

# **EXHIBIT “A-1”**

## Winnie-Stowell Hospital District

07/23/25

## Balance Sheet

Accrual Basis

As of June 30, 2025

	Jun 30, 25
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	6,766.01
102 First Financial Bank	
102b FFB #4846 DACA	29,453,670.71
102c FFB #7190 Money Market	52,941.14
<b>Total 102 First Financial Bank</b>	<b>29,506,611.85</b>
105 TexStar	6,946,470.90
108 Nursing Home Banks Combined	5,441,628.61
<b>Total Checking/Savings</b>	<b>41,901,477.37</b>
<b>Other Current Assets</b>	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	88,339,642.46
115 Hosp Uncomp Care Receivable	186,764.86
116 - A/R CHOW - LOC	1,114,275.40
117 NH - QIPP Prog Receivable	37,134,517.71
119 Prepaid IGT	9,876,071.93
<b>Total Other Current Assets</b>	<b>136,845,582.18</b>
<b>Total Current Assets</b>	<b>178,747,059.55</b>
<b>Fixed Assets</b>	<b>3,921,372.33</b>
<b>Other Assets</b>	
118.01 Prepaid NH Fees	12,806.48
<b>Total Other Assets</b>	<b>12,806.48</b>
<b>TOTAL ASSETS</b>	<b>182,681,238.36</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	5,552,898.97
201 NHP Accounts Payable	19,132,285.88
206 FFB Loan 26	29,324,000.00
235 Payroll Liabilities	5,815.69
240 Accounts Payable NH Oper.	88,800,730.71
<b>Total Other Current Liabilities</b>	<b>142,815,731.25</b>
<b>Total Current Liabilities</b>	<b>142,815,731.25</b>
<b>Total Liabilities</b>	<b>142,815,731.25</b>
<b>Equity</b>	<b>39,865,507.11</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>182,681,238.36</b>

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

	Jan - Jun 25	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	466,245.38	850,000.00	-383,754.62	54.9%
405 Investment Income	179,495.55	750,000.00	-570,504.45	23.9%
407 Rental Income	30,000.00	42,000.00	-12,000.00	71.4%
409 Tobacco Settlement	18,002.15	15,000.00	3,002.15	120.0%
415 Nursing Home - QIPP Program	59,926,252.84	123,487,690.00	-63,561,437.16	48.5%
<b>Total Income</b>	<b>60,619,995.92</b>	<b>125,144,690.00</b>	<b>-64,524,694.08</b>	<b>48.4%</b>
<b>Gross Profit</b>	<b>60,619,995.92</b>	<b>125,144,690.00</b>	<b>-64,524,694.08</b>	<b>48.4%</b>
<b>Expense</b>				
<b>500 Admin</b>				
501 Admin-Administrative Salary	37,500.00	75,000.00	-37,500.00	50.0%
502 Admin-Administrative Assnt	12,191.58	46,860.00	-34,668.42	26.0%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	4,941.27	9,500.00	-4,558.73	52.0%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	26,859.06	81,000.00	-54,140.94	33.2%
507 Admin-Retirement	7,650.52	14,000.00	-6,349.48	54.6%
515 Admin-Bank Service Charges	1,041.28	2,000.00	-958.72	52.1%
521 Professional Fees - Acctng	4,739.00	12,000.00	-7,261.00	39.5%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	6,000.00	50,000.00	-44,000.00	12.0%
550 Admin-D&O / Liability Ins.	15,295.77	20,000.00	-4,704.23	76.5%
560 Admin-Cont Ed, Travel	2,087.17	6,500.00	-4,412.83	32.1%
562 Admin-Travel&Mileage Reimb.	1,049.90	2,500.00	-1,450.10	42.0%
569 Admin-Meals	1,845.92	3,500.00	-1,654.08	52.7%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	10,597.71	25,000.00	-14,402.29	42.4%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	1,866.29	5,000.00	-3,133.71	37.3%
575 Admin-Cell Phone Reimburse	975.00	1,800.00	-825.00	54.2%
576 Admin-Telephone/Internet	1,991.99	3,500.00	-1,508.01	56.9%
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	2,040.00	4,080.00	-2,040.00	50.0%
593 Admin-Utilities	1,979.97	4,000.00	-2,020.03	49.5%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	0.00	1,800.00	-1,800.00	0.0%
598 Admin-Building Maintenance	3,627.00	15,000.00	-11,373.00	24.2%
<b>Total 500 Admin</b>	<b>146,866.93</b>	<b>439,485.00</b>	<b>-292,618.07</b>	<b>33.4%</b>
<b>600 - IC Healthcare Expenses</b>				
<b>601 IC Provider Expenses</b>				
601.01a IC Pmt to Hosp-Indigent	247,510.36	435,700.00	-188,189.64	56.8%
601.01b IC Pmt to Coastal (Ind)	5,037.09	25,000.00	-19,962.91	20.1%
601.01c IC Pmt to Thompson	5,544.13	18,000.00	-12,455.87	30.8%
601.02 IC Pmt to UTMB	208,712.98	300,000.00	-91,287.02	69.6%
<b>601.03 IC Special Programs</b>				
601.03a Dental	8,588.00	30,000.00	-21,412.00	28.6%
601.03b IC Vision	970.00	2,750.00	-1,780.00	35.3%
601.04 IC-Non Hosp Cost-Other	9,341.11	35,000.00	-25,658.89	26.7%
601.05 IC - Chairty Care Prog	273.61	25,000.00	-24,726.39	1.1%
<b>Total 601.03 IC Special Programs</b>	<b>19,172.72</b>	<b>92,750.00</b>	<b>-73,577.28</b>	<b>20.7%</b>
<b>Total 601 IC Provider Expenses</b>	<b>485,977.28</b>	<b>871,450.00</b>	<b>-385,472.72</b>	<b>55.8%</b>
602 IC-WCH 1115 Waiver Prog	155,911.02	420,000.00	-264,088.98	37.1%
603 IC-Pharmaceutical Costs	22,331.58	80,000.00	-57,668.42	27.9%
605 IC-Office Supplies/Postage	236.79	2,000.00	-1,763.21	11.8%
610 IC-Community Health Prog.	55,946.46	111,893.00	-55,946.54	50.0%
611 IC-Indigent Care Dir Salary	30,000.00	60,000.00	-30,000.00	50.0%
612 IC-Payroll Taxes -Ind Care	1,198.50	4,500.00	-3,301.50	26.6%
615 IC-Software	12,138.00	25,000.00	-12,862.00	48.6%
616 IC-Travel	0.00	1,000.00	-1,000.00	0.0%
<b>617 Youth Programs</b>				
617.01 Youth Counseling	2,550.00	25,000.00	-22,450.00	10.2%
617.02 Irlen Program	500.00	1,600.00	-1,100.00	31.3%
<b>Total 617 Youth Programs</b>	<b>3,050.00</b>	<b>26,600.00</b>	<b>-23,550.00</b>	<b>11.5%</b>
<b>Total 600 - IC Healthcare Expenses</b>	<b>766,789.63</b>	<b>1,602,443.00</b>	<b>-835,653.37</b>	<b>47.9%</b>

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

	Jan - Jun 25	Budget	\$ Over Budget	% of Budget
<b>620 WSHD - Grants</b>				
620.01 WCH/RMC	85,603.00	115,000.00	-29,397.00	74.4%
620.03 WSVEMS	187,998.85	265,403.04	-77,404.19	70.8%
620.05 East Chambers ISD	143,495.52	278,165.04	-134,669.52	51.6%
620.06 FQHC(Coastal)	471,301.95	823,734.00	-352,432.05	57.2%
620.09 Admin-Cont Ed-Med Pers.	3,138.89	8,647.44	-5,508.55	36.3%
<b>Total 620 WSHD - Grants</b>	<b>891,538.21</b>	<b>1,490,949.52</b>	<b>-599,411.31</b>	<b>59.8%</b>
<b>630 NH Program</b>				
630 NH Program-Mgt Fees	22,338,189.96	44,776,079.56	-22,437,889.60	49.9%
631 NH Program-IGT	29,312,649.66	59,470,097.67	-30,157,448.01	49.3%
632 NH Program-Telehealth Fees	180,904.26	400,000.00	-219,095.74	45.2%
633 NH Program-Acctg Fees	42,651.00	100,000.00	-57,349.00	42.7%
634 NH Program-Legal Fees	100,961.25	350,000.00	-249,038.75	28.8%
635 NH Program-LTC Fees	2,529,000.00	5,118,000.00	-2,589,000.00	49.4%
637 NH Program-Interest Expense	1,647,543.90	4,895,659.55	-3,248,115.65	33.7%
638 NH Program-Loan/Bank Fees	5,304.58	655,734.76	-650,430.18	0.8%
639 NH Program-Appraisal	7,734.00	96,000.00	-88,266.00	8.1%
641 NH Program-NH Manager	9,230.00	20,400.00	-11,170.00	45.2%
<b>Total 630 NH Program</b>	<b>56,174,168.61</b>	<b>115,881,971.54</b>	<b>-59,707,802.93</b>	<b>48.5%</b>
674 Prop Acquisition/Development	564,665.67	4,500,000.00	-3,935,334.33	12.5%
<b>675 HWY 124 Expenses</b>				
675.01 Tony's BBQ Bldg Expenses	15,602.61	25,000.00	-9,397.39	62.4%
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00	0.0%
675.03 - Clinic Property Ins	10,372.57	17,500.00	-7,127.43	59.3%
<b>Total 675 HWY 124 Expenses</b>	<b>25,975.18</b>	<b>52,500.00</b>	<b>-26,524.82</b>	<b>49.5%</b>
<b>Total Expense</b>	<b>58,570,004.23</b>	<b>123,967,349.06</b>	<b>-65,397,344.83</b>	<b>47.2%</b>
<b>Net Ordinary Income</b>	<b>2,049,991.69</b>	<b>1,177,340.94</b>	<b>872,650.75</b>	<b>174.1%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	193,880,790.96			
<b>Total Other Income</b>	<b>193,880,790.96</b>			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	193,880,790.96			
<b>Total Other Expense</b>	<b>193,880,790.96</b>			
<b>Net Other Income</b>	<b>0.00</b>			
<b>Net Income</b>	<b>2,049,991.69</b>	<b>1,177,340.94</b>	<b>872,650.75</b>	<b>174.1%</b>

# **EXHIBIT “A-2”**

**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, July 23, 2025</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$990.00	Prosperity Operating (Unrestricted)	\$497,919.72
Brookshire Brothers	Indigent Care		\$2,796.36	First Financial DACA (Unrestricted)	\$5,502,063.52
CABA Therapy Services dba Physio	SP Program		\$540.00	First Financial DACA (Restricted)	\$150,775.00
Coastal Gateway Health Center	Indigent Care		\$580.60	First Financial Money Market	\$16,085,850.41
				TexStar (Restricted)	\$7,042,419.79
Kalos Counseling	Youth Counseling		\$425.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$1,040.99	Total District Funds	<b>\$29,279,028.44</b>
UTMB at Galveston	Indigent Care		\$38,035.58	Less First Financial (Restricted)	(\$150,775.00)
UTMB Faculty Group Practice	Indigent Care		\$1,949.99	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care		\$1,271.89	Less LOC Outstanding	\$0.00
CHRISTUS St Elizabeth	Indigent Care		\$6,882.64	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51354		\$10,940.00	Less Committed Funds (See Total Commitment)	(\$467,700.51)
Graciela Chavez	Invoice 965987		\$140.00	Cash Position (Less First Financial Restricted)	<b>\$28,160,552.93</b>
Function4	INV1214137		\$105.00	Pending Expenses	(\$172,962.28)
3Branch & More	Inv # 45853		\$9,324.41	Ending Balance (Cash Position-Pending Expenses)	\$27,987,590.65
Felipe Ojeda	Invoice# 1064		\$350.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	<b>\$29,368,489.41</b>
Technology Solutions	Inv # 1966 - July		\$169.84	<b>Prior Month</b>	
Technology Solutions	Inv # 1958 - June		\$158.27	Prosperity Operating (Unrestricted)	\$193,350.74
Makayla Vidal	Invoice 00100		\$7,245.00	First Financial (Unrestricted)	\$5,461,956.08
Coastal Gateway Health Center	Marketing Grant		\$2,850.00	First Financial (Restricted)	\$4,563,317.84
Hubert Oxford	Retainer		\$1,000.00	First Financial Money Market	\$52,137.14
Texas Conference of Urbab Counties	IC TIHCA Conf Inv#1036944		\$440.00	TexStar (Restricted)	\$7,017,653.17
JS Edwards & Sherlock Insurance	Commerical Property Inv# 132141		\$10,106.21	FFB CD Balance	\$0.00
Curtis Scott Johnson	Inv # 202505		\$1,580.00	Total District Funds	<b>\$17,288,414.97</b>
Curtis Scott Johnson	Inv # 202506		\$1,180.00	Less First Financial (Restricted)	(\$4,563,317.84)
Dr. June Stansky	SP Program		\$120.00	Less TexStar Reserve Account	(\$500,000.00)
\$25 Optical	SP Program		\$50.00	Less LOC Outstanding	\$0.00
Coastal Gateway Health Center	Grant Pmt		\$68,644.50	Less First Financial Money Market (Restricted)	\$0.00
Indigent Healthcare Solutions, LTD	Invoice # 80191		\$2,023.00	Less Committed Funds (See Total Commitment)	(\$600,526.03)
Indigent Healthcare Solutions, LTD	Invoice # 80314		\$2,023.00	Cash Position (Less First Financial Restricted)	<b>\$11,624,571.10</b>
	<b>Total Expenses:</b>		<b>\$172,962.28</b>	Pending Expenses	(\$211,925.42)
				Ending Balance (Cash Position-Pending Expenses)	<b>\$11,412,645.68</b>
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	<b>\$28,660,428.51</b>

**First Financial Bank Reconciliations**

<b>FFB Balance</b>	<b>\$5,652,838.52</b>				
	<b>Restricted Funds</b>	<b>Total Scheduled Payment</b>	<b>Balance Received</b>	<b>Balance Due</b>	<b>Due to District</b>
<b>Gross YR 8 Q2 Comp 1</b>					
QIPP YR 8 Q3 Comp 1	\$0.00			\$0.00	\$0.00
<b>Total QIPP YR 8 Comp 1</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Non-QIPP Funds</b>	<b>\$150,775.00</b>
<b>Restricted</b>	<b>\$0.00</b>
<b>Unrestricted</b>	<b>\$5,502,063.52</b>
<b>Total Funds</b>	<b>\$5,652,838.52</b>

**Committed Funds**

Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2024	\$823,734.00	\$514,527.44	\$309,206.56
2. Coastal Marketing Grant	\$276,040.00	\$272,641.35	\$3,398.65
3. East Chambers ISD	\$278,165.04	\$162,262.94	\$115,902.10
4. WSVEMS Grant	\$265,403.04	\$226,209.84	\$39,193.20
<b>Total Commitments</b>	<b>\$1,643,342.08</b>	<b>\$1,175,641.57</b>	<b>\$467,700.51</b>

**Hospital - DY 8 Repayment**

	Amount Advanced by District	IC Repayment	Balance Owed by RMC
Januray 31, 2025	\$0.00	\$33,594.56	\$400,680.66
February 28, 2025	\$0.00	\$41,471.50	\$359,209.16
March 31, 2025	\$0.00	\$44,205.50	\$315,003.66
April 30, 2025	\$0.00	\$48,113.96	\$266,889.70
May 31, 2025	\$0.00	\$37,682.65	\$229,207.05
June 30, 2025	\$0.00	\$42,442.19	\$186,764.86
	<b>\$1,626,429.00</b>	<b>\$1,439,664.14</b>	<b>\$186,764.86</b>

CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
<b>Golden Triangle (10 Months - November 20, 2025)</b>					
RS Golden Triangle - Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$0.00	\$1,194,133.90
Balance Owed by Oak Grove	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$0.00</b>	<b>\$1,194,133.90</b>
Total CHOW Loan Outstanding	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$0.00</b>	<b>\$1,194,133.90</b>
<b>First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 26 (Acct #57635) (December 12, 2024 - November 30, 2025)</b>					
2nd Half of Year 8					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$302,900.00
Years:	1	Amount:	\$29,290,000.00		
<b>Amortization Table</b>	<b>Component Payment</b>	<b>Principle</b>	<b>Interest</b>	<b>Payment</b>	<b>Balance</b>
1-December 25, 2024			(\$112,205.02)	(\$112,205.02)	\$29,290,000.00
2-January 25, 2025			(\$175,536.72)	(\$175,536.72)	\$29,290,000.00
3-February 25, 2025			(\$176,758.56)	(\$176,758.56)	\$29,290,000.00
4-March 25, 2025			(\$159,652.89)	(\$159,652.89)	\$29,290,000.00
5-April 25, 2025			(\$176,758.55)	(\$176,758.55)	\$29,290,000.00
6-May 25, 2025			(\$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
<b>Amount Paid</b>	<b>\$29,290,000.00</b>	<b>(\$29,290,000.00)</b>	<b>(\$1,740,830.91)</b>	<b>(\$31,030,830.91)</b>	
<b>District's Investments</b>					
	<b>Balance</b>	<b>Interest Paid</b>	<b>Reporting Period</b>	<b>Paid this Reporting Period</b>	<b>Interest Paid YTD</b>
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$16,085,850.41	3.66%	June 2025	\$153.49	\$66,360.95
Texstar C.D. #1110	\$7,042,419.79	4.284%	June 2025	\$24,766.62	\$207,531.19
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**  
**June 18, 2025 to July 23, 2025**

Type	Date	Num	Name	Memo	Clr	Amount	Balance
<b>100 Prosperity Bank -Checking</b>							(31,427.59)
Check	07/10/2025	4639	The Seabreeze Beacon	Inv 8331 Stmt 1753		(350.00)	(31,777.59)
Check	07/10/2025	4640	Moore Service Company	AC Repair Inv 0077634		(383.62)	(32,161.21)
Liability C...	07/14/2025		QuickBooks Payroll Service	Created by Payroll Service on 07/11/2025		(5,451.48)	(37,612.69)
Paycheck	07/15/2025	DD1435	Barron, Kiela M	Direct Deposit	X		(37,612.69)
Paycheck	07/15/2025	DD1436	Carlo, Victoria M	Direct Deposit	X		(37,612.69)
Paycheck	07/15/2025	DD1437	Davis, Tina R	Direct Deposit	X		(37,612.69)
Check	07/23/2025	4641	Brookshire Brothers	Batch Dates 06/04/25-06/04/25		(2,796.36)	(40,409.05)
Check	07/23/2025	4642	Coastal Gateway Health Center	Batch Dates 06/11/25-06/11/25		(580.60)	(40,989.65)
Check	07/23/2025	4643	Chambers County Phd Er	Batch Dates 06/01/25-06/01 /25		(6,187.48)	(47,177.13)
Check	07/23/2025	4644	Christus St Elizabeth	Batch Dates 06/01/25-06/01 /25		(6,882.64)	(54,059.77)
Check	07/23/2025	4645	Indigent Healthcare Solutions, ...	Invoice # 80191 and 80314		(4,046.00)	(58,105.77)
Check	07/23/2025	4646	\$25 Optical	Batch Dates 06/08/25-06/08/25		(50.00)	(58,155.77)
Check	07/23/2025	4647	Bayside Dental	Batch Dates 06/08/25-06/08/25		(990.00)	(59,145.77)
Check	07/23/2025	4648	CABA Therapy Services dba Ph...	Batch Dates 06/10/25-06/10/25		(540.00)	(59,685.77)
Check	07/23/2025	4649	Dr. June Stansky, Optometrist	Batch Dates 06/08/25-06/08/25		(120.00)	(59,805.77)
Check	07/23/2025	4650	Kalos Counseling	Batch Dates 06/02/25-06/02/25		(425.00)	(60,230.77)
Check	07/23/2025	4651	Texas Conference of Urban Cou...	INVOICE # 1036944		(440.00)	(60,670.77)
Check	07/23/2025	4652	Thompson Outpatient Clinic, LLC	Batch Dates 06/11/25-06/11/25		(1,040.09)	(61,710.86)
Check	07/23/2025	4653	UTMB Faculty Group Practice	Batch Dates 06/01/25-06/01 /25		(1,949.99)	(63,660.85)
Check	07/23/2025	4654	UTMB at Galveston	Batch Dates 06/01/25-06/01 /25		(38,035.58)	(101,696.43)
Check	07/23/2025	4655	Wilcox Pharmacy	Batch Dates 06/03/25-06/03/25		(1,271.89)	(102,968.32)
Check	07/23/2025	4656	3Branch & More	INVOICE # 45853		(9,324.41)	(112,292.73)
Check	07/23/2025	4657	Benckenstein & Oxford	Invoice No. 51354.		(10,940.00)	(123,232.73)
Check	07/23/2025	4658	Coastal Gateway Health Center	Grant- June		(68,644.50)	(191,877.23)
Check	07/23/2025	4659	Coastal Gateway Health Center	Marketing Grant- June		(2,850.00)	(194,727.23)
Check	07/23/2025	4660	Curtis Scott Johnson	WSHD202505 & WSHD202506		(2,760.00)	(197,487.23)
Check	07/23/2025	4661	Felipe Ojeda	Invoice# 1064		(350.00)	(197,837.23)
Check	07/23/2025	4662	Function 4	3A0064 INV1220594		(105.00)	(197,942.23)
Check	07/23/2025	4663	Graciela Chavez	965987		(140.00)	(198,082.23)
Check	07/23/2025	4664	Hubert Oxford	Retainer June		(1,000.00)	(199,082.23)
Check	07/23/2025	4665	J. S. Edwards and Sherlock Ins.	132141 Tony's Commercial Property		(10,106.21)	(209,188.44)
Check	07/23/2025	4666	Technology Solutions of Texas, ...	Invoice 1958 & 1966		(328.11)	(209,516.55)
Check	07/23/2025	4667	Vidal Accounting, PLLC	INVOICE: 00100		(7,245.00)	(216,761.55)
Total 100 Prosperity Bank -Checking						(185,333.96)	(216,761.55)
<b>102 First Financial Bank</b>							29,506,611.85
<b>102b FFB #4846 DACA</b>							29,453,670.71
Total 102b FFB #4846 DACA							29,453,670.71
<b>102c FFB #7190 Money Market</b>							52,941.14
Total 102c FFB #7190 Money Market							52,941.14
Total 102 First Financial Bank							29,506,611.85
<b>TOTAL</b>						<b>(185,333.96)</b>	<b>29,289,850.30</b>

# **EXHIBIT “B”**



July 23, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In June, the Indigent Care Program experienced a decrease of five (5) clients.

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

Budget and Billing Update

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

Note: UTMB and Riceland are over 50% of their budgets at the midpoint of our fiscal year. This is primarily due to multiple patients diagnosed with severe illnesses.

We have five (5) clients who have maxed benefits for the year.

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

2. Active Client Trends:

Table with 5 columns: 2025 Indigent Care Statistics, Apr, May, June, YTD Monthly Average. Rows include Indigent Care Clients, Youth Counseling, and Irlen Services.

3. Renewals & Approvals:

Table with 5 columns: 2025 Indigent Care Statistics, Apr, May, June, YTD Monthly Average. Rows include Indigent Care Clients, Youth Counseling, and Irlen Services.

Services Usage

Youth Counseling:

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

Dental:

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



**Vision Services:**

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

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

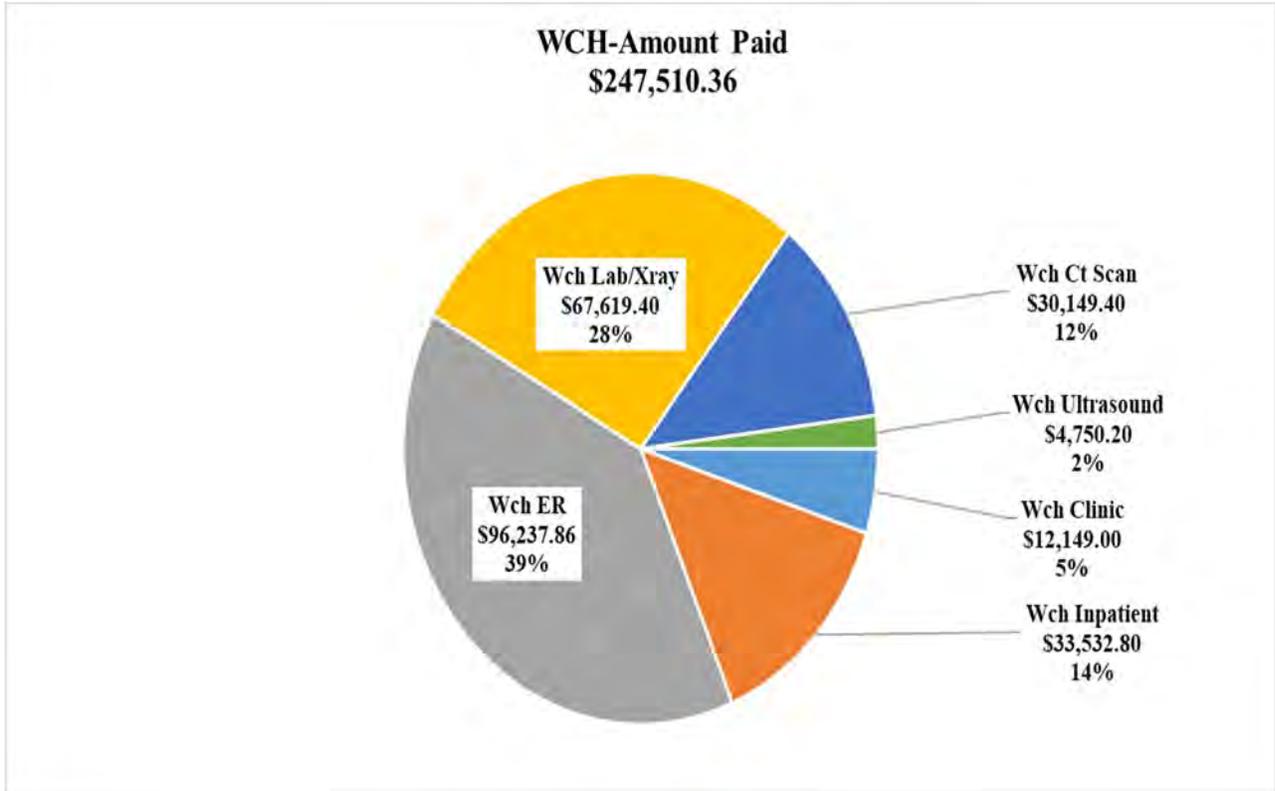
Service Provider	Apr	May	June	YTD Monthly Average
Local Clinics	\$ 3,514.39	\$ 3,227.84	\$ 2,160.69	\$ 2,774.39
UTMB (Includes Charity Care)	\$ 32,038.68	\$ 42,159.70	\$ 40,088.97	\$ 31,879.17
Riceland Medical Center	\$ 48,113.96	\$ 37,682.65	\$ 42,442.19	\$ 41,251.73
Pharmacy Costs (Includes Charity Care)	\$ 3,609.89	\$ 3,042.22	\$ 4,068.25	\$ 3,875.12
Indigent Special Services (Dental & Vision)	\$ 2,070.00	\$ 670.00	\$ 1,160.00	\$ 1,070.50
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 141.67
Non Contract ER Services (Includes WSEMS)	\$ 371.70	\$ 761.59	\$ 13,070.12	\$ 2,408.26
<b>Other Services</b>				
Irlen Services	\$ -	\$ 500.00	\$ -	\$ 83.33
Youth Counseling	\$ 510.00	\$ 595.00	\$ 425.00	\$ 410.83
<i>Total</i>	<i>\$ 90,228.62</i>	<i>\$ 88,639.00</i>	<i>\$ 103,415.22</i>	<i>\$ 79,990.95</i>

**5. YTD Budget Expenditures:**

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$22,977.13	29%
WCH	\$435,700.00	\$247,510.36	57%
UTMB	\$300,000.00	\$191,275.01	64%
Youth Counseling	\$25,000.00	\$2,465.00	10%
Irlen	\$1,600.00	\$500.00	31%
Dental	\$28,000.00	\$5,403.00	19%
Vision	\$2,750.00	\$1,020.00	37%
CGHC Clinic	\$25,000.00	\$4,824.65	19%
Thompson Clinic	\$18,000.00	\$5,705.77	32%
Other Non-Contract/Unspecified Services	\$35,000.00	\$21,415.43	61%
Charity Care	\$20,000.00	\$0.00	0%
Charity Care Pharmacy	\$5,000.00	\$273.61	5%
Adjustments & Credits			
<b>TOTALS</b>	<b>\$976,050.00</b>	<b>\$503,369.96</b>	<b>52%</b>



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



# **EXHIBIT “C”**

## Hubert Oxford IV

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**From:** Hubert Oxford IV  
**Sent:** Tuesday, June 24, 2025 1:36 PM  
**To:** Edward Murrell; Bobby Way; Victoria Carlo; MaKayla Vidal  
**Subject:** RE: Follow up- Re: Delinquent Chambers County Tax Notice Tony's & Coastal Property  
**Attachments:** 2023.10.23-Coastal Gateway Lease.pdf; 2022.12.07 Candelaria (Tony's) Lease Agreement.pdf; Survey-Hwy 124 Property.pdf; WSHD Properties-Tony's and Coastal Gateway.kmz

All,

Please see Stephanie's e-mail below. Is this ok to send? In short, we need to increase the square footage for Tony's because they have the whole parking lot and we need to adjust Coastal Gateway to account for their 10,000 square foot parking lot.

Stephanie,

Attached, please find the lease agreements for Coastal Gateway (Non-Profit) and Tony's BBQ (Profit). Also attached are: (i) a survey of the property prior the District building the Coastal Gateway building and additional parking lot; and (ii) a KMZ file where we tried to set forth each entity's blueprint on the property owned by the District.

Per the survey, the property is 11.8404 acres, or 515,767. From there, we created polygons for the footprint for both Coastal Gateway and Tony's BBQ based on the use of the building, parking lot and a reasonable amount of adjoining property. Per Google Earth, the space used by Tony's BBQ is around 43,405 square feet, or one acre. Moreover, based on the polygon for Coastal Gateway, there footprint is 16,098, or .37 acres.

Meanwhile, per the leases, the square footage for each is as follows:

<b>Tony's BBQ (For Profit)</b>		
<b>Premise Details</b>	<b>Square Feet</b>	<b>Notes</b>
Restaurant	3,493	
Concrete Pro-Rata (Half of Parking)	8,154	At the time, we thought Coastal Gateway would have of the parking lot. This should probably be 16,308 and Coastal's should be 10,000 square feet.
Concrete	256	
Deck	160	
Rest-CPY	572	
DECK	100	
Storage	176	
Rest-CPY	175	
Deck	60	

Storage	977	
Total Square Feet of Premise	<b>14,123</b>	If the adjustment is made on the square footage of the parking, lot, Tony's footprint would increase to <b>22,277</b> square feet.

<b>Coastal Gateway (Non-Profit.)</b>		
<b>Premise Details</b>	<b>Square Feet</b>	
Modular Building	2,688	
Decking	200	
Concrete Parking west of Clinic and handicapped parking in front of the Modular Building	9,411	
Existing Parking (i.e., in front of Tony's BBQ)	16,308	This should have been at least half or zero as the entire original parking lot is used by Tony's.
Total Square Feet of Premise	<b>28,606.89</b>	If we use the correct size of the parking lot (i.e., 10,000 square feet), Coastal Gateway's footprint would be <b>22,299</b> square feet.

Please review and provide us your thoughts but otherwise, we defer to the Appraisal District as the District appreciates your help in resolving this issue.

Sincerely,



**Hubert Oxford, IV**  
 Partner  
 3535 Calder Ave, Suite 300  
 Beaumont, Texas 77706  
 (409) 833-9182 (O) (409) 951-4721 (D)  
 (409) 351-0000 (C)



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**From:** Stephanie Muniz <smuniz@chamberscad.org>

**Sent:** Tuesday, June 24, 2025 10:25 AM

**To:** Hubert Oxford IV <hoxfordiv@benoxford.com>

**Cc:** Edward Murrell <murrelledward@yahoo.com>; makaylahlynn01@gmail.com; Victoria Carlo <victoria@wshd-tx.com>

**Subject:** FW: Follow up- Re: Delinquent Chambers County Tax Notice Tony's & Coastal Property

Good morning Mr. Oxford,

I apologize for the delay, but we have been working with our attorney and unfortunately he was out for an extended period and we just received a response from him. This property will be exempt under sec 11.11 (Public Property), no application is required. We do need your assistance to identify the non-exempt portions of the property e.g., Tony's BBQ and land not being used for public property. We will then need to create separate PID(s) for the taxable and exempt portions of this property.

I look forward to your response and working with you to correct this for both 2024 and 2025.

Thank you,

*Stephanie Muniz*, RPA

Assistant Chief Administrator

Chambers CAD

P O Box 1520

Anahuac, TX 77514

409-267-3795 X 104

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**From:** Hubert Oxford IV <hoxfordiv@benoxford.com>

**Sent:** Wednesday, April 9, 2025 3:22 PM

**To:** Stephanie Muniz <smuniz@chamberscad.org>

**Cc:** Edward Murrell <murrelledward@yahoo.com>; makaylahlynn01@gmail.com; Victoria Carlo <victoria@wshd-tx.com>

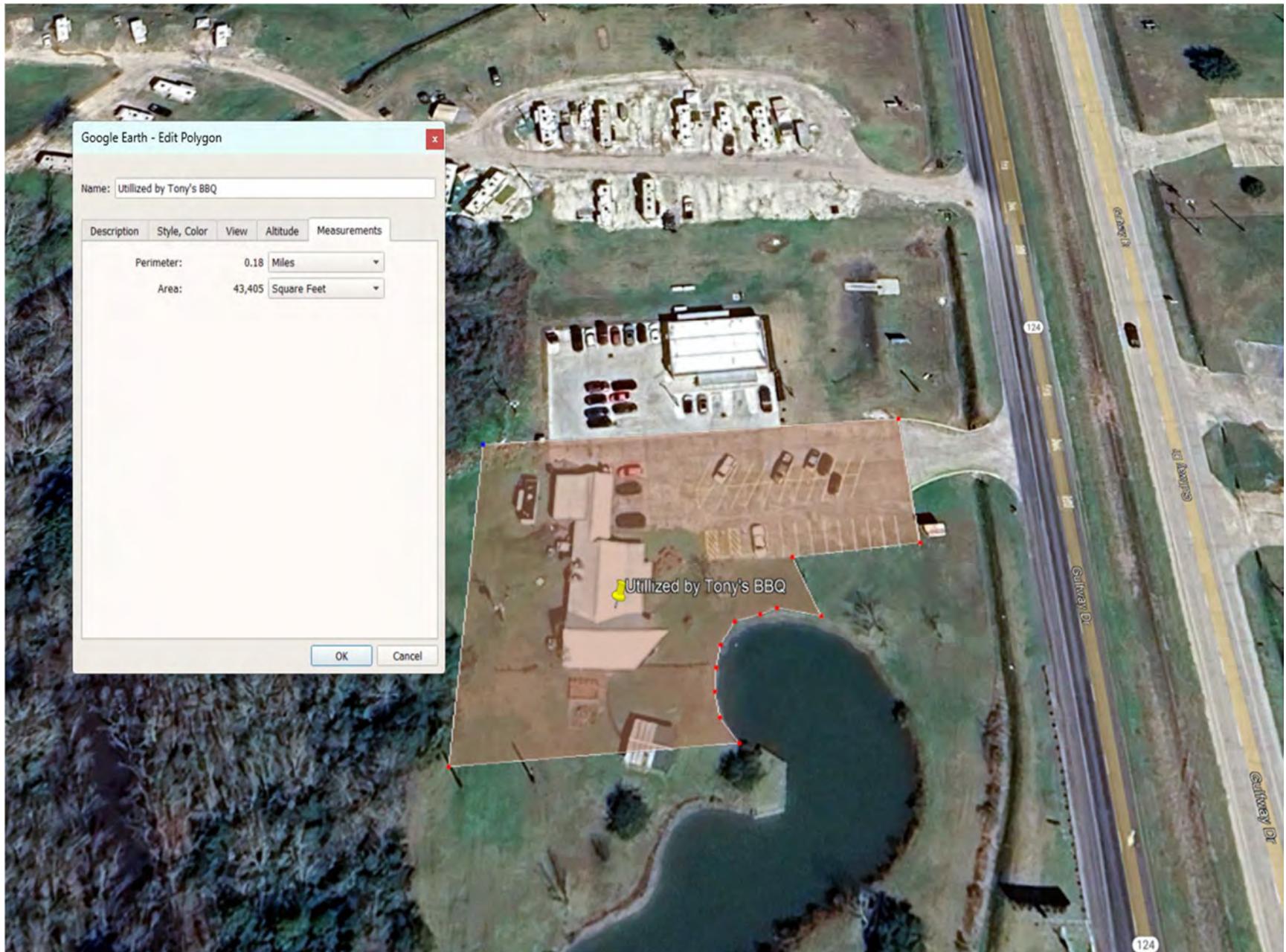
**Subject:** RE: Follow up- Re: Delinquent Chambers County Tax Notice Tony's & Coastal Property

**CAUTION:** This email originated from outside of Chambers CAD's email system. DO NOT click links or open attachments unless you recognize the sender and know the content is safe.

Stephanie,

I hope you are doing well. I have been researching this issue because we want to make sure we get this right but also, looking into the future, the District has plans to develop some property it recently acquired for a wellness center, federally qualified health clinic, doctor's offices, etc. As such, we will have to address the issue of property taxes at that time as well.

Over the last couple of months, we have done a little research that we would ask that you pass along to the Chief Appraiser and counsel. Attached are two attorney general opinion that address issue of the tax-exempt status of property owned by a governmental entity as well as the tax-exempt status of property owned, not leased by a non-profit. Initially, we found JC-0134, which we were going to convey but did not until we were able to research things a little further. Per JC-0134, if property is leased to a non-profit, as opposed to being owned by a non-profit, then there is no exemption. At first blush, this would appear to mean that since the District is leasing the property to a non-profit, taxes should be assessed against the property but in this opinion, the landlord was a private individual, as opposed to a political entity of the state of Texas. As such, we dug a



Google Earth - Edit Polygon

Name: Utilized by Tony's BBQ

Description	Style, Color	View	Altitude	Measurements
Perimeter:			0.18 Miles	
Area:			43,405 Square Feet	

OK Cancel

Utilized by Tony's BBQ

# **EXHIBIT “D”**

## Chambers County East Side Van Monthly Report



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

VEHICLE #1	EAST SIDE VAN #1	
TOTAL MILES DRIVEN		2865
TOTAL HOURS DRIVEN		140.10
TOTAL EXPENSES FOR MONTH		562.15
FUEL COST		\$562.15
REPAIRS & MAINTENANCE COST		\$0.00
MISC EXPENSES		\$0.00
TOTAL RIDERS		24
TOTAL WSHD RIDERS		0
TOTAL TRIPS		60
TOTAL TRIPS FOR WSHD RIDERS		0
		0
VEHICLE #2	EAST SIDE VAN #2	
TOTAL MILES DRIVEN		3247
TOTAL HOURS DRIVEN		164.58
TOTAL EXPENSES FOR MONTH		\$1,166.73
FUEL COST		\$679.63
REPAIRS & MAINTENANCE COST	batteries, labor	\$487.10
MISC EXPENSES		\$0.00
TOTAL RIDERS		18
TOTAL WSHD RIDERS		0
TOTAL TRIPS		53
TOTAL TRIPS FOR WSHD RIDERS		0
		0
VEHICLE #3	RAV 4	
TOTAL MILES DRIVEN		4937
TOTAL HOURS DRIVEN		163.50
TOTAL EXPENSES FOR MONTH		\$2,026.01
FUEL COST		\$613.57
REPAIRS & MAINTENANCE COST	alignment, tires, brakes	\$1,412.44
MISC EXPENSES		\$0.00
TOTAL RIDERS		15
TOTAL WSHD RIDERS		1
TOTAL TRIPS		42
TOTAL TRIPS FOR WSHD RIDERS		1
		1
VEHICLE #4	VAN #3	
TOTAL MILES DRIVEN		2251
TOTAL HOURS DRIVEN		140.00
TOTAL EXPENSES FOR MONTH		\$419.85
FUEL COST		\$419.85
REPAIRS & MAINTENANCE COST	oil change, labor	\$0.00
MISC EXPENSES		\$0.00
TOTAL RIDERS		26
TOTAL WSHD RIDERS		3
TOTAL TRIPS		39
TOTAL TRIPS FOR WSHD RIDERS		4
		4
GRAND TOTALS		
MILES DRIVEN		13300
RIDERS		83
WSHD RIDERS		4
TRIPS		194
WSHD TRIPS		5
EXPENSES		\$4,174.74

 <b>Winnie-Stowell Volunteer EMS</b> Winnie-Stowell Hospital District Report								
Year to Date Details for 2025	Previous Year (2024) End	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD DATE
<b>CALL SUMMARY</b>								
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	5	6	56
CALLS/TRANSPORTS MADE								
INSURED	89	10	7	7	8	5	4	41
SELF-PAY	18	0	0	0	2	0	1	3
TOTAL CALLS MADE	107	10	7	7	10	5	5	44
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0
TRANSPORTS <b>NOT</b> MADE	20	4	2	1	4	0	1	12
PERCENTAGE OF CALLS MADE	84.3%	71.4%	77.8%	87.5%	71.4%	100.0%	83.3%	78.6%
<b>INVOICED/BILLED</b>								
Insurance Billed for Services this Month	\$143,279.23	\$14,891.22	\$12,950.57	\$12,715.23	\$19,868.00	\$13,101.00	\$11,240.00	\$84,766.02
Self-Pay Billed for Services this Month	\$14,579.19	\$0.00	\$0.00	\$0.00	\$5,684.00	\$2,710.00	\$3,010.00	\$11,404.00
<b>Total</b>	<b>\$157,858.42</b>	<b>\$14,891.22</b>	<b>\$12,950.57</b>	<b>\$12,715.23</b>	<b>\$25,552.00</b>	<b>\$15,811.00</b>	<b>\$14,250.00</b>	<b>\$96,170.02</b>
<b>PAYMENTS RECEIVED</b>								
Insurance Payments Rcvd for Services this Month	\$53,989.68	\$3,474.47	\$1,048.57	\$3,953.32	\$0.00	\$0.00	\$0.00	\$8,476.36
Self-Pay Billed Rcvd for Services this Month	\$11,645.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$65,634.82</b>	<b>\$3,474.47</b>	<b>\$1,048.57</b>	<b>\$3,953.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$8,476.36</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>								
Owed by Insurance for Services this Month	\$52,042.81	\$11,416.73	\$11,902.00	\$9,330.79	\$19,868.00	\$13,101.00	\$11,240.00	\$76,858.52
Owed by Self-Pay for Services this Month	\$3,424.94	\$0.00	\$0.00	\$0.00	\$5,684.00	\$2,710.00	\$3,010.00	\$11,404.00
<b>Total</b>	<b>\$55,467.75</b>	<b>\$11,416.73</b>	<b>\$11,902.00</b>	<b>\$9,330.79</b>	<b>\$25,552.00</b>	<b>\$15,811.00</b>	<b>\$14,250.00</b>	<b>\$88,262.52</b>
<b>STAFFING EXPENSES</b>								
	\$151,378.66	\$12,931.21	\$11,687.66	\$12,896.43	\$12,522.49	\$12,916.08	\$12,470.31	\$75,424.19

<div style="text-align: right; font-weight: bold;">Jun-25</div> <div style="text-align: center; font-weight: bold; color: red;">MONTHLY CALLS/TRANSPORTS REPORT</div>						
CALLS REQUESTED			CALL RESULTS			BILLING DETAILS
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSEMS Incident#
6/5/2025	Riceland ER	Baytown Methodist	M			25-17159
6/11/2025	Riceland ER	Baytown Methodist	M			25-17878
6/13/2025	Riceland ER	Baytown Methodist	M			25-18041
6/13/2025	Riceland ER	Baytown Methodist	M			25-18156
6/19/2025	Riceland ER	Herman Memorial TMC	M			25-18833
6/23/2025	Riceland ER	Baytown Methodist (Turned down due to other 911 calls)			R	
<b>TOTAL CALLS &amp; RESULTS</b>			<b>6</b>	<b>5</b>	<b>0</b>	<b>1</b>

 <b>Winnie-Stowell Volunteer EMS</b> Winnie-Stowell Hospital District Report														
Year to Date Details for 2024	Previous Year (2023) End	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD DATE
<b>CALL SUMMARY</b>														
CALLS/TRANSPORTS REQUESTED	102	8	6	8	9	8	4	12	15	13	17	9	18	127
CALLS/TRANSPORTS MADE														
INSURED	60	5	3	5	5	7	2	9	12	11	10	7	13	89
SELF-PAY	17	0	2	2	3	1	1	1	1	2	1	1	3	18
TOTAL CALLS MADE	77	5	5	7	8	8	3	10	13	13	11	8	16	107
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0	0	1	0	0	2	3
TRANSPORTS <b>NOT</b> MADE	25	3	1	1	1	0	1	2	2	0	6	1	2	20
PERCENTAGE OF CALLS MADE	75%	62.5%	83.3%	87.5%	88.9%	100.0%	75.0%	83.3%	86.7%	100.0%	64.7%	88.9%	88.9%	84.3%
<b>INVOICED/BILLED</b>														
Insurance Billed for Services this Month	\$79,777.63	\$5,738.67	\$3,838.01	\$8,008.43	\$7,977.39	\$12,205.28	\$3,113.07	\$11,132.53	\$24,244.47	\$14,741.24	\$15,005.88	\$10,576.25	\$26,698.01	\$143,279.23
Self-Pay Billed for Services this Month	\$29,969.41	\$0.00	\$1,395.93	\$1,766.12	\$2,827.32	\$723.13	\$1,281.35	\$867.19	\$684.57	\$1,740.37	\$785.51	\$490.89	\$2,016.81	\$14,579.19
<b>Total</b>	<b>\$109,747.04</b>	<b>\$5,738.67</b>	<b>\$5,233.94</b>	<b>\$9,774.55</b>	<b>\$10,804.71</b>	<b>\$12,928.41</b>	<b>\$4,394.42</b>	<b>\$11,999.72</b>	<b>\$24,929.04</b>	<b>\$16,481.61</b>	<b>\$15,791.39</b>	<b>\$11,067.14</b>	<b>\$28,714.82</b>	<b>\$157,858.42</b>
<b>PAYMENTS RECEIVED</b>														
Insurance Payments Rcvd for Services this Month	\$31,939.70	\$1,616.98	\$1,694.19	\$2,887.50	\$2,206.18	\$2,865.65	\$1,405.42	\$6,352.15	\$10,228.95	\$3,258.90	\$8,106.54	\$3,191.75	\$10,175.47	\$53,989.68
Self-Pay Billed Rcvd for Services this Month	\$10,429.84	\$0.00	\$1,395.93	\$1,766.12	\$2,827.32	\$723.13	\$0.00	\$0.00	\$684.57	\$1,740.37	\$0.00	\$490.89	\$2,016.81	\$11,645.14
<b>Total</b>	<b>\$42,369.54</b>	<b>\$1,616.98</b>	<b>\$3,090.12</b>	<b>\$4,653.62</b>	<b>\$5,033.50</b>	<b>\$3,588.78</b>	<b>\$1,405.42</b>	<b>\$6,352.15</b>	<b>\$10,913.52</b>	<b>\$4,999.27</b>	<b>\$8,106.54</b>	<b>\$3,682.64</b>	<b>\$12,192.28</b>	<b>\$65,634.82</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>														
Owed by Insurance for Services this Month	\$21,466.99	\$105.41	\$171.45	\$2,390.12	\$416.05	\$7,673.72	\$176.63	\$5,433.38	\$8,393.11	\$7,780.34	\$4,758.03	\$4,267.10	\$10,477.47	\$52,042.81
Owed by Self-Pay for Services this Month	\$2,961.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,281.35	\$867.19	\$0.00	\$0.00	\$785.51	\$490.89	\$0.00	\$3,424.94
<b>Total</b>	<b>\$24,428.50</b>	<b>\$105.41</b>	<b>\$171.45</b>	<b>\$2,390.12</b>	<b>\$416.05</b>	<b>\$7,673.72</b>	<b>\$1,457.98</b>	<b>\$6,300.57</b>	<b>\$8,393.11</b>	<b>\$7,780.34</b>	<b>\$5,543.54</b>	<b>\$4,757.99</b>	<b>\$10,477.47</b>	<b>\$55,467.75</b>
<b>STAFFING EXPENSES</b>														
	\$120,580.00	\$12,418.14	\$12,052.90	\$12,939.91	\$12,522.49	\$12,679.02	\$12,279.00	\$12,939.91	\$12,939.91	\$12,400.75	\$12,900.78	\$12,365.96	\$12,939.91	\$151,378.66

**Jun-25**

**MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL**

DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
6/1/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
6/2/2025	Lori Peine	730am - 7am	\$17.39	24	\$417.42	23.5	(0.5)	0	\$408.72	(\$8.70)	\$18.00	\$423.00	(\$14.28)
6/3/2025	Olivia Kitzmiller	7am - 9am	\$17.39	4	\$69.57	2	(2.0)	0	\$34.78	(\$34.78)	\$22.00	\$44.00	(\$9.22)
6/3/2025	Nicole Silva	11am - 7pm	\$17.39	8	\$139.14	8	0.0	0	\$139.14	\$0.00	\$24.00	\$192.00	(\$52.86)
6/3/2025	Ron Nichols	7pm - 7am	\$17.39	12	\$208.71	12	0.0	0	\$208.71	\$0.00	\$22.00	\$264.00	(\$55.29)
6/4/2025	Chris Reviere	7am - 7am	\$17.39	24	\$417.42	23.5	(0.5)	0	\$408.72	(\$8.70)	\$24.00	\$564.00	(\$155.28)
6/5/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
6/6/2025	Boyd Abshire	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
6/7/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
6/8/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
6/9/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
6/10/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
6/11/2025	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
6/12/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
6/13/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
6/14/2025	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
6/15/2025	Nicole Silva	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
6/16/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
6/17/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
6/18/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
6/19/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
6/20/2025	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
6/21/2025	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
6/22/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
6/23/2025	Nicole Silva	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
6/24/2025	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
6/25/2025	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
6/26/2025	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
6/27/2025	Kendall (Brady) Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
6/28/2025	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
6/29/2025	Kayla Callesto	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
6/30/2025	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>			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	717.00	(3.0)	0	\$12,470.31	(\$52.18)	\$20.25	\$14,399.00	(\$1,928.69)

**2nd Quarter Totals**

**QUARTERLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL**

TOTAL SALARY EXPENSE FOR 2ND Quarter:	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	2,184.00	\$37,984.89	2179.63	(4.4)	0	\$37,908.89	(\$76.00)	\$20.26	\$44,008.86	(\$6,099.97)

# Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	JUN	YTD
<b>CLIENTS SERVED</b>								
ICAP	10	15	25	18	29	35	22	144
Non-ICAP	21	23	19	31	27	60	23	183
<b>Total Clients Served</b>	<b>31</b>	<b>38</b>	<b>44</b>	<b>49</b>	<b>56</b>	<b>95</b>	<b>45</b>	<b>327</b>
<b>BENEFIT APPLICATION TYPE</b>								
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	2	0	17
Prescription Assistance Program (PAP)	2	0	22	6	2	0	4	34
Medicaid	17	10	3	12	11	14	3	53
Medicare	1	2	0	2	0	0	0	4
Medicare Savings Plan	2	3	0	3	1	3	2	12
Food Stamps (SNAP)	43	17	22	28	34	47	36	184
Supplemental Security Income (SSI)	8	6	3	1	11	3	4	28
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	5	3	32
Unemployment/Texas Workforce	3	1	0	2	3	2	1	9
Housing	2	0	2	4	0	1	1	8
Utilities	2	0	0	1	0	0	0	1
Legal Aid	0	1	0	0	0	0	0	1
OTHER	2	3	2	1	2	1	2	11
<b>Total Applications Facilitated</b>	<b>94</b>	<b>56</b>	<b>62</b>	<b>66</b>	<b>76</b>	<b>78</b>	<b>56</b>	<b>394</b>
<b>EXPENSES</b>								
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$6,459.92	\$6,500.00	\$6,500.00	\$38,509.92
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$4.00	\$409.82	\$1,805.48
<b>Total</b>	<b>\$26,655.95</b>	<b>\$7,116.00</b>	<b>\$7,053.03</b>	<b>\$6,268.63</b>	<b>\$6,463.92</b>	<b>\$6,504.00</b>	<b>\$6,909.82</b>	<b>\$40,315.40</b>
<b>BUDGET REMAINING</b>	<b>\$85,237.05</b>	<b>\$104,777.00</b>	<b>\$97,723.97</b>	<b>\$91,455.34</b>	<b>\$84,991.42</b>	<b>\$78,487.42</b>	<b>\$71,577.60</b>	<b>\$71,577.60</b>

# **EXHIBIT “E”**



## Report to Winnie-Stowell Hospital District

July 23, 2025

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

- Now that we are a designated FQHC LAL we are eligible to participate in the 340B Program. Dr. Lyons and I have met with various 340B management companies. The health center was able to successfully register Wilcox Pharmacy during the July 1 – July 15 enrollment window. Once we select our management company, complete the setup, etc., we will be ready to go-live on October 1. Brookshire Brothers will be next in line.
- National Health Center Week (NHCW) is August 3-9, 2025. We are also planning to have a Proclamation done at Commissioner's court on August 12<sup>th</sup>.
- Grants
  - **United Way grant.** We will receive continued funding for the FY 2025-2026 grant cycle. Funding amount = **\$46,166.**
  - **MD Anderson Grant.** We were invited to be a collaborative partner on a grant with an **MD Anderson CPRIT** grant. This grant will focus on cancer screen and **HPV screening** rates. We have submitted an MOU, various quality and statistical data. This would be a three (3) year grant, with \$75,000(ish) per year for three (3) years. One idea is to move some of the "Care Coordinator" position salary to this grant. MD Anderson provided an updated that the application was submitted and they expect funding announcements to be made in November, 2025.
- **Upcoming Events/Activities**
  - 3<sup>rd</sup> Annual Chambers County Back-to-School Bash will be held on Saturday, July 26<sup>th</sup>. We are on the collaborative steering committees with other agencies (Chambers County Public Health, Riceland, and Chambers Health).
  - We are also working with the Winnie Area Chamber of Commerce and other local businesses to host a Back-to-School bash for the Winnie-Stowell community on Friday, August 15<sup>th</sup>.
  - Chambers County Health Fair was held at White's Park on June 12<sup>th</sup> in Anahuac.
  - Served as a drop-off site for the United We Read Book Drive. This is a shared goal to collect 5,000 books that will be distributed through the 23 Little Free Libraries stewarded by United Way. Coastal Gateway is proud to be one of those locations with our Little Free Library right out front.
  - The summer reading program at the Winnie Library hosted a First Responders Day on 6.25.2025, where we handed out sunglasses to the kids in attendance.
  - Staff attended the Annual United Way of Greater Baytown and Chambers County on June 24<sup>th</sup>.
  - Attended the annual Juneteenth Celebration at Gregory Park in Stowell on Saturday, June 21<sup>st</sup>.
  - Brown Bag Luncheon at the Bolivar Chamber of Commerce on June 25<sup>th</sup>.



- Programming is still ongoing with Winnie Square once a month.
- Twice a month Home Delivery Meals ('Meals on Wheels') delivery.
- Monthly presence at the Hardin Jefferson Hunger Initiative food distribution in China.
  
- Dr. Lyons has started the process of the health center working to become Patient-Centered Medical Home (PCMH) designated through the National Council of Quality Assurance (NCQA). It is a year-long process to work through everything and submit final documents. The one-year clock starts as soon as you apply, we are tentatively looking to start around October 2025.
  
- The minor renovation project onsite at the clinic is complete. The next phase is for the contractors to start working on the storage unit offsite, which will allow us to store the items large medical equipment items (that we are ordering through the Incubator grant) for future clinic.
  
- Taylor LeDoux, RN accepted our offer of employment as a Nurse Practitioner and will begin on September 2<sup>nd</sup> after her graduation. As a new graduate she will require a lot of onboarding and mentoring, our plan is that she is fully ready to see patients on her own by January 2026.
  
- Statistical report for June is attached for your review; there were 435 patient encounters.
  
- We are working with Durbin and Co. (or now re-branded as D&Co.) for completion of the cost report and re-credentialing with CMS for enhanced reimbursement rate.

# **EXHIBIT “F”**

Facility ID	Operator	Facility Name	Q2 Comp 1		Q2 Comp 2		Q2 Comp 3		Q2 Comp 4		Total Q2	Total YTD
			% Metrics Attained	Payout % Earned	% Metrics Attained	Payout % Earned	% Metrics Attained					
5256	Regency	Spindletop Hill Nursing and Rehabilitation Center	100.00%	100.00%	33.33%	70.00%	66.67%	50.00%	69.23%	73.08%		
5297	Regency	Hallettsville Nursing and Rehabilitation Center	60.00%	100.00%	33.33%	70.00%	66.67%	100.00%	61.54%	69.23%		
5234	Regency	Monument Hill Nursing and Rehabilitation Center	75.00%	100.00%	0.00%	0.00%	66.67%	0.00%	41.67%	50.00%		
5203	Regency	The Woodlands Nursing and Rehabilitation Center	100.00%	100.00%	0.00%	0.00%	100.00%	50.00%	69.23%	69.23%		
4154	Caring	Garrison Nursing Home & Rehabilitation Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
4376	Caring	Golden Villa	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	96.15%		
110098	Caring	Highland Park Rehabilitation & Nursing Center	75.00%	100.00%	33.33%	70.00%	66.67%	100.00%	66.67%	64.00%		
4484	Caring	Marshall Manor Nursing & Rehabilitation Center	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	84.00%		
4730	Caring	Marshall Manor West	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.15%		
4798	Caring	Rose Haven Retreat	80.00%	100.00%	100.00%	100.00%	66.67%	100.00%	84.62%	84.00%		
5182	Caring	The Villa at Texarkana	80.00%	100.00%	0.00%	0.00%	66.67%	100.00%	61.54%	65.38%		
5250	Caring	Oak Brook Health Care Center	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	88.46%		
5261	Caring	Gracy Woods Nursing Center	60.00%	100.00%	100.00%	100.00%	66.67%	100.00%	76.92%	76.92%		
5166	Nexion	Flatonia Nursing Center	50.00%	100.00%	66.67%	100.00%	100.00%	100.00%	75.00%	79.17%		
100790	HMG	Park Manor of Conroe	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.15%		
4456	HMG	Park Manor of Cyfair	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	66.67%		
101489	HMG	Park Manor of Cypress Station	80.00%	100.00%	33.33%	70.00%	100.00%	100.00%	76.92%	76.92%		
101633	HMG	Park Manor of Humble	75.00%	100.00%	33.33%	70.00%	100.00%	50.00%	66.67%	75.00%		
102417	HMG	Park Manor of Quail Valley	50.00%	100.00%	33.33%	70.00%	100.00%	100.00%	66.67%	62.50%		
102294	HMG	Park Manor of Westchase	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	83.33%		
104661	HMG	Park Manor of The Woodlands	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	83.33%		
103191	HMG	Park Manor of Tomball	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	65.38%		
5400	HMG	Park Manor of Southbelt	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%		
104541	HMG	Deerbrook Skilled Nursing and Rehab Center	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	76.00%		
4286	HMG	Friendship Haven Healthcare & Rehab Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.15%		
5225	HMG	Willowbrook Nursing Center	80.00%	100.00%	66.67%	100.00%	100.00%	100.00%	84.62%	88.46%		
106988	HMG	Accel at College Station	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	84.62%	92.00%		
102375	HMG	Cimarron Place Health & Rehabilitation	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	91.67%		
106050	HMG	Silver Spring	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	83.33%	79.17%		
4158	HMG	Red Oak Health and Rehabilitation Center	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	84.62%	76.92%		
5255	HMG	Mission Nursing and Rehabilitation Center	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	70.83%		
4053	HMG	Stephenville Rehabilitation and Wellness Center	75.00%	100.00%	66.67%	100.00%	100.00%	100.00%	83.33%	87.50%		
103743	HMG	Hewitt Nursing and Rehabilitation	75.00%	100.00%	66.67%	100.00%	66.67%	50.00%	66.67%	75.00%		
103011	HMG	Stallings Court Nursing and Rehabilitation	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	79.17%		
104537	HMG	Pecan Bayou Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	87.50%		
5372	HMG	Holland Lake Rehabilitation and Wellness Center	75.00%	100.00%	66.67%	100.00%	100.00%	50.00%	75.00%	70.83%		
5387	HMG	Stonegate Nursing and Rehabilitation	75.00%	100.00%	33.33%	70.00%	100.00%	100.00%	75.00%	70.83%		
102993	HMG	Green Oaks Nursing and Rehabilitation	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	83.33%	79.17%		
103223	HMG	Crowley Nursing and Rehabilitation	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	83.33%	87.50%		
103435	HMG	Harbor Lakes Nursing and Rehabilitation Center	60.00%	100.00%	0.00%	0.00%	100.00%	100.00%	61.54%	64.00%		
105966	HMG	Treviso Transitional Care	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	95.83%		
100806	HMG	Gulf Pointe Plaza	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	83.33%		
101157	HMG	Arbrook Plaza	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	91.67%		
106566	HMG	Forum Parkway Health & Rehabilitation	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	75.00%		
4747	Creative Solutions	Parkview Manor Nursing & Rehabilitation	50.00%	100.00%	0.00%	0.00%	100.00%	100.00%	58.33%	62.50%		
5289	Creative Solutions	Winnie L Nursing & Rehabilitation	50.00%	100.00%	0.00%	0.00%	100.00%	100.00%	58.33%	54.17%		
5369	Gulf Coast	Oak Village Healthcare	75.00%	100.00%	0.00%	0.00%	66.67%	100.00%	58.33%	58.33%		
5193	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	25.00%	90.00%	66.67%	100.00%	66.67%	100.00%	58.33%	66.67%		
5154	Gulf Coast	Copperas Cove Nursing & Rehabilitation	50.00%	100.00%	33.33%	70.00%	100.00%	50.00%	58.33%	50.00%		
5240	Gulf Coast	Hemphill Care Center	66.67%	100.00%	33.33%	70.00%	66.67%	100.00%	63.64%	68.18%		
4340	Gulf Coast	Woodlake Nursing Center	50.00%	100.00%	33.33%	70.00%	100.00%	100.00%	66.67%	66.67%		
4663	Gulf Coast	Creekside Village	40.00%	100.00%	100.00%	100.00%	100.00%	100.00%	76.92%	73.08%		
5169	Gulf Coast	Wells LTC Nursing & Rehabilitation	50.00%	100.00%	100.00%	100.00%	33.33%	100.00%	66.67%	58.33%		
5350	Gulf Coast	Woodland Park Nursing & Rehab	50.00%	100.00%	100.00%	100.00%	66.67%	100.00%	75.00%	79.17%		
4379	HSM	Cleveland Health Care Center	20.00%	90.00%	0.00%	0.00%	66.67%	50.00%	30.77%	42.31%		
5135	HSM	Lawrence Street Healthcare Center	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	76.92%		
4355	HSM	West Janisch Health Care Center	75.00%	100.00%	100.00%	100.00%	0.00%	50.00%	58.33%	70.83%		
4306	HSM	Beaumont Health Care Center	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	66.67%		

4500	HSM	Conroe Health Care Center	60.00%	100.00%	66.67%	100.00%	66.67%	100.00%	69.23%	64.00%
4439	HSM	Huntsville Healthcare Center	100.00%	100.00%	0.00%	0.00%	66.67%	50.00%	58.33%	58.33%
5067	HSM	Liberty Health Care Center	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	84.62%	80.77%
4511	HSM	Richmond Health Care Center	100.00%	100.00%	33.33%	70.00%	66.67%	50.00%	69.23%	64.00%
5145	HSM	Sugar Land Healthcare Center	80.00%	100.00%	66.67%	100.00%	100.00%	100.00%	84.62%	84.62%
5307	SLP	Oakland Manor Nursing Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.00%
4807	SLP	Seabreeze Nursing and Rehabilitation	75.00%	100.00%	100.00%	100.00%	66.67%	100.00%	83.33%	83.33%
4584	SLP	Palestine Healthcare Center	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	86.36%
4586	SLP	Paris Healthcare Center	50.00%	100.00%	66.67%	100.00%	66.67%	100.00%	66.67%	73.91%
4996	SLP	Overton Healthcare Center	100.00%	100.00%	33.33%	70.00%	66.67%	100.00%	76.92%	84.00%
4028	SLP	Coronado Nursing Center	100.00%	100.00%	100.00%	100.00%	66.67%	100.00%	92.31%	73.08%
110342	Pillar Stone	Mont Belvieu Rehabilitation & Healthcare Center	100.00%	100.00%	0.00%	0.00%	33.33%	100.00%	58.33%	62.50%
5379	Trident	Bayou Pines Care Center	50.00%	100.00%	0.00%	0.00%	66.67%	100.00%	50.00%	54.17%

Q2 Comp 1 Metrics Met	
% Attained	Avg Payout Earned
79.8%	99.7%

Q1 Comp 2 Metrics Met	
% Attained	Avg Payout Earned
51.2%	67.9%

Q2 Comp 3
% Attained
85.9%

Q2 Comp 4
% Attained
91.5%

Q2 Total
% Attained
76.3%

YTD Total
% Attained
75.6%



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**Crowley Nursing and Rehabilitation**

920 East FM 1187  
Crowley, TX 76036

February 26, 2025

Facility Administrator: Joe Matlock  
Facility BOM: Cindy Bowers

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

Crowley Nursing and Rehabilitation is licensed for 120 beds and its current census is 106 residents including 19 skilled patients. There is one planned discharge and four new admissions today.

The facility is recruiting some CNAs at this time. All other positions and department heads are in place.

There have not been any recent visits to the facility by state surveyors. The facility submitted two self-reports this month regarding a fall with injury and an allegation made by a resident. Discussed the in-servicing and education provided to staff members regarding these reportable incidents.

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 and did not report any new performance improvement plans at this time. The interdisciplinary team is continuing to focus on falls and fall prevention at Crowley Nursing and Rehabilitation.

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

Grievances are being managed and there are no reported trends. Discussed working with the residents to ensure their needs and concerns are addressed.



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**Green Oaks Nursing and Rehabilitation**

3033 Green Oaks Blvd.  
Arlington, TX 76016

June 19, 2025

Facility Administrator: Eric Johnan

This report is from the site visit to Green Oaks Nursing & Rehabilitation on June 19, 2025. After receiving a tour of the facility, a meeting was held with the administrator to provide an update on the facility.

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 103 residents including 25 skilled patients. The facility has roughly ten pending admissions which are expected to be admitted by next week. There are six planned discharges due to insurance non-coverage scheduled between today and next Monday. Discussed the importance of thoroughly reviewing referrals and having prompt communication with the referral sources. The facility aims to accept all referrals whom it can safely manage.

The facility is seeking two nurses and one CNA. The facility reports having great staffing outcomes overall with few vacancies. Discussed the ongoing collaboration between the facility and Medical City Arlington who sends a representative to the facility routinely to offer training and education to staff and residents.

The state visited the facility two days ago to investigate two outstanding self-reports which were both unsubstantiated.

Green Oaks Nursing & Rehabilitation has a 1-star rating overall. It has a 2-star rating in Health Inspections, a 1-star rating in Staffing, and a 4-star rating in Quality Measures.

The facility will hold its monthly QAPI meeting on June 26. There are no new PIPs or focus areas at this time. Discussed efforts to monitor falls throughout the month. RTA rates and weight loss have also seen improvements recently.

There are no trends regarding infection control at this time.

Grievances are being managed without any significant issues. Discussed passing meal trays to residents promptly to ensure meals are received while the food is still at the correct temperatures.

The facility hopes to purchase twelve more beds to replace some beds that are currently being rented. The facility is also looking to order new nightstands in some of the resident rooms. The facility will be completing sheetrock repairs and replacement over the coming months.

Green Oaks Nursing and Rehabilitation presents a clean and welcoming environment. Staff were friendly and prompt greeting residents and visitors in the lobby and around the nurse station. The center of the facility has a large nurse station which serves as the anchor for each of the four residents halls. There is a therapy gym on both the north and south sides of the building. The therapy gym on the south hall had an open floor plan, and the team is working to install new lighting to brighten up the room. There are some windows in the therapy gym that allow for natural lighting, but the administrator wants to replace the existing lights for brighter alternatives.

The administrator pointed out some opportunities to update or replace the drywall and parts of the ceiling in the building as needed due to previous leaks from the roof or from air conditioning condensation. Discussed efforts to maintain the needs of the building and creating a safe and comfortable environment for residents. Although the building is not brand new, the building works to have a home life environment, and strong outcomes which continue to support efforts of building the facility census.



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**Hewitt Nursing and Rehabilitation**  
8836 Mars Drive  
Hewitt, TX 76643

June 12, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 74 residents. There are a few residents in hospital who are expected to readmit to the facility soon. The facility has some upcoming discharges of skilled patients who are nearing the completion of their stay. The facility census has slowly been increasing over recent months. Discussed converting patients to long-term care services when appropriate. The facility also accepts Medicaid pending patients and utilizes Medicaid Done Right to support residents going through the Medicaid application and approval process.

The facility is seeking a few nurses at this time. Discussed having some overtime as staff pick up shifts to cover vacancies. The MDS nurse recently resigned, and the facility has begun interviewing replacements. The MDS work is currently being covered by the PPS nurse.

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

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

The facility had its monthly QAPI meeting recently and discussed QIPP measures and clinical outcomes. The facility has an ongoing performance improvement plan addressing therapy evaluations. These efforts have been successful and are showing improvements.

There were no infection control trends reported.

Grievances are being managed and there were no major issues reported at this time.

The facility is reviewing its processes for routine assessments and checkoffs in the maintenance department including review of fire doors. The administrator also reported recent repairs to the ice machine and tile grout in the kitchen.

CNA week is starting, and the facility shared its plans to recognize CNAs this week. Discussed the importance of showing appreciation to staff members and recognizing them for the work they do.



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

1201 Holland Lake Drive  
Weatherford, TX 76086

June 26, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 92 residents including 28 skilled patients. The facility has roughly five referrals pending admission over the next five days. Discussed working with local partners to continue being a reliable healthcare provider in the community.

The facility is working to hire additional staff to meet the needs of the growing census. There are two new CNAs orienting today, and there are more interviews scheduled tomorrow.

The facility was visited by a state surveyor recently who investigated two complaints and one self-report. 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.

Discussed the facility's recent monthly QAPI meeting and working as an interdisciplinary team to manage care outcomes in the building. The team is working on falls and fall prevention.

There are no infection control related trends reported at this time. When there are infections, they are often with newly admitted residents coming from the hospital.

The facility has started replacing the carpet flooring in some of the resident rooms. The administrator expects this work to be completed in two months. The facility is nearly full, so the floor updates are completed quickly when there is a room available.



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**Mission Nursing and Rehabilitation Center**

1013 S. Bryan Road  
Mission, TX 78572

June 12, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 87 residents including 14 skilled patients. The facility is currently short of its budget census by four skilled patients. Discussed recent admissions and marketing efforts to support census growth in recent months. The facility has some upcoming skilled discharges, but there are referrals pending insurance authorization for admission.

The facility is seeking one CNA at this time. There were no other vacant positions reported.

There have not been any recent visits to the facility by state surveyors. There are no new self-reports at this time. The state will visit the building tomorrow afternoon to inspect its newly renovated secure unit.

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

The facility will hold its monthly QAPI meeting soon. Discussed ongoing efforts and focus on RTA rate and psychotropic utilization. Discussed opportunities to collaborate with attending physicians and manage care in the facility.

There were no trends related to infection control at this time. There was recently a resident who admitted from the hospital with COVID, but the facility managed the infection, and it has since resolved without spreading.

Discussed recent grievances and some opportunities related to housekeeping services. The administrator is working with the housekeeping supervisor to ensure changes are effective and permanent.

The ongoing renovations in the facility are going well and the project is now in the administrative and reception areas of the facility. Discussed plans to navigate through the facility while this part of the project is ongoing.



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**Pecan Bayou Nursing and Rehabilitation**

2700 Memorial Park Drive  
Brownwood, TX 76801

June 12, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 58 residents including 15 skilled patients. There are two upcoming discharges, but four admissions are planned at this time. One of the admissions is a resident who will be returning from a hospital readmission.

The facility is seeking one nightshift nurse, one dayshift CNA, one nightshift CNA, and additional PRN staff. The facility has been recruiting for a nightshift nurse for several months and is offering a generous sign-on bonus. Discussed challenges and competition hiring nurses in the community.

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

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

The facility held its monthly QAPI meeting this morning. The team reviewed clinical outcomes and QIPP measures. Discussed opportunities to improve fall and RTA rates. Reviewed ongoing interventions and the individual needs of affected residents.

There were no reported infection control trends.

Grievances are being managed without any trends reported. Discussed working with the ombudsman to ensure resident and family issues are resolved properly.

The facility is working on fixing some leaks at ground level around the facility. There has been excessive rain which has led to oversaturation and some water leaking into the building. The

facility has some landscaping services coming to review the property to create a plan to improve drainage around the perimeter of the building.

The facility is maintaining other repairs and all physical needs in the building. Discussed painting rooms when they are vacant in preparation for new admissions. The team also has plans to order some end tables, nightstands, dressers, and some furniture for common areas. The facility office carpets were recently cleaned. Discussed replacing equipment when it is out of service.

The facility has started celebrating CNA week and has events planned for day and night shifts all week long. Discussed the importance of showing appreciation to staff members.



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

2601 Northwest Loop  
Stephenville, TX 76401

June 18, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 86 residents. The facility has four pending referrals, but also four residents who have received a notice of non-coverage from their insurance provider. Discussed working with local case managers to maintain clear communication and transition of care for newly admitted residents.

The facility is working on some staffing needs. There is one nurse who is scheduled for orientation soon. The facility's CNA class started and is already halfway through the coursework. There are six students enrolled, and they are starting to do their clinical rotations.

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

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 will hold its monthly QAPI meeting next Tuesday. There are no new performance improvement plans at this time. Discussed maintaining the ongoing focus on RTA rate and pressure ulcers which have both seen recent improvements. The facility has a new wound care physician who has been successful supporting this system and healing out wounds.

There were no infection control trends or concerns reported.

The facility had an open house where physicians, case managers, and other visitors were invited to attend. The attendees gave positive feedback about their experience in the facility. The facility took this opportunity to showcase some of the updates in the building including the new Versa Bike in the therapy gym.



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

3801 Cimarron Blvd.  
Corpus Christi, TX 78414

June 10, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 67 residents including 19 skilled patients. The facility census has been down in the community which is consequently affecting referrals and admissions at Cimarron Place Health & Rehabilitation. Discussed low census trends and making operational adjustments according to current census levels.

The facility is fully staffed to meet the needs of its current census. The team is actively recruiting some more CNAs which will be needed as the census grows back to normal levels in the 70s.

The state visited last month and investigated outstanding self-reports and complaints. The facility has since received its 2567 from this visit and only received one D-tag related to a DNR and its corresponding care plan. The surveyors told the facility they were receiving a tag regarding pharmacy services, but this tag did not remain after going through enforcement. The facility also submitted a new self-report due to a resident-to-resident incident. Discussed changes made in response to this event and efforts to keep residents safe.

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 will hold its monthly QAPI meeting this Thursday. The team recently held an ad hoc QAPI meeting to discuss a recent increase in skin issues. The facility had a treatment nurse opening, but they have since filled the position and reported strong improvements over the last two weeks. Falls remain a big focus, and the interdisciplinary team is working to ensure interventions are in place. Discussed the importance of activities and engaging residents.

The administrator reported there has been an increase in food related grievances. There has been some recent staff turnover in the dietary department, but the issues are being addressed and improving. The facility has also recently updated its menus and expects to see positive feedback from the changes.

The painting project is nearly complete on the 500-hall, and the only remaining areas to be painted are the ceilings near the nurse station and the kitchen. The administrator shared updates on the facility's efforts to prepare for hurricane season.

The facility is planning a BBQ later this week in recognition of Father's Day.



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

1300 2nd Street  
Granbury, TX 76048

June 20, 2025

Facility Administrator: Calvin Crosby

At the facility QAPI meeting on 6/20/2025, the interdisciplinary team discussed the facility's outcomes from May 2025.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 89 residents. The facility's average census for the month of May was 88 residents. Discussed positive trends with census growth over the last month. The facility has been working to improve communication with the local medical center and its case managers. The case managers confirmed the communication has improved and trust is flourishing between the two groups.

The facility has open positions for two nightshift nurses. Discussed overtime hours of some nurse managers who have been working shifts on the floor. Discussed filling vacancies to bring overtime in line with appropriate targets.

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

Discussed clinical outcomes and QIPP measures observed during the reporting period. The facility has seen a slight increase in pressure ulcers compared to the prior month. There are also slightly more pressures on the long-term care side of the building. Discussed the ongoing PIP addressing this system. The interdisciplinary team reviewed efforts to provide education and ensure staff actions are within compliance. The team also completed 'stop and watch' drills with staff and reviewed interventions. Discussed starting one-on-one in-servicing and training with applicable staff members.

The team discussed falls and fall prevention efforts. Interventions discussed included the stop and watch program and resident toileting schedule. Discussed the challenges with caring for

residents who are cognitively impaired and working to meet their needs before there are any issues.

The facility's RTA rate decreased from 16% in the prior month to 7.1%. Weights and behaviors had good results this month. There were no infection control issues reported, and the interdisciplinary team discussed handwashing and utilization of hand sanitizer.

The facility reported an increase in dietary complaints. Discussed intermittent repairs on a stove which has now been determined needs to be outright replaced.



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

101 Reese Drive  
Red Oak, TX 74154

June 16, 2025

Facility Administrator: Lee Richard

This report is from the site visit to Red Oak Health and Rehabilitation Center on June 16, 2025. After receiving a tour of the facility, a meeting was held with the administrator to provide an update on the facility.

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 108 residents including 6 skilled patients. The facility has one admission planned for today, and there are six referrals under review at this time. Discussed efforts to build the facility's skilled census. The team is working to further develop relationships with Baylor Scott & White. The administrator has fostered a relationship with BSW's VP of case management and expects to see continued collaboration.

The facility is recruiting three nurses and four CNAs. There were no other open positions reported at this time. Discussed plans to celebrate staff during CNA week. The facility has food and activities planned to recognize and show appreciation for these staff members

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

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

The facility held its monthly QAPI meeting on June 12. There are no new PIPs reported, but the team is working to improve its quality measures for short-term residents. The facility's overall star rating recently increased, and the team expects to see further improvements reflected in August. The team works closely with the medical director and nurse practitioners who see the residents in the building. Discussed communication and working closely to coordinate education and training needs in the building.

There were no trends reported regarding infection control.

Grievances have improved and there are no concerns at this time.

Discussed efforts to keep the facility stocked with all the supplies needed by each department. There have been instances of some staff members hoarding or making private stocks of supplies. Discussed addressing staff to ensure all follow the guidelines and expectations outlined by the facility to ensure inventory is properly managed.

The facility was very clean and up kept including the grounds which were maintained well. Upon entering the facility, guests are greeted by a welcoming atmosphere in the front lobby. The lobby has sight of the outdoor courtyard located in the center of the facility. The courtyard is large and has a gazebo for residents to enjoy activities or quiet time outdoors.

The therapy gym features an open format which supports multiple residents using the space at once. The administrator pointed out some new pieces of equipment in the gym that are being utilized. There are also some functional pieces of equipment in the gym which are used for therapy activities like an arcade-style basketball game.

The hallways in the facility are carpeted, and the administrator pointed out efforts by housekeeping staff to manage cleanliness, stains, and odors. The facility is planning to have these carpets replaced soon and has begun requesting bids from vendors for this project.

Discussed upkeep needed throughout the building including painting and general maintenance. There were some doorframes which are being repaired due to wear and tear from occasional bumps or collisions from carts or resident motorized chairs.

The residents were seen up in their chairs, dressed and waiting for lunch service. Many residents recognized the administrator and greeted him during the tour. The tour included the secure-unit, long-term care hall and skilled hall. During the tour, the secure unit had a scheduled activity and many residents were participating. The secure unit is generally full, but there are two beds available at this time which will be filled soon. There's an enclosed courtyard for the secure unit which runs along the outside of the secure unit. Discussed the importance of managing the needs of residents and responding to them with great customer service in order to improve the patient experience.



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

June 16, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 83 residents. The facility's census was in the low 90s earlier this month. Discussed managed care discharges and appeals by residents to extend coverage days.

The facility is recruiting a talent and learning director, an admissions director, one dayshift nurse, and one nightshift nurse. The facility has promising candidates for all these openings and expects them to be filled soon.

The state visited the facility to investigate four self-reports and one complaint. The self-reports and complaint were all unsubstantiated, but the state cited an issue related to resident assessments and nursing services. Discussed steps taken to fix this issue and work to develop the POC. There are no new self-reports at this time.

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

The facility's monthly QAPI meeting was last Wednesday. The interdisciplinary team discussed efforts to manage falls and promote fall prevention. Discussed completion of a tabletop tornado drill. There were no new performance improvement plans reported at this time.

Infection control efforts have been effective and there are no infection trends at this time.

Discussed an issue of a complaint about missing food from the nutrition fridge. The administrator reported a resident's family member was taking food from the fridge. Discussed actions taken by the facility to ensure people don't take food belonging to others while ensuring the residents and guests have access to things they need.



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

June 10, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 73 residents including 7 skilled patients. The facility's census decreased some last month, but it still met its financial targets. Discussed historical census trends and referrals during the summer months. The facility is expecting one skilled admission today.

The facility is recruiting two CNAs. The admissions director has submitted notice of resignation, and their employment will end at the end of June. The facility has already identified a replacement for this position.

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

Gulf Pointe Plaza has a 5-star overall rating. The facility has a 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility will hold its monthly QAPI meeting next Wednesday. Discussed success meeting all four QIPP components and having strong outcomes.

Discussed ongoing adherence to infection control standards and policies. There are no trends related to infection control.

Grievances are being managed and addressed timely.

The facility recently received a donation of a flagpole. The team is planning a ceremony for the flagpole and flag on Friday.



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

June 9, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 99 residents including 33 skilled patients. There are no planned admissions or discharges today, but the facility has six referrals under review which are waiting on hospital discharge orders or insurance authorization.

The facility is recruiting a social worker since the current social worker's last day of employment is this Friday. The facility has begun interviewing for a replacement and has a strong candidate returning for a second interview tomorrow. There are also three nurse positions open at this time.

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

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

The facility will have its monthly QAPI meeting later this week. Discussed ongoing focus areas and recent progress. The team has been working on customer service efforts and plans to discuss these efforts in the meeting. RTA rates saw a 2% increase last month. The administrator discussed ongoing review of RTA rate and caring for patients with severe clinical needs.

There were no infection control trends or issues reported.

There haven't been any significant trends in grievances, but the administrator has seen a few about call lights. Discussed the facility's grievance reporting process and ensuring all issues are addressed and documented.

June 19, 2025

The following report is from the site visit to Arbrook Plaza on June 19, 2025. A tour was provided after meeting with the administrator who provided further details on recent events in the facility and elaborated on discussions from the regular monthly active partnership meeting.

The facility's census is 90 residents including 25 skilled patients. The facility has been receiving several referrals and is working to manage them effectively in preparation for admission to the facility. The facility is 100% fully occupied in its long-term care beds. The facility recently transitioned two skilled beds to long-term care services since they were dually certified beds.

The facility hasn't had many staffing changes this month, but the new social worker started employment yesterday. Discussed one of the facility's floor technicians who was selected as the employee of the year in the housekeeping service's company. The facility's concierge staff member was the facility's star of the year. Discussed actions taken to recognize staff for the positive impact they have in the facility.

The facility submitted a new self-report last Saturday regarding a resident who experienced a fall with injury. Discussed the interventions in place for this resident and ongoing fall prevention efforts.

The facility presented a welcoming and friendly atmosphere. The building was well lit, very clean, and smelled fresh. Staff were quick to introduce themselves to guests who entered into the front lobby by the administrative offices. Throughout the building, staff were seen interacting with residents and were accessible to offer assistance. There was also a table in the lobby which was being prepared for CNA Week celebration activities planned for lunchtime. There were decorations throughout the building recognizing CNA week.

The facility has a large, central nursing station located behind the lobby and front desk. There are four halls which stem from the central nursing station. Another large resident lounge is adjacent to the nurse station. The lounge opens up to the dining room which is connected to the kitchen. The administrator shared details about resident activities, functional therapy sessions, and employee engagement events which are sometimes held in these large spaces.

Of the four halls, there are two on both the east and west sides of the building. There is a therapy gym located on each side of the building as well. Discussed completing routine maintenance throughout the building to ensure that the floors, walls, and resident rooms stay up-to-date and receive touchup work as needed.

The hallways still have carpet flooring, and the facility plans to eventually replace the carpets. Discussed consistent cleaning schedules and replacing squares of carpet as needed to ensure the flooring stays clean and smells fresh.



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

June 18, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 95 residents including 21 skilled patients. The facility is working on three referrals at this time. There are also four residents in the hospital who are expected to return when appropriate for hospital discharge. The census in the area at other facilities and local hospitals has been low in recent weeks. Discussed finding new ways to market to the community and find new referrals.

The facility is recruiting one nurse and one CNA. There were no other open positions reported at this time.

There have not been any recent visits by state surveyors and there are no new self-reports.

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 4-star rating in Quality Measures.

The facility will have its monthly QAPI meeting next week. RTAs and falls have seen some improvements, but the facility is continuing to focus on these areas to ensure improvements are permanent.

Discussed plans to have a Rapid Response Survey sometime during the next six months. The rapid response team came to the facility yesterday and will be in the building all week. Discussed including action plans from the rapid response team in the QAPI meeting next week.

There are no trends related to infection control. Discussed utilizing proper precautions to care for residents. Discussed processes for utilizing enhanced barrier precautions.

There have been some more grievances related to meal service, but the facility is continuing to actively manage this process. Discussed opportunities to make adjustments with storage and expanding the kitchen footprint to the satellite kitchen.



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### **Forum Parkway Health & Rehabilitation**

2112 Forum Parkway  
Bedford, TX 76021

June 18, 2025

Facility Administrator: Dylan Gadberry

This report is from the site visit to Forum Parkway Health & Rehabilitation on June 18, 2025. A tour of the facility was provided after meeting with the administrator for an update on the facility.

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 91 residents including 20 skilled patients. The facility has two admissions and one discharge today. Discussed progress with completing GIP contracts. Discussed needs for these contracts and changes that will be needed in the facility to facilitate these hospice patients.

The facility is seeking a concierge receptionist for double-weekend shifts. There's also a nurse opening, but the facility had already identified a replacement. Discussed RN coverage needs for GIP contracts.

There has not been any recent survey activity, but the facility is submitting an allegation of abuse from a family member. Discussed managing the allegation and ensuring the resident is safe.

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

The facility held its monthly QAPI meeting today. The facility flagged for new/worsened bowel/bladder incontinence and locomotion independently worsened. Discussed efforts by the interdisciplinary team to address issues and identify opportunities for improvement. The facility reported improvements in pressure ulcers. Falls and RTA rates increased slightly, but the team is managing these processes and outcomes are in line with targets. Discussed some opportunities to prepare for reimbursement changes for long-term care services.

Discussed working with challenging family members and personalities when addressing issues and conflicts. Discussed including the ombudsman as an added layer to work through challenges and ensure the residents' needs are met.

Forum Parkway is a very large building with many open lounge spaces for residents and visitors to enjoy. The building has been maintained well with routine cleaning, repairs, and painting completed throughout the building. The facility is approximately 10 years old, and the facility is working to be preventative in managing the needs of the building.

The facility has a very large interior courtyard with a pavilion. The grounds were well maintained and clear of clutter and debris. Discussed using the courtyard for various activities and events.

The facility has a large fish tank in one of the lounge areas by one of the resident hallways. The facility has a routine service provider come to clean the tank and change out the fish to give more variety. Residents and visitors have been very complimentary of the new fish tank and the value it adds to the environment.

The administrator showed the end of the hall on the northside of the building where the GIP hospice rooms will be. The administrator is planning to start with two rooms for these services but may potentially increase to four rooms as volume and stability allow. There's a code entrance by these rooms which would allow family and visitors to enter and exit when visiting the GIP patients. Discussed adding a new position to staff the GIP rooms.

Residents were playing bingo in the large dining room area. Other residents and staff were seen throughout the hallways of the visit. The environment in the facility was homelike and very comfortable. There were no smells in the facility, and it was very clean.

The resident rooms throughout the building had information about their ambassador posted outside their doors. The ambassador postings show residents and their family members who they can contact if there are any needs and who they should expect to see for routine check-ins.

The therapy gym is extremely large and is very well lit. The room has very high ceilings and provides an open floor plan with an assortment of equipment. The administrator is considering adding a faux-cab half car into the therapy gym. This would be a great service for residents, but also a wonderful marketing tool. Viewed the location where the half-care would go in the therapy gym. The administrator is also considering further developing other parts of the gym to increase its offerings. The facility has been pushing to grow outpatient therapy services and has seen an increase recently. The gym has an exterior door which exits directly into the parking lot.

The facility also has a cement slab near the parking lot where an additional storage unit or shed can be built when it is eventually needed.



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

June 13, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds, and its current census is 74 residents. The facility has one resident in the hospital who is expected to return when appropriate for hospital discharge. There is also one admission planned for Monday, and another four referrals being worked at this time.

The facility is seeking one nightshift CNA which is expected to be filled soon with a recent applicant. The facility is also going to add two new positions for dayshift LVNs. Discussed recent hires for positions including the DON, ADON, maintenance director, and both the activity director and activity assistant. The former activity director has moved to fill an RNA spot for restorative care. The administrator discussed ongoing work to ensure all staff are trained to effectively complete the duties and functions of their positions.

There were no recent state visits reported at this time. There were no new self-reports either.

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

The facility will hold its monthly QAPI meeting next week on June 17. Discussed ongoing performance improvement plans and efforts to meet targets for QIPP Measures.

There were no trends reported related to infection control.

Grievances are being managed without any significant trends. Discussed working with residents and their family members to ensure preferences are met and expectations are set appropriately.

The facility's new maintenance director has begun work to paint the facility where needed. Discussed working with a new landscaping service as well to support the needs of the facility.



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

June 30, 2025

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 6/30/25, the Administrator and other attendees discussed the facility's outcomes from May 2025.

Winnie L LTC is licensed for 105 beds, and its current census is 38 residents. For the month of May, the facility averaged a census of 39 residents.

The facility reported 51 total employees and a turnover rate of 15%. The turnover rate increased by 2% compared to the prior month. Discussed best practices for employee recruitment and retention.

The facility reported a self-report regarding a resident-to-resident incident which was investigated by the state and unsubstantiated. The state also investigated a complaint which was ultimately cleared with no deficiencies. The state also visited last month to conduct the facility's annual fullbook survey on May 22, 2025. There were five findings in the health survey portion of the survey. The team discussed feedback from the state and the POCs addressing findings.

Winnie L LTC has a 1-star overall rating. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 1-star rating in Quality Measures. The facility's health inspections star rating increased from a 1-star rating.

The facility reported six falls without injury, three falls with injury, and three residents who experienced repeat falls. Discussed interventions in place to mitigate falls. Falls with major injury is the only indicator which was not met under Component 1.

The facility did not meet any indicators under Component 2. Discussed ongoing efforts to review staffing ratios and assignments. The team is also reviewing staffing data to ensure all information is being correctly recorded and reported.

The facility met one of three indicators under Component 3 for antianxiety/hypnotic medication use. Discussed efforts to reach targets for depressive symptoms and new/worsened bowel/bladder incontinence.

The facility did not meet its target for pressure ulcers under Component 4. The team discussed working with wound care services to ensure efforts are aligned and improvements are made with pressure ulcers. Discussed reviewing MDS assessments and leveraging telehealth visits as well where appropriate.



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

June 11, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 89 residents. The facility has two residents in the hospital who will return soon, and there are two new admissions today.

There have not been any major staffing changes. Discussed recent hires and current openings. The facility is maintaining coverage needs with PRN and fulltime staff.

The state visited the facility last month to investigate some intakes and complaints. All reasons for investigation were unsubstantiated. The facility submitted two self-reports recently regarding a fracture and an allegation of abuse.

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 has its monthly QAPI meeting planned and discussed ongoing focus on clinical systems and interventions. There were not any new performance improvement plans reported at this time.

There is no COVID in the facility or any other trends related to infection control.

Discussed recent grievances and the facility's process for reporting and addressing issues.

The facility has a budget allocated for some renovations which are expected to start soon in the coming months.

The facility is planning a 'Grilling and Chilling' activity this Friday in recognition of Father's Day. The facility will have a cookout as well as goodie bags to hand out.

CNA week starts tomorrow, and the facility has some activities and meals planned for staff members over the course of the next week. Discussed staff appreciation efforts and taking opportunities to recognize and thank team members for the services they provide.

Discussed offering psych services in the facility. When there are referrals or new admissions of people with a history of alcohol or drug abuse, the facility offers to take those residents to support or counseling meetings if needed.



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**Parkview Manor Nursing & Rehabilitation**

206 N. Smith St.  
Weimar, TX 78962

June 16, 2025

Facility Administrator: Darlene Blount  
Facility DON: Carol Rapalo

At the facility QAPI meeting on 6/16/25, the Administrator and other attendees discussed the facility's outcomes from May 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 41 residents. For the month of May, the facility averaged a census of 41 residents. Discussed recent trends affecting admissions and discharges.

The facility reported hiring a new maintenance director who recently started employment. The facility's ADON recently changed positions to become the new MDS nurse. The facility had 66 total employees during the reporting period.

There was no state activity or significant findings reported during the meeting. There are no new self-reports at this time.

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 is continuing to monitor falls and fall prevention efforts. There were sixteen falls without injury, twelve falls with injury, and six residents who experienced repeat falls. There is a PIP in place addressing falls with major injury. There is also a PIP addressing locomotion independently worsened. All other indicators under Component 1 were met.

The facility did not meet any indicators under Component 2. Discussed recent review of staffing ratios and assignments.

The facility met all three indicators under Component 3. It also met its target for catheter left in bladder under Component 4. The target for pressure ulcers was not met and there is a PIP in place addressing this indicator.

The interdisciplinary team discussed efforts to ensure PIPs are followed and appropriate interventions are implemented.



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**Gracy Woods Nursing Center**  
12021 Metric Blvd  
Austin, TX 78758

June 12, 2025

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 92 residents. In the month of May, the facility reported an average census of 95 residents and 25 total admissions. The skilled census was also over 10 patients for most of May. The facility has a pending admission next week and there were no discharges planned at this time.

The facility is seeking two nurses and four CNAs at this time. All department heads are in place and there were no other open positions discussed.

The state visited the facility earlier this month to investigate a complaint which was unsubstantiated. The facility submitted one self-report in May which was investigated and unconfirmed internally.

Gracy Woods Nursing Center is a Special Focus Facility at this time and there is no star rating data available for this facility. Discussed submitting weekly updates to the program manager as required for the SFF designation.

The facility held its monthly QAPI meeting yesterday and discussed ongoing efforts to monitor clinical systems. Discussed efforts by the nurse management to ensure clinical systems are on track and the facility is coordinating care well with the medical director. The facility had an ICAR visit on May 27 which went well. The ICAR representative did not express any concerns during the visit.

Grievances continue to be managed actively, and the team works to be prompt in addressing and resolving issues. Discussed working with residents and their family members to ensure expectations and preferences are known and met.

The facility replaced its water heater yesterday. It also recharged two of its HVAC systems with new freon.

Discussed efforts to build community relations and market the facility. The building has a very active Facebook page which showcases updates and activities in the facility.



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

June 18, 2025

Facility Administrator: Scott Barrick

This report is from the site visit to Stonegate Nursing and Rehabilitation on June 18, 2025. A tour of the facility was provided after meeting with the administrator who provided the monthly facility update.

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its census has been in the 80s recently. Discussed working with local hospitals to maintain strong relationships with case managers.

The facility provided updates on recent nursing hires and ensuring staffing assignments are sufficient to meet the needs of the residents at the current census level. The facility's new activity director has been in place for roughly a month and is working hard to take the program to the next level.

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

Discussed the facility's QAPI plan and recent efforts and interventions for fall prevention. There were no changes to ongoing performance improvement plans reported at this time.

There were no infection control trends at this time. Discussed adherence to infection control protocol to ensure proper safety measures and precautions are used when caring for residents.

The facility was clean, well-lit, and free of clutter. The building was organized and all equipment had a purpose and place. The facility has hallways dedicated for long-term care services, and skilled services with options to have a private room where possible. There are many resident rooms which have one occupant but will have the option to add a second occupant when the census grows enough to require applicable rooms to be dually occupied.

There are multiple courtyards on the interior of the building. These spaces offer residents a safe place to relax while being outdoors. The building has a very large conference room used for meetings, trainings, and activities. The therapy gym is very long and has an open floor plan to facilitate multiple residents receiving services simultaneously.

Many residents were in the dining room eating their dinner meal. The dining room is painted nicely and is paired with a wallpaper giving the room a fancy feeling atmosphere. Discussed working on growing the facility census and ensuring the activities program includes all residents whether they are in for a short-term or long-term stay. Discussed changes in the building and efforts to make everybody in the facility feel like they are part of a community together.

The facility is hosting an open house today to invite community stakeholders to come and see the building. Many visitors were present for networking while they provided food and giveaways to those attending. The open house had a rodeo theme and there were activities and games as well. Discussed the importance of developing relationships with members of the facility and the community, including other businesses and referral sources.



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### **Garland Nursing and Rehabilitation**

321 N Shiloh Rd  
Garland, TX 75042

June 16, 2025

Facility Administrator: Todd Bickle

This report is from the site visit to Garland Nursing and Rehabilitation on June 16, 2025. After receiving a tour of the facility, a meeting was held with the administrator to provide an update on the facility.

Garland Nursing and Rehabilitation is licensed for 109 beds, and its current census is 65 residents. The facility has roughly 85 operational beds at this time, and its budget census is 73 residents including 5 skilled patients. The average census normally runs in the high 60s. The facility has one planned admission at this time. Discussed efforts to collaborate with referring partners in the community. The facility accepts SSI and Medicaid pending residents. The facility has a very strong rehab team and works to market these services to the community.

The administrator has been in the facility for roughly 1.5 years, and the DON has been in place for about 2 years. All positions are filled at this time. The nursing department runs a bit heavier with RNs than most buildings. The facility has 24/7 RN coverage which has contributed to the facility reaching a 2-star rating in staffing.

The building received an IJ last year and also reported having had a past non-compliance elopement. State surveyors came to the building earlier this year in March to conduct the facility's annual fullbook survey. The facility received ten D-tags and the associated POCs were desk reviewed.

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

Discussed the facility's QAPI plan and recent monthly QAPI meeting. The facility did not meet targets for two indicators under Component 1. Discussed recent efforts to focus on improvements for antipsychotic medication utilization and locomotion independently.

There were no infection control trends reported. Discussed ongoing education and in-servicing including skill checkoffs and audits.

The facility reported having installed two new A/C units recently. There are also new lights installed in the kitchen and dining rooms. Discussed some recent plumbing repairs and plans to make some Medicare private suites.

The facility offers complex clinical care and has four residents receiving tracheotomy care at this time. The facility has a PRN respiratory therapist who helps support these needs.

The facility was built many years ago, but its needs are being maintained well. The floors throughout the building were clean and the walls are routinely painted and repaired. Discussed the importance of routinely making repairs and to ensure the building remains in good condition.

The building has an H-like shape, and it has a big secure unit. The residents in the secure unit have their own dining room and a large, enclosed courtyard. This unit has 28 beds, and it is nearly full with 25 of the beds being occupied.

The facility has some private rooms for skilled care near its large rehab gym. Discussed utilizing the space in the facility to offer functional rehab services.

The facility has a large dining room with a piano. The dining room has good attendance during meals but is also used for activities outside of mealtime. The dining room is connected to the kitchen which has pass-through windows to receive trays ready to be served, and then a separate window to safely put the dirty dishes in the dish room to be cleaned and sanitized. There was a large group of residents participating in an activity in the dining room.

Residents were up and going about their day throughout the building. Discussed meeting residents' needs and working to take care of them in the way that's best for them while meeting their preferences.

Garland Nursing and Rehabilitation is a smoking facility. Discussed the smoking brakes which take place in one of the facility courtyards.

The facility also has an open lounge area in the main entry of the facility as well as a lounge area next to the nurse station. Discussed working to encourage residents to participate in more activities outside in the enclosed courtyard where applicable and appropriate.



Administrator: Chad Mohammed, MHA, LNFA  
DON: Chelsea Oduro, 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. 22 Korean residents came from the sister facility Spring Branch that recently closed.

The QIPP site visit was conducted in person. The Administrator and DON were available and very helpful. The Administrator reports the facility is currently COVID\_19 free. The Administrator reports the facility has had a recent high nursing turnover.

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

The facility continues with outings, and they continue with Bingo and regular holiday celebrations, including Mother's and Father's Day luncheons and they are planning a 4<sup>th</sup> of July barbeque. The Administrator reports the facility is planning an Easter celebration.

The Administrator reports they celebrated Nurse's week, and they are currently celebrating CNA week with food every day, waffles made this morning and a large 'Happy CNA Week' banner at front entrance.

The outside of the building is a nice brick with a well-manicured entrance. The parking lanes were well marked, and no debris was noted in parking lot areas.

The inside entrance of the facility was nicely decorated with tasteful decorations/furniture and appeared clean. The facility has a receptionist to greet and give access to all visitors with a box of masks and hand sanitizer available.

The facility has a nice outside courtyard that residents use frequently and there is a hydration station set up just in case. The facility also has a very nice movie room. None of the fire extinguishers checked had been inspected since March of 2025.

The residents' rooms/bathrooms observed were clean with no odors or safety issues detected but the shower room checked on hall 500 had a dirty glove and washcloth on the floor and a dirty towel on the shower chair. Means of egress were clear for all hallways.

The oxygen supply closet was organized and clean and all cannisters were in a rack with signs posted.



One medication cart was checked, and it was locked at the nurses' station, but the water pitcher did not have a label/date. The medication room was clean, and the temp logs for the medication/specimen refrigerators were current. The E-Kit certificate expired in November of 2024, and the DON was working on getting the current copy.

The central supply room was well organized and clean with 2 boxes on the floor and the OTCs were in date of expiration order. The O2 closet was clean and organized with all canisters in a rack and signs posted.

The laundry room was clean and organized but there were no current lint trap logs, staff reported they clean them after each load. All chemical containers were up off the floor. During the tour one linen cart observed in the hall and it was covered.

The main dining room was clean, and the current menu was posted. The kitchen floors, counters and can opener/plate were all clean. The refrigerator temperature logs were all current. The dish washer and sink chemical logs were current. The dry storage area was clean and organized. All items checked in the cooler except one tray of food items, were labeled and dated.

### **SURVEY INFORMATION**

The state came to the facility for their full book survey, and they exited last Sunday, waiting on the 2567. The Administrator anticipates 3 tags, with one of them being a possible IJ issued for weight loss at 14 %.

### **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 updated their emergency plan, trained all the staff, serviced their generator, had their table top drill and they are currently receiving the extra emergency supplies needed.

### **REPORTABLE INCIDENTS**

No pending self-reports.

### **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: Gabriel Pallanez, LNFA (new last week)  
DON: Cheryl Dykes, RN (new in March)

## **FACILITY INFORMATION**

Deerbrook Nursing and Rehab is a licensed 124- bed facility with an overall star rating of 1 and a rating of 3 stars in Quality Measures. Current census is 87.

The QIPP site visit was conducted in person. The Administrator and DON were available and very helpful. The Administrator reports the facility is currently COVID\_19 free.

The Facility had a Mother's Day tea and a Father's Day barbeque and they celebrated National Nursing Home week with residents and staff. 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 celebrated Nurse's week, and they are currently celebrating CNA week.

The front parking lot was well-marked and the landscaping was well maintained. Overall the facility was clean and inviting with no safety concerns.

The front lobby was very welcoming, clean and well decorated. There are four halls in the facility with the 200 hall for skilled residents and 100, 300, and 400 for long term care. Most of the walls could use a coat of fresh paint. All fire extinguishers checked had current inspections.

The medication room was clean with no boxes on the floor and the temperature logs were current. The E-kit was current with an expiration date of March 2026. The medication cart checked was locked and the water pitcher was labeled/dated.

The central supply closet was clean and organized with all boxes off the floor and ceiling height met. OTCs checked were current and all in correct date order of expiration. The O2 closet was organized and no cannisters on the floor but the floor was very dirty.



The shower room checked on halls 100/200 was clean with no odors but there was one chemical bottle not locked up. The resident rooms were clean and no safety concerns noted.

The laundry room was clean and organized and the lint logs were up to date with no chemicals on the floor.

The dining room was clean with today's menu posted. The kitchen was clean and all temperature and chemical logs were current. The dry storage area was clean and organized with ceiling height requirements met. Several drink trays found in the cooler did not have a label/date.

**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 their POC has been accepted. The state came back to the facility for a complaint investigation last week and it was unsubstantiated, no citations.

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**

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# 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:** Carpets/furniture are now being cleaned

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

**MDS: PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	2.88%	0%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	4.55%	8.06%	15.38%	N	PIP in place
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	8.73%	6.73%	9.09%	N	
<b>Metric 5:</b> (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					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	Y	2.06	2.24	2.26	Y	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	N	1.27	1.31	1.28	N	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	Y	3.33	3.78	3.54	Y	
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>						

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	14.29%	4.76%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	18.83%	12.12%	Y	
<b>Metric 3:</b> (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
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	8.79	10.34	6.94	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01	0	0	Y	

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

### **FACILITY INFORMATION**

Park Manor of Quail Valley is a 125 -bed facility with a current census of 106 with a skill mix of 20: 15 PP, 5 MCR, 59 MCD, 23 HMO, 4 Hospice. They have an overall star rating of 4 and a Quality Measures rating of 4.

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

The Administrator reports the facility had a Mother's Day tea, a barbeque for Father's Day and they also celebrated Memorial Day. The Administrator reports they are planning a barbeque for 4<sup>th</sup> of July.

The Administrator reported the facility still has star of the month and MAD genius programs (poker chips worth \$ value to purchase merchandise). The facility continues to have snack attacks to pass out snacks to all staff as well as employee birthdays. The facility celebrated nurse's week and they are currently celebrating CNA week.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 components status- The QIPP year ends 8/31/25 and the Administrator believes the facility is on track to meet all 4 components in QTR 4, they do have PIPs in place for the 3 metrics not being met in component 1 and they are working on measures to meet all metrics in component 2. There is also a PIP for the catheter inserted into the bladder for component 4 and some of them have been removed.
- Hurricane preparedness - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair,

reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has completed training for all employees and the plan has been updated. The van is being serviced and will be gassed up and the generator is checked regularly. They also have water cooler fans that hook up to the generator in the event the power does go out and emergency supplies are sufficient.

**SURVEY INFORMATION**

The facility had the state in the building in April and May to review 17 self-reports. One of the self-reports resulted in 2 citations for resident rights and exploitation. The facility also had their full book survey in June with below results:

Annual Full Book State Survey Summary (Include only if within last 2 months) 6/6/25				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	6			See below – deficiencies not received yet – due Friday, 06/20/25
Number of Fire Safety Code Deficiencies	2			Employee smoking area doesn't have ashtray and seal on vent hood coming lose
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	Past noncompliance	Past noncompliance (accidents/hazards/supervision/devices), foley/incontinent care		Resident discharged; staff inservice/competency checks
Resident Assessment		Anticoagulants not care planned		Care plans updated, inservice staff
Resident Rights				

Dietary		Alternates not posted/font of posting	Posting done immediately and font enlarged
Pharmacy			
Environment		Bed rail found on floor	Repaired immediately
Infection Control		Foley/incontinent care	Staff inservice/competency checks
Administration			

## REPORTABLE INCIDENTS

**March/April/May 2025** -Park Manor of Quail Valley had 0 complaints and 1 self-report, all cleared.

## CLINICAL TRENDING - March/April/May 2025\_

### **Incidents/Falls:**

Park Manor of Quail Valley had 65 total falls and 1 with injury, 5 repeat falls. They reported 7 skin tears, 1 fracture, 2 bruises and 1 laceration. The facility does have a PIP in place for falls.

### **Infection Control:**

Facility reports 80 total infections - 37 UTI's; 11 Respiratory infections, 17 wound infections, 9 Blood infections, 3 EENT infection, 1 GI infection and 2 Other infections (no details). The facility does have a PIP in place for UTIs.

### **Weight loss:**

Weight loss information includes 5 residents with 5-10% loss and 5 with > 10% loss. The facility has a PIP in place for weight loss.

### **Pressure Ulcers:**

The facility reports 38 residents with 55 pressure ulcer sites - 3 acquired in house. The facility has a wound care physician who rounds weekly and there is a PIP in place.

### **Restraints:**

The facility had 0 residents with restraints.

**Staffing:**

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

**Total number employees:** 104 **Turnover rate%:** 14 quarterly

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	0%	7.5%	7.5%	Y
Fall w/Major Injury (L)	2.8%	3.4%	3.4%	Y
UTI (L)	5.6%	0.8%	1.0%	Pip
High risk with pressure ulcers (L)	6.8%	5.6%	6.8%	Pip
Loss of Bowel/Bladder Control(L)	0%	16.8%	21.8%	
Catheter(L)	0%	0.7%	1.5%	Y
Physical restraint(L)	0%	0%	0.1%	Y
Residents whose ability to walk independently worsened (L)	0%	19.3%	20.7%	Y
Excessive Weight Loss(L)	10.8%	4.1%	6.3%	Pip
Depressive symptoms(L)	0%	2.9%	11.1%	Y
Antipsychotic medication (L)	0%	8.1%	14.8%	Y

**PHARMACY Consultant reports/visit/ med destruction?** Comes monthly, destruction done monthly, no concerns

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

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**DIETICIAN Recommendation concerns/Follow Up?** No concerns

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)** - 22 — all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** None identified

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

**DIETARY PIP/CONCERNS:** None

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

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

**MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS:** work on PAR levels

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

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.02%	2.8%	2.61%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	0.79%	1.23%	2.03%	N	PIP
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	3.26%	5.39%	8.18%	N	PIP
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	7.81%	12.56%	1.37%	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	14.80%	13.50%	0.1%	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	N	1.54	1.47	1.36	N	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	Y	2.24	1.91	1.96	Y	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	N	3.38	3.78	3.32	N	PIP in

						place
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						N
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"> <li>8 additional hours non-concurrenty scheduled?</li> </ul>					Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>					N	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	2.65%	15.76%	0.37%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	18.53%	18.49%	0.71%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	16.55%	19.51%	0.37%	Y	

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

Indicator	State	Baseline	Results	Met (5%)	Comments
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	Benchmark	e Target		Improvement) Y/N	
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	4.5%	5.51%	9.0%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.50%	0.88%	1.09%	N	PIP in place



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

### **FACILITY INFORMATION HOSPICE**

Park Manor Humble is a 125-bed facility with a current census of 94. Their overall star rating is a 2 (due to IJs from survey this past March) and their Quality Measures rating is a 5.

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

The DON reports that the facility had a celebration for Mother's Day and Father's Day and Nursing home week. The facility is also planning something for 4<sup>th</sup> of July.

The DON reports the facility has a Director of Talent. The facility continues to follow the AHCA calendar for recognizing each department. The facility celebrated nurse's week and they are currently celebrating CNA week.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 components status – The DON believes the facility is on track to meet all 4 in QTR 4. Data not provided.
- Hurricane preparedness - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The DON reports the facility has completed training for all employees and determined who will remain at the facility and who will go with family. Also emergency plan has been updated and all supplies and generator in place. A drill is scheduled for next week.

### **SURVEY INFORMATION**

The DON reports facility has not had the state in the building since their full book in February 2025.

### **REPORTABLE INCIDENTS**



**March/April/May 2025** - Information not provided

**CLINICAL TRENDING MARCH/APRIL/MAY 2025**

**Incidents/Falls:**

Park Manor of Humble had - Information not provided

**Infection Control:**

Facility reports - Information not provided

**Weight loss:**

Park Manor of Humble reported - Information not provided

**Pressure Ulcers:**

Information not provided

**Restraints:**

Park Manor of Humble is a restraint free facility.

**QA STAFFING COMPONENT: Information not provided**

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

**Total number employees:** \_\_\_\_\_ **Turnover rate%:** \_\_\_\_\_

**CASPER REPORT** - Information not provided

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



Depressive symptoms(L)	%	%	%	
Antipsychotic medication (L)	%	%	%	

**PHARMACY Consultant reports/visit/ med destruction?** Comes monthly, med destruction completed

# of GDR ATTEMPTS in the month: How many successful? - **Information not provided**

- # of Anti-anxiety (attempts\_\_ successful \_\_ failed\_\_)
- # of Antidepressants (attempts\_\_ successful \_\_ failed\_\_)
- # of Antipsychotic (attempts\_\_ successful \_\_ failed\_\_)
- # of Sedatives (attempts \_\_successful \_\_ failed\_\_)

**DIETICIAN Recommendation concerns/Follow Up?** Comes 2-3 times/month, no concerns

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

**TRAUMA INFORMED CARE IDENTIFIED:** NA\_

**ACTIVITIES PIP/CONCERNS:** No concerns

**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
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	%	%		Information not provided



<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	%	%	%		
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	%	%	%		
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	%	%	%		
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	%	%	%		

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD						
<b>Metric 2:</b> Reported Licensed Nursing HPRD						
<b>Metric 3:</b> Reported Total Nursing Staff HPRD						
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						YY
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>						



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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	%	%	%		Information not provided
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	%	%	%		
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	%	%	%		

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

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



Administrator: Vincent Mitchell  
DON: Adebukola Adelekan, RN

**FACILITY INFORMATION**

Park Manor Cypress Station is a 125-bed facility with a current census of 98. They have an overall star rating of 2 and a Quality Measure rating of 5.

The QIPP site visit was conducted in person with the DON. The DON reports the facility is currently COVID\_19 free.

The DON reports the facility had a Mother's Day and Father's Day celebration and a Memorial Day barbeque. The facility is planning something for Juneteenth tomorrow.

The DON reports the facility continues with a star of the month and weekly drawing for prizes. The facility also provides food at least monthly. The facility celebrated Nurse's week, and they are currently celebrating CNA week.

The parking lot and landscaping were well-maintained, and the lines were well marked with no trash in sight.

The front lobby was very welcoming and clean. There are four halls, 400 & 200 are long-term care halls, while 300 is for skilled, and 200 is for overflow of either. The rehab gym is at the end of 200.

The residents' rooms were clean with no safety concerns. The resident calendar was posted and several of the residents were gathered around the lobby and dining room areas.

All fire extinguishers checked had current inspections. The medication room was clean and organized. The temperature logs were current, and the E kit expires in March of 2026.

The central supply closet had 4 boxes on the floor from a recent shipment. The OTC's checked were not expired, but some of them were not in the correct order of expiration. The shower room had just been used and there was a pair of shoes on the floor and a dirty washcloth on the shower chair.

Laundry was clean and organized, and the lint logs were up to date. The O2 closet was clean and organized with all canisters in a rack and signs posted.



The dining room was clean with menus posted. The Kitchen was very clean but as the NSGO rep entered the room a drip of liquid was felt on the head. The Maintenance Director was notified. The temp logs and sanitation logs were up to date. There were no boxes on the floor in the pantry, and the ceiling height requirement was met.

Overall, the facility was clean, with no major safety or infection control concerns. The residents seemed well groomed and happily participated in the activities during my tour.

### **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 had their full book survey last week with potential of 3 minor tags.

### **REPORTABLE INCIDENTS**

The facility had 5 self-reports still pending for **Jan/Feb/March 2025** and they were all cleared during their recent survey.

### **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 and medication administration was one of the potential survey tags

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# 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

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	3.41%	1.89%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	4.21%	2.21%	0%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	10.04%	19.15%	N	Increased admits from psych facility
<b>Metric 5:</b> (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	Performance Target of	Result	Met	Comment
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Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N	Target	1% improvement	s	Y/N	s
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	N	1.87		1.67	N	Increased census and open positions
<b>Metric 2:</b> Reported Licensed Nursing HPRD	Y	1.05		1.12	Y	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	N	2.92		2.79	N	Increased census, but hired more staff to cover
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrenty scheduled?</li> </ul>					Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>					Y	
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>					Y	
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?					Y	
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>					N	

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments



<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	7.33%	5.33%	2.08%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	22.62%	9.62%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2%	0%	3.45%	N	Currently meeting

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	4.59	3.95	3.03	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01	.96	0	Y	



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

### **FACILITY INFORMATION**

Park Manor Tomball is a 125-bed facility with a current overall star rating of 4 and Quality Measures star rating of 5. The census on the date of this report was 109: 9 PP; 10 MC; 58 MCD +3 pending; 19 HMO; 7 Hospice.

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

The Administrator reports the facility is currently COVID\_19 free. The Administrator reported they are still able to allocate vaccinations (newest one) in-house for residents.

The facility has regular outings to the store and for Bingo. The Administrator reports they had a Mother's Day and Father's Day celebration, and they do popcorn and a movie every afternoon and they will have a barbeque, fireworks and a singing group for the 4<sup>th</sup> of July.

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 has food during in-services and they celebrated nurse's week and currently celebrating CNA week.

### **EDUCATION PROVIDED**

- QIPP components for QTR 4 - only component 1 is being met and PIPs in place for components 3 & 4.
- Hurricane preparedness - Emergency plans for extreme weather should include the provider's plan to address: Power loss; Water and food needs; Communication to families and staff; Staffing shortages; Sheltering in place and evacuation as applicable. Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures. Facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss. It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Facilities in multi-story buildings should review any other needed measures as well. They should also have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location. The Administrator reports the facility has scheduled training for all employees and a full disaster drill for next week and they are currently updating their plan.

### **SURVEY INFORMATION**



Administrator reports the state came this month (June) to investigate a complaint and they received an IJ (immediacy lowered) and they are waiting for the 2567.

**REPORTABLE INCIDENTS**

In **March/April/May 2025-** The facility had 2 self-reports (reporting of fire & injury of unknown origin) still pending.

**CLINICAL TRENDING FOR MARCH/APRIL/MAY 2024/2025**

**Incidents/Falls:**

Park Manor of Tomball had 40 falls without injury (11 repeat) and 13 falls with injury, 3 Skin Tears, 1 Laceration, 0 Elopements, 0 Behaviors and 0 Bruises. PIP in place.

**Infection Control:**

Park Manor of Tomball reports 89 total infections: 26 UTI's; 13 Respiratory infections, 2 EENT infections, 24 Wound infections, 7 Blood infections, 1 GI infection and 16 Other infections.

**Weight loss:**

Park Manor of Tomball reported weight loss: 15 residents with 5-10% and 0 residents with > 10% loss.

**Pressure Ulcers:**

Park Manor of Tomball had 13 residents with 28 pressure ulcer sites and 4 were acquired in house. The facility does have a PIP in place for this measure.

**Restraints:**

Park Manor of Tomball is a restraint free facility.

**QA STAFFING COMPONENT:**

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

**Total number employees: 103 Turnover rate%: 22**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
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Percent of residents who used antianxiety or hypnotic medication (L)	3.0%	7.5%	7.5%	
Fall w/Major Injury (L)	1.2%	3.4%	3.4%	
UTI (L)	0%	0.8%	1.9%	
High risk with pressure ulcers (L)	8.0%	5.6%	6.8%	PIP in place
Loss of Bowel/Bladder Control(L)	9.3%	16.8%	21.8%	
Catheter(L)	0.0%	0.7%	1.5%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0.0%	19.3%	20.7%	
Excessive Weight Loss(L)	1.4%	4.1%	6.3%	
Depressive symptoms(L)	0.0%	2.9%	11.1%	
Antipsychotic medication (L)	0.0%	1.5%	1.9%	

**PHARMACY Consultant reports/visit/ med destruction?** Med destruction completed weekly with pharmacists, no concerns

# of GDR ATTEMPTS in the month: How many successful?  
 # of Anti-anxiety (attempts\_23\_\_\_successful\_12\_\_failed\_11\_\_\_\_)  
 # of Antidepressants (attempts\_62\_\_\_successful\_46\_\_failed\_16\_\_\_\_)  
 # of Antipsychotic (attempts\_10\_\_\_successful\_5\_\_failed\_5\_\_\_\_)  
 # of Sedatives (attempts\_1\_\_successful\_0\_\_failed\_1\_\_)

**DIETICIAN Recommendation concerns/Follow Up?** Meet weekly, no concerns

**SOCIAL SERVICES NUMBER/TYPER OF GRIEVANCES (RESOLVED OR NOT)** –17 and all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** Getting residents more involved, utilize dining room

**DIETARY PIP/CONCERNS:** Always striving to improve food, listen to residents

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** 5/17 -small fire in laundry room (put mop heads in dryer and they caught fire when placed in a basket) inservices completed for all staff.

**MAINTENANCE PIP/CONCERNS:** Fire inspection with all concerns addressed, waiting reinspection

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

**MDS PIPS/CONCERNS:** None

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

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



Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	1.27%	1.19%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0.33%	0.00%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	4.55%	0.00%	1.41%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	4.12%	1.30%	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	5.95%	4.55%	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					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	N	2.02			N	Corporate not giving any direction on this yet
<b>Metric 2:</b> Reported Licensed Nursing HPRD	N	1.35			N	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	N	3.37			N	
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						



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

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	2.67%	0.54	0.0	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	16.73%	11.78	16	Y/N	PIP in place
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	9.52%	6.02	11.76	N	PIP in place

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	1.01	0.81	0.0	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their	2.0	0.0	7.59	N	PIP in place



bladder					
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# **EXHIBIT “G”**



**WINNIE STOWELL HOSPITAL DISTRICT**

[WWW.WSHD-TX.ORG](http://WWW.WSHD-TX.ORG)

**WINNIE STOWELL HOSPITAL DISTRICT  
GRANT/SPONSORSHIP POLICY AND PROCEDURES**

**Effective May 15, 2019**

## Policy Statement

The Winnie Stowell Hospital District (“District”) recognizes the importance of supporting the healthcare needs of the citizens and organizations residing inside the District. Therefore, it is the policy of the District to sponsor programs, initiatives, activities, projects and other matters that assist in the designated purposes of the District as set forth in Chapters 61, 285, and 286 of the Texas Health and Safety Code. These efforts include but are not limited to increasing the quality and scope of healthcare available to the Citizens of the District and its needy inhabitants by 1) promoting cost effective health care services; 2) ensuring regulatory compliance; 3) marketing the services provided by the District; and 4) providing leadership and management. Additionally, it is the policy of the District to support activities that advance the general welfare of the District and its facilities, including activities that promote the betterment of the District’s relationships with organizations that advocate for better healthcare for all the residents inside the District if these activities are in the best interest of the District.

To this end, the District’s Directors adopt these policies and procedures so that **all** requests for public funds, except fee for services payments, shall be evaluated to ensure that the District’s funds are spent in a manner that achieve the greatest return on its investment by achieving the District’s purposes. In addition, each request must be evaluated in the context of the current financial circumstances of the District, and its forecasted needs and resources.

As careful guardians of public funds, the District must carefully consider the requests, the costs of such request, taking care to fund only the most deserving items, at a level that is consistent with the achievement of the District’s goals and the prudent financial management of the District’s affairs. All contributions made by the District must comply with Article III, Section 52(a) of the Texas Constitution as well as case law or Texas Attorney General Opinions interpreting Article III, Section 52(a).

Consequently, any expenditure of public monies must pass a three-part test developed by Texas courts and the Texas Attorney General to determine if an expenditure of money is constitutional. First, the expenditure must serve a public purpose. Second, the District must receive adequate consideration. Third, there must be adequate controls to ensure that the public purpose will be accomplished. (*See Key v. Commissioners Court of Marion County*, 727 S.W.2d 667 (Tex.App.—Texarkana, 1987, no writ) and Attorney General Letter Op. 96-035). The request must include an explanation of how it advances the sponsorship priorities described in the next section, or the policies described in the first paragraph above, and demonstrate that the proposed expenditure satisfies the legal funding requirements of the District as set forth in Article 3, Section 52(a) and is within the appropriate budgetary allowance.

## **Winnie Stowell Hospital District Grant/Sponsorship Priorities**

Grant funding decisions will be guided by the requester's ability to satisfy one or more of the following District Grant/Sponsorship Priorities:

- I. Indigent Healthcare. As part of its statutory duty and mission of attending to and balancing the healthcare needs of the community and its needy inhabitants, the main purpose of this District and any hospital district in the State of Texas, is to assume full responsibility for providing medical and hospital care for its Indigent inhabitants without charge.
- II. Community Healthcare. In addition, the District is working to increase the quality of healthcare resources in the community in order to re-establish confidence in the healthcare providers that services the District and to encourage additional healthcare services in the District in order ease the burden of having to travel outside of the District for healthcare treatments.
- III. Economic Development. By having a vibrant healthcare delivery system in the District, the District hopes to assist in increasing the population of the District and the tax base inside the District as well as expanding the need for infrastructure development in eastern Chambers County, Texas.
- IV. Community Outreach. The District is committed to supporting community-based activities and programs that promote the general healthcare and welfare of the region and community through alliances, cooperative arrangement with other governmental and non-governmental entities, as well as other strategic opportunities identified by the District's Board, staff, and others inside the community for volunteer efforts; educational initiatives; and community outreach efforts deemed to be in the best interest of the District.

Requests from religious organizations, social organizations, health care organizations or charities will be considered if there is a direct connection to the delivery of healthcare services to the residents of the District.

Requests from schools, project graduations, and youth sports for advertising or promoting the District will be considered if there is a benefit to reaching a large audience to promote any of the District's purposes.

### **Approval of Participation Requests**

The District's Grant/Sponsorship Policy and Procedures should serve as a guide for its community involvement efforts, including, but not limited, to contributions of funds, sponsored community partnerships, volunteer efforts, and any other means of District's involvement inside the District's geographic boundaries.

## **Submittal and Evaluation of Requests**

As soon as practically possible, requests for District's participation in awarding grant should be submitted to the District in writing following the District's **Grant Proposal Requirements** set forth below. The District's Board, and its staff, shall evaluate requests to determine whether they fall within the grant/sponsorship priorities of the District, and the budget guidelines adopted by the District.

## **District's Grant Budget Guidelines**

The District's Board and staff should limit grant/sponsorship expenditures to the amounts set forth in the budget guidelines adopted by the District. If there are grant/sponsorship request known by staff prior to the adoption of the District's budget, staff should recommend to the District's Board the grant/sponsorship obligations or requests for the forthcoming year at the annual District's annual Finance Committee meetings in conjunction with its submittal of other budget guidelines.

## **Review and Approval of Requests**

District Board Members and staff can submit, for review, completed requests to the District's Finance Committee, who shall then review the request and present their recommendation to approve, deny, or leave pending the request at the soonest practical Board to the full Board for approval.

The Finance Committee of the District should deny any request that does not include an adequate explanation of how it advances the grant/sponsorship priorities described in the section hereof titled "Policy Statement" and "Grant/Sponsorship Priorities-Sponsorship Priorities,"; does not demonstrate that the proposed expenditure is within the Constitutional guidelines of the State of Texas; or is not within the appropriate budgetary allowance.

Notwithstanding the foregoing paragraphs, all request for grants/sponsorships shall be approved by the District's Board in the budget adoption process or in the course of the year during public session prior to any payment by the District.

## **Grant Accountability and Transparency**

### **Progress Reports and Final Reports**

Grant recipients are responsible for reporting on the use of grant funds to the District. Progress and Final Reports deadlines are to be prescribed by the District before grant funds are awarded. These Reports must be submitted in a timely manner to be in compliance with this policy. Progress and Final Reports contain detailed accounts of the project's implementation, including:

- A description of how the grant award has advanced the mission of District.
- An account of how the recipient has utilized the grant award to achieve the specific objectives outlined in the application, including the relevant measures and data collected.
- The report should also include a detailed account of spending of all the grant proceeds; account bank statements; and proof of purchases/receipts that support the report.
- Information in the reports shall be accessible to the public.

### **District's Right to Inspect Documents**

The District reserves the right, at any time, to review grants, conduct an audit, inspect bank records, send a monitor, require additional documentation, and suspend any or all payments.

### **Grant Funding and Separate Bank Account**

It is the District's policy, if applicable, to fund grants on an as needed basis, or an agreed to schedule after receipt of the necessary reports and supporting documents. Moreover, recipients of any grant payments that are made in more must hold the District's grant funds in a separate account that is secured by the FDIC or as required by the Texas Public Funds Investment Act.

**Grant recipients who fail to adhere to the District's policies and guidelines in implementing and financing grant projects may be asked to return all, or a portion, of the grant funds in and may be barred from receiving future grants indefinitely.**

### **Miscellaneous Criteria**

The following criteria apply for all grants awarded:

- Unused grant funds must be returned promptly to the District.
- No grant funds shall be used to pay taxes for any reason.
- Grant recipients must maintain copies of all receipts and bank statements related to grant-funded expenditures as required by the District and any applicable state and federal laws.
- Prior to awarding any grant payments, the District will determine a Progress reporting schedule depending on the nature of the request.
- Final reports documenting the disbursement of funds must be submitted to District on or before the within two months of the later: 1) grant's total disbursement; or 2) the completion of a project.
- Grant recipients must agree to General Grant Terms, Conditions, and Understandings set forth in **Exhibit "A"** to this policy.

## GRANT PROPOSAL REQUIREMENTS

**Application Checklist:** All of the following items are required for a complete grant application. Incomplete grant applications will not be considered.

- Cover Sheet** (See Exhibit "B")
  - Signed by CEO, Executive Director, head of organization, Individual making
- Narrative** (please limit narrative to 5 pages, 12-point font, single space acceptable, 1.5 preferred)
  - Organizational Background:** Brief history of organizational description, and affiliation with District.
  - Description & Beneficiaries:** Need statement and summary of basis for the grant request. Please state how you determine that the funding of the request is the best way to address that need. State the impact of this grant request aligns with the Grant/Sponsorship Priorities of the Winnie Stowell Hospital District, including the expected target group and number of beneficiaries. If necessary, describe how it was determined that the request is not a duplication of efforts, and any specific plans to partner with the District. (if applicable)
  - Evaluation Grant Request:** Include a logic model and a timeline for the achievement of the stated purpose of the grant request. State the objectives and anticipated outcomes along with method and criteria to evaluate the request. Show clear measurable outcomes and an evaluation process that is data-driven. The number of people served is an output and does not determine success or impact. State how you will measure whether the award of the grant resulted in a successful outcome.
  - Impact and Sustainability:** Clearly and succinctly state the expected impact that the award of the grant will have and how it aligns with the mission of the District. If applicable, specify concrete plans to sustain any projects funded with grant proceeds beyond the District's funding.
  - Funding Request:** Specify and explain your preference for the method of funding the grant. Please keep in mind, if applicable, it is the District's preference that grant payments be made on an as needed basis or schedule following the receipt of the necessary reports and supporting documents
  - Timeline:** If the basis of your request is a project, please indicate a start date, key milestones, and estimated completion date.
  - Application Budget:** (See Exhibit "C")
    - Budget should include total cost of the grant request, and clearly indicate what is to be funded through the District's grant.
    - Include a budget narrative justifying expenses, including if applicable, plans to sustain any projects funded with grant proceeds beyond the District's funding.
    - Make sure to include other parties funding the above program/project, if applicable.
- Attachments**
  - Job descriptions and resumes of staff involved in the program/project
  - List of governing board members of organization and their affiliations.
  - Authority from governing organization to request grant funds. (If applicable.)
  - Proof of good standing and/or nonprofit status.
  - If you are requesting grant funding from parties for the same or similar reason, please include a complete copy of the application packet(s) submitted to the third parties.
  - Copy of most recent audited financials, organizational budget, and tax return forms.
  - Additional Pertinent Materials: You may attach materials that directly support the proposed grant request.

## GENERAL GRANT TERMS, CONDITIONS AND UNDERSTANDINGS

This Agreement by and between Winnie-Stowell Hospital District ("District"), a political subdivision of the State of Texas and \_\_\_\_\_ District and L/S VEMS ("Recipient") sets forth the terms, conditions, and understandings of the grant ("Grant") in the amount of \$4,932.00 awarded to subject to \_\_\_\_\_ with the following conditions:

### 1. Representations and Certifications

The Recipient represents and certifies to the best of its knowledge and belief to the District as follows:

- (a) Recipient has legal authority to enter into, execute, and deliver this Agreement, and all documents referred to herein, and it has taken all actions necessary to its execution and delivery of such documents;
- (b) Recipient has read and will comply with the GRANT/SPONSORSHIP POLICY AND PROCEDURES and the terms, conditions, provisions, covenants, requirements, and certifications in this Agreement, applicable statutory provisions, agency administrative rules, and all other documents incorporated herein by reference;
- (c) Recipient has made no material false statement or misstatement of fact in connection with the Grant application or this Agreement and its receipt of the Grant, and all of the information it previously submitted to the district or that it is required under this Contract to submit to the District relating to the Grant or the disbursement of any of the Grant is and will be true and correct at the time such statement is made;
- (d) It is in compliance in all material respects with provisions of its charter and of the laws of the State of Texas, and of the laws of the jurisdiction in which it was formed, and (i) there are no actions, suits, or proceedings pending, or threatened, before any judicial body or governmental authority against or affecting its ability to enter into this Agreement, or any document referred to herein, or to perform any of the material acts required of it in such documents and (ii) it is not in default with respect to any order, writ, injunction, decree, or demand of any court or any governmental authority which would impair its ability to enter into this Contract, or any document referred to herein, or to perform any of the material acts required of it in such documents;
- (e) Neither the execution and delivery of this Agreement or any document referred to herein, nor compliance with any of the terms, conditions, requirements, or provisions contained in this Contract or any documents referred to herein, is prevented by, is a breach of, or will result in a breach of, any term, condition, or provision of any agreement or document to which it is now a party or by which it is bound; and
- (f) Recipient shall furnish such satisfactory evidence regarding the representations and certifications described herein as may be required and requested by the District from time to time.

## **2. Expenditure of Funds**

This Grant (together with any income earned upon investment of grant funds) is made for the purpose outlined in the Grant award letter, Grant application, and supporting documents and may not be expended for any other purpose without the District's prior written approval.

If the Grant is intended to support a specific project or to provide general support for a specific period, any portion of the grant unexpended at the completion of the project or the end of the period shall be returned immediately to the District.

Recipient agrees it shall not expend any grant funds for:

- (a) political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code; or
- (b) the payment of taxes for any reason.

## **3. Separate and Secured Account**

It is the District's policy, if applicable, to fund grants on an as needed basis, or an agreed to schedule after receipt of the necessary reports and supporting documents. Moreover, recipients of any grant payments that are made in more must hold the District's grant funds in a separate account that is secured by the FDIC or as required by the Texas Public Funds Investment Act.

## **4. Records and Reports**

You agree to submit Progress Reports on 10/17/2025 and a Final Report within two months of the later: 1) grant's total disbursement; or 2) the completion of a project and to keep a record of all receipts and expenditures relating to this grant and to provide the District with a written report summarizing the project promptly following the end of the period during which you are to use all grant funds. Your reports should include:

- (a) A description of how the grant award has advanced the mission of District;
- (b) An account of how the recipient has utilized the grant award to achieve the specific objectives outlined in the application, including the relevant measures and data collected;
- (c) A detailed account of spending of all the grant proceeds; account bank statements; and
- (d) Invoices, proof of purchases, receipts that support the report.

To the extent allowed by the laws of the United States of American and State of Texas, information in the reports shall be accessible to the public. Recipient is also required to keep copies of the reports and records with respect to this Grant, for at least [ ] years following the year in which all grant funds are fully expended.

## **5. Required Notification**

You are required to provide the District with immediate written notification of:

- (a) any changes in your organization's status;
- (b) your inability to expend the grant for the purposes described in the grant award letter; or
- (c) any expenditure from this grant made for any purpose other than those for which the grant was intended.

## **6. Access for Evaluation**

You agree to permit the District and its representatives, at its request, to have access during regular business hours to your files, records, accounts, personnel and clients or other beneficiaries for the purpose of making financial audits, verifications or program evaluations as the District deems necessary or appropriate concerning this grant award.

## **7. Publicity**

You will allow the District to review and approve the text of any proposed publicity concerning this grant prior to its release. The District may include information regarding this grant, including the amount and purpose of the grant, any photographs you may have provided, your logo or trademark, or other information or materials about your organization and its activities, in the District periodic reports, newsletters, and news releases.

## **8. Contingent upon Availability of Grant Funds**

This Agreement is contingent upon funding being available for the term of the Agreement and the Recipient shall have no right of action against the District in the event that the District is unable to perform its obligations under this Agreement as a result of the suspension, termination, withdrawal, or failure of funding to the District or lack of sufficient funding of the District for this Agreement. If funds become unavailable to the District during the term of the Agreement. For the sake of clarity, and except as otherwise provided by this Agreement, if this Agreement is not funded, then both parties are relieved of all its obligations under this Agreement.

## **9. Right to Revoke or Modify - "Event of Default"**

The District reserves the right to discontinue, modify or withhold any payments to be made under this grant award or to require a total or partial refund of any grant funds if, in the District's sole discretion, it is determined that an "Event of Default" occurred:

- (a) Recipient fails to comply with the District's GRANT/SPONSORSHIP POLICY AND PROCEDURES, or Terms and Conditions of this grant;
- (b) The purpose and objectives of the Grant are not being achieved or sustainable;
- (c) The Recipient is not in compliance with any state or federal law; or
- (d) The Recipient's material misrepresentation or false covenant, representation, certification, or warranty made by Recipient herein, in the Grant application, or in any other document furnished by Recipient pursuant to this Agreement that was misleading at the time that it was made.

If District does not receive signed copies of its grant award letter and of these general grant terms within 14 days after the date of the District's grant award letter, this grant may be revoked.

#### **10. Duty to Report Event of Default - "Notice of Default"**

The Recipient shall notify the District in writing promptly and in no event more than seven (7) days after it obtains knowledge of the occurrence of any Event of Default. The Recipient shall include a statement setting forth reasonable details of each Event of Default and the action which the Recipient proposes to take with respect thereto.

#### **11. Interim Remedies**

Upon receipt by the Recipient of a notice of Default, and at any time thereafter until such Event of Default is cured to the satisfaction of the District or this Contract is terminated, the District may enforce any or all of the following remedies (such rights and remedies being in addition to and not in lieu of any rights or remedies set forth herein):

- (a) The District may refrain from distributing any amount of the Grant funds not previously disbursed; provided, however, the District may make such a disbursement after the occurrence of an Event of Default without thereby waiving its rights and remedies hereunder; and
- (b) The District may enforce any additional remedies it has in law or equity.

The rights and remedies herein specified are cumulative and not exclusive of any rights or remedies that the District would otherwise possess.

#### **12. Obligations/Liabilities Affected by Event of Default**

The Recipient shall not incur new obligations that otherwise would have been paid for using Grant funds after the receipt of notice as of Event of Default, unless expressly permitted by the District in writing, and shall cancel or suspend as many outstanding obligations as possible. The District shall not owe any fee, penalty or other amount for exercising its right to terminate the Agreement. In no event shall the District be liable for any services performed, or costs or expenses incurred, after the termination of the Agreement.

#### **13. Termination of Agreement**

If the District intends to terminate for an Event of Default by the Recipient, the District shall provide written notice to the Recipient and shall include a reasonable description of the Event of Default and, if applicable, the steps necessary to cure such Event of Default. Upon receiving notice from the District, the Recipient shall have thirty (30) days beginning on the day following the receipt of notice to cure the Event of Default. Upon request, the District may provide an extension of time to cure the Event of Default(s) beyond the thirty (30) day period specified herein so long as the Recipient is using reasonable efforts to cure and is making reasonable progress in curing such Event(s) of Default. The extension shall be in writing and appended to

the Contract. If the Recipient is unable, or fails, to timely cure an Event of Default, unless expressly waived in writing by the District, this Contract shall immediately terminate as of the close of business on the final day of the allotted cure period without any further notice or action by the District required.

In addition, and notwithstanding the foregoing, if the District determines that certain Events of Default cannot be cured, the District shall give Final Event of Default under this Agreement and has the right to terminate this Agreement immediately.

#### **14. Repayment of Grant Proceeds upon Event of Default**

The District may require the Recipient to repay some or all the disbursed Grant proceeds in the event of termination to the extent such Event of Default resulted from Grant funds being expended in violation of this Agreement. To the extent that the District exercises this option, the District shall provide written notice to the Recipient stating the amount to be repaid, applicable interest calculated not to exceed [\_\_\_\_\_] annually, and the schedule for such repayment. The Recipient may request that the District waive the interest, subject in all cases to the District's sole discretion.

#### **15. INDEMNIFICATION**

**EXCEPT AS PROVIDED HEREIN, THE RECIPIENT AGREES TO FULLY INDEMNIFY AND HOLD THE DISTRICT AND THE STATE OF TEXAS HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, COSTS, EXPENSES, LIABILITIES, CAUSES OF ACTION AND DAMAGES OF EVERY KIND AND CHARACTER (INCLUDING REASONABLE ATTORNEYS FEES) WHICH MAY BE ASSERTED BY ANY PARTY IN ANY WAY RELATED OR INCIDENT TO, ARISING OUT OF THE RECEIPT OF GRANT FUNDS BY THE DISTRICT, INCLUDING BUT NOT LIMITED TO CLAIMS OF RECIPIENT'S NEGLIGENT, INTENTIONAL OR WRONGFUL PERFORMANCE OR FAILURE TO PERFORM UNDER THIS CONTRACT, (2) THE RECIPIENTS RECEIPT OR USE OF GRANT FUNDS, (3) ANY NEGLIGENT, INTENTIONAL OR WRONGFUL ACT OR OMISSION COMMITTED BY THE RECIPIENT ASSOCIATED WITH THE GRANT; (4) ANY CLAIM OF BREACH OR NONPERFORMANCE OF ANY REPRESENTATION, COVENANT OR AGREEMENT BY RECIPIENT RESULTING FROM THE RECEIPT OF THE GRANT; OR; (5) CLAIM BY ANY CONTRACTOR, VENDOR, OR INDIVIDUAL ALLEGING DENIAL OF PAYMENT FOR GOODS, EQUIPMENT, OR SERVICES ASSOCIATED WITH GRANT BY THE DISTRICT. IN ADDITION, THE RECIPIENT AGREES TO FULLY INDEMNIFY AND HOLD THE DISTRICT AND THE STATE OF TEXAS HARMLESS FROM AND AGAINST ANY AND ALL COSTS AND EXPENSES OF EVERY KIND AND CHARACTER (INCLUDING REASONABLE ATTORNEYS FEES, COSTS OF COURT AND EXPERT FEES) THAT ARE INCURRED BY THE DISTRICT OR THE STATE OF TEXAS ARISING OUT OF OR RELATED TO A CLAIM OF THE TYPE SPECIFIED IN THE PRECEDING SENTENCE. NOTWITHSTANDING THE PRECEDING, SUCH INDEMNIFICATION SHALL NOT APPLY IN THE EVENT OF THE SOLE OR GROSS NEGLIGENCE OF THE DISTRICT**

**THE FOLLOWING PROCEDURE SHALL APPLY WITH RESPECT TO ANY CLAIMS OR PROCEEDINGS COVERED BY THE FOREGOING AGREEMENT TO INDEMNIFY AND HOLD HARMLESS:**

**I. DISTRICT SHALL GIVE WRITTEN NOTICE TO RECIPIENT PROMPTLY AFTER DISTRICT LEARNS OF THE CLAIM OR PROCEEDING; PROVIDED THAT THE FAILURE TO GIVE SUCH NOTICE SHALL NOT RELIEVE RECIPIENT OF ITS OBLIGATIONS HEREUNDER PROVIDED DISTRICT USES ITS BEST EFFORTS TO MITIGATE DAMAGES AND EXCEPT TO THE EXTENT RECIPIENT IS ACTUALLY DAMAGED THEREBY;**

**II. WITH RESPECT TO ANY THIRD-PARTY CLAIMS OR PROCEEDINGS AS TO WHICH DISTRICT IS ENTITLED TO INDEMNIFICATION, RECIPIENT, SUBJECT TO THE CONSENT OF THE DISTRICT THAT SHOULD NOT BE UNREASONABLY WITHHELD, SHALL HAVE THE RIGHT TO SELECT AND EMPLOY COUNSEL OF ITS OWN CHOOSING TO DEFEND AGAINST ANY SUCH CLAIM OR PROCEEDING, TO ASSUME CONTROL OF THE DEFENSE OF SUCH CLAIM OR PROCEEDING, AND TO COMPROMISE, SETTLE OR OTHERWISE DISPOSE OF THE SAME, IF RECIPIENT DEEMS IT ADVISABLE TO DO SO, ALL AT THE EXPENSE OF RECIPIENT; PROVIDED, HOWEVER, THAT DISTRICT MAY EMPLOY COUNSEL, OF ITS OWN CHOOSING, AT ITS SOLE EXPENSE. THE PARTIES WILL FULLY COOPERATE IN ANY SUCH ACTION AND SHALL MAKE AVAILABLE TO EACH OTHER ANY BOOKS OR RECORDS USEFUL FOR THE DEFENSE OF ANY SUCH CLAIM OR PROCEEDING. DISTRICT MAY ELECT TO PARTICIPATE IN THE DEFENSE OF ANY SUCH THIRD-PARTY CLAIM IN CONNECTION THEREWITH. SUBJECT TO THE FOREGOING DISTRICT, SHALL NOT SETTLE OR COMPROMISE ANY SUCH THIRD-PARTY CLAIM WITHOUT THE PRIOR CONSENT OF RECIPIENT, WHICH CONSENT SHALL NOT BE UNREASONABLY WITHHELD. INDEMNIFICATION SHALL BE DUE ONLY TO THE EXTENT OF THE LOSS OR DAMAGE ACTUALLY SUFFERED (I.E. REDUCED BY ANY OFFSETTING OR RELATED ASSET OR SERVICE RECEIVED AND BY ANY RECOVERY FROM ANY THIRD PARTY, SUCH AS AN INSURER).**

**16. Insurance and Additional Insured.** During the Term of this Agreement, Recipient shall, at its sole cost and expense, procure and maintain policies of insurance and/or provide and maintain self-insurance insuring against comprehensive general liability and professional liability for damages directly or indirectly related to the performance of any service provided in this Agreement, and the use of any property and facilities provided by Recipient and/or District in connection with this Agreement, in such amounts, on such terms and with such deductibles as are then commonly maintained by Recipient with facilities and operations similar to those of Recipient. To the extent that the Parties determine that it is economically

feasible, the Recipient will name the District as an Additional Insured, to the Recipient's comprehensive general liability and professional liability insurance policies and from time to time, Recipient will furnish District with certificates evidencing such insurance and/or self-insurance; and Recipient shall promptly advise District of any change in the insurance and/or self-insurance maintained by Recipient.

## 17. Notices

All notices, requests, and communications required or permitted hereunder shall be in writing and shall be sufficiently given and deemed to have been received upon personal delivery or delivery by overnight courier or, if mailed, upon the first to occur of actual receipt or seventy-two (72) hours after being placed in the United States mail, postage prepaid, registered or certified mail, receipt requested, or e-mail addressed to the Parties as follows:

District:	Mr. Edward Murrell President Winnie-Stowell Hospital District P.O. Box 1997 Winnie, Texas 77665
Recipient:	<u>Winnie-Stowell Volunteer EMS</u> <u>Pc Box 755</u> <u>Winnie, TX 77665</u>

Notice of a change in address of one of the Parties shall be given in writing to the other party as provided above but shall be effective only upon actual receipt.

## 18. No Assignment or Delegation

Recipient may not assign, or otherwise transfer, your rights or delegate any of your obligations under this Grant without prior written approval from the District.

## 19. Compliance with Applicable Federal and State Law

The Recipient intends on conducting itself in full compliance with applicable state, local, and federal law including the federal law commonly known as the Stark Law, the Medicare and Medicaid Anti-Fraud and Abuse law, and the Texas Occupations Code Anti-Patient Solicitation law. Recipient will not intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of such laws.

## 20. Alternative Dispute Resolution

If applicable, the dispute resolution process provided for in TEX. GOVT. CODE, Ch. 2260 shall be used, as further described herein, to resolve any claim for breach of contract made against the District (excluding any uncured Event of Default). The submission, processing and resolution of a party's claim are governed by the published rules adopted by the Attorney General pursuant to

**Exhibit "B"**

**WINNIE STOWELL HOSPITAL DISTRICT  
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,  
P. O. Box 1997, Winnie, Texas 77665;

**No later than two (2) weeks prior to the funding deadline)**

Date: 6/23/25

Organization/Individual Requesting Grant Funds: Winnie-Stowell Volunteer EMS

Organization/Individual Address: Po Box 755

Winnie, TX 77665

Contact Person: Josh Wable:thael

Title: EMS Director

Phone Number: 409-296-9627 Fax Number: \_\_\_\_\_

E-Mail Address: Josh@WSVEMS.com

Name of Project, Program or Event: Rice Festival Medical Stand by 2025

Date of Program or Event: 9/26/25 - 10/4/25

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: \$4,932.00

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): See attached

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
- Community Healthcare
- Economic Development
- Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material): \_\_\_\_\_

See attached

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature [Signature]

Name Josh Wable:thael

Title EMS Director

TEX. GOVT. CODE, Ch. 2260, as currently effective, hereafter enacted or subsequently amended.

**21. Applicable Law and Venue**

This Contract shall be construed, and all disputes shall be considered in accordance with the laws of the State of Texas, without regard to its principles governing the conflict of laws. Provided that the Recipient first complies with procedures set forth in "Alternative Dispute Resolution," exclusive venue and jurisdiction for the resolution of claims arising from or related to this Contract shall be in Chambers County, Texas.

**22. Attorneys' Fees**

To the extent allowed by the laws of the State of Texas, in the event of any litigation, appeal or other legal action to enforce any provision of the Contract, the Recipient shall pay all expenses of such action, including attorneys' fees and costs, if the District is the prevailing party.

IN WITNESS WHEREOF, the parties hereto have duly executed this GENERAL TERMS, CONDITIONS, AND UNDERTSTANDINGS, the \_\_\_\_ day of \_\_\_\_\_, 201\_.

<hr/> Mr. Edward Murrell President Winnie Stowell Hospital District	<hr/> Name Title Entity
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**Exhibit "B"**

**WINNIE STOWELL HOSPITAL DISTRICT  
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,  
P. O. Box 1997, Winnie, Texas 77665;  
**No later than two (2) weeks prior to the funding deadline)**

Date: 6/23/25

Organization/Individual Requesting Grant Funds: Winnie-Stowell Volunteer EMS  
Organization/Individual Address: Po Box 755  
Winnie, TX 77665  
Contact Person: Josh Wableithner  
Title: EMS Director  
Phone Number: 409-296-9627 Fax Number: \_\_\_\_\_  
E-Mail Address: Josh@WSVEMS.com

Name of Project, Program or Event: Rice Festival Medical Stand by 2025  
Date of Program or Event: 9/26/25 - 10/4/25

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: \$4,932.00

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): See attached

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
- Community Healthcare
- Economic Development
- Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material):  
See attached

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature: [Signature]  
Name: Josh Wableithner  
Title: EMS Director

**Winnie EMS Salary Expenses For Rice Festival 2025**

**Staffing Numbers**

	9/26/2025	9/27/2025	10/1/2025	10/2/2025	10/3/2025	10/4/2025
AEMT	1200 - 2200	0900 - 2200	1600 - 0100	1600 - 0100	0800 - 0100	0800 - 0100
EMT			1600 - 0100	1600 - 0100	0800 - 0100	0800 - 0100
Medic			1600 - 0100	1600 - 0100	0800 - 0100	0800 - 0100
Medic			1600 - 0100	1600 - 0100	0800 - 0100	0800 - 0100

**Staffing Hours**

	9/26/2025	9/27/2025	10/1/2025	10/2/2025	10/3/2025	10/4/2025	Total
AEMT	10	13	9	9	17	17	75
EMT			9	9	17	17	52
Medic			9	9	17	17	52
Medic			9	9	17	17	52
<b>Total</b>	<b>10</b>	<b>13</b>	<b>36</b>	<b>36</b>	<b>68</b>	<b>68</b>	<b>231</b>

**Staffing Expenses**

	9/26/2025	9/27/2025	10/1/2025	10/2/2025	10/3/2025	10/4/2025	Event Total
AEMT	\$ 200.00	\$ 260.00	\$ 180.00	\$ 180.00	\$ 340.00	\$ 340.00	\$ 1,500.00
EMT	\$ -	\$ -	\$ 162.00	\$ 162.00	\$ 306.00	\$ 306.00	\$ 936.00
Medic	\$ -		\$ 216.00	\$ 216.00	\$ 408.00	\$ 408.00	\$ 1,248.00
Medic	\$ -	\$ -	\$ 216.00	\$ 216.00	\$ 408.00	\$ 408.00	\$ 1,248.00
<b>Daily Summary</b>	<b>\$ 200.00</b>	<b>\$ 260.00</b>	<b>\$ 774.00</b>	<b>\$ 774.00</b>	<b>\$ 1,462.00</b>	<b>\$ 1,462.00</b>	<b>\$ 4,932.00</b>

**Winnie EMS Salary Expenses For Rice Festival 2025**

Straight Time	EMT	AEMT	Medic
Part time	\$ 17.00	\$ 19.00	\$ 22.00
Full time	\$ 18.00	\$ 20.00	\$ 24.00
Admin Asst.	\$ -	\$ 18.00	\$ -
AEMT/FTO/Logis.	\$ -	\$ 22.00	\$ -

Overtime Time	EMT	AEMT	Medic
Part time	\$ 25.50	\$ 28.50	\$ 33.00
Full time	\$ 27.00	\$ 30.00	\$ 36.00
Admin Asst.	\$ -	\$ 27.00	\$ -
AEMT/FTO/Logis.	\$ -	\$ 33.00	\$ -

# **EXHIBIT “H”**

**Exhibit "B"**

**WINNIE STOWELL HOSPITAL DISTRICT  
GRANT/SPONSORSHIP COVER SHEET**

(Please return to Winnie Stowell Hospital District,  
P. O. Box 1997, Winnie, Texas 77665;  
**No later than two (2) weeks prior to the funding deadline)**

Date: 07/10/2025

Organization/Individual Requesting Grant Funds: RICELAND MEDICAL CENTER

Organization/Individual Address: 538 BROADWAY  
WINNIE, TX 77665

Contact Person: MO DANISHMUND

Title: CFO

Phone Number: 409-730-8054 Fax Number: 409-730-8055

E-Mail Address: MO@STARCOIMPEX.COM

Name of Project, Program or Event: CHILLER REPLACEMENT

Date of Program or Event: TBD

Is your organization (check one):

- Non-profit and classified as tax-exempt under Sections 501(c) (3) or 170(c) of the United States Internal Revenue Code (attach copy of organizations tax and exemption information)
- Public Agency
- Private Healthcare Provider
- None of the above

Dollar Amount or In-kind Services Requested: TBD

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): SUPPORT MATERIAL ATTACHED

Which of the following does the requested sponsorship support (check all that apply):

- Indigent Care
- Community Healthcare
- Economic Development
- Community Outreach

Please provide a brief description of the request provided how the request will help the District will assist the District in achieving its stated purposes. (Please complete below, or you may also attach support material):  
SUPPORT MATERIAL ATTACHED

Please verify that this grant is a tax free donation in which 100% of the grant proceeds will be spent for the designed purpose and no money donated by the District will be used to offset taxes of any kind.

Signature \_\_\_\_\_  
Name MO DANISHMUND  
Title CFO

NANCE INTERNATIONAL INC.  
BEAUMONT, TX. 77701



# QUOTATION

DATE	QUOTE #
7/2/2025	106290

NAME / ADDRESS
True Southern Real Estate 85 IH-10 N Suite 109 Beaumont, TX 77707

RFQ#	PROJECT/JOB	TERMS	LEAD TIME	REP	FOB
Winnie		Advanced ...	18 Weeks	SRP	Bmt
ITEM	DESCRIPTION	QTY	U/M	COST	TOTAL
001	30RC-1525S56HJ7-2  High Eff. Air Cooled Scroll Chiller, 150 Ton, 460-3-60 > R-32 > 7" Color Touch Screen Control Panel Display > Freeze Protection > Suction Line Insulation > BACnet IP & MS/TP > Suction Service Valve > Hot Gas Bypass > Scroll Compressors > Shell-and-Tube DX Cooler > MicroChannel Coils w/ E-COAT > Single Point Power Connection > 10kA SCCR > Coil Trim Panels > Chilled Water Flow Switch > Factory Startup & 1st Year Parts & Labor Warranty > Dual Pump Package	1	ea	171,000.00	171,000.00T
	QuoteValid for 30 Days EXWorks Beaumont, TX				
	Sales Tax			8.25%	14,107.50
				<b>Total</b>	<b>\$185,107.50</b>



Proposal valid for 15 Days

Date: 07/17/2025

True Southern Reality  
 Attention: Brittany Givens  
 Cell: 409-273-9133  
 E-Mail: purchasing@ricelandhealthcare.com  
 Job/Quote # 25-0218

From: Wade Jones  
 Email: t.jones@nanceinternational.com  
 Cell: 409-540-9486

Work Location: Winnie, TX  
 Location/Equipment ID: Riceland Medical / chiller replacement

Nance International Inc. appreciates the opportunity to offer the following proposal. We pride ourselves in providing our customers with quality products, installations, and service.

Nance International Inc. furnishes the following proposal: Setting temporary chiller and pump to cool the facility during the replacement of the chiller. This quote includes labor to remove old chiller and install the new chiller, electrical from the disconnect to the chiller, water line configuration, water line insulation, and equipment to set the new chiller in place on the existing pad. The replacement of the chiller is expected to last 3-4 days. The rental equipment is rented by the week, if the job runs over a week for unseen reasons the rental of the temporary chiller will be charged as needed.

<u>Item</u>	<u>QTY</u>	<u>Description</u>
1	1	Equipment & materials <ul style="list-style-type: none"> <li>• To be supplied by Nance</li> <li>• Electrical conduit and wire</li> <li>• Pipe materials</li> <li>• Pipe insulation</li> <li>• Lift for unit placement</li> </ul>
2	1	Process <ul style="list-style-type: none"> <li>• Work schedule to be minimum 8 hour days Monday – Friday</li> <li>• Disposal of equipment and debris included</li> </ul>
3	1	Safety Precautions <ul style="list-style-type: none"> <li>• NFPA-70E Certified</li> <li>• TWIC Certified</li> <li>• EPA Certified</li> <li>• NCCER Certified</li> <li>• Randon Drug Screening</li> <li>• Safety Glasses</li> <li>• Protective footwear</li> <li>• Gloves for the task</li> <li>• Safety discussions (morning toolbox talk)</li> <li>• JSA – Daily</li> </ul>
4	1	Water piping Package <ul style="list-style-type: none"> <li>• Welder to reconfigure water lines</li> <li>• New pipe insulation with metal lagging on the modified water lines</li> <li>• 6" black iron and fittings</li> </ul>
5	1	Start-up <ul style="list-style-type: none"> <li>• Fuction test all components installed before turnover and document by customer sign-off.</li> </ul>

Labor and materials:	\$ 43,850.00
Weekly Equipment and rental chiller:	\$ 13,121.75
Warranty option one 2-5 year parts and labor:	\$ 12,530.00
Warranty option two 2-10 year parts and labor:	\$ 37,380.00



**Items not included in Proposal:**

1. Any changes or modifications not listed in proposal, or proposed scope of work
2. All work delays out of the control of Nance International Inc. This will be billed at regular rates.
3. Repairs to any other existing HVAC equipment
4. Labor warranty on any part of the equipment that is customer supplied.
5. Parts for repairs
6. Lifts, scaffolding, vents, dampers, airflow, boilers, pumps, or any other equipment not associated with scope.

For HVAC planned maintenance on your equipment call +1 409-838-6127 and ask for the Maintenance Division.

Any additional work created by a change in scope could require a Change Order between Nance International Inc. & client prior to commencement.

**TERMS & CONDITIONS OF PAYMENT**

[https://www.nanceinternational.com/s/NANCE-General-Terms\\_and-Conditions-2022.pdf](https://www.nanceinternational.com/s/NANCE-General-Terms_and-Conditions-2022.pdf)

If we may be of further service in any way, please do not hesitate to contact our office at (409) 838-6127.

TACLA004221C

Regulated by the Texas Department of Licensing and Registration, PO Box 12157, Austin TX 78711, 800-803-9202 Please allow time for procurement and shipment of equipment. Taxes are not included in above pricing, please add if applicable.

Thank you for allowing us to provide this proposal for your review, please let us know if you have any questions concerning our proposal and thank you for allowing Nance International Inc. to provide our services to your company.

Customer Approval \_\_\_\_\_

Nance Representative: Wade Jones



Date: 07/18/2025

Proposal valid for 15 Days

**Riceland Medical**

Attention: Brittany Givens  
 Cell: 409-273-9133  
 E-Mail: purchasing@ricelandhealthcare.com

From: Wade Jones  
 Email: [t.jones@67gmail.com](mailto:t.jones@67gmail.com)  
 Phone: 409-540-9486

Job/Quote # 25-0255  
 Work Location: Riceland Medical- Winnie, Tx  
 Location/Equipment ID: Chiller Pad

Nance International Inc. appreciates the opportunity to offer the following proposal. We pride ourselves in providing our customers with quality products, installations, and service.

Nance International Inc. furnishes the following proposal: Based on the survey performed by Nance International. Any work performed by Nance International must have a credit card on file or account set up with Nance International.

Nance International Inc. furnishes the following proposal: Quarterly inspection & cleaning of the HVAC equipment for the office areas, and other locations noted by the customer. The equipment list accompanies 20 split DX systems and 4 wall mounted systems for cooling and heating purposes. This contract will renew after year 1 for consecutive years until written notice from Pak-Oil has been received.

- Planned Maintenance Program to consist of the following and to be scheduled during Nance regular business hours of 8:00AM – 5:00PM
  - Quarterly Maintenance
    - Check temperature split of chilled water
    - Visual inspection of outdoor pipe insulation
    - Visual inspection of electrical components
    - Visual inspection of refrigerant piping insulation
    - Visual inspection of refrigerat piping for signs of leaks
    - Check and record any abnormalities / failures
    - Verify cooling capabilities
    - Clean condenser coils with water only, no chemicals
    - Record Refrigerant pressure readings
    - Record Superheat / sub-cool readings
    - Record voltage and amp draws on all electrical motors
    - Tighten all electrical connections
    - Check outdoor fan blades for cracks/deterioration
    - Verify accurate temperature reading of sensors on the chiller
    - Verify operations of chiller
    - Notify management of malfunctioning equipment

Item	QTY	Description
1	lot	Cleaning Supplies
2	lot	Labor

Total yearly cost \$ 6308.57  
 Billed in Monthly increments (\$ 525.72)



**Items not included in Proposal:**

1. Any changes or modifications not listed in proposal, or proposed scope of work
2. All work delays out of the control of Nance International Inc. This will be billed at regular rates.
3. Repairs to any other existing HVAC equipment
4. Labor warranty on any part of the equipment that is customer supplied.
5. Parts for repairs
6. Lifts, scaffolding, vents, dampers, airflow, boilers, pumps, or any other equipment not associated with scope.

For HVAC planned maintenance on your equipment call +1 409-838-6127 and ask for the Maintenance Division.

Any additional work created by a change in scope could require a Change Order between Nance International Inc. & client prior to commencement.

**TERMS & CONDITIONS OF PAYMENT**

[https://www.nanceinternational.com/s/NANCE-General-Terms\\_and-Conditions-2022.pdf](https://www.nanceinternational.com/s/NANCE-General-Terms_and-Conditions-2022.pdf)

If we may be of further service in any way, please do not hesitate to contact our office at (409) 838-6127.

Thank you for allowing us to provide this proposal for your review, please let us know if you have any questions concerning our proposal and thank you for allowing Nance International Inc. to provide our services to your company.

Customer Approval \_\_\_\_\_

Nance Representative: Wade Jones



**STAR**  
**SERVICE, INC.**  
A FIDELITY COMPANY

## **Riceland Healthcare – Winnie Hospital**

*Chiller Replacement Project*

*Proposed Project Agreement*

**Date:**

6/25/2025

**Proposal Number:**

P20996

**Prepared for:**

Winnie Hospital  
538 Broadway Avenue  
Winnie, Texas 77665

**Prepared by:**

Daniel Capone  
281-818-0772



## PROJECT PROPOSAL

**Company**  
Star Service Houston  
7425 Major St Houston, TX 77061  
Ph: 281-818-0772  
Fax: 281-481-8650

Proposal Date: 6/25/2025  
Proposal Number: P20996  
Agreement Number: 43385

Contractor License: TACLA 113893C / TECL 35950 /MPL

**Bill To Identity:**  
Riceland Medical Center  
538 Broadway  
Winnie, TX 77665

**Agreement Location**  
Riceland Medical Center  
538 Broadway Avenue  
Winnie, Texas 77665

**Star Service Houston, a Fidelity Building Services Group Company, is pleased to submit our proposal for**

### **Chiller Replacement**

#### **Scope of Work**

**Provide the necessary crane, rigging & trucking required throughout the project timeline**

- Obtain the required Mechanical Permit from City of Winnie Texas as required
- Perform lockout/tagout to high voltage electric following NFPA70E requirements
- Perform lockout/tagout of chilled water make-up, supply & return piping following OSHA's Hazardous Energy (29 CFR 1910.147) requirements
- Remove existing chilled water pipe insulation, aluminum wrap from evaporator back to isolation valves & dispose
- *Disconnect supply & return chilled water piping, valves, water specialties & fittings from evaporator barrel back to first set of isolation valves*
- *Disconnect high voltage liquid tight, conduit wiring from existing chiller back to disconnect*
- *Removal of One (1) existing Carrier air-cooled chiller & dispose per EPA regulated guidelines*

#### **Chiller**

- *Provide & Install One (1) New Carrier Air-Cooled Chiller Model # 30RC-132 built with the following features:*
  - 460 volt – 3-Phase – 60 Hertz
  - 123.3 Tons of Nominal Cooling (R-32 Refrigerant)
  - Evaporator Heater (**Low Temperature Freeze Protection**)
  - Hot Gas By-Pass
  - Micro-Channel Condenser Coils
  - Factory Installed - BACnet Communications Module
  - Condenser Coil Hail Guards
  - Factory Installed Pump Package



**Installation**

- Provide & Install the necessary new chilled water supply & return piping to new Carrier chiller as required for reconnection to existing chilled water piping
- Provide & Install the necessary new water specialties as required
- Provide & Install the necessary new pipe stands/hangers to support new piping as required
- Fill chilled water piping & bleed air from chilled water piping back to isolation valves
- Perform pressure test & inspect for leaks
- Provide & Install the necessary new high voltage conduit, liquid tight, electrical fittings, clamps, electrical wire required to reconnect main high voltage power to new chiller
- Provide & Install new 1 1/2-inch-thick Koolphen insulation pipe covering with .016 smooth aluminum jacket on new chilled water piping, valves & disturbed area's
- Remove lockout/tagout from high & low voltage disconnects
- Perform Carrier Factory Start-up
- Perform the necessary fine tuning of the chiller controls to maximize chillers efficiency's
- Clean-up work area daily
- Meet with City of Winnie Mechanical Inspector to review replacement & close permit
- All work to be performed during "**Normal Working Hours**"
- 1-Year Parts & Labor Warranty

**Lead Time – 18 Weeks from Carrier**

**Exclusions:**

- Any work outside of the above-described solution will be quoted separately
- Temporary Chiller

**Base Bid**

**Total Investment Required to Implement the Proposed Solution:**  
 .....\$ **216,879.00**  
**Two Hundred Sixteen Thousand Eight Hundred Seventy-Nine Dollars & 00/100**  
**(Plus, all applicable taxes)**

**Option # 1 – 2<sup>nd</sup> – 5<sup>th</sup> Year Parts & Labor Carrier Factory Warranty**

**Add to Base Bid Above** .....\$ **14,850.00**

**Option # 2 – 2<sup>nd</sup> – 10<sup>th</sup> Year Parts & Labor Carrier Factory Warranty**

**Add to Base Bid Above** .....\$ **44,368.00**

**Quote valid for 30 days**

**Schedule of Values - Billing**

- 30% - Mobilization / Materials Billed Upon Acceptance of Project
- 60% - 50% of Project Completion
- 90% - 100% Upon Completion of Project
- 10% - Upon Completion & Acceptance

Please let me know if you have any questions.

Thank you,  
 Daniel Capone  
 Star Service, Inc



This proposal is valid for a period of fifteen (30) days, and if not accepted within that time frame, it shall be automatically rescinded, and any replacement proposal may be subject to increased costs. Upon execution as provided below, this agreement, including the following pages attached hereto (collectively, the "Agreement"), shall become a binding and enforceable agreement against both parties hereto. Customer, by execution of this Agreement, acknowledges that it has reviewed and understands the attached terms and conditions and has the authority to enter into this Agreement.

**Contractor**

**Customer**

\_\_\_\_\_  
Signature (Authorized Representative)

Daniel Capone

\_\_\_\_\_  
Name (Print/ Type)

281-818-0772

\_\_\_\_\_  
Phone

6/25/2025

P20996

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposal #

\_\_\_\_\_  
Signature (Authorized Representative)

\_\_\_\_\_  
Name (Print/ Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
PO#



## ***Project Agreement Terms and Conditions***

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Throughout this Agreement:

Riceland Healthcare shall be known as the Customer.

Star Service Houston shall be known as the Contractor.

These terms and conditions of the Agreement (the "Agreement") and all of the sections included, are integral parts of and form the Agreement between the Contractor and the Customer. In the event the Customer seeks to have the Contractor enter into a separate written contract for the scope of work of this Agreement (the "Work"): (1) the separate written contract must be acceptable to the Contractor; (2) the entire Agreement shall be attached to and incorporated by reference in such separate written contract, (3) to the extent that there is a conflict between the terms and conditions of the Agreement and the terms and conditions of the separate written contract, the terms and conditions of this Agreement shall control; and (4) if the Contractor and the Customer are unable to agree upon a mutually acceptable separate written contract, the Contractor shall have the right to rescind the quote included with this Agreement without liability to the Contractor.

This Agreement shall not include maintenance, repairs, service or replacements necessitated by any loss or damage resulting from any cause beyond the control of the Contractor, including but not limited to damage or loss due to lack of water, freezing, loss or insufficient electric power or fuel source, hail, flood, windstorm, excessive rain, snow, freezing weather, lightning, earthquake, theft, fire, riots of any origin, strikes, wars, misuse, negligence by person(s) other than those representing the Contractor, vandalism, acts of government, building code requirements, insurance company requirements, unauthorized adjustments or repairs, or any other peril or act of God. The cost of all repairs, modifications, or alterations necessitated by the above shall be the responsibility of the Customer and payable to the Contractor at the Contractor's current service rates.

All reasonable efforts shall be extended in performing the Work as requested by the Customer, but the Contractor shall not be liable for any losses, liquidated damages or consequential damages that arise out of delays, misuse by the Customer, or the Customer's agents or employees. The Customer acknowledges that, to the extent the Work requires the Contractor to order materials and/or equipment from its suppliers and vendors, any lead times communicated to the Customer or included in the Agreement are estimates only based upon information provided by such suppliers and vendors, and such estimates are outside the reasonable control of the Contractor. The Contractor agrees to use its reasonable efforts to obtain materials and equipment consistent with such estimated lead times; however, to the extent any deliveries occur beyond such estimated lead times, the Contractor: (1) will communicate such delays within three (3) days of when the Contractor discovers such delay; (2) shall be entitled to an extension of time to perform its Work; and (3) shall not be liable for any liquidated damages associated with such delays in delivery.

The Customer agrees to pay the Contractor the price set forth in the Agreement (the "Price"). The terms of payment for all invoices submitted by the Contractor are net thirty (30) days from the Customer's receipt of such invoice. The Customer's obligation to pay the Contractor shall not be contingent upon or delayed by prior payment of a third-party, including but not limited to any insurance companies or the Customer's client. In the event that the Customer objects to the charges in any invoice, the Customer shall notify the Contractor in writing the basis for such objection within fifteen (15) days of its receipt of such invoice, and if the Customer fails to provide written notice within such timeframe, the Customer's objection shall be deemed waived, and the invoice shall be deemed due and payable for the amount of such invoice. The Price does not include any costs associated with using any invoicing software, portals or services required by the Customer or of any requirement by the Customer for the Contractor to procure additional insurance or higher limits of insurance than are typically carried by the Contractor. To the extent there are any costs incurred by the Contractor to comply with any such requirements, the Customer agrees to reimburse the Contractor for such additional costs. The Customer will be responsible for any price increases that the Contractor incurs as a result of any tariffs imposed on the equipment and materials reflected in its scope of work, including any tariffs on any component parts of the equipment and materials. In the event the Contractor incurs any such tariff-related price increase, the Customer will issue a change order to the Contractor to adjust the contract price to reflect the tariff-related price increase.

The Customer further agrees to pay finance charges of 1½% per month for invoices not paid within thirty (30) days of the Customer's receipt of such invoice. In the event that the Customer fails to pay the Contractor in accordance with the agreed payment terms: (1) the Contractor may, at its sole discretion, stop all work under this Agreement and any other Agreement between the Contractor and the Customer until such time as the Customer's account is brought current; and (2) the Customer agrees to reimburse the Contractor for any and all costs of collection of the outstanding balance, including but not limited to the Contractor's attorneys' fees, expert fees, court costs and any other legal expenses that the Contractor incurs, even if the costs of collection exceed the outstanding balance. The Contractor and the Customer agree that in the event a dispute arises with respect to this Agreement, such dispute shall be resolved



in a court of competent jurisdiction in the county in which the Contractor's home office is located and this Agreement shall be governed and interpreted by the laws of the state in which the Contractor's home office is located, exclusive of its conflict of laws principles. THE CONTRACTOR AND THE CUSTOMER EXPRESSLY CONSENT TO THE PERSONAL JURISDICTION OF THE AFORMENTIONED STATE, AGREE TO THE AFOREMENTIONED COUNTY AS THE APPROPRIATE VENUE FOR DISPUTES, AND IRREVOCABLY WAIVE TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM, WHETHER AT LAW OR IN EQUITY, BROUGHT BY EITHER PARTY IN CONNECTION WITH THIS AGREEMENT.

The Contractor's liability hereunder shall not exceed the amount paid to the Contractor under this Agreement. In no event shall the Contractor be liable for consequential damages or losses, including but not limited to loss of profits, loss of use of the Work, loss of the use of any associated or supported equipment, high or unusual utility cost, investment cost of substitute facilities, or rental of equipment. In the event the project for which the Work is being performed is covered by builder's risk insurance, the Contractor shall be named as an additional insured on such builder's risk policy, and within three (3) days of the execution of the Agreement, the Customer shall provide the Contractor with a certificate of insurance reflecting the Contractor's status as an additional insured of such policy. If, during the performance of the Agreement, the Work is damaged as a result of the acts or omissions of the Customer, of the Customer's other contractors and/or subcontractors, and/or any other third-parties, the Customer shall be responsible for reimbursing the Contractor for reasonable charges associated with the repair and/or replacement of the Work.

The Contractor agrees to warrant the labor and installation of materials, part and equipment used in connection with the Work for a period of one (1) year from substantial completion of the Work (the "Warranty Period"). Provided the Customer notifies the Contractor in writing so that it is received by the Contractor during the Warranty Period, the Contractor agrees to either repair or replace any defective installation performed by the Contractor. The determination as to whether such work is to be repaired or replaced is within the sole discretion of the Contractor. In the event the Customer requires the Contractor to enter into a separate written contract, and such document requires a longer warranty period than as stated herein, including but not limited to the point at which the Warranty Period commences, the Customer agrees that, to the extent the Contractor can obtain an extended warranty from the manufacturer(s) of the of materials, part and equipment to comply with such longer warranty period, the Customer agrees to pay the Contractor for any additional charges associated with obtaining such extended warranty. Any warranty of the materials, parts and equipment installed by the Contractor shall be subject to the manufacturers' standard warranty terms, if any, and the Customer's exclusive remedy with respect to any claims of defects in such materials, parts or equipment shall be governed by the manufacturers' standard warranty. To the fullest extent permitted by law, the Customer shall defend, indemnify and hold harmless the Contractor, its agent and employees from and against all claims, damages, losses and expenses (including but not limited to attorneys' fees) arising out of or resulting from the performance of work hereunder, provided that such claim, damage, loss or expense is caused in whole or in part by an active or passive act or omission of the Customer, anyone directly or indirectly employed by the Customer, or anyone for whose acts the Customer may be liable, regardless of whether it is caused in part by the negligence of the Contractor. Further and notwithstanding the preceding sentence, the Contractor shall be held harmless by the Customer and shall not be liable to the Customer for any claims, liabilities, damages, losses and expenses related to mold or the creation of mold at the Customer's location(s) and shall have no obligation to treat, identify or remove such mold. In the event the Customer requires the Contractor to enter into a separate written contract, and such document requires the Contractor to hold harmless, indemnify, and/or defend the Customer and/or third parties, any such requirement shall be limited to the extent of the Contractor's negligence, and the Contractor shall have no obligation to hold harmless, indemnify or defend the Customer and/or third parties for the negligence of the Customer and third parties.

The Customer and the Contractor acknowledge that pandemics and/or epidemics may severely impact the location where the services will be performed. As a result, in the event of a pandemic and/or epidemic, Federal, State and Local guidelines and requirements may be imposed and modified, which may impact the timing and cost of the services under the Agreement.

The Customer and the Contractor agree that: (1) the Customer and the Contractor will both use commercially reasonable efforts with respect to the services under the Agreement; (2) the Customer and the Contractor and their respective employees, agents and representatives will comply with applicable Federal, State and Local government quarantines, shelter-in-place orders, regulations, executive orders and/or directives, including but not limited to any recommendations or requirements of the Centers for Disease Control, U.S. Department of Labor, U.S. Department of Health and Human Services, and/or any comparable State or Local agencies (collectively, "Pandemic/Epidemic Requirements"); (3) the Customer and the Contractor will both use commercially reasonable efforts to keep each other informed of pertinent updates or developments regarding their obligations to comply with Pandemic/Epidemic Requirements; and (4) if the Contractor's performance of the Work is delayed, suspended and/or effected by Pandemic/Epidemic Requirements and/or by their direct or indirect impacts, the Contractor shall be entitled to adjustments to the schedule and/or the prices under the Agreement, provided the Contractor notifies the Customer within a reasonable period of time after the Contractor learns of the delay, suspension and/or effect.



my

Simon Haward  
406732100

# Riceland Healthcare Chiller Replacement

WINNIE, TX  
DEREK MILLS



# Proposal

Beaumont TX  
4683 COLLEGE ST  
BEAUMONT, TX 77707-3809

TO: Riceland Healthcare  
538 Broadway Ave  
Winnie, Texas 77665

Date: June 18, 2025

Johnson Controls is pleased to present you with a bid for a YORK Air-Cooled, Scroll Chiller. This chiller will be installed by Johnson Control Technicians. This price also includes a 10 Year Parts and Labor Warranty.

We propose to furnish the materials and/or perform the work described below for the net price of **\$284,501.23** Two hundred eighty-four thousand, five hundred one dollars and 23/100.

Equipment Cost + Parts & Labor Warranty: \$175,500

Labor: \$69,000

Rigging: \$7,000

Disposal: \$5,000

Piping Material: \$5,032.13

- welding rods/oxygen/fittings/electrical fittings/gauges/thermal fittings/thermal welds

Insulation: \$16,000

Coil Coatings: \$6,969.10

**Total Before Taxes: \$284,501.23** *plus*

Estimated Taxes: \$13,000

For the above price this proposal includes:

*+ Rental Cooling 14425-23 1st week  
Additional week O3 cooling 9423.20*

Replacement of Scroll Chiller

Payment Terms & Schedule:

30% at time of issuance of PO, net 30 days

20% at time of equipment shipment

50% at time of completion



**Exclusions & Clarifications:**

1. Temporary utilities, heat, ventilation, or Air conditioning/rental chiller
2. Site work
3. Site clearing
4. Any damages done to ceiling during/from removal of existing unit
5. Freight
6. Interim fees or use fees
7. Price subject to change due to delays from weather
8. Conduit for controls wiring
9. Wall Penetrations
10. Scaffolding
11. Concrete work
12. Electrical work
13. Overtime
14. All labor and material not specifically outlined in this proposal.

**This proposal and alternates listed below are hereby accepted and Johnson Controls is authorized to proceed with work; subject, however to credit approval by Johnson Controls, Inc., Milwaukee, Wisconsin.**

**This proposal is valid until: July 31, 2025**

**Riceland Healthcare**

**Johnson Controls, Inc.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

PO: \_\_\_\_\_

Name: Anthony Shue

Title: Branch Manager

Date: \_\_\_\_\_

\_\_\_\_\_

<b>CUSTOMER ACCEPTANCE:</b>
-----------------------------



## TERMS AND CONDITIONS

By accepting this proposal, Purchaser agrees to be bound by the following terms and conditions:

1. **SCOPE OF WORK.** This proposal is based upon the use of straight time labor only. Plastering, patching and painting are excluded. "In-line" duct and piping devices, including, but not limited to, valves, dampers, humidifiers, wells, taps, flow meters, orifices, etc., if required hereunder to be furnished by Johnson Controls, Inc. (hereinafter referred to as JCI), shall be distributed and installed by others under JCI's supervision but at no additional cost to JCI. Purchaser agrees to provide JCI with required field utilities (electricity, toilets, drinking water, project hoist, elevator service, etc.) without charge. JCI agrees to keep the job site clean of debris arising out of its own operations. Purchaser shall not back charge JCI for any costs or expenses without JCI's written consent unless specifically noted in the statement of the scope of work or services undertaken by JCI under this agreement, JCI's obligations under this agreement expressly exclude any work or service of any nature associated or connected with the identification, abatement, clean up, control, removal, or disposal of environment Hazards or dangerous substances, to include but not be limited to asbestos or PCSs, discovered in or on the premises. Any language or provision of the agreement elsewhere contained which may authorize or empower the Purchaser to change, modify, or alter the scope of work or services to be performed by JCI shall not operate to compel JCI to perform any work relating to Hazards without JCI's express written consent.

2. **INVOICING & PAYMENTS.** JCI may invoice Purchaser monthly for all materials delivered to the job site or to an off-site storage facility and for all work performed on-site and off-site. Purchaser shall pay ten percent (10%) of the contract price is for engineering, drafting and other mobilization costs incurred prior to installation. This 10% shall be included in JCI's initial invoice. All payments are due net thirty (30) days from the date of invoice. Invoices shall be paid by Purchaser via electronic delivery via EFT/ACH. Waivers of lien will be furnished upon request as the work progresses to the extent payments are received. Invoicing disputes must be identified in writing within 21 days of the date of invoice. Payments of any disputed amounts are due and payable upon resolution. All other undisputed amounts remain due within 30 days from the date of invoice. In the event of Purchaser's default, the balance of any outstanding amounts will be immediately due and payable. Payment is a condition precedent to JCI's obligation to perform under the agreement. Purchaser acknowledges and agrees that timely payments of the full amounts listed on invoices is an essential term of this Agreement and that failure to make payment in full when due is a material breach of this Agreement. Purchaser further acknowledges that if there is any amount outstanding on an invoice, it is material to JCI will give JCI, without prejudice to any other right or remedy, the right to, without notice: (i) suspend, discontinue or terminate performing any services and/or withhold further deliveries of equipment and other materials, terminate or suspend any unpaid software licenses, and/or suspend JCI's obligations under or terminate this Agreement; and (ii) charge Purchaser interest on the amounts unpaid at a rate equal to the lesser of one and one half (1.5) percent per month or the maximum rate permitted under applicable law, until payment is made in full. JCI's election to continue providing future services does not, in any way diminish JCI's right to terminate or suspend services or exercise any or all rights or remedies under this Agreement. JCI shall not be liable for any damages, claims, expenses, or liabilities arising from or relating to suspension of services for non-payment. In the event that there are exigent circumstances requiring services or the JCI otherwise performs services at the premises following suspension, those services shall be governed by the terms of this Agreement unless a separate contract is executed. If Purchaser disputes any late payment notice or JCI's efforts to collect payment, Purchaser shall immediately notify JCI in writing and explain the basis of the dispute.

JCI may increase prices upon notice to the Purchaser to reflect increases in material and labor costs. Prices for products covered by this proposal may be adjusted by JCI, upon notice to Purchaser at any time prior to shipment and regardless of Purchaser's acceptance of JCI's proposal or quotation, to reflect any increase in JCI's cost of raw materials (e.g., steel, aluminum) inability to secure Products, changes or increases in law, labor, taxes, duties, tariffs or quotas, acts of government, any similar charges, or to cover any extra, unforeseen and unusual cost elements

3. **DEPOSIT.** Purchaser agrees to pay a deposit equal to 30% of the project sell price (pre-tax) prior to JCI providing any labor or materials on the project. JCI will generate an invoice for the 30% deposit within three business days after JCI's receipt of a written agreement or order from Purchaser. JCI will not commence work until receipt of the deposit.

4. **MATERIALS.** If the materials or equipment included in this proposal become temporarily or permanently unavailable for reasons beyond the control and without the fault of JCI, then in the case of such temporary unavailability, the time for performance of the work shall be extended to the extent thereof, and in the case of permanent unavailability, JCI shall (a) be excused from furnishing said materials or equipment, and (b) be reimbursed for the difference between the cost of the materials or equipment permanently unavailable and the cost of a reasonably available substitute therefore.

4. **WARRANTY.** JCI warrants that the equipment manufactured by it shall be free from defects in material and workmanship arising from normal usage for a period of ninety (90) days from delivery of said equipment, or if installed by JCI, for a period of ninety (90) days from installation. JCI warrants that for equipment furnished and/or installed but not manufactured by JCI, JCI will extend the same warranty terms and conditions which JCI receives from the manufacturer of said equipment. For equipment installed by JCI, if Purchaser provides written notice to JCI of any such defect within thirty (30) days after the appearance or discovery of such defect, JCI shall, at its option, repair or replace the defective equipment. For equipment not installed by JCI, if Purchaser returns the defective equipment to JCI within thirty (30) days after appearance or discovery of such defect, JCI shall, at its option, repair or replace the defective equipment and return said equipment to Purchaser. All transportation charges incurred in connection with the warranty for equipment not installed by JCI shall be borne by Purchaser. These warranties do not extend to any equipment which has been repaired by others, abused, altered or misused,



or which has not been properly and reasonably maintained. THESE WARRANTIES ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THOSE OF MERCHANTABILITY AND FITNESS FOR A SPECIFIC PURPOSE. LIABILITY. To the maximum extent permitted by law, in no event shall JCI and its affiliates and their respective personnel, suppliers and vendors ("JCI Parties") be liable to Purchaser or any third party under any cause of action or theory of liability even if advised of the possibility of such damages, for any: (a) special, incidental, indirect, punitive or consequential damages; (b) loss of business, use, profits, revenues, customer opportunities, anticipated savings or goodwill; (c) business interruption; or (d) data loss or other losses arising from viruses, ransomware, cyber-attacks or failures or interruptions to network systems arising in any manner from the equipment or material furnished or the work performed pursuant to this agreement. In any case, the entire aggregate liability of the JCI Parties under this agreement for all damages, losses, causes of action, whether in contract, tort (including negligence), or otherwise, shall be limited to the amount actually received by JCI for the performance of its obligations hereunder.

**7. TAXES/TARIFFS.** The price of this proposal does not include duties, sales, use, excise, or other similar taxes, unless required by federal, state or local law. In addition to the stated price, Purchaser shall pay all taxes not legally required to be paid by JCI or, alternatively, shall provide JCI with acceptable tax exemption certificates. JCI shall provide Purchaser with any tax payment certificate upon request and after completion and acceptance of the work. Pricing for products and parts covered by this proposal does not include any amounts for changes in tariffs or other similar charges imposed and/or enacted by a government. At any time prior to shipment, JCI shall be entitled to an increase in time and money for any costs that it incurs directly or indirectly that arise out of or relate to changes in tariffs or similar charges due to such changes.

**8. DELAYS.** JCI shall not be liable for any delay in the performance of the work resulting from or attributed to acts or circumstances beyond JCI's control, including, but not limited to, acts of God, fire, riots, labor disputes, conditions of the premises, acts or omissions of the Purchaser, Owner or other Contractors or delays caused by suppliers or subcontractors of JCI, etc.

**9. COMPLIANCE WITH LAWS.** JCI shall comply with all applicable federal, state and local laws and regulations and shall obtain all temporary licenses and permits required for the prosecution of the work. Licenses and permits of a permanent nature shall be procured and paid for by the Purchaser.

**10. SCHEDULE.** JCI and Purchaser shall mutually agree upon a schedule for completion of the work. In the event Purchaser desires to change or accelerate the schedule or the schedule is otherwise accelerated, delayed, or impacted for reasons beyond the control of JCI, JCI shall be entitled to a change order equitably adjusting the compensation of JCI to account for the increased costs associated with such schedule changes.

**11. DISPUTES.** All disputes involving more than \$15,000 shall be resolved by arbitration in accordance with the rules of the American Arbitration Association. The prevailing party shall recover all legal costs and attorney's fees incurred as a result. Nothing here shall limit any rights under construction lien laws.

**12. INSURANCE.** Insurance coverage in excess of JCI's standard limits will be furnished when requested and required. No credit will be given or premium paid by JCI for insurance afforded by others.

**13. INDEMNITY.** The Parties hereto agree to indemnify each other from any and all liabilities, claims, expenses, losses or damages, including attorneys' fees, which may arise in connection with the execution of the work herein specified and which are caused, in whole or in part, by the negligent act or omission of the Indemnifying Party.

**14. OCCUPATIONAL SAFETY AND HEALTH.** The Parties hereto agree to notify each other immediately upon becoming aware of an inspection under, or any alleged violation of, the Occupational Safety and Health Act relating in any way to the project or project site.

**15. LEGAL FEES.** Purchaser agrees to pay and reimburse JCI for any and all reasonable legal fees which are incurred by JCI in the collection of amounts due and payable under this Agreement.

**16. ONE-YEAR CLAIMS LIMITATION.** No claim or cause of action, whether known or unknown, shall be brought against JCI more than one year after the claim first arose. Except as provided for herein, JCI's claims must also be brought within one year. Claims not subject to the one-year limitation include claims for unpaid: (a) contract amounts, (b) change order amounts (approved or requested) and (c) delays and/or work inefficiencies.

**17. PURCHASER RESPONSIBILITIES.** Purchaser is solely responsible for the establishment, operation, maintenance, access, security and other aspects of its computer network ("Network") and shall supply JCI secure Network access for providing its services. Products networked, connected to the internet, or otherwise connected to computers or other devices must be appropriately protected by Purchaser and/or end user against unauthorized access. Purchaser is responsible to take appropriate measures, including performing back-ups, to protect information, including without limit data, software, or files (collectively "Data") prior to receiving the service or products.

**18. FORCE MAJEURE.** JCI shall not be liable, nor in breach or default of its obligations under this Agreement, for delays, interruption, failure to render services, or any other failure by JCI to perform an obligation under this Agreement, where such delay, interruption or failure is caused, in whole or in part, directly or indirectly, by a Force Majeure Event. A "Force Majeure Event" is a condition or event that is beyond the reasonable control of JCI, whether foreseeable or unforeseeable, including, without limitation, acts of God, severe weather (including but not limited to hurricanes, tornados, severe snowstorms or severe rainstorms), wildfires, floods, earthquakes, seismic disturbances, or other natural disasters, acts or omissions of any governmental authority (including change of any applicable law or regulation), epidemics, pandemics, disease, viruses, quarantines, or other public health risks and/or responses thereto, condemnation, strikes, lock-outs, labor disputes, an increase of 5% or more in tariffs or other excise taxes for materials to be used on the project, fires, explosions or other casualties,



thefts, vandalism, civil disturbances, insurrection, mob violence, riots, war or other armed conflict (or the serious threat of same), acts of terrorism, electrical power outages, interruptions or degradations in telecommunications, computer, network, or electronic communications systems, data breach, cyber-attacks, ransomware, unavailability or shortage of parts, materials, supplies, or transportation, or any other cause or casualty beyond the reasonable control of JCI. If JCI's performance of the work is delayed, impacted, or prevented by a Force Majeure Event or its continued effects, JCI shall be excused from performance under the Agreement. Without limiting the generality of the foregoing, if JCI is delayed in achieving one or more of the scheduled milestones set forth in the Agreement due to a Force Majeure Event, JCI will be entitled to extend the relevant completion date by the amount of time that JCI was delayed as a result of the Force Majeure Event, plus such additional time as may be reasonably necessary to overcome the effect of the delay. To the extent that the Force Majeure Event directly or indirectly increases JCI's cost to perform the services, Customer is obligated to reimburse JCI for such increased costs, including, without limitation, costs incurred by JCI for additional labor, inventory storage, expedited shipping fees, trailer and equipment rental fees, subcontractor fees or other costs and expenses incurred by JCI in connection with the Force Majeure Event.

19. **SOFTWARE AND DIGITAL SERVICES.** Use, implementation, and deployment of the software and hosted software products ("Software") offered under these terms shall be subject to, and governed by, JCI's standard terms for such Software and Software related professional services in effect from time to time at <https://www.johnsoncontrols.com/techterms> (collectively, the "Software Terms"). Applicable Software Terms are incorporated herein by this reference. Other than the right to use the Software as set forth in the Software Terms, JCI and its licensors reserve all right, title, and interest (including all intellectual property rights) in and to the Software and improvements to the Software. The Software that is licensed hereunder is licensed subject to the Software Terms and not sold. If there is a conflict between the other terms herein and the Software Terms, the Software Terms shall take precedence and govern with respect to rights and responsibilities relating to the Software, its implementation and deployment and any improvements thereto.

20. **PRIVACY.**

(a) *JCI as Processor:* Where JCI factually acts as Processor of Personal Data on behalf of Purchaser (as such terms are defined in the DPA) the terms at [www.johnsoncontrols.com/dpa](http://www.johnsoncontrols.com/dpa) shall apply.

(b) *JCI as Controller:* JCI will collect, process and transfer certain personal data of Purchaser and its personnel related to the business relationship between it and Purchaser (for example names, email addresses, telephone numbers) as controller and in accordance with JCI's Privacy Notice at <https://www.johnsoncontrols.com/privacy>. Purchaser acknowledges JCI's Privacy Notice and strictly to the extent consent is mandatorily required under applicable law, Purchaser consents to such collection, processing and transfer. To the extent consent to such collection, processing and transfer by JCI is mandatorily required from Purchaser's personnel under applicable law, Purchaser warrants and represents that it has obtained such consent.

21. **ENTIRE AGREEMENT.** This proposal, upon acceptance, shall constitute the entire agreement between the parties and supersedes any prior representations or understandings.

22. **CHANGES.** No change or modification of any of the terms and conditions stated herein shall be binding upon Johnson unless accepted by Johnson in writing.

## Full Load - Design

### PIN

YLAA0155SJ	17XFBSDTXA	SXBLXCXX42	XEXXXHXX	XUXGXX1BX	XVGNXXI6			
...5...10	...5...20	...5...30	...5...40	...5...50	...5...60	...5...70	...5...80	...5...90

### Unit

Model No.	YLAA0155SJ17XFB
Number of Compressors	5
Compressor Type	Scroll - Hermetic
Number of Compressor Circuits	2
Refrigerant	R454B

### Performance Data

Cooling Capacity [tons.R]	129.6
Total Power Input [kW]	190.2
EER [Btu/W.h]	8.179
NPLV.IP [Btu/W.h]	17.03
A-Weighted Sound Power [dB(A)]	96.0

### Electrical Data

Nominal Voltage / Voltage Limits	200-208/3/60 / 180-220	
Compressor RLA (each circuit) [A]	106.2 / 106.2 / 106.2 / 106.2 / 106.2 / -	
High LRA Current (each circuit) [A]	652.0 / 652.0 / 652.0 / 652.0 / 652.0 / -	
Fan QTY (each circuit)	4 / 4	
Fan FLA (each circuit) [A]	7.6 / 7.6	
Min. Circuit Ampacity [A]	643.0	
Recommended Fuse / CB Rating [A]	700.0	
Max. Inverse Time CB Rating [A]	700.0	
Max. Dual Element Fuse Size [A]	700.0	
Unit Short Circuit Withstand [kA]	5 kA/208	
Wires Per Phase	3 + 2	
Wire Range (Lug Size)	#2/0 AWG - 400 kcmil + 250 - 500 kcmil	
Compressor kW	176.7	
Total kW w/ Hydrokit Power	194.5	

### Hydrokit

Pump Package Option	VSD Dual Pump, Full Feature
Pump Option	Pump Kit I required
Hydrokit Rated Head [ft H2O]	41.3
Required External Pressure Drop [ft H2O]	30.0
Machine Internal Pressure Drop [ft H2O]	12.6
Evaporator Pressure Drop [ft H2O]	5.18
Pump and Piping Pressure Drop [ft H2O]	6.07
Strainer Pressure Drop [ft H2O]	1.32
Fluid Connection Diameter [in]	3



### Performance Impacting Options

Starter Type	Across the line starter
Power Factor Correction Capacitor	No Power Capacitor required
Remote Evaporator	Standard Cooler required
Sound Kit	Acoustic Blanket Required
Fan	Low Sound Fans with VSD

### Weight & Dimensional Data

Shipping Weight [lbs]	8175
Operating Weight [lbs]	8287
Refrigerant Charge [lbs]	122
Length [in]	187.7
Width [in]	88.3
Height [in]	94.2

### Heat Exchanger Performance

Evaporator		Condenser (Air Cooled)	
Heat Exchanger Type	Plate Heat Exchanger	Ambient Air Temperature* [°F]	105.0
Entering Fluid Temperature* [°F]	56.00	Altitude* [ft]	0.00
Leaving Fluid Temperature* [°F]	42.00	Condensing Temperature [°F]	135.60 / 127.29
Flow Rate [USGPM]	221.0	Number of Fans	4 / 4
Fouling Factor* [h ft <sup>2</sup> F/Btu]	0.000100	Total Air Flow [cfm]	120000
Fluid Type*	Water	Total Fan Power [kW]	13.44
Fluid Volume [USGAL]	13.2		
Evaporating Temperature [°F]	38.74		
Evaporator Pressure Drop [ft H <sub>2</sub> O]	5.18		
Strainer Pressure Drop [ft H <sub>2</sub> O]	1.32		
Extension Kit Pressure Drop [ft H <sub>2</sub> O]	3.07		
Total Pressure Drop [ft H <sub>2</sub> O]	12.6		
Fluid Connection Diameter [in]	4		
Minimum Flow Rate [USGPM]	150.0		
Maximum Flow Rate [USGPM]	625.0		

\* Designates user specified input

Certified in accordance with the AHRI Air-Cooled Water-Chilling Packages Using Vapor Compression Cycle Certification Program, which is based on AHRI Standard 550/590 (I-P) and AHRI Standard 551/591 (SI). Certified units may be found in the AHRI Directory at [www.ahridirectory.org](http://www.ahridirectory.org).



### Part Load Performance (Based on Standard AHRI Unloading)

Percent Load	Ambient [°F]	Capacity [tons.R]	Power Input [kW]	Unit Efficiency [Btu/W.h]
100.0	105.0	129.6	190.2	8.179
94.7	86.3	122.7	117.7	12.52
71.4	86.3	92.49	84.80	13.09
54.2	67.7	70.21	43.19	19.51
25.3	67.7	32.78	20.54	19.15
27.0	55.0	34.99	18.28	22.96
27.0	55.0	34.99	18.28	22.96

Sound Power Levels (In Accordance with AHRI 370)										
Percent Load	Ambient [°F]	Octave Band Center Frequency [Hz]								LWA
		63	125	250	500	1000	2000	4000	8000	
100.0	105.0	99.0	98.0	94.0	94.0	90.0	86.0	83.0	81.0	96.0
94.7	86.3	88.0	86.0	83.0	83.0	89.0	85.0	82.0	79.0	94.0
71.4	86.3	94.0	93.0	89.0	89.0	85.0	81.0	78.0	76.0	91.0
54.2	87.7	90.0	89.0	85.0	85.0	82.0	78.0	75.0	73.0	87.0
25.3	67.7	85.0	83.0	80.0	80.0	77.0	73.0	70.0	68.0	82.0
27.0	55.0	85.0	83.0	80.0	80.0	77.0	73.0	70.0	68.0	82.0
27.0	55.0	85.0	83.0	80.0	80.0	77.0	73.0	70.0	68.0	82.0

Note: Unit is equipped with Acoustic Blanket Required and Low Sound Fans with VSD.

Measurement of sound pressure used to obtain the sound power data presented is based on AHRI-370.

Air-cooled chillers are rated in terms of sound power not sound pressure. Johnson Controls provides estimates of sound pressure, but this is not the rating metric.

For an air-cooled chiller, sound pressure calculated from sound power varies depending on how the chiller is assumed to behave, i.e. the radiation model. In other words, determining sound pressure from sound power requires making assumptions that result in different answers at a given distance from the chiller. The environment also influences sound pressure in the field installation. Sound pressure estimation radiation models pertaining to air-cooled chillers include the 'traditional' hemispherical model, parallelepiped model and equivalent hemispherical model.

Regarding sound power, Johnson Controls references tolerance limits based on ASHRAE guidelines. These are +/- 6dB in the 63Hz octave band, +/- 4dB in all other octave bands and +/- 3dB for the overall dBA.

Tolerance limits are based on uncertainties associated with:

1. Measurement Test Procedure
2. Repeatability
3. Production / Manufacturing Variability

Standard deviation associated with air-cooled chiller sound data is a measure of spread i.e. it indicates the range of probability of sound levels. Note that for operating conditions other than AHRI's Standard Rating Condition, higher levels of uncertainty can be expected.

Lead times for factory performance testing depend on test laboratory availability. Please confirm with Johnson Controls Customer Service.

Performance at AHRI Conditions			
Evaporator		Condenser	
EFT [°F]	54.00	Ambient Temp. [°F]	95.0
LFT [°F]	44.00	Altitude [ft]	0.00
Flow Rate [USGPM]	341.7	Performance	
Pressure Drop [ft H <sub>2</sub> O]	11.9	EER [Btu/Wh]	9.832
Fluid Type	Water	IPLV/IP [Btu/Wh]	17.75
Fouling Factor [ft <sup>2</sup> F/Btu]	0.000100	Net Cooling Capacity [tons.R]	143.2
Fluid Volume [USGAL]	13.2		

Note: Unit rated at design condition capacity.



# Performance Report

Performance Specification

Project Name: Riceland - Winnie

Unit Tag: CH-2

Qty: 1

Model: YLAA0155SJ17XF

Part Load Performance (Based on AHRI 550/590 - 2023 (IP))				
Percent Load	Ambient [°F]	Capacity [tons.R]	Power Input [kW]	Unit Efficiency [Btu/Wh]
100.0	85.0	143.2	173.0	9.932
90.4	80.0	129.4	110.8	14.02
66.9	80.0	95.79	79.36	14.48
73.0	65.0	104.5	68.69	16.26
48.5	65.0	69.46	41.92	19.89
51.2	55.0	73.24	38.50	22.83
24.2	55.0	34.63	16.26	22.76

**Notes:**

Country of Origin: Mexico

Min flow rate is for chillers using water. For glycol chillers please contact the application engineering team.

This unit does not have a coil coating selected.

Compliant with ASHRAE 90.1 - 2010, 2013, 2016, 2018, 2022.

Compliant with IECC - 2012, 2015, 2018.

Compliant with the requirements of the LEED Energy and Atmosphere Enhanced Refrigerant Management Credit (EAo4).

The product image shown is for illustrative purposes only and is not representative of selected options.



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## Unit Drawings

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**Product Type:** YLAA - Air-Cooled Chiller

**Unit Tags:** CH-2



# **EXHIBIT “I”**

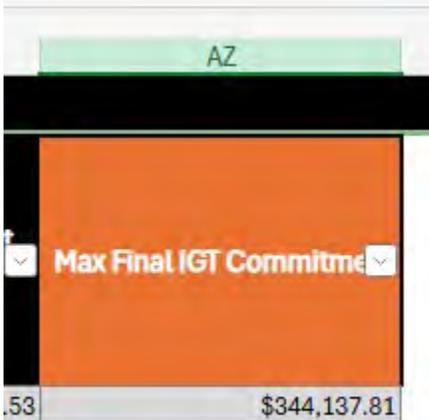
## Hubert Oxford IV

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**From:** Karen Horn <khorn@ricelandhealthcare.com>  
**Sent:** Tuesday, July 15, 2025 6:14 PM  
**To:** Hubert Oxford IV; Victoria Carlo  
**Cc:** mo@starcoimpex.com; mo@starcoimpex.com  
**Subject:** Fw: UC DY 14 2025 IGT DOI (Declaration of Intent) Notification - IGT DOI Form Due 7/29/2025  
**Attachments:** uc-dy14-igt-commit-hosp-phys-groups.xlsx; uc-dy14-doi-igt-commit-form.xlsx  
**Importance:** High

The below was received from HHSC today regarding the fall DY14 UC payment. I've attached a copy of the file, filtered for Winnie.

Per the file, the maximum IGT would be \$344,137.81. This is before any haircut. The IGT isn't due until 9/2, but we won't get notice of the final amount until at least 8/12, so I wanted to get this dollar amount to you for board approval.



There is in IGT commitment form that must be returned by 7/29/2025 and I will look at that tomorrow. I will have to see if we've ever had to complete this before, but I've included that blank form for you as well.

**Pertinent dates per HHSC email:**

### **UC DY 14 IGT Deadlines**

**Make note of the following important UC DY 14 IGT deadlines:**

- July 15, 2025: HHSC communicates IGT Declaration of Intent Notification.
- July 29, 2025: Declaration of Intent form due to HHSC with IGT commitments.
- August 12, 2025: HHSC issues IGT notification.
- September 2, 2025: IGT settlement date.

Karen Horn

Financial Analyst  
Riceland Medical Center  
(formerly Winnie Community Hospital)  
225-267-6966 Office  
225-715-9840 Cell

---

**From:** Texas Health and Human Services Commission <txhhs@public.govdelivery.com>  
**Sent:** Tuesday, July 15, 2025 2:15 PM  
**To:** Karen Horn <khorn@ricelandhealthcare.com>  
**Subject:** UC DY 14 2025 IGT DOI (Declaration of Intent) Notification - IGT DOI Form Due 7/29/2025

CAUTION: This email originated from outside of the Riceland Healthcare organization.

Having trouble viewing this email? [View it as a Web page.](#)



## UC DY 14 2025 IGT DOI (Declaration of Intent) Notification - IGT DOI Form Due 7/29/2025

Intergovernmental transfer (IGT) commitment amounts for each provider for the Demonstration Year (DY) 14 Uncompensated Care (UC) final payment calculation are now available on the [Provider Finance Department \(PFD\) website](#) under the "UC IGT Commitments" heading. Review the file updated July 15, 2025. Read the instructions carefully before submitting, and do not submit without reading this bulletin.

UC hospital providers will find their maximum commitment amount in column AZ of the "Hosp IGT Commitments by Provider" tab in the workbook. UC physician group providers will find their maximum commitment amount in column X of the "TXPUC IGT Commitment by Provider" tab. Providers can filter by their Texas Provider Identifier (TPI) in the appropriate IGT Commitments by Provider tab to view the maximum IGT commitment amount in the workbook. A summary of the maximum commitment by Service Delivery Area (SDA) can be found in the "IGT Commitments by SDA" tab. **This commitment amount is before any reduction to stay within the total UC pool amount. HHSC bases IGT commitment amounts on the maximum possible payment amount without considering the UC pool to determine the maximum allocation each SDA can support.**

The Declaration of Intent form is available on the [PFD website](#) under the "UC IGT Commitments" heading.

The Declaration of Intent form must:

- Include the total amount of IGT the sponsoring governmental entity intends to transfer to HHSC;

- Be certified to the best of their knowledge and belief, a person legally authorized to sign for the sponsoring governmental entity, but does not bind the sponsoring governmental entity to transfer IGT;
- Be submitted to HHSC with the maximum IGT commitment that will be transferred for each TPI in the "DY 14 UC IGT Commitments File for Hospitals and Physician Groups"; and,
- Be submitted to the [PFD Hospital Services mailbox](#) by **5 p.m. (CDT) on Tuesday, July 29, 2025**. Get in touch with the PFD Hospital Services mailbox with any additional questions throughout this process.

## UC DY 14 IGT Deadlines

### Make note of the following important UC DY 14 IGT deadlines:

- July 15, 2025: HHSC communicates IGT Declaration of Intent Notification.
- July 29, 2025: Declaration of Intent form due to HHSC with IGT commitments.
- August 12, 2025: HHSC issues IGT notification.
- September 2, 2025: IGT settlement date.

For more information, [email the HHSC Provider Finance Department](#).

You have subscribed to get updates about Texas Health and Human Services (HHS). For more information about HHS, [please visit our website](#).

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This email was sent to khorn@ricelandhealthcare.com using govDelivery Communications Cloud on behalf of: Texas Health and Human Services Commission · 707 17th St, Suite 4000 · Denver, CO 80202



### NOTICE OF CONFIDENTIALITY

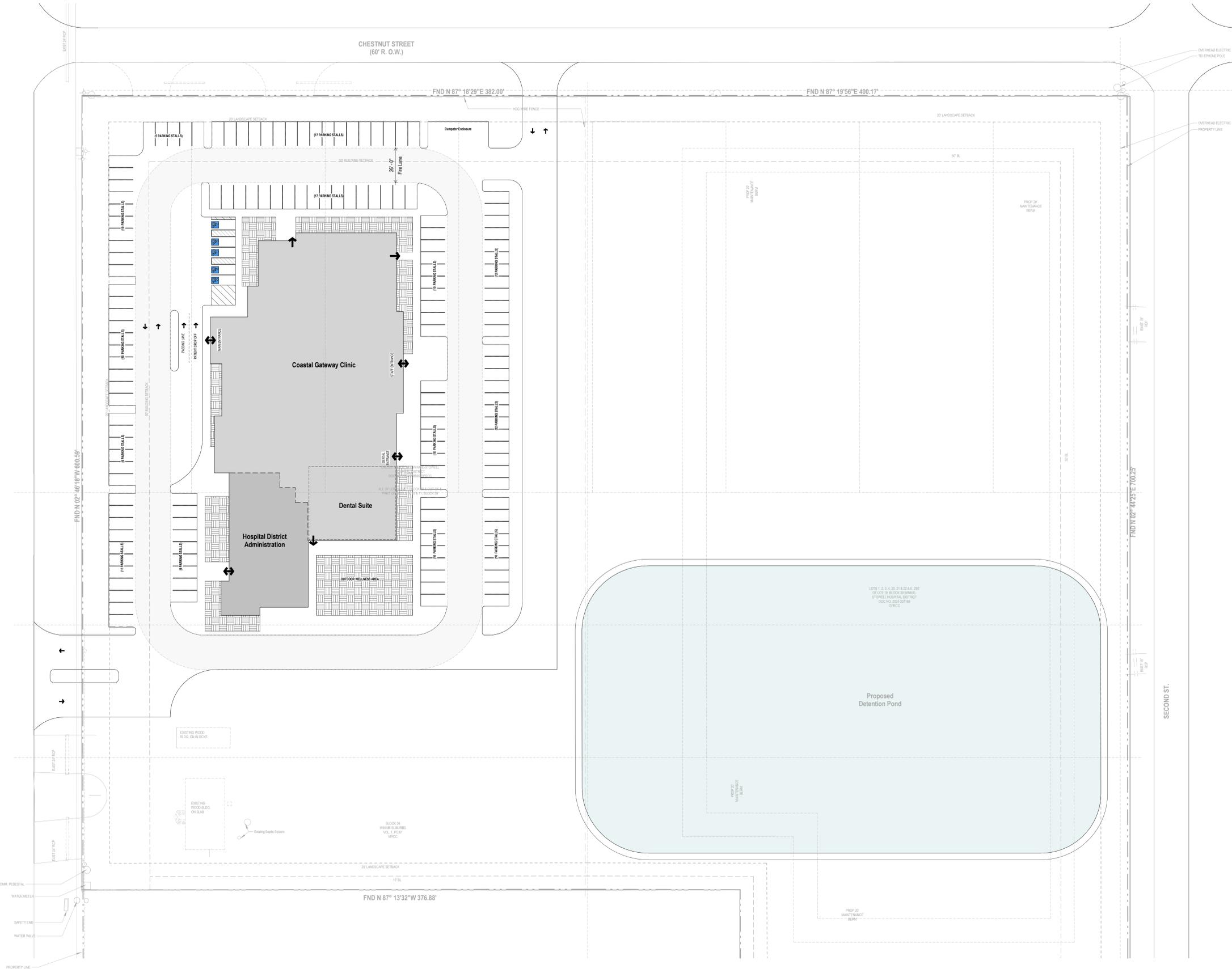
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STATE HIGHWAY 124  
(192' R.O.W.)



CHESTNUT STREET  
(60' R.O.W.)

FND N 87° 18'29"E 382.00'

FND N 87° 19'56"E 400.17'

FND N 02° 46'18"W 600.59'

FND N 02° 44'25"E 700.25'

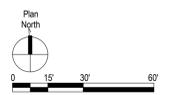
FND N 87° 13'32"W 376.88'

SECOND ST.

# Coastal Gateway Health Center

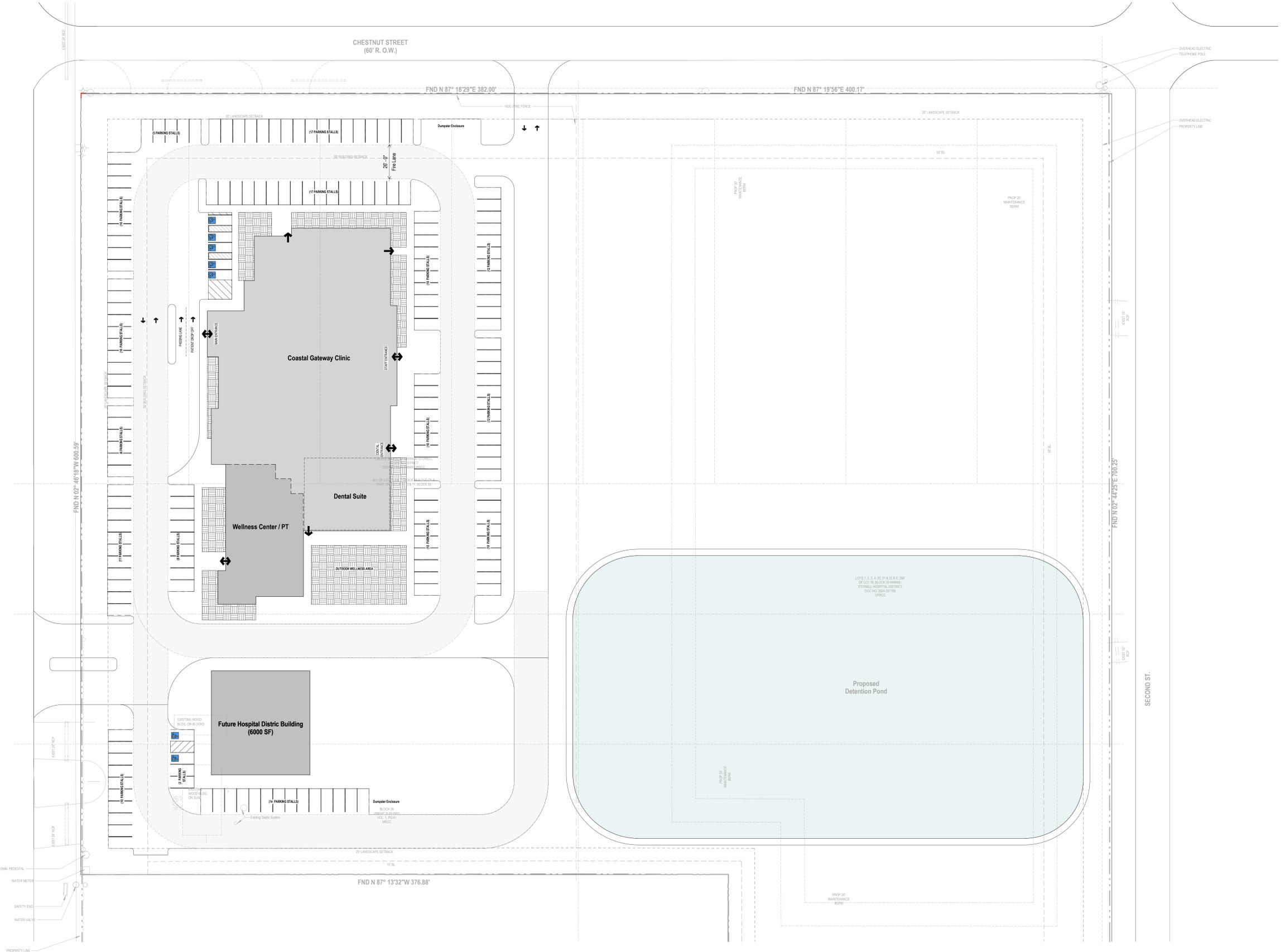
## Site Plan Option 3 - Day 1 - Alternate Building Orientation

001



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STATE HIGHWAY 124  
(192' R.O.W.)

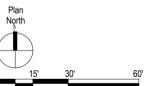


# Coastal Gateway Health Center

## Site Plan Option 3 - Future - Alternate Building Orientation

001.1

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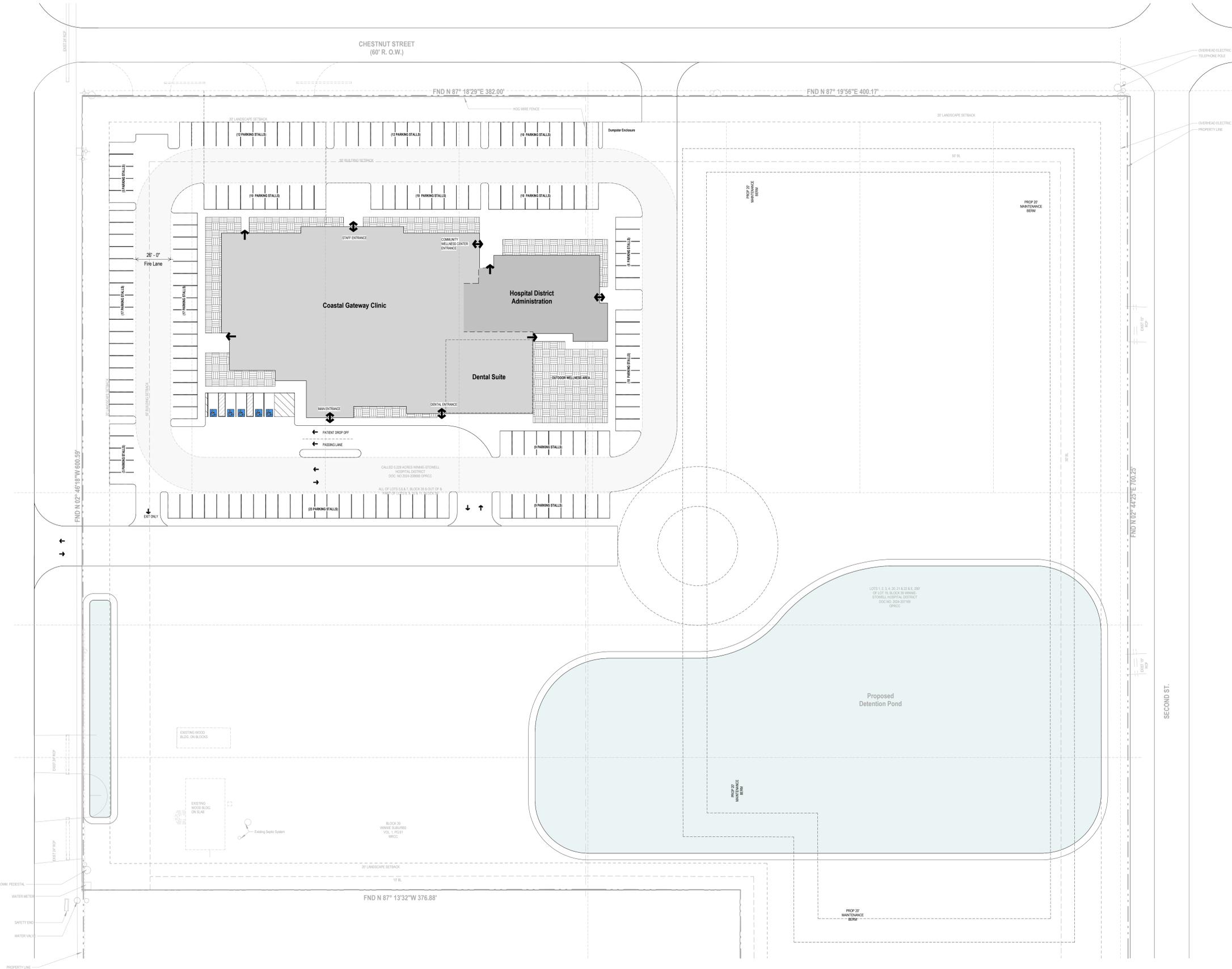


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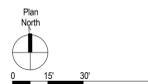
STATE HIGHWAY 124  
(192' R.O.W.)



# Coastal Gateway Health Center

Site Plan Option 3 - Day 1

000

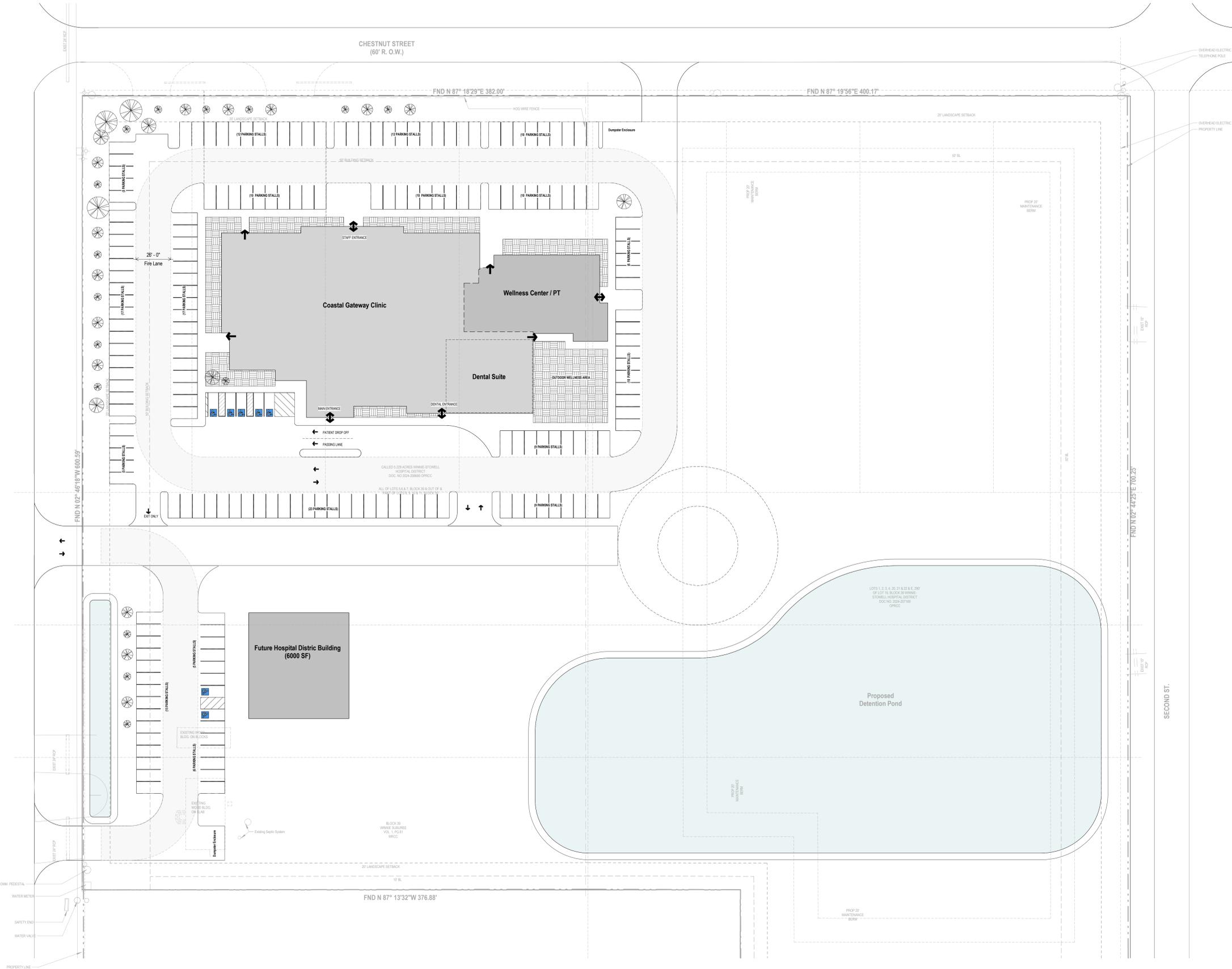


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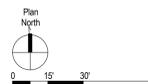
STATE HIGHWAY 124  
(192' R.O.W.)



# Coastal Gateway Health Center

Site Plan Option 3 - Future

000.1



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FRONT FACADE

Coastal Gateway Health Center  
Option 1- Spine

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FRONT ENTRANCE



STAFF ENTRANCE

# Coastal Gateway Health Center

## Option 1- Spine

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# Coastal Gateway Health Center Option 1- Spine

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FRONT FACADE

# Coastal Gateway Health Center Option 2 - Prairie

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FRONT ENTRANCE



STAFF ENTRANCE

# Coastal Gateway Health Center

## Option 2 - Prairie

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# Coastal Gateway Health Center Option 2 - Prairie

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FRONT FACADE

Coastal Gateway Health Center  
Option 3 - Hill Country

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Coastal Gateway Health Center  
Option 3 - Hill Country

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