – Fiscal Year Start

All budgetary items remain within established limits.

UTMB submitted hospital billing for March 2025. We are still awaiting the April 2025 billing.

Two clients have exhausted their Indigent Care Benefits. In April, the Charity Care Pharmacy provision was utilized for the first time for one of the clients. This individual is scheduled to begin Medicare coverage in June and will no longer require assistance beyond May. The second client exhausted benefits during their final hospital admission and has since passed away due to complications related to their medical condition.

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

2. Active Client Trends:

2025 Indigent Care Statistics	Feb	Mar	Apr	YTD Monthly Average
Indigent Care Clients	91	92	93	90
Youth Counseling	3	3	4	3
Irlen Services	1	1	0	1

3. Renewals & Approvals:

April Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	11	4	1	4	0	2
Late Renewals/Previous Client	7	6	0	1	0	0
New Applicants	7	4	1	2	0	0



Services Usage

Youth Counseling:

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

Dental:

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

Vision Services:

- Vision Services were not utilized in April.

4. Indigent Care Vendor Payment Trends:

Service Provider	Feb	Mar	Apr	YTD Monthly Average
Local Clinics	\$ 2,799.86	\$ 2,207.96	\$ 3,514.39	\$ 2,814.45
UTMB (Includes Charity Care)	\$ 3,878.51	\$ 73,109.15	\$ 32,038.68	\$ 27,256.59
Riceland Medical Center	\$ 41,471.50	\$ 44,205.50	\$ 48,113.96	\$ 41,846.38
Pharmacy Costs (Includes Charity Care)	\$ 5,303.27	\$ 3,479.07	\$ 3,609.89	\$ 4,035.07
Indigent Special Services (Dental & Vision)	\$ 220.00	\$ 1,170.00	\$ 2,070.00	\$ 1,148.25
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 212.50
Non Contract ER Services (Includes WSEMS)	\$ -	\$ 246.12	\$ 371.70	\$ 154.46
Other Services				
Irlen Services	\$ -	\$ -	\$ -	\$ -
Youth Counseling	\$ 425.00	\$ 255.00	\$ 510.00	\$ 361.25
<i>Total</i>	\$ 54,098.14	\$ 124,672.80	\$ 90,228.62	\$ 73,695.71

5. YTD Budget Expenditures:

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$15,866.66	20%
WCH	\$435,700.00	\$167,385.52	38%
UTMB	\$300,000.00	\$109,026.34	36%
Youth Counseling	\$25,000.00	\$1,445.00	6%
Irlen	\$1,600.00	\$0.00	0%
Dental	\$28,000.00	\$4,193.00	15%
Vision	\$2,750.00	\$400.00	15%
CGHC Clinic	\$25,000.00	\$3,456.56	14%
Thompson Clinic	\$18,000.00	\$3,570.27	20%
Other Non-Contract/Unspecified Services	\$35,000.00	\$5,698.78	16%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$273.61	5%
Adjustments & Credits			
TOTALS	\$976,050.00	\$311,315.74	32%



6. Riceland Medical Center 2025 Expenditure Breakdown:

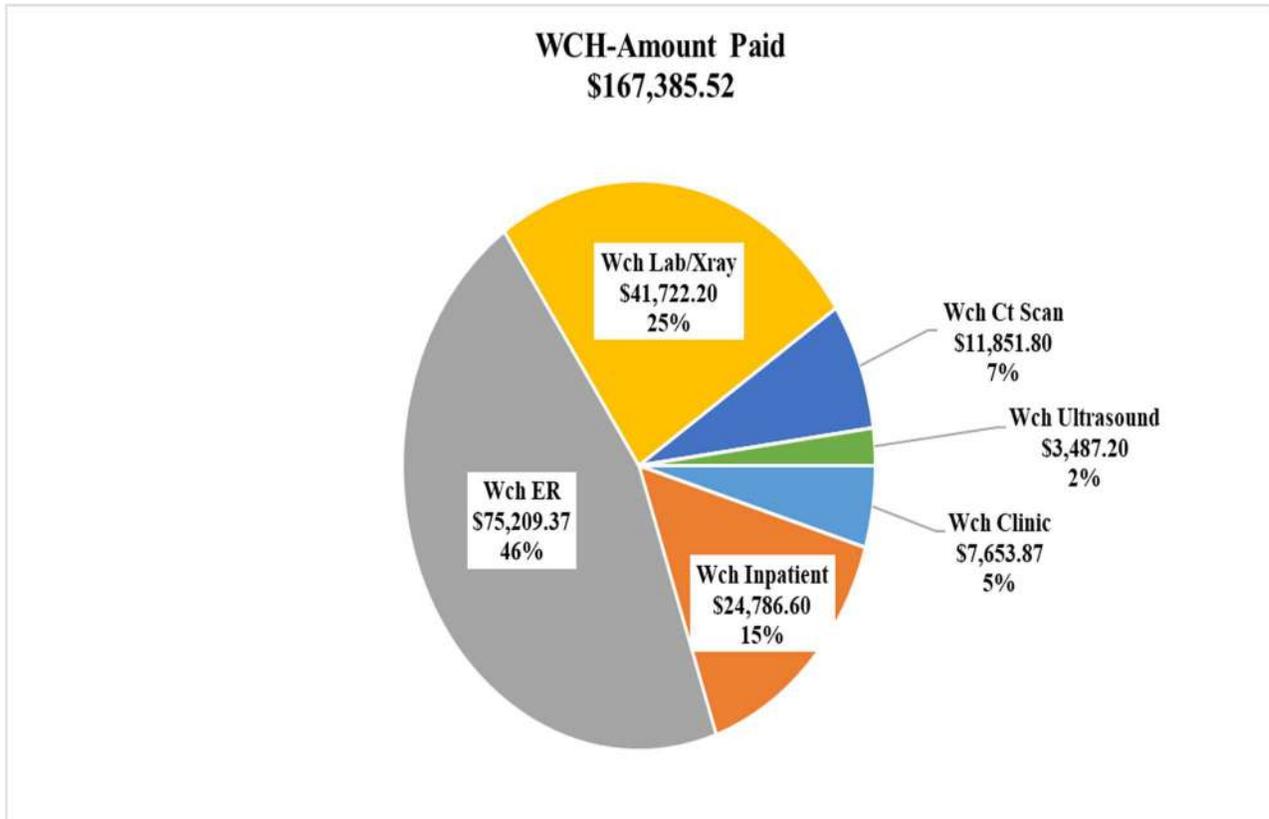


EXHIBIT “C”



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

VEHICLE #1		EAST SIDE VAN #1	
TOTAL MILES DRIVEN			2701
TOTAL HOURS DRIVEN			155.67
TOTAL EXPENSES FOR MONTH			\$514.40
FUEL COST			\$514.40
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			14
TOTAL WSHD RIDERS			0
TOTAL TRIPS			59
TOTAL TRIPS FOR WSHD RIDERS			0
VEHICLE #2		EAST SIDE VAN #2	
TOTAL MILES DRIVEN			3482
TOTAL HOURS DRIVEN			178.08
TOTAL EXPENSES FOR MONTH			\$758.40
FUEL COST			\$758.40
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			19
TOTAL WSHD RIDERS			2
TOTAL TRIPS			55
TOTAL TRIPS FOR WSHD RIDERS			3
VEHICLE #3		RAV 4	
TOTAL MILES DRIVEN			5157
TOTAL HOURS DRIVEN			200.50
TOTAL EXPENSES FOR MONTH			\$722.57
FUEL COST			\$670.02
REPAIRS & MAINTENANCE COST	oil change, labor		\$45.55
MISC EXPENSES	parking		\$7.00
TOTAL RIDERS			26
TOTAL WSHD RIDERS			1
TOTAL TRIPS			57
TOTAL TRIPS FOR WSHD RIDERS			1
VEHICLE #4		VAN #3	
TOTAL MILES DRIVEN			1805
TOTAL HOURS DRIVEN			115.58
TOTAL EXPENSES FOR MONTH			\$411.12
FUEL COST			\$336.12
REPAIRS & MAINTENANCE COST	lift repair		\$75.00
MISC EXPENSES			
TOTAL RIDERS			19
TOTAL WSHD RIDERS			0
TOTAL TRIPS			36
TOTAL TRIPS FOR WSHD RIDERS			0
GRAND TOTALS			
MILES DRIVEN			13145
RIDERS			78
WSHD RIDERS			3
TRIPS			207
WSHD TRIPS			4
EXPENSES			\$2,406.49

Year to Date Details for 2025	Previous Year (2024) End	Jan-25	Feb-25	Mar-25	Apr-25	YTD DATE
CALL SUMMARY						
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	45
CALLS/TRANSPORTS MADE						
INSURED	89	10	7	7	8	32
SELF-PAY	18	0	0	0	2	2
TOTAL CALLS MADE	107	10	7	7	10	34
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	4	11
PERCENTAGE OF CALLS MADE	84.3%	71.4%	77.8%	87.5%	71.4%	75.6%
INVOICED/BILLED						
Insurance Billed for Services this Month	\$143,154.23	\$14,891.22	\$12,950.57	\$16,514.27	\$13,584.00	\$57,940.06
Self-Pay Billed for Services this Month	\$13,988.13	\$0.00	\$0.00	\$0.00	\$3,310.00	\$3,310.00
Total	\$157,142.36	\$14,891.22	\$12,950.57	\$16,514.27	\$16,894.00	\$61,250.06
PAYMENTS RECEIVED						
Insurance Payments Rcvd for Services this Month	\$51,114.68	\$3,196.18	\$999.57	\$792.18	\$0.00	\$4,987.93
Self-Pay Billed Rcvd for Services this Month	\$7,397.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$58,511.75	\$3,196.18	\$999.57	\$792.18	\$0.00	\$4,987.93
ACCOUNTS RECEIVABLE-FUNDS OWED						
Owed by Insurance for Services this Month	\$52,092.81	\$11,695.04	\$11,952.00	\$15,722.09	\$13,584.00	\$52,953.13
Owed by Self-Pay for Services this Month	\$6,591.06	\$0.00	\$0.00	\$0.00	\$3,310.00	\$3,310.00
Total	\$58,683.87	\$11,695.04	\$11,952.00	\$15,722.09	\$16,894.00	\$56,263.13
STAFFING EXPENSES						
Total	\$151,378.66	\$12,931.21	\$11,687.66	\$12,896.43	\$12,522.49	\$50,037.79

MONTHLY CALLS/TRANSPORTS REPORT

CALLS REQUESTED			CALL RESULTS			BILLING DETAILS
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSEMS Incident#
4/9/2025	Riceland ER	Baytown Methodist	M			25-09689
4/12/2025	Riceland ER	The Medical Center of SETX	M			25-11069
4/13/2025	Riceland ER	Baptist Beaumont (Turned down due to 911 volume)			R	
4/16/2025	Riceland ER	Baytown Methodist (Turned down due to 911 volume)			R	
4/23/2025	Riceland ER	UTMB Galveston	M			25-12225
4/24/2025	Riceland ER	Herman Memorial TMC	M			25-12359
4/25/2025	Riceland ER	St. Elizabeth	M			25-12423
4/26/2025	Riceland ER	St. Elizabeth	M			25-12594
4/27/2025	Riceland ER	Baptist Beaumont	M			25-12686
4/27/2025	Riceland ER	Baytown Methodist (Turned down due to other truck begin out on prior transfer)			R	
4/29/2025	Riceland ER	UTMB Galveston	M			25-12913
4/29/2025	Riceland ER	Herman Memorial TMC	M			25-12928
4/30/2025	Riceland ER	Baptist Beaumont (Turned down due to other truck begin out on prior transfer)			R	
4/30/2025	Riceland ER	UTMB Galveston	M			25-13045
TOTAL CALLS & RESULTS			14	10	0	4

Apr-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)
4/1/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/2/2024	Chris Reviere	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
4/3/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
4/4/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
4/5/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
4/6/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/7/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/8/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/9/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
4/10/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/11/2024	Boyd Abshire	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
4/12/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
4/13/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/14/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/15/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/16/2024	Nicole Treto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
4/17/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/18/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
4/19/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
4/20/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/21/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/22/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/23/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/24/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
4/25/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/26/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
4/27/2024	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/28/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
4/29/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
4/30/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
TOTAL SALARY EXPENSE FOR THE MONTH:			GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
			\$17.39	720.00	\$12,522.49	720.00	0.0	0	\$12,522.49	\$0.00	\$20.17	\$14,520.00	(\$1,997.51)



Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	YTD
CLIENTS SERVED						
ICAP	10	15	25	18	29	87
Non-ICAP	21	23	19	31	27	100
Total Clients Served	31	38	44	49	56	187
BENEFIT APPLICATION TYPE						
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	15
Prescription Assistance Program (PAP)	2	0	22	6	2	30
Medicaid	17	10	3	12	11	36
Medicare	1	2	0	2	0	4
Medicare Savings Plan	2	3	0	3	1	7
Food Stamps (SNAP)	43	17	22	28	34	101
Supplemental Security Income (SSI)	8	6	3	1	11	21
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	24
Unemployment/Texas Workforce	3	1	0	2	3	6
Housing	2	0	2	4	0	6
Utilities	2	0	0	1	0	1
Legal Aid	0	1	0	0	0	1
OTHER	2	3	2	1	2	8
Total Applications Facilitated	94	56	62	66	76	260
EXPENSES						
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$6,459.92	\$25,509.92
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$1,391.66
Total	\$26,655.95	\$7,116.00	\$7,053.03	\$6,268.63	\$6,463.92	\$26,901.58
BUDGET REMAINING	\$85,237.05	\$104,777.00	\$97,723.97	\$91,455.34	\$84,991.42	\$84,991.42

EXHIBIT “D”



Report to Winnie-Stowell Hospital District

May 21, 2025

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

- **HRSA Look Alike status achieved!** 😊
- DSHS Incubator grant. We have been able to re-budget and provide an update Workplan. Our plan is to pre-purchase many items for the new clinic building.
- The health center was asked by the United Way of Greater Baytown and Chambers County to participant in their upcoming video/filming for their annual campaign video, “United is the Way”. A health center SFS patient and myself were interviewed—it went very well.
- Grants
 - **DSHS Incubator:** Detailed update to be discussed under line item #8 on agenda. Updated timeline is in your packet.
 - **United Way grant.** Funding announcements for the FY 2025-2026 cycle will be made very soon (late-May/early-June).
 - **Sid W. Richardson Foundation.** No open applications at this time, next one will be in the Fall 2025. Account created and will continue to check back.
 - **DSHS Primary Health Care (PHC).** I reached out to DSHS to inquire about open application opportunities for this program. They responded right away that this year was not an open cycle year, but I would be added to the listserv.
 - Dr. Lyons and I are in the process of reviewing a small grant application from **MD Anderson** for their **CONNECT** (Coordinating Center for Colorectal Cancer Screening across Texas) Pilot Program for Cancer Screening Enhancement. The due date to submit the application is not until June 15, 2025 and would be for \$20,000.
- **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.
 - Career Day at East Chambers Elementary on May 9th. Dr. Lyons and Alissa Bellard, MA presented to the kids, grades 3-5, on what is was like to be a ‘Doctor or a Nurse’.
 - Attended the quarterly Winnie Area Chamber of Commerce luncheon on May 15th.



- Dr. Lyons has started the process of the health center working to become Patient-Centered Medical Home (PCMH) designated through the National Council of Quality Assurance (NCQA). The minor renovation project at the clinic is nearing completion (only item that remains is an access panel where the water fountain was removed and the countertop for the kitchen).
- Provider recruitment is underway for an additional mid-level provider.
- Statistical report for April is attached for your review. There were 411 patient encounters.
- We are continuing to work with Durbin and Co. (or now re-branded as D&Co.) on a financial and revenue cycle management review. Their work entails review financial and billing/collections data, providing feedback and mentorship. They will also provide feedback on the timing of when we need to complete a cost report (a cost report will be needed once we receive LAL status and are eligible for enhanced reimbursement for Medicare and Medicaid).

EXHIBIT “E”

Facility ID	Operator	Facility Name	Q1 Comp 1				Q1 Comp 2				Q1 Comp 3				Q1 Comp 4				Total Q1		
			# of Metrics	# Missed	% Metrics	Payout Earned	# of Metrics	# Missed	% Metrics	Payout Earned	# of Metrics	# Missed	% Metrics	Payout Earned	# of Metrics	# Missed	% Metrics	# of Metrics	# Missed	% Metrics	
5295	Regency	Spindletop Hill Nursing and Rehabilitation Center	4	1	80.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	2	1	100.00%	10	3	70.00%		
5297	Regency	Hallettsville Nursing and Rehabilitation Center	5	0	100.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	10	0	100.00%		
5234	Regency	Mountaintop Hill Nursing and Rehabilitation Center	3	1	75.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	1	50.00%	7	5	66.67%		
5203	Regency	The Woodlands Nursing and Rehabilitation Center	5	0	100.00%	100.00%	3	0	0.00%	0.00%	2	1	66.67%	2	1	100.00%	9	4	66.67%		
4154	Caring	Garrison Nursing Home & Rehabilitation Center	5	0	100.00%	100.00%	3	0	100.00%	100.00%	2	1	100.00%	2	0	100.00%	13	0	100.00%		
4376	Caring	Golden Oaks	5	0	100.00%	100.00%	3	0	100.00%	100.00%	3	0	100.00%	2	0	100.00%	13	0	100.00%		
110098	Caring	Highland Park Rehabilitation & Nursing Center	3	2	60.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	2	1	100.00%	8	5	61.54%		
4454	Caring	Marshall Manor Nursing & Rehabilitation Center	4	0	100.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	9	3	75.00%		
4730	Caring	Marshall Manor West	5	0	100.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	12	1	92.31%		
4788	Caring	Rose Haven Retreat	3	1	75.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	10	2	83.33%		
5182	Caring	The Villa at Teahana	5	0	100.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	12	1	92.31%		
5166	Nexion	Flotonia Nursing Center	3	1	75.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	10	2	83.33%		
100790	HMG	Park Manor of Conroe	5	0	100.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	12	1	92.31%		
4456	HMG	Park Manor of Cyfar	4	0	100.00%	100.00%	3	0	0.00%	0.00%	2	1	66.67%	1	0	100.00%	7	5	58.33%		
101489	HMG	Park Manor of Cypress Station	4	1	80.00%	100.00%	1	2	33.33%	70.00%	3	0	100.00%	2	0	100.00%	10	3	76.67%		
101633	HMG	Park Manor of Westchase	4	0	100.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	1	1	50.00%	10	2	83.33%		
102417	HMG	Park Manor of Quail Valley	2	2	50.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	2	0.00%	7	5	58.33%		
102284	HMG	Park Manor of Westchase	3	1	75.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	8	5	61.54%		
104661	HMG	Park Manor of The Woodlands	2	2	50.00%	100.00%	3	0	100.00%	100.00%	3	0	100.00%	2	0	100.00%	10	2	83.33%		
103193	HMG	Park Manor of Tomball	3	2	60.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	8	5	61.54%		
5400	HMG	Park Manor of Southbeat	4	0	100.00%	100.00%	3	0	0.00%	0.00%	2	1	66.67%	1	1	50.00%	7	5	58.33%		
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	3	1	75.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	10	2	83.33%		
4286	HMG	Friendship Haven Healthcare & Rehab Center	5	0	100.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	12	1	92.31%		
5225	HMG	Willowbrook Nursing Center	5	0	100.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	1	1	50.00%	11	2	84.62%		
100688	HMG	Astral of College Station	4	0	100.00%	100.00%	3	0	100.00%	100.00%	3	0	100.00%	2	0	100.00%	12	0	100.00%		
102375	HMG	Camaron Place Health & Rehabilitation	3	1	75.00%	100.00%	2	1	100.00%	100.00%	3	0	100.00%	2	0	100.00%	11	1	91.67%		
100500	HMG	Silver Spring	3	1	75.00%	100.00%	3	0	100.00%	100.00%	1	2	33.33%	1	1	50.00%	8	4	66.67%		
4156	HMG	Rest Oak Health and Rehabilitation Center	4	1	80.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	9	4	69.23%		
5255	HMG	Mission Nursing and Rehabilitation Center	3	1	75.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	8	4	66.67%		
4053	HMG	Stephenville Rehabilitation and Wellness Center	4	0	100.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	11	1	91.67%		
103743	HMG	Hewitt Nursing and Rehabilitation	3	1	75.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	10	2	83.33%		
103011	HMG	Staffing Court Nursing and Rehabilitation	4	1	80.00%	100.00%	1	2	33.33%	70.00%	3	0	100.00%	2	0	100.00%	10	2	83.33%		
104537	HMG	Pocan Bayou Nursing and Rehabilitation	3	1	75.00%	100.00%	2	1	66.67%	100.00%	2	0	100.00%	2	0	100.00%	10	2	83.33%		
5372	HMG	Holland Lake Rehabilitation and Wellness Center	4	0	100.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	1	1	50.00%	8	4	66.67%		
5387	HMG	Stonegate Nursing and Rehabilitation	3	1	75.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	1	1	50.00%	8	4	66.67%		
102993	HMG	Green Oaks Nursing and Rehabilitation	4	0	100.00%	100.00%	1	2	33.33%	70.00%	3	0	100.00%	1	1	50.00%	9	3	75.00%		
103223	HMG	Cowley Nursing and Rehabilitation	4	0	100.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	11	1	91.67%		
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	3	1	75.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	8	4	66.67%		
100966	HMG	Thurso Transitional Care	4	0	100.00%	100.00%	3	0	100.00%	100.00%	3	0	100.00%	2	1	100.00%	12	0	100.00%		
100966	HMG	Gulf Pointe Plaza	4	0	100.00%	100.00%	1	2	33.33%	70.00%	3	0	100.00%	1	1	50.00%	9	3	75.00%		
101197	HMG	Adriatic Plaza	4	0	100.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	11	1	91.67%		
100566	HMG	Four Parkway Health & Rehabilitation	4	0	100.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	8	3	75.00%		
4747	Creative Solutions	Parkeview Manor Nursing & Rehabilitation	3	1	75.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	11	4	66.67%		
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	3	1	75.00%	100.00%	3	0	0.00%	0.00%	1	2	33.33%	2	0	100.00%	6	6	50.00%		
5369	Gulf Coast	Oak Village Healthcare	3	1	75.00%	100.00%	3	0	0.00%	0.00%	2	1	66.67%	2	0	100.00%	7	5	58.33%		
5193	Gulf Coast	Corigan LTC Nursing & Rehabilitation	2	2	50.00%	100.00%	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	9	3	75.00%		
5154	Gulf Coast	Coopers Cove Nursing & Rehabilitation	1	3	25.00%	50.00%	1	2	33.33%	70.00%	2	1	66.67%	1	1	50.00%	5	7	41.67%		
5240	Gulf Coast	Hampshire Care Center	4	0	100.00%	100.00%	1	2	33.33%	70.00%	1	1	50.00%	2	0	100.00%	6	5	54.55%		
4340	Gulf Coast	Woodlake Nursing Center	1	3	25.00%	50.00%	3	0	100.00%	100.00%	3	0	100.00%	1	1	50.00%	8	4	66.67%		
4663	Gulf Coast	Cokeville Village	2	3	40.00%	100.00%	3	0	100.00%	100.00%	3	0	100.00%	1	1	50.00%	9	4	69.23%		
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	2	2	50.00%	100.00%	1	2	33.33%	70.00%	1	2	33.33%	2	0	100.00%	6	6	50.00%		
5350	Gulf Coast	Woodland Park Nursing & Rehab	3	1	75.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	10	2	83.33%		
4379	HSM	Cleveland Health Care Center	2	3	40.00%	100.00%	1	2	33.33%	70.00%	2	1	66.67%	2	0	100.00%	7	6	53.58%		
5135	HSM	Lawrence Street Healthcare Center	2	3	40.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	9	4	69.23%		
4355	HSM	West Janisch Health Care Center	3	1	75.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	10	2	83.33%		
4336	HSM	Beaumont Health Care Center	3	1	75.00%	100.00%	3	0	0.00%	0.00%	3	0	100.00%	2	0	100.00%	6	6	50.00%		
4500	HSM	Conroe Health Care Center	2	2	50.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	1	2	0.00%	7	5	58.33%		
4439	HSM	Huntsville Healthcare Center	3	1	75.00%	100.00%	1	2	33.33%	70.00%	1	2	33.33%	2	0	100.00%	7	5	58.33%		
5067	HSM	Lakely Health Care Center	4	1	80.00%	100.00%	2	1	66.67%	100.00%	2	1	66.67%	1	1	50.00%	10	3	76.67%		
4511	HSM	Richmond Health Care Center	4	0	100.00%	100.00%	1	2	33.33%	70.00%	1	2	33.33%	1	1	50.00%	7	5	58.33%		
5145	HSM	Sugar Land Healthcare Center	4	1	80.00%	100.00%	3	2	1	66.67%	100.00%	3	0	100.00%	2	0	100.00%	11	2	84.62%	
5307	SLP	Oakland Manor Nursing Center	5	0	100.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	1	1	50.00%	11	2	84.62%		
4807	SLP	Seabreeze Nursing and Rehabilitation	3	1	75.00%	100.00%	3	0	100.00%	100.00%	2	1	66.67%	2	0	100.00%	10	2	83.33%		
4584	SLP	Palmetto Healthcare Center	1	2	33.33%	50.00%	3	1	100.00%	100.00%	3	0	100.00%	2	0	100.00%	9	2	81.82%		
4586	SLP	Paris Healthcare Center	2	1	66.67%	100.00%	2	1	66.67%												



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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

April 29, 2025

Facility Administrator: Joe Matlock

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 101 residents including 22 skilled patients. The facility has had some skilled patients convert to long-term care services when appropriate. The facility had several residents discharge last month and has seen strong growth in April.

The facility has a few CNA openings but is managing coverage needs well. There were no other open positions reported.

There have not been any recent visits to the facility by state surveyors. The facility submitted a self-report regarding a fall with a fracture a few days ago. Discussed review and implementation of interventions as well as in-services provided to staff members.

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

The facility held its monthly QAPI meeting earlier in April. Discussed ongoing focus on QIPP Measures and clinical systems. There were no changes reported to performance improvement plans. The facility is putting more emphasis on conducting daily angel rounds to ensure a staff member visits each resident every day and can check in on the patient experience.

There were no trends reported related to infection control.

Grievances are managed and issues are addressed until there is an appropriate resolution in place.

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's restorative aide is responsible for weighing residents and recording the weights. Reviewed facility processes which are followed consistently. Discussed the importance of collaborating with the attending physicians, dietitian, and the rest of the interdisciplinary team to manage weights.

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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Green Oaks Nursing and Rehabilitation

3033 Green Oaks Blvd.
Arlington, TX 76016

April 25, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds and its current census is 96 residents including 23 skilled patients. The facility has several referrals under review.

The facility is seeking a 6AM-2PM nurse. There were two CNA openings which were recently filled. One of the facility's restorative aides was awarded the 2024 employee of the year for the entire company. The facility celebrated this staff member and had a great event recognizing this feat.

The state came and unsubstantiated two self-reports earlier this month. There have not been any other visits. The administrator is submitting an allegation of abuse. Discussed documentation regarding this incident and in-servicing provided to staff members.

Green Oaks Nursing & Rehabilitation has a 2-star rating overall. It has a 3-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 increased from 1-star and 2-star ratings respectively.

The facility held its monthly QAPI earlier this month. There were no new performance improvement plans reported. Discussed an increase in falls from February to March. The interdisciplinary team reviewed ongoing interventions and fall prevention efforts. There are reportedly more falls which occur on the skilled hall. The team is monitoring staffing ratios and assignments to ensure coverage needs are managed successfully. Discussed working with therapy services and providing education to staff and residents.

There are no infection control trends reported at this time.

The administrator shared recent grievances and the facility's process for managing them.

Green Oaks Nursing and Rehabilitation has ordered a new A/C unit to replace a leaking 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.

Green Oaks Nursing and Rehabilitation works well with the registered dietitian provided through HCSG. Discussed the importance of communicating changes in condition to make adjustments to care plans where appropriate. There were fewer weight fluctuations last month compared to results earlier this year. There are no trending issues, but the nurse managers are involved and are promptly addressing issues. Discussed being consistent when measuring and recording weights correctly.

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.

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[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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Scott Johnson, Nursing Facility Specialist
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Hewitt Nursing and Rehabilitation
8836 Mars Drive
Hewitt, TX 76643

April 22, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds and its current census is 75 residents including 14 skilled patients. The census has started to increase recently and the administrator expects to have more growth in the coming weeks. There are three pending admissions this week which are either awaiting insurance authorization or hospital discharge.

There were no reported staff openings. The facility recently hired a new maintenance director who will start employment next month. There is also a new activity director who started recently and is doing well in their new role.

The facility had its annual fullbook survey recently. The survey ended with the facility receiving two tags. The first was regarding call light placement which was fixed immediately. The second deficiency was related to the coding of an MDS assessment related to a resident receiving insulin. Discussed corrections made and ongoing monitoring. There have not been any new self-reports.

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 had its monthly QAPI meeting and discussed QIPP measures and clinical outcomes with the medical director and interdisciplinary team. The team is focusing on fall management and RTA rate.

There have not been any infection trends recently. There is no COVID in the facility at this time.

The administrator shared the facility's process for addressing grievances. There are occasional grievances about food, but the dietary manager is prompt and responds to residents to make sure their meal preferences are known.

Maintenance needs are being managed by the administrator and other staff until the new director begins employment soon. Discussed managing maintenance requests and promptly making repairs when needed.

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 its weight system is in place and functioning well. Discussed the importance of training staff members and ensuring they have the correct skillset and knowledge. The facility reports having active managers who have oversight of their department and provide support and correction when needed.

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](#)

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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

Holland Lake Rehabilitation and Wellness Center

1201 Holland Lake Drive
Weatherford, TX 76086

April 25, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds and its current census is 90 residents including 32 skilled patients. There are several admissions planned and many referrals under review. There are a few upcoming discharges reported at this time.

The facility is recruiting four CNAs. The facility has interviews scheduled and orientation next week. Discussed managing coverage needs with fulltime and PRN staff members.

The state came to the facility to investigate a complaint which was unsubstantiated. The facility submitted a self-report due to an incident between a resident and a staff member of the lab services provider. The state investigated and all reasons for investigation were unsubstantiated.

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. Falls are still a focus but have been seeing improvements due to recent interventions. The team is also working on collections and processing claims in the business office. The facility had an OIG review recently of 32 charts. The exit of the OIG review was yesterday and there were no issues or take-backs. Some feedback was provided, but all went well and the inspector was complimentary of their review.

Infections are being managed well with no trends reported.

Discussed grievances and managing expectations of all residents.

Normal maintenance needs are being addressed and maintained. The facility is working to retrieve quotes to finish replacing the remaining carpet in the facility.



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Mission Nursing and Rehabilitation Center

1013 S. Bryan Road
Mission, TX 78572

April 24, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds and its current census is 85 residents. The facility has several referrals under review and expects the census to be in the 90s by next week. There are two residents in the hospital at this time who are also expected to return soon. Discussed recent discharges as skilled patients have finished their plans of care.

The facility is hiring two CNAs who will start employment next month. There are an additional two CNA openings for which the facility is still recruiting applicants. All department heads are in place at this time.

There were no visits from state surveyors or any 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 is planning to hold its monthly QAPI meeting soon. Discussed recent efforts to review elopement procedures and patient satisfaction. Falls continue to be a focus area. Discussed fall prevention efforts and best practices. The facility's RTA rate is still within its target, but the interdisciplinary team is maintaining efforts to pursue further improvement.

There have been some recent UTIs. Discussed in-servicing provided to staff and monitoring for hydration rounds.

Discussed managing facility air conditioning temperatures and ensuring residents are comfortable in the building. The team is also inspecting thermostats to make sure they are accurate.

The remodel project is still going well, but the facility has identified some additional needs with insulation, sheetrock, and wood stud replacements or repairs. Work in the first hall is

complete, and the secure unit is roughly 85% complete. The second hall has been emptied and work with flooring and painting has started. Discussed updates to the nurse stations which have also started.



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Pecan Bayou Nursing and Rehabilitation

2700 Memorial Park Drive
Brownwood, TX 76801

April 25, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds and its current census is 60 residents including 13 skilled patients. The facility had two admissions yesterday and has two potential admissions today. There are also two residents in the hospital who may be eligible to discharge back to the facility today. There is one discharge planned today, and another on Monday.

The facility is seeking one night nurse, but all other positions are filled at this time. The housekeeping service provider, HCSG, is seeking a new supervisor for the facility. They are providing coverage for the role as they interview candidates for the permanent position. The administrator is involved in the selection process of the new supervisor.

A state surveyor has been in the facility for the last two days to investigate five self-reports and two complaints. The facility is in its fullbook survey window and expects state surveyors to initiate fullbook survey in the coming weeks.

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

The facility's monthly QAPI meeting was on April 17. The interdisciplinary team is focusing on falls, antipsychotics, and anti-hypnotics. Discussed falls with fractures and interventions to prevent falls. The team also reviewed catheter utilization and opportunities to implement new GDRs.

There are no reported infection control trends. The state surveyor has been looking at infection control and hasn't raised any issues.

The administrator reported on recent grievances which have not had any trends. Discussed ensuring the grievance process is thorough and the importance of documenting all grievances.

The facility ordered two new concentrators which have been delivered. The administrator will be ordering some overbed tables and common area furniture. The facility also ordered new hoyer slings recently. Discussed dating the new slings and doing weekly checks to review the status and condition of the slings for safety.



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Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Stephenville Rehabilitation and Wellness Center

2601 Northwest Loop
Stephenville, TX 76401

April 29, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds and its current census is 89 residents including 18 skilled patients. The facility is meeting its projections so far this month. Discussed the admissions and discharges planned over the course of this week.

The facility is seeking two CNAs and one charge nurse. The facility activity director's last day of work is tomorrow. The team is interviewing two candidates for the activity director position.

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

Stephenville Rehabilitation and Wellness Center has a 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 earlier this month. The team is focusing on further improvements in RTA rate and falls. Discussed recent successes with RTA rates and pressure ulcers. Wounds have been improving recently due to a change in wound care provider. The new provider has been a better partner for collaborating and communicating with the facility staff.

There were no reported infection control trends.

The facility completed work repairing the sprinklers in the grounds. Discussed landscaping work which has also been completed recently to improve the buildings curbside appeal.

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 having consistent results with weight management. Whenever there are changes or issues, the interdisciplinary team addresses them promptly to ensure they are resolved. Discussed ensuring staff are trained properly and scales are calibrated routinely. The facility works closely with its dietitian who is in the facility every week.

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.

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Stonegate Nursing and Rehabilitation
4201 Stonegate Blvd.
Fort Worth, TX 76109

April 22, 2025

Facility Administrator: Scott Barrick
Facility DON: Johnielle Johnson

Stonegate Nursing and Rehabilitation is licensed for 134 beds and its current census is 97 residents including 25 skilled patients. There is one planned discharge today and another four or five in the coming week. Discussed recent trends with referrals and working to welcome new admissions.

The facility shared updates on open positions. The team is recruiting one weekend RN, an overnight nurse, and some CNAs for the evening shift. The facility reported it has a new CNA staffing schedule which rotates shift days in order to give CNAs weekends off on rotation. The administrator and DON reported they are seeing improvements with staff retention. All members of the interdisciplinary team are in place at this time.

The facility submitted a self-report on Sunday regarding an allegation of abuse. The administrator has investigated the allegation and unfounded it internally. The state will likely visit soon to investigate this allegation.

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

The facility's QAPI meeting was last week on April 18. The facility maintained its performance improvement plan addressing falls. Discussed the facility's falling star program and staff education. RTA has reportedly been improving. Discussed working to identify pain issues and working with PMNR services to address pain quickly. The month of April has only had one readmission to the hospital so far. The team is working to intervene whenever possible and support pain management efforts. The facility has access to its providers which supports steady and consistent communication. Discussed outcomes for QIPP Measures and working to increase the facility's overall star rating.

There were no trends reported regarding in-house infections.

The facility is planning a marketing event at the end of May which will target hospital case managers and help promote the facility. The administrator plans to invite case managers to the facility so they can witness the building's cleanliness, culture, and staffing.

The facility's activity department has also been effective bringing in volunteers who have provided service to update the facility's courtyard.



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Cimarron Place Health & Rehabilitation

3801 Cimarron Blvd.
Corpus Christi, TX 78414

April 25, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds and its current census is 66 residents including 17 skilled patents. The census has been down recently due to some opportunities with WellMed and low hospital census. There were six discharges yesterday due to patients completing their skilled stay.

The facility has been hiring CNAs, but there are still five CNA openings. The nursing department is also seeking one weekend staff member, one CMA, and one treatment nurse. The facility has a manager attending a job fair today to support recruitment efforts. Discussed offering sign-on bonuses for some of the positions.

The facility received two low-level tags from a recent complaint survey related to care plans and communication. The facility's POC was already accepted. The administrator reported there was a new self-report submitted. Discussed communicating with residents to learn their care preferences.

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 held its monthly QAPI meeting earlier this month. Discussed some breakdowns with skins and interventions which have been implemented. The team is continuing to work on falls and RTA rate. RTA was down to 18% in March which is lower than 23% in the prior month. Discussed fall interventions and also review of the activity program to offer more afternoon activities to keep residents occupied during their free time. Discussed recent deficiencies and follow-up actions according to the facility's POCs.

The facility reported an increase in UTIs. The team is focusing on resident hydration, staff hand washing, and incontinent care checkoffs.

Grievances are being managed well and there were no trends reported.

The facility will begin its painting project next week.

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 closely with its dietitian to ensure residents dietary needs are being managed appropriately. There have not been any trends in weight gains or losses. Discussed the importance of ensuring staff have proper education and skillsets to complete their duties. Reviewed the necessity of accurate documentation to ensure plans of care are addressing true issues or opportunities based on correct information.

Joint Training Information

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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.

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Harbor Lakes Nursing and Rehabilitation Center

1300 2nd Street
Granbury, TX 76048

April 11, 2025

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 4/11/2025, the interdisciplinary team discussed the facility's outcomes from March 2025.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds and its current census is 86 residents including 24 skilled patients. The average census for the month of March was 83 residents.

Discussed efforts to hire two nurses and discussed making offers of employment to candidates.

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.

Reviewed outcomes and follow-up items from the prior months QAPI meeting focusing on RTA rate, falls, and wounds. The interdisciplinary team also reviewed QIPP Measures and clinical outcomes from the reporting period. Discussed the importance of documentation and keeping records of actions taken by the facility and the residents. The facility is triggering for anti-anxiety medications, falls with major injury, and pressure ulcers.

Fall rate increased from the rate in February of 8.10% to 10.6% in March. Discussed residents who experienced repeat falls and working to identify effective interventions to meet each residents' needs. Discussed identifying residents who are candidates for therapy services as well as which residents would benefit from utilizing assistive mobility equipment.

The facility reported improvements in RTA rates in March. Discussed review of residents' clinical needs and working closely with the facility's medical director to manage care in the facility. Discussed expectations of clear and prompt communication to ensure providers have

accurate information to be able to confidently manage care. April has continued to see RTA rates trend down thus far.

The facility discussed pressure ulcers and reported 5.93% which was a slight improvement from the prior reporting period's rate of 5.95%. Discussed nutrition and hydration needs of residents to prevent skin breakdown. Reviewed the facility's process of reporting skin breakdown to ensure it is addressed promptly.



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Red Oak Health and Rehabilitation Center

101 Reese Drive
Red Oak, TX 74154

April 24, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds and its current census is 106 residents. The facility is working to increase the skilled mix of its census. Discussed an upcoming meeting with Baylor Scott & White to review opportunities to increase skilled referrals. Discussed the history of the building when it was under previous owners and changes that have been made to improve coordination of care in the community.

The facility is seeking seven CNAs at this time. Discussed staff recruitment best practices and strategies.

The facility submitted a new self-report due to a resident who experienced a fall with injury. Discussed in-servicing provided to staff members. In March, there were three self-reports which were investigated. All reasons for investigation during this visit were unsubstantiated. Life safety surveyors also visited the facility to conduct their portion of fullbook survey which went well. The facility submitted its POC which has been accepted and the facility is in compliance. Discussed work on exhaust fans, heating, and smoke barriers.

Red Oak Health and Rehabilitation Center has a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures.

The facility held its monthly QAPI meeting and reviewed clinical outcomes and QIPP Measures during the prior month. There were no new performance improvement plans reported. The GIP hospice rooms are ready to accept new residents. The facility is creating marketing brochures to introduce this service to its community partners. Discussed having RN coverage on all shifts.

There were no reported issues or trends related to infection control.

Grievances have been trending down and are being actively managed. Discussed best practices for grievance resolution and management.

The facility has a contractor in place who is finishing some repairs on the facility smoke barriers.

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 has some residents on a special diet to meet circumstantial needs. Discussed working closely with the attending physicians and consulting dietitian to ensure residents weights are managed while receiving necessary nutrition.

Joint Training Information

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

April 21, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds and its current census is 80 residents including 18 skilled patients. The facility has been working to increase census which has been steady in the low 80s. The facility has four residents in the hospital at this time who are expected to return soon. There are also eight referrals pending insurance authorization or hospital discharge. The facility's VA contact has also been back in touch with the facility and recognized great improvements at the facility recently. The VA expressed they would like to consider starting an agreement with Silver Spring to allow them to accept some new admissions under the agreement.

The facility is seeking a dayshift CNA and two nightshift CNAs. Other open positions include a part-time CMA, a weekend supervisor, and a weekend receptionist. Discussed challenges with finding nightshift coverage. The new admissions coordinator started and has been doing well in their new role. The new coordinator is doing great with following processes regarding document management and preparing rooms for new admissions.

The facility has not had any recent visits from the state. There were four new self-reports reported regarding a COVID outbreak, two falls with fracture, and the facility being on fire watch. Discussed proper documentation for these events and in-servicing provided to staff members. The facility's sprinkler system has a small leak and the facility has fire watch rounds ongoing. The sprinkler system should be repaired this week.

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

The facility had its monthly QAPI meeting earlier this month and discussed outcomes from March. The facility reported falls reduced last month, but shared some updates to fall-related events this month. There have been more falls in April, but a large portion is due to a new admission who is learning how to safely ambulate and transfer after a recent amputation. The

facility reviewed its star ratings and discussed expectations for star ratings to increase in coming months as history of previous survey findings lose weight on the rating.

The facility had a COVID outbreak in March which has since been cleared.

The facility held an Easter event which included an easter egg hunt for children who visited. The residents filled the eggs and enjoyed watching the Easter egg hunt.

The facility also completed the emergency preparedness evacuation event with Kendrick Hospice. The event went according to plan and the team followed the emergency plan correctly.

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.

There are no significant trends with weight loss at Silver Spring, but the administrator discussed hospice residents and others who have expected weight loss. Discussed the importance of meeting the needs of residents and working to ensure their preferences are matched.

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Gulf Pointe Plaza
1008 Enterprise Blvd.
Rockport, TX 78382

April 17, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds and its current census is 76 residents including 10 skilled patients. The census in March was great, but it has started to decline since the beginning of this month. There were sixteen skilled patients earlier this month, but now there are five. The facility also reported some long-term care residents recently passed away as well. The facility has received seven referrals, and one is confirmed to be admitted soon. There are five more referrals pending admission after insurance authorization and hospital discharge.

The facility is seeking three CNAs. All nurse positions are staffed at this time. Discussed staffing related to hiring for positions which are in demand. Discussed efforts to be competitive in employment opportunities when compared to others in the market. All department heads are in place at this time.

The facility has not had any recent state visits, but a federal surveyor came by for a life safety visit. The surveyor followed up on the recent life safety POC and complimented the actions the facility has taken over the last few weeks. There are no new self-reports.

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

Discussed the facility's QAPI meeting and analysis of QIPP measures and clinical performance. The team is working on locomotion independently worsened to make sure it achieves its target.

There are no infection trends reported at this time.

The facility is doing some touch-up maintenance on resident rooms when they are open and empty.

The facility is increasing some community engagement efforts and the Humane Society will be visiting next week for an activity. The group will host a dog adoption event for people in the community. There will also be an Easter social tomorrow.

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 some expected weight loss of some residents on hospice services. Discussed instances of residents losing their appetite and working with them to ensure their preferences are met and up to date. The facility also has a new hospice partner who is working with some of the residents and focusing on weight management.

Joint Training Information

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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist
Winnie-Stowell Hospital District

Arbrook Plaza
401 West Arbrook Blvd.
Arlington, TX 76014

April 24, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds and its current census is 91 residents including 25 skilled patients. The facility census is down, but it has nearly a dozen referrals under review. The majority of these are expected to admit pending insurance authorization and hospital discharge. The facility expects to reach a census of 96 residents soon.

The facility only has three CNAs open right now. The team is filling all vacancies with PRN staff.

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

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

The facility held its monthly QAPI meeting on April 10. The team is continuing to focus on RTA rate and falls. The outcomes last month showed improvements, but the team is maintaining its focus for further improvement. The dietary department had an inspection by the city and there were three minor citations which have all been corrected.

There were no infection trends reported at this time.

Grievances are being managed well. Discussed the team's efforts to work diligently ensuring grievances are reported, recorded, and tracked until it reaches a proper resolution.

The physical needs of the facility are being managed well. The administrator hopes to replace the carpet as soon as the budget for the project is provided.

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 registered dietitian has been a great support to the needs of the facility and is very available to the nurses and staff. Discussing having strong involvement and responsive communication between these groups. The facility's restorative staff manage weights to ensure processes are consistent and data is accurate.

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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Sect.: Jeff Rollo

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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

April 22, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds and its current census is 99 residents including 26 skilled patients. There are three planned discharges this week, but the facility is working on five referrals at this time. There are also three residents in the hospital who are expected to return soon.

The facility is seeking two nightshift nurses and one dayshift nurse. There are two nurses who are transitioning to PRN status and will no longer be full-time. Discussed recent interviews for these open positions and another three interviews scheduled today. The facility added an assistant in the social services department and also discussed nurse management positions which have been added due to census increases throughout the last year.

There have not been any recent visits to the facility by state surveyors. There are no new self-reports. The facility is in its annual fullbook window and shared survey preparedness efforts.

Treviso Transitional Care Center has a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing and a 3-star rating in Quality Measures.

The facility had its monthly QAPI meeting today. The facility discussed clinical benchmarks and recent progress with weights, skins, and falls. The team has come within its targets in these focus areas, but the interdisciplinary team is maintaining performance improvement plans to make sure improvements are permanent.

There were no trends reported related to infection control. The facility had a skills fair for competency checkoffs which went well.

The facility discussed some recent grievances related to food temperatures and meal trays not matching the menus. The dietary manager has been responsive to issues and works promptly to resolve them. Discussed the impact staff turnover in the dietary department has on its

outcomes. The facility also ordered two more insulated carts which were delivered two weeks ago and have been helpful improving meal temperatures since implementation. The facility is still working to open its kitchenette to be able to serve meals out of the space.

The work to update the facility's courtyard has been completed. The courtyard has been getting good use and was the location for the recent Easter party. The therapy department also completed a gardening session in the courtyard with the residents. The team is still selecting new furniture to be delivered over the next few months for the facility.

The interdisciplinary team is wrapping up its review and read-through of the five dysfunctions of a team. Discussed focusing on the facility's culture and operating on a new level.

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 staff turnover and the necessity to ensure training and education remains at the forefront. Discussed checks and making sure equipment is in working order or replaced when needed. The facility's dietitian is onsite weekly and is very involved in standards of care and wound care meetings.

Joint Training Information

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Forum Parkway Health & Rehabilitation

2112 Forum Parkway
Bedford, TX 76021

April 29, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds and its current census is 86 residents including 22 skilled patients. The facility has one discharge and two admissions planned today. There are five residents in the hospital who are planning to return when appropriate for hospital discharge. There are another five admissions pending insurance authorization too. Discussed recent census decline and market analysis completed by the administrator. The facility's main referral source's census has been down significantly. The administrator is meeting with the hospital this Friday to discuss RTAs which have been improving over the last two quarters.

Due to the low census, there are not any significant staff openings. Discussed plans to participate in supporting an AIT program.

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

The facility held its monthly QAPI meeting earlier this month. The facility saw some increases in falls, anti-psychotic medication utilization, and ADLs worsening. Although there were some increases, the facility is keeping focus on these areas to ensure there are not system wide challenges. Discussed making prompt adjustments to ensure systems are managed appropriately.

Both of the facility's two washers are out of order. The first broke down last week, and parts were ordered for the repairs. The second one broke down today and is being inspected. Discussed plans to facilitate laundry needs until the facility's washers are in working order.

The facility was approved to order some new concentrators. Discussed changes made to a foyer on the long-term care side of the building where a 140-gallon fish tank was installed. The residents are enjoying the fishtank and have been excited with the recent addition.

The administrator is looking into purchasing a storage shed for wheelchairs and other equipment to have a place when they are not in use.



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

April 23, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds and its current census is 75 residents including 6 skilled patients. There is one resident in the hospital and another who is out on pass. Both of these residents are expected to return soon. The facility is also planning to welcome two confirmed admissions this week.

The facility opened another LVN shift which has led to an additional position on both the dayshift and nightshift. The position was added in order to provide more support from the nursing department. The facility is also seeking a nightshift CNA. The administrator reported the facility has almost removed agency staffing utilization. The facility's new MDS nurse who started employment last month is still doing great and has been a collaborative team member. Discussed low turnover and efforts to retain employees.

There have not been any recent state visits. The administrator discussed the status of outstanding self-reports. There was another self-report submitted regarding an allegation of neglect by a resident's family member. Discussed educating staff on documentation and communication expectations.

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

The facility's monthly QAPI meeting was held yesterday. The interdisciplinary team discussed mobility worsening, anti-anxiety medication utilization, and weight loss. The facility will continue to watch and implement interventions to make sure improvements lead the facility to reach its targets. Falls decreased during the reporting period.

Discussed recent infections at the facility. There were no infection trends reported.

The facility is replacing its A/C unit which is expected to be completed within the next two weeks. The facility also had a dryer out of commission, but laundry processes are being managed as there are still two functioning dryers. The replacement part to repair the dryer has been ordered and will be installed soon.

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 closely with its consulting dietitian to ensure residents needs are being met and adjustments are made when necessary. Discussed the importance of communication and strong documentation to ensure information is accurate.

Joint Training Information

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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.

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

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

April 24, 2025

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 4/24/25, the Administrator and other attendees discussed the facility's outcomes from March 2025.

Winnie L LTC is licensed for 105 beds and its current census is 37 residents. For the month of March, the facility averaged a census of 36 residents.

There were 47 total employees and a turnover rate of 59% reported. Discussed staff retention and recruitment best practices and strategies.

The facility is in the second half of its fullbook survey window. Discussed review of previous state visits and findings. The facility submitted a self-report due to a resident with a thumb injury.

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.

The facility reported six total falls, and one resident who experienced repeat falls. Discussed fall prevention efforts and interventions. There were not any falls with injury.

The team discussed recent infections and reported there were no trends during the reporting period. There were reports of two wound infections, one urinary infection, and two other infections.

Reviewed the status of residents with pressure ulcers and those who have experienced weight loss.

The interdisciplinary team reviewed its QIPP Measures. The team did not meet falls with major injury or lost too much weight under Component 1. The team reviewed utilization of antipsychotic medications and discussed attempting GDRs whenever appropriate.

The facility did not meet any indicators under Component 2. Discussed staffing assignments and considerations to reach facility targets for nurse and CNA hours.

Under Components 3 and 4, the facility did not meet antianxiety/hypnotic medication use or catheter left in bladder. Discussed review of these systems and interventions the team has implemented.



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

April 23, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds and its current census is 95 residents. The facility has some referrals under review but there are no planned admissions or discharges at this time.

The facility is seeking some CNAs. There were no other vacancies reported. All department heads are in place.

There have not been any recent visits to the facility by state surveyors. The facility did submit a self-report regarding a resident who alleged misappropriation of funds in their home prior to admission to the facility. The facility has been working with the ombudsman and the resident's son to make sure the resident is safe and their finances at home are not at risk.

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 are no new performance improvement plans reported at this time. Discussed continued efforts to address staffing needs. Discussed staff recruitment and retention best practices and strategies.

There is no COVID or RSV in the facility at this time. There have not been any trends in infections.

The Villa at Texarkana expects to have a budget allocated to renovations this year. The administrator expects these plans may include renovations of bathrooms throughout the building.

The facility will be hosting its third annual spring fling event tonight. This is an event for the facility's staff, local caregivers, and town leadership with intent to recognize the caregivers in the community.



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Winnie-Stowell Hospital District

Parkview Manor Nursing & Rehabilitation

206 N. Smith St.
Weimar, TX 78962

April 21, 2025

Facility Administrator: Kristi Kelley
Facility DON: Carol Rapalo

At the facility QAPI meeting on 4/21/25, the Administrator and other attendees discussed the facility's outcomes from March 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds and its current census is 41 residents. For the month of March, the facility averaged a census of 42 residents.

The facility reported 62 total employees and a 6% turnover rate during the reporting period. The interdisciplinary team reported there were four employees who quit employment in March and discussed plans to review their departure reasons to see if any changes are warranted in staff retention efforts. The facility's maintenance director's last day of employment was last week and the team is seeking a replacement.

The facility is in its fullbook window at this time. There were no state visits with significant findings reported. Parkview Manor Nursing & Rehabilitation submitted a self-report regarding a resident-to-resident incident which is still pending investigation by the state.

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

The facility reviewed clinical outcomes and QIPP Measures from the prior month. The facility has seen stable results, but is monitoring falls, pressure ulcers, and weight loss. Discussed revamping the facility's Red Glass program to support weight loss management and expects to see improvements soon.

The facility did not meet its target for falls with major injury under Component 1. Discussed implementation of a performance improvement plan to address this indicator.

The facility did not meet any indicators under Component 2, but has been making progress toward facility targets. The IDT team is reviewing its staffing PPDs to identify any adjustments that are needed.

Under Component 3, the facility did not meet its indicator target for new/worsened bowel/bladder incontinence. The target is 29.77% and the results were slightly over target at 31.25%.

The facility didn't meet its target under Component 4 for pressure ulcers but has a performance improvement plan in place.

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

FACILITY INFORMATION

Park Manor Westchase is a 125-bed facility with a current census of 101: (6) MC; (22) HMO; (6) PP; (59) MDC + 3 pending; (5) Hospice; (0) VA. Their overall star rating is a 2 and Quality Measures star rating is a 5.

The QIPP site visit was conducted over the phone. The Administrator were on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported they are still able to order vaccinations from the pharmacy and the resident COVID_19 vaccination rates are at 45% up to date. The facility reports this information to NSHN weekly.

The facility celebrates all major holidays including an Easter party tomorrow. The Administrator reported the facility continues outings for fishing and shopping at Walmart 2x per month.

The Administrator reports the facility still has employee of the month and the MAD Genius program with prizes or cash. The Administrator reported the facility also provides food every month during staff meetings for all staff appreciation. The facility is planning celebrations for nurses and CNAs in May.

EDUCATION PROVIDED

- Reviewed QIPP year 8 QTR component not met, 4 – 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/march 2025 -The facility had their annual full book survey with 9 deficiencies in March and the state returned to clear their J level deficiency. Their POC has been accepted.

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 assesements – F640	Review during standards of care.
Resident Rights	1	Patient Dignity – F550	Monitoning
Dietary	0		

Submitted by L. Sue White, RN, NSGO

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

Submitted by L. Sue White, RN, NSGO

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 independently worsened (L)	8.5%	19.5%	21.2%	
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

Submitted by L. Sue White, RN, NSGO

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

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

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

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? 						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	

Submitted by L. Sue White, RN, NSGO

• 8 additional hours non-concurrently scheduled?					Y	
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
• Agency usage or need d/t critical staffing levels					N	

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



Park Manor of Westchase
11910 Richmond Ave. Houston, TX 77082
Site Visit Call: 04/17/2025

Submitted by L. Sue White, RN, NSGO

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	
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Administrator: David Holt
DON: Tina Cook, RN

FACILITY INFORMATION

Park Manor South Belt is a 120-bed facility with a current census of 101: (11) MC; (22) HMO; (9) PP; (58) MDC; (1) Hospice. Their overall star rating is 5 and Quality Measures star rating is 5.

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

The DON reports the facility is still in the process of renovations, and it is really looking good.

The facility had a St. Patrick's Day party, and they are planning an Easter egg hunt and Mother's Day tea. 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 has the Mad Genius program with tokens for going above and beyond and some have recently had enough to turn in for TVs and watches, etc. The DON reports the facility's restorative therapist was nominated for employee of the year (will win a 500.00 gift card and car).

EDUCATION PROVIDED

Reviewed QIPP year 8 components not met, 2 & 4 - 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%

Submitted by L. Sue White. RN. NSGO

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%	4.17%	N	
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	1.69	N	Believes PBJ is behind? Internal #s show they have enough
Metric 2: Reported Licensed Nursing HPRD	1.54	1.16	1.21	1.12	N	
Metric 3: Reported Total Nursing Staff HPRD	3.78	2.92	3.03	2.81	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? 						
Did NF maintain 8 additional hours (<i>non-managerial</i>) of RN staffing coverage per day, beyond the CMS mandate?					Y	

Submitted by L. Sue White. RN. NSGO

• 8 additional hours non-concurrently scheduled?					Y	
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
• Agency usage or need d/t critical staffing levels					N	

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%	6.38%	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	8.0	N	PIP in place



Park Manor South Belt
11902 Resource Parkway, Houston, TX 77089
Site Visit: 04/09/2025

Submitted by L. Sue White. RN. NSGO

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	
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Administrator: Stanley Lira, LNFA, CHC, CCR
DON: Adriane Ruffin, RN

FACILITY INFORMATION

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 4 and 5 in quality measures. The census on the day of the call was 112: PP: 9, MC: 5, MDC: 68, HMO: 22, Hospice: 8.

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

The Administrator reported they are still able to allocate vaccinations (newest one) in-house for residents. The COVID_19 vaccination rates of residents and staff up to date was not available and the facility reports this information to NSHN weekly.

The facility has regular outings to the store and for Bingo. The Activity Director reports they are planning a Easter egg hunt with some of the local schools, inside and outside, along with snacks and a Mother's Day celebration and some activities leading up to the day.

The Administrator reported the facility continues with a MAD genius program, birthdays, monthly food provisions and they also do an employee of the month program. The facility is planning something for Nurse's week.

EDUCATION PROVIDED

- Status of QIPP year 8 components – meeting 2 of the 4 components. They do have a PIP in place for pressure ulcers, but the Administrator just started this week and did not know about component 2 information.
- Preparation for Hurricane Season – The Administrator just started this week, but they will be checking on supplies and training for staff and he will be going to the state's hurricane bootcamp.

SURVEY INFORMATION

The facility has not had state in the building since September 2024, but they are now in the process of their mock survey since they are in their window for full book.

REPORTABLE INCIDENTS

In **Jan/Feb/March 2025**- the facility had 0 self-reports.

CLINICAL TRENDING FOR JAN/FEB/MARCH 2025

Incidents/Falls:

Park Manor of Cyfair reported - 49 total falls without injury and 3 fall with injury with 3 repeat falls, 4 skin tears, 1 bruise, 0 fractures, 0 behaviors, 2 Lacerations and 0 Elopements.

Infection Control:

Park Manor of Cyfair reported a total of 42 infections- 12 UTI's; and 12 Wound infections, 5 Respiratory infections; 0 Blood infections; 2 GI infections; 0 Genital infections; 0 EENT infections and 11 Other infections.

Weight loss:

Park Manor Cyfair reported - 5 residents with 5% in 1 month or less weight loss and 10 residents with greater than 10% weight loss in 6 months. The facility does have a PIP in place for this measure.

Pressure Ulcers:

Park Manor Cyfair reported – 14 residents with pressure ulcers, totaling 31 sites, 8 of them facility acquired.

Restraints:

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

Staffing:

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

Total number employees: 116 Turnover rate%: 13

CASPER REPORT Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	9.1 %	20.3 %	20.0 %	
Fall w/Major Injury (L)	33.7 %	44.1 %	44.2 %	
UTI (L)	0 %	1.0 %	2.0 %	
High risk with pressure ulcers (L)	7.3 %	5.7 %	6.7 %	Will review for PIP
Loss of Bowel/Bladder Control(L)	0 %	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)	2.6 %	3.7 %	5.8 %	

Submitted by L. Sue White, RN, NSGO

Depressive symptoms(L)	0 %	3.2 %	10.7 %	
Antipsychotic medication (L)	5.2%	8.3 %	15.0 %	

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

of GDR ATTEMPTS in the month: How many successful?
 # of Anti-anxiety (attempts 12 successful 6 failed 6)
 # of Antidepressants (attempts 55 successful 55 failed 0)
 # of Antipsychotic (attempts 9 successful 6 failed 3)
 # of Sedatives (attempts 0 successful 0 failed 0)

DIETICIAN Recommendation concerns/Follow Up? Information not provided

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 0

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

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43 %	3.86 %	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 %	4.33 %	2.7 %	Y	

Submitted by L. Sue White, RN, NSGO

Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14 %	8.16 %	3.92 %	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74 %	11.0 %	0 %	Y	

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

Indicator	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	1.91	1.99	1.91	Y/N	
Metric 2: Reported Licensed Nursing HPRD	1.54	1.30	1.36	1.21	N	
Metric 3: Reported Total Nursing Staff HPRD	3.78	3.22	3.35	3.12	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?						
<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

Submitted by L. Sue White, RN, NSGO

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 %	1.06 %	0 %	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55 %	8.48 %	3.92 %	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06 %	0 %	0 %	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.59 %	7.15 %	7.69 %	N	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01 %	1.16 %	2.94 %	N	

Administrator: Vincent Mitchell
DON: Adebukola Adelekan, RN

FACILITY INFORMATION

Park Manor Cypress Station is a 125-bed facility with a current census of 97: 3 PP, 4 MCR, 69 pending MCD, 11 HMO, 5 Hospice. They have an overall star rating of 2 and a Quality Measure rating of 5.

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

The Administrator reported the facility had a St. Patrick's Day party and they are planning an Easter party and `muffins & mimosas for Mother's Day.

The Administrator reported the facility continues with a star of the month and weekly drawing for prizes. The facility also provides food at least monthly. The facility is planning a pot luck for staff next Friday as well as something for the nurses in May.

EDUCATION PROVIDED

Reviewed QIPP year 8 – 2 of 4 components met – The Administrator reports the facility does have a PIP in place for bowel and bladder incontinence as well as opening new positions to help cover the increased census and achieve improvement in their workforce development goals.

Preparation for Hurricane Season – The Administrator reports the facility emergency water and food supply is adequate and they have planned their evacuation training coming up soon. The facility currently has a generator that meets the new City of Houston mandate effective 1/1/2026.

SURVEY INFORMATION

The facility has not had a state visit since January 2025, and they are currently in their full book survey window.

REPORTABLE INCIDENTS

The facility had 5 self-reports still pending for **Jan/Feb/March 2025**.

CLINICAL TRENDING FOR JAN/FEB/MARCH 2025

Incidents/Falls:

Park Manor Cypress Station reported 62 falls without injury (9 repeat) and 1 fall with injury, 3 skin tears, 1 Fracture, 2 Behaviors, 0 Bruises, 0 Lacerations and 0 Elopements.

Infection Control:

Administrator reported 80 total infections: 26 UTIs, 12 respiratory infections, 27 wound infections (admitted with), 0 EENT infections, 6 GI infections and 9 other infections.

Weight Loss:

Park Manor Cypress Station reported 7 residents with 5-10% weight loss and 0 with weight loss >10%.

Pressure Ulcers:

Park Manor Cypress Station reports 8 residents with a total of 30 pressure ulcers and 0 in house acquired. The facility does have a PIP in place for this metric. One resident was admitted with 12.

Restraints:

Park Manor of Cypress Station is a restraint free facility.

Staffing:

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	2	0	0	0
2 to 10	0	0	3	0	0	0
10 to 6	0	0	2	0	0	0
Other	0	1 (W/E)	0	0	0	1 (W/E)
# Hired this month	4	5	9	0	0	1
# Quit/Fired	0	0	0	0	0	0

Total number employees: 111 Turnover rate%: 0

CASPER REPORT

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	12.5%	20.3%	20.0%	
Fall w/Major Injury (L)	2.9%	3.4%	3.5%	
UTI (L)	0%	1%	2%	
High risk with pressure ulcers (L)	4.3%	5.7%	6.7%	
Loss of Bowel/Bladder Control(L)	1.6%	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)	6.7%	20.4%	22%	
Excessive Weight Loss(L)	0%	3.7%	5.8%	

Depressive symptoms(L)	1.7%	3.2%	10.7%	
Antipsychotic medication (L)	12.7%	8.3%	15%	GDR, increased residents from psych facility

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

of GDR ATTEMPTS in the month: How many successful? 28
 # of Anti-anxiety (attempts 2 successful 2 failed 0)
 # of Antidepressants (attempts 15 successful 15 failed 0)
 # of Antipsychotic (attempts 4 successful 4 failed 0)
 # of Sedatives (attempts 7 successful 7 failed 0)

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

SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)- 28 Grievances, all resolved.

TRAUMA INFORMED CARE IDENTIFIED: 0

ACTIVITIES PIP/CONCERNS: Outside events, activities and meals (bbq and picnics)

DIETARY PIP/CONCERNS: Menu board placement

ENVIRONMENTAL SERVICES PIP/CONCERNS: Deep cleaning rooms (schedule)

MAINTENANCE PIP/CONCERNS: None

MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS: None

MDS PIPS/CONCERNS: Updating care plans

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	3.41%	1.89%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	

Submitted by L. Sue White, RN, NSGO

Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.21%	2.21%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	10.04%	19.15%	N	Increased admits from psych facility
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	4.21%	2.21%	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	N	1.87		1.67	N	Increased census and open positions
Metric 2: Reported Licensed Nursing HPRD	Y	1.05		1.12	Y	
Metric 3: Reported Total Nursing Staff HPRD	N	2.92		2.79	N	Increased census, but hired more staff to cover
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? 						
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	

Submitted by L. Sue White, RN, NSGO

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	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	7.33%	5.33%	2.08%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	22.62%	9.62%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2%	0%	3.45%	N	PIP in place

OIPP 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	3.95	3.03	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01	.96	0	Y	

Administrator: Chad Mohammed, **MHA, LNFA**
DON: Ellis Swan, RN

FACILITY INFORMATION

Highland Park is a 120-bed facility with a current Overall Star Rating of 3 and a Quality Measures star rating of 4. The census given on the date of this report was 108 with 3 in the hospital.

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

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

The Administrator believes the facility is on track to meet their QIPP measures for QTR 4, year eight.

The facility now has a new Activity Director, and the facility continue with outings, and they continue with Bingo and regular holiday celebrations. The Administrator reports the facility is planning an Easter celebration.

SURVEY INFORMATION

The state came to the facility in came last week to follow up on another P1 that was unsubstantiated, not cited.

EDUCATION PROVIDED

Reviewed QIPP year 8 - Discussed QTR 3 & 4 and the Administrator reported he believes they are on track to meet all 4 components.

Preparation for Hurricane season - The Administrator reports the facility has not started hurricane preparedness, but they are working on updating their emergency preparedness plan.

REPORTABLE INCIDENTS

Information not provided.

CLINICAL TRENDING

Incidents/Falls:

Information was not provided.

Infection Control:

Information was not provided.

Weight loss:

Information was not provided.

Pressure Ulcers:

Information was not provided.

Restraints:

Highland Park does not use restraints.

Staffing:

Staffing needs – need PRN nurses.

QIPP SCORECARD: Information not provided

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

FACILITY INFORMATION

Deerbrook Nursing and Rehab is a licensed 124- bed facility with an overall star rating of 3 and a rating of 3 stars in Quality Measures. Current census is 92: 11 Private Pay; 1 Medicare; 53 Medicaid; 6 Hospice; 21 HMO.

The QIPP site visit was conducted over the phone. The Administrator was as on the call and very helpful. The Administrator reports the facility is currently COVID_19 free. The Administrator reported they are still able to allocate vaccinations (newest one) in-house and 85% of residents are vaccinated for COVID_19 with 30% of the staff vaccinated and this information is reported weekly to NSHN.

The Facility had a Valentine's Day and St. Patrick's Day celebration as well as a barbeque to kick off the Texans. The facility is planning Easter activities with the staff and residents as well as planning a Mother's Day tea. The churches are now coming in more often and the residents love it. Nursing students are coming in to volunteer with Bingo.

The Administrator reported the facility continues with the MAD Genius program and continually check their competencies and conduct regular training. The facility continues with their tuition reimbursement program for medication aides. They partner with Lonestar College & local community college for CMA to LVN, LVN to RN and pay for books, materials, etc. The Administrator reports they continue to honor each department/position throughout the year. The Administrator reports the facility formed an alliance with a nursing school that has a high pass rate as well as with a CNA school to help them with training. The facility now has 2 CNAs pursuing their nursing degrees.

EDUCATION PROVIDED

Reviewed QIPP year 8 QTR 3 four components met. QTR 3 data collection ended 3/31 and QTR 4 started 4/1.

Preparation for hurricane season – The Administrator reports the facility will be sending out the letters to families for decision on where their loved one will be located and training staff at the end of April. The facility's emergency supplies are good since checking in Feb, and they did disaster drills in January.

SURVEY INFORMATION

The facility had a state visit in Jan and February for a complaint visit that resulted in an IJ that has since been cleared. The facility also had their full book in February, and they are still waiting for the acceptance of their POC.

Annual Full Book State Survey Summary (Include only if within last 2 months)

Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	4			F656 – Develop/Implement Comprehensive Care Plan; F677 – ADL Care Provided for Dependent Residents; F689 – Free o Accident Hazards/Supervision/Devices; F880 – Infection Prevention & Control
Number of Fire Safety Code Deficiencies	1			
Annual Full Book State Survey Characteristics (include only if within last 2 months)				
Deficiency Area	Scope & Severity	Explanation		Plan of Correction
Abuse & Neglect				
Quality of Care	J	Resident received laceration during transfer from wheelchair to bed		In-services conducted on Safe Transfers, Identifying and Reporting Equipment Hazards, Daily bed and rail checks, employee check-offs for two person and Hoyer transfers. QAPI review x's 3 months for system compliance.
Resident Assessment				
Resident Rights				
Dietary				
Pharmacy				
Environment				
Infection Control	D	Nurse did not put on a gown when providing care for a resident with EBP.		Spot checks conducted to ensure that EBP precautions are followed.
Administration				

REPORTABLE INCIDENTS

Jan/Feb/March 2025 the facility had 4 self-reports and 1 complaint.

CLINICAL TRENDING JAN/FEB/MARCH 2025

Incidents/Falls:

Deerbrook reported - 55 total falls without injury and 7 falls with injury with 15 repeat falls, 7 skin tears, 3 bruises, 0 fractures, 2 behaviors, 3 Lacerations and 0 Elopements. The facility does have a PIP in place for falls.

Infection Control:

The facility reported a total of 136 infections- 38 UTI's; 35 Respiratory infections; 25 Wound infections; 10 Blood infections, 0 Genital infections; 8 EENT infections, 1 GI infection and 19 Other infections.

Weight loss

Deerbrook reported - 6 residents with 5% in 1 month or less weight loss and 2 residents with greater than 10% weight loss in 6 months. The facility does have a PIP in place for weight loss.

Pressure Ulcers:

Deerbrook reported - 28 residents with pressure ulcers, totaling 69 sites, 4 of them facility acquired.

Restraints:

Deerbrook is a restraint free facility.

Staffing:

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

Total number employees: 141 Turnover rate%: 6%

Casper Report:

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	12.12%	16.01%	19.55%	
Fall w/Major Injury (L)	0%	2.45%	3.43%	

UTI (L)	0%	0%	1.17%	
High risk with pressure ulcers (L)	10.9%	5.7%	6.7%	PIP in place
Loss of Bowel/Bladder Control(L)	2.8%	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)	14.6%	20.4%	22%	
Excessive Weight Loss(L)	15.4%	3.7%	5.8%	PIP in place
Depressive symptoms(L)	4.8%	3.2%	10.7%	
Antipsychotic medication (L)	9.1%	8.3%	15%	

PHARMACY Consultant reports/visit/ med destruction? No concerns

of GDR ATTEMPTS in the month: How many successful? 6
 # of Anti-anxiety (attempts__1__ successful__1__ failed__0__)
 # of Antidepressants (attempts__4__ successful__4__ failed__0__)
 # of Antipsychotic (attempts__1__ successful__1__ failed__)
 # of Sedatives (attempts__0__ successful__ failed__)

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

SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) – Not provided

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%	2.88%	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%	8.06%	15.38%	N	PIP in place
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.73%	6.73%	9.09%	N	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	10.59%	8.59%	4.17%	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	2.06	2.24	2.26	Y	
Metric 2: Reported Licensed Nursing HPRD	N	1.27	1.31	1.28	N	
Metric 3: Reported Total Nursing Staff HPRD	Y	3.33	3.78	3.54	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	8.96%	14.29%	4.76%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	18.83%	12.12%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2%	0%	1.47%	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	8.79	10.34	6.94	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01	0	0	Y	

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

FACILITY INFORMATION

Friendship Haven is a 150-bed facility with a current overall star rating of 2 and Quality Measures star rating of 5. The census on the date of this report was 109 with a skilled mix of 10 Medicare and 21 HMO. The Administrator reported the facility is in the process of recredentialing their HCA preferred provider status.

The QIPP site visit was conducted in person with the Administrator and MDS nurse Melinda.

The facility is currently COVID_19 free. The vaccination rate for the residents and staff is at 0% and this information is reported weekly to NSHN.

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

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

The outside entrance to the facility had well-maintained landscaping and the parking lot was well marked with no trash noted.

The inside entrance was well decorated with nice old furniture and tasteful décor. The building has clean carpet and tile flooring throughout. There is a visitor check-in at the front desk. The activity calendar was posted and residents had just finished with lunch.

The residents' rooms observed were clean with no odors and the means of egress was clear for all the hallways. The fire extinguishers checked all had a current inspection.

The shower room observed was clean with no odors no chemical containers visible. The central supply room several boxes on the floor from a recent shipment and the ceiling height was met. A linen room observed was clean and organized.

The O2 storage closet was clean and organized with all canisters in a rack and signs posted but the floor needed to be swept. The medication room was clean and organized and the refrigerator temperature logs and E-Kit certificate were current. One medication cart was checked, and it was

locked and the water container was labeled/dated. The OTCs checked were all current and in the correct order of expiration.

The facility's laundry area was clean and organized and all chemical containers were off the floor. The lint trap log had not been updated since 3/5/25. The staff reported they check and clean the traps every hour.

The dining room had not yet been cleaned from lunch, and the menu for the day was posted. The kitchen floors were dirty just from the days' work. The counters and can opener/plate were clean. All items checked in the cooler were labeled and dated. All refrigerator and freezer temperature logs were current and chemical logs for the dish machine were current, but the sink log did not have any entries for day of visit. The dry storage area was clean and organized but 1 dented can was found with regular cans and the Dietary Manager moved it immediately to the dented can area. There were boxes on the floor from a shipment received the day of the visit and ceiling height met.

EDUCATION PROVIDED

- Reviewed QIPP year 8 components status -The Administrator believes they will still meet all 4 components for QTR 4.
- Hurricane Season preparedness- The Administrator reports the facility emergency preparedness plan is current. 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.

SURVEY INFORMATION

The Administrator reports the state came on 3/29/25 for a complaint investigation that was substantiated and they were cited for infection prevention and control tag with a scope/severity of E and just received the 2567 4/11/25.

REPORTABLE INCIDENTS

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

CLINICAL TRENDING

Incidents/Falls:

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

Infection Control:

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

Weight loss:

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

Pressure Ulcers:

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

Restraints:

Friendship Haven does not use side rails or restraints.

Staffing:

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

Total number employees: 132 Turnover rate%: 30.37

CASPER REPORT –

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	14.6%	20.4%	20.0%	
Fall w/Major Injury (L)	1.2%	3.4%	3.4%	
UTI (L)	0%	0.9%	2.0%	
High risk with pressure ulcers (L)	3.8%	5.5%	6.5%	
Loss of Bowel/Bladder Control(L)	9.5%	17.4%	21.4%	
Catheter(L)	0%	0.7%	1.6%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	20.8%	19.5%	21.2%	Pip in place – on-going
Excessive Weight Loss(L)	1.3%	3.5%	5.6%	
Depressive symptoms(L)	2.7%	3.2%	10.5%	
Antipsychotic medication (L)	7.8%	8.0%	14.9%	

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

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

DIETICIAN Recommendation concerns/Follow Up?

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

TRAUMA INFORMED CARE IDENTIFIED: None at this time

ACTIVITIES: PIP/CONCERNS: None at this time

DIETARY: PIP/CONCERNS: None at this time

ENVIRONMENTAL SERVICES: PIP/CONCERNS: None at this time

MAINTENANCE: PIP/CONCERNS: None at this time

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

MDS: PIPS/CONCERNS: None at this time

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	3.33%	1.30%	1.08%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0.00%	0.00%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.55%	2.75%	1.20%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	8.08%	7.14%	Y	

Submitted by L. Sue White, RN Consultant

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	10.03%	20.00%	N	
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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	1.85		1.98	Y	
Metric 2: Reported Licensed Nursing HPRD	Y	1.16		1.20	Y	
Metric 3: Reported Total Nursing Staff HPRD	Y	3.01		3.19	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? 						
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-concurrenty scheduled? 					Y	
<ul style="list-style-type: none"> Additional hours provided by direct care staff? 						
<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?						
<ul style="list-style-type: none"> Agency usage or need d/t critical staffing levels 					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement)	Comments
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Submitted by L. Sue White, RN Consultant

				Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	3.52%	2.53%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	14.47%	14.44%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	11.07%	10.13%	Y	

OIPP 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)	Comments
				Y/N	
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.49%	4.40%	3.49%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0.73%	0.00%	Y	