

# **EXHIBIT “A”**

## SIXTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT

THIS SIXTH AMENDMENT TO THE FIFTH AMENDED AND RESTATED SERVICE AGREEMENT (“Sixth Amended Agreement”) is effective as of September 1, 2025 (“Effective Date”), by and between Winnie-Stowell Hospital District, a governmental entity and body politic established pursuant to Chapter 286 of the Texas Health & Safety Code, as amended (“District” or “Operator”), and LTC Group, LLC, a Texas limited liability company (“LTC Group”).

### RECITALS

WHEREAS, on August 20, 2025, the District held its Regular Meeting to discuss, among other things, authorized the execution of the Sixth Amended Agreement with the LTC Group.

WHEREAS, the Parties wish to amend **Exhibit “A”** to Third Amended and Restated Agreement (“Agreement”) to include all of the District’s nursing facilities (“Facility” or “Facilities”) as of September 1, 2025 to the Agreement.

NOW THEREFORE, for and in consideration of the execution of this Sixth Amended Agreement and of the mutual covenants and agreements herein contained, the parties hereby enter into this Sixth Amended Agreement and in so doing, completely supersede and replace Sixth Amendment, and covenant and agree as follows:

1. Words whose initial letters are capitalized are defined terms. When terms are used in this Seventh Amended Agreement, such terms shall have the meaning assigned to them in the context of Easement Agreement.
2. **Exhibit “A”** is hereby amended to include all of the District’s Facilities and the payment payment amounts for the fair market value of services rendered for each of the District’s Facilities *effective September 1, 2025*.
3. The Parties hereto represent and warrant to each other, which representations and warranties shall survive the execution and delivery hereof, that this Sixth Amended Agreement constitutes the legal, valid and binding obligation of each such party, enforceable against such party in accordance with its terms.
4. Except as modified by this Sixth Amended Agreement, the Agreement is hereby ratified and confirmed (giving legal effect to this Amendment).
5. This Sixth Amended Agreement is binding on and enforceable by and against the Parties hereto and their successors and permitted assigns. The Recitals hereto are hereby incorporated into Agreement by this reference thereto. This Sixth Amended Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which shall when taken together constitute one agreement.

*Signature Page Follows*

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

**WINNIE-STOWELL HOSPITAL DISTRICT:**

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

Printed:

Title: President

**LTC GROUP, LLC:**

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

Lee Hughes

for LTC Group, LLC, a Texas limited liability company

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**EXHIBIT “A”  
FACILITIES AND SERVICES FEES**

<b>QIPP Year 9</b>					
	<b>Manager</b>	<b>Nursing Facility</b>	<b>Facility Address</b>	<b>QIPP Year</b>	<b>Price Per Month</b>
1.	CHC	Marshal Manor	1007 S. Washington Ave. Marshall, Texas 75670	1	\$6,000
2.	CHC	Golden Villa	1104 S William Street Atlanta, Texas 75551	1	\$6,000
3.	CHC	Rose Haven Retreat	200 Live Oak Street Atlanta, Texas 75551	1	\$6,000
4.	CHC	Marshall Manor West	207 W Merritt Street Marshall, Texas 75670	1	\$6,000
5.	CHC	Garrison Nursing Home & Rehabilitation Center	333 North Fm 95 Garrison, Texas 75946	1	\$6,000
6.	CHC	Highland Park Health Center	8861 Fulton Street Houston, Texas 77022	1	\$6,000
7.	HMG	Park Manor of CyFair	11001 Crescent Moon Dr. Houston, Texas 77064	1	\$6,000
8.	HMG	Park Manor of Westchase	11910 Richmond Ave. Houston, Texas 77082	1	\$6,000
9.	HMG	Park Manor of Conroe	1600 Grand Lake Drive Conroe, Texas 77304	1	\$6,000
10.	HMG	Park Manor of Humble	19424 McKay Drive, Humble, Texas 77338	1	\$6,000
11.	HMG	Park Manor of Quail Valley	2350 FM 1092 Missouri City, Texas 77459	1	\$6,000
12.	HMG	Park Manor of Cypress Station	420 Lantern Bend Drive Houston, Texas 77090	1	\$6,000
13.	Nexion	Oak Manor Nursing Center	624 N Converse Street Flatonia, Texas 78941	1	\$6,000
14.	RHS	Spindletop Hill Nursing and Rehabilitation Center	1020 S 23rd Street Beaumont, Texas 77707	1	\$6,000
15.	RHS	Monument Hill Rehabilitation and Nursing Center	120 Texas 71 La Grange, Texas 78945	1	\$6,000
16.	RHS	The Woodlands Nursing and Rehabilitation Center	4650 S Panther Creek Dr. Spring, Texas 77381	1	\$6,000
17.	RHS	Hallettsville Nursing and Rehabilitation Center	825 Fairwinds Street Hallettsville, Texas 77964	1	\$6,000
18.	SLP	Oakland Manor Nursing Center	1400 N Main Street Giddings, Texas 78942	1	\$6,000
19.	HMG	Park Manor of The Woodlands	1014 Windsor Lake Blvd The Woodlands, Texas 77384	2	\$6,000
20.	HMG	Park Manor of Southbelt	11901 Resource Parkway Houston, TX 77089	2	\$6,000
21.	HMG	Friendship Haven Healthcare and	1500 Sunset Drive Friendswood, Texas 77546	2	\$6,000

		Nursing Rehabilitation Center			
22.	HMG	Park Manor of Tomball	250 School Street Tomball, Texas 77375	2	\$6,000
23.	HMG	Deerbrook Skilled Nursing and Rehab Center	9250 Humble-Wesfield Road, Humble, Texas 77338	2	\$6,000
24.	HMG	Willowbrook Nursing Center	227 Russell Blvd Nacogdoches, Texas 75965	4	\$6,000
25.	HMG	ACCEL at College Station	1500 Medical Avenue, College Station, Texas 77845	5	\$6,000
26.	HMG	Silver Springs Health & Rehabilitation Center	1690 N. Treadaway Boulevard, Abilene, Texas 79601	5	\$6,000
27.	HMG	Cimarron Place Health & Rehabilitation	3801 Cimarron Boulevard, Corpus Christi, Texas 78414	5	\$6,000
28.	CHC	The Villa at Texarkana	4920 Elizabeth Street, Texarkana, Texas 75503	6	\$6,000
29.	HMG	Red Oak Health and Rehabilitation Center	101 Reese Drive, Red Oak, Texas 75154	6	\$6,000
30.	HMG	Mission Nursing and Rehabilitation	1013 S. Bryan Road, Mission, Texas 78572	6	\$6,000
31.	HMG	Holland Lake Rehabilitation and Wellness Center	1201 Holland Lake Drive, Weatherford, Texas 76086	6	\$6,000
32.	HMG	Harbor Lakes Nursing and Rehabilitation Center	1300 2nd Street, Granbury, Texas 76048	6	\$6,000
33.	HMG	Stephenville Rehabilitation and Wellness Center	2601 Northwest Loop, Stephenville, Texas 76401	6	\$6,000
34.	HMG	Pecan Bayou Nursing and Rehabilitation	2700 Memorial Park Dr., Brownwood, Texas 76801	6	\$6,000
35.	HMG	Green Oaks Nursing and Rehabilitation	3033 W. Green Oaks Blvd., Arlington, Texas 76016	6	\$6,000
36.	HMG	Stonegate Nursing and Rehabilitation	4201 Stonegate Boulevard, Fort Worth, Texas 76109	6	\$6,000
37.	HMG	Stallings Court Nursing and Rehabilitation	4616 NE Stallings Drive, Nacogdoches, Texas 75965	6	\$6,000
38.	HMG	Hewitt Nursing and Rehabilitation	8836 Mars Drive Hewitt, Texas 76643	6	\$6,000
39.	HMG	Crowley Nursing and Rehabilitation	920 E. FM 1187, Crowley, Texas 76036	6	\$6,000
40.	Gulf Coast	Hemphill Care Center	2000 Worth Street, Hemphill, Texas 75948	7	\$6,000
41.	Gulf Coast	Oak Village Healthcare	204 Oak Drive S., Lake Jackson, Texas 77566	7	\$6,000
42.	Gulf Coast	Parkview Manor Nursing & Rehabilitation	206 N. Smith Street, Weimer, Texas 78962	7	\$6,000
43.	Gulf Coast	Winnie L Nursing & Rehabilitation	2104 N Karnes, Cameron, Texas 76520	7	\$6,000

44.	Gulf Coast	Corrigan LTC Nursing & Rehabilitation	300 Hyde Street, Corrigan, Texas 75939	7	\$6,000
45.	Gulf Coast	Copperas Cove Nursing & Rehabilitation	601 W. Avenue B, Copperas Cove, Texas 76522	7	\$6,000
46.	HMG	Gulf Pointe Plaza	1008 Enterprise Blvd., Rockport, Texas 78382	7	\$6,000
47.	HMG	Treviso Transitional Care	1154 East Hawkins Pkwy., Longview, Texas 75605	7	\$6,000
48.	HMG	Forum Parkway Health & Rehabilitation	2112 Forum Parkway, Bedford, Texas 76201	7	\$6,000
49.	HMG	Arbrook Plaza	401 West Arbrook Blvd., Arlington, Texas 76014	7	\$6,000
50.	Gulf Coast	Clute LTC Partners, Inc.	603 E Plantation Road Clute, Texas 77531	8	\$6,000
51.	Gulf Coast	Creekside Village Healthcare LTC Partners, Inc.	914 N Brazosport Blvd. Clute, Texas 77531	8	\$6,000
52.	Gulf Coast	Wells LTC Partners, Inc.	46 May Street Wells, Texas 75976	8	\$6,000
53.	Gulf Coast	Shepherd LTC Partners, Inc.	101 Woodland Park Dr. Shepherd, Texas 77371	8	\$6,000
54.	SLP	Palestine Healthcare Center	1816 Tile Factor Rd. Palestine, Texas 75801	8	\$6,000
55.	SLP	Seabreeze Nursing and Rehabilitation	6602 Memorial Dr. Texas City, Texas 77591	8	\$6,000
56.	SLP	Paris Healthcare Center	610 Deshong Dr. Paris, Texas 75460	8	\$6,000
57.	SLP	Overton Healthcare Center	1110 HWY 135 S. Overton, Texas 75684	8	\$6,000
58.	SLP	Coronado Nursing Center	1751 N 15th St. Abilene, Texas 79603	8	\$6,000
59.	HSM	Beaumont Health Care Center	795 Lindbergh Dr. Beaumont, Texas 77707	8	\$6,000
60.	HSM	Cleveland Health Care Center	903 E Houston St. Cleveland, Texas 77327	8	\$6,000
61.	HSM	Conroe Health Care Center	2019 N Frazier Conroe, Texas 77301	8	\$6,000
62.	HSM	Huntsville Healthcare Center	2628 Milam Huntsville, Texas 77340	8	\$6,000
63.	HSM	Lawrence Street Healthcare Center	615 Lawrence St. Tomball, Texas 77375	8	\$6,000
64.	HSM	Liberty Health Care Center	1206 N Travis St. Liberty, Texas 77575	8	\$6,000
65.	HSM	Richmond Health Care Center	705 Jackson St. Richmond, Texas 77469	8	\$6,000
66.	HSM	Sugar Land Healthcare Center	333 Matlage Way Sugar Land, Texas 77478	8	\$6,000
67.	HSM	West Janisch Health Care Center	617 W. Janisch St. Houston, Texas 77018	8	\$6,000
68.	Caring	Oak Brook Health Care Center	107 Stacy Whitehouse, Texas 75791	8	\$6,000
69.	Caring	Gracy Woods Nursing Center	12021 Metric Blvd. Austin, Texas 78758	8	\$6,000

70.	Pillar Stone	Mont Belvieu Rehabilitation and Healthcare Center	14000 Lakes Of Champions Blvd Mont Belvieu, TX 77523	8	\$6,000
71.	Trident	Bayou Pines Pines Care Center	4905 Fleming Street LaMarque, Texas 77568	9	\$5,500
72.	Diversicare	Afton Oaks Nursing and Rehabilitation Center	7514 Kingsley Street Houston, Texas 77087	9	\$5,500
73.	Cascade	Cascades at Galveston	3702 Cove View Blvd Galveston, TX 77554	9	\$5,500
74.	Cascade	Cascade of Port Arthur	6600 9th Ave, Port Arthur, TX 77642	9	\$6,000
75.	Oak Grove	Oak Grove Nursing Home	6230 Warren St., Groves, TX 77619	9	\$6,000
76.	Magnolia Place	Magnolia Place	1620 Magnolia St., Liberty, TX 77575	9	\$6,000
77	Creative	Sterling Oaks	25150 Lakecrest Manor Dr, Katy, TX 77493	9	\$6,000
78	Gemini	Garland Nursing & Rehabilitation	321 Shiloh Road Garland, TX 75042	10	\$500
					\$461,000.00

**EXHIBIT “\_”**  
**SCOPE OF SERVICES**

Administrator shall perform the following services subject to the Operator’s (i.e., the District’s) review and oversight:

1. A regular review of the Facilities’s finances, including, but not limited to, the following:
  - a. Monthly Payor Mix Trending and Analysis;
  - b. Monthly Financial Benchmarking;
  - c. Monthly A/R Review;
  - d. Monthly Bad Debt Review;
  - e. Monthly Budget Review: As necessary, a review of Manager’s collection and deposit of all net patient revenue to the depository account and management of the cash flow of the Facility, including, without limitation, billing all patients and governmental or other third-party payors for all services provided by or at the facility, collecting all net patient revenue and paying all operating expenses and other accounts payable related to the operation of the facility;
  - f. As necessary, a review of all books and records relating to the operation of the facility;
  - g. As necessary, a review of all cost, expense and reimbursement reports and related documents relating to services provided to residents, including without limitation the Medicare and Medicaid cost reports and Texas supplemental payment programs;
  - h. As necessary, review of Minimum Data Set (“MDS”) and Resident Assessment Protocols (“RAPs”) on a schedule and as required by applicable federal regulations, including 42 C.F.R. §483.20;
  - i. LTC Group, as necessary, shall request and review the HHSC annual RUG review/audit; and
  - j. A review of annual operating budget proposed by Manager.
  
2. A regular review of the Facility’s operations, including, but not limited to, the following:
  - a. Daily census tracking and review of monthly occupancy report;
  - b. Minimum of one (1) quarterly on-site visit with staff and/or administrator at each of the District’s Facilities set forth in **Exhibit “A”**; and additional on-site visits, as needed, for Facilities identified by either party as: 1) under performing; 2) subject to an investigation or ongoing fines the State of Texas or the Centers for Medicare and Medicaid; or 3) lawsuit for failure to maintain standard of care.
  - c. Monthly operational compliance monitoring;
  - d. As needed, assist with any survey, inspection or site investigation or accreditation process conducted by a governmental, regulatory, certifying or accrediting entity with authority or jurisdiction over the Facility, and assist with the implementation of any official findings of such reviews;
  - e. Assist Operator with any legal dispute in which Operator is involved relating to the ownership, services or operation of the facility; and
  - f. Assist Operator and its certified public accountants in connection with any audit, review or reports conducted or prepared in connection with the ownership or operation of the Facility.
  
3. A regular review of the Facility’s clinic performance, including, but not limited to, the following:
  - a. Monthly Skin Assessment Review;
  - b. As necessary, review clinical compliance for the District Facilities;
  - c. As necessary, Annual Clinical Policy Review;
  - d. As needed, a review of the Facility’s resident care and health care policies and procedures and general administrative policies and procedures, including, without limitation, policies

- and procedures for the control of revenue and expenditures, for the purchasing of supplies and services, for the control of credit, and for the scheduling of maintenance;
- e. As necessary, assist facility in accordance with a quality assessment performance improvement program and a compliance plan; and
  - f. As necessary, as reasonably requested, review and assist with quality assurance committee.
4. Upon the request of Operator, attend meetings of Operator's governing board or executive staff to discuss services and other relevant issues.
  5. Financial services on behalf of the Operator:
    - a. Daily review of accounts for deposits; weekly wire transfers to the operators;
    - b. Review and/or prepare monthly reconciliation of back accounts;
    - c. Prepare month end closing journal entries for Operator financial statements;
    - d. Ensure financial mechanisms are in place to ensure timely distribution of funds to meet obligations;
    - e. Assist with annual Operator audits.
  6. Assist the Operator to oversee and assure compliance with the current year of the Quality Incentive Payment Program ("QIPP") Components and Metrics.
  7. Compile and review QIPP Monthly and Quarterly scorecards for each Facility, indentifying performance trends and areas targeted for improvement and communicate, as necessary with Facility leadership regarding areas needing improvement.
  8. Provide Monthly and Quarterly reminders for all District's Facilities to help ensure reporting requirements are met by Facilities participating in the QIPP.
  9. Assist the Operator with other matters involving nursing home operations, including but not limited to traditional nursing Facility revenues, QIPP payments, and or other government provided financial assistance such as Covid 19 relief funds.
  10. Manager will serve as Operator's agent for purposes of demonstrating operator involvement, as delineated in 42 CFR §483.75(f), such as proof of oversight, monitoring, or attendance.

# **EXHIBIT “B-1”**

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

	Jul 31, 25
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	308,516.76
102 First Financial Bank	
102b FFB #4846 DACA	5,044,226.75
102c FFB #7190 Money Market	16,377,872.85
<b>Total 102 First Financial Bank</b>	21,422,099.60
105 TexStar	6,946,470.90
108 Nursing Home Banks Combined	5,336,015.29
<b>Total Checking/Savings</b>	34,013,102.55
<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	140,543.87
116 - A/R CHOW - LOC	1,194,133.90
117 NH - QIPP Prog Receivable	53,499,237.13
119 Prepaid IGT	36,703,089.71
<b>Total Other Current Assets</b>	180,070,956.89
<b>Total Current Assets</b>	214,084,059.44
<b>Fixed Assets</b>	3,921,372.33
<b>Other Assets</b>	
118.01 Prepaid NH Fees	12,806.48
<b>Total Other Assets</b>	12,806.48
<b>TOTAL ASSETS</b>	<b>218,018,238.25</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	5,527,651.60
201 NHP Accounts Payable	22,604,640.20
206 FFB Loan 26	29,324,000.00
206 FFB Loan 27	31,670,100.00
235 Payroll Liabilities	6,863.04
240 Accounts Payable NH Oper.	88,800,730.71
<b>Total Other Current Liabilities</b>	177,933,985.55
<b>Total Current Liabilities</b>	177,933,985.55
<b>Total Liabilities</b>	177,933,985.55
<b>Equity</b>	40,084,252.70
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>218,018,238.25</b>

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

	Jan - Jul 25	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	537,067.63	850,000.00	-312,932.37	63.2%
405 Investment Income	220,966.09	750,000.00	-529,033.91	29.5%
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	69,656,889.00	123,487,690.00	-53,830,801.00	56.4%
<b>Total Income</b>	<b>70,462,924.87</b>	<b>125,144,690.00</b>	<b>-54,681,765.13</b>	<b>56.3%</b>
<b>Gross Profit</b>	<b>70,462,924.87</b>	<b>125,144,690.00</b>	<b>-54,681,765.13</b>	<b>56.3%</b>
<b>Expense</b>				
<b>500 Admin</b>				
501 Admin-Administrative Salary	43,750.00	75,000.00	-31,250.00	58.3%
502 Admin-Administrative Assnt	15,584.58	46,860.00	-31,275.42	33.3%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	6,061.47	9,500.00	-3,438.53	63.8%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	33,136.45	81,000.00	-47,863.55	40.9%
507 Admin-Retirement	9,590.59	14,000.00	-4,409.41	68.5%
515 Admin-Bank Service Charges	2,831.94	2,000.00	831.94	141.6%
521 Professional Fees - Accntng	5,463.50	12,000.00	-6,536.50	45.5%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	7,000.00	50,000.00	-43,000.00	14.0%
550 Admin-D&O / Liability Ins.	15,295.77	20,000.00	-4,704.23	76.5%
560 Admin-Cont Ed, Travel	2,564.45	6,500.00	-3,935.55	39.5%
562 Admin-Travel&Mileage Reimb.	1,238.60	2,500.00	-1,261.40	49.5%
569 Admin-Meals	2,147.72	3,500.00	-1,352.28	61.4%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	12,772.34	25,000.00	-12,227.66	51.1%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	2,243.79	5,000.00	-2,756.21	44.9%
575 Admin-Cell Phone Reimburse	1,050.00	1,800.00	-750.00	58.3%
576 Admin-Telephone/Internet	2,544.33	3,500.00	-955.67	72.7%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	1,042.50	3,000.00	-1,957.50	34.8%
592 Admin Office Rent	2,380.00	4,080.00	-1,700.00	58.3%
593 Admin-Utilities	2,294.86	4,000.00	-1,705.14	57.4%
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	5,375.62	15,000.00	-9,624.38	35.8%
<b>Total 500 Admin</b>	<b>176,263.51</b>	<b>439,485.00</b>	<b>-263,221.49</b>	<b>40.1%</b>
<b>600 - IC Healthcare Expenses</b>				
<b>601 IC Provider Expenses</b>				
601.01a IC Pmt to Hosp-Indigent	293,731.35	435,700.00	-141,968.65	67.4%
601.01b IC Pmt to Coastal (Ind)	5,617.69	25,000.00	-19,382.31	22.5%
601.01c IC Pmt to Thompson	6,584.22	18,000.00	-11,415.78	36.6%
601.02 IC Pmt to UTMB	248,698.55	300,000.00	-51,301.45	82.9%
<b>601.03 IC Special Programs</b>				
601.03a Dental	9,578.00	30,000.00	-20,422.00	31.9%
601.03b IC Vision	1,140.00	2,750.00	-1,610.00	41.5%
601.04 IC-Non Hosp Cost-Other	22,951.23	35,000.00	-12,048.77	65.6%
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>33,942.84</b>	<b>92,750.00</b>	<b>-58,807.16</b>	<b>36.6%</b>
<b>Total 601 IC Provider Expenses</b>	<b>588,574.65</b>	<b>871,450.00</b>	<b>-282,875.35</b>	<b>67.5%</b>
602 IC-WCH 1115 Waiver Prog	155,911.02	420,000.00	-264,088.98	37.1%
603 IC-Pharmaceutical Costs	26,399.83	80,000.00	-53,600.17	33.0%
605 IC-Office Supplies/Postage	310.79	2,000.00	-1,689.21	15.5%
610 IC-Community Health Prog.	65,270.87	111,893.00	-46,622.13	58.3%
611 IC-Indigent Care Dir Salary	35,000.00	60,000.00	-25,000.00	58.3%
612 IC-Payroll Taxes -Ind Care	1,198.50	4,500.00	-3,301.50	26.6%
615 IC-Software	16,184.00	25,000.00	-8,816.00	64.7%
616 IC-Travel	37.50	1,000.00	-962.50	3.8%
<b>617 Youth Programs</b>				
617.01 Youth Counseling	2,975.00	25,000.00	-22,025.00	11.9%
617.02 Irlen Program	500.00	1,600.00	-1,100.00	31.3%
<b>Total 617 Youth Programs</b>	<b>3,475.00</b>	<b>26,600.00</b>	<b>-23,125.00</b>	<b>13.1%</b>
<b>Total 600 - IC Healthcare Expenses</b>	<b>892,362.16</b>	<b>1,602,443.00</b>	<b>-710,080.84</b>	<b>55.7%</b>

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

	Jan - Jul 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	226,116.45	265,403.04	-39,286.59	85.2%
620.05 East Chambers ISD	166,675.94	278,165.04	-111,489.10	59.9%
620.06 FQHC(Coastal)	542,796.45	823,734.00	-280,937.55	65.9%
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>1,024,330.73</b>	<b>1,490,949.52</b>	<b>-466,618.79</b>	<b>68.7%</b>
<b>630 NH Program</b>				
630 NH Program-Mgt Fees	25,810,544.28	44,776,079.56	-18,965,535.28	57.6%
631 NH Program-IGT	34,199,982.99	59,470,097.67	-25,270,114.68	57.5%
632 NH Program-Telehealth Fees	211,054.97	400,000.00	-188,945.03	52.8%
633 NH Program-Acctg Fees	49,171.50	100,000.00	-50,828.50	49.2%
634 NH Program-Legal Fees	111,901.25	350,000.00	-238,098.75	32.0%
635 NH Program-LTC Fees	2,950,500.00	5,118,000.00	-2,167,500.00	57.6%
637 NH Program-Interest Expense	1,818,600.56	4,895,659.55	-3,077,058.99	37.1%
638 NH Program-Loan/Bank Fees	329,004.58	655,734.76	-326,730.18	50.2%
639 NH Program-Appraisal	7,734.00	96,000.00	-88,266.00	8.1%
641 NH Program-NH Manager	11,990.00	20,400.00	-8,410.00	58.8%
<b>Total 630 NH Program</b>	<b>65,500,484.13</b>	<b>115,881,971.54</b>	<b>-50,381,487.41</b>	<b>56.5%</b>
<b>674 Prop Acquisition/Development</b>	<b>564,665.67</b>	<b>4,500,000.00</b>	<b>-3,935,334.33</b>	<b>12.5%</b>
<b>675 HWY 124 Expenses</b>				
675.01 Tony's BBQ Bldg Expenses	25,708.82	25,000.00	708.82	102.8%
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>36,081.39</b>	<b>52,500.00</b>	<b>-16,418.61</b>	<b>68.7%</b>
<b>Total Expense</b>	<b>68,194,187.59</b>	<b>123,967,349.06</b>	<b>-55,773,161.47</b>	<b>55.0%</b>
<b>Net Ordinary Income</b>	<b>2,268,737.28</b>	<b>1,177,340.94</b>	<b>1,091,396.34</b>	<b>192.7%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	238,823,436.07			
<b>Total Other Income</b>	<b>238,823,436.07</b>			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	238,823,436.07			
<b>Total Other Expense</b>	<b>238,823,436.07</b>			
<b>Net Other Income</b>	<b>0.00</b>			
<b>Net Income</b>	<b>2,268,737.28</b>	<b>1,177,340.94</b>	<b>1,091,396.34</b>	<b>192.7%</b>

# **EXHIBIT “B-2”**

**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, August 20, 2025</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$880.00	Prosperity Operating (Unrestricted)	\$214,834.06
Brookshire Brothers	Indigent Care		\$2,642.64	First Financial DACA (Unrestricted)	\$4,725,049.84
CABA Therapy Services dba Physio	SP Program		\$656.19	First Financial DACA (Restricted)	\$297,560.57
Coastal Gateway Health Center	Indigent Care		\$843.32	First Financial Money Market	\$16,376,824.09
Houston Northwest Radiology Assoc	Indigent Care		\$68.16	TexStar (Restricted)	\$7,068,109.33
Kalos Counseling	Youth Counseling		\$425.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$862.08	Total District Funds	<b>\$28,682,377.89</b>
UTMB at Galveston	Indigent Care		\$45,668.50	Less First Financial (Restricted)	(\$297,560.57)
UTMB Faculty Group Practice	Indigent Care		\$9,495.05	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care		\$1,683.39	Less LOC Outstanding	\$0.00
Function4	INV1227876 & INV1226586		\$383.75	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51384		\$9,110.00	Less Committed Funds (See Total Commitment)	(\$373,005.59)
Graciela Chavez	Invoice 965987		\$210.00	Cash Position (Less First Financial Restricted)	<b>\$27,511,811.73</b>
Dr. June Stansky	SP Program		\$60.00	Pending Expenses	(\$167,571.72)
3Branch & More	Inv # 45875		\$9,324.41	Ending Balance (Cash Position-Pending Expenses)	\$27,344,240.01
Felipe Ojeda	Invoice# 1064		\$350.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	<b>\$28,544,509.70</b>
Technology Solutions	Inv # 1974		\$164.04	<b>Prior Month</b>	
Chambers County PHD ER	Indigent Care		\$657.05	Prosperity Operating (Unrestricted)	\$497,919.72
Vidal Accounting Services	Invoice 00104		\$9,362.50	First Financial (Unrestricted)	\$5,502,063.52
Coastal Gateway Health Center	Marketing Grant		\$3,420.85	First Financial (Restricted)	\$150,775.00
Hubert Oxford	Retainer		\$1,000.00	First Financial Money Market	\$16,085,850.41
Wright National Flood Insurance	Policy # 1152621298		\$1,549.00	TexStar (Restricted)	\$7,042,419.79
US Department of Education	Grant Pmt		\$11.29	FFB CD Balance	\$0.00
Coastal Gateway Health Center	Grant Pmt		\$68,644.50	Total District Funds	<b>\$29,279,028.44</b>
\$25 Optical	SP Program		\$100.00	Less First Financial (Restricted)	(\$150,775.00)
	<b>Total Expenses:</b>		<b>\$167,571.72</b>	Less TexStar Reserve Account	(\$500,000.00)
				Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	(\$467,700.51)
				Cash Position (Less First Financial Restricted)	<b>\$28,160,552.93</b>
				Pending Expenses	(\$172,962.28)
				Ending Balance (Cash Position-Pending Expenses)	<b>\$27,987,590.65</b>
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	<b>\$29,368,489.41</b>
<b>First Financial Bank Reconciliations</b>					
<b>FFB Balance</b>		<b>\$5,022,610.41</b>			
	<b>Restricted Funds</b>		<b>Total Scheduled Payment</b>	<b>Balance Received</b>	<b>Balance Due</b>
					<b>Due to District</b>
<b>YR 5 Final</b>					
QIPP YR 5 Final Total	\$34,832.57	\$139,948.67	\$69,665.15	\$70,283.52	\$35,141.76
<b>Total QIPP YR 5 FINAL</b>	<b>\$34,832.57</b>	<b>\$139,948.67</b>	<b>\$69,665.15</b>	<b>\$70,283.52</b>	<b>\$35,141.76</b>
<b>Non-QIPP Funds</b>					
	\$262,728.00				
<b>Restricted</b>	\$34,832.57				
<b>Unrestricted</b>	\$4,725,049.84				
<b>Total Funds</b>	<b>\$5,022,610.41</b>				
<b>Committed Funds</b>					
<b>Commitment</b>	<b>Total Initial Commitment</b>	<b>YTD Paid by District</b>	<b>Committed Balance</b>		
1. FQHC Grant Funding-2024	\$823,734.00	\$583,191.94	\$240,542.06		
2. Coastal Marketing Grant	\$276,040.00	\$275,491.35	\$548.65		
3. East Chambers ISD	\$278,165.04	\$185,443.36	\$92,721.68		
4. WSVEMS Grant	\$265,403.04	\$226,209.84	\$39,193.20		
<b>Total Commitments</b>	<b>\$1,643,342.08</b>	<b>\$1,270,336.49</b>	<b>\$373,005.59</b>		
<b>Hospital - DY 8 Repayment</b>					
	<b>Amount Advanced by District</b>	<b>IC Repayment</b>	<b>Balance Owed by RMC</b>		
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		
July 31, 2025	\$0.00	\$46,220.99	\$140,543.87		
	<b>\$1,626,429.00</b>	<b>\$1,485,885.13</b>	<b>\$140,543.87</b>		

CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
Golden Triangle (10 Months - November 20, 2025)					
RS Golden Triangle - Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$164,845.80	\$1,029,288.10
Balance Owed by Oak Grove	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$164,845.80</b>	<b>\$1,029,288.10</b>
Total CHOW Loan Outstanding	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$164,845.80</b>	<b>\$1,029,288.10</b>

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

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

**First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026)  
1st Half of Year 9**

Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$323,700.00
Years:	1	Amount:	\$31,670,100.00		
<b>Amortization Table</b>	<b>Component Payment</b>	<b>Principle</b>	<b>Interest</b>	<b>Payment</b>	<b>Balance</b>
1-August 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
2-September 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
3-October 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
4-November 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
5-December 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
6-January 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
7-February 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
8-March 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
9-April 25, 2026 (YR9 Q1)	\$15,835,050.00	(\$15,835,050.00)	(\$184,742.25)	(\$16,019,792.25)	\$15,835,050.00
10-May 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
11-June 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
12-July 25, 2026 (YR9 Q2)	\$15,835,050.00	(\$15,835,050.00)	(\$92,371.13)	(\$14,730,429.17)	\$0.00
<b>Amount Paid</b>	<b>\$31,670,100.00</b>	<b>(\$31,670,100.00)</b>	<b>(\$1,939,793.63)</b>	<b>(\$32,412,901.67)</b>	

District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
*CD at First Financial Bank Bank UPDATE					
Money Market-First Financial Bank	\$16,376,824.09	3.66%	July 2025	\$41,421.85	\$108,450.49
Texstar C.D. #1110	\$7,068,109.33	4.284%	July 2025	\$25,689.54	\$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 “B-3”**

**GL Totals**

Issued 08/12/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/04/25-07/04/25

Brookshire Bros. Phar. (Winnie)  
 P.O. Box 2058  
 Lufkin, TX 75904

Vendor #: 65460

GL #	Description	Amount
WSHD	Wshd	2,642.64
	<b>Expenditures</b>	<b>2,652.56</b>
	<b>Reimb/Adjustments</b>	<b>-9.92</b>
	<b>Grand Total</b>	<b>2,642.64</b>

120 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1070*65460*8	WSHD	07/16/2025	18.19	18.19
1070*65460*9	WSHD	07/16/2025	9.94	9.94
1091*65460*322	WSHD	07/11/2025	660.35	660.35
1091*65460*323	WSHD	07/07/2025	26.19	26.19
1091*65460*324	WSHD	07/07/2025	19.18	19.18
1096*65460*242	WSHD	07/11/2025	126.08	126.08
1114*65460*149	WSHD	07/08/2025	12.15	12.15
1132*65460*54	WSHD	06/27/2025	-9.92	-9.92
1132*65460*55	WSHD	07/15/2025	12.88	12.88
1132*65460*56	WSHD	07/15/2025	10.44	10.44
1132*65460*57	WSHD	07/15/2025	19.96	19.96
1132*65460*58	WSHD	07/15/2025	10.31	10.31
1165*65460*148	WSHD	07/14/2025	14.34	14.34
1165*65460*149	WSHD	07/14/2025	20.83	20.83
1166*65460*175	WSHD	07/25/2025	12.12	12.12
1166*65460*176	WSHD	07/16/2025	10.56	10.56
1166*65460*177	WSHD	07/11/2025	8.67	8.67
1193*65460*14	WSHD	07/29/2025	55.54	55.54
1195*65460*55	WSHD	07/30/2025	9.40	9.40
1195*65460*56	WSHD	07/15/2025	12.58	12.58
1195*65460*57	WSHD	07/15/2025	10.15	10.15
1195*65460*58	WSHD	07/15/2025	8.66	8.66
1195*65460*59	WSHD	07/02/2025	13.32	13.32
1195*65460*60	WSHD	07/02/2025	9.40	9.40
1214*65460*448	WSHD	07/23/2025	53.40	53.40
1214*65460*449	WSHD	07/17/2025	9.83	9.83
1214*65460*450	WSHD	07/14/2025	10.56	10.56
1214*65460*451	WSHD	07/14/2025	9.91	9.91
1214*65460*452	WSHD	07/07/2025	10.69	10.69
1214*65460*453	WSHD	07/07/2025	13.73	13.73
1223*65460*43	WSHD	07/21/2025	14.19	14.19
1223*65460*44	WSHD	07/21/2025	8.09	8.09
1223*65460*45	WSHD	07/10/2025	38.94	38.94
1223*65460*46	WSHD	07/10/2025	15.64	15.64

**GL Totals**

Issued 08/12/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/04/25-07/04/25

Brookshire Bros. Phar. (Winnie)  
 P.O. Box 2058  
 Lufkin, TX 75904

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1223*65460*47	WSHD	06/03/2025	9.28	9.28
1233*65460*226	WSHD	07/30/2025	14.49	14.49
1233*65460*227	WSHD	07/16/2025	10.16	10.16
1233*65460*228	WSHD	07/14/2025	13.92	13.92
1233*65460*229	WSHD	07/14/2025	22.21	22.21
1233*65460*230	WSHD	07/09/2025	28.87	28.87
1233*65460*231	WSHD	07/03/2025	27.46	27.46
1233*65460*232	WSHD	07/03/2025	10.94	10.94
1249*65460*135	WSHD	07/22/2025	14.82	14.82
1249*65460*136	WSHD	07/22/2025	11.17	11.17
1249*65460*137	WSHD	07/22/2025	9.13	9.13
1249*65460*138	WSHD	07/22/2025	9.64	9.64
1249*65460*139	WSHD	07/22/2025	10.35	10.35
1249*65460*140	WSHD	07/22/2025	11.00	11.00
1249*65460*141	WSHD	07/22/2025	10.14	10.14
1250*65460*130	WSHD	07/11/2025	9.08	9.08
1250*65460*131	WSHD	07/09/2025	20.34	20.34
1250*65460*132	WSHD	07/09/2025	10.99	10.99
1250*65460*133	WSHD	07/09/2025	10.29	10.29
1253*65460*53	WSHD	07/30/2025	9.30	9.30
1253*65460*54	WSHD	07/23/2025	14.36	14.36
1253*65460*55	WSHD	07/23/2025	16.48	16.48
1253*65460*56	WSHD	07/23/2025	12.13	12.13
1253*65460*57	WSHD	07/11/2025	8.94	8.94
1253*65460*58	WSHD	07/08/2025	9.69	9.69
1268*65460*68	WSHD	07/09/2025	10.06	10.06
1268*65460*69	WSHD	07/09/2025	8.54	8.54
1268*65460*70	WSHD	07/08/2025	11.25	11.25
1268*65460*71	WSHD	07/08/2025	12.39	12.39
1268*65460*72	WSHD	07/08/2025	9.43	9.43
1273*65460*73	WSHD	07/15/2025	21.50	21.50
1273*65460*74	WSHD	07/11/2025	146.96	146.96
1273*65460*75	WSHD	07/09/2025	15.49	15.49
1275*65460*157	WSHD	07/18/2025	11.44	11.44
1275*65460*158	WSHD	07/03/2025	10.29	10.29
1275*65460*159	WSHD	07/02/2025	10.15	10.15
1275*65460*160	WSHD	07/02/2025	9.37	9.37
1275*65460*161	WSHD	07/02/2025	15.64	15.64
1275*65460*162	WSHD	07/02/2025	9.48	9.48
1278*65460*124	WSHD	07/31/2025	10.47	10.47
1278*65460*125	WSHD	07/16/2025	49.04	49.04
1282*65460*157	WSHD	07/09/2025	13.74	13.74
1282*65460*158	WSHD	07/09/2025	25.87	25.87
1282*65460*159	WSHD	07/09/2025	12.87	12.87
1282*65460*160	WSHD	07/09/2025	10.62	10.62
1282*65460*161	WSHD	07/09/2025	16.16	16.16
1282*65460*162	WSHD	07/09/2025	11.77	11.77

**GL Totals**

Issued 08/12/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/04/25-07/04/25

Brookshire Bros. Phar. (Winnie)  
 P.O. Box 2058  
 Lufkin, TX 75904

Vendor #: 65460

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1289*65460*45	WSHD	07/25/2025	18.44	18.44
1302*65460*16	WSHD	07/18/2025	29.39	29.39
1309*65460*87	WSHD	07/08/2025	36.52	36.52
1309*65460*88	WSHD	07/07/2025	14.20	14.20
1314*65460*87	WSHD	07/23/2025	10.01	10.01
1314*65460*88	WSHD	07/23/2025	11.00	11.00
1314*65460*89	WSHD	07/17/2025	11.90	11.90
1361*65460*18	WSHD	07/29/2025	15.17	15.17
1361*65460*19	WSHD	07/29/2025	13.32	13.32
1361*65460*20	WSHD	07/29/2025	9.85	9.85
1361*65460*21	WSHD	07/01/2025	12.45	12.45
1361*65460*22	WSHD	07/01/2025	10.13	10.13
1361*65460*23	WSHD	07/01/2025	10.96	10.96
1385*65460*9	WSHD	07/11/2025	17.16	17.16
1385*65460*10	WSHD	07/11/2025	9.28	9.28
1385*65460*11	WSHD	07/05/2025	9.47	9.47
1388*65460*5	WSHD	07/16/2025	9.90	9.90
1388*65460*6	WSHD	07/16/2025	9.31	9.31
1391*65460*4	WSHD	07/14/2025	14.65	14.65
1391*65460*5	WSHD	07/02/2025	14.65	14.65
1391*65460*6	WSHD	07/02/2025	14.81	14.81
1394*65460*1	WSHD	07/24/2025	38.27	38.27
1394*65460*2	WSHD	07/24/2025	10.24	10.24
1394*65460*3	WSHD	07/24/2025	11.60	11.60
1394*65460*4	WSHD	07/22/2025	19.02	19.02
1394*65460*5	WSHD	07/10/2025	14.46	14.46
1394*65460*6	WSHD	07/10/2025	12.20	12.20
1394*65460*7	WSHD	07/10/2025	12.68	12.68
2706*65460*52	WSHD	07/24/2025	8.71	8.71
2706*65460*53	WSHD	07/07/2025	12.87	12.87
2706*65460*54	WSHD	07/07/2025	12.13	12.13
2706*65460*55	WSHD	07/02/2025	9.47	9.47
2706*65460*56	WSHD	07/02/2025	28.40	28.40
2804*65460*142	WSHD	07/26/2025	11.90	11.90
2804*65460*143	WSHD	07/09/2025	12.20	12.20
2804*65460*144	WSHD	07/09/2025	15.03	15.03
2804*65460*145	WSHD	07/09/2025	15.64	15.64
2804*65460*146	WSHD	07/09/2025	11.50	11.50
2804*65460*147	WSHD	07/09/2025	9.74	9.74
<b>120 invoices, 120 line items</b>	<b>***</b>		<b>2,642.64</b>	<b>2,642.64</b>

**Grand Totals** **2,642.64**      **2,642.64**

**120 total invoices**  
**120 total line items**

**GL Totals**

Issued 08/15/25

Winnie Stowell Hospital District Indigent Health Svcs.  
Batch Dates 07/01/25-07/01/25

Chambers County Phd Er  
Po Box 11407  
Dept 8016  
Birmingham, AL 35246

Vendor #: 434  
NPI: 1174522494

GL #	Description	Amount
WSHD	Wshd	657.05
	<b>Expenditures</b>	<b>657.05</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>657.05</b>

1 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2804*434*2	WSHD	06/10/2025	887.91	657.05
<b>1 invoices, 1 line items</b>			<b>887.91</b>	<b>657.05</b>
<b>Grand Totals</b>			<b>887.91</b>	<b>657.05</b>

1 total invoices

1 total line items

**GL Totals**

Issued 08/13/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/11/25-07/11/25

Coastal Gateway Health Center  
Po Box 2264  
Winnie, TX 77665

Vendor #: 90015

GL #	Description	Amount
WSHD	Wshd	843.32
<b>Expenditures</b>		<b>843.32</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>843.32</b>

26 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1065*90015*9	WSHD	07/23/2025	140.85	85.00
1070*90015*1	WSHD	07/18/2025	140.85	85.00
1070*90015*2	WSHD	07/18/2025	5.39	0.00
1070*90015*3	WSHD	07/18/2025	4.35	4.35
1093*90015*6	WSHD	07/11/2025	140.85	85.00
1165*90015*6	WSHD	07/14/2025	140.85	85.00
1182*90015*15	WSHD	07/29/2025	198.65	85.00
1182*90015*16	WSHD	07/29/2025	0.00	0.00
1182*90015*17	WSHD	07/29/2025	0.00	0.00
1182*90015*18	WSHD	07/25/2025	17.99	17.99
1193*90015*3	WSHD	07/29/2025	140.85	85.00
1193*90015*4	WSHD	07/29/2025	0.00	0.00
1193*90015*5	WSHD	07/29/2025	0.00	0.00
1193*90015*6	WSHD	07/29/2025	27.99	27.99
1202*90015*2	WSHD	07/14/2025	140.85	85.00
1349*90015*11	WSHD	07/23/2025	198.65	85.00
1349*90015*12	WSHD	07/23/2025	192.55	0.00
1349*90015*13	WSHD	07/23/2025	71.40	0.00
1349*90015*14	WSHD	07/23/2025	18.93	0.00
1349*90015*15	WSHD	07/23/2025	0.00	0.00
1385*90015*1	WSHD	07/25/2025	259.01	85.00
1385*90015*2	WSHD	07/25/2025	13.69	0.00
1385*90015*3	WSHD	07/25/2025	13.35	0.00
1385*90015*4	WSHD	07/25/2025	0.00	0.00
1385*90015*5	WSHD	07/25/2025	0.00	0.00
1385*90015*6	WSHD	07/25/2025	27.99	27.99

26 invoices, 26 line items \*\*\* 1,895.04      843.32

**Grand Totals** **1,895.04      843.32**

26 total invoices  
26 total line items

**GL Totals**

Issued 08/15/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/01/25-07/01/25

Houston Northwest Radiology Association  
 Po Box 3686  
 Dept467  
 Houston, TX 77253

Vendor #: NCPHY14

GL #	Description	Amount
WSHD	Wshd	68.16
	<b>Expenditures</b>	<b>68.16</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>68.16</b>

1 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
2804*NCPHY14*1	WSHD	06/10/2025	580.00	68.16
<b>1 invoices, 1 line items</b>	***		<b>580.00</b>	<b>68.16</b>
<b>Grand Totals</b>			<b>580.00</b>	<b>68.16</b>

1 total invoices

1 total line items

**Indigent Healthcare Solutions, Ltd**

2040 North Loop, 336 West, Suite 304  
Conroe, TX 77304  
(800) 834-0560



BILL TO  
WINNIE STOWELL HOSPITAL DISTRICT  
P O BOX 1997  
WINNIE, TX 77665

INVOICE 80314  
DATE 08/01/2025  
TERMS Due on receipt

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Professional services for the month of September 2025 2,023.00

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BALANCE DUE **\$2,023.00**

PLEASE REMIT PAYMENT TO:  
INDIGENT HEALTHCARE SOLUTIONS, LTD  
ATTN: KELLEY ASTOLOS  
3011 ARMORY DRIVE, SUITE 300  
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!  
Page 1 of 1

**GL Totals**

Issued 08/15/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/08/25-07/08/25

\$25 Optical  
545 South 11Th Street  
Beaumont, TX 77701

Vendor #: 90010

GL #	Description	Amount
WSHD	Wshd	100.00
	<b>Expenditures</b>	<b>100.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>100.00</b>

2 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1070*90010*2	WSHD	07/31/2025	50.00	50.00
1314*90010*2	WSHD	06/25/2025	50.00	50.00
<b>2 invoices, 2 line items</b>			<b>100.00</b>	<b>100.00</b>
<b>Grand Totals</b>			<b>100.00</b>	<b>100.00</b>

2 total invoices

2 total line items

**GL Totals**

Issued 08/13/25

Winnie Stowell Hospital District Indigent Health Svcs.  
Batch Dates 07/08/25-07/08/25

Bayside Dental  
Po Box 398  
Anahuac, TX 77514

Vendor #: 90012  
NPI: 1417032343

GL #	Description	Amount
WSHD	Wshd	880.00
<b>Expenditures</b>		<b>880.00</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>880.00</b>

12 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1070*90012*1	WSHD	07/16/2025	125.00	110.00
1070*90012*2	WSHD	07/16/2025	79.00	0.00
1070*90012*3	WSHD	07/23/2025	175.00	110.00
1070*90012*4	WSHD	07/23/2025	30.00	0.00
1233*90012*12	WSHD	07/17/2025	240.00	110.00
1233*90012*13	WSHD	07/17/2025	232.51	110.00
1233*90012*14	WSHD	07/29/2025	154.00	110.00
1233*90012*15	WSHD	07/29/2025	79.00	0.00
1233*90012*16	WSHD	07/29/2025	80.00	0.00
1273*90012*7	WSHD	07/09/2025	240.00	110.00
1278*90012*12	WSHD	07/25/2025	190.00	110.00
1390*90012*3	WSHD	07/24/2025	342.00	110.00

12 invoices, 12 line items

\*\*\*

**1,966.51**

**880.00**

**Grand Totals**

**1,966.51**

**880.00**

12 total invoices

12 total line items

**GL Totals**

Issued 08/13/25

Winnie Stowell Hospital District Indigent Health Svcs.  
Batch Dates 07/10/25-07/10/25

Caba Therapy Svcs Dba Physio  
3818 Decker Drive  
Baytown, TX 77520

Vendor #: 90017  
NPI: 1548338528

GL #	Description	Amount
WSHD	Wshd	656.19
<b>Expenditures</b>		<b>656.19</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>656.19</b>

2 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1302*90017*4	WSHD	07/31/2025	132.00	116.19
1302*90017*4	WSHD	07/31/2025	72.00	33.75
1302*90017*4	WSHD	07/31/2025	65.00	33.75
1370*90017*10	WSHD	07/01/2025	144.00	67.50
1370*90017*10	WSHD	07/01/2025	65.00	33.75
1370*90017*10	WSHD	07/03/2025	144.00	67.50
1370*90017*10	WSHD	07/03/2025	65.00	33.75
1370*90017*10	WSHD	07/08/2025	216.00	101.25
1370*90017*10	WSHD	07/08/2025	65.00	33.75
1370*90017*10	WSHD	07/10/2025	216.00	101.25
1370*90017*10	WSHD	07/10/2025	65.00	33.75

2 invoices, 11 line items

\*\*\*

**1,249.00**

**656.19**

**Grand Totals**

**1,249.00**

**656.19**

2 total invoices

11 total line items

### GL Totals

Issued 08/15/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/08/25-07/08/25

Dr. June Stansky, Optometrist  
1008 W. Sterling Ave.  
Baytown, TX 77520

Vendor #: 90011

GL #	Description	Amount
WSHD	Wshd	60.00
	<b>Expenditures</b>	<b>60.00</b>
	<b>Reimb/Adjustments</b>	
	<b>Grand Total</b>	<b>60.00</b>

1 total invoices

#### GL Totals Detail

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1070*90011*1	WSHD	07/31/2025	60.00	60.00
<b>1 invoices, 1 line items</b>	***		<b>60.00</b>	<b>60.00</b>
<b>Grand Totals</b>			<b>60.00</b>	<b>60.00</b>

1 total invoices

1 total line items

**GL Totals**

Issued 08/13/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/02/25-07/02/25

Kalos Counseling (Benjamin Odom)  
1271 N. Main St.  
Vidor, TX 77662

Vendor #: 90009

GL #	Description	Amount
WSHD	Wshd	425.00
<b>Expenditures</b>		<b>425.00</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>425.00</b>

5 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
YC74*90009*30	WSHD	07/22/2025	85.00	85.00
YC79*90009*17	WSHD	07/29/2025	85.00	85.00
YC87*90009*4	WSHD	07/16/2025	85.00	85.00
YC88*90009*3	WSHD	07/02/2025	85.00	85.00
YC88*90009*4	WSHD	07/23/2025	85.00	85.00
<b>5 invoices, 5 line items</b>			<b>425.00</b>	<b>425.00</b>
<b>Grand Totals</b>			<b>425.00</b>	<b>425.00</b>

5 total invoices

5 total line items

**GL Totals**

Issued 08/13/25

Winnie Stowell Hospital District Indigent Health Svcs.  
Batch Dates 07/11/25-07/11/25

Thompson Outpatient Clinic, LLC  
P. O. Box 714  
Winnie, TX 77665

Vendor #: 68539  
NPI: 1982805586

GL #	Description	Amount
WSHD	Wshd	862.08
<b>Expenditures</b>		<b>862.08</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>862.08</b>

13 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1091*68539*14	WSHD	07/01/2025	222.00	47.68
1144*68539*19	WSHD	07/28/2025	222.00	47.68
1206*68539*28	WSHD	07/07/2025	222.00	47.68
1206*68539*28	WSHD	07/07/2025	36.00	0.44
1206*68539*28	WSHD	07/07/2025	80.00	5.60
1206*68539*28	WSHD	07/07/2025	35.00	11.23
1233*68539*17	WSHD	07/02/2025	148.00	33.95
1253*68539*4	WSHD	07/23/2025	222.00	47.68
1268*68539*11	WSHD	07/09/2025	148.00	33.95
1282*68539*26	WSHD	07/09/2025	222.00	47.68
1309*68539*25	WSHD	07/08/2025	265.00	76.37
1370*68539*7	WSHD	07/25/2025	222.00	45.30
1373*68539*2	WSHD	07/02/2025	222.00	47.68
2706*68539*16	WSHD	07/07/2025	222.00	47.68
2804*68539*18	WSHD	06/23/2025	270.00	114.13
2804*68539*18	WSHD	06/24/2025	180.00	58.11
2804*68539*18	WSHD	06/24/2025	160.00	51.85
2804*68539*18	WSHD	07/15/2025	222.00	47.68
3363*68539*9	WSHD	07/03/2025	148.00	32.25
3363*68539*9	WSHD	07/03/2025	36.00	0.42
3363*68539*9	WSHD	07/03/2025	80.00	5.32
3363*68539*9	WSHD	07/03/2025	40.00	1.05
3363*68539*9	WSHD	07/03/2025	35.00	10.67

13 invoices, 23 line items \*\*\* 3,659.00      862.08

**Grand Totals** **3,659.00      862.08**

13 total invoices  
23 total line items

**GL Totals**

Issued 08/13/25

Winnie Stowell Hospital District Indigent Health Svcs.  
Batch Dates 07/01/25-07/01/25

Utmb Faculty Grp Practice  
Po Box 650859 Dep 710  
Dallas, TX 75265

Vendor #: 63615  
NPI: 1942241146

GL #	Description	Amount
WSHD	Wshd	9,495.05
<b>Expenditures</b>		<b>9,495.05</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>9,495.05</b>

21 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1053*63615*3	WSHD	06/13/2025	123.00	44.90
1053*63615*4	WSHD	06/04/2025	309.00	57.22
1091*63615*44	WSHD	06/02/2025	301.00	0.00
1093*63615*63	WSHD	06/24/2025	46.00	12.02
1093*63615*63	WSHD	06/24/2025	46.00	11.56
1093*63615*63	WSHD	06/24/2025	220.00	66.72
1093*63615*63	WSHD	06/12/2025	526.00	97.49
1093*63615*63	WSHD	05/30/2025	309.00	57.22
1093*63615*63	WSHD	06/12/2025	526.00	97.49
1132*63615*19	WSHD	06/27/2025	220.00	32.25
1197*63615*5	WSHD	06/27/2025	309.00	57.22
1224*63615*8	WSHD	06/06/2025	220.00	40.74
1233*63615*17	WSHD	06/06/2025	220.00	32.25
1233*63615*17	WSHD	06/06/2025	41.00	0.00
1236*63615*5	WSHD	05/29/2025	309.00	0.00
1236*63615*5	WSHD	05/29/2025	41.00	0.00
1261*63615*14	WSHD	05/27/2025	475.00	0.00
1261*63615*14	WSHD	04/22/2025	995.00	0.00
1261*63615*14	WSHD	04/22/2025	535.00	0.00
1261*63615*14	WSHD	04/22/2025	246.00	0.00
1271*63615*20	WSHD	06/05/2025	146.00	27.11
1322*63615*19	WSHD	06/02/2025	125.00	48.76
1322*63615*19	WSHD	06/04/2025	309.00	57.22
1322*63615*19	WSHD	06/04/2025	3,707.00	541.57
1322*63615*19	WSHD	06/04/2025	107.00	27.26
1322*63615*19	WSHD	06/09/2025	309.00	57.22
1322*63615*19	WSHD	05/26/2025	96.00	0.00
1349*63615*14	WSHD	06/06/2025	315.00	91.64
1368*63615*3	WSHD	06/06/2025	3,150.00	1,031.29
1368*63615*3	WSHD	06/06/2025	165.00	42.02
1368*63615*4	WSHD	06/07/2025	92.00	23.41
1368*63615*4	WSHD	06/07/2025	27.00	6.73
1368*63615*4	WSHD	06/06/2025	635.00	144.17
1368*63615*4	WSHD	06/07/2025	382.00	86.58



**GL Totals**

Issued 08/14/25

Winnie Stowell Hospital District Indigent Health Svcs.  
Batch Dates 07/01/25-07/01/25

Utmb At Galveston  
P. O. Box 660120 Dept 730  
Dallas, TX 75266

Vendor #: 63614

GL #	Description	Amount
WSHD	Wshd	45,668.50
<b>Expenditures</b>		<b>45,668.50</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>45,668.50</b>

30 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1053*63614*4	WSHD	06/04/2025	625.00	137.50
1053*63614*4	WSHD	06/04/2025	364.00	80.08
1053*63614*4	WSHD	06/04/2025	1,545.00	339.90
1091*63614*41	WSHD	06/02/2025	144.00	31.68
1093*63614*59	WSHD	06/12/2025	391.00	86.02
1093*63614*59	WSHD	06/12/2025	36.00	7.92
1093*63614*59	WSHD	06/12/2025	153.00	33.66
1093*63614*59	WSHD	06/12/2025	179.00	39.38
1093*63614*59	WSHD	06/12/2025	97.00	21.34
1093*63614*59	WSHD	06/12/2025	86.00	18.92
1093*63614*59	WSHD	06/12/2025	64.00	14.08
1093*63614*59	WSHD	06/12/2025	32.00	7.04
1093*63614*59	WSHD	06/12/2025	49.00	10.78
1093*63614*60	WSHD	06/12/2025	323.00	71.06
1093*63614*61	WSHD	05/30/2025	323.00	71.06
1093*63614*62	WSHD	06/24/2025	428.00	94.16
1093*63614*62	WSHD	06/24/2025	428.00	94.16
1093*63614*62	WSHD	06/24/2025	347.00	76.34
1093*63614*62	WSHD	06/24/2025	347.00	76.34
1093*63614*62	WSHD	06/24/2025	364.00	80.08
1093*63614*62	WSHD	06/24/2025	2,174.00	478.28
1093*63614*62	WSHD	06/24/2025	349.00	76.78
1094*63614*23	WSHD	06/10/2025	36.00	0.00
1132*63614*18	WSHD	06/10/2025	291.00	64.02
1192*63614*4	WSHD	05/28/2025	1,647.00	362.34
1192*63614*5	WSHD	06/04/2025	391.00	86.02
1204*63614*12	WSHD	11/15/2024	75,939.57	0.00
1224*63614*4	WSHD	06/06/2025	323.00	71.06
1233*63614*15	WSHD	06/06/2025	323.00	71.06
1236*63614*4	WSHD	05/29/2025	36.00	0.00
1236*63614*4	WSHD	05/29/2025	86.00	0.00
1236*63614*4	WSHD	05/29/2025	137.00	0.00
1236*63614*4	WSHD	05/29/2025	88.00	0.00
1236*63614*4	WSHD	05/29/2025	101.00	0.00

**GL Totals**

Issued 08/14/25

Winnie Stowell Hospital District Indigent Health Svcs.  
Batch Dates 07/01/25-07/01/25

Utmb At Galveston  
P. O. Box 660120 Dept 730  
Dallas, TX 75266

Vendor #: 63614

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1236*63614*4	WSHD	05/29/2025	64.00	0.00
1236*63614*4	WSHD	05/29/2025	32.00	0.00
1236*63614*4	WSHD	05/29/2025	391.00	0.00
1236*63614*4	WSHD	05/29/2025	2,104.00	0.00
1261*63614*13	WSHD	05/27/2025	323.00	0.00
1261*63614*13	WSHD	05/27/2025	36.00	0.00
1261*63614*13	WSHD	05/27/2025	86.00	0.00
1261*63614*13	WSHD	05/27/2025	55.00	0.00
1261*63614*13	WSHD	05/27/2025	170.00	0.00
1261*63614*13	WSHD	05/27/2025	64.00	0.00
1261*63614*14	WSHD	05/28/2025	3,306.58	0.00
1271*63614*14	WSHD	06/05/2025	323.00	71.06
1275*63614*25	WSHD	04/29/2025	79.00	17.38
1275*63614*25	WSHD	04/29/2025	391.00	86.02
1322*63614*19	WSHD	05/28/2025	36.00	7.92
1322*63614*19	WSHD	05/28/2025	69.00	15.18
1322*63614*19	WSHD	05/28/2025	64.00	14.08
1322*63614*19	WSHD	05/28/2025	219.00	48.18
1322*63614*19	WSHD	05/28/2025	26.00	5.72
1322*63614*19	WSHD	05/28/2025	323.00	71.06
1322*63614*19	WSHD	06/02/2025	1,545.00	339.90
1322*63614*19	WSHD	06/04/2025	179.00	39.38
1322*63614*19	WSHD	06/04/2025	1,588.00	349.36
1322*63614*19	WSHD	06/09/2025	557.00	122.54
1349*63614*10	WSHD	06/06/2025	323.00	71.06
1349*63614*10	WSHD	06/06/2025	287.00	63.14
1349*63614*10	WSHD	06/06/2025	287.00	63.14
1349*63614*10	WSHD	06/06/2025	287.00	63.14
1349*63614*10	WSHD	06/06/2025	287.00	63.14
1349*63614*11	WSHD	06/06/2025	166.00	36.52
1368*63614*3	WSHD	06/06/2025	179,456.54	18,183.66
1370*63614*3	WSHD	06/03/2025	323.00	71.06
1370*63614*4	WSHD	06/12/2025	1,545.00	339.90
1370*63614*4	WSHD	06/12/2025	94.50	20.79
1370*63614*4	WSHD	06/12/2025	1,545.00	339.90
1370*63614*5	WSHD	06/09/2025	36.00	7.92
1370*63614*5	WSHD	06/09/2025	79.00	17.38
1370*63614*5	WSHD	06/09/2025	86.00	18.92
1370*63614*5	WSHD	06/09/2025	109.00	23.98
1370*63614*5	WSHD	06/09/2025	208.00	45.76
1370*63614*5	WSHD	06/09/2025	624.00	137.28
1370*63614*5	WSHD	06/09/2025	64.00	14.08
1370*63614*5	WSHD	06/09/2025	97.00	21.34
1370*63614*5	WSHD	06/09/2025	113.00	24.86
1370*63614*5	WSHD	06/09/2025	125.00	27.50
1370*63614*5	WSHD	06/09/2025	69.00	15.18
1370*63614*5	WSHD	06/09/2025	32.00	7.04

**GL Totals**

Issued 08/14/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/01/25-07/01/25

Utmb At Galveston  
 P. O. Box 660120 Dept 730  
 Dallas, TX 75266

Vendor #: 63614

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1370*63614*5	WSHD	06/09/2025	32.00	7.04
1370*63614*5	WSHD	06/09/2025	49.00	10.78
1370*63614*6	WSHD	06/09/2025	32.00	7.04
1370*63614*6	WSHD	06/09/2025	78.00	17.16
1370*63614*6	WSHD	06/09/2025	49.00	10.78
1381*63614*2	WSHD	06/02/2025	39,078.99	8,597.38
1385*63614*4	WSHD	06/23/2025	323.00	71.06
1385*63614*4	WSHD	06/23/2025	347.00	76.34
1388*63614*2	WSHD	06/06/2025	59,835.57	13,163.83
1391*63614*1	WSHD	06/12/2025	428.00	94.16
1391*63614*1	WSHD	06/12/2025	347.00	76.34
1391*63614*1	WSHD	06/12/2025	323.00	71.06
<b>30 invoices, 93 line items</b>			<b>387,442.75</b>	<b>45,668.50</b>
<b>Grand Totals</b>			<b>387,442.75</b>	<b>45,668.50</b>
<b>30 total invoices</b>				
<b>93 total line items</b>				

**GL Totals**

Winnie Stowell Hospital District Indigent Health Svcs.  
 Batch Dates 07/03/25-07/03/25  
 Source Group Indigent Health Care

Wilcox Pharmacy  
 P. O. Box 1850  
 Winnie, TX 77665

Vendor #: 18651

GL #	Description	Amount
WSHD	Wshd	1,683.39
<b>Expenditures</b>		<b>1,683.39</b>
<b>Reimb/Adjustments</b>		
<b>Grand Total</b>		<b>1,683.39</b>

138 total invoices

**GL Totals Detail**

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1065*18651*69	WSHD	07/23/2025	15.83	15.83
1065*18651*70	WSHD	07/23/2025	8.74	8.74
1065*18651*71	WSHD	07/23/2025	12.26	12.26
1075*18651*27	WSHD	07/28/2025	8.65	8.65
1075*18651*28	WSHD	07/21/2025	9.31	9.31
1075*18651*29	WSHD	07/21/2025	11.51	11.51
1075*18651*30	WSHD	07/21/2025	10.80	10.80
1075*18651*31	WSHD	07/21/2025	8.99	8.99
1075*18651*32	WSHD	07/16/2025	9.08	9.08
1075*18651*33	WSHD	07/03/2025	21.69	21.69
1093*18651*269	WSHD	07/24/2025	8.93	8.93
1093*18651*270	WSHD	07/21/2025	11.35	11.35
1093*18651*271	WSHD	07/11/2025	15.07	15.07
1093*18651*272	WSHD	07/11/2025	11.18	11.18
1093*18651*273	WSHD	07/08/2025	8.99	8.99
1093*18651*274	WSHD	07/02/2025	10.03	10.03
1094*18651*29	WSHD	07/17/2025	8.81	8.81
1095*18651*233	WSHD	07/08/2025	8.34	8.34
1095*18651*234	WSHD	07/08/2025	9.37	9.37
1095*18651*235	WSHD	07/08/2025	9.06	9.06
1095*18651*236	WSHD	07/08/2025	10.33	10.33
1118*18651*2	WSHD	07/11/2025	8.66	8.66
1182*18651*70	WSHD	07/23/2025	8.89	8.89
1182*18651*71	WSHD	07/10/2025	8.74	8.74
1182*18651*72	WSHD	07/01/2025	10.20	10.20
1182*18651*73	WSHD	07/16/2025	11.32	11.32
1197*18651*152	WSHD	07/07/2025	8.95	8.95
1197*18651*153	WSHD	07/07/2025	9.16	9.16
1197*18651*154	WSHD	07/07/2025	9.09	9.09
1197*18651*155	WSHD	07/07/2025	8.66	8.66
1197*18651*156	WSHD	07/07/2025	12.49	12.49
1197*18651*157	WSHD	07/07/2025	15.86	15.86
1202*18651*2	WSHD	07/14/2025	12.25	12.25
1206*18651*121	WSHD	07/15/2025	10.67	10.67

**GL Totals**

Issued 08/08/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/03/25-07/03/25

Source Group Indigent Health Care

Wilcox Pharmacy  
 P. O. Box 1850  
 Winnie, TX 77665

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1209*18651*29	WSHD	07/24/2025	13.13	13.13
1209*18651*30	WSHD	07/24/2025	12.93	12.93
1209*18651*31	WSHD	07/24/2025	10.94	10.94
1209*18651*32	WSHD	07/24/2025	10.78	10.78
1226*18651*199	WSHD	07/10/2025	10.13	10.13
1226*18651*200	WSHD	07/10/2025	11.74	11.74
1226*18651*201	WSHD	07/10/2025	9.26	9.26
1227*18651*134	WSHD	07/30/2025	11.17	11.17
1242*18651*24	WSHD	07/01/2025	19.29	19.29
1271*18651*44	WSHD	07/02/2025	18.17	18.17
1271*18651*45	WSHD	07/02/2025	19.82	19.82
1271*18651*46	WSHD	07/02/2025	65.73	65.73
1279*18651*75	WSHD	07/11/2025	11.23	11.23
1279*18651*76	WSHD	07/11/2025	10.86	10.86
1287*18651*115	WSHD	07/03/2025	14.48	14.48
1287*18651*116	WSHD	07/03/2025	11.35	11.35
1287*18651*117	WSHD	07/03/2025	11.00	11.00
1287*18651*118	WSHD	07/03/2025	10.38	10.38
1287*18651*119	WSHD	07/03/2025	9.16	9.16
1287*18651*120	WSHD	07/03/2025	8.99	8.99
1292*18651*172	WSHD	07/17/2025	10.94	10.94
1292*18651*173	WSHD	07/07/2025	8.68	8.68
1292*18651*174	WSHD	07/07/2025	8.47	8.47
1292*18651*175	WSHD	07/07/2025	9.03	9.03
1292*18651*176	WSHD	07/07/2025	8.54	8.54
1294*18651*1	WSHD	07/01/2025	25.16	25.16
1294*18651*2	WSHD	07/01/2025	8.74	8.74
1294*18651*3	WSHD	07/01/2025	14.17	14.17
1294*18651*4	WSHD	07/01/2025	14.00	14.00
1294*18651*5	WSHD	07/01/2025	9.16	9.16
1294*18651*6	WSHD	07/01/2025	9.55	9.55
1294*18651*7	WSHD	07/01/2025	8.39	8.39
1294*18651*8	WSHD	07/01/2025	9.49	9.49
1294*18651*9	WSHD	07/01/2025	9.79	9.79
1300*18651*72	WSHD	07/07/2025	9.38	0.00
1300*18651*73	WSHD	07/07/2025	8.56	0.00
1300*18651*74	WSHD	07/07/2025	9.57	0.00
1307*18651*53	WSHD	07/29/2025	18.48	18.48
1307*18651*54	WSHD	07/03/2025	11.18	11.18
1307*18651*55	WSHD	07/03/2025	11.21	11.21
1307*18651*56	WSHD	07/03/2025	17.26	17.26
1307*18651*57	WSHD	07/03/2025	18.86	18.86
1316*18651*33	WSHD	07/07/2025	9.71	9.71
1316*18651*34	WSHD	07/07/2025	9.12	9.12
1316*18651*35	WSHD	07/07/2025	9.42	9.42
1316*18651*36	WSHD	07/07/2025	9.49	9.49
1322*18651*31	WSHD	07/28/2025	8.95	8.95

**GL Totals**

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/03/25-07/03/25

Source Group Indigent Health Care

Wilcox Pharmacy  
 P. O. Box 1850  
 Winnie, TX 77665

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
1322*18651*32	WSHD	07/21/2025	56.49	56.49
1322*18651*33	WSHD	07/07/2025	11.35	11.35
1322*18651*34	WSHD	07/01/2025	8.25	8.25
1322*18651*35	WSHD	07/01/2025	9.57	9.57
1322*18651*36	WSHD	07/01/2025	11.77	11.77
1322*18651*37	WSHD	07/01/2025	11.66	11.66
1349*18651*67	WSHD	07/29/2025	9.55	9.55
1349*18651*68	WSHD	07/29/2025	8.34	8.34
1349*18651*69	WSHD	07/29/2025	8.86	8.86
1349*18651*70	WSHD	07/29/2025	9.26	9.26
1349*18651*71	WSHD	07/28/2025	32.35	32.35
1349*18651*72	WSHD	07/28/2025	24.27	24.27
1349*18651*73	WSHD	07/23/2025	11.25	11.25
1349*18651*74	WSHD	07/23/2025	13.15	13.15
1355*18651*19	WSHD	07/02/2025	11.23	11.23
1355*18651*20	WSHD	07/02/2025	12.31	12.31
1360*18651*22	WSHD	07/21/2025	9.51	9.51
1368*18651*32	WSHD	07/18/2025	12.24	12.24
1368*18651*33	WSHD	07/07/2025	9.05	9.05
1368*18651*34	WSHD	07/07/2025	10.84	10.84
1368*18651*35	WSHD	07/07/2025	14.30	14.30
1368*18651*36	WSHD	07/07/2025	18.71	18.71
1368*18651*37	WSHD	07/07/2025	14.05	14.05
1368*18651*38	WSHD	07/03/2025	9.16	9.16
1368*18651*39	WSHD	07/03/2025	10.69	10.69
1368*18651*40	WSHD	07/03/2025	9.82	9.82
1370*18651*30	WSHD	07/01/2025	9.19	9.19
1370*18651*31	WSHD	07/01/2025	9.88	9.88
1370*18651*32	WSHD	07/01/2025	8.99	8.99
1370*18651*33	WSHD	07/01/2025	9.47	9.47
1374*18651*8	WSHD	07/15/2025	9.61	9.61
1377*18651*29	WSHD	07/16/2025	16.76	16.76
1377*18651*30	WSHD	07/10/2025	9.12	9.12
1377*18651*31	WSHD	07/10/2025	49.08	49.08
1377*18651*32	WSHD	07/07/2025	17.59	17.59
1377*18651*33	WSHD	07/07/2025	13.03	13.03
1386*18651*10	WSHD	07/03/2025	9.88	9.88
1386*18651*11	WSHD	07/03/2025	12.63	12.63
1386*18651*12	WSHD	07/03/2025	8.95	8.95
1393*18651*4	WSHD	07/21/2025	13.05	13.05
1393*18651*5	WSHD	07/14/2025	10.27	10.27
1393*18651*6	WSHD	07/14/2025	11.29	11.29
2397*18651*106	WSHD	07/29/2025	9.91	9.91
2397*18651*107	WSHD	07/29/2025	8.99	8.99
2397*18651*108	WSHD	07/02/2025	10.55	10.55
3363*18651*54	WSHD	07/03/2025	19.95	19.95
3363*18651*55	WSHD	07/03/2025	10.23	10.23

**GL Totals**

Issued 08/08/25

Winnie Stowell Hospital District Indigent Health Svcs.

Batch Dates 07/03/25-07/03/25

Source Group Indigent Health Care

Wilcox Pharmacy  
 P. O. Box 1850  
 Winnie, TX 77665

Vendor #: 18651

Invoice #	GL #	Date in	Amt Billed	Amt Paid
3363*18651*56	WSHD	07/03/2025	9.88	9.88
3363*18651*57	WSHD	07/03/2025	9.08	9.08
3363*18651*58	WSHD	07/03/2025	11.47	11.47
3363*18651*59	WSHD	07/03/2025	9.12	9.12
3364*18651*257	WSHD	07/07/2025	9.33	9.33
3364*18651*258	WSHD	07/07/2025	9.63	9.63
3364*18651*259	WSHD	07/07/2025	8.93	8.93
3364*18651*260	WSHD	07/07/2025	9.90	9.90
3364*18651*261	WSHD	07/07/2025	9.24	9.24
3364*18651*262	WSHD	07/07/2025	8.77	8.77
<b>138 invoices, 138 line items</b>			<b>1,710.90</b>	<b>1,683.39</b>
<b>Grand Totals</b>			<b>1,710.90</b>	<b>1,683.39</b>
<b>138 total invoices</b>				
<b>138 total line items</b>				

# Aug 2025

## Program Consultant Invoice

**Patricia Ojeda**

**INVOICE #** 45875

**DATE:** 8/6/2025



**PAYABLE BY:**

Winnie Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

**PAYABLE TO:**

3Branch & More  
PO Box 2222  
Woodville, TX 75979

DATE	DESCRIPTION	AMOUNT
	CHWP Personnel Expenses (1/12 of approved budget \$102,000.00	\$8,500.00
1/0/1900	CHWP Operational Expenses (1/12 of approved budget \$9,893.00	\$824.41
<b>TOTAL DUE</b>		<b>\$9,324.41</b>

August 20, 2025

Mr. Edward Murrell  
President  
Winnie Stowell Hospital District  
520 Broadway  
Winnie, Texas 77665

Re: Winnie Stowell Hospital District; Billable Invoice for August 20, 2025 Time Entries less Retainer; Our File No. 87250; Invoice No. 51201.

Dear President Murrell,

Attached is Benckenstein & Oxford's monthly time-entry invoice for July 2025.

Invoice total: \$10,110.00  
Less monthly retainer received: (\$1,000.00)  
Balance due: \$9,110.00

Please review and let me know if you have any questions. If not, we would appreciate payment of \$9,110.00, representing the balance owed for July 2025, at your earliest convenience pursuant to our engagement terms.

Thank you for your prompt attention.

With best wishes, I am

Sincerely,

By:   
Hubert Oxford, IV

**Benckenstein & Oxford, L.L.P.****INVOICE**

3535 Calder Avenue, Suite 300  
 Beaumont, Texas 77706  
 United States

Invoice # 51384  
 Date: 08/20/2025

Winnie Stowell Hospital District  
 PO Box 1997  
 Winnie, Texas 77665  
 United States

**WSHD**

Date	Attorney	Description	Quantity	Rate	Total
07/01/2025	HOIV	Read, reviewed, and redlined revisions to draft Consent and Assignment of Management Agreement for Afton Oaks; and returned to counsel for Afton Oaks for review.	1.20	\$300.00	\$360.00
07/02/2025	HOIV	Read, reviewed, and responded to e-mail, and attachment, from Riceland Hospital regarding upcoming IGT for ATLIS program.	0.60	\$300.00	\$180.00
07/02/2025	HOIV	Read, reviewed, and responded to ten (10) e-mails (and attachments) between LTC and staff regarding the WSHD Y8Q2 Component 1-4 distribution.	1.60	\$300.00	\$480.00
07/07/2025	HOIV	Received and reviewed draft Operations Transfer Agreement for Garland Facility from counsel for Outgoing Manager; and then exchanged five (5) e-mails with LTC, counsel for Outgoing Manager and counsel for Garland to verify penalty payment amount.	1.30	\$300.00	\$390.00
07/08/2025	HOIV	Received, reviewed, and redline July 2025 loan documents and then conveyed to staff at the District for signature at the upcoming Board meeting.	2.00	\$300.00	\$600.00
07/11/2025	HOIV	Received e-mail from CPA requesting audit information for 2024 audit and began gathering the requested information.	1.60	\$300.00	\$480.00
07/15/2025	HOIV	Began preparation of June 2025 Regular Meeting Minutes.	1.40	\$300.00	\$420.00
07/16/2025	HOIV	Continued to draft minutes from the June 2025 meeting; prepared agenda; started binder; and submitted minutes and agenda to Board members with explanation of the upcoming action items.	4.30	\$300.00	\$1,290.00
07/16/2025	HOIV	Received and reviewed e-mail and attachment	0.70	\$300.00	\$210.00

		from Hospital to provide IGT amount for DY 14 2025 Uncompensated Care Payment and then added the matter to the agenda for the upcoming agenda.			
07/16/2025	HOIV	Read, reviewed, and revised updated Operations Transfer Agreement for Garland facility sent by counsel for Outgoing Operator; and then responded with approval.	0.60	\$300.00	\$180.00
07/16/2025	HOIV	Read and reviewed e-mail with updated QIPP Cash Flow model attachment.	0.40	\$300.00	\$120.00
07/17/2025	HOIV	Received e-mail from Garland Facility to provide transfer documents; reviewed recent documents; and conveyed to counsel for Garland at SLP.	0.70	\$300.00	\$210.00
07/17/2025	HOIV	Read, reviewed, and responded e-mail from staff regarding the attached Afton Oaks Medicaid EDI form to inquire whether the form was to debit or credit the facilities account.	0.30	\$300.00	\$90.00
07/19/2025	HOIV	Gathered documents and began to prepare Board Binder; and then distributed initial Binder to clients.	0.80	\$300.00	\$240.00
07/19/2025	HOIV	Read, reviewed, and commented on proposed Management Agreement for Garland Facility; researched SB 457 regarding Medicaid payments; and prepared extensive e-mail to counsel for Garland facility (i.e., SLP) to inquire whether SB 457 made the need for a CHOW advance moot.	1.40	\$300.00	\$420.00
07/21/2025	HOIV	Received and reviewed QIPP Year 8, Q2 Scorecard, and participated in conference call with LTD to discuss the results.	0.70	\$300.00	\$210.00
07/21/2025	HOIV	Received and reviewed revisions to Management Agreement for Garland facility; and returned to SLP with two minor corrections.	0.40	\$300.00	\$120.00
07/21/2025	HOIV	Reviewed final transfer agreements for Garland; corrected the formatting issues; converted to PDF; prepared signature packets for City of Ennis, SLP, and the District; and then e-mailed to all the interested parties.	2.60	\$300.00	\$780.00
07/21/2025	HOIV	Read, reviewed, and responded to e-mail from Indigent Care Director regarding question concerning Indigent Care Policy; and reviewed policy to respond to the inquiry.	0.60	\$300.00	\$180.00
07/22/2025	HOIV	Received and reviewed Hospital spreadsheet for Chiller bids; gathered grant request and incorporated into the Board Binder for the upcoming meeting.	0.70	\$300.00	\$210.00

07/22/2025	HOIV	Researched files for Thrive FQHC Budget; located budget; and provided to CPA with an e-mail to explain the budget as well as to compare to the current FQHC budget.	1.00	\$300.00	\$300.00
07/22/2025	HOIV	Researched Tax Exempt status of opinions in response to request by HMG; and then discussed the same with CEO of HMG recommending that they do not utilize the tax exempt status.	0.80	\$300.00	\$240.00
07/23/2025	HOIV	Prepared for and attended in July 23, 2025 regular meeting.	3.50	\$300.00	\$1,050.00
07/24/2025	HOIV	Gathered signature pages and assembled transactional agreements for Garland facility; and circulated to interested parties.	1.20	\$300.00	\$360.00
07/24/2025	HOIV	Revised e-mail to CCAD regarding valuation of Tony's property and square footage.	0.80	\$300.00	\$240.00
07/24/2025	HOIV	Conference call with Board Members regarding Chiller Maintenance Agreement; prepared draft of Agreement; and submitted to Board for consideration and review.	1.80	\$300.00	\$540.00
07/25/2025	HOIV	Conference Nance salesman to inquire about price of Chiller; received documents; and incorporated into agreement.	0.70	\$300.00	\$210.00

<b>Subtotal</b>	<b>\$10,110.00</b>
<b>Invoice Discount</b>	<b>\$1,000.00</b>
<b>Total</b>	<b>\$9,110.00</b>

## Detailed Statement of Account

### Current Invoice

Invoice Number	Due On	Amount Due	Payments Received	Balance Due
51384	08/30/2025	\$9,110.00	\$0.00	\$9,110.00
<b>Outstanding Balance</b>				<b>\$9,110.00</b>
<b>Amount in Trust</b>				<b>\$0.00</b>
<b>Total Amount Outstanding</b>				<b>\$9,110.00</b>

Federal ID: 74-1646478  
 Please make all amounts payable to: Benckenstein & Oxford, L.L.P.

Please Referene Invoice Number on Your Check

**Coastal Gateway Health Center**

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**Funding Request  
As of 06/30/2025**

*Outreach And Enrollment Grant*

Award Amount: 154,829.18

YTD Expenses 151,408.33

YTD Receipts 148,558.33

---

**Funding Request for 06/30: 2,850.00**

*Base Grant*

Award Amount: 0.00

Total Cash Received 274,578.00

Prior year funds carried over 102,560.44

YTD expenses incurred (375,140.96)

---

**Unearned (Unspent) Grant Funds 1,997.48**

**Avg. Funding Amount 68,644.50**

## Coastal Gateway Health Center

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### Funding Request

As of 07/31/2025

#### *Outreach And Enrollment Grant*

Award Amount: 154,829.18

YTD Expenses 154,829.18

YTD Receipts 151,408.33

---

**Funding Request for 07/31: 3,420.85**

#### *Base Grant*

Award Amount: 0.00

Total Cash Received 411,867.00

Prior year funds carried over 102,560.44

YTD expenses incurred (468,694.39)

---

**Unearned (Unspent) Grant Funds 45,733.05**

**Avg. Funding Amount 68,644.50**



**DE LAGE LANDEN FINANCIAL SERVICES, INC.**  
 PO BOX 825736  
 PHILADELPHIA, PA 19182-5736

**Remittance Section**

Invoice Number: 591252474  
 Due Date: 10/01/2025  
 Due This Period: \$272.50

**Amount Enclosed:** \$ \_\_\_\_\_

Please make check payable to

WINNIE STOWELL HOSPITAL DISTRICT  
 ATTN: VICTORIA CARLO  
 520 BROADWAY  
 WINNIE, TX 77665-7600

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
 PO BOX 825736  
 PHILADELPHIA, PA 19182-5736

2100005912524740000272501

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES,  
 INC.  
 PO BOX 825736  
 PHILADELPHIA, PA 19182-5736  
 www.leasedirect.com

Contract Number: 500-50679383  
 Invoice Number: 591252474  
 Account Number: 1803362  
 Site Number: 6003937  
 Invoice Date: 08/03/2025  
 Period of Performance: 09/01/2025 - 09/30/2025  
 Due This Period: \$272.50

**Important Messages**

1. This invoice will be paid through an electronic payment transaction as previously authorized by you

See Reverse For Important Information

**Invoice Details**

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
INSURANCE	\$23.09	\$0.00	\$23.09	\$0.00	\$23.09
PAYMENT	\$249.41	\$0.00	\$249.41	\$0.00	\$249.41
<b>Billed this Invoice</b>	<b>\$272.50</b>	<b>\$0.00</b>	<b>\$272.50</b>	<b>\$0.00</b>	<b>\$272.50</b>
<b>Balance Due Previous Invoices</b>					<b>\$0.00</b>
<b>Total Amount Due</b>					<b>\$272.50</b>

(Please see the following pages for details.)

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## Payment Remittance

- ✓ **Tax Payer ID:** 38-1904500
- ✓ **ACH & Wire Payment Bank Details:** Account # 8612106611 Routing Number # 031000053
- ✓ **Direct Debit:** Company Code/Originator ID # 138190450
- ✓ **Remittance advice:** Email to [eft@leasedirect.com](mailto:eft@leasedirect.com)
- ✓ **Check Payment:** Please be sure to enclose remittance slip and allow sufficient time for postal delivery

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## Contact Us

[www.leasedirect.com](http://www.leasedirect.com)

- ✓ Make a Payment
- ✓ View Invoice and Contract Copies
- ✓ Enroll in Paperless Invoicing
- ✓ Update your insurance
- ✓ Update your Billing and Asset Address
- ✓ Enroll in Direct Debit

**1-800-957-1664** 8:30 AM EST - 7:00 PM EST

[customersupport@leasedirect.com](mailto:customersupport@leasedirect.com)

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## Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history, or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

## Asset Details

Contract Number	Purchase Order	Make / Model	Asset Number	Serial Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
500-50679383		Konica Minolta / bizhub 4051i	50679383_1	ACT901700367 7	01/16/2025			\$58.25	\$0.00	\$58.25
Asset Location: 520 BROADWAY WINNIE CHAMBERS TX 77665-7600 United States										
500-50679383		Konica Minolta / bizhub 4051i	50679383_2	ACT901700367 8	01/16/2025			\$58.25	\$0.00	\$58.25
Asset Location: 520 BROADWAY WINNIE CHAMBERS TX 77665-7600 United States										
500-50679383		Konica Minolta / bizhub C301i	50679383_3	ADXK01300511 9	01/16/2025			\$132.91	\$0.00	\$132.91
Asset Location: 520 BROADWAY WINNIE CHAMBERS TX 77665-7600 United States										
<b>Asset Amount Total:</b>										<b>\$249.41</b>

# Yard Service Invoice

**Felipe Ojeda**

Invoice# 1065

558 W.LeBlanc Rd  
Winnie, TX 77665  
Phone: (409) 466-7105

**DATE** August 6, 2025

**Property Location:**  
Winnie-Stowell Hospital District  
520 Broadway  
Winnie, TX 77665

Description	AMOUNT
Yard Maintenance	\$ 300.00
Trash Service	\$ 50.00
<b>TOTAL</b>	<b>\$ 350.00</b>

If you have any questions concerning this invoice, Contact Felipe Ojeda, (409) 466-7105

**THANK YOU FOR ALLOWING ME TO PROVIDE YARD SERVICES FOR YOUR BUSINESS!**

**Invoice No:** INV1226586

**Date:** 7/29/2025

**Account No:** 3A0064

**Bill To:** Winnie - Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

**Ship To:** Winnie - Stowell Hospital District  
Attn: Victoria Carlo  
520 Broadway  
Winnie, TX 77665

Sales Order No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO194145		OT	Net 30				8/28/2025		
Remarks						Sales Person			
						Chris Wolfe			
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
5008	8.5 X 11 Copy Paper - 20lb White		5.0	5.0	0.0	CASE	\$52.00		\$260.00



Log in to sign up at [function-4.com/paperless](http://function-4.com/paperless)

**Please include invoice number on payment.**

**Remit Payment To:**  
Function 4, LLC  
13025 Stiles Ln #100  
Sugar Land, TX 77478  
281.565.1100 option 5  
[receivables@function-4.com](mailto:receivables@function-4.com)

<b>Subtotal</b>	\$260.00
<b>Discount</b>	\$0.00
<b>Freight</b>	\$18.75
<b>Sales Tax</b>	\$0.00
<b>Invoice Total</b>	\$278.75
<b>Balance Due</b>	<b>\$278.75</b>

3A0064

INV1226586

Invoice Number: INV1227876

Invoice Date: 08/01/2025

**Bill To:** Winnie - Stowell Hospital District  
PO Box 1997  
Winnie, TX 77665

**Customer:** Winnie - Stowell Hospital District  
520 Broadway  
Winnie, TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
3A0064	Net 30	08/31/2025	\$105.00	<b>\$105.00</b>	
<b>Invoice Remarks</b>					
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
10784-01		\$105.00		12/03/2024	03/04/2030
<b>Contract Remarks</b>					

**Summary:**

Contract base rate charge for the 08/04/2025 to 09/03/2025 billing period

\$105.00 \*

Contract Coverage charge for this Coverage period

\$0.00 \*\*

\*Sum of equipment base charges \*\*See Coverage details below

\$105.00

**Detail:**

**Equipment included under this contract**

**KM/4051i**

Number	Serial Number	Base Charge	Location
3A7581	ACT9017003677	\$22.50	Winnie - Stowell Hospital District 520 Broadway Winnie, TX 77665

Number	Serial Number	Base Charge	Location
3A7583	ACT9017003678	\$22.50	Winnie - Stowell Hospital District 520 Broadway Winnie, TX 77665

**KM/C301i**

Number	Serial Number	Base Charge	Location
3A7594	ADXK013005119	\$60.00	Winnie - Stowell Hospital District 520 Broadway Winnie, TX 77665



Log in to sign up at [function-4.com/paperless](http://function-4.com/paperless)

**Please include invoice number on payment.**

**Remit Payment To:**  
**Function 4, LLC**  
**13025 Stiles Ln #100**  
**Sugar Land, TX 77478**  
**281.565.1100 option 5**  
**receivables@function-4.com**

3A0064	INV1227876
Invoice SubTotal	\$105.00
Tax:	\$0.00
Invoice Total	\$105.00
<b>Balance Due:</b>	<b>\$105.00</b>

965988

CUSTOMER'S ORDER NO.				DATE			
NAME Graciela Chavez							
ADDRESS 411 W magnolia							
CITY, STATE, ZIP Winnie TX 72765							
SOLD BY	CASH	C.O.D.	CHARGE	OK. ACCT.	MOSE. RETD.	PAID OUT	
			<input checked="" type="checkbox"/>				
QUAN.	DESCRIPTION					AMOUNT	
1	office						
2	cleaning						
3							
4	July 3th					\$ 70.00	
5							
6							
7	July 17th					\$ 70.00	
8							
9							
10	July 24th					\$ 70.00	
11							
12	total					\$ 210.00	
RECEIVED BY							



HUBERT OXFORD, IV  
PARTNER

---

3535 Calder Avenue, Suite 300  
Beaumont, Texas 77706  
(409) 833-9182  
hoxfordiv@benoxford.com

August 14, 2025

Mr. Edward Murrell  
President  
Winnie Stowell Hospital District  
825 State Hwy 124  
Winnie Texas 77665

Re: Invoice and Draft Minutes for the Regular Meeting held on July 23, 2025; Our  
File No. 87250.

Dear President Murrell,

Attached, please find a set of draft minutes for the Regular Meeting held on July 23, 2025. After you have had a chance to review these minutes, please let me know if there are any changes that need to be made.

Also, please allow this letter to serve as a *partial invoice* for \$1,000.00 representing the retainer for work performed in July 2025. We request that you put this invoice in line for payment at the August 20, 2025 Regular Meeting and we will give the District credit for the \$1,000.00 payment when we submit the hourly invoice for July 2025.

If you concur, please draft a check in the amount of \$1,000.00 to Hubert Oxford, IV.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.



---

Hubert Oxford, IV

Technology Solutions of Texas  
 5725 Frost St  
 Beaumont, TX 77706  
 4095545953  
 ronnie@techsol-tx.com  
 http://www.techsol-tx.com

Invoice 1974

# TECHNOLOGY SOLUTIONS-TX

<b>BILL TO</b>	<b>SHIP TO</b>
Victoria Carlo	Victoria Carlo
Winnie Stowell Hospital District	Winnie Stowell Hospital District
538 Broadway	P O Box 1997
Winnie, TX 77665	Winnie, TX 77665
United States	United States

<b>DATE</b> 08/15/2025	<b>PLEASE PAY</b> \$164.04	<b>DUE DATE</b> 08/15/2025
---------------------------	-------------------------------	-------------------------------

DATE	ACTIVITY	QTY	RATE	AMOUNT
08/15/2025	<b>IT Services:MSP-Dsk</b> MSP Support per Desktop	3	25.00	75.00
08/15/2025	<b>SaaS:Sys-Bck</b> Systems Backups	2	10.00	20.00
08/15/2025	<b>IT Services:MSP-Phn</b> MSP Support per Phone	4	4.00	16.00
08/15/2025	<b>SaaS:Cloud Hosted PBX</b> Cloud Hosted Phone System	1	7.25	7.25T
08/15/2025	<b>SaaS:VOIP Trunking Services</b> Voice Over IP Telephone Service	1	45.79	45.79

Attached is the Invoice for June (Paid In Full) for VOIP Services.

<b>SUBTOTAL</b>	164.04
<b>TAX</b>	0.00
<b>TOTAL</b>	164.04

**TOTAL DUE \$164.04**

THANK YOU.



# Printable Account Information

BENJAMIN ODOM  
6865 WOODRIDGE DR  
LUMBERTON, TX 776578276  
Account # 1778777792

Here is the payoff information for your loans as of 08/12/2025.

## Please remit payments to:

US Department of Education  
P.O. Box 790322  
St. Louis, MO 63179-0322

## Payment Information

Date of Last Payment Received	03/04/2025
Amount of Last Payment Received	\$1,071.76
Monthly Payment Amount*	\$1,893.20
Next Payment Due Date	09/02/2025
Unpaid Other Fees	\$0.00
Total Amount Due by 09/02/2025	\$11.29
Past Due Amount	\$0.00

\*This Monthly Payment Amount reflects one or more loans being in a reduced payment plan, which means it may go up or down on an annual basis depending on income fluctuations and other factors.

## Balance Information

Unpaid Principal	\$176,707.95
Unpaid Interest	\$6,938.56
Unpaid Other Fees	\$0.00
Current Balance	\$183,646.51

### Loan: 1-15 Stafford - Subsidized

Current Payment Plan: Level

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
Consolidated	09/22/2009	\$2,834.00	\$0.00	6.800%	6.800%

### Loan: 1-16 Stafford - Unsubsidized

Current Payment Plan: Level

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
Consolidated	09/22/2009	\$4,000.00	\$0.00	6.800%	6.800%

### Loan: 1-01 Direct Loan - Subsidized

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	08/18/2017	\$5,500.00	\$5,386.94	4.450%	4.450%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$57.14	02/02/2026	01/02/2036

**Loan: 1-02 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	08/18/2017	\$7,000.00	\$3,523.46	4.450%	4.450%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$42.52	02/02/2026	01/02/2036

**Loan: 1-03 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	08/17/2018	\$7,036.00	\$7,036.00	5.050%	5.050%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$86.08	02/02/2026	01/02/2036

**Loan: 1-04 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	08/17/2018	\$5,464.00	\$5,464.00	5.050%	5.050%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$66.85	02/02/2026	01/02/2036

**Loan: 1-05 Direct Loan - Subsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	05/24/2019	\$1,833.00	\$1,794.27	5.050%	5.050%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$19.63	02/02/2026	01/02/2036

**Loan: 1-06 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	05/24/2019	\$1,102.00	\$1,102.00	5.050%	5.050%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$13.14	02/02/2026	01/02/2036

**Loan: 1-07 Direct Loan - Subsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	08/16/2019	\$1,816.00	\$1,778.53	4.530%	4.530%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$18.94	02/02/2026	01/02/2036

**Loan: 1-08 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	08/16/2019	\$1,102.00	\$1,102.00	4.530%	4.530%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$12.55	02/02/2026	01/02/2036

**Loan: 1-09 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	03/31/2020	\$15,204.00	\$9,467.84	6.080%	6.080%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$117.69	12/02/2026	11/02/2036

**Loan: 1-10 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	11/19/2020	\$12,495.00	\$12,394.65	4.300%	4.300%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$136.76	02/02/2026	01/02/2036

**Loan: 1-11 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	07/29/2021	\$1,975.00	\$1,959.21	5.280%	5.280%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$23.02	02/02/2026	01/02/2036

**Loan: 1-12 Direct Loan - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	11/22/2021	\$9,352.00	\$9,277.20	5.280%	5.280%

**Estimated Payment Schedule**

Schedule Begin Date	Schedule End Date
---------------------	-------------------

120months @\$109.03

02/02/2026

01/02/2036

**Loan: 1-13 DL Consolidated - Subsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	10/18/2016	\$32,220.02	\$31,985.28	5.375%	5.375%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
117months @\$353.41	10/02/2025	06/02/2035

**Loan: 1-14 DL Consolidated - Unsubsidized**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
Payment Due	10/18/2016	\$54,409.20	\$66,229.65	5.375%	5.375%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$724.09	09/02/2025	08/02/2035

**Loan: 1-17 Direct Loan - Unsubsidized**

Current Payment Plan:

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
In Grace	10/30/2023	\$6,030.00	\$2,518.32	7.050%	7.050%

**Loan: 1-18 Direct Loan - Unsubsidized**

Current Payment Plan:

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
In Grace	08/28/2024	\$5,801.00	\$5,073.38	8.080%	8.080%

**Loan: 1-19 Direct Loan - Unsubsidized**

Current Payment Plan:

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
In Grace	11/15/2024	\$2,794.00	\$2,794.00	8.080%	8.080%

**Loan: 1-20 Direct Grad PLUS**

Current Payment Plan: Alternative Under Saving on a Valuable Education

Status	Disbursement Date	Original Principal	Unpaid Principal	Interest Rate	Statutory Interest Rate
No Payment Due	11/26/2024	\$9,500.00	\$7,821.22	9.080%	9.080%

**Estimated Payment Schedule**

	Schedule Begin Date	Schedule End Date
120months @\$112.35	09/02/2026	08/02/2036

# Vidal Accounting, PLLC

# INVOICE

MaKayla Vidal, CPA  
147 Norwood Dr  
Lumberton, Texas 77657  
makaylalynn01@gmail.com

**INVOICE: 00104**  
**DATE: 08/11/2025**

**BILL TO:**

Winnie Stowell Hospital District  
520 Broadway  
Winnie, Texas 77665

DATE	DESCRIPTION	HOURS	AMOUNT
07/02/2025	Communication with Joy at LTC regarding updated nursing home financials; Communication with Victoria and Michael and Alexa at First Financial Bank regarding issue with management fee transfers from Money Market account.	1.2	\$210.00
07/03/2025	Review and approve transfers in First Financial bank; Communication with Victoria and First Financial bank regarding.	0.4	\$70.00
07/08/2025	Prepare documents for audit based on auditor request list.	2.7	\$472.50
07/09/2025	Prepare nursing home bank reconciliations for each account; Communication with Victoria regarding December bank statements for nursing homes; Communication with Victoria regarding audit request list and audit documentation needed.	6.8	\$1,190.00
07/10/2025	Complete nursing home bank reconciliations; Communication with Hubert regarding audit documentation needed. Communication with LTC regarding items for audit documentation; Communication with Bobby regarding Riceland grants and IGTs made on Riceland's behalf and send amounts for finance committee meeting regarding grant request.	7.5	\$1,312.50
07/11/2025	Post final numbers for nursing home financials from LTC; Finalize and send documentation to auditor; Review timesheets and prepare and submit payroll.	3.1	\$542.50
07/15/2025	Review and answer questions from auditor; Prepare and submit EFTPS deposit payroll tax deposit for June; Prepare and submit TCDRS report and deposit for June.	2.5	\$437.50
07/21/2025	Prepare and post adjusting journal entries for June; Run reports for nursing home transactions for June in Stellar bank and First Financial Bank and post transactions to QuickBooks; Review Coastal Gateway grant report.	6.0	\$1,050.00

07/22/2025	Complete Treasurer's report; Review bank reconciliations prepared by Victoria; Reconcile remaining bank accounts; Post remaining journal entries to QuickBooks; Review June transactions for proper classification.	7.5	\$1,312.50
07/23/2025	Prepare cash flow projections for board meeting; Discussions regarding requested documents from Coastal Gateway; Prepare for and attend board meeting.	6.5	\$1,137.50
07/29/2025	Review timesheets and prepare and send payroll submit payroll; Review agreement and depreciation schedule for Riceland's Chiller grant and make changes.	2.8	\$490.00
07/30/2025	Prepare loan payment in First Financial Bank; Prepare and mail quarterly payroll tax forms including 941 and TWC report.	2.5	\$437.50
	Miscellaneous phone calls throughout month.	4.0	\$700.00
<b>TOTAL</b>		<u>53.5</u>	<u>\$9,362.50</u>



Wright National Flood Insurance Company  
 A Stock Company  
 P.O. Box 33003  
 St. Petersburg, FL 33733-8003  
 Customer Service: 1-800-820-3242  
 Claims: 1-800-725-9472

WFL 99.022 0424  
 0605611  
 8/13/25

2000 11523 FLD RGLR

Policy Number  
 42 1152621298 01

Expiration Date  
 8/28/25 12:01 a.m. S.T.

Date of Notice  
 8/13/25

Agent (409)832-7736  
 J S EDWARDS & SHERLOCK INS  
 AGENCY LLP  
 PO BOX 22237  
 BEAUMONT TX 77720-2237

WINNIE STOWELL HOSPITAL DISTRICT  
 PO BOX 1997  
 WINNIE TX 77665-1997

**RENEWAL REMINDER NOTICE**  
 Your flood insurance policy is about to expire.  
 Renewal premium is required to renew your policy.

**Payor: Insured**  
**Property Address:**  
 2626 HWY 124,  
 WINNIE, TX 77665

NFIP Policy Number 1152621298

Thank you for being a valued Wright Flood policyholder!

**Please make your renewal payment on or before the expiration date shown above.**  
*\*See page 2 of this notice for important information regarding the impacts of a lapse in coverage.*

**Renewing your policy is easy.** Submit your payment to Wright Flood by credit card or electronic funds online through the website: <https://www.myfloodpayment.com>. If paying by check, see the instructions on the remittance coupon below.

**Your coverage options are provided below.** You may keep your current coverage amounts or adjust your coverage for additional protection. If you have questions about your coverage options or your flood policy, please contact your insurance agent.

Please indicate one of the following options when submitting your payment:

Coverage Options	Coverages		Deductibles		Premium
	Building	Contents	Building	Contents	
<b>A: CURRENT COVERAGE</b>	\$250,000	\$0	\$1,250	N/A	\$1,549.00
<b>B: INCREASED COVERAGE</b>	\$275,000	N/A	\$1,250	N/A	\$1,583.00

Please **RETURN BOTTOM PORTION** along with your payment to the mailing address below.



Please **WRITE POLICY NUMBER ON CHECK**

**Renewal Date:** 8/28/25

And make payable to: **Wright National Flood Insurance Company**

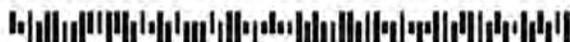
**Option A**  **\$1,549.00**

**Insured:** WINNIE STOWELL HOSPITAL DISTRICT

**Option B**  **\$1,583.00**

**To be paid by:** Insured

PO. Box 33070  
 St. Petersburg, FL 33733-8070



02000 11523 FLD\* RGLR 421152621298 01 00154900 RE 0158300 8

060561142115262129825225

0000E

Company



### IMPORTANT MESSAGES

1. Maintaining flood insurance is the most important thing you can do to protect against the devastating cost of flooding. You've taken the first step by purchasing a flood insurance policy, but to maintain coverage you must renew your policy each year. More renewal information is available at [www.floodsmart.gov/how-renew-your-policy](http://www.floodsmart.gov/how-renew-your-policy).
2. Payments received 30 days or more after the expiration date (i.e., expiration date +29 days) will result in a lapse of coverage. Please note that weekends and holidays do not extend this deadline. If your policy lapses, a new application for coverage is required and you may no longer be eligible for certain premium discounts. Additionally, your new coverage will be subject to a 30-day wait which may hinder your ability to file a claim.
3. If the payor submits a payment by certified mail, the payment receipt date is the certified mail date. This also includes reputable third-party delivery services that provide proof of the actual mailing and delivery date to the insurer. Using this method can reduce the likelihood of a lapse and ensures the earliest receipt date possible. Payments mailed via USPS certified mail can be tracked by going to [www.usps.com/shipping/trackandconfirm.htm](http://www.usps.com/shipping/trackandconfirm.htm).
4. If you have already submitted payment, please disregard this notice. If your mortgage lender pays your policy premium from an escrow account, we recommend that you confirm payment has been received. If the mortgagee listed is not the current lender, please forward this notice to the new financial institution and work with your insurance agent to correct the policy.
5. You are encouraged to insure your property for at least 80% of the structure's replacement cost to ensure adequate coverage in the event of a loss. Contact your insurance agent for details.
6. Carefully review the renewal offer being provided for accuracy. The renewal offer will expire 30 days from the effective date (i.e., expiration date +29 days) shown on this form at 12:01 a.m. Price and terms associated with this renewal offer are subject to underwriting review and may not be available after expiration of this renewal offer. Please refer to the policy for complete terms, conditions, and exclusions. Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the company shown on this renewal offer.
7. Eligibility for all policy discounts are subject to rules and regulations set forth by the National Flood Insurance Program. For questions regarding your flood insurance policy rating, contact your agent.
8. Option B is the next-higher coverage combination available and generally increases the current coverage by an inflation factor of 10% for building coverage and 5% for contents coverage. The current deductible may be used. Increases in coverage above the Option B will be subject to 30-day waiting period.



WFL 99.022 0424  
0605611  
8/13/25

42 1152621298 01

Property Address  
2626 HWY 124  
WINNIE TX 77665

Agent (409)832-7736  
J S EDWARDS & SHERLOCK INS  
AGENCY LLP  
PO BOX 22237  
BEAUMONT TX 77720-2237

060561142115262129825225

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Company



WFL 99.022 0424  
0605611  
8/13/25

42 1152621298 01

060561142115262129825225

0000E

Company



# **EXHIBIT “B-4”**

**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>							494,718.59
Check	07/23/2025	4641	Brookshire Brothers	Batch Dates 06/04/25-06/04/25	X	(2,796.36)	491,922.23
Check	07/23/2025	4642	Coastal Gateway Health Center	Batch Dates 06/11/25-06/11/25	X	(580.60)	491,341.63
Check	07/23/2025	4643	Chambers County Phd Er	Batch Dates 06/01/25-06/01 /25		(6,187.48)	485,154.15
Check	07/23/2025	4644	Christus St Elizabeth	Batch Dates 06/01/25-06/01 /25	X	(6,882.64)	478,271.51
Check	07/23/2025	4645	Indigent Healthcare Solutions, ...	Invoice # 80191 and 80314	X	(4,046.00)	474,225.51
Check	07/23/2025	4646	\$25 Optical	Batch Dates 06/08/25-06/08/25		(50.00)	474,175.51
Check	07/23/2025	4647	Bayside Dental	Batch Dates 06/08/25-06/08/25	X	(990.00)	473,185.51
Check	07/23/2025	4648	CABA Therapy Services dba Ph...	Batch Dates 06/10/25-06/10/25	X	(540.00)	472,645.51
Check	07/23/2025	4649	Dr. June Stansky, Optometrist	Batch Dates 06/08/25-06/08/25		(120.00)	472,525.51
Check	07/23/2025	4650	Kalos Counseling	Batch Dates 06/02/25-06/02/25		(425.00)	472,100.51
Check	07/23/2025	4651	Texas Conference of Urban Cou...	INVOICE # 1036944		(440.00)	471,660.51
Check	07/23/2025	4652	Thompson Outpatient Clinic, LLC	Batch Dates 06/11/25-06/11/25	X	(1,040.09)	470,620.42
Check	07/23/2025	4653	UTMB Faculty Group Practice	Batch Dates 06/01/25-06/01 /25	X	(1,949.99)	468,670.43
Check	07/23/2025	4654	UTMB at Galveston	Batch Dates 06/01/25-06/01 /25	X	(38,035.58)	430,634.85
Check	07/23/2025	4655	Wilcox Pharmacy	Batch Dates 06/03/25-06/03/25	X	(1,271.89)	429,362.96
Check	07/23/2025	4656	3Branch & More	INVOICE # 45853	X	(9,324.41)	420,038.55
Check	07/23/2025	4657	Benckenstein & Oxford	Invoice No. 51354.	X	(10,940.00)	409,098.55
Check	07/23/2025	4658	Coastal Gateway Health Center	Grant- June	X	(68,644.50)	340,454.05
Check	07/23/2025	4659	Coastal Gateway Health Center	Marketing Grant- June	X	(2,850.00)	337,604.05
Check	07/23/2025	4660	Curtis Scott Johnson	WSHD202505 & WSHD202506	X	(2,760.00)	334,844.05
Check	07/23/2025	4661	Felipe Ojeda	Invoice# 1064	X	(350.00)	334,494.05
Check	07/23/2025	4662	Function 4	3A0064 INV1220594	X	(105.00)	334,389.05
Check	07/23/2025	4663	Graciela Chavez	965987	X	(140.00)	334,249.05
Check	07/23/2025	4664	Hubert Oxford	Retainer June	X	(1,000.00)	333,249.05
Check	07/23/2025	4665	J. S. Edwards and Sherlock Ins.	132141 Tony's Commercial Property	X	(10,106.21)	323,142.84
Check	07/23/2025	4666	Technology Solutions of Texas, ...	Invoice 1958 & 1966	X	(328.11)	322,814.73
Check	07/23/2025	4667	Vidal Accounting, PLLC	INVOICE: 00100	X	(7,245.00)	315,569.73
Deposit	07/23/2025		Tony's BBQ	Deposit, Processed	X	3,500.00	319,069.73
Check	07/24/2025		Entergy	ACH, Withdrawal, Processed	X	(234.91)	318,834.82
Check	07/25/2025		Tony's BBQ	Withdrawal, Processed	X	(3,500.00)	315,334.82
Check	07/28/2025	4668	Breaux's Lawn Service	INV1021	X	(875.00)	314,459.82
Liability C...	07/30/2025		QuickBooks Payroll Service	Created by Payroll Service on 07/29/2025	X	(5,991.75)	308,468.07
Paycheck	07/31/2025	DD1438	Carlo, Victoria M	Direct Deposit	X		308,468.07
Paycheck	07/31/2025	DD1439	Davis, Tina R	Direct Deposit	X		308,468.07
Paycheck	07/31/2025	DD1440	Barron, Kiela M	Direct Deposit	X		308,468.07
Deposit	07/31/2025			Deposit, Processed	X	48.69	308,516.76
Check	08/06/2025	4669	Winnie Community Hospital, LLC	Grant- 1st half of Chiller Grant		(132,675.87)	175,840.89
Liability C...	08/14/2025		QuickBooks Payroll Service	Created by Payroll Service on 08/13/2025		(5,462.13)	170,378.76
Paycheck	08/15/2025	DD1442	Davis, Tina R	Direct Deposit	X		170,378.76
Paycheck	08/15/2025	DD1441	Carlo, Victoria M	Direct Deposit	X		170,378.76
Paycheck	08/15/2025	DD1443	Barron, Kiela M	Direct Deposit	X		170,378.76
Check	08/20/2025	4670	Brookshire Brothers	Batch Dates 07 /04/25		(2,642.64)	167,736.12
Check	08/20/2025	4671	Chambers County Phd Er	Batch Dates 07/01/25		(657.05)	167,079.07
Check	08/20/2025	4672	Coastal Gateway Health Center	Batch Dates 07/11/25		(843.32)	166,235.75
Check	08/20/2025	4673	Houston Northwest Radiology A...	Batch Dates 07/01/25		(68.16)	166,167.59
Check	08/20/2025	Not Printed	Indigent Healthcare Solutions, ...	VOID: Inv 80314 GJE, RGJE created on 08/20/2025	X		166,167.59
Check	08/20/2025	4674	\$25 Optical	Batch Dates 07 /08/25		(100.00)	166,067.59
Check	08/20/2025	4675	Bayside Dental	Batch Dates 07 /08/25		(880.00)	165,187.59
Check	08/20/2025	4676	CABA Therapy Services dba Ph...	Batch Dates 07 /10/25		(656.19)	164,531.40
Check	08/20/2025	4677	Dr. June Stansky, Optometrist	Batch Dates 07 /08/25		(60.00)	164,471.40
Check	08/20/2025	4678	Kalos Counseling	Batch Dates 07/02/25		(425.00)	164,046.40
Check	08/20/2025	4679	Thompson Outpatient Clinic, LLC	Batch Dates 07 /11/25		(862.08)	163,184.32
General Jo...	08/20/2025	MV 07.25-20	Indigent Healthcare Solutions, ...	For CHK Not Printed voided on 08/20/2025	X	(2,023.00)	161,161.32
General Jo...	08/20/2025	MV 07.25-2R	Indigent Healthcare Solutions, ...	Reverse of GJE MV 07.25-20 -- For CHK Not Printed voided on 08/20/...	X	2,023.00	163,184.32
Check	08/20/2025	4680	UTMB Faculty Group Practice	Batch Dates 07/01/25		(9,495.05)	153,689.27
Check	08/20/2025	4681	UTMB at Galveston	Batch Dates 07/01/25		(45,668.50)	108,020.77
Check	08/20/2025	4682	Wilcox Pharmacy	Batch Dates 07/03/25		(1,683.39)	106,337.38
Check	08/20/2025	4683	3Branch & More	Inv 45875		(9,324.41)	97,012.97
Check	08/20/2025	4684	Benckenstein & Oxford	Inv 51201		(9,110.00)	87,902.97
Check	08/20/2025	4685	Coastal Gateway Health Center	August Grant		(68,644.50)	19,258.47
Check	08/20/2025	4686	Coastal Gateway Health Center	Marketing Grant- July		(3,420.85)	15,837.62
Check	08/20/2025	4687	Felipe Ojeda	Inv 1065		(350.00)	15,487.62
Check	08/20/2025	4688	Function 4	3A0064 Invoice No: INV1226586 & INV1227876		(383.75)	15,103.87
Check	08/20/2025	4689	Graciela Chavez	965988		(210.00)	14,893.87
Check	08/20/2025	4690	Hubert Oxford	Retainer		(1,000.00)	13,893.87
Check	08/20/2025	4691	Technology Solutions of Texas, ...	Inv 1974		(164.04)	13,729.83
Check	08/20/2025	4692	US Department of Education	Acct #177877792-1		(11.29)	13,718.54
Check	08/20/2025	4693	Vidal Accounting, PLLC	Inv 00104		(9,362.50)	4,356.04
Check	08/20/2025	4694	Wright Flood Ins	1152621298		(1,549.00)	2,807.04
<b>Total 100 Prosperity Bank -Checking</b>						<b>(491,911.55)</b>	<b>2,807.04</b>

<b>102 First Financial Bank</b>							22,026,189.52
<b>102b FFB #4846 DACA</b>							5,689,738.52
Deposit	07/28/2025				X	31,670,100.00	37,359,838.52
Check	07/28/2025		Outbound Wire - Jackson Walker LLP		X	(7,000.00)	37,352,838.52
Check	07/28/2025				X	(316,700.00)	37,036,138.52
Check	07/30/2025		Transfer from XXX4846 to XXX1984: Conf #:26912680		X	(171,056.66)	36,865,081.86
Check	07/30/2025		CapitationWinnie-Stowell HCCD 1611500560		X	(19,375.00)	36,845,706.86
Check	07/30/2025		CapitationWINNIEMONEYMRKT CCD B611500560		X	(131,400.00)	36,714,306.86
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812906/50730		M	(108,325.59)	36,605,981.27
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812979/50730		M	(156,549.83)	36,449,431.44
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812891/50730		M	(184,757.96)	36,264,673.48
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812897/50730		M	(199,100.63)	36,065,572.85
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812908/50730		M	(217,075.36)	35,848,497.49
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812967/50730		M	(229,813.49)	35,618,684.00
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812899/50730		M	(230,198.50)	35,388,485.50
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812961/50730		M	(235,561.72)	35,152,923.78
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812902/50730		M	(256,365.26)	34,896,558.52
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812976/50730		M	(269,700.49)	34,626,858.03
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812903/50730		M	(270,071.65)	34,356,786.38
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812913/50730		M	(271,450.24)	34,085,336.14
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812910/50730		M	(276,672.99)	33,808,663.15
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812882/50730		M	(281,869.23)	33,526,793.92
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812928/50730		M	(282,500.75)	33,244,293.17
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812984/50730		M	(287,993.36)	32,956,299.81
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812973/50730		M	(289,345.44)	32,666,954.37
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812974/50730		M	(296,503.52)	32,370,450.85
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812925/50730		M	(307,804.50)	32,062,646.35
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812970/50730		M	(314,292.67)	31,748,353.68
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812968/50730		M	(323,624.68)	31,424,729.00
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812989/50730		M	(328,926.96)	31,095,802.04
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812991/50730		M	(331,233.46)	30,764,568.58
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812924/50730		M	(331,419.04)	30,433,149.54
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812912/50730		M	(331,684.15)	30,101,465.39
Check	07/31/2025		TEXNET STATE COMPTRLR CCD 08812988/50730		M	(333,725.53)	29,767,739.86

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**June 18, 2025 to July 23, 2025**

Type	Date	Num	Name	Memo	Clr	Amount	Balance	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812898/50730	M	(337,225.03)	29,430,514.83	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812978/50730	M	(342,898.47)	29,087,616.36	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812958/50730	M	(349,870.97)	28,737,745.39	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812965/50730	M	(358,063.00)	28,379,682.39	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812972/50730	M	(360,157.40)	28,019,524.99	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812929/50730	M	(366,644.38)	27,652,880.61	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812894/50730	M	(369,568.94)	27,283,311.67	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812889/50730	M	(378,821.42)	26,904,490.25	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812982/50730	M	(379,616.76)	26,524,873.49	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812956/50730	M	(385,528.81)	26,139,344.68	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812885/50730	M	(393,349.67)	25,745,995.01	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812916/50730	M	(396,690.11)	25,349,304.90	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812935/50730	M	(398,545.91)	24,950,758.99	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812966/50730	M	(400,382.71)	24,550,376.28	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812917/50730	M	(400,905.42)	24,149,470.86	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812980/50730	M	(408,885.35)	23,740,585.51	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812975/50730	M	(408,938.38)	23,331,647.13	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812905/50730	M	(411,722.07)	22,919,925.06	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812895/50730	M	(415,619.25)	22,504,305.81	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812915/50730	M	(419,967.12)	22,084,338.69	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812918/50730	M	(428,719.44)	21,655,619.25	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812871/50730	M	(431,844.23)	21,223,775.02	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812934/50730	M	(435,211.17)	20,788,563.85	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812920/50730	M	(439,532.53)	20,349,031.32	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812992/50730	M	(443,827.38)	19,905,203.94	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812893/50730	M	(445,379.42)	19,459,824.52	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812927/50730	M	(449,834.79)	19,009,989.73	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812957/50730	M	(469,145.77)	18,540,843.96	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812922/50730	M	(473,376.51)	18,067,467.45	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812981/50730	M	(480,704.74)	17,586,762.71	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812878/50730	M	(483,382.39)	17,103,380.32	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812919/50730	M	(486,298.65)	16,617,081.67	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812960/50730	M	(494,093.00)	16,122,988.67	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812990/50730	M	(502,497.11)	15,620,491.56	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812931/50730	M	(507,375.21)	15,113,116.35	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812971/50730	M	(520,365.80)	14,592,750.55	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812977/50730	M	(529,220.61)	14,063,529.94	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812887/50730	M	(536,749.84)	13,526,780.10	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812933/50730	M	(544,252.57)	12,982,527.53	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812985/50730	M	(564,321.70)	12,418,205.83	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812959/50730	M	(579,035.53)	11,839,170.30	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812884/50730	M	(582,906.20)	11,256,264.10	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812930/50730	M	(606,538.93)	10,649,725.17	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812921/50730	M	(617,238.46)	10,032,486.71	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812993/50730	M	(626,517.45)	9,405,969.26	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812962/50730	M	(652,293.66)	8,753,675.60	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812969/50730	M	(655,812.55)	8,097,863.05	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812890/50730	M	(680,441.64)	7,417,421.41	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812987/50730	M	(764,694.88)	6,652,726.53	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812901/50730	M	(793,353.70)	5,859,372.83	
Check	07/31/2025			TEXNET STATE COMPTRLR CCD 08812986/50730	M	(815,146.08)	5,044,226.75	
Total 102b FFB #4846 DACA							(645,511.77)	5,044,226.75
<b>102c FFB #7190 Money Market</b>								16,336,451.00
Deposit	07/31/2025				X	41,421.85	16,377,872.85	
Total 102c FFB #7190 Money Market							41,421.85	16,377,872.85
Total 102 First Financial Bank							(604,089.92)	21,422,099.60
<b>TOTAL</b>							<b>(1,096,001.47)</b>	<b>21,424,906.64</b>

# **EXHIBIT “C”**



August 20, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In July, the Indigent Care Program experienced a decrease of three (3) 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 may go over budget due to the severity of illnesses multiple clients are currently experiencing. We have five (5) clients who have maxed benefits for the year.

Vendor Update

Wilcox Pharmacy has requested to be the preferred Pharmacy for the District. They are an excellent Pharmacy and provide top notch patient care. In addition, they are good stewards with District funds.

We have experienced several minor problems with Brookshire Brothers over the past several months. I have contacted the Pharmacist at Brookshire Brothers and will meet with him soon to review these issues to see if we can resolve them. We will revisit this once that meeting has occurred and I will report back to the Indigent Care Committee.

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

3. Renewals & Approvals:

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



**Services Usage**

**Youth Counseling:**

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

**Dental:**

- Five (5) clients used their benefit in July.

**Vision Services:**

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

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

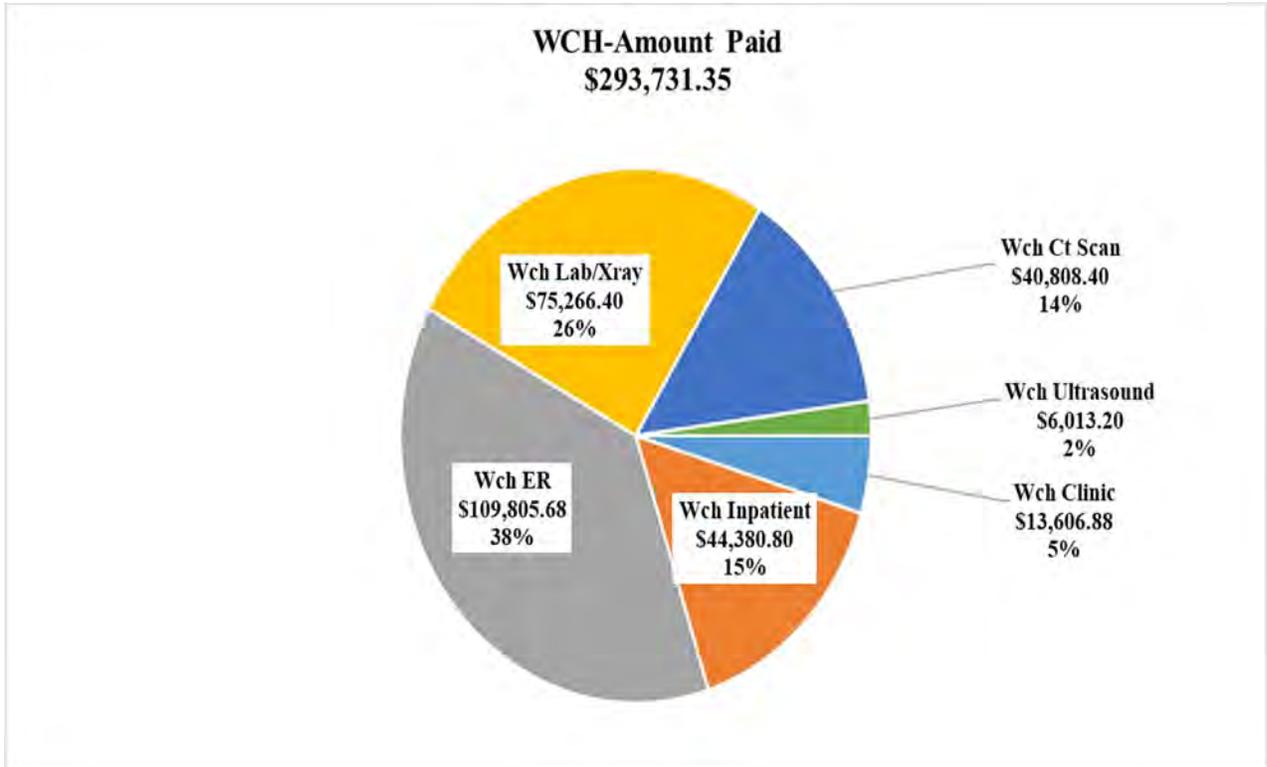
Service Provider	May	June	July	YTD Monthly Average
Local Clinics	\$ 3,227.84	\$ 2,160.69	\$ 2,361.59	\$ 2,715.42
UTMB (Includes Charity Care)	\$ 42,159.70	\$ 39,985.57	\$ 55,163.55	\$ 35,190.74
Riceland Medical Center	\$ 37,682.65	\$ 42,442.19	\$ 46,220.99	\$ 41,961.62
Pharmacy Costs (Includes Charity Care)	\$ 3,042.22	\$ 4,068.25	\$ 4,326.03	\$ 3,939.54
Indigent Special Services (Dental & Vision)	\$ 670.00	\$ 1,160.00	\$ 1,040.00	\$ 1,066.14
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 121.43
Non Contract ER Services (Includes WSEMS)	\$ 761.59	\$ 13,070.12	\$ 725.21	\$ 2,167.82
<b>Other Services</b>				
Irlen Services	\$ 500.00	\$ -	\$ -	\$ 71.43
Youth Counseling	\$ 595.00	\$ 425.00	\$ 425.00	\$ 412.86
<b>Total</b>	<b>\$ 88,639.00</b>	<b>\$ 103,311.82</b>	<b>\$ 110,262.37</b>	<b>\$ 79,990.95</b>

**5. YTD Budget Expenditures:**

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$27,303.16	34%
WCH	\$435,700.00	\$293,731.35	67%
UTMB	\$300,000.00	\$246,335.16	82%
Youth Counseling	\$25,000.00	\$2,890.00	12%
Irlen	\$1,600.00	\$500.00	31%
Dental	\$28,000.00	\$6,283.00	22%
Vision	\$2,750.00	\$1,180.00	43%
CGHC Clinic	\$25,000.00	\$5,667.97	23%
Thompson Clinic	\$18,000.00	\$6,567.85	36%
Other Non-Contract/Unspecified Services	\$35,000.00	\$22,796.83	65%
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>\$613,528.93</b>	<b>63%</b>



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



# **EXHIBIT “D”**



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

<b>VEHICLE #1</b>		<b>EAST SIDE VAN #1</b>	
TOTAL MILES DRIVEN			3234
TOTAL HOURS DRIVEN			167.53
TOTAL EXPENSES FOR MONTH			\$1,200.76
FUEL COST			\$685.17
REPAIRS & MAINTENANCE COST	2 tires, oil change		\$515.59
MISC EXPENSES			\$0.00
TOTAL RIDERS			28
TOTAL WSHD RIDERS			0
TOTAL TRIPS			72
TOTAL TRIPS FOR WSHD RIDERS			0
<b>VEHICLE #2</b>		<b>EAST SIDE VAN #2</b>	
TOTAL MILES DRIVEN			3284
TOTAL HOURS DRIVEN			151.50
TOTAL EXPENSES FOR MONTH			\$899.37
FUEL COST			\$699.37
REPAIRS & MAINTENANCE COST	wrecker service		\$200.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			16
TOTAL WSHD RIDERS			0
TOTAL TRIPS			48
TOTAL TRIPS FOR WSHD RIDERS			0
<b>VEHICLE #3</b>		<b>RAV 4</b>	
TOTAL MILES DRIVEN			6039
TOTAL HOURS DRIVEN			197.50
TOTAL EXPENSES FOR MONTH			\$595.32
FUEL COST			\$549.23
REPAIRS & MAINTENANCE COST	oil change, labor		\$46.09
MISC EXPENSES			\$0.00
TOTAL RIDERS			25
TOTAL WSHD RIDERS			2
TOTAL TRIPS			62
TOTAL TRIPS FOR WSHD RIDERS			2
<b>VEHICLE #4</b>		<b>VAN #3</b>	
TOTAL MILES DRIVEN			2295
TOTAL HOURS DRIVEN			151.50
TOTAL EXPENSES FOR MONTH			\$505.11
FUEL COST			\$505.11
REPAIRS & MAINTENANCE COST	oil change, labor		\$0.00
MISC EXPENSES			
TOTAL RIDERS			26
TOTAL WSHD RIDERS			4
TOTAL TRIPS			47
TOTAL TRIPS FOR WSHD RIDERS			7
<b>GRAND TOTALS</b>			
MILES DRIVEN			14852
RIDERS			95
WSHD RIDERS			6
TRIPS			229
WSHD TRIPS			9
EXPENSES			\$3,200.56

 <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	Jul-25	YTD DATE
<b>CALL SUMMARY</b>									
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	5	7	4	61
CALLS/TRANSPORTS MADE									
INSURED	89	10	7	7	8	5	5	2	44
SELF-PAY	18	0	0	0	2	0	1	2	5
TOTAL CALLS MADE	107	10	7	7	10	5	6	4	49
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	4	0	1	0	12
PERCENTAGE OF CALLS MADE	84.3%	71.4%	77.8%	87.5%	71.4%	100.0%	85.7%	100.0%	80.3%
<b>INVOICED/BILLED</b>									
Insurance Billed for Services this Month	\$143,279.23	\$14,891.22	\$12,950.57	\$11,204.00	\$15,907.49	\$10,368.20	\$13,464.00	\$5,534.00	\$84,319.48
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	\$5,648.00	\$17,052.00
<b>Total</b>	<b>\$157,858.42</b>	<b>\$14,891.22</b>	<b>\$12,950.57</b>	<b>\$11,204.00</b>	<b>\$21,591.49</b>	<b>\$13,078.20</b>	<b>\$16,474.00</b>	<b>\$11,182.00</b>	<b>\$101,371.48</b>
<b>PAYMENTS RECEIVED</b>									
Insurance Payments Rcvd for Services this Month	\$53,989.68	\$3,474.47	\$1,048.57	\$6,646.08	\$3,253.49	\$1,675.45	\$0.00	\$0.00	\$16,098.06
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	\$0.00
<b>Total</b>	<b>\$65,634.82</b>	<b>\$3,474.47</b>	<b>\$1,048.57</b>	<b>\$6,646.08</b>	<b>\$3,253.49</b>	<b>\$1,675.45</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$16,098.06</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>									
Owed by Insurance for Services this Month	\$52,042.81	\$11,416.73	\$11,902.00	\$4,558.75	\$13,004.00	\$8,692.75	\$13,464.00	\$5,534.00	\$68,572.23
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	\$5,648.00	\$17,052.00
<b>Total</b>	<b>\$55,467.75</b>	<b>\$11,416.73</b>	<b>\$11,902.00</b>	<b>\$4,558.75</b>	<b>\$18,688.00</b>	<b>\$11,402.75</b>	<b>\$16,474.00</b>	<b>\$11,182.00</b>	<b>\$85,624.23</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	\$12,718.16	\$88,142.34

<div style="text-align: right; font-size: 1.2em; font-weight: bold;">Jul-25</div> <div style="text-align: center; font-size: 1.5em; 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#
7/11/2025	Riceland ER	St. Elizabeth Beaumont	M			25-21572
7/12/2025	Riceland ER	Hermann Memorial TMC	M			25-21641
7/12/2025	Riceland ER	St. Elizabeth Beaumont	M			25-21699
7/26/2025	Riceland ER	UTMB Galveston	M			25-23245
<b>TOTAL CALLS &amp; RESULTS</b>			<b>4</b>	<b>0</b>	<b>0</b>	

Jul-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)
7/1/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
7/2/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/3/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/4/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/5/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/6/2024	Kayla Calleso	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
7/7/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/8/2024	Lori Peine	4pm - 7am	\$17.39	24	\$417.42	15	(9.0)	0	\$260.89	(\$156.53)	\$18.00	\$270.00	(\$9.11)
7/9/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/10/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/11/2024	Andrew Broussard	8am - 7am	\$17.39	24	\$417.42	23	(1.0)	0	\$400.02	(\$17.39)	\$21.00	\$483.00	(\$82.98)
7/12/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/13/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/14/2024	Kevin Gilbert	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$23.00	\$552.00	(\$134.58)
7/15/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
7/16/2025	Brad Eads	7am - 3pm	\$17.39	8.00	\$139.14	8	0.0	0	\$139.14	\$0.00	\$22.00	\$176.00	
7/16/2024	James Eshliman	345pm - 7am	\$17.39	16.00	\$278.28	13.25	(2.8)	0	\$230.45	(\$47.83)	\$23.00	\$304.75	(\$74.30)
7/17/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/18/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/19/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/20/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/21/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/22/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
7/23/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/24/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/25/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
7/26/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
7/27/2024	Hunter Traweek	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
7/28/2024	Steven Hilton	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$23.00	\$552.00	(\$134.58)
7/29/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
7/30/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
7/31/2024	Nicole Silva	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>			<b>\$17.39</b>	<b>744.00</b>	<b>\$12,939.91</b>	<b>731.25</b>	<b>(12.8)</b>	<b>0</b>	<b>\$12,718.16</b>	<b>(\$221.75)</b>	<b>\$20.03</b>	<b>\$14,601.75</b>	<b>(\$1,883.59)</b>

# Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	YTD
<b>CLIENTS SERVED</b>									
ICAP	10	15	25	18	29	35	22	16	160
Non-ICAP	21	23	19	31	27	60	23	30	213
<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>46</b>	<b>373</b>
<b>BENEFIT APPLICATION TYPE</b>									
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	2	0	1	18
Prescription Assistance Program (PAP)	2	0	22	6	2	0	4	2	36
Medicaid	17	10	3	12	11	14	3	10	63
Medicare	1	2	0	2	0	0	0	1	5
Medicare Savings Plan	2	3	0	3	1	3	2	3	15
Food Stamps (SNAP)	43	17	22	28	34	47	36	29	213
Supplemental Security Income (SSI)	8	6	3	1	11	3	4	6	34
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	5	3	7	39
Unemployment/Texas Workforce	3	1	0	2	3	2	1	1	10
Housing	2	0	2	4	0	1	1	2	10
Utilities	2	0	0	1	0	0	0	1	2
Legal Aid	0	1	0	0	0	0	0	1	2
OTHER	2	3	2	1	2	1	2	4	15
<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>68</b>	<b>462</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	\$8,500.00	\$47,009.92
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$4.00	\$409.82	\$4.00	\$1,809.48
<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>\$8,504.00</b>	<b>\$48,819.40</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>\$63,073.60</b>	<b>\$63,073.60</b>

# **EXHIBIT “E”**



## Report to Winnie-Stowell Hospital District

August 20, 2025

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

- Dr. Lyons will not be in attendance for this board meeting tonight as we are attending the NACHC CHI annual conference.
- Dr. Lyons has been working with the American Heart Association (AHA) and the American Diabetes Association to present our quality metrics in order for the health center to earn 'quality badges'. We found out this past week that we have been invited to their awards banquet in September and will officially receive our 'badge' through the AHA.
- Working to finalize our selection with a management company for the 340B Program in order to 'go-live' with Wilcox Pharmacy as a contract pharmacy on October 1.
- Our first Proclamation at Chambers County Commissioner's Court for National Health Center Week (NHCW) on August 12<sup>th</sup>.
- Grants
  - **DSHS Incubator Grant.** This grant will end on August 31, 2025. Word is there will be opportunities for additional funding late this fall 2025.
  - **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**
  - Participated in the Winnie Area Chamber of Commerce 4<sup>th</sup> of July Parade.
  - 3<sup>rd</sup> Annual Chambers County Back-to-School Bash was 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).
  - Attended State of the Eastside Luncheon on July 17<sup>th</sup>.
  - Winnie Area Chamber of Commerce and other local businesses hosted a Back-to-School bash for the Winnie-Stowell community on Friday, August 15<sup>th</sup>.
  - 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.

- Bolivar Chamber of Commerce Brown Bag Lunch on July 30<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.
  - Various activities for National Health Center Week the week of August 4<sup>th</sup>.
- 
- Held our Annual All Staff Training on July 31<sup>st</sup>. We used the day to complete all required/mandated trainings, history and background of the health center, discussed policies and procedures for reporting, safety, confidentiality (HIPAA), outreach, patient satisfaction, ACO, PCMH, quality metrics, and team-building exercises.
  - Open the schedule on several days to accommodate the influx of high students needing sports physicals before school started back.
  - The storage unit project at the 2<sup>nd</sup> Street metal building was completed last Tuesday. Several deliveries have already been made to the new space.
  - Statistical report for July is attached for your review; there were 438 patient encounters. This is our highest month for patient volume to date.
  - Continuing to work with Durbin and Co. (D&Co.) for completion of the cost report, re-credentialing with CMS for enhanced reimbursement rate, and revenue cycle review.

# **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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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

**Crowley Nursing and Rehabilitation**

920 East FM 1187  
Crowley, TX 76036

July 30, 2025

Facility Administrator: Joe Matlock

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 98 residents including 14 skilled patients. The facility reported several skilled discharges recently of patients who complete their plan of care or received a notice of non-coverage. The census has been up to the low 100s recently, and the facility is working to reach that level again. There are several referrals under review at this time for admission.

The facility is seeking a few CNAs at this time. The administrator reported recently hiring an ADON and a social worker. Discussed efforts to create a positive work environment where staff are appreciated and empowered to do complete their responsibilities successfully.

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

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

Discussed the facility's recent QAPI meeting which was held on July 10. There are no new performance improvement plans reported at this time. Discussed a recent increase in the number of residents triggering under skins, but the team intervened and resolved the issues which has resulted in skins now triggering less than 2%. The administrator stated the team didn't have to change the system, but put more attention to the system to ensure interventions and processes are being followed.

There are no outbreaks or infection control trends at this time. There is one resident who is positive with scabies, but the facility is taking proper precautions to ensure this does not spread.

Grievances are being managed without any significant issues or trends reported.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The administrator stated the team at Crowley Nursing and Rehabilitation does an outstanding job reporting and responding to instances or allegations of abuse, neglect, and exploitation. Staff immediately report to the administrator so that he can proceed with taking the correct actions and begin the investigations. Discussed the importance of creating a safe environment which contributes to the overall well-being of the residents.

### Joint Training Information

State and federal regulations require our facilities to provide a safe environment for residents to live free from abuse, neglect, or exploitation. Older adults who experience these forms of abuse can have an increased risk of harmful effects. Programs aimed to prevent abuse, and properly respond to abuse allegations, can positively impact residents' quality of life and mortality rate.

A nursing facility's zero tolerance for abuse, neglect, and exploitation should be reflected in the facility's policies and procedures. These standards must provide a strong foundation to prevent abuse, neglect, and exploitation, while providing clear guidance to appropriately respond to allegations. It is imperative that training and in-servicing on abuse prevention and reporting is consistently provided to all staff members. As team members are frequently taught and reminded how to identify and respond to abuse and allegations, the facility is more likely to be successful in keeping the residents safe.

Please review the links provided below which contain additional information about abuse, neglect and exploitation prevention and response. There are several resources and recommendations regarding policies and procedures, hiring and screening, staff education and training, identifying and investigating abuse, protecting residents, and coordinating responses with the facility QAPI team and Texas Health and Human Services.

[Abuse, Neglect and Exploitation Prevention and Response](#)

[Evidence-Based Best Practices: Abuse, Neglect and Exploitation Prevention and Response](#)

[Reporting and Response: Incidents of Abuse, Neglect, and Exploitation](#)

I hope this information supports your efforts to provide the residents in your facility with a safe environment from abuse, neglect and exploitation. Please feel free to contact me at your convenience if you have any questions for me.



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Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

**Green Oaks Nursing and Rehabilitation**

3033 Green Oaks Blvd.  
Arlington, TX 76016

July 25, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 92 residents including 15 skilled patients. The census has been down over the last few weeks. The facility is down by roughly ten skilled patients compared to its target. Discussed completing some peer-to-peer reviews to maintain census, but these were denied. The facility identified opportunities to make therapy notes more detailed, but there have also been times where the patients' needs don't warrant having skilled coverage.

Staffing is going well overall at the building. The team is recruiting a morning shift CNA which was filled yesterday morning. Discussed plans to orient the newly hired team member.

There have not been any recent visits to the facility by state surveyors. There are no new self-reports at this time. The facility's fire panel crashed and stopped working. Discussed reporting the fire watch to the program manager and life safety teams. The administrator expects the system to be replaced over the course of the next week. The project will replace all pull stations, smoke detectors, and other equipment. The work is expected to take a few days, and then the facility will need checkoffs and approvals completed to stop the ongoing fire watch protocol.

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

The facility held its monthly QAPI meeting and discussed work to improve outcomes with pressure ulcers. These issues have already seen improvements and the administrator expects this to be resolved in July. Discussed focus on falls and working with skilled patients to ensure they are stable when ambulating. Reviewed fall prevention efforts on the long-term care hall as well. Falls have been trending down in July. Discussed staffing targets and proper reporting of labor data to ensure QIPP data is accurate.

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

There were three grievances regarding the dietary department and meal temperatures. Discussed actions taken to review and address opportunities. The facility ordered some new pellet warmers to support temperatures of meals at meal pass. There were also a few grievances in the nursing department regarding call light response time. Discussed actions taken to ensure staff are prompt in responding to resident and patient requests. The facility has been focusing on ensuring all grievances are captured and logged on the grievance log.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The facility emphasizes routine education and training for staff regarding this topic. The team does a great job reporting incidents and allegations to the administrator. Discussed the impact abuse, neglect, and exploitation has on the well-being and condition of the residents.

#### Joint Training Information

State and federal regulations require our facilities to provide a safe environment for residents to live free from abuse, neglect, or exploitation. Older adults who experience these forms of abuse can have an increased risk of harmful effects. Programs aimed to prevent abuse, and properly respond to abuse allegations, can positively impact residents' quality of life and mortality rate.

A nursing facility's zero tolerance for abuse, neglect, and exploitation should be reflected in the facility's policies and procedures. These standards must provide a strong foundation to prevent abuse, neglect, and exploitation, while providing clear guidance to appropriately respond to allegations. It is imperative that training and in-servicing on abuse prevention and reporting is consistently provided to all staff members. As team members are frequently taught and reminded how to identify and respond to abuse and allegations, the facility is more likely to be successful in keeping the residents safe.

Please review the links provided below which contain additional information about abuse, neglect and exploitation prevention and response. There are several resources and recommendations regarding policies and procedures, hiring and screening, staff education and training, identifying and investigating abuse, protecting residents, and coordinating responses with the facility QAPI team and Texas Health and Human Services.

[Abuse, Neglect and Exploitation Prevention and Response](#)

[Evidence-Based Best Practices: Abuse, Neglect and Exploitation Prevention and Response](#)

## [Reporting and Response: Incidents of Abuse, Neglect, and Exploitation](#)

I hope this information supports your efforts to provide the residents in your facility with a safe environment from abuse, neglect and exploitation. Please feel free to contact me at your convenience if you have any questions for me.



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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

July 25, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 81 residents including 21 skilled patients. The facility has been working hard to build its census and recently reached its target census. Discussed ongoing actions to support business development and relationships with local referral sources. There are five pending referrals at this time. The facility is planning an open house in October. The administrator ordered some beds and replacement PTAC units to make more rooms ready to admit new residents.

The facility has a nightshift nurse position open at this time. All department heads are in place.

There was a complaint survey recently which was investigated by the state. All reasons for investigation were unsubstantiated. The building also had a site inspection. Discussed some observations by the inspector and plans to replace the facility's front door. 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.

Discussed the facility's recent QAPI meeting. The interdisciplinary team reviewed QIPP measures and facility targets. There were no new performance improvement plans reported at this time.

There were no issues or trends regarding infection control reported. There have not been any recent outbreaks.

There have been some grievances regarding call light responses and food complaints. Discussed actions taken by the nursing and dietary departments to address these issues. The dietary manager reviews food preferences with residents to ensure their likes and dislikes are

known and followed. The facility has plans to change its housekeeping and dietary services provider from HCSG to SonderBloom in October.

The facility plans to replace its front door, complete touch-up painting and repairs where needed, update landscaping, and ensure all carpets and floors are routinely cleaned. Discussed the facility's schedule and process for deep cleaning the building. The team will also be redecorating and updating some of the art and decorations in the building.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The team members at Hewitt Nursing and Rehabilitation are strong advocates for the residents and immediately report any incidents or allegations of abuse. Discussed ensuring resident safety remains a priority for all staff members and the facility takes opportunities to reeducate staff on this topic. The administrator provides impromptu feedback and training to staff on this topic when making rounds throughout the facility.

#### Joint Training Information

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A nursing facility's zero tolerance for abuse, neglect, and exploitation should be reflected in the facility's policies and procedures. These standards must provide a strong foundation to prevent abuse, neglect, and exploitation, while providing clear guidance to appropriately respond to allegations. It is imperative that training and in-servicing on abuse prevention and reporting is consistently provided to all staff members. As team members are frequently taught and reminded how to identify and respond to abuse and allegations, the facility is more likely to be successful in keeping the residents safe.

Please review the links provided below which contain additional information about abuse, neglect and exploitation prevention and response. There are several resources and recommendations regarding policies and procedures, hiring and screening, staff education and training, identifying and investigating abuse, protecting residents, and coordinating responses with the facility QAPI team and Texas Health and Human Services.

[Abuse, Neglect and Exploitation Prevention and Response](#)

## [Evidence-Based Best Practices: Abuse, Neglect and Exploitation Prevention and Response](#)

### [Reporting and Response: Incidents of Abuse, Neglect, and Exploitation](#)

I hope this information supports your efforts to provide the residents in your facility with a safe environment from abuse, neglect and exploitation. Please feel free to contact me at your convenience if you have any questions for me.



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

1201 Holland Lake Drive  
Weatherford, TX 76086

July 24, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 94 residents including 32 skilled patients. The facility has had many skilled admissions and discharges as patients come and work through their few weeks of skilled coverage before discharging home. There were four who were readmitted to the hospital recently, but they have since returned to the facility.

The facility has some staff members who will be going back to school next month. Discussed making changes to staffing schedules to ensure there is adequate coverage for these changes. All department heads are in place at this time. The DON recently had their work anniversary for 29 years of employment at the facility.

The facility was visited by a state surveyor last Saturday to investigate a complaint from a resident who said they didn't like their roommate. The investigation was unsubstantiated and the resident stated they did not want the facility to make any changes. The facility submitted a self-report due to a family who claimed staff weren't demonstrating proper conduct regarding call light response. Discussed in-services provided to staff in response to this self-report.

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

The facility's monthly QAPI meeting was held earlier this week. There are not any major changes to QIPP Measures or focus areas. Discussed falls and working to improve outcomes. Discussed utilizing assist rails where appropriate and using additional interventions based on the needs of each resident.

The facility manages infection control well and has not had any infectious outbreaks recently.

There are not any trends in grievances at this time. Discussed addressing all issues and finding appropriate resolutions to ensure the residents are having a good experience.

The facility completed the work replacing the carpet two resident rooms. Discussed plans to continue replacing the carpet in two resident rooms each month until all are addressed.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The facility's staff members do a good job reporting any allegations of abuse, neglect, and exploitation. The facility consistently reminds staff about reporting requirements and expectations of immediate reporting. Discussed providing one-on-one feedback to staff when additional education or training is needed.

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**Mission Nursing and Rehabilitation Center**

1013 S. Bryan Road  
Mission, TX 78572

July 30, 2025

Facility Administrator: Daniel Rodriguez  
Facility DON: Bilma Beckmann

The following report is from the site visit to Mission Nursing and Rehabilitation Center on July 30, 2025. A tour of the facility was provided and the director of nursing provided an update on the facility.

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 91 residents including 11 skilled patients. The facility has three planned admissions at this time. There are eighteen beds in the all-female secure unit. There are only five residents on the unit at this time, having recently been approved to open. There are two planned admissions for the secure unit soon.

The facility is seeking one CNA. The new talent and learning director has been a great addition to the facility. This person has worked to support efforts in the facility to improve employee morale and support staff recruitment and retention.

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

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

The facility recently held its monthly QAPI meeting and had good involvement by the interdisciplinary team. Discussed the facility's QA process and efforts to monitor outcomes while pursuing clinical targets. The facility has been working to improve RTA rates. Discussed best practices to improve care in the facility and prevent avoidable readmissions.

There are no infection control trends and there are no outbreaks at this time.

Grievances are being actively managed with no significant issues or trends.

The facility is getting new dressers and nightstands for resident rooms. There are also new toilets and dispensers incoming as well. Most of this new equipment has been received and is in the staging process being unboxed and assembled. These items will be placed in resident rooms after the corresponding room has had its renovations completed.

The facility has been under renovations for roughly four months and there are several projects remaining before all renovations are complete. Discussed the work throughout the facility to update and rearrange resident rooms, offices, and equipment. The main entrance to the building and the 600 hall are being worked on at this time. The facility has completed work renovating the three halls on the north side of the facility. The floors, walls, and fixtures all look great having been recently renovated. The new furniture and toilets for these halls will soon be placed and installed.

The 200 hall has become the facility's new all-female secure unit. The secure unit doors are functioning and lock correctly. The unit has a very large enclosed courtyard where the residents can enjoy time outdoors. The team has planned activities like yoga and gardening for the unit's courtyard.

The main entryway used to have a platform which was somewhat of an obstruction to the main hallway. The platform has been leveled and cleared out. Some of the offices in this part of the facility are being adjusted to accommodate the ongoing changes. The main dining hall has not been renovated yet, but it is one of the upcoming projects. Discussed plans to invite residents to eat in the dining room on the skilled hall once the main dining room is under construction.

The facility will work on the 500 hall after the 600 hall is completed. Resident rooms in the main parts of the building are mostly dually occupied. Each room has its own bathroom with a toilet and sink. The shower rooms are being updated with new tile being installed. The 700 hall houses the skilled patients and will have some renovations completed too.

Discussed challenges the facility faces being an older building compared to the new facility located down the street from the local hospital. Despite these differences, the marketing team works to communicate the facility's high standards of care and strong outcomes.

There were no smells or odors in the facility, and staff were busy caring for the residents. Residents were socializing or relaxing throughout the areas of the facility not being renovated.



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**Pecan Bayou Nursing and Rehabilitation**

2700 Memorial Park Drive  
Brownwood, TX 76801

July 23, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 68 residents including 22 skilled patients. Discussed ongoing business development efforts which has supported census significant census growth over the last month. The facility is working on three referrals for admission, but there are also three discharges planned.

The facility has two CNA openings at this time. The team successfully filled the nightshift nurse opening recently. Discussed managing staffing ratios based on the current census levels while ensuring new positions are added when needed. Discussed follow up actions to make sure postings for vacant positions are up to date. The facility has a new MDS nurse starting soon.

There have not been any recent visits to the facility by state surveyors. The facility is in its annual fullbook survey window. Discussed survey readiness efforts in preparation for state visits. Discussed efforts by the interdisciplinary team to monitor and ensure careplans are being followed with interventions in place. 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 on July 17. There are no new PIPs at this time. Discussed focusing on QIPP Measures and working to meet facility targets. Discussed challenges with some residents who refuse care like incontinent care.

Infection control efforts have been effective at preventing outbreaks. The facility has one resident with ESBL who will come off precautions tomorrow. Discussed admitting new residents with infections from the hospital and efforts to ensure the facility is prepared to manage their needs safely without exposing other residents.

The facility has been writing grievances well to ensure issues are documented and addressed completely. Discussed building relationships with the residents and their family members to set expectations and foster collaboration and trust.

The facility is retrieving bids for new bedroom furniture in some residents rooms. Discussed intent to order some low-beds as well.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The team members at the facility do a great job reporting incidents or suspicious activity to the administrator. Discussed being rigorous during the hiring process to ensure good team members are being hired who will treat the residents correctly. The facility also completes ambassador rounds in the mornings which allows the team to catch small things while fostering a relationship with the resident. These rounds sometimes provided feedback to provide additional training to staff. Discussed providing routine education and in-services to staff members to ensure they recognize and report any incidents or allegations of abuse, neglect, or exploitation.

### Joint Training Information

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[Evidence-Based Best Practices: Abuse, Neglect and Exploitation Prevention and Response](#)

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**Stonegate Nursing and Rehabilitation**

4201 Stonegate Blvd.  
Fort Worth, TX 76109

July 31, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 83 residents. The census was in the 70s earlier this month. Discussed a recent increase in referrals due to marketing efforts and managing relationships with case managers. The facility's overall and quality measures star ratings both increased on Medicare.gov yesterday. The star rating increases will be a great support for marketing efforts.

The team is recruiting three CNAs and two nurses at this time. All department heads are in place and there were no other vacancies reported.

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

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

The facility held its monthly QAPI meeting with the interdisciplinary team and the facility's attending physicians. There were no new performance improvement plans reported at this time, but the team is continuing to work on fall prevention efforts. There are many residents who are at risk for falls. There have been zero readmissions in the last two months, and there has been only one readmission in July. Discussed the strong clinical outcomes and efforts by the nursing staff to manage the care and needs of residents in the facility. The team also discussed efforts to execute more contracts with hospice and home health providers. Some of these parties have recently been referring more patients to the facility.

Infection control efforts are working well. There have been some infections, but no trends or outbreaks.

There are no trends in grievances reported at this time. Discussed occasional grievances regarding laundry or meal service. The facility is planning to change its housekeeping and dietary service provider from HCSG to Sonderbloom. This change will be effective September 1. Stonegate Nursing and Rehabilitation plans to retain most of the dietary staff if possible.

The maintenance director is also completing routine rounds and keeping up with preventative maintenance on air-conditioning units.



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

3801 Cimarron Blvd.  
Corpus Christi, TX 78414

July 10, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 71 residents including 24 skilled patients. The census has started to increase, but the team is pushing for further growth. There are four planned discharges, but five referrals under review for admission. The facility met with two representatives of the VA who came to the building for a tour. The facility's corporate team is working on a contract with the VA at this time.

The state visited the facility at the end of last month to conduct the facility's annual fullbook survey. The facility received three tags during its fullbook survey. The first tag was regarding an IV dressing not being changed, the second due to a med cart not being locked, and the third was related to a fall mat not being in place. The team is expecting to receive the 2567 very soon. The team already completed in-services and implemented POCs to address the issues. Life safety also came and there was only one tag related to door closures.

Discussed recent incidents and self-reports including a sprinkler system failure and misappropriation of funds. Discussed actions taken with the employee involved in the misappropriation event and returning funds to the resident.

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

The facility held its monthly QAPI meeting today. Falls have decreased compared to the prior month. Discussed improvements made by the falling star program. This program has helped staff members more successfully identify residents who are at greater risk of falling.

There have been some recent UTIs but there have not been any trends recognized. Discussed completing checkoffs on peri-care and handwashing with applicable staff members.

Grievances have increased recently, but this was largely due to temporary room moves of residents while the facility was painting the respective residents' rooms. These grievances have been reducing as residents have been moving back into their original rooms.

The team is still waiting to receive some new equipment, but it has begun to receive some recent orders of bookshelves and a fish tank. The facility is also expecting its new couch and chairs to be delivered later this month.

July 31, 2025

The following report is from the site visit to Cimarron Place Health & Rehabilitation on July 31, 2025. A tour of the facility was provided after a meeting was held with the interim administrator to provide an update on the facility. Gabriel Pallanez is in the building as the interim administrator while Jennifer Steele is out of the office.

The facility's current census is 72 residents including 21 skilled patients. There are four referrals under review which are pending insurance authorization. There's only one planned discharge at this time.

The facility is seeking one nurse for the nightshift. There is also a vacancy for a social worker, but the administrator is optimistic about a strong candidate who was interviewed today.

There have not been any recent visits by state surveyors.

There are no outbreaks in the facility at this time.

Most of the facility has recently been painted, but the project is nearing completion with ongoing touchup work being completed. The building will also have new laminate baseboards installed in the halls once it is delivered. Some parts of the building have received replacement furniture, and more pieces will be delivered soon. Discussed intent to add new art and decorations throughout the halls. Despite the ongoing project, the halls and building were very clean. The floors and walls are in great shape and are being maintained well.

Discussed ongoing work on air conditioning units and some toilets. The facility also has a new fish tank that is expected to be installed and begin service next month.

The facility's dining room is located in the center of the building. The room was clean and residents were enjoying lunch service during the time of the visit. The facility's courtyard has been maintained well and is utilized as a peaceful place for residents to relax or socialize with others.

The therapy gym has been maintained well and is located at the end of the 200-hall. The gym still leverages its apartment style setup on the front half for residents preparing to transition back to the community. Discussed availability of outpatient therapy services and providing residents with services aimed to support their goals.

The managers and staff throughout the building were very friendly and welcoming to the residents and facility visitors.



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

1300 2nd Street  
Granbury, TX 76048

July 18, 2025

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 103 residents including 32 skilled patients. The new marketer is doing great and has been a great benefit for the facility census. Discussed improvements communicating in the community and with the local hospital.

The facility is seeking some staff to maintain appropriate ratios with the recent census growth. Discussed adding a fourth CNA on the 300-hall, as well as a new CMA position, and a new nightshift nurse. These openings are four CNAs, two CMAs, and two nurses in total.

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

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

The facility held its monthly QAPI meeting today. The interdisciplinary team discussed acquired pressure ulcers which increased from the prior month's rate of 4.5% to 7.69%. The facility has recently in-serviced staff on repositioning residents and rounding requirements. Discussed rotations to be completed by nurse managers to check in on nightshift staff to ensure interventions are in place, particularly with pillows and repositioning. There are some residents who have had their wheelchair cushions replaced recently. Discussed reviewing nutrition regimens and considering supplements where appropriate.

The IDT team is also reviewing the facility's security and considerations of locking the front door. There is a code-based locking mechanism which can be activated on the front door. Discussed the increased acuity and needs of current residents to decide at what point the facility should consider locking its front door for entering and exiting.

There have not been any major maintenance projects recently. Discussed ongoing efforts to maintain the needs of the facility and keep operations running smooth.

The dietary and housekeeping services are provided under contract by HCSG. On October 1, the facility will transition to a new provider of these services named Sonderbloom. Discussed opportunities for improvements with dietary and the added level of control expected with this change in October.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The facility reviews abuse, neglect, and exploitation trainings often with staff members. Staff are provided education or in-servicing on these topics at least each quarter. New staff members are provided this training during orientation as well. Discussed various postings throughout the building about abuse, neglect, and exploitation to ensure all incidents or allegations are reported properly. Discussed the positive impact a safe environment and home has on the well-being of the residents who live there.

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

101 Reese Drive  
Red Oak, TX 74154

July 23, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 104 residents. The facility is short of its budget census by two residents. Discussed plans for two more admissions expected this week. There are no discharges pending at this time.

The facility reports successful efforts with employee recruitment and retention. There are only three CNA openings, and one CMA opening.

The facility was visited by a state surveyor who came to investigate an incident. All reasons for investigation were unsubstantiated 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 recently held its monthly QAPI meeting and reviewed ongoing performance improvement plans. Discussed progress with QIPP measures and efforts to align with facility targets. Discussed efforts to review staffing data and ensure it is recorded correctly. The facility is working to increase its star ratings and expects to see improvements reflected in the coming months.

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

Grievances are being managed and the administrator shared recent efforts by staff and managers to effectively communicate with residents and their family members.

The facility is working on replacing flooring in various areas of the building.



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

July 23, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 88 residents including 18 skilled patients. The facility had three more admissions today and two discharges. Discussed some long-term care residents who have recently readmitted to the facility from the hospital. Discussed managing the needs of long-term care residents and efforts to prevent avoidable hospital readmissions.

The facility has two nightshift nurse openings and is working on completing the hiring of one nurse. A current staff member is transitioning to PRN employment due to childcare challenges. The facility is seeking to fill two RN supervisor shifts. The facility recently hired a directors for admissions and talent and learning. These new directors are assimilating well into their roles.

A surveyor came to the facility on June 5 and cited a finding related to resident assessments and nursing services. The surveyor returned and reopened the intake based on feedback from the enforcement team. The surveyor called two IJs on June 23 for communication of pain and competency of assessing pain. The facility completed plans of removal and the IJs were lifted. The state exited on June 25. The facility completed its POC for these findings and submitted them for review to the state. There was also a P1 complaint investigated on July 1 related to follow up care with nephrology services. All reasons for investigation were unsubstantiated during the P1 visit.

Silver Spring has a 1-star rating overall. 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's staffing star rating decreased from a 2-star rating.

The facility held its monthly QAPI meeting on July 9. Discussed focus areas based on survey feedback which include monitoring incidents and ensuring residents' pain is assessed and managed. Discussed progress with the recent POCs as well.

There was a stomach bug going through Abilene and the facility saw some cases in the building, but all affected recovered a few weeks ago. Discussed providing IV fluids to a few residents who needed more fluids.

The facility is working to get a new sit-to-stand machine so there will be two available for residents. Discussed census improvements which leads to more demand and utilization of some equipment.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The residents know the administrator well and ask for him often if there are any issues. Discussed the importance of creating an environment where the residents feel safe in their own home. The team provides in-servicing and training on abuse, neglect, and exploitation to staff often. Discussed having zero tolerance for any form of abuse in the facility.

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[Abuse, Neglect and Exploitation Prevention and Response](#)

[Evidence-Based Best Practices: Abuse, Neglect and Exploitation Prevention and Response](#)

## [Reporting and Response: Incidents of Abuse, Neglect, and Exploitation](#)

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Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

July 31, 2025

Facility Administrator: Michael Higgins

The following report is from the site visit to Gulf Pointe Plaza on July 31, 2025. A tour of the facility was provided after a meeting was held with the administrator to provide an update on the facility.

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 77 residents including 15 skilled patients. June and July experienced lower admissions and census due to low volume of referrals in the community. Discussed recent increase in referrals and expectations for this trend to continue going into the fall and winter months.

The facility is seeking one RN at this time. Discussed having good staffing ratios and low vacancies. The administrator shared the facility's process for providing coverage when there are staff who call-off and do not attend their shift. The team will be transitioning to a new service provider for housekeeping and dietary services. The transition to Sonderbloom will take effect on September 1. Discussed plans to keep the majority of the staff members in these departments where possible.

There have not been any recent visits to the facility by state surveyors, and 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 2-star rating in Staffing, and a 5-star rating in Quality Measures. The facility's staffing star rating decreased from a 3-star rating.

The facility's QAPI meeting was held on the third Wednesday of this month. Discussed the performance improvement plan addressing falls and fall prevention efforts. There have been a few falls with major injury, and the interdisciplinary team reviewed these incidents to see what interventions would be most appropriate based on the root causes of these falls. Discussed the activities department and efforts to improve offerings to engage the residents.

There has been some illness going around, but nothing trending. There are no outbreaks in the facility at this time. The facility has received two referrals of COVID positive patients. Discussed the facility's actions and precautions taken to keep residents and staff safe when new patients are admitted with an active infection.

The facility completed the installation of 25 attic fans to support efforts to reduce humidity and improve cooling in the building. The HVAC drain was repaired and the facility fixed some sheet rock in the lounge near the nurse station and dining room.

The facility presented very clean and organized. The staff were up and about taking care of the residents. Residents were up and dressed for the day having already been served breakfast. The facility dining room is extremely large and open, and the floors have already been mopped clean after breakfast.

The hallways were very clean and organized with no clutter or equipment left unattended. Each of the four hallways which have the residents' rooms stem from the central nurse station. The 200 hall is the skilled hall, and the therapy gym is located at the end of the 300 hall.

Discussed the changes made on the 300 hall to help with the humidity and condensation. Reviewed the recent sheet rock repair in the ceiling of the lounge leading into the dining room. The repairs have been completed and fit in seamlessly with the rest of the ceiling.

The facility hallways are carpeted, but the housekeeping team has done a great job maintaining the quality and appearance of the carpets. Discussed routine cleaning to keep the floors in good shape. Discussed ongoing maintenance and painting as needed to address normal wear and tear on facility walls and doorways.

The administrator plans to complete some slight renovations in the employee break room later this year.

The new concrete slab in the middle of the front entry replaced some old walkway bricks. Discussed safety on the facility grounds and ensuring repairs and updates are made as needed. The external pillars that previously needed repair have been completed and are holding up great at this time.



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

July 29, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 92 residents. The census is down slightly, but it was in the 100s earlier this month. There are no discharges planned at this time, and the facility has three admissions planned today. Discussed opportunities to admit patients for respite services.

The facility is seeking two double weekend nurses and there will also be two morning shift nurses opening due to two nurses going on leave. There were no other vacancies reported at this time.

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

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

The facility held its monthly QAPI meeting on July 11. There are no new performance improvement plans at this time. Discussed review of QIPP measures and expectations of the quality measures star rating to increase to a 5-star rating soon.

Infection control efforts are working well. There are no trends or outbreaks related to infections at this time.

Grievances are being actively managed. Discussed efforts to ensure all grievances, big or small, are included in the grievance log to ensure they are tracked. Discussed the benefit of being able to look at the log over a period of time to see how grievances are trending.

The facility is continuing work repainting walls and stripping & waxing floors in one resident room at a time. Discussed also replacing hardware in the bathroom of rooms being addressed.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The administrator confirmed staff are aware of reporting requirements and do a great job reporting and responding to incidents. Discussed building a culture of reporting over the years to make sure everyone is focused on maintaining a safe environment for the residents. The facility routinely in-services staff on this topic and recognizes the impact a safe environment has on the residents health and well-being.

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

2601 Northwest Loop  
Stephenville, TX 76401

July 29, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 83 residents including 16 skilled patients. The facility has one planned discharge, but three admissions who are scheduled to be admitted soon.

There are no staff openings reported at this time. Discussed ongoing efforts to keep positions filled and evaluate opportunities for recruiting new team members.

There have not been any visits to the facility by the state this month, but the facility is in its annual fullbook window. Discussed ongoing survey readiness efforts and review of previous surveys. There are no new self-reports at this time.

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

The facility held its monthly QAPI meeting and the interdisciplinary team discussed working on RTA rates. The facility is working to decrease readmissions to bring this target below the facility's benchmark. There were only two readmissions during the reporting period, but each instance has a heavy influence on the percentage due to the facility's census level. Discussed efforts to collaborate with referring hospitals to improve RTA rates. Discussed leveraging data to better inform the hospitals about why patients are readmitted and what opportunities are available for improvement.

There are no significant issues, trends, or outbreaks related to infection control.

Grievances are being managed and documented well. There are no trends at this time, but the facility discussed opportunities to improve the patient experience.

The facility recently replaced two A/C units. There were no other major maintenance projects reported.

The facility will transition its housekeeping and dietary services provider from HCSG to Sonderbloom beginning in October. Discussed opportunities to see improvements in these departments with this upcoming change.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The administrator stated the staff at the facility do a great reporting any incidents or events that must be reported. Discussed providing training on this topic often for staff members. The managers in the facility teach staff members to err on the side of caution and report to the abuse coordinator if there are any questionable situations.

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

July 22, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 90 residents including 19 skilled patients. The facility has seven residents in the hospital who are expected to return, and there are eight referrals under review at this time. RTAs have trended upwards, and the facility is evaluating its relationships with attending physicians and medical directors. Discussed communication with physicians and their nurse practitioners to ensure those providers are being advocates for the facility and support improving RTA and admissions to the building. The census has been tight, but the facility has continued to market throughout the community to maintain census level during the constrained period. Census in the hospital has recently increased and the facility expects more census growth soon.

Staffing is in good shape and there is only one dayshift nurse opening. All CNA positions are filled at this time. Discussed setting expectations with new staff while also providing them with strong support during the orientation and onboarding processes. Discussed an upcoming presentation at a local nursing program. The talent and learning director recently visited one of the nursing schools and made contact with their group which has eighteen upcoming graduates. There are two more schools she is visiting to develop these relationships.

There have not been any recent visits by state surveyors to investigate complaints or self-reports. The lead from the rapid response team came recently to review with the facility. The facility submitted a self-report last Wednesday due to an allegation of abuse from a resident who has dementia. Discussed actions taken to investigate and ensure the residents are safe. There was also a resident who complained alleging misappropriation of funds. The missing money was found in the resident's nightstand.

Treviso Transitional Care Center has a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing and a 3-star rating in Quality Measures. The facility's quality measures star rating decreased from a 4-star rating.

The monthly QAPI meeting was held this morning. Discussed progress made on the rapid response plan and efforts to sustain the associated systems for a few more months. The state has approved several of the facility's plans in this program. Reviewed RTA rates and reasons for readmission. Discussed opportunities to improve communication and decrease RTA rates.

Infection control efforts are going well. The rapid response team observed infection control efforts and handwashing last week during their visit. The facility made sure staff were competency checked on this topic during exercises using a practice dummy.

The facility's ownership executives visited the facility last week and there are plans to remove carpet and replace flooring in the corridors. The facility has also been approved to purchase a storage unit to be kept on the facility grounds. The satellite kitchen is approved and expected to be opened in a few months.

The facility has a back-to-school bash planned in the coming weeks. The activity will allow residents and staff members to participate.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The staff at the facility do a great job reporting any allegations or suspicious activity to the administrator. Discussed completing abuse, neglect, and exploitation training and in-services with staff anytime there is an allegation, and during required annual in-services. The rapid response team also provided a training last week on fall prevention and abuse. Discussed the impact creating an abuse free and safe environment has on residents' health and well-being.

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**Forum Parkway Health & Rehabilitation**

2112 Forum Parkway  
Bedford, TX 76021

July 30, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 91 residents including 25 skilled patients. The facility reported an increase in its census from the 80s into the 90s. Discussed ongoing marketing efforts and referral trends in the community.

Staffing is going well and the team works to promptly backfill any vacancies when they are available. Discussed best practices for staff retention and turnover management.

The state came to the facility to investigate a priority one intake recently. The facility received a minor tag for dietary services yesterday. A state surveyor has returned today to investigate outstanding self reports.

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

The facility's monthly QAPI meeting was focused on falls and readmission rates. Discussed efforts by the interdisciplinary team to ensure staff are following interventions and policies for these systems. Discussed best practices and efforts to retrain staff on basic skills to ensure they have a strong foundation and understanding of their skills.

Four of the air handlers in the kitchen went out of service. These have been fixed and the issue was resolved today.



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

July 24, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds, and its current census is 72 residents including 2 skilled patients. Discussed a discharge today due to a resident passing away. There are two planned admissions this week, and there are six referrals under review at this time. Discussed marketing efforts to build the facility's skilled census.

The facility has openings for one CMA, two CNAs, one housekeeper, an MDS coordinator, and an activity assistant. There are good candidates applying for the MDS and activity positions. Discussed setting expectations with staff members and ensuring their quality of work meets facility standards. The new maintenance director has been very effective in his role.

The state visited on July 9 to investigate three self-reports and a complaint. The facility received a tag related to the drug diversion which had been reported. The surveyor stated the tag issued should be low-level, but the facility is still waiting to receive its 2567. There are no outstanding self-reports at this time.

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 have its monthly QAPI meeting on July 29. The facility had a visit from the Quality Monitoring team and completed an action plan for its dietary processes to ensure meal trays are passed promptly to support maintaining appropriate meal temperatures. As part of the action plan, the team pulled the shower aide during mealtimes to help pass trays and it has been very helpful. Reviewed QIPP measures and the facility's focus on mobility, falls, and UTIs. Discussed data validation and ensuring staffing hours are being reported correctly.

There is no COVID or flu in the facility at this time. Discussed successful efforts of infection control protocol preventing outbreaks in the facility. Discussed focusing on UTIs to ensure these infections are managed well and healed out.

Two of the halls in the building had water intrusion due to heavy rain and a sump pump failure. The facility evacuated the residents from affected rooms to open beds elsewhere in the facility until the water was removed and clear for their return. The facility has replaced drywall and equipment where needed and the facility is currently painting affected areas. A representative from the VA came to the facility the day following the water intrusion incident and commented on how well the facility managed the event. The facility also had a power outage due to a nearby transformer going out. The backup generator worked perfectly supplying the building with power until the transformer was fixed.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The staff members do a good job reporting any instance of abuse to the administrator. Staff will communicate any questionable events or findings to the administrator as well to ensure they err on the side of caution and always report anything that meets the criteria for reporting. Discussed the impact creating a safe environment for residents has on their physical and mental well-being.

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

July 31, 2025

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 7/31/25, the Administrator and other attendees discussed the facility's outcomes from June 2025.

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

The facility reported 48 total employees and a 5% turnover rate during the reporting period. The facility is recruiting to fill a dayshift nurse opening.

The facility had its annual fullbook survey and received five deficiencies. The state visited the facility later in the month to investigate two self-reports and a complaint. All reasons for investigation during this visit were unsubstantiated.

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

The facility met all indicator targets under Component 1 except for antipsychotic medication. Discussed efforts to evaluate residents' needs and implement GDRs where appropriate.

The facility did not meet any indicators under Component 2, but it met all indicators under Components 3 and 4.



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

July 23, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 90 residents. The facility has two referrals planned to be admitted as soon as possible. Discussed supporting residents on hospice services and end-of-life care.

There are no reported staffing issues. Discussed managing turnover and finding new staff members when there are vacancies.

The state came last week to investigate two intakes and two complaints. All reasons for investigation were unsubstantiated. The facility recently submitted two self-reports regarding a resident-to-resident incident and a resident who fell with an injury. Both incidents were investigated and actions were taken to ensure residents received the care needed. The first incident did not have any injuries or lingering issues, but one of the involved residents was admitted to a behavioral hospital. The second incident had a resident ambulating who fell and needed a few stitches. The facility had its health inspection last week and everything went well.

The Villa at Texarkana has a 3-star rating overall. The facility has a 3-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures. The facility's overall and health inspections star ratings both increased from 2-star ratings.

The facility is planning to hold its monthly QAPI on Friday. There are no new planned performance improvement plans at this time.

There is no COVID in the facility at this time.

The facility is investing into some major renovations for the building. Discussed recent approvals and plans to start these updates in the coming months.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The facility emphasizes routine abuse, neglect, and exploitation education and training. Discussed the need to frequently provide this information to staff to keep it front of mind and support maintaining a safe environment. The facility has an in-service planned on this topic which will include scenarios or demonstrations with staff about incidents of abuse and reporting. Discussed staff turnover ensuring all new and old staff have this information. Reviewed the impact living in a safe environment has on the health and well-being of the residents who live there.

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**Parkview Manor Nursing & Rehabilitation**

206 N. Smith St.  
Weimar, TX 78962

July 21, 2025

Facility Administrator: Darlene Blount

At the facility QAPI meeting on 7/21/25, the Administrator and other attendees discussed the facility's outcomes from June 2025.

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

There are a total of 69 employees which includes PRN staff. The turnover rate during the reporting period was 55%. Rudi Billeck was an ADON at the facility and recently took the MDS nurse position. The facility is seeking a new director of nursing. The team discussed efforts to recruit staff and fill openings. There is a job fair scheduled on August 6.

The facility is in its annual fullbook survey window. The state came last year for the facility's fullbook survey on August 24. There were two self-reports submitted in June. The first self-report was regarding a resident-to-resident incident, and the second was due to an A/C failure. The temperature was monitored during the outage and the A/C issue was resolved immediately.

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 reported ten falls without injury, twelve falls with injury, and there were eight residents who experienced repeat falls. Discussed interventions and care planning the needs of the residents. The team is implementing a PIP to address falls and fall prevention efforts.

The facility met its indicator for lost too much weight under Component 1. There were no other indicators met in this component. Discussed review of outcomes and root causes of issues as the team revises and develops performance improvement plans. There were no

indicators met under Component 2. The facility met indicators in Component 3 for depressive symptoms and anti-anxiety medications. All indicators were met under Component 4.



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

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

Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

July 28, 2025

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 92 residents. There are also three residents who are expected to admit to the facility from the hospital. The facility has one admission planned from the community this week as well.

The facility is seeking two nurses and four CNAs. Discussed filling vacancies with PRN and full-time staff. All department heads are in place, but the team is seeking a nurse manager.

The facility was recently visited by a state surveyor who investigated some outstanding intakes. All reasons for investigation were unsubstantiated except for an E-tag under additional observations related to pharmacy services. The surveyor identified an order which was in place, but had not been started. The facility is expecting the survey team to visit again next month for the facility's special focus survey.

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

The facility held its monthly QAPI meeting on July 15. Discussed the implementation of an EMR to replace the paper backups which have been utilized in the facility. The EMR rollout will also support the POC for the E-tag from the recent survey.

The facility is also rolling out its antibiotic stewardship program. There are no major infection control related trends at this time. The MDS nurse is experienced and watches QMs consistently and reports any concerns to the interdisciplinary team.

Grievances are being managed timely. Discussed customer service in-servicing to keep appropriate conduct at the front of mind for staff members. Reviewed expectations with family members and consistency of scheduling care plan meetings.

The facility has a new water heater on the 300-hall. The break room has also been updated and an old ice machine was removed.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The administrator reported the team at Gracy Woods Nursing Center is diligent in reporting incidents or allegations. Discussed routine in-servicing provided to staff on this topic. The administrator has been working hard to foster a culture of excellence and safety.

### Joint Training Information

State and federal regulations require our facilities to provide a safe environment for residents to live free from abuse, neglect, or exploitation. Older adults who experience these forms of abuse can have an increased risk of harmful effects. Programs aimed to prevent abuse, and properly respond to abuse allegations, can positively impact residents' quality of life and mortality rate.

A nursing facility's zero tolerance for abuse, neglect, and exploitation should be reflected in the facility's policies and procedures. These standards must provide a strong foundation to prevent abuse, neglect, and exploitation, while providing clear guidance to appropriately respond to allegations. It is imperative that training and in-servicing on abuse prevention and reporting is consistently provided to all staff members. As team members are frequently taught and reminded how to identify and respond to abuse and allegations, the facility is more likely to be successful in keeping the residents safe.

Please review the links provided below which contain additional information about abuse, neglect and exploitation prevention and response. There are several resources and recommendations regarding policies and procedures, hiring and screening, staff education and training, identifying and investigating abuse, protecting residents, and coordinating responses with the facility QAPI team and Texas Health and Human Services.

[Abuse, Neglect and Exploitation Prevention and Response](#)

[Evidence-Based Best Practices: Abuse, Neglect and Exploitation Prevention and Response](#)

[Reporting and Response: Incidents of Abuse, Neglect, and Exploitation](#)

I hope this information supports your efforts to provide the residents in your facility with a safe environment from abuse, neglect and exploitation. Please feel free to contact me at your convenience if you have any questions for me.



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Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

### **Garland Nursing and Rehabilitation**

321 N Shiloh Rd  
Garland, TX 75042

July 25, 2025

Facility Administrator: Todd Bickle

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 65 residents including 6 skilled patients. The facility has exceeded its skilled census budget but is working to reach its budget census of 73 residents. There is a resident in the hospital who is expected to return to the facility soon. The facility has received some referrals which are being reviewed for admission.

The facility is seeking some nurses but there are no other openings at this time.

There have not been any recent visits by state surveyors. There were two injuries of unknown origin which were self-reported. The first involved a resident on the secure unit who appeared to have a fractured toe. The facility reported the incident, but after further evaluation the toe was not broken and had an infection. The second incident involved a lady on the secure unit who fell and experienced a hip fracture. The resident with a hip fracture was sent to the hospital for further care but has since returned to Garland Nursing and Rehabilitation. Discussed fall interventions, assessments, and providing in-services to staff.

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.

The facility held its monthly QAPI meeting and the interdisciplinary team discussed quality measures and clinical systems. There were no new performance improvement plans reported at this time. Discussed follow-up actions addressing antipsychotic medication utilization and locomotion independently worsened as discussed in the prior month's meeting. The administrator reports the members of the interdisciplinary team have been thorough in their reports and collaborative with finding solutions to challenges.

Infection control is going well with no outbreaks or trends reported.

The are occasional grievances, but there have not been any trends. Discussed addressing all issues promptly to ensure residents needs are met.

The facility will be replacing a refrigerator soon. Discussed routine maintenance and replacement of beds, wheelchairs, and other equipment when needed. The team is completing preventative maintenance on the A/C units to ensure they continue functioning properly throughout the summer months.

The facility's Medicaid license was set to expire this past March. The facility went through the application for renewal, but the state did not complete the renewal timely. The facility hasn't been able to bill Medicaid since February due to this issue. Discussed waiting to receive a new Medicaid contract number now that the facility's CHOW has been completed.

Provided quarterly joint training regarding abuse, neglect and exploitation prevention and response. Discussed the impact these forms of abuse can have on older adults, including the potential for harmful effects. Reviewed methods to ensure staff are consistently provided in-servicing and education on abuse prevention and responding to allegations. Discussed opportunities to review policies to ensure all activities promote abuse prevention and appropriate response. Discussed abuse reporting expectations and communicating with the QAPI team and Texas Health and Human Services.

The administrator stated staff members do a good job reporting any abusive or suspicious activity as required. Discussed the importance of immediately reporting and following facility policies. The facility recently provided this training to staff members and often do so when there are reportable incidents. Discussed the impact maintaining a safe environment for residents plays on their well-being and ability to receive the healthcare services they need.

### Joint Training Information

State and federal regulations require our facilities to provide a safe environment for residents to live free from abuse, neglect, or exploitation. Older adults who experience these forms of abuse can have an increased risk of harmful effects. Programs aimed to prevent abuse, and properly respond to abuse allegations, can positively impact residents' quality of life and mortality rate.

A nursing facility's zero tolerance for abuse, neglect, and exploitation should be reflected in the facility's policies and procedures. These standards must provide a strong foundation to prevent abuse, neglect, and exploitation, while providing clear guidance to appropriately respond to allegations. It is imperative that training and in-servicing on abuse prevention and reporting is consistently provided to all staff members. As team members are frequently taught and reminded how to identify and respond to abuse and allegations, the facility is more likely to be successful in keeping the residents safe.

Please review the links provided below which contain additional information about abuse, neglect and exploitation prevention and response. There are several resources and recommendations regarding policies and procedures, hiring and screening, staff education and

training, identifying and investigating abuse, protecting residents, and coordinating responses with the facility QAPI team and Texas Health and Human Services.

[Abuse, Neglect and Exploitation Prevention and Response](#)

[Evidence-Based Best Practices: Abuse, Neglect and Exploitation Prevention and Response](#)

[Reporting and Response: Incidents of Abuse, Neglect, and Exploitation](#)

I hope this information supports your efforts to provide the residents in your facility with a safe environment from abuse, neglect and exploitation. Please feel free to contact me at your convenience if you have any questions for me.



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

### **FACILITY INFORMATION**

Friendship Haven is a 150-bed facility with a current overall star rating of 3 and Quality Measures star rating of 5. The census on the date of this report was 117 with a skilled mix of 10 Medicare; 6 Private Pay; 59 Medicaid +19 pending; 4 Hospice and 23 HMO.

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

The facility is currently COVID\_19 free. The vaccination rate for the residents is 8% and staff is unknown, and this information is reported weekly to NSHN.

The Administrator reports the facility celebrated all major holidays, including a barbeque for staff and residents on July 4<sup>th</sup>. The facility still has a singer who comes weekly as well as different churches. The facility has a new beautician, and the residents love her.

The DON reports the facility is fully staffed. The facility has monthly birthday, anniversary and star-of-the-month celebrations for the staff. The Administrator reports the facility continues giving outdoor prizes for their pay day in-services and they have the Mad Genius program. The Administrator reports the facility is planning a back-to-school drive for the staff to include a barbeque.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025.
- Legionnaires - Administrator/DON educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

### **SURVEY INFORMATION**

The Administrator reports the state came on 5/23/25 for a complaint investigation that was unsubstantiated, no citations.

### **REPORTABLE INCIDENTS**

Information for **April/May/June2025** - 0 self-reports.

### **CLINICAL TRENDING APRIL/MAY/JUNE 2025**

#### **Incidents/Falls:**



Friendship Haven had 68 total falls without injury (47 repeat falls), 6 falls with injury, 7 Skin tears, 4 Fractures, 0 bruises, 0 behaviors and 3 lacerations.

**Infection Control:**

Friendship Haven reported 151 infections of which 60 were UTI's, 21 respiratory infections, 0 EENT infections, and 30 wound infections, 7 Blood infections, 5 GI infections, 0 Genital infections, and 28 Other infections.

**Weight loss:** (2) had 5-10% loss and (5) with >10% loss in 6 months.

**Pressure Ulcers:**

Friendship Haven reported 10 residents with pressure ulcers with 20 sites, 1 facility-acquired.

**Restraints:**

Friendship Haven does not use side rails or restraints.

**Staffing:**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2						
2 to 10		1	4			
10 to 6						
Other						
# Hired this month	3	4	23	N/A	N/A	0
# Quit/Fired	4	4	13	N/A	N/A	0

Total number employees: 132 Turnover rate%: 51

**CASPER REPORT –**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	4.1%	7.5%	7.4%	
Fall w/Major Injury (L)	1.1%	3.4%	3.4%	
UTI (L)	0%	1.0%	2.0%	
High risk with pressure ulcers (L)	4.5%	5.8%	6.8%	
Loss of Bowel/Bladder Control(L)	9.9%	16.9%	21.5%	
Catheter(L)	0%	0.07%	1.4%	
Physical restraint(L)	0%	0%	0%	
Residents whose ability to walk independently worsened (L)	11.1%	19.4%	20.5%	
Excessive Weight Loss(L)	11.8%	4.2%	6.3%	
Depressive symptoms(L)	0%	2.8%	11.1%	
Antipsychotic medication (L)	10.7%	8.2%	14.7%	Will review for PIP



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

# of GDR ATTEMPTS in the month: **9** How many successful? **7**

# of Anti-anxiety (**attempts - 4 successful – 2 failed – 2**)

# of Antidepressants (**attempts – 2 successful – 2 failed - 0**)

# of Antipsychotic (**attempts – 3 successful – 3 failed - 0**)

# of Sedatives (**attempts – 0 successful \_\_\_\_\_ failed \_\_\_\_\_**)

**DIETICIAN Recommendation concerns/Follow Up?** Facility follows up on Dietician’s recommendations weekly from her visit.

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT) –** No concerns or PIPs at this time.

Hired new SW during the quarter.\_

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

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

**DIETARY PIP/CONCERNS:** Recent successful City health inspection.

Recent special projects for cleaning kitchen and storage areas. Added new stove and fryer within the quarter.

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

**MAINTENANCE PIP/CONCERNS:** Current Projects include re-stripping the parking lot, tinting lobby windows to reduce heat. Install window unit for rehab gym.

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

**MDS: PIPS/CONCERNS:** Focus on UDAs

**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	3.3%	1.3%	1.09%	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%	2.75%	11.76%	N	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	8.08%	10.71%	N	Will review for PIP



<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.03%	10.03%	11.11%	Y	
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**Component 2 -Workforce Development HPRD Measures (All Facilities).** Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
<b>Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)</b>	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	<b>2.24</b>	<b>1.85</b>			<b>Y</b>	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	<b>1.54</b>	<b>1.16</b>			<b>Y</b>	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	<b>3.78</b>	<b>3.01</b>			<b>Y</b>	
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<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-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>					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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Results</b>	<b>Met (5% Improvement)</b>	<b>Comments</b>
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				Y/N	
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	6.14%	1.14%	0%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	14.57%	12.57%	13.64%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	11.07%	9.07%	9.88%	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)	Comments
				Y/N	
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	4.59%	5.17%	4.49%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0.086%	0%	Y	



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

### **FACILITY INFORMATION**

Park Manor Westchase is a 125-bed facility with a current census of 113: (6) MC; (19) HMO; (7) PP; (71) MDC + 1 pending; (9) Hospice; (0) VA. Their overall star rating is 1 and Quality Measures star rating is 4.

The QIPP site visit was conducted over the phone. The Administrator and DON were on the call and very helpful. The Administrator reports the facility is currently COVID\_19 free. The Administrator reported they are still able to order vaccinations from the pharmacy and the resident COVID\_19 vaccination rates are at 60% up to date. The facility reports this information to NSHN weekly.

The facility celebrates all major holidays including Mother's Day, Father's Day, Juneteenth, and July 4<sup>th</sup>. The Administrator reported the facility continues outings for fishing and shopping at Walmart 2x per month.

The Administrator reports the facility still has employee of the month and the MAD Genius program with prizes or cash. The Administrator reported the facility also provides food every month during staff meetings for all staff appreciation. The facility has implemented daily staff huddles that appear to be going over well. The facility is planning celebrations for back to school.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025.
- Legionnaires - Administrator/DON educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

### **SURVEY INFORMATION**

**April/May/June 2025** -The facility had state in the building in June to review a complaint and they did receive a tag for care plans and their POC was accepted.

### **REPORTABLE INCIDENTS**

**April/May/June 2025** -The facility has 3 self-reports still pending.

### **CLINICAL TRENDING -JAN/FEB/MARCH 2025**

**Incidents/Falls:**



PM Westchase reported - 50 total falls without injury and 1 fall with injury, with 11 repeat falls, 15 skin tears, 10 bruises, 1 fracture, 1 behavior, 0 Lacerations and 0 Elopements.

**Infection Control:**

PM Westchase reported a total of 46 infections- 8 UTI's; 8 Respiratory infections; 1 GI infection; 4 EENT infections, 3 Wound infections, 5 infections 0 Genital infections and 17 Other infections.

**Weight loss:**

PM of Westchase reported - 4 residents with 5% in 1 month or less weight loss and 5 residents with greater than 10% weight loss in 6 months. PIP in place.

**Pressure Ulcers:**

PM of Westchase reported - 32 residents with pressure ulcers, totaling 60 sites, 2 of them facility acquired. PIP in place.

**Restraints:**

PM of Westchase is a restraint free facility.

**Staffing:**

Current Open Positions - no current openings						
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: 95 Turnover rate%: 22**

**Casper Report:**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	9.1%	19.2%	19.7%	
Fall w/Major Injury (L)	0%	3.4%	3.4%	
UTI (L)	0%	1.0%	2.0%	
High risk with pressure ulcers (L)	6.1%	5.8%	6.8%	PIP in place
Loss of Bowel/Bladder Control(L)	8.3%	16.9%	21.5%	
Catheter(L)	0.00%	0.7%	1.4%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	14.3%	16.8%	20.5%	
Excessive Weight Loss(L)	0.00%	4.2%	6.3%	



Depressive symptoms(L)	4.3%	3.2%	10.5%	Below federal; above state; PIP
Antipsychotic medication (L)	3.9%	8.2%	14.7%	

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

# of GDR ATTEMPTS in the month: How many successful?  
 # of Anti-anxiety (attempts\_\_5\_\_ successful\_3\_failed\_2\_)  
 # of Antidepressants (attempts\_\_3\_\_ successful\_1\_failed\_2\_)  
 # of Antipsychotic (attempts\_\_3\_\_ successful\_2\_failed\_1\_)  
 # of Sedatives (attempts\_\_3\_\_ successful\_1\_failed\_2\_)

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

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-** 21 for April; 31 for May; and 41 for June. All grievances were resolved.

**TRAUMA INFORMED CARE IDENTIFIED:** N/A

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY PIP/CONCERNS:** N/one

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS: PIPS/CONCERNS:** Timely completing and transmitting assessments

**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%	2.61%	0%	Yes	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0.34%	0%	Yes	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	2.38%	0.38%	2.99%	Not Met	PIP in place
<b>Metric 4:</b> (CMS N031.04)	4.22%	2.22%	1.49%	Yes	



Percent of residents who received an antipsychotic medication					
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	11.74%	9.74%	0%	Yes	

**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	2.24	1.89		<b>2.10</b>	Y	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	1.54	1.15		<b>1.16</b>	N	<b>Focus Area</b>
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	3.78	3.04		<b>3.25</b>	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?					Y	
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>					Y	
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					Y	
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently 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	

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

<b>Indicator</b>	<b>National</b>	<b>Baselin</b>	<b>Result</b>	<b>Met (5%</b>	<b>Comments</b>
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	Benchmark	Baseline Target	Results	Improvement) Y/N	
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	7.61%	7.58%	Yes	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	12.00%	10.29%	Yes	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06%	12.52%	9.05%	Yes	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	4.59%	4.11%	6.06%	Not Met	PIP in place
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0.28%	0.00%	Yes	



Administrator: David Holt  
 DON: Tina Cook, RN

**FACILITY INFORMATION**

Park Manor South Belt is a 120-bed facility with a current census of 100: (9) MC; (26) HMO; (5) PP; (56) MDC; (4) Hospice. Their overall star rating is 5 and Quality Measures star rating is 4.

The QIPP site visit was conducted over the phone. The DON was on the call, and very helpful. The DON reports the facility is currently in a COVID\_19 outbreak with 1 resident (hospice who came in with COVID) and 1 staff member. The DON reported they are still able to order vaccinations from the pharmacy and 0% of residents are up to date for COVID\_19 vaccine with 0% of the staff up to date and facility reports this information to NSHN weekly.

The DON reports the facility overall renovations are complete, but they continue to re-do empty rooms. They have also renovated a room for hospice families to stay.

The facility had a Mother’s Day, Father’s Day and dunking Administrator party as well as a 4<sup>th</sup> of July celebration, and they are planning something for Labor Day and Back to School.

The DON reports the facility continues with a monthly meal for all staff and they also have employee of the month. The facility also has the Mad Genius program with tokens for going above and beyond and they will be nominating a nurse and a CNA for Texas Health Care Association awards.

**EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 – QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. The facility is currently meeting 3 of the 4 components.
- Legionnaires – DON educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

**SURVEY INFORMATION – FULL BOOK IN JUNE WORKING ON POC**

Annual Full Book State Survey Summary (Include only if within last 2 months)				
Deficiency Summary	Facility	Texas Average	U.S. Average	Comments:
Number of Health Deficiencies	5			F610, F690, F755, F841, F880
Number of Fire Safety Code Deficiencies	3			K 0343- fire alarm system visual and audible signals, K0712- conduct fire drills quarterly on each shift, K0918- Failed to ensure Transfer switch to automatically transfer power in 10



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	D	failed to ensure that a resident who enters the facility with an indwelling catheter received appropriate treatment and services to prevent urinary tract infections (statlock)	In progress due 7/25/2025
Resident Assessment	D	Based on observation, interview and record review, the facility failed to maintain medical records in accordance with accepted medical standards and practices and failed to maintain medical records for 2 residents that were accurately documented.	In progress due 7/25/2025 Not really sure where to put this tag.
Resident Rights			
Dietary			
Pharmacy	E	Failed to provide pharmaceutical services, including procedures that assured the accurate acquiring, receiving, dispensing and administering of all drugs and biologicals to meet the needs of each resident and failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.	In progress due 7/25/2025
Environment			



Infection Control	E	Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 residents (Resident #69 and Resident #8) of 6 residents reviewed for Infection Control.	In progress due 7/25/2025
Administration	E	Failed to thoroughly investigate and report findings to state agency within 5 working days.	In progress due 7/25/2025

**REPORTABLE INCIDENTS**

The facility had 1 self-report (unsubstantiated) but it was actually sited during annual survey in **April/May/June 2025**.

**CLINICAL TRENDING JAN/FEB/MARCH 2025**

**Incidents/Falls:**

Park Manor of South Belt had 74 total falls (52 repeat), of which 0 resulted in injury. They had 12 Skin Tears, 0 Lacerations, 0 Fractures, 0 Elopements, 7 Bruises and 0 Behaviors.

**Infection Control:**

Park Manor of South Belt reports 153 total infections: 34 UTIs; 33 Respiratory; 27 Wound; 8 EENT; 8 Blood infections; 7 GI infections; 9 Genital infections and 27 Other infections. Several of these were community acquired.

**Weight loss:**

Park Manor of South Belt had 8 residents with 5-10% weight loss in 1 month and 0 residents with >10% weight loss in 6 months. The facility has a PIP in place for this measure.

**Pressure Ulcers:**

Park Manor South Belt reported 39 residents with 59 total pressure ulcers and 6 were facility acquired and there is a PIP in place.

**Restraints:**

Park Manor of South Belt is a restraint free facility.



**Staffing:**

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

**Total number employees: 100 Turnover rate%: .5**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	6.5%	19.2%	19.7%	
Fall w/Major Injury (L)	0%	3.4%	3%	
UTI (L)	0%	1.0%	2.0%	
High risk with pressure ulcers (L)	3.2%	5.8%	6.8%	
Loss of Bowel/Bladder Control(L)	11.1%	16.9%	21.5%	
Catheter(L)	0%	0.7%	1%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	5.3%	19.4%	20.5%	
Excessive Weight Loss(L)	0%	4.2%	6.3%	
Depressive symptoms(L)	0%	2.8%	11.1%	
Antipsychotic medication (L)	0%	8.2%	14.2%	

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

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

**DIETICIAN Recommendation concerns/Follow Up?** Weekly recommendations addressed.

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)** - All concerns were addressed and resolved. **April:** 18 grievances- some were from the same people, multiple concerns on the same day. Discussed with staff to consolidate on 1 grievance for and just to # concerns. 2-Missing items (both found) 12 Care concerns- 2 call lights not answered in a timely manner, 1 rude staff member, 2 staff members on telephones, 1 dressing not replaced in a timely manner, 1 colostomy bag leaking, 1 resident with wounds concerns with positioning in a timely manner, 1 resident needing assistance with feeding, 1 C.M.A. did not explain medications to pt when asked, 1 linen not change on bath day, 1 foley bag not emptied in a timely manner. 4 customer service concerns - lack of communication; **May:** 25 grievances-



some were from the same people, multiple concerns on the same day (resident council) . Discussed with staff to consolidate on 1 grievance for and just to # concerns. 1 pt yelling and disturbing others, 1 resident not dressing appropriately, 2 wet briefs, 1 double briefed 1 call light, 2 cold food, 3 discourteous, 1 customer service, 2 showers not given 2 medication questions 1 restorative 1 dirty room, 2 clogged toilet 2 pest in room 1 loud noise 2 missing clothing; **June:** 15 grievances- 5 resident assistance, 1 customer service, 1 call light, 1 shower, 1 medication, 6 missing items ( all either found or replaced)

**TRAUMA INFORMED CARE IDENTIFIED:** None

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None \_

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

**MDS PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.43%	0.92%	2.63%	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%	1.33%	0%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	1.91%	1.37%	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	5.91%	26.32%	N	

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



<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Result</b>	<b>Met Y/N</b>	<b>Comments</b>
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	<b>Y</b>	<b>1.75</b>		<b>1.69</b>	<b>N</b>	PBJ reporting to CMS is behind, per their current records they are meeting these measures
<b>Metric 2:</b> Reported Licensed Nursing HPRD	<b>N</b>	<b>1.16</b>		<b>1.12</b>	<b>N</b>	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	<b>Y</b>	<b>2.92</b>		<b>2.81</b>	<b>N</b>	
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					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>					N	Available
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

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



<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	11.1%	2.8%	0%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	7.4%	7.5%	2.2%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	21.5%	16.9%	10.7%	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	5.8%	6.8%	3.2%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.7%	1.4%	0%	Y	



Administrator: Joseph Baidoo, MHSA, LNFA  
DON: Sanikqa Maire, RN

### **FACILITY INFORMATION**

The Heights of Tomball is a 131-bed facility with a current overall star rating of 3 and a rating of 4 in Quality Measures. Given census on the date of this call was 114. **PP:** 18, **MC:** 7, **MCD:** 61 **HMO:** 17, **Hospice:** 4.

The QIPP site visit was conducted in person. The Administrator was available and very helpful and engaged with staff and residents throughout the visit. The Administrator reports the facility is currently in a COVID\_19 outbreak with both staff and residents.

All major holidays celebrated including Memorial Day and for the 4<sup>th</sup> of July. The Administrator reports the facility is currently looking into transportation options for resident outings.

The Administrator reports the facility continues 'Touch Points' to identify what the employee is going above and beyond as well as various incentives each week/month. The facility offers food regularly, including snacks. The facility follows the AHCA calendar for each department. The Administrator reports the facility also celebrated nurse's and CNA week and they provided donuts yesterday.

The grounds and parking lot looked well-kept and neat. Landscaping was attractive. The lobby was neat, clean, and odor-free. The inside entrance of the facility was nicely decorated with tasteful decorations (including a summer themed tree) and appeared clean. The facility has an automated screening computer for all visitors with a box of masks and hand sanitizer available.

The floors were clean and means of egress were clear for all hallways. The residents' rooms all had wood vinyl flooring, and all the rooms observed were clean with no odors detected. The facility hallways are all named after Harris County area neighborhoods, i.e., Woodlands, etc.

A very festive activity calendar was posted for July. Several fire extinguishers checked throughout the facility, and all had current inspections for July 2025 (just done today and fire alarm inspection passed). Shower rooms on 300 hall observed and noted to be clean and well organized with no odors.

The oxygen supply closet was clean and organized and all cannisters placed in appropriate racks separated with correct signage for full and empty canisters. The central supply closet was clean and organized with nothing noted to be stored on the floor. OTC medications were current and in correct date order.



One medication cart observed was noted to be locked and water pitchers dated/labeled. The medication room was clean, with no boxes being stored on the floor and current temperature logs and E-kit certificate. The laundry room was clean and organized and lint logs were up to date and no lint was found on dryer that was checked. All chemical containers were up off the floor.

The main dining room was clean, and menus were posted for the day. The kitchen floors and counters were all clean. 2 chemical containers were on the floor (one to prop open the door to storage area) and the Administrator instructed staff to place them up off the floor during the tour. The refrigerator temperature logs were all current but nothing had been posted for the dish machine or sink for breakfast and lunch cleaning. The dry storage area was clean, including the floor and ceiling height requirements met. There were 3 pasta bins and 1 rice bin with no label/date. The can opener/plate was clean.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 – QIPP year 9 starts 9/1/2025. Data collection for QTR 1 began 7/1/2025. The facility is currently meeting 3 of 4 components with a PIP in place for staffing.
- Legionnaires – Administrator educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

### **SURVEY INFORMATION**

The Administrator reports that the state has not been back to the facility since their full book in May and their POC has been accepted.

### **REPORTABLE INCIDENTS**

In **March/April/May 2025**-2 self-reports, both cleared.

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

#### **Incidents/Falls:**

The Heights of Tomball had 54 total falls without injury (23 repeat falls) and 13 falls with injury, 8 received skin tears, 1 Fracture, 0 Lacerations, 0 behaviors and 4 bruises. The facility has a PIP in place for falls.

#### **Infection Control:**

Facility reports 139 total infections – 58 UTI's; 37 Respiratory infections; 7 EENT infections; 0 Blood infections; 23 Wound infections; 6 GI infections and 8 Other infections and there is a PIP in place for infections.



**Weight loss:**

The Heights of Tomball reported Weight loss information to include 17 total residents with weight loss. Of which 12 has a loss of 5-10% and 4 with a > 10% loss. There is a PIP in place for weights.

**Pressure Ulcers:**

There were 17 residents with 22 pressure ulcer sites - 4 acquired in house.

**Restraints:**

The Heights of Tomball is a restraint free facility.

**QA STAFFING COMPONENT COMPLETE?**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2		1 (6a-6p)	1 (6a-6p)			
2 to 10			1			
10 to 6						
Other						
# Hired this month	1		9		1	
# Quit/Fired	0		0			

**Total number employees: 161 Turnover rate%: 81 (annualized)**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	6%	19.3%	19.8%	
Fall w/Major Injury (L)	4.3%	3.4%	3.4%	PIP in place
UTI (L)	0.0%	0.8%	1.9%	
High risk with pressure ulcers (L)	1.1%	5.6%	6.8%	
Loss of Bowel/Bladder Control(L)	14.8%	16.8.0%	21.8%	
Catheter(L)	0.0%	0.7%	1.5%	
Physical restraint(L)	0.0%	0.0%	0.1%	
Residents whose ability to walk independently worsened (L)	9.5%	19.3%	20.7%	
Excessive Weight Loss(L)	0.0%	4.1%	6.3%	
Depressive symptoms(L)	0.0%	2.9%	11.1%	
Antipsychotic medication (L)	6.7%	8.1%	14.8%	

**PHARMACY Consultant reports/visit/ med destruction? Monthly Visits for Pharmacy and every other month GDR**

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



# of Antidepressants (attempts 5 successful 4 failed 1)  
 # of Antipsychotic (attempts 6 successful 3 failed 3)  
 # of Sedatives (attempts 2 successful 2 failed 0)

**DIETICIAN Recommendation concerns/Follow Up:** Addressed per weekly report, no concerns

**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-10, all resolved**

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** N/A

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES: PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	4.3%	4.3%	N/Y	INSERVICES ON TRANSFER, SAFETY, KARDEX
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	0.8%	0.0%	0.0%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	4,1%	0.0%	0.0%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	8.1%	6.7%	6.7%	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	19.3%	10.5%	9.5%	Y	



**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	N	2.09	2.14		N	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	N	1.10	1.18		N	Working on a PIP
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	N	3.19	3.32		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>						

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

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



<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	11.1%	0.0%	0.0%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	7.5%	3%	3%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	21.8%	16.8%	15%	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	5.6%	1.1%	1.1%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0.5%	0.0%	0.0%	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 105: 6 PP; 5 MC; 57 MCD +8 pending; 20 HMO; 7 Hospice.

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 reported they are still able to allocate vaccinations (newest one) in-house for residents.

The facility tries to provide regular outings to the store and for Bingo when transportation is available. 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 had a barbeque, fireworks and a singing group for the 4<sup>th</sup> of July. The Administrator reports the facility is planning a water gun contest in the next few weeks.

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 CNA week. The Administrator reports the facility is also planning a backpack drive for staff and residents will be participating.

The grounds and parking lot looked well-kept and neat. The lobby was neat, clean, and odor-free. The inside entrance of the facility was nicely decorated with tasteful decorations and appeared clean. The facility has an automated screening computer for all visitors with a box of masks and hand sanitizer available.

The floors were clean and means of egress were clear for all hallways. The residents' rooms observed were clean with no odors or safety issues detected. Multiple fire extinguishers observed throughout facility with current inspection dates. The resident activity calendar was posted for July.

The oxygen supply closet floor was dirty, but all the canisters were in a rack and appropriate signage for full and empty canisters posted. The central supply closet was clean and organized but there were 2 boxes and 3 cloth bags of supplies directly on the floor. The shower room had just been used, floor still wet but no odors and nothing on the floor.



Multiple medication carts observed and noted to be locked with water pitchers appropriately dated. The medication room was messy, but the refrigerator temperature logs were current, and the E-kit certificate had an expiration date of 3/31/2026.

The laundry room was clean and organized and lint logs were up to date and no lint was found on dryer that was checked. No chemicals or boxes noted to be on the floor.

The main dining room was clean, and menus were posted for the day. The kitchen floors and counters and can opener/plate were all clean. The refrigerator, freezer temperature logs, and chemical logs were all up to date. Noted three trays of drinks and 2 trays of fruit cocktail in refrigerator without dates, fixed during tour. Walk in freezer door was now fixed. The dry storage area was organized, and ceiling height requirements met.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 – QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. The facility is currently meeting only component one and they have PIPs in place for components 3 & 4, and they are awaiting further direction from corporate for component 2.
- Legionnaires – Administrator educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

### **SURVEY INFORMATION**

Administrator reports they have not had the state in the building since June when they received the IJ. The 2567 was received and they have submitted their POC.

### **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
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/TYPE OF GRIEVANCES (RESOLVED OR NOT)** –17 and all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** NA

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

**DIETARY PIP/CONCERNS:** received tag for serving expired milk

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** New Manager.

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

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

**MDS PIPS/CONCERNS:** None

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<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 bladder	2.0	0.0	7.59	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 92: 2 PP, 7 MCR, 53+ 4 pending MCD, 18 HMO, 4 Hospice and 4 VA. 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 in person. The Administrator was available and very helpful and reports the facility currently has 3 residents on isolation (1 admitted with) and no staff who are COVID\_19 positive.

The Administrator reports that the facility had a celebration for 4<sup>th</sup> of July, and they are planning a trip to Kima boardwalk soon.

The Administrator reports the facility has a Director of Talent and the facility continues to follow the AHCA calendar for recognizing each department. The facility celebrated National Egg Roll Day, and they are planning a back-to-school bonanza for staff and their children.

The outside of the facility was clean with a well-manicured lawn. The lobby was tastefully decorated, and the facility had a receptionist to greet you. The facility has 4 halls, and no specialty units.

The July resident calendar was posted, and residents were gathered in the dining room listening to music per the schedule. Multiple fire extinguishers in different locations throughout the building noted to have up to date inspections. All residents viewed were well groomed. All rooms viewed were neat and clean with no safety concerns observed. The hallways and fire exits were clean and clear.

The Oxygen Room floor was in need of cleaning and there were 2 cannisters on the floor placed in a rack by the Administrator during the tour. The shower room observed was clean with no odors and all chemicals locked up.

The medication room was clean and organized with current temperature logs (except nothing recorded for current am) and E-kit certificate. Medication carts were noted to be clean and appropriately stored and locked. All food and drink items were labeled. The central supply room was clean and organized but there were 2 boxes directly on the floor and OTCs observed were current and in correct date order.



The laundry room was clean and organized with current lint trap logs and all machines in working order. There was 1 empty chemical container on the floor noted by the Administrator.

The dining room was clean and beautifully decorated. The menu for the day was not posted but it was corrected during the tour. The kitchen was clean, and equipment was noted to be clean and properly covered. Items in refrigerator and walk in freezer noted to be properly stored and labeled. The dry storage area was organized with ceiling height requirements met but there was 1 dry ingredient bin that had no label/date. Temperature logs were up to date and the cleaning schedule was being followed. Staff were wearing appropriate PPE and following appropriate infection control guidelines.

There was no major safety concerns identified on the tour.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 – QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. The facility is currently meeting 3 of the 4 components with a PIP in place for catheters.
- Legionnaires – Administrator educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

### **SURVEY INFORMATION**

The Administrator reports the facility had the state in the building last week to investigate 4 complaints that were unsubstantiated with no citations.

### **REPORTABLE INCIDENTS**

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

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

#### **Incidents/Falls:**

Park Manor of Humble had 9 total falls without injury (0 repeat falls) and 2 falls with injury, 4 received 2 skin tears, 0 Elopements, 0 Fractures, 0 Lacerations, 0 behaviors and 0 bruises. The facility has a PIP in place for falls.

#### **Infection Control:**

Facility reports 60 total infections – 8 UTI's; 22 Respiratory infections; 0 EENT infections; 12 Blood infections; 4 Wound infections; 0 Genital infections, 14 GI infections and 0 Other infections and there is a PIP in place for infections.



**Weight loss:**

Park Manor of Humble reported Weight loss information to include 4 total residents with weight loss. Of which 4 has a loss of 5-10% and 0 with a > 10% loss.

**Pressure Ulcers:**

There were 15 residents with 60 pressure ulcer sites - 1 acquired in house.

**Restraints:**

Park Manor of Humble is a restraint free facility.

**QA STAFFING COMPONENT:**

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

**Total number employees: 88 Turnover rate%: 47%**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	6.3%	9.6%	20.1%	
Fall w/Major Injury (L)	6.0%	3.4%	3.4%	PIP in place
UTI (L)	0%	0.9%	2.1%	
High risk with pressure ulcers (L)	3.3%	5.6%	6.5%	
Loss of Bowel/Bladder Control(L)	5.3%	16.8%	21.5%	
Catheter(L)	0%	1.0%	1.7%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	4.8%	19.3%	22.4%	
Excessive Weight Loss(L)	0%	4.1	5.7%	
Depressive symptoms(L)	2.0%	2.9%	10%	
Antipsychotic medication (L)	10.7%	8.1%	14.8%	

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

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# 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\_\_)

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

**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)--** 13  
Grievances, Most identified issue was missing clothes, change in staff and leadership was going on during process. New manager has started 07/23. All resolved.

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** No concerns, group exercises done under gazebo MWF, Bingo outings monthly

**DIETARY PIP/CONCERNS:** New staff, PIP on temping food

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** New Director

**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	1.79%	2.24%	1.79	Yes	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	0%	0%	0%	Yes	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	1.85%	2.49%	1.85%	Yes	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	4.35%	8.35%	4.35%	Yes	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	11.11%	4.36%	11.11%	No	

**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)	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	<b>Yes</b>	<b>1.79</b>		<b>1.92</b>	<b>Y</b>	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	<b>No</b>	<b>1.27</b>		<b>1.22</b>	<b>Y</b>	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD						Info not provided
<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?				Yes		
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?				Yes		
• 8 additional hours non-concurrently scheduled?						
• Additional hours provided by direct care staff?						
• Telehealth used?				Yes		
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
• Agency usage or need d/t critical staffing levels				No		

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Results</b>	<b>Met (5% Improvement) Y/N</b>	<b>Comments</b>
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	2.00%	0.0	1.96%	Yes	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	17.93%	9.26%	Yes	



<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2.00%	0%	1.98%	Yes	
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**OIPP Component 4 – Resident Focus MDS Measures (NSGO-only).** Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	2.85%	4.59%	8.93%	Yes	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0%	1.01%	9.52%	No	PIP in place



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

### **FACILITY INFORMATION**

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

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

The facility has regular outings to the store and for Bingo. The Activity Director reports they had Mother's Day, Father's Day and Juneteenth celebrations as well as a barbeque for 4<sup>th</sup> of July.

The Administrator reports the facility has a Director of Talent and continues with a MAD genius program, birthdays, monthly food provisions and they also do employee of the month program. The facility had celebrations all week for Nurse's and CNA week.

The main outside entrance was well-groomed, and the lobby area was nicely decorated and clean. There are four halls, the 300 hall is for skilled, 100, 200, and 400 halls are for long term residents. Resident rooms were clean, and no safety hazards or odors observed/detected. Fire extinguishers checked throughout the building and all had current inspection dates except the kitchen had not been done yet for July.

Residents had just finished lunch, and they were gathering around the TV and nurse's station.

The medication room was clean and organized. The Ekit was within date, and the temperature log was up to date.

The central supply room was clean and neat, and OTCs were all current and in date order. The O2 closet was clean and neat with all cannisters in a rack and signs posted. The laundry room was clean and organized and all chemicals were off the floor. The lint trap was up to date and all machines were in working order.

Overall, the kitchen was clean, organized and had nothing on the floors. The manager reports the ice machine is cleaned daily and the filter is changed/cleaned monthly. The cooler food items checked were labeled/dated and all logs were up to date. The dry storage area was clean and organized with the ceiling height requirements met and the can opener and plate were clean.

### **EDUCATION PROVIDED**



- Reviewed QIPP year 8 & 9 – QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. The facility is currently meeting 3 of the 4 components.
- Legionnaires – Administrator/DON educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

**SURVEY INFORMATION**

The facility had state in the building 4/15/25 to investigate a complaint resulting in a tag for use of a transfer belt. The POC was desk reviewed and approved. They are in their window for full book.

**REPORTABLE INCIDENTS**

In **April/May/June 2025**- the facility had 0 self-reports.

**CLINICAL TRENDING FOR APRIL/MAY/JUNE 2025**

**Incidents/Falls:**

Park Manor of Cyfair reported - 20 total falls without injury and 6 falls with injury with 4 repeat falls, 1 skin tear, 1 bruise, 0 fractures, 0 behaviors, 2 Lacerations and 0 Elopements.

**Infection Control:**

Park Manor of Cyfair reported a total of 24 infections- 9 UTI's; and 4 Wound infections, 9 Respiratory infections; 0 Blood infections; 0 GI infections; 0 Genital infections; 0 EENT infections and 2 Other infections.

**Weight loss:**

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

**Pressure Ulcers:**

Park Manor Cyfair reported -12 residents with pressure ulcers, totaling 15 sites, 4 of them facility acquired.

**Restraints:**

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

**Staffing:**

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



Other						
# Hired this month	0	0	6	0	2	0
# Quit/Fired	1	4	12	0	0	0

**Total number employees: \_109\_\_\_\_\_ Turnover rate%: 11\_\_\_\_\_**

**CASPER REPORT** Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	8.8 %	19.2%	19.7 %	
Fall w/Major Injury (L)	0 %	3.4 %	3.4 %	
UTI (L)	2.4 %	1.0 %	2.0 %	PIP in place
High risk with pressure ulcers (L)	8.3 %	5.8 %	6.8 %	PIP in place
Loss of Bowel/Bladder Control(L)	0 %	16.9 %	21.5 %	
Catheter(L)	0 %	0.7 %	1.4 %	
Physical restraint(L)	0 %	0 %	0.1 %	
Residents whose ability to walk independently worsened (L)	23.5 %	19.4 %	20.5 %	PIP in place
Excessive Weight Loss(L)	1.3 %	4.2%	6.3 %	
Depressive symptoms(L)	0 %	2.8 %	11.1 %	
Antipsychotic medication (L)	2.5%	8.2 %	14.7 %	

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

# of GDR ATTEMPTS in the month: How many successful?  
 # of Anti-anxiety (attempts 10 successful 10 failed 6 )  
 # of Antidepressants (attempts 24 successful 24 failed 0 )  
 # of Antipsychotic (attempts 12 successful 10 failed 2 )  
 # of Sedatives (attempts 3 successful 3 failed 0 )

**DIETICIAN Recommendation concerns/Follow Up?** Information not provided

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

**TRAUMA INFORMED CARE IDENTIFIED:** None

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY: PIP/CONCERNS:** Food too salty - improved

**ENVIRONMENTAL SERVICES: PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** cosmetic improvements to kitchen, new paint, replace broken/missing floor tiles, sheet rock repairs, new dry storage bins

**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 %	3.86 %	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 %	4.33 %	2.7 %	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14 %	8.16 %	4.05 %	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74 %	11.0 %	28.57 %	N	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	2.24	1.91	1.99	1.91	N	Believe they will meet this measure by end of QIPP Yr
<b>Metric 2:</b> Reported Licensed Nursing HPRD	1.54	1.30	1.36	1.21	N	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	3.78	3.22	3.35	3.12		
<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 %	1.06 %	0 %	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55 %	8.48 %	8.11 %	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	23.06 %	0 %	11.99	Y/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	4.59 %	7.15 %	5.43 %	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01 %	1.16 %	0.00 %	Y	