

# **EXHIBIT “A”**



# RISING TIDE RECOGNITION NOVEMBER

*Winnie - Stowell  
Hospital District*



The Winnie-Stowell Hospital District has been a steadfast partner to East Chambers ISD, consistently investing in the health and well-being of every student. Their ongoing financial support provides critical services—including accident medical insurance, nurse salaries, supplies, vaccinations, and key health screenings—that keep students healthy, safe, and ready to learn. Their commitment doesn't just fill gaps; it lifts the entire district by supporting attendance, academic success, and overall student wellness. Their long-standing generosity and dedication to our Buccaneer community make them a standout choice for Rising Tide Recognition.

**Nominated by Christy Ridgaway**

# RISING TIDE RECOGNITION

THE FOLLOWING AWARD IS GIVEN TO

*Winnie-Stowell Hospital District*

In appreciation for your dedication, support, and ongoing contributions to the ECISD community. Your efforts help lift all Buccaneers and strengthen our schools.

*Andrea Smith*

**ANDREA SMITH**

SUPERINTENDENT



# **EXHIBIT “B-1”**

## Winnie-Stowell Hospital District

## Balance Sheet

11/18/25

As of October 31, 2025

Accrual Basis

	Oct 31, 25
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	190,277.09
102 First Financial Bank	
102b FFB #4846 DACA	930,253.65
102c FFB #7190 Money Market	22,361,458.10
<b>Total 102 First Financial Bank</b>	<b>23,291,711.75</b>
105 TexStar	7,143,290.42
108 Nursing Home Banks Combined	3,972,018.91
<b>Total Checking/Savings</b>	<b>34,597,298.17</b>
<b>Other Current Assets</b>	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	88,339,642.46
115 Riceland Hospital Rec.	507,600.82
116 - A/R CHOW - LOC	
116.80 OG LOC Oak Grove	903,288.10
<b>Total 116 - A/R CHOW - LOC</b>	<b>903,288.10</b>
117 NH - QIPP Prog Receivable	65,571,104.75
119 Prepaid IGT	21,205,539.23
<b>Total Other Current Assets</b>	<b>176,721,485.18</b>
<b>Total Current Assets</b>	<b>211,318,783.35</b>
<b>Fixed Assets</b>	3,885,494.31
<b>Other Assets</b>	
118.01 Prepaid NH Fees	12,806.48
<b>Total Other Assets</b>	<b>12,806.48</b>
<b>TOTAL ASSETS</b>	<b>215,217,084.14</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	4,121,294.02
201 NHP Accounts Payable	35,200,193.97
206 FFB Loan 26	14,644,894.33
206 FFB Loan 27	31,670,100.00
235 Payroll Liabilities	6,536.31
240 Accounts Payable NH Oper.	92,404,694.71
<b>Total Other Current Liabilities</b>	<b>178,047,713.34</b>
<b>Total Current Liabilities</b>	<b>178,047,713.34</b>
<b>Total Liabilities</b>	<b>178,047,713.34</b>
<b>Equity</b>	37,169,370.80
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>215,217,084.14</b>

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

	Jan - Oct 25	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	750,548.96	850,000.00	-99,451.04	88.3%
405 Investment Income	541,638.19	750,000.00	-208,361.81	72.2%
407 Rental Income	44,000.00	42,000.00	2,000.00	104.8%
409 Tobacco Settlement	18,002.15	15,000.00	3,002.15	120.0%
415 Nursing Home - QIPP Program	101,391,855.19	123,487,690.00	-22,095,834.81	82.1%
<b>Total Income</b>	<b>102,746,044.49</b>	<b>125,144,690.00</b>	<b>-22,398,645.51</b>	<b>82.1%</b>
<b>Gross Profit</b>	<b>102,746,044.49</b>	<b>125,144,690.00</b>	<b>-22,398,645.51</b>	<b>82.1%</b>
<b>Expense</b>				
<b>500 Admin</b>				
501 Admin-Administrative Salary	62,500.00	75,000.00	-12,500.00	83.3%
502 Admin-Administrative Assnt	24,521.58	46,860.00	-22,338.42	52.3%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	6,649.51	9,500.00	-2,850.49	70.0%
505 Admin-Board Bonds	200.00	250.00	-50.00	80.0%
506 Admin - Emp. Insurance	57,398.52	81,000.00	-23,601.48	70.9%
507 Admin-Retirement	12,544.56	14,000.00	-1,455.44	89.6%
515 Admin-Bank Service Charges	1,529.12	2,000.00	-470.88	76.5%
521 Professional Fees - Accntng	7,642.25	12,000.00	-4,357.75	63.7%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	3,200.00	50,000.00	-46,800.00	6.4%
550 Admin-D&O / Liability Ins.	15,295.77	20,000.00	-4,704.23	76.5%
560 Admin-Cont Ed, Travel	3,238.76	6,500.00	-3,261.24	49.8%
562 Admin-Travel&Mileage Reimb.	1,904.23	2,500.00	-595.77	76.2%
569 Admin-Meals	3,588.94	3,500.00	88.94	102.5%
570 Admin-District/County Prom	2,000.00	5,000.00	-3,000.00	40.0%
571 Admin-Office Supp. & Exp.	17,707.75	25,000.00	-7,292.25	70.8%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	3,636.09	5,000.00	-1,363.91	72.7%
575 Admin-Cell Phone Reimburse	1,500.00	1,800.00	-300.00	83.3%
576 Admin-Telephone/Internet	3,254.98	3,500.00	-245.02	93.0%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	1,759.06	3,000.00	-1,240.94	58.6%
592 Admin Office Rent	3,400.00	4,080.00	-680.00	83.3%
593 Admin-Utilities	2,962.91	4,000.00	-1,037.09	74.1%
594 Admin-Casualty & Windstorm	0.00	2,800.00	-2,800.00	0.0%
597 Admin-Flood Insurance	1,549.00	1,800.00	-251.00	86.1%
598 Admin-Building Maintenance	9,004.57	15,000.00	-5,995.43	60.0%
<b>Total 500 Admin</b>	<b>248,882.60</b>	<b>439,485.00</b>	<b>-190,602.40</b>	<b>56.6%</b>
<b>600 - IC Healthcare Expenses</b>				
<b>601 IC Provider Expenses</b>				
601.01a IC Pmt to Hosp-Indigent	417,107.35	435,700.00	-18,592.65	95.7%
601.01b IC Pmt to Coastal (Ind)	7,721.61	25,000.00	-17,278.39	30.9%
601.01c IC Pmt to Thompson	9,574.38	18,000.00	-8,425.62	53.2%
601.02 IC Pmt to UTMB	412,613.93	300,000.00	112,613.93	137.5%
<b>601.03 IC Special Programs</b>				
601.03a Dental	16,624.00	30,000.00	-13,376.00	55.4%
601.03b IC Vision	1,520.00	2,750.00	-1,230.00	55.3%
601.04 IC-Non Hosp Cost-Other	29,634.09	35,000.00	-5,365.91	84.7%
601.05 IC - Chairty Care Prog	351.69	25,000.00	-24,648.31	1.4%
<b>Total 601.03 IC Special Programs</b>	<b>48,129.78</b>	<b>92,750.00</b>	<b>-44,620.22</b>	<b>51.9%</b>
<b>Total 601 IC Provider Expenses</b>	<b>895,147.05</b>	<b>871,450.00</b>	<b>23,697.05</b>	<b>102.7%</b>
602 IC-WCH 1115 Waiver Prog	507,385.71	420,000.00	87,385.71	120.8%
603 IC-Pharmaceutical Costs	37,948.37	80,000.00	-42,051.63	47.4%
605 IC-Office Supplies/Postage	477.27	2,000.00	-1,522.73	23.9%
610 IC-Community Health Prog.	93,244.10	111,893.00	-18,648.90	83.3%
611 IC-Indigent Care Dir Salary	50,000.00	60,000.00	-10,000.00	83.3%
612 IC-Payroll Taxes -Ind Care	3,876.00	4,500.00	-624.00	86.1%
615 IC-Software	20,230.00	25,000.00	-4,770.00	80.9%
616 IC-Travel	37.50	1,000.00	-962.50	3.8%
<b>617 Youth Programs</b>				
617.01 Youth Counseling	3,655.00	25,000.00	-21,345.00	14.6%
617.02 Irlen Program	500.00	1,600.00	-1,100.00	31.3%
<b>Total 617 Youth Programs</b>	<b>4,155.00</b>	<b>26,600.00</b>	<b>-22,445.00</b>	<b>15.6%</b>
<b>Total 600 - IC Healthcare Expenses</b>	<b>1,612,501.00</b>	<b>1,602,443.00</b>	<b>10,058.00</b>	<b>100.6%</b>

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

	Jan - Oct 25	Budget	\$ Over Budget	% of Budget
<b>620 WSHD - Grants</b>				
620.01 WCH/RMC	218,278.87	115,000.00	103,278.87	189.8%
620.02 Chambers Cty	34,307.00			
620.03 WSVEMS	268,966.73	265,403.04	3,563.69	101.3%
620.05 East Chambers ISD	189,856.36	278,165.04	-88,308.68	68.3%
620.06 FQHC(Coastal)	753,197.05	823,734.00	-70,536.95	91.4%
620.09 Admin-Cont Ed-Med Pers.	5,306.86	8,647.44	-3,340.58	61.4%
<b>Total 620 WSHD - Grants</b>	<b>1,469,912.87</b>	<b>1,490,949.52</b>	<b>-21,036.65</b>	<b>98.6%</b>
<b>630 NH Program</b>				
630 NH Program-Mgt Fees	38,409,379.53	44,776,079.56	-6,366,700.03	85.8%
631 NH Program-IGT	49,644,009.70	59,470,097.67	-9,826,087.97	83.5%
632 NH Program-Telehealth Fees	301,507.10	400,000.00	-98,492.90	75.4%
633 NH Program-Acctg Fees	68,780.25	100,000.00	-31,219.75	68.8%
634 NH Program-Legal Fees	145,101.25	350,000.00	-204,898.75	41.5%
635 NH Program-LTC Fees	4,294,000.00	5,118,000.00	-824,000.00	83.9%
637 NH Program-Interest Expense	2,475,347.35	4,895,659.55	-2,420,312.20	50.6%
638 NH Program-Loan/Bank Fees	332,932.20	655,734.76	-322,802.56	50.8%
639 NH Program-Appraisal	7,759.00	96,000.00	-88,241.00	8.1%
641 NH Program-NH Manager	14,590.00	20,400.00	-5,810.00	71.5%
<b>Total 630 NH Program</b>	<b>95,693,406.38</b>	<b>115,881,971.54</b>	<b>-20,188,565.16</b>	<b>82.6%</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%
675.04 Seabreeze Prop. Expenses	23,406.20			
<b>Total 675 HWY 124 Expenses</b>	<b>59,487.59</b>	<b>52,500.00</b>	<b>6,987.59</b>	<b>113.3%</b>
<b>Total Expense</b>	<b>99,648,856.11</b>	<b>123,967,349.06</b>	<b>-24,318,492.95</b>	<b>80.4%</b>
<b>Net Ordinary Income</b>	<b>3,097,188.38</b>	<b>1,177,340.94</b>	<b>1,919,847.44</b>	<b>263.1%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	377,373,051.18			
<b>Total Other Income</b>	<b>377,373,051.18</b>			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	377,373,051.18			
<b>Total Other Expense</b>	<b>377,373,051.18</b>			
<b>Net Other Income</b>	<b>0.00</b>			
<b>Net Income</b>	<b>3,097,188.38</b>	<b>1,177,340.94</b>	<b>1,919,847.44</b>	<b>263.1%</b>

# **EXHIBIT “B-2”**

	2025 YTD - October	2025 Original Approved Budget	% of Budget Used	2025 Proposed Budget	\$ Change in Budget	% Change in Budget	Notes
<b>Revenue</b>							
400 Sales Tax Revenue	\$ 750,549	\$ 850,000	88%	\$ 850,000	\$ -	0%	
405 Investment Income	\$ 541,638	\$ 750,000	72%	\$ 600,000	\$ (150,000)	-25%	Interest income adjusted due to timing issues with QIPP payments and making loan payments up front; therefor losing interest while waiting for Comp 1 funds to cover loan payments already made
407 Rent-Highway 124	\$ 44,000	\$ 42,000	105%	\$ 42,000	\$ -	0%	
409 Tobacco Settlement	\$ 18,002	\$ 15,000	120%	\$ 15,000	\$ -	0%	
415 Nursing Home-QIPP Programs	\$ 101,391,855	\$ 123,487,690	82%	\$ 128,420,184	\$ 4,932,494	4%	New estimates from updated HHSC suggested IGT file.
<b>Total Income</b>	<b>\$ 102,746,044</b>	<b>\$ 125,144,690</b>	<b>82%</b>	<b>\$ 129,927,184</b>	<b>\$ 4,782,494</b>	<b>4%</b>	
<b>Expenses</b>							
500 Admin-Administrative Salary	\$ 62,500	\$ 75,000	83%	\$ 75,000	\$ -	0%	Victoria's current salary
502 Admin-Administrative Assnt	\$ 24,522	\$ 46,860	52%	\$ 46,860	\$ -	0%	\$34,320 is current annual salary for admin asst.
503 Admin - Staff Incentive Pay	\$ -	\$ 8,500	0%	\$ 8,500	\$ -	0%	5% EOY bonuses
504 Admin-Administrative PR Tax	\$ 6,650	\$ 9,500	70%	\$ 9,500	\$ -	0%	
505 Admin-Board Bonds	\$ 200	\$ 250	80%	\$ 250	\$ -	0%	
506 Admin-Emp. Insurance	\$ 57,399	\$ 81,000	71%	\$ 81,000	\$ -	0%	First full year of insurance coverage
507 Admin-Retirement	\$ 12,545	\$ 14,000	90%	\$ 15,000	\$ 1,000.00	7%	Increase due to Administrative Assistant enrolled in TCERS
515 Admin-Bank Service Charges	\$ 1,529	\$ 2,000	76%	\$ 2,000	\$ -	0%	
521 Professional Fees-Acting	\$ 7,642	\$ 12,000	64%	\$ 12,000	\$ -	0%	
522 Professional Fees-Auditing	\$ -	\$ 34,000	0%	\$ 34,000	\$ -	0%	
523 Professional Fees-Legal	\$ 3,200	\$ 50,000	6%	\$ 50,000	\$ -	0%	
550 Admin-D&O / Liability Ins.	\$ 15,296	\$ 20,000	76%	\$ 20,000	\$ -	0%	
560 Admin-Cont Ed, Travel	\$ 3,239	\$ 6,500	50%	\$ 6,500	\$ -	0%	
562 Admin-Travel&Mileage Reimb.	\$ 1,904	\$ 2,500	76%	\$ 2,500	\$ -	0%	
569 Admin-Meals	\$ 3,589	\$ 3,500	103%	\$ 4,700	\$ 1,200.00	26%	
570 Admin-District/County Prom	\$ 2,000	\$ 5,000	40%	\$ 5,000	\$ -	0%	
571 Admin-Office Supp. & Exp.	\$ 17,708	\$ 25,000	71%	\$ 25,000	\$ -	0%	
572 Admin-Web Site	\$ -	\$ 1,000	0%	\$ 1,000	\$ -	0%	
573 Admin-Copier Lease/Contract	\$ 3,636	\$ 5,000	73%	\$ 5,000	\$ -	0%	
575 Admin-Cell Phone Reimburse	\$ 1,500	\$ 1,800	83%	\$ 1,800	\$ -	0%	\$75/month for Victoria and Tina
576 Admin-Telephone/Internet	\$ 3,255	\$ 3,500	93%	\$ 4,000	\$ 500.00	13%	Increase in monthly bill from Technology Solutions
577 Admin Dues	\$ 1,895	\$ 1,895	100%	\$ 1,895	\$ -	0%	
591 Admin-Notices & Fees	\$ 1,759	\$ 3,000	59%	\$ 3,000	\$ -	0%	
592 Admin Office Rent	\$ 3,400	\$ 4,080	83%	\$ 4,080	\$ -	0%	
593 Admin-Utilities	\$ 2,963	\$ 4,000	74%	\$ 4,000	\$ -	0%	
594 Admin-Casualty & Windstorm	\$ -	\$ 2,800	0%	\$ 2,800	\$ -	0%	
597 Admin-Flood Insurance	\$ 1,549	\$ 1,800	86%	\$ 1,800	\$ -	0%	
598 Admin-Building Maintenance	\$ 9,005	\$ 15,000	60%	\$ 15,000	\$ -	0%	
<b>Total Admin Expenses</b>	<b>\$ 248,883</b>	<b>\$ 439,485</b>	<b>57%</b>	<b>\$ 442,185</b>	<b>\$ 2,700.00</b>	<b>1%</b>	

	2025 YTD - October	2025 Original Approved Budget	% of Budget Used	2025 Proposed Budget	\$ Change in Budget	% Change in Budget	Notes
<b>600 IC Healthcare Expenses</b>							
<b>601 IC Provider Expenses</b>							
601.01a IC Pmt to Hosp-Indigent	\$ 419,351	\$ 435,700	96%	\$ 500,000	\$ 64,300	13%	
601.01b IC Pmt to Coastal (Ind)	\$ 7,722	\$ 25,000	31%	\$ 25,000	\$ -	0%	
601.01c IC Pmt to Thompson	\$ 9,574	\$ 18,000	53%	\$ 18,000	\$ -	0%	
601.02 IC Pmt to UTMB	\$ 412,614	\$ 300,000	138%	\$ 525,000	\$ 225,000	43%	Increase due to 7 people maxed of benefits in current year due to brain surgery, cancer treatment, and various other surgeries.
601.03 IC-Special Programs							
601.03a Dental	\$ 16,624	\$ 30,000	55%	\$ 30,000	\$ -	0%	
601.03b IC Vision	\$ 1,520	\$ 2,750	55%	\$ 2,750	\$ -	0%	
601.04 IC-Non Hosp Cost-Other	\$ 27,391	\$ 35,000	78%	\$ 35,000	\$ -	0%	Includes any other IC payments not in another specific category
601.05 IC - Charity Care Prog	\$ 352	\$ 25,000	1%	\$ 25,000	\$ -	0%	
Total 601.03 IC-Non Hosp-Specl Pro	\$ 45,887	\$ 92,750	49%	\$ 92,750	\$ -	0%	
<b>601 IC Provider Expenses Total</b>	<b>\$ 895,147</b>	<b>\$ 871,450</b>	<b>103%</b>	<b>\$ 1,160,750</b>	<b>\$ 289,300</b>	<b>25%</b>	
602 IC-WCH 1115 Waiver UC/IGT Prog	\$ 507,386	\$ 420,000	121%	\$ 510,000	\$ 90,000	18%	New IGT amounts for Riceland for ATLAS program and increase for Uncompensated Care IGT
603 IC-Pharmaceutical Costs	\$ 37,948	\$ 80,000	47%	\$ 80,000	\$ -	0%	
605 IC-Office Supplies/Postage	\$ 477	\$ 2,000	24%	\$ 2,000	\$ -	0%	
610 IC-Community Health Worker Program	\$ 93,244	\$ 11,893	83%	\$ 11,893	\$ -	0%	From previous budget presented by Patricia.
611 IC-Indigent Care Dir Salary	\$ 50,000	\$ 60,000	83%	\$ 60,000	\$ -	0%	
612 IC-Payroll Taxes -Ind Care	\$ 3,876	\$ 4,500	86%	\$ 4,800	\$ 300.00	6%	
615 IC-Software	\$ 20,230	\$ 25,000	81%	\$ 25,000	\$ -	0%	Increase in monthly software cost.
616 IC-Travel	\$ 38	\$ 1,000	4%	\$ 1,000	\$ -	0%	conferences for new IC director
617 Youth Programs							
617.01 Youth Counseling	\$ 3,655	\$ 25,000	15%	\$ 25,000	\$ -	0%	
617.02 Irlen Program	\$ 500	\$ 1,600	31%	\$ 1,600	\$ -	0%	
Total 617 Youth Programs	\$ 4,155	\$ 26,600	16%	\$ 26,600	\$ -	0%	
<b>Total 600 - IC Healthcare Expenses</b>	<b>\$ 1,612,501</b>	<b>\$ 1,602,443</b>	<b>101%</b>	<b>\$ 1,982,043</b>	<b>\$ 379,600</b>	<b>19%</b>	Most of the increase is due to the unexpected IGT for Uncompensated Care.
<b>620 Grants</b>							
620.01 WCH/RMC	\$ 218,279	\$ 115,000	190%	\$ 218,500	\$ 103,500	47%	Grant for Computers and 1st half of Chiller payment
620.02 Chmabers County	\$ 34,307	\$ -	0%	\$ 34,500	\$ 34,500	100%	Vehicle for Chambers County www.wv.gov/county/30,799; Chest Compression Systems (2)
620.03 WSVEMS	\$ 268,967	\$ 265,403	101%	\$ 269,000	\$ 3,597	1%	\$70,657.89; Vent \$35,236.15; Payroll \$152,774.40; Additional
620.05 East Chambers ISD Partnersh	\$ 189,856	\$ 278,165	68%	\$ 278,165	\$ -	0%	
620.06 FQHC(Coastal)	\$ 753,197	\$ 823,734	91%	\$ 890,486	\$ 66,752	7%	Amount on Coastal grant request; Additional amount added due to leftover funds from prior year grant being used in current year and then due to receive 11 grant payments for current year grant
620.09 Admin-Cont Ed-Med Pers.	\$ 5,307	\$ 8,647	61%	\$ 8,647	\$ -	0%	Monthly payment for Ben Odom student loans. \$720.62/month
<b>Total 620 WSHD - Grants</b>	<b>\$ 1,469,913</b>	<b>\$ 1,490,950</b>	<b>99%</b>	<b>\$ 1,699,299</b>	<b>\$ 208,349</b>	<b>12%</b>	

	2025 YTD - October	2025 Original Approved Budget	% of Budget Used	2025 Proposed Budget	\$ Change in Budget	% Change in Budget	Notes
<b>630 NH Program</b>							
630 NH Program-Mgt Fees	\$ 38,409,380	\$ 44,776,080	86%	\$ 47,201,843	\$ 2,425,764	5%	New estimates from updated HHSC suggested IGT file.
631 NH Program-IGT	\$ 49,644,010	\$ 59,470,098	83%	\$ 60,939,016	\$ 1,468,918	2%	New estimates from updated HHSC suggested IGT file.
632 NH Program-Telehealth Fees	\$ 301,507	\$ 400,000	75%	\$ 400,000	\$ -	0%	
633 NH Program-Acctg Fees	\$ 68,780	\$ 100,000	69%	\$ 100,000	\$ -	0%	
634 NH Program-Legal Fees	\$ 145,101	\$ 350,000	41%	\$ 350,000	\$ -	0%	
635 NH Program-LTC Fees	\$ 4,294,000	\$ 5,118,000	84%	\$ 5,216,000	\$ 98,000	2%	Addition of new homes for YR 9
637 NH Program-Interest Expense	\$ 2,475,347	\$ 4,895,660	51%	\$ 4,895,660	\$ -	0%	
638 NH Program-Loan/Bank Fees	\$ 332,932	\$ 655,735	51%	\$ 655,735	\$ -	0%	
639 NH Program-Appraisal	\$ 7,759	\$ 96,000	8%	\$ 96,000	\$ -	0%	
641 NH Program - NH Manager	\$ 14,590	\$ 20,400	72%	\$ 20,400	\$ -	0%	New position of NH Manager added in previous year
<b>Total 630 NH Program</b>	\$ 95,693,406	\$ 115,881,972	83%	\$ 119,874,653	\$ 3,992,682	3%	
674 Property Acquisition	\$ 564,666	\$ 4,500,000	13%	\$ 4,500,000	\$ -	0%	Do we have plans to spend anymore funds on property acquisition?
<b>675 HWY 124 Expenses</b>							
675.01 Tony's BBQ Bldg Expenses	\$ 25,709	\$ 25,000	103%	\$ 26,000	\$ 1,000	4%	Property taxes and insurance
675.02 Clinic Expenses	\$ -	\$ 10,000	0%	\$ 10,000	\$ -	0%	
675.03 Clinic Property Insurance	\$ 10,373	\$ 17,500	59%	\$ 17,500	\$ -	0%	
675.04 Seabreeze Prop. Expenses	\$ 23,406	\$ -		\$ 25,500	\$ 25,500	0.00%	\$19,500 for Geotech survey cost, monthly cost for lawn maintenance
<b>Total 675 HWY 124 Expenses</b>	\$ 59,488	\$ 52,500	113%	\$ 79,000	\$ 26,500	50%	
<b>Total Expense</b>	\$ 99,648,856	\$ 123,967,349	80%	\$ 128,577,180	\$ 4,609,831	4%	
<b>Total Ordinary Income</b>	\$ 3,097,188	\$ 1,177,341		\$ 1,350,004	\$ 172,663	15%	

# **EXHIBIT “B-3”**

**CHOW Interim Working Capital Loan**

	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
<b>Golden Triangle (10 Months - December 31, 2025)</b>					
RS Golden Triangle - Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$316,845.80	\$877,288.10
Balance Owed by Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$316,845.80	\$877,288.10
<b>Total CHOW Loan Outstanding</b>	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$316,845.80</b>	<b>\$877,288.10</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**

<b>Annual Interest Rate:</b>	7.00%	<b>Payments Per Year:</b>	12	<b>Origination Fee:</b>	\$302,900.00
<b>Years:</b>	1	<b>Amount:</b>	\$29,324,000.00		
<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)	\$29,324,000.00
2-January 25, 2025			(\$175,536.72)	(\$175,536.72)	\$29,324,000.00
3-February 25, 2025			(\$176,758.56)	(\$176,758.56)	\$29,324,000.00
4-March 25, 2025			(\$159,652.89)	(\$159,652.89)	\$29,324,000.00
5-April 25, 2025			(\$176,758.55)	(\$176,758.55)	\$29,324,000.00
6-May 25, 2025			(\$171,056.67)	(\$171,056.67)	\$29,324,000.00
7-June 25, 2025			(\$171,056.67)	(\$171,056.67)	\$29,324,000.00
8-July 25, 2025			(\$171,056.67)	(\$171,056.67)	\$29,324,000.00
9-August 25, 2025 (YR8 Q3)	\$14,679,105.67	(\$14,679,105.67)	(\$159,652.89)	(\$14,838,758.56)	\$14,644,894.33
10-September 25, 2025	\$0.00	\$0.00	(\$96,819.03)	(\$96,819.03)	\$14,644,894.33
11-October 25, 2025	\$0.00	\$0.00	(\$81,665.62)	(\$81,665.62)	\$14,644,894.33
12-November 25, 2025 (YR8 Q4)	\$14,644,894.33	(\$14,644,894.33)	(\$82,479.23)	(\$14,727,373.56)	\$0.00
<b>Amount Paid</b>	<b>\$29,324,000.00</b>	<b>(\$29,324,000.00)</b>	<b>(\$1,734,698.51)</b>	<b>(\$31,058,698.51)</b>	

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

<b>Annual Interest Rate:</b>	7.00%	<b>Payments Per Year:</b>	12	<b>Origination Fee:</b>	\$323,700.00
<b>Years:</b>	1	<b>Amount:</b>	\$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			(\$215,532.62)	(\$215,532.62)	\$31,670,100.00
2-September 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
3-October 25, 2025			(\$190,900.33)	(\$190,900.33)	\$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, 2025			(\$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>(\$1,976,742.08)</b>	<b>(\$32,449,850.12)</b>	

**District's Investments**

	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
<b>*CD at First Financial Bank Bank</b>					
<b>UPDATE</b>					
Money Market-First Financial Bank	\$21,288,241.64	3.50%	October 2025	\$75,202.46	\$225,822.76
Texstar C.D. #1110	\$7,143,290.42	4.116%	October 2025	\$24,888.74	\$308,401.82

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

\_\_\_\_\_  
Edward Murrell,  
President  
  
Date: \_\_\_\_\_

\_\_\_\_\_  
Robert "Bobby" Way  
Treasurer/Investment Officer  
  
Date: \_\_\_\_\_

\*Italics are Estimated amounts

**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, November 19, 2025</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$1,633.00	Prosperity Operating (Unrestricted)	\$327,529.64
Brookshire Brothers	Indigent Care		\$1,742.10	First Financial DACA (Unrestricted)	\$472,075.17
CABA Therapy Services dba Physio	SP Program		\$1,246.80	First Financial DACA (Restricted)	\$272,681.22
Coastal Gateway Health Center	Indigent Care		\$1,148.98	First Financial Money Market	\$21,288,241.64
D & Co LLP	Auditor Inv# 13448		\$38,407.74	TexStar (Restricted)	\$7,143,290.42
Kalos Counseling	Youth Counseling		\$425.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$1,298.41	Total District Funds	<b>\$29,503,818.09</b>
UTMB at Galveston	Indigent Care		\$42,534.21	Less First Financial (Restricted)	(\$272,681.22)
UTMB Faculty Group Practice	Indigent Care		\$6,478.66	Less TexStar Restricted Amount	(\$500,000.00)
Wilcox Pharmacy	Indigent Care /Charity Care		\$1,928.76	Less LOC Outstanding	\$0.00
Function4	INV1249101		\$135.00	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51598		\$7,490.00	Less Committed Funds (See Total Commitment)	(\$93,717.37)
Graciela Chavez	Invoice 965991		\$140.00	Cash Position (Less First Financial Restricted)	<b>\$28,637,419.50</b>
US Department of Education	Acct# 177877782 - Benjamin Odom		\$1,078.34	Pending Expenses	(\$197,509.96)
3Branch & More	Inv # 45974		\$9,324.41	Ending Balance (Cash Position Pending Expenses)	\$28,439,909.54
Technology Solutions	Inv # 1997		\$165.55	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	<b>\$29,943,331.69</b>
Indigent Healthcare Solutions	Indigent Care Inv# 80861		\$2,023.00	<b>Prior Month</b>	
Vidal Accounting Services	Invoice 00116		\$7,367.50	Prosperity Operating (Unrestricted)	\$458,115.37
Winnie Family Dental	SP Program		\$378.00	First Financial (Unrestricted)	\$297,393.00
Hubert Oxford	Retainer		\$1,000.00	First Financial (Restricted)	\$776,449.43
Curtis Scott Johnson	Inv WSHD202509 & WSHD202510		\$2,920.00	First Financial Money Market	\$22,286,507.61
Coastal Gateway Health Center	Grant Pmt		\$68,644.50	TexStar (Restricted)	\$7,118,401.68
	Total Expenses		\$197,509.96	FFB CD Balance	\$0.00
				Total District Funds	<b>\$30,936,867.09</b>
				Less First Financial (Restricted)	(\$776,449.43)
				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)	(\$149,573.90)
				Cash Position (Less First Financial Restricted)	<b>\$29,510,843.76</b>
				Pending Expenses	(\$215,495.46)
				Ending Balance (Cash Position Pending Expenses)	<b>\$29,295,348.30</b>
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	<b>\$30,932,646.11</b>

First Financial Bank Reconciliations					
FFB Balance	\$744,756.39				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
<b>Adjustments</b>					
QIPP YR 6 IGT Refund	\$231,055.12	\$454,481.66	\$454,481.66	\$0.00	\$0.00
<b>Total QIPP YR 6</b>	<b>\$231,055.12</b>	<b>\$454,481.66</b>	<b>\$454,481.66</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Yr. 8 Q3 (Public &amp; Private)</b>					
Yr. 8, Component Q3	\$41,626.10	\$41,626.10	\$41,626.10	\$0.00	\$0.00
<b>Total QIPP YR 8 Q3 Remaining</b>	<b>\$41,626.10</b>	<b>\$41,626.10</b>	<b>\$41,626.10</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Non-QIPP Funds</b>	
Restricted	\$272,681.22
Unrestricted	\$472,075.17
<b>Total Funds</b>	<b>\$744,756.39</b>

Committed Funds			
Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2024	\$823,734.00	\$753,197.05	\$70,536.95
2. Coastal Marketing Grant	\$276,040.00	\$276,040.00	\$0.00
3. East Chambers ISD	\$278,165.04	\$254,984.62	\$23,180.42
4. WSVEMS Grant	\$265,403.04	\$265,403.04	\$0.00
<b>Total Commitments</b>	<b>\$1,643,342.08</b>	<b>\$1,549,624.71</b>	<b>\$93,717.37</b>

Hospital - DY 8/IRS Repayment			
	Amount Advanced by District	IC Repayment	Balance Owed by RMC
Januray 31, 2025	\$0.00	\$33,594.56	\$400,680.66
February 28, 2025	\$0.00	\$41,471.50	\$359,209.16
March 31, 2025	\$0.00	\$44,205.50	\$315,003.66
April 30, 2025	\$0.00	\$48,113.96	\$266,889.70
May 31, 2025	\$0.00	\$37,682.65	\$229,207.05
June 30, 2025	\$0.00	\$42,442.19	\$186,764.86
July 31, 2025	\$0.00	\$46,220.99	\$140,543.87
August 31, 2025	\$0.00	\$54,845.06	\$85,698.81
September 30, 2025	\$0.00	\$35,138.19	\$50,560.62
October 2, 2025	\$490,432.95	\$0.00	\$540,993.57
October 31, 2025	\$0.00	\$33,392.75	\$507,600.82
	<b>\$2,116,861.95</b>	<b>\$1,609,261.13</b>	<b>\$507,600.82</b>

# **EXHIBIT “B-4”**

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**October 22, 2025 to November 19, 2025**

Type	Date	Num	Name	Memo	Clr	Amount	Balance
<b>100 Prosperity Bank -Checking</b>							206,138.88
Check	10/23/2025		Entergy	ACH, Withdrawal, Processed	X	(115.08)	206,023.80
Check	10/23/2025		Entergy	ACH, Withdrawal, Processed	X	(230.06)	205,793.74
Deposit	10/27/2025		Tony's BBQ	Deposit, Processed	X	3,500.00	209,293.74
Check	10/28/2025	4754	Todd Swonke Agency, LLC	Bond Renewals Inv 17438		(100.00)	209,193.74
Check	10/28/2025	4755	Benckenstein & Oxford	Invoice 51416 Caring Healthcare		(6,800.00)	202,393.74
Liability C...	10/30/2025		QuickBooks Payroll Service	Created by Payroll Service on 10/29/2025	X	(6,398.60)	195,995.14
Paycheck	10/31/2025	DD1456	Carlo, Victoria M	Direct Deposit	X		195,995.14
Paycheck	10/31/2025	DD1457	Davis, Tina R	Direct Deposit	X		195,995.14
Paycheck	10/31/2025	DD1458	Barron, Kiela M	Direct Deposit	X		195,995.14
Check	10/31/2025		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(5,794.70)	190,200.44
Deposit	10/31/2025			Deposit, Processed	X	76.65	190,277.09
Check	11/01/2025	4756	Ethan Kahla	Invoice 110125		(1,000.00)	189,277.09
Liability C...	11/13/2025		QuickBooks Payroll Service	Created by Payroll Service on 11/12/2025		(5,472.05)	183,805.04
Paycheck	11/14/2025	DD1459	Barron, Kiela M	Direct Deposit	X		183,805.04
Paycheck	11/14/2025	DD1460	Carlo, Victoria M	Direct Deposit	X		183,805.04
Paycheck	11/14/2025	DD1461	Davis, Tina R	Direct Deposit	X		183,805.04
Check	11/19/2025		Bayside Dental	10/2025		(1,633.00)	182,172.04
Check	11/19/2025		Brookshire Brothers	10/2025		(1,742.10)	180,429.94
Check	11/19/2025		CABA Therapy Services dba Ph...	10/2025		(1,246.80)	179,183.14
Check	11/19/2025		Coastal Gateway Health Center	10/2025		(1,148.92)	178,034.22
Check	11/19/2025		D&Co	Auditor Inv# 13448		(38,407.74)	139,626.48
Check	11/19/2025		Benjamin Odom	10/2025		(425.00)	139,201.48
Check	11/19/2025		Thompson Outpatient Clinic, LLC	10/2025		(1,298.41)	137,903.07
Check	11/19/2025		UTMB at Galveston	10/2025		(42,534.21)	95,368.86
Check	11/19/2025		UTMB Faculty Group Practice	10/2025		(6,478.66)	88,890.20
Check	11/19/2025		Wilcox Pharmacy	10/2025		(1,928.76)	86,961.44
Check	11/19/2025		Funcion 4-Lease fka Star Grap...	INV1249101		(135.00)	86,826.44
Check	11/19/2025		Benckenstein & Oxford	Invoice No 51598		(7,490.00)	79,336.44
Check	11/19/2025		Graciela Chavez	Invoice 965991		(140.00)	79,196.44
Check	11/19/2025		US Department of Education	Acct #1778777792-1		(1,078.34)	78,118.10
Check	11/19/2025		3Branch & More	Inv # 45974		(9,324.41)	68,793.69
Check	11/19/2025		Technology Solutions of Texas, ...	Inv # 1997		(165.55)	68,628.14
Check	11/19/2025		Indigent Healthcare Solutions, ...	Inv# 80861		(2,023.00)	66,605.14
Check	11/19/2025		Vidal Accounting, PLLC	Invoice 00116		(7,367.50)	59,237.64
Check	11/19/2025		Winnie Family Dental	10/2025		(378.00)	58,859.64
Check	11/19/2025		Hubert Oxford	Retainer for October		(1,000.00)	57,859.64
Check	11/19/2025		Curtis Scott Johnson	Inv WSHD202509 & WSHD202510		(2,920.00)	54,939.64
Check	11/19/2025		Coastal Gateway Health Center	Grant Pmt November		(68,644.50)	(13,704.86)
Total 100 Prosperity Bank -Checking						(219,843.74)	(13,704.86)
<b>102 First Financial Bank</b>							23,397,713.64
<b>102b FFB #4846 DACA</b>							1,110,742.44
Check	10/27/2025			NonQIPP Winnie-Stowell HCCD 1611500560	X	(13,750.00)	1,096,992.44
Check	10/27/2025			UHCNonQIPPWinnie-Stowell HCCD 1611500560	X	(13,750.00)	1,083,242.44
Check	10/27/2025			UHC NONQIPWINNIEMONEYMRKT CCD B611500560	X	(161,100.00)	922,142.44
Deposit	10/30/2025			Transfer from XXX1634 to XXX4846: Conf #:28076209	X	26,000.00	948,142.44
Check	10/31/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...		336.21	948,478.65
Check	10/31/2025			Transfer from XXX4846 to XXX9919: Conf #:28099405		(18,225.00)	930,253.65
Total 102b FFB #4846 DACA						(180,488.79)	930,253.65
<b>102c FFB #7190 Money Market</b>							22,286,971.20
Deposit	10/31/2025			Interest	X	74,486.90	22,361,458.10
Total 102c FFB #7190 Money Market						74,486.90	22,361,458.10
Total 102 First Financial Bank						(106,001.89)	23,291,711.75
<b>TOTAL</b>						<b>(325,845.63)</b>	<b>23,278,006.89</b>

# **EXHIBIT “C”**



**November 19, 2025**

## **WSHD Regular Board Meeting Indigent Care Report**

### **1. Summary:**

In October, the Indigent Care Program maintained 102 clients.

#### **Budget and Billing Update**

As of the current reporting period, the program has utilized **95% of its overall budget**. There are no billing issues to report at this time.

#### **UTMB**

*UTMB has exceeded its allocated budget by approximately 35%, primarily due to the severity and complexity of illnesses among multiple clients.*

- *Seven (7) clients have reached their annual benefit maximums, and an additional two (2) are projected to do so once pending billing for recent procedures and treatments is received.*

#### **Riceland Medical Center**

*Riceland is currently at 96% of its annual budget. The increase is attributed to a rise in emergency room visits and ancillary service charges.*

*If the current utilization trend continues, Riceland is expected to exceed its budget before the end of the fiscal year.*

#### **Non-Contract Services**

*Non-Contract Services are at 80% of budget utilization. This increase reflects emergency care provided at hospitals other than Riceland Medical Center or UTMB.*

*I have notified Makayla of the projected increase to budget that will be required to ensure all services are paid.*

#### **Indigent Care Department**

WSHD participated in Trunk or Treat again this year. Flyers for both the Indigent Care Program and the Community Health Worker Program were distributed by Victoria and Michelle.

Victoria and I attended the TIHCA Conference from 10/21 through 10/24. We obtained valuable information that has been brought back to the district and shared with the Community Health Worker Program.



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

**2. Active Client Trends:**

2025 Indigent Care Statistics	Aug	Sept	Oct	YTD Monthly Average
Indigent Care Clients	94	102	102	95
Youth Counseling	5	6	6	4
Irlen Services	0	0	0	0

**3. Renewals & Approvals:**

October Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	18	6	3	6	2	1
Late Renewals/Previous Client	2	1	1	0	0	0
New Applicants	8	4	0	3	0	1

**Services Usage**

**Youth Counseling:**

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

**Dental:**

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

**Vision Services:**

- Zero (0) clients used their benefit in September.

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

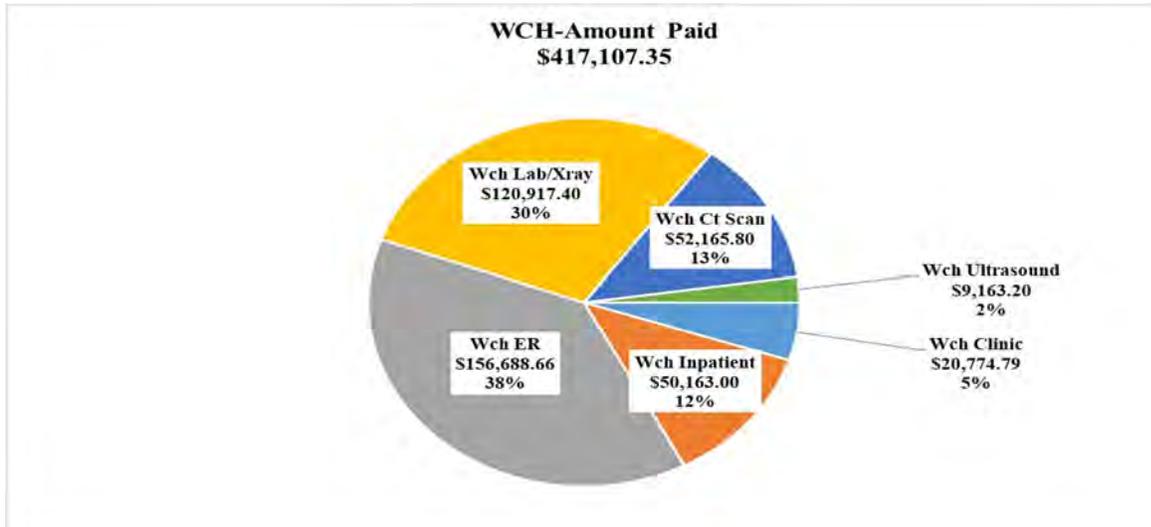
Service Provider	Aug	Sept	Oct	YTD Monthly Average
Local Clinics	\$ 4,869.48	\$ 2,477.58	\$ 3,694.19	\$ 3,004.92
UTMB (Includes Charity Care)	\$ 33,076.44	\$ 75,675.39	\$ 49,012.87	\$ 40,409.99
Riceland Medical Center	\$ 54,845.06	\$ 35,138.19	\$ 33,392.75	\$ 41,710.74
Pharmacy Costs (Includes Charity Care)	\$ 3,312.34	\$ 3,988.25	\$ 3,670.86	\$ 3,854.82
Indigent Special Services (Dental & Vision)	\$ 1,710.00	\$ 4,676.00	\$ 2,011.00	\$ 1,586.00
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 85.00
Non Contract ER Services (Includes WSEMS)	\$ 1,586.17	\$ 547.86	\$ -	\$ 1,730.88
<b>Other Services</b>				
Irlen Services	\$ -	\$ -	\$ -	\$ 50.00
Youth Counseling	\$ 255.00	\$ 255.00	\$ 425.00	\$ 382.50
<b>Total</b>	<b>\$ 99,654.49</b>	<b>\$ 122,758.27</b>	<b>\$ 92,206.67</b>	<b>\$ 79,990.95</b>



**5. YTD Budget Expenditures:**

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$38,274.61	48%
WCH	\$435,700.00	\$417,107.35	96%
UTMB	\$300,000.00	\$404,099.86	135%
Youth Counseling	\$25,000.00	\$3,825.00	15%
Irlen	\$1,600.00	\$500.00	31%
Dental	\$28,000.00	\$14,460.00	52%
Vision	\$2,750.00	\$1,400.00	51%
CGHC Clinic	\$25,000.00	\$9,123.80	36%
Thompson Clinic	\$18,000.00	\$9,994.34	56%
Other Non-Contract/Unspecified Services	\$35,000.00	\$29,089.79	83%
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>\$928,148.36</b>	<b>95%</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

Oct. 25

<b>VEHICLE #1</b>		<b>EAST SIDE VAN #1</b>	
TOTAL MILES DRIVEN			4056
TOTAL HOURS DRIVEN			198.00
TOTAL EXPENSES FOR MONTH			\$1,130.13
FUEL COST			\$721.18
REPAIRS & MAINTENANCE COST	tires and oil change		\$408.95
MISC EXPENSES			\$0.00
TOTAL RIDERS			35
TOTAL WSHD RIDERS			1
TOTAL TRIPS			91
TOTAL TRIPS FOR WSHD RIDERS			1
<b>VEHICLE #2</b>		<b>EAST SIDE VAN #2</b>	
TOTAL MILES DRIVEN			4207
TOTAL HOURS DRIVEN			198.25
TOTAL EXPENSES FOR MONTH			\$732.46
FUEL COST			\$720.46
REPAIRS & MAINTENANCE COST	PARKING		\$12.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			30
TOTAL WSHD RIDERS			1
TOTAL TRIPS			86
TOTAL TRIPS FOR WSHD RIDERS			1
<b>VEHICLE #3</b>		<b>EAST SIDE VAN #3</b>	
TOTAL MILES DRIVEN			4624
TOTAL HOURS DRIVEN			194.05
TOTAL EXPENSES FOR MONTH			\$0.00
FUEL COST			\$722.99
REPAIRS & MAINTENANCE COST	lift repairs		\$422.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			38
TOTAL WSHD RIDERS			4
TOTAL TRIPS			58
TOTAL TRIPS FOR WSHD RIDERS			6
<b>VEHICLE #4</b>		<b>RAV 4</b>	
TOTAL MILES DRIVEN			5681
TOTAL HOURS DRIVEN			211.20
TOTAL EXPENSES FOR MONTH			\$668.16
FUEL COST			\$589.40
REPAIRS & MAINTENANCE COST	parking		\$29.00
MISC EXPENSES	oil change		\$49.76
TOTAL RIDERS			27
TOTAL WSHD RIDERS			1
TOTAL TRIPS			59
TOTAL TRIPS FOR WSHD RIDERS			1
<b>VEHICLE #5</b>			
TOTAL MILES DRIVEN			118
TOTAL HOURS DRIVEN			7.00
TOTAL EXPENSES FOR MONTH			\$41.02
FUEL COST			\$41.02
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			
TOTAL RIDERS			2
TOTAL WSHD RIDERS			0
TOTAL TRIPS			2
TOTAL TRIPS FOR WSHD RIDERS			0
<b>GRAND TOTALS</b>			
MILES DRIVEN			18686
RIDERS			132
WSHD RIDERS			7
TRIPS			296
WSHD TRIPS			9
EXPENSES			\$2,571.77



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	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	YTD DATE
<b>CALL SUMMARY</b>														
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	5	7	4	9	8	11	0	0	89
CALLS/TRANSPORTS MADE														
INSURED	89	10	7	7	8	5	6	2	8	7	9			69
SELF-PAY	18	0	0	0	2	0	0	2	0	0	2			6
TOTAL CALLS MADE	107	10	7	7	10	5	6	4	8	7	11	0	0	75
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	4	0	1	0	1	1	0	0	0	14
PERCENTAGE OF CALLS MADE INVOICED/BILLED	84.3%	71.4%	77.8%	87.5%	71.4%	100.0%	85.7%	100.0%	88.9%	87.5%	100.0%			84.3%
Insurance Billed for Services this Month	\$143,279.23	\$13,184.35	\$6,483.59	\$11,204.00	\$12,575.69	\$13,078.20	\$10,696.59	\$2,833.69	\$19,827.96	\$19,624.00	\$9,892.00			\$119,400.07
Self-Pay Billed for Services this Month	\$14,579.19	\$0.00	\$0.00	\$0.00	\$1,593.42	\$0.00	\$0.00	\$1,661.28	\$0.00	\$0.00	\$0.00			\$3,054.70
<b>Total</b>	<b>\$157,858.42</b>	<b>\$13,184.35</b>	<b>\$6,483.59</b>	<b>\$11,204.00</b>	<b>\$13,969.11</b>	<b>\$13,078.20</b>	<b>\$10,696.59</b>	<b>\$4,494.97</b>	<b>\$19,827.96</b>	<b>\$19,624.00</b>	<b>\$9,892.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$122,454.77</b>
<b>PAYMENTS RECEIVED</b>														
Insurance Payments Rcvd for Services this Month	\$54,039.68	\$4,199.76	\$3,241.59	\$6,646.08	\$4,881.69	\$5,084.52	\$2,402.59	\$609.69	\$679.96	\$0.00	\$0.00			\$27,745.88
Self-Pay Billed Rcvd for Services this Month	\$12,512.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
<b>Total</b>	<b>\$66,552.01</b>	<b>\$4,199.76</b>	<b>\$3,241.59</b>	<b>\$6,646.08</b>	<b>\$4,881.69</b>	<b>\$5,084.52</b>	<b>\$2,402.59</b>	<b>\$609.69</b>	<b>\$679.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$27,745.88</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>														
Owed by Insurance for Services this Month	\$21,992.81	\$8,984.57	\$3,242.00	\$4,558.75	\$7,694.00	\$7,993.68	\$8,294.00	\$2,224.00	\$19,148.00	\$19,624.00	\$9,892.00			\$91,655.00
Owed by Self-Pay for Services this Month	\$2,557.75	\$0.00	\$0.00	\$0.00	\$1,393.42	\$0.00	\$3,010.00	\$1,661.28	\$0.00	\$0.00	\$0.00			\$6,064.70
<b>Total</b>	<b>\$24,550.56</b>	<b>\$8,984.57</b>	<b>\$3,242.00</b>	<b>\$4,558.75</b>	<b>\$9,087.42</b>	<b>\$7,993.68</b>	<b>\$11,304.00</b>	<b>\$3,885.28</b>	<b>\$19,148.00</b>	<b>\$19,624.00</b>	<b>\$9,892.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$97,719.70</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	\$12,916.78	\$12,492.06	\$12,748.59	\$0.00	\$0.00	\$126,299.77

MONTHLY CALLS/TRANSPORTS REPORT													
CALLS REQUESTED			CALL RESULTS			BILLING DETAILS							
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE	DELAYED	REASONED	WSMS Incident#							
			M	D	R								
10/1/2025	RiceLand ER	Herman Memorial TMC	M			25-3601							
10/4/2025	RiceLand ER	UTMB Galveston	M			25-3867							
10/6/2025	RiceLand ER	Texas Children's TMC	M			25-3011							
10/12/2025	RiceLand ER	Baytown Methodist	M			25-3762							
10/13/2025	RiceLand ER	Baytown Methodist	M			25-3165							
10/18/2025	RiceLand ER	Baytown Methodist	M			25-3262							
10/18/2025	RiceLand ER	Baytown Methodist	M			25-3297							
10/20/2025	RiceLand ER	Baytown Methodist	M			25-3519							
10/20/2025	RiceLand ER	Baytown Methodist	M			25-3543							
10/24/2025	RiceLand ER	Baytown Methodist	M			25-3164							
10/25/2025	RiceLand ER	St. Elizabeth Beaumont	M			25-3123							
<b>TOTAL CALLS &amp; RESULTS</b>			<b>11</b>	<b>0</b>	<b>0</b>								

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)
10/1/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
10/2/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
10/3/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
10/4/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
10/5/2025	Buddy Land	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
10/6/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
10/7/2025	Benjamin Robertson	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
10/8/2025	Hunter Traweek	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
10/9/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
10/10/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
10/11/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
10/12/2025	Kayla Callesto	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
10/13/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
10/14/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
10/15/2025	Andrew Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
10/16/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
10/17/2025	Hunter Traweek	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
10/18/2025	Haley Bridges	7am - 830pm	\$17.39	13.5	\$234.80	13.5	0.0	0	\$234.80	\$0.00	\$21.00	\$283.50	(\$48.70)
10/18/2025	Austin Isaacks	10pm - 7am	\$17.39	10.5	\$182.62	8.5	(2.0)	0	\$147.83	(\$34.78)	\$17.00	\$144.50	\$3.33
10/19/2025	Austin Isaacks	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
10/20/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
10/21/2025	Ruthann Broussard	1030am - 7am	\$17.39	24.0	\$417.42	20.5	(3.5)	0	\$356.54	(\$60.87)	\$20.00	\$410.00	(\$53.46)
10/22/2025	Kayla Callesto	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
10/23/2025	Nicole Silva	7am - 1130am	\$17.39	10.0	\$173.92	4.5	(5.5)	0	\$78.27	(\$95.66)	\$24.00	\$108.00	(\$29.73)
10/23/2025	Boyd Abshire	5pm - 7am	\$17.39	14.0	\$243.49	14	0.0	0	\$243.49	\$0.00	\$19.00	\$266.00	(\$22.51)
10/24/2025	Boyd Abshire	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
10/25/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
10/26/2025	Hunter Traweek	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
10/27/2025	Brad Eads	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
10/28/2025	Lori Peine	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
10/29/2025	Olivia Kitzmiller	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
10/30/2025	Haley Bridges	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
10/31/2025	Ruthann Broussard	7am - 7am	\$17.39	24.0	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>			<b>GRANT ALLOWED SALARY (SPR HR)</b>	<b>MAXIMUM HOURS</b>	<b>MAXIMUM PAY</b>	<b>HOURS WORKED</b>	<b>Not Staffed SURPLUS or (DEFICIT)</b>	<b>OVER-TIME HOURS</b>	<b>GRANT FUNDED PAYROLL AMOUNT</b>	<b>Maximum v. Actual SURPLUS or (DEFICIT)</b>	<b>ACTUAL SALARY (SPR HR)</b>	<b>ACTUAL PAYROLL AMOUNT</b>	<b>GRANT vs ACTUAL SURPLUS or (DEFICIT)</b>
			<b>\$17.39</b>	<b>744.0</b>	<b>\$12,939.91</b>	<b>733.00</b>	<b>(11.0)</b>	<b>0</b>	<b>\$12,748.59</b>	<b>(\$191.32)</b>	<b>\$19.88</b>	<b>\$14,532.00</b>	<b>(\$1,783.41)</b>

# Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	YTD
<b>CLIENTS SERVED</b>												
ICAP	10	15	25	18	29	35	22	16	19	34	35	248
Non-ICAP	21	23	19	31	27	60	23	30	21	36	25	295
<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>40</b>	<b>70</b>	<b>60</b>	<b>543</b>
<b>BENEFIT APPLICATION TYPE</b>												
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	2	0	1	0	2	2	22
Prescription Assistance Program (PAP)	2	0	17	6	2	0	4	2	6	8	8	53
Medicaid	17	10	3	12	11	14	3	10	6	11	11	91
Medicare	1	2	0	2	0	0	0	1	1	0	0	6
Medicare Savings Plan	2	3	0	3	1	3	2	3	2	5	5	27
Food Stamps (SNAP)	43	17	22	28	34	47	36	29	24	53	53	343
Supplemental Security Income (SSI)	8	6	3	1	11	3	4	6	4	4	4	46
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	5	3	7	4	4	4	51
Unemployment/Texas Workforce	3	1	0	2	3	2	1	1	0	0	0	10
Housing	2	0	2	4	0	1	1	2	0	4	4	18
Utilities	2	0	0	1	0	0	0	1	0	0	0	2
Legal Aid	0	1	0	0	0	0	0	1	0	0	0	2
OTHER	2	3	2	1	2	1	2	4	1	1	1	18
<b>Total Applications Facilitated</b>	<b>94</b>	<b>56</b>	<b>57</b>	<b>66</b>	<b>76</b>	<b>78</b>	<b>56</b>	<b>68</b>	<b>48</b>	<b>92</b>	<b>92</b>	<b>689</b>
<b>EXPENSES</b>										<b>\$65.32 FRAUD PURCHASE</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	\$6,500.00	\$6,375.00	\$6,381.25	\$66,266.17
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$4.00	\$409.82	\$4.00	\$382.12	\$948.32	\$14.04	\$3,153.96
<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>\$6,882.12</b>	<b>\$7,323.32</b>	<b>\$6,395.29</b>	<b>\$69,420.13</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>\$56,191.48</b>	<b>\$48,868.16</b>	<b>\$42,472.87</b>	<b>\$42,472.87</b>

# **EXHIBIT “E”**



## Report to Winnie-Stowell Hospital District

November 19, 2025

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

- Texas Vaccines for Children (TVFC) site visit on Thursday, November 13, 2025; passed with no deficiencies.
- American Heart Association stopped by on Thursday, November 13<sup>th</sup> to drop off blood pressure monitors and patient education flyers for patients.
- We have selected 340B Direct as our management company for the 340B Program. Going live with Wilcox Pharmacy as a 'contract pharmacy' very soon. Will be starting the registration process with Brookshire Brothers (Winnie location) with the Office of Pharmacy Affairs (OPA) during the next open registration window of January 1, 2026.
- Taylor LeDoux, FNP-C officially saw her first patient on Thursday, November 13<sup>th</sup>. She will be starting with one patient per hour.
- We received our first shared savings payment from Aledade for our participation (CY 2024) in our Accountable Care Organization.
- 'Diabetes Luncheon' will be held on Tuesday, November 18<sup>th</sup> at the Winnie Community Building from 11:30 to 1:00 pm. We will serve a carb conscious lunch and dessert, provide glucose and blood pressure screenings, and Dr. Lyons will be our guest speaker.
- We are currently hosting another 4<sup>th</sup> year medical student, Leah Smith, from the University of Houston, Tillman Fertitta College of Medicine. She will be here from November 10<sup>th</sup> – December 5<sup>th</sup>.
- The Rose will be onsite in CY 2026 six (6) times next year, every other month, starting in February. Our last mobile mammo bus date for the year will be December 29<sup>th</sup>.
- **Grants**
  - **Rural Health Transformation Funds.** Keeping an eye on announcements to apply.
  - **DSHS Incubator Grant.** Funding for FY 2026 has not been announced yet. We plan to submit another application for funding.
  - **MD Anderson.** Was expected to be announced last month (October). This grant would provide funding for cancer screening initiatives.
- The Rose will be onsite in CY 2026 six (6) times next year, every other month, starting in February. Our last mobile mammo bus date for the year will be December 29<sup>th</sup>.



- **Upcoming Events/Activities**
  - Several community flu clinics completed in October.
  - Attended and played in the Winnie Area Chamber of Commerce annual golf tournament on Friday, October 17<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.
  
- Statistical report for October is attached for your review; there were 555 patient encounters.

# **EXHIBIT ‘F’**

Facility ID	Operator	Q3 Comp 1		Q2 Comp 2		Q3 Comp 3	Q3 Comp 4	Total Q3	Total YTD
		% Metrics Attained	Payout % Earned	% Metrics Attained	Payout % Earned	% Metrics Attained	% Metrics Attained	% Metrics Attained	% Metrics Attained
4154	Caring	100.00%	100.00%			100.00%	100.00%	100.00%	100.00%
4376	Caring	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	94.87%
110098	Caring	60.00%	100.00%	0.00%	0.00%	100.00%	100.00%	61.54%	63.16%
4484	Caring	40.00%	100.00%	33.33%	70.00%	100.00%	100.00%	61.54%	76.32%
4730	Caring	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	94.87%
4798	Caring	80.00%	100.00%	100.00%	100.00%	66.67%	100.00%	84.62%	84.21%
5182	Caring	40.00%	100.00%	66.67%	100.00%	100.00%	100.00%	69.23%	66.67%
5250	Caring	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	89.74%
5261	Caring	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	79.49%
5322	Cascades	50.00%	100.00%	100.00%	100.00%	66.67%	50.00%	66.67%	66.67%
4747	Creative Solutions	75.00%	100.00%	0.00%	0.00%	100.00%	50.00%	58.33%	61.11%
5289	Creative Solutions	75.00%	100.00%	0.00%	0.00%	66.67%	100.00%	58.33%	55.56%
106784	Fundamental	80.00%	100.00%	66.67%	100.00%	66.67%	100.00%	76.92%	76.92%
5369	Gulf Coast	50.00%	100.00%	0.00%	0.00%	33.33%	100.00%	41.67%	52.78%
5193	Gulf Coast	50.00%	100.00%	33.33%	70.00%	0.00%	100.00%	41.67%	58.33%
5154	Gulf Coast	50.00%	100.00%	0.00%	0.00%	100.00%	100.00%	58.33%	52.78%
5240	Gulf Coast	50.00%	100.00%	0.00%	0.00%	66.67%	100.00%	50.00%	61.76%
4340	Gulf Coast	50.00%	100.00%	33.33%	70.00%	100.00%	100.00%	66.67%	66.67%
4663	Gulf Coast	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.62%	76.92%
5169	Gulf Coast	50.00%	100.00%	66.67%	100.00%	100.00%	50.00%	66.67%	61.11%
5350	Gulf Coast	50.00%	100.00%	100.00%	100.00%	100.00%	50.00%	75.00%	77.78%
100790	HMG	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	76.92%	89.74%
4456	HMG	100.00%	100.00%	33.33%	70.00%	66.67%	50.00%	66.67%	66.67%
101489	HMG	80.00%	100.00%	0.00%	0.00%	100.00%	50.00%	61.54%	71.79%
101633	HMG	60.00%	100.00%	0.00%	0.00%	100.00%	100.00%	61.54%	70.27%
102417	HMG	50.00%	100.00%	66.67%	100.00%	100.00%	100.00%	75.00%	66.67%
102294	HMG	75.00%	100.00%	100.00%	100.00%	100.00%	0.00%	75.00%	80.56%
104661	HMG	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	86.11%
103191	HMG	100.00%	100.00%	0.00%	0.00%	100.00%	50.00%	69.23%	66.67%
5400	HMG	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	86.49%
104541	HMG	80.00%	100.00%	33.33%	70.00%	100.00%	100.00%	76.92%	76.32%
4286	HMG	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	94.87%
5225	HMG	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	89.74%
106988	HMG	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	92.11%
102375	HMG	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	86.11%
106050	HMG	75.00%	100.00%	#DIV/0!	0.00%	100.00%	50.00%	77.78%	78.79%
4158	HMG	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	84.62%	79.49%
5255	HMG	75.00%	100.00%	0.00%	0.00%	100.00%	100.00%	66.67%	69.44%
4053	HMG	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	88.89%
103743	HMG	75.00%	100.00%	100.00%	100.00%	66.67%	50.00%	75.00%	75.00%

103011	HMG	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	83.33%
104537	HMG	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.67%	88.89%
5372	HMG	75.00%	100.00%	66.67%	100.00%	100.00%	50.00%	75.00%	72.22%
5387	HMG	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	75.00%	72.22%
102993	HMG	100.00%	100.00%	33.33%	70.00%	100.00%	100.00%	83.33%	80.56%
103223	HMG	80.00%	100.00%	66.67%	100.00%	100.00%	100.00%	84.62%	86.49%
103435	HMG	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	65.79%
105966	HMG	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	92.31%	94.59%
100806	HMG	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	86.11%
101157	HMG	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.44%
106566	HMG	50.00%	100.00%	0.00%	0.00%	100.00%	100.00%	58.33%	69.44%
4379	HSM	60.00%	100.00%	0.00%	0.00%	66.67%	100.00%	53.85%	46.15%
5135	HSM	80.00%	100.00%	66.67%	100.00%	100.00%	100.00%	84.62%	79.49%
4355	HSM	50.00%	100.00%	66.67%	100.00%	33.33%	50.00%	50.00%	63.89%
4306	HSM	75.00%	100.00%	0.00%	0.00%	66.67%	50.00%	50.00%	61.11%
4500	HSM	75.00%	100.00%	66.67%	100.00%	0.00%	50.00%	50.00%	59.46%
4439	HSM	100.00%	100.00%	0.00%	0.00%	66.67%	0.00%	50.00%	55.56%
5067	HSM	75.00%	100.00%	100.00%	100.00%	66.67%	100.00%	83.33%	81.58%
4511	HSM	100.00%	100.00%	0.00%	0.00%	66.67%	100.00%	69.23%	65.79%
5145	HSM	60.00%	100.00%	33.33%	70.00%	66.67%	100.00%	61.54%	76.92%
5166	Nexion	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	91.67%	83.33%
110342	Pillar Stone	50.00%	100.00%	0.00%	0.00%	33.33%	100.00%	41.67%	55.56%
5256	Regency	60.00%	100.00%	33.33%	70.00%	100.00%	100.00%	69.23%	71.79%
5297	Regency	60.00%	100.00%	33.33%	70.00%	66.67%	100.00%	61.54%	66.67%
5234	Regency	75.00%	100.00%	33.33%	70.00%	100.00%	100.00%	75.00%	58.33%
5203	Regency	100.00%	100.00%	0.00%	0.00%	100.00%	50.00%	69.23%	69.23%
5307	SLP	75.00%	100.00%	100.00%	100.00%	100.00%	50.00%	83.33%	89.19%
4807	SLP	75.00%	100.00%	33.33%	70.00%	33.33%	50.00%	50.00%	72.22%
4584	SLP	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	85.29%
4586	SLP	100.00%	100.00%	33.33%	70.00%	66.67%	100.00%	75.00%	74.29%
4996	SLP	80.00%	100.00%	66.67%	100.00%	66.67%	100.00%	76.92%	81.58%
4028	SLP	100.00%	100.00%	66.67%	100.00%	66.67%	50.00%	76.92%	74.36%
5379	Trident	80.00%	100.00%	0.00%	0.00%	100.00%	100.00%	69.23%	59.46%

Q3 Comp 1 Metrics Met	
% Attained	Avg Payout Earned
76.9%	100.0%

Q3 Comp 2 Metrics Met	
% Attained	Avg Payout Earned
47.9%	61.8%

Q3 Comp 3
% Attained
85.8%

Q3 Comp 4
% Attained
85.6%

Q3 Total
% Attained
73.6%

YTD Total
% Attained
74.9%



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

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

Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

### **Crowley Nursing and Rehabilitation**

920 East FM 1187  
Crowley, TX 76036

October 28, 2025

Facility Administrator: Cody Bedford

Cody Bedford is the new administrator of Crowley Nursing and Rehabilitation. Cody's first day of employment at the facility was last October 20.

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 101 residents including 23 skilled patients. The facility has seen some steady referrals and admissions over the last month. Discussed working to manage the discharges while offering a transition to long-term services to residents who may benefit from those services.

The facility is seeking some CNAs and CMAs at this time. The administrator will review current positions and staffing ratios of each department. All department heads are in place, and the administrator is looking forward to building strong working relationships with members of his team.

There were no reports of any recent visits 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 held its monthly QAPI meeting. Discussed the administrator's expectations to review the facility's QA process and make adjustments as needed to ongoing performance improvement plans. Discussed intent to ensure the facility is achieving its targets for QIPP Measures.

There are no current outbreaks or trends related to infection control at this time. Discussed the facility's efforts to offer vaccinations to residents and staff members.



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Vice President: Anthony Stramecki  
Sect.: Jeff Rollo

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

Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

October 29, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 80 residents including 13 skilled patients. The census at local hospitals has been down which has impacted the facility's census. There was some census growth a few weeks ago, but some of those skilled patients have since discharged. The facility will be attending a quarterly marketing review this week to brainstorm and strategize business and census development strategies. The facility discussed opportunities to update various parts of the building including the therapy gym and then celebrating the updates with an open house.

Staffing efforts are going well overall at Green Oaks Nursing and Rehabilitation. Discussed adjusting staffing assignments based on changes in the facility's census. There are no open positions reported at this time.

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

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

The facility discussed clinical systems and quality measures during its recent monthly QAPI meeting. The team reported it triggered under falls, but all other clinical outcomes are reaching their respective targets. Discussed fall prevention and awareness education and interventions being utilized in the facility.

The facility reported there are no outbreaks or trends related to infection control at this time.

There were twenty grievances in September. Discussed the facility's efforts to make sure all issues are documented to be thoroughly followed until resolved.

The facility received five more beds it had purchased and was able to return five rental beds. The administrator is still working to request and purchase pellet warmers for the kitchen.

Discussed plans for upcoming holidays in November and December. The facility will host a Thanksgiving dinner for residents and their family members next Thursday. There will also be a Christmas party for residents in December.



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

**Hewitt Nursing and Rehabilitation**

8836 Mars Drive  
Hewitt, TX 76643

October 24, 2025

Facility Administrator: Chris Gallardo

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 67 residents. Discussed gradual census growth experienced over recent weeks. There are some referrals under review and a few who are potentially going to be admitted today. The facility had five admissions yesterday.

There are no staff openings right now. Discussed increasing staff positions and hours according to staffing ratios as the census grows. The facility has a new social worker who is starting employment on Monday. The facility is seeking an admissions director at this time and discussed current coverage until the position is filled.

There have not been any recent visits to the facility by state surveyors. 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.1112

Discussed the facility's recent QAPI meeting and outcomes reported in September. Reviewed current performance improvement plans and ongoing monitoring of interventions.

There are no trends or outbreaks reported related to infection control. The facility recently completed offering and administering flu shots to residents and staff. Discussed providing vaccination education and awareness to support residents making informed decisions.

There have not been any trends in grievances. Discussed the positive impact dietary services has experienced since the new dietary service provider started working in the building. The residents have reportedly been pleased with the change and are appreciative of the expanded always available and alternate meal options.

The facility's open house was held earlier this month where members of the community and local referring partners attended. The event was successful and the administrator is optimistic about the improvement made with some of these relationships. The facility placed some new artwork, furniture, and decor in the building for this event.



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

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

Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

1201 Holland Lake Drive  
Weatherford, TX 76086

October 22, 2025

Facility Administrator: Donna Tillman

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 93 residents including 33 skilled patients. The facility has six referrals under review at this time. The census reached 102 residents, and the building maintained a census over 100 residents for roughly two weeks. Discussed recent discharges and upcoming plans to support residents meet their goals. Reviewed some residents who are considering a transition to long-term care services and other residents who are appealing their notice of non-coverage.

The facility has a few nurse and CNA openings. Reviewed strategies to support hiring processes and improve hiring outcomes. Discussed challenges with recent PRN hires who are not working any shifts. The facility is posting open positions and is coordinating interviews as soon as applicants are available.

The state visited the building last week to investigate some complaints. The surveyor reviewed admissions, discharges, and residents rights. The investigations related to the complaints were unsubstantiated, but the facility received a tag under continence care due to an observation of the surveyor while he was rounding. Discussed completing one-on-one training with the involved CNA and writing the POC for the deficiency.

Holland Lake Rehabilitation and Wellness Center has a 5-star overall rating. The facility has a 5-star rating in Health Inspections, a 3-star rating in Staffing, and a 4-star rating in Quality Measures. Discussed expectations of improvements in the facility's quality measures star rating.

The facility held its monthly QAPI meeting earlier this month. Discussed falls and fall prevention efforts as well as the return to acute rate. Discussed managing equipment utilization and leveraging rentals while the census and demand for equipment is high.

There are no trends or outbreaks reported related to infection control. The facility sponsored a shot clinic and provided vaccines to staff members, residents, and members of the community. The facility collaborated with other local businesses and had a great turnout at the event.

The facility is using Sonderbloom now for dietary and housekeeping services. The facility has purchased and installed a new refrigerator in the kitchen.

Discussed celebrating the 100-resident census with team members.

Discussed completing a quarterly provider meeting with the local hospital system and collaborating to ensure strengths and abilities of the facility are communicated.



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Vice President: Anthony Stramecki  
Sect.: Jeff Rollo

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

Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

**Mission Nursing and Rehabilitation Center**

1013 S. Bryan Road  
Mission, TX 78572

October 31, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 85 residents including 7 skilled patients.

There are no direct-care staff vacancies reported at this time. The facility is seeking an admissions coordinator and has been interviewing candidates to find the right fit. Discussed expectations to extend an offer to someone soon.

The state has been in the facility this week to investigate two complaints. The surveyor has not expressed any concerns 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 held its monthly QAPI meeting and discussed outcomes reported in September. The interdisciplinary team is working on improving RTA rates and utilization of antipsychotic medications by short-term patients. Discussed changes to Component 2 indicator targets and staffing ratios reporting closer to the adjusted targets.

The facility completed administering flu vaccines to residents who gave consent. Employee vaccines will be administered next week.

Renovations are continuing throughout the building with work on the 400-hall nearly complete. The team is moving furniture back into the 400-hallway and is installing new dispensers. Residents will be able to move back into this hall soon. The dining room renovations are completed, and residents were able to dine-in the dining hall again yesterday. The residents have been very pleased with the updates and expressed great satisfaction. The maintenance department is also replacing lights in the dining room which should be completed

next week. Renovations in the kitchen have been completed as well. The 700-hall is the final leg of the renovation project and work on this hallway began yesterday.



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

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

Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

**Pecan Bayou Nursing and Rehabilitation**

2700 Memorial Park Drive  
Brownwood, TX 76801

October 20, 2025

Facility Administrator: Josie Pebsworth

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 60 residents including 12 skilled patients. There are three pending admissions and there are two planned discharges. The facility has a collaborative meeting with the hospital to discuss outcomes and shared goals.

Discussed current vacancies at Pecan Bayou Nursing and Rehabilitation. The facility is seeking two CNAs and two nurses. All department heads are in place at this time.

The facility has not had any visits by state surveyors this month. The team is still waiting on confirmation of acceptance of its recent life safety POC. 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's monthly QAPI meeting will be on Thursday. The interdisciplinary team will continue to review follow-up actions from the recent fullbook survey and ongoing monitoring.

The facility reported no trends or outbreaks during the reporting period. Discussed recent completed of administering flu shots. The team will continue to provide vaccination education and awareness to residents and staff members.

The administrator is planning to purchase some beds and overbed tables. The facility has also completed some repairs as needed including replacing a compressor on an A/C unit. The facility recently renovated one shower room and is starting work on two more shower rooms.

The team is working to resolve an issue with its phone lines to ensure the calls are routed correctly in the facility.



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

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

2601 Northwest Loop  
Stephenville, TX 76401

October 28, 2025

Facility Administrator: Jana Sanders

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 95 residents including 21 skilled patients. Discussed working with skilled patients through their covered days and working with residents who appeal their notice of non-coverage. The facility reports there are four upcoming discharges, but there are several referrals under review.

The facility recently received the Bronze Award through AHCA's National Quality Award Program. Discussed celebrating this achievement with team members and preparations to apply for the Silver Award in January.

The facility reports the 300-hall has seen an increase in rehab patients and therefore more support is needed to care for these residents. Discussed adding an extra nurse to support this growth. The team is recruiting three dayshift CNAs at this time.

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

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

The facility's monthly QAPI meeting was held earlier this month. Discussed review by the interdisciplinary team to improve clinical systems and care outcomes in the facility. The facility also reviewed the findings by surveyors cited last month during fullbook in September.

The facility reported there are no trends or outbreaks related to infection control. The team has administered vaccinations and will continue offering them to new admissions who need any updated vaccine.

The facility reported a visit by LTC Management and approval for a project to update and paint the parking lot. The change of dietary and housekeeping service provider to Sonderbloom has been implemented and is going well. The team has also switched its pharmacy partner. Both transitions of service providers have been completed without any major disruptions.



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

**Stonegate Nursing and Rehabilitation**

4201 Stonegate Blvd.  
Fort Worth, TX 76109

October 28, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 78 residents. There is one resident in the hospital who is expected to return to the facility today. There are three additional admissions planned today and one more scheduled tomorrow.

The team just hired three CNAs. Discussed success reducing overtime to 2% and improvements in turnover by roughly 80%. The administrator attributes these successes to building a strong culture and holding team members accountable.

The facility had a state surveyor visit the facility earlier this month to clear outstanding self-reports. The surveyors did not report any findings during the investigation and there are no outstanding reportables at this time.

Stonegate Nursing and Rehabilitation has a 2-star rating overall. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing, and a 5-star rating in Quality Measures.

Discussed the facility's monthly QAPI meeting and review of clinical outcomes and quality measures in September. The facility is maintaining current PIPs with no reported changes. Discussed improvements through fall reduction efforts. Reviewed effective interventions and considerations needed when working with high-risk patients.

Infection control efforts are going well in the facility with no reported trends or outbreaks. The facility reported it held a flu clinic recently where 53 residents received the flu vaccine and 9 residents received the RSV vaccine. Discussed providing vaccinations for staff members as well.

The facility reported on feedback received during the family council held earlier this month. Discussed the importance of having clear methods of communication to support setting expectations of residents and their family members.

The facility has a new activities director who comes to the facility with 17 years of experience. The new director started employment yesterday and is working to increase the activity offerings for the residents.

The facility has installed a new A/C unit above the dining room.



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 Vratiss

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

3801 Cimarron Blvd.  
Corpus Christi, TX 78414

October 21, 2025

Facility Administrator: Jennifer Steele

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 66 residents including 16 skilled patients. The facility has a few discharges this week, but eight referrals under review at this time. There are two planned admissions today and more expected later this week.

Staffing efforts have been overall successful. Discussed coverage expectations and adjusting assignments according to census fluctuations. The team has also hired an MDS nurse who has a start date next month. The facility is seeking a weekend double charge nurse, and an evening shift charge nurse. There are also three CNA openings.

The facility had a drug diversion earlier this year and the state came to investigate. The state issued a past non-compliance D-tag, but there was no need to complete a POC since the issue had been resolved. The team submitted an allegation of abuse. Discussed suspending the employee involved in the allegation until investigations of the incident are completed. Discussed the facility's methods to address and investigate allegations while ensuring residents are safe.

Cimarron Place Health & Rehabilitation Center has a 4-star rating overall. The facility has a 4-star rating in Health Inspections, a 2-star rating in Staffing, and a 3-star rating in Quality Measures. Discussed excitement for the new MDS nurse to join next month who is skilled and knowledgeable for star rating and quality measures monitoring and improvement.

The facility's QAPI meeting went well this month. The team discussed readmission rates and reviewed the causes of these incidents. Discussed changes to the falling stars program and involvement with the consulting pharmacist. The facility reported it achieved rate improvements under PDPM.

There are no reported trends or outbreaks related to infection control. The facility recently had a pharmacy enter to provide COVID, flu, RSV, and pneumonia vaccinations. Discussed providing these to residents and staff and making sure people are equipped to make informed decisions.

The administrator reported there was a slight increase in grievances, but there are no trends. Discussed actively managing the grievance process to ensure all issues are addressed and managed properly.

The facility renovations have been progressing, and the team is updating some of the rooms in the building. The new aquarium is being prepared today in order to receive fish later this week.



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

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

Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

1300 2nd Street  
Granbury, TX 76048

October 21, 2025

Facility Administrator: Calvin Crosby

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 95 residents including 26 skilled patients. Discussed steady census growth despite low hospital census. The facility has two discharges planned this week.

The facility has one nightshift CNA open at this time and all department heads are in place.

There are no new self-reports at this time. State surveyors visited the facility to conduct its life safety survey. The facility received eight tags and discussed the changes made to bring the findings into compliance. The facility is submitting its POC this week for life safety.

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

Discussed the facility's recent QAPI meeting and outcomes observed in clinical systems and quality measures. The facility implemented a new PIP to improve the process for completing death notices to CMS. Discussed assignment of duties and ensuring involved staff members are aware and accountable to their roles. Reviewed fall and wound programs observed in September. The team reported progress over the prior month but maintaining focus to keep improving. Discussed follow-up from recent health and life safety surveys.

The facility has administered flu shots to residents and is working to administer them to staff next. There are no trends or outbreaks related to infection control at this time.

There have been some grievances related to meal service. Discussed the recent transition from HCSG to Sonderbloom and working through this adjustment period. The facility discussed providing various alternate meal options for residents.



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Vice President: Anthony Stramecki  
Sect.: Jeff Rollo

P.O. Box 1997  
Winnie, Texas 77665  
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Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

101 Reese Drive  
Red Oak, TX 74154

October 21, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 102 residents. The facility has two residents in the hospital who are expected to return soon. The facility is reviewing referrals and waiting on authorization for an admission.

The facility is seeking one CMA and a DON. Discussed working through onboarding and orientation to support new staff members who are hired at Red Oak Health and Rehabilitation Center. Discussed setting expectations and focusing on customer service with staff members. The facility's former DON resigned, and her last day of employment was last Friday. Discussed updates with replacement candidates and ongoing interviews.

The facility was visited by the state this month regarding an issue with a family which was reported to APS. The surveyor investigated and nothing at the facility was substantiated. The administrator submitted a self-report regarding a resident-to-resident incident. The resident who was the instigator has been transferred to another facility. Discussed survey preparedness efforts now that the facility is in its fullbook window.

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 4-star rating in Quality Measures.

The facility's QAPI meeting was held earlier this month. Discussed training and educating staff about approaching residents in ways to maintain safety and a calm environment. Reviewed care planning and utilizing interventions which are personalized to meet each residents' individual needs.

The facility has completed its second clinic for administering flu shots today. Infection control efforts are going well with no trends or outbreaks reported.

There are no trends in grievances at this time.

The floor replacement project has been completed. The administrator is pleased with the results and has received many compliments about the new floors. Discussed the positive impact this change made on the environment and visibility of cleanliness in the facility.



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Sect.: Jeff Rollo

P.O. Box 1997  
Winnie, Texas 77665  
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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

October 23, 2025

Facility Administrator: Bobby Simpkins

Silver Spring is licensed for 120 beds, and its current census is 92 residents including 17 skilled patients. The facility also has five veterans in the facility which were admitted under the VA contract. There are nine referrals under review, two of which have been approved for admission. Discussed working to utilize all resident rooms as needed due to the census growth. There have been some rooms historically preserved for respite care and hospice, but the volume for those services is not fully utilizing these rooms.

There are openings at this time for two CNAs. The team recently filled the second weekend RN supervisor position and is going through the onboarding process now. Due to the increased census, the facility has hired two additional nightshift nurses. Discussed onboarding plans for recent hires and supporting them to be successful at Silver Spring.

The facility has not had any recent visits by state surveyors and there are no new self-reports.

Silver Spring has a 2-star rating overall. The facility has a 1-star rating in Health Inspections, a 2-star rating in Staffing, and a 5-star rating in Quality Measures.

The facility held its monthly QAPI meeting and reviewed clinical outcomes and quality measures during the reporting period. Discussed continued focus on falls and fall prevention efforts. The administrator has also implemented a new PIP to address reporting deaths through TULIP. Discussed gaining access to TULIP in order for the administrator to be able to submit these events.

Discussed progress made with reimbursement rates due to thorough review of clinical data and accurate completion of assessments. Discussed changes the facility experienced under Medicaid PDPM.

Infection control efforts have been successful at Silver Spring. There was one case of the flu which has been resolved. There are no current trends or outbreaks in the building. The facility held a flu clinic two weeks ago and provided flu shots to staff and residents who gave consent to participate.

The facility is hosting a trunk or treat tomorrow. They are beginning to make plans for other upcoming holidays. The Thanksgiving meal will be on November 18 and will include residents, up to two family members per resident, and staff members.



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 Vratiss

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

October 23, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 70 residents including 13 skilled patients. There are seven referrals under review at this time. Discussed offering a transition to long-term care for skilled patients who may benefit from these services.

The facility is seeking one RN and two CNAs. All department heads are in place at this time. The former medical records manager departed and has since been replaced.

The facility was visited by a state surveyor regarding a complaint. The investigations reviewed transfers and communication. All reasons for investigation were unsubstantiated. Discussed working well with state surveyors and the ombudsman. There was a potential drug diversion which has been unconfirmed, but the facility reported an issue since there was a miscount of a drug.

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

Discussed the facility's monthly QAPI meeting and focus areas. The team is focusing on falls and fall prevention efforts. Discussed interventions and working to personalize care plans and interventions. Discussed improving activity department's offerings on the weekends to support fall prevention efforts by engaging residents in supervised activities.

There were no reported trends related to infection control and no outbreaks. The administrator reported there have not been any cases of the flu or COVID. The facility held a flu clinic at the beginning of October and provided flu shots to residents and staff members who provided consent.

Discussed continual efforts to manage grievances and resolve any issues. Discussed challenges working with some family members and ensuring communication is clear so proper expectations are set and met.

The facility discovered a water leak in between the city shut off and the facility's emergency water shut off. The leak didn't impact the water supply in the building, but has caused a significant increase in water consumption and the water bill. The leak is being repaired tomorrow.

Discussed upcoming plans for Thanksgiving and Christmas holidays. The administrator reported the interdisciplinary team works hard to provide meaningful events, particularly around the various holidays.



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Vice President: Anthony Stramecki  
Sect.: Jeff Rollo

P.O. Box 1997  
Winnie, Texas 77665  
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Treasurer: Bobby Way  
Dir. Kacey Vratiss

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

October 27, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 84 residents including 24 skilled patients. There are fifteen referrals under review and several who are awaiting insurance authorization or hospital discharge.

The facility is seeking two nurses but has strong candidates who are expected to fill the openings soon. There are no other vacancies reported.

The facility had one self-report investigated which was unsubstantiated. There are no outstanding self-reports at this time.

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

The facility's monthly QAPI meeting was on October 10. Discussed the addition of a medical records PIP in efforts to upload various records into the EMR. Discussed the actions needed by the interdisciplinary team to support this project.

Infection control efforts have been successful with no trends reported. The facility has admitted some residents under isolation precautions from the hospital. Discussed continuing utilization of appropriate safety precautions when taking care of each resident. The facility reported it provided flu, pneumonia, RSV, and COVID shots to residents and staff who gave consent.

The facility's new social worker has been a positive addition in supporting the grievance process. Discussed the improvements in documentation under this system working with the new social worker.

The maintenance department is continuing to update the resident rooms throughout the building. The team is completing updates on roughly two rooms each week. Discussed purchasing and updating decor in the rooms to update the look and feel of the rooms. Discussed coordinating completion of room updates with the nursing department so new patients have a designated room to be admitted to.

The facility will host a fall festival on Friday. Discussed having music, activities, food, and treats for residents, staff, and visitors from the community. Discussed continued efforts to build community relationships and bring people to the facility. Discussed involving the residents in these activities with the community.



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Vice President: Anthony Stramecki  
Sect.: Jeff Rollo

P.O. Box 1997  
Winnie, Texas 77665  
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Treasurer: Bobby Way  
Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
Winnie-Stowell Hospital District

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

October 21, 2025

Facility Administrator: Matt Mewborn

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 100 residents including 27 skilled patients. The facility has eight referrals under review with potentially two or three admissions today. There are three discharges planned at this time. Discussed doubling up on skilled rooms as availability in private rooms fills up.

The administrator shared recent meetings held with local healthcare executives. Discussed outcomes with reporting and weekly transitional care meetings. The administrator shared expectations for further collaboration through upcoming events.

The facility is seeking two nurses and one CNA. Discussed efforts to manage overtime and adjust staffing schedules where appropriate. The administrator and nurse managers are meeting today to discuss challenges and align on corporate expectations while considering feedback from local team members.

There have not been any visits by state surveyors this month. The rapid response team lead visited the facility last week and stated she is recommending the facility graduate from the program soon. The administrator expects the facility's inclusion in the program to be completed in December.

Treviso Transitional Care Center has a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing and a 4-star rating in Quality Measures. Discussed efforts to increase the building to a 3-star rating overall. Reviewed opportunities to continue supporting successful outcomes and targets to hit for star rating improvement.

The facility will hold its monthly QAPI meeting this week. Discussed increases in falls and reimplementation of a PIP addressing this system. Reviewed ongoing interventions and efforts to evaluate the fall prevention program. Discussed the importance of providing personalized

care and tailoring care plans according to the needs of each resident. Discussed ongoing review of skins and readmissions.

The administrator attended the THCA conference and shared feedback and resources learned from the conference.

Discussed celebrations of patients who successfully progress and complete their plan of care. The facility will host a fall festival and trunk or treat this month.



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Sect.: Jeff Rollo

P.O. Box 1997  
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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
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### **Forum Parkway Health & Rehabilitation**

2112 Forum Parkway  
Bedford, TX 76021

October 24, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 95 residents including 26 skilled patients. The facility has seen steady census development throughout the month. Discussed tracking length of stay to identify opportunities for improvement and anticipating care needs.

Discussed ongoing staff recruitment and retention efforts at the facility. The team has recently hired a new receptionist and payroll coordinator who has been a great addition to the team. The facility also has a new activity director in place. Discussed supporting these new team members and ensuring they have proper training to be successful in their roles. The facility is currently seeking a social services director since the current director's last day of employment is this week. The administrator has completed ten interviews and has two more scheduled today for the director position. The administrator expects to complete second round interviews next week and will hopefully hire someone to start employment in November.

There have not been any recent visits by state surveyors. The facility learned the deficiency cited in September was a D-tag. Discussed submission of the POC and ongoing monitoring of corrections made.

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 is moving forward with purchasing a new shed which is expected to be purchased on Monday and installed next week. The facility will be able to end its rental agreement with the short-term storage once this is complete.

The facility will be hosting an open house on December 5. The President and CEO of AHCA, Clif Porter, is planning to attend.



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P.O. Box 1997  
Winnie, Texas 77665  
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Dir. Kacey Vratis

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

October 30, 2025

Facility Administrator: Nadeline Greene

Copperas Cove LTC is licensed for 124 beds, and its current census is 72 residents including 4 skilled patients. Census has been down slightly, but the facility has been working to admit respite patients to support maintaining the current census level. The facility is expecting two admissions today which will put the facility over its budget census of 73 residents including 5 skilled patients.

The facility is seeking one nightshift LVN at this time.

State surveyors visited the facility on September 23 to conduct the facility's annual fullbook survey. The facility received four tags which were all C-, D-, and E-tags. The tags were related to nursing hours postings, food storage, narcotic sheet log, and the medication room temperature log. The facility has completed and submitted its plan of correction regarding these findings. The life safety team has not yet visited the building to conduct their portion of the survey.

The administrator submitted three self-reports regarding resident-to-resident incidents. Discussed these incidents, interventions, and investigations completed by the facility to ensure residents are safe.

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

The facility held its monthly QAPI meeting last week and reviewed recent survey outcomes and ongoing monitoring in alignment with the POC. The interdisciplinary team discussed opportunities to improve falls and considerations of interventions for residents experiencing repeat falls.

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

The facility's maintenance director has continued to support the needs of the building. Discussed repairs being completed on the rooftop A/C units. The facility also has a dryer in the laundry department scheduled for service and repair next week.

The facility held a trunk or treat event last night and reported a huge turnout of attendance by the community. There were several compliments and shared excitement of the event. Some visitors commented that they'd like to work at the facility if there are open positions for which they qualify.

Discussed plans to host a Thanksgiving meal for the residents and their family members. The facility strives to create special events involving the residents and their loved ones whenever possible.



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Sect.: Jeff Rollo

P.O. Box 1997  
Winnie, Texas 77665  
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Dir. Kacey Vratis

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

October 30, 2025

Facility Administrator: Brittany Smith

At the facility QAPI meeting on 10/30/25, the Administrator and other attendees discussed the facility's outcomes from September 2025.

Winnie L LTC is licensed for 105 beds, and its current census is 42 residents. For the month of September, the facility averaged a census of 39 residents.

The facility has a new MDS nurse who started employment recently. Discussed the task of the MDS nurse to monitor QIPP measures and proactively support checking assessments and diagnoses so that outcomes are correct and promptly reflected. The facility reported 58 total employees and 0% turnover during the reporting period.

The facility reported there was an unwitnessed fall with a fracture which was investigated by the state. All reasons for investigation 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. Discussed efforts by the interdisciplinary team to monitor outcomes and push for a 3-star ratings.

There were seven falls and one resident who experienced repeat falls in September which showed significant improvements over the prior month's outcomes. The facility is maintaining its PIPs addressing falls and UTIs.

The facility met all its targets under Components 1 and 4. The facility did not reach any of its targets under Component 2 but is approaching its targets. Discussed efforts to ensure staffing data is reported correctly. The facility did not meet its target for new/worsened bowel/bladder incontinence under Component 3. Discussed the efforts to improve this metric.



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P.O. Box 1997  
Winnie, Texas 77665  
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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
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**The Villa at Texarkana**  
4920 Elizabeth St.  
Texarkana, TX 75503

October 22, 2025

Facility Administrator: Lorraine Haynes

The Villa at Texarkana is licensed for 120 beds, and its current census is 93 residents. There is one admission planned today. Discussed efforts to maintain the census in the 90s and working to ensure all residents needs are met. Discussed recent marketing efforts to maintain relationships with local providers and partners.

The facility reported it is seeking an ADON. There have been some applicants, but the facility is making sure to move forward with the right candidate, and not the first available. Discussed the importance of building a team with committed and accountable team members.

There have not been any recent visits to the facility by state surveyors. There are several outstanding self-reports at this time which have not yet been investigated. Discussed review of these outstanding reportables and availability of documentation and records related to each incident. Discussed continued efforts to remain survey ready as the facility awaits its annual fullbook survey.

The Villa at Texarkana has a 5-star rating overall. 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 is holding its monthly QAPI meeting this Friday. Discussed monitoring of the PIP addressing abuse which was reported last month.

There are no reported outbreaks or trends related to infection control. Discussed recent completion of administering flu shots to residents. Discussed plans to have a shot clinic for employees in November. Discussed vaccination education and awareness efforts in the facility and supporting staff and residents to make informed decisions.

The facility started its renovation project on Monday. Discussed making arrangements for completing showers while many of the bathrooms are out of service and being renovated.



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P.O. Box 1997  
Winnie, Texas 77665  
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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
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**Parkview Manor Nursing & Rehabilitation**

206 N. Smith St.  
Weimar, TX 78962

October 20, 2025

Facility Administrator: Darlene Blount  
Facility DON: Carol Rapalo

At the facility QAPI meeting on 10/20/25, the Administrator and other attendees discussed the facility's outcomes from September 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 44 residents. For the month of September, the facility averaged a census of 42 residents.

The facility has a new business office manager who started in September. The team is recruiting a new housekeeping supervisor at this time. Discussed staff recruitment and retention best practices and strategies.

The facility's annual fullbook survey was at the beginning of September. There were four tags under life safety, and four under the health survey. The facility reported receiving two tags under nursing, one under dietary, and one related to care plans. There were no harm tags and the POCs have been submitted. There were no self-reports in September.

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 twenty total falls with four residents who experienced repeat falls. Discussed the occurrence of falls and interventions in place. There were four residents who experienced significant weight loss.

Under Component 1, all indicators were met except for lost too much weight. The facility's outcomes have improved compared to the prior month. Discussed interventions for residents affected by weight loss.

The facility met its target for licensed nurse hours under Component 2. Discussed efforts to recruit nurses and CNAs to support the indicators in this Component.

The facility met its target for depressive symptoms under Component 3. It also met its target for Catheters left in bladder under Component 4.

Discussed ongoing PIPs and interventions in place. Reviewed trainings, documentation, and processes to ensure each focus area is on track to reach its targets.



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Sect.: Jeff Rollo

P.O. Box 1997  
Winnie, Texas 77665  
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Dir. Kacey Vratis

Scott Johnson, Nursing Facility Specialist  
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**Gracy Woods Nursing Center**  
12021 Metric Blvd  
Austin, TX 78758

October 30, 2025

Facility Administrator: Heather Devine

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 90 residents including 4 skilled patients. The facility has two residents returning to the facility today. The referrals to the facility have been slow recently, but the facility is anticipating a potential admission next week.

The facility has hired a nurse manager who will orient on Tuesday. There are four nurse openings, but those are being filled with PRN staff. There are also three CNA openings, two of which have been filled and are starting on Tuesday.

The rapid response team visited the facility again for a follow up visit. The visitor reported the facility is progressing well and roughly 30% complete with the rapid response requirements. Discussed some of the feedback, audits, and monitoring ongoing from this visit.

The state also visited separately to investigate two outstanding self-reports which were both unsubstantiated. There was one new self-report submitted yesterday regarding an allegation of abuse. Discussed investigations completed by the administrator and ensuring all residents are safe.

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 October 14. The team reviewed clinical systems and outcomes reported in September. The administrator reported on discussions by the interdisciplinary team regarding feedback from recent surveys and rapid response visits.

Discussed PICC line management and infection control. The facility has been pushing hydration rounds due to some recent UTIs. The nursing department has completed in-servicing staff

members on peri-care as well. Discussed gathering remaining consents and preparing to administer new vaccines to residents and staff members.

The facility is repairing one of the machines in the laundry department which has slowed some of the laundry processes. There were a few grievances due to missing clothes, but the facility found those clothes were still in process and have been returned to the resident.

The facility staff members and residents will be dressing up and celebrating Halloween tomorrow. Discussed planning for other upcoming holidays in November and December.



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### **Garland Nursing and Rehabilitation**

321 N Shiloh Rd  
Garland, TX 75042

October 28, 2025

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 109 beds, and its current census is 74 residents. The census has been gradually increasing over the last few weeks. There is one resident in the hospital who is expected to return to the facility in a few weeks. There are a few confirmed admissions and no planned discharges at this time. Discussed working with families to admit patients for respite stays. Discussed challenges the facility will encounter with staffing and availability of rooms as its census approaches 90 residents.

The facility is seeking one housekeeper, an LVN, and a CNA. Discussed staffing recruitment and retention best practices and strategies. Discussed implementing changes to the hiring processes to ensure all aspects are documented and completed.

The facility hasn't had any visits by state surveyors this month and there are no new self-reports.

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 interdisciplinary team discussed outcomes reviewed during its recent monthly QAPI meeting. The facility reported it was acquired by AVIR and the change was effective October 1. Discussed working through the transition process to bring systems, contracts, and vendors in-line with AVIR. Discussed transitioning the medical records platform from Matrix to PCC and documenting on paper records for a brief period until the transition is complete.

There are no reported trends or outbreaks related to infection control. Discussed continuing to offer flu shots and vaccine boosters to new residents and staff.

The facility hired some plumbers who completed work replacing some pipes on the premises.

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 115 with a skilled mix of 7 Medicare breakdown not provided.

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

The facility is currently COVID\_19 free.

The Administrator reports the facility celebrated all major holidays, including their second annual fall festival with the community, and in September they did a luncheon for first responders, and they are planning their annual family and resident Thanksgiving luncheon. 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 Administrator 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. Today they are doing nachos and costume contest.

### **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 Administrator reports the facility is meeting all 4 components.
- Five Star Updates Final Rule 2026 - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

### **SURVEY INFORMATION**

The Administrator reports the facility is currently in their full book window and they have not been in the facility since 5/23/25 for a complaint investigation that was unsubstantiated, no citations.

### **REPORTABLE INCIDENTS**

Information for **July/August/September 2025** – Information not provided.

### **CLINICAL TRENDING JULY/AUGUST/SEPTEMBER 2025**

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

Friendship Haven – Information not provided.

**Infection Control:**

Friendship Haven reported – Information not provided.

**Weight loss:** - Information not provided.

**Pressure Ulcers:**

Friendship Haven reported – Information not provided.

**Restraints:**

Friendship Haven does not use side rails or restraints.

**Staffing: Information not provided**

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

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

**CASPER REPORT – Information not provided**

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

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

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

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

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

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

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

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

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

**TRAUMA INFORMED CARE IDENTIFIED:** Information not provided

**ACTIVITIES PIP/CONCERNS:** Information not provided

**DIETARY PIP/CONCERNS:** Information not provided

**ENVIRONMENTAL SERVICES: PIP/CONCERNS:** Information not provided

**MAINTENANCE PIP/CONCERNS:** Information not provided.

**MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS:** Information not provided

**MDS: PIPS/CONCERNS:** Information not provided

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	%	%		Information not provided
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	%	%	%		
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	%	%	%		
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	%	%	%		
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	%	%	%		

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD						Information not provided
Metric 2: Reported Licensed Nursing HPRD						
Metric 3: Reported Total Nursing Staff HPRD						
<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-concurrenty 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

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

Submitted by L. Sue White, RN Consultant

Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	%	%	%		Information not provided
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	%	%	%		
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	%	%	%		

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

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

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

## **FACILITY INFORMATION**

Park Manor Cy-fair is a 120-bed facility with a current overall star rating of 5 and 5 in quality measures. The census on the day of the call was 107: PP: 8, MC: 8, MDC: 69, HMO: 19, Hospice: 3.

The QIPP site visit was conducted over the phone. 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 a Labor Day celebration. Residents and staff can purchase snacks in a store at the front lobby area (everything is 1.00). The facility just had their Halloween party and they will be having a costume and door decorating contest for staff next week.

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 has a monthly celebration for staff and this month it is a food truck. The AIT reports the facility did have a back-to-school drive in August.

## **EDUCATION PROVIDED**

- Reviewed QIPP year 9 –Data collection for QTR 2 began 10/1/2025. The facility is currently meeting 2 of the 4 components with a PIP in place for bowel and bladder incontinence.
- Five Star Updates Final Rule 2026 - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

## **SURVEY INFORMATION**

The facility had their full book survey in August 2025, and they were deficiency free (banner hanging up at nurse's station).

## **REPORTABLE INCIDENTS**

In **July/August/September 2025**- the facility had 1 self-report still pending.

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

### **Incidents/Falls:**

Park Manor of Cyfair reported - 15 total falls without injury and 9 falls with injury with 4 repeat falls, 3 skin tears, 2 bruises, 0 fractures, 1 behavior, 2 Lacerations and 0 Elopements.

### **Infection Control:**

Park Manor of Cyfair reported a total of 45 infections- 16 UTI's; and 15 Wound infections, 11 Respiratory infections; 0 Blood infections; 3 GI infections; 0 Genital infections; 0 EENT infections and 5 Other infections.

**Weight loss:**

Park Manor Cyfair reported - 10 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 –10 residents with pressure ulcers, totaling 29 sites, 6 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			3			
2 to 10			2			
10 to 6	1	1	1			
Other						
# Hired this month	1	1	10			
# Quit/Fired	2	2	7			

**Total number employees:** 151 **Turnover rate%:** 7.28%

**CASPER REPORT** Information not provided

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	0 %	7.5%	7.3%	
Fall w/Major Injury (L)	0 %	3.4%	3.4%	
UTI (L)	1.2%	1.1%	1.9%	
High risk with pressure ulcers (L)	4.7%	5.4%	6.3%	
Loss of Bowel/Bladder Control(L)	8.9%	15.6%	20.2%	
Catheter(L)	0%	0.7%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	18.8%	17.1%	17.9%	MDS related
Excessive Weight Loss(L)	0%	3.6%	5.7%	
Depressive symptoms(L)	0%	2.8%	11.8%	
Antipsychotic medication (L)	2.5%	8.4%	14.3%	

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

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# of GDR ATTEMPTS in the month: How many successful?  
 # of Anti-anxiety (attempts:12 successful: 10 failed: 2)  
 # of Antidepressants (attempts: 75 successful: 54 Failed: 21)  
 # of Antipsychotic (attempts: 4 successful: 3 failed 1)  
 # of Sedatives (attempts: 8 successful: 8 failed: 0)

**DIETICIAN Recommendation concerns/Follow Up?**

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-** 5 July; 6 August; 9 September and all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** None

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY: PIP/CONCERNS:** None

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

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.32%	0.0%	0.0%	Y	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.92%	0.0%	3.23 %	N	Reviewing for PIP
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.42%	2.84%	0 %	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.32%	3.76%	5.71%	Y/N	Will review for PIP

Submitted by L. Sue White, RN, NSGO

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	24.5%	37.06%	37.50%	N	MDS related
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**Component 2** -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)						
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	Y	1.89	1.98		Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	N	1.25	1.17		N	Believe these numbers are incorrect
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	N	3.85	3.16		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

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

Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	9.34%	1.45%	0 %	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.92%	6.90%	5.56 %	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	21.19%	9.18%	22.58%	N	Target toileting assistance

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	5.01%	6.68%	0%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.00%	1.22%	0%	Y	

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

## **FACILITY INFORMATION HOSPICE**

Park Manor Humble is a 125-bed facility with a current census of 98: 2 PP, 3 MCR, 51+ 4 pending MCD, 35 HMO, 3 Hospice and 0 VA. Their overall star rating is 3 and their Quality Measures rating is 5.

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

The Administrator reports that the facility had a Labor Day celebration, and they have a fall festival scheduled for next Thursday including trunk or treat and bobbing for apples. The facility will also have a Thanksgiving dinner including families. The Administrator reports the facility switched precincts and now they have extra transports (2 per month), bowling, Walmart, restaurants, aquarium and to a giant thrift store.

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.

## **EDUCATION PROVIDED**

- Reviewed QIPP year 9 – Data collection for QTR 2 began 10/1/2025. The facility is currently meeting 3 of the 4 components.
- Five Star Updates Final Rule 2026 - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

## **SURVEY INFORMATION**

The Administrator reports the facility had the state in the building in September for a complaint visit that was unsubstantiated, no tags.

## **REPORTABLE INCIDENTS**

**July/August/September 2025** – no self-reports and only 1 complaint.

## **CLINICAL TRENDING JULY/AUGUST/SEPTEMBER 2025**

### **Incidents/Falls:**

Park Manor of Humble had 20 total falls without injury (2 repeat falls) and 1 fall with injury, 4 received 6 skin tears, 0 Elopements, 0 Fractures, 0 Lacerations, 1 behavior and 0 bruises.

### **Infection Control:**

Facility reports 97 total infections – 34 UTI’s; 5 Respiratory infections; 5 EENT infections; 15 Blood infections; 20 Wound infections; 0 Genital infections, 15 GI infections and 3 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 7 has a loss of 5-10% and 1 with a > 10% loss.

**Pressure Ulcers:**

There were 45 residents with 60 pressure ulcer sites – 2 acquired in house.

**Restraints:**

Park Manor of Humble is a restraint free facility.

**STAFFING COMPONENT:**

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

**Total number employees: 89 Turnover rate%: 65%**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	9.2%	18.5%	19.6%	
Fall w/Major Injury (L)	5.6%	3.4	3.4	None current, will stay on full 275 days
UTI (L)	0%	1.1	1.9	
High risk with pressure ulcers (L)	4.6%	5.4	6.3	
Loss of Bowel/Bladder Control(L)	2.8%	15.6	20.2	
Catheter(L)	0%	0.7	1.3	
Physical restraint(L)	0%	0	0.1	
Residents whose ability to walk independently worsened (L)	12.8%	17.1	17.9	
Excessive Weight Loss(L)	0%	3.6	5.7	
Depressive symptoms(L)	1.6	2.8	11.8	
Antipsychotic medication (L)	8.2	8.4	14.3	

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

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

- # of Anti-anxiety (attempts\_5\_ successful\_3\_ failed\_2\_)
- # of Antidepressants (attempts\_0\_ successful\_0\_ failed\_0\_)
- # of Antipsychotic (attempts\_0\_ successful\_0\_ failed\_0\_)
- # of Sedatives (attempts\_0\_ successful\_0\_ failed\_0\_)

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

**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-** 13 Grievances, all resolved.

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** No concerns

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	1.25%	3.32	11.43	N	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0	0.92	0	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	0	0.45	0	Y	



Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	7.68	5.11	6.67	Y	
Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	28.45	24.5	9.09	Y	

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

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	Y	1.25	1.26	1.26	Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	1.91	1.88		1.81	N	Company asked to hold off on a PIP, not reporting accurate #s
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	3.16	3.85		3.07	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
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	0%	1.47	0	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	12.61	16.01	0	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	11.47%	14.75	4	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	0	1	0	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	4.31	5.01	4.00	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 3 and Quality Measures star rating of 4. The census on the date of this report was 102: 12 PP; 8 MC; 59 MCD +0 pending; 14 HMO; 9 Hospice.

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

The Administrator reports the facility is currently COVID\_19 free.

The facility tries to provide regular outings to the store and for Bingo when transportation is available. The facility has a fall festival on 10/29/25 and a pre-school will be coming for trick or treat on Halloween, and they will be celebrating Veteran's Day and.

The Administrator reports the facility continues with a MAD genius program, birthdays, monthly food provisions and they also do employee of the month program. The Administrator reports the facility is holding in-services monthly providing food and gift cards as incentives for those who are going above and beyond (meetings offered as webinar also).

### **EDUCATION PROVIDED**

- Reviewed QIPP year 9 –Data collection for QTR 2 began 10/1/2025. The facility is currently meeting 2 of the 4 components with a PIP in place for Weight Loss, Pressure Ulcers and UTIs, and they are awaiting further direction from corporate for component 2.
- Five Star Updates Final Rule 2026 - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

### **SURVEY INFORMATION**

Administrator reports the facility had the state in the building last week and this week to review a complaint and 4 self-reports.

### **REPORTABLE INCIDENTS**

In **July/August/September 2025**- The facility had 5 self-reports and 1 is still pending.

### **CLINICAL TRENDING FOR JULY/AUGUST/SEPTEMBER 2025**

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

Park Manor of Tomball had 52 falls without injury (7 repeat) and 5 falls with injury, 13 Skin Tears, 1 Laceration, 1 Fracture, 0 Elopements, 1 Behavior and 2 Bruises. PIP in place.

#### **Infection Control:**

Park Manor of Tomball reports 130 total infections: 45 UTI's; 13 Respiratory infections, 3 EENT infections, 35 Wound infections, 3 Genital infections, 0 Blood infections, 0 GI infections and 31 Other infections.

**Weight loss:**

Park Manor of Tomball reported weight loss: 37 residents with 5-10% and 0 residents with > 10% loss.

**Pressure Ulcers:**

Park Manor of Tomball had 23 residents with 37 pressure ulcer sites and 5 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			2			
2 to 10			1			
10 to 6		1	1			
Other						
# Hired this month						
# Quit/Fired						

**Total number employees: 104 Turnover rate%: 18**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	5.4%	7.5%	7.3%	
Fall w/Major Injury (L)	2.3%	3.4%	3.4%	
UTI (L)	1.2%	2.8%	11.8%	
High risk with pressure ulcers (L)	12.9%	5.4%	6.3%	PIP in place
Loss of Bowel/Bladder Control(L)	13.4%	15.6%	20.2%	
Catheter(L)	0%	0%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	17.1%	15.1%	
Excessive Weight Loss(L)	2.8%	3.6%	5.7%	
Depressive symptoms(L)	1.2%	2.8%	11.8%	
Antipsychotic medication (L)	2.4%	8.4%	14.3%	

Submitted by: L. Sue White, RN, NSGO

**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\_\_2\_\_ successful\_\_2\_\_ failed\_\_\_\_)
- # of Antidepressants (attempts\_\_1\_\_ successful\_\_1\_\_ failed\_\_)
- # of Antipsychotic (attempts\_\_2\_\_ successful\_\_2\_\_ failed)
- # of Sedatives (attempts\_\_ successful\_\_ failed\_\_\_\_)

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)**- 14 all resolved

**TRAUMA INFORMED CARE IDENTIFIED:** NA

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

**ACTIVITIES PIP/CONCERNS:** Offering more activities to male residents

**DIETARY PIP/CONCERNS:** Concern about weight loss, PIP in place, new RD helping

**ENVIRONMENTAL SERVICES PIP/CONCERNS:**

**MAINTENANCE PIP/CONCERNS:** older building and fixtures; replacing and repairing as they come up

**MEDICAL RECORDS/ CENTRAL SUPPLY PIPS/CONCERNS:** cost needs to go down on CS

**MDS PIPS/CONCERNS:** new MDS coordinator began this week

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.32%	2.22%	2.27%	Y/N	Will review for PIP
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.92%	0.56%	1.16%	N	PIP in place
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	2.33%	0.31%	2.82%	N	PIP in place
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	6.78%	4.54%	2.44%	Y	

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	19.07%	16.22%	0.00%	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%

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	Y	1.85		1.86	Y	
Metric 2: Reported Licensed Nursing HPRD 85% weighted	N	1.12		1.12	N	Looking at a possible PIP but they are improving
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	N	3.85		2.98	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> <li>Additional hours provided by direct care staff?</li> <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

Submitted by: L. Sue White, RN, NSGO

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	3.24%	1.18%	1.23%	Y/N	Will review for PIP
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	15.31%	12.65%	15.28%	Y/N	Will review for PIP
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	13.95%	11.35%	13.43%	Y/N	Will review for PIP

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	4.36%	2.24%	12.94%	N	PIP in Place
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	0%	.62%	0%	Y	

Administrator: David Holt  
DON: Tina Cook, RN

## **FACILITY INFORMATION**

Park Manor South Belt is a 120-bed facility with a current census of 98: (6) MC; (26) HMO; (9) PP; (55) MDC; (2) 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 2 residents who test positive today.

The facility had a Labor Day party, and they had breast awareness day yesterday with education and food and they will be having a party for Halloween with costumes and candy. The facility is having a luncheon with family for Thanksgiving.

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 their CNA got CNA of the year for Texas Health Care Association awards, and she will be nominated for employee of the year for the entire company (car is prize).

## **EDUCATION PROVIDED**

- Reviewed QIPP year 9 –Data collection for QTR 2 began 10/1/2025. The facility is currently meeting 3 of the 4 components with a PIP in place for Pressure Ulcers.
- Five Star Updates Final Rule 2026 - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

**SURVEY INFORMATION** – the state has not been back to the facility since their full book in June.

## **REPORTABLE INCIDENTS**

The facility had 1 self-report (unsubstantiated) in **July/August/September 2025**.

## **CLINICAL TRENDING JULY/AUGUST/SEPTEMBER 2025**

### **Incidents/Falls:**

Park Manor of South Belt had 59 total falls (17 repeat), of which 1 resulted in injury. They had 6 Skin Tears, 0 Lacerations, 1 Fracture, 0 Elopements, 0 Bruises and 0 Behaviors.

### **Infection Control:**

Park Manor of South Belt reports 152 total infections: 49 UTIs; 28 Respiratory; 21 Wound; 9 EENT; 0 Blood infections; 6 GI infections; 0 Genital infections and 39 Other infections. Several of these were community acquired.

### **Weight loss:**

Park Manor of South Belt had 10 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 36 residents with 53 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 to 10			3			
10 to 6			1			
Other						
# Hired this month			8			
# Quit/Fired			4			

**Total number employees: 113 Turnover rate%: 3.42%**

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	4.9%	7.5%	7.3%	
Fall w/Major Injury (L)	1.6%	3.4%	3.4%	
UTI (L)	0%	1.1%	1.9%	
High risk with pressure ulcers (L)	2.1%	5.4%	6.3%	
Loss of Bowel/Bladder Control(L)	13.3%	15.6%	20.2%	
Catheter(L)	0%	0.7%	1.3%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	17.1%	17.9%	
Excessive Weight Loss(L)	0%	3.6%	5.7%	
Depressive symptoms(L)	0%	2.8%	11.8%	
Antipsychotic medication (L)	0%	8.4%	14.3%	

**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 2 successful 2 failed 0)
- # of Antidepressants (attempts 6 successful 5 failed 1)
- # of Antipsychotic (attempts 0 successful 0 failed 0)

# 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)** - July: 15 grievances- 5 resident assistance, 1 customer service, 1 call light, 1 shower, 1 medication, 6 missing items ( all either found or replaced) August: 7 grievances -1 patient came in late and did not get a tray, 1 linen needed changed, 1 cna impolite, 1 needed toilet paper and room cleaned 1 ana gave a late response 1 apple tablet missing, 1 discourteous nurse. September: 12 grievances -2 discourteous staff, 1 no name badge, 1 food, 1 housekeeping, 1 therapy 1 missing item, 5 Care Concerns 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:** Routine Maintenance

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

**MDS PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.32%	2.18%	2.38%	Y/N	
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.92%	0%	0%	Y	
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.42%	0.34%	0%	Y	
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.32%	2.58%	2.56%	Y	

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	24.50%	37.66%	0%	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%

Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD	Y	1.78		1.86	Y	
Metric 2: Reported Licensed Nursing HPRD	Y	1.15		1.29	Y	
Metric 3: Reported Total Nursing Staff HPRD	Y	2.93		3.15	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	
• Additional hours provided by direct care staff?						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?					Y	
• 8 additional hours non-concurrently scheduled?					Y	
• Additional hours provided by direct care staff?					Y	
• Telehealth used?					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	
• Agency usage or need d/t critical staffing levels					N	

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

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

				Y/N	
Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	9.34%	0.33%	0%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.92%	15.86%	12.50%	Y	
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	21.19%	16.99%	3.57%	Y	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	5.01%	6.06%	9.09%	N	PIP in place - several will be falling off
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.0%	0.84%	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 108: (3) MC; (24) HMO; (11) PP; (59) MDC + 1 pending; (10) 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 DON was on the call and very helpful. The DON reports the facility is currently COVID\_19 free.

The facility celebrates all major holidays including Labor Day and they will have a Halloween party on 10/31/25. The DON reports the facility continues outings for fishing and shopping at Walmart 2x per month. The DON reports the facility will have a Thanksgiving dinner including families and department heads will be serving.

The DON reports the facility still has employee of the month and the MAD Genius program with prizes or cash. The DON 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 recently celebrated staff birthdays and they will have a potluck with different culture themes.

## **EDUCATION PROVIDED**

- Reviewed QIPP year 9 –Data collection for QTR 2 began 10/1/2025. Currently meeting 3 of the 4 components.
- Five Star Updates Final Rule 2026 - Administrator educated on highlights of final rule, including the change in how Star rating is to be calculated. Slides from Simple webinar provided.

## **SURVEY INFORMATION**

The facility had state in the building in August to review a complaint that was unsubstantiated.

## **REPORTABLE INCIDENTS**

**July/August/September 2025** -The facility had 0 self-reports and 1 complaint that was unsubstantiated.

## **CLINICAL TRENDING -JULY/AUGUST/SEPTEMBER 2025**

### **Incidents/Falls:**

PM Westchase reported - 66 total falls without injury and 10 falls with injury, with 11 repeat falls, 6 skin tears, 12 bruises, 4 fractures, 4 behaviors, 6 Lacerations and 0 Elopements.

### **Infection Control:**

PM Westchase reported a total of 32 infections- 13 UTI's; 9 Respiratory infections; 0 GI infections; 0 EENT infections, 10 Wound infections, 0 Genital infections and 0 Other infections.

**Weight loss:**

PM of Westchase reported - 3 residents with 5% in 1 month or less weight loss and 4 residents with greater than 10% weight loss in 6 months. PIP in place.

**Pressure Ulcers:**

PM of Westchase reported - 13 residents with pressure ulcers, totaling 26 sites, 3 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			2			
10 to 6						
Other						
# Hired this month						
# Quit/Fired						

**Total number employees: 106 Turnover rate%: 2%**

**Casper Report:**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	2.2	7.5	7.3	Below benchmarks
Fall w/Major Injury (L)	1.2%	3.4%	3.4%	Below benchmarks
UTI (L)	9.0%	1.1%	1.9%	Below benchmarks
High risk with pressure ulcers (L)	3.6%	5.4%	6.3%	Below benchmarks
Loss of Bowel/Bladder Control(L)	12.7%	15.6%	20.2%	Below benchmarks
Catheter(L)	0.0%	0.7%	1.3%	Below benchmarks
Physical restraint(L)	0.0%	0.7%	1.3%	Below benchmarks
Residents whose ability to walk independently worsened (L)	9.1%	17.1%	17.9%	Below benchmarks
Excessive Weight Loss(L)	0.0%	3.6%	5.7%	Below benchmarks
Depressive symptoms(L)	2.4%	2.8%	11,8%	Below benchmarks
Antipsychotic medication (L)	3.9%	8.4%	14.3%	Below benchmarks

**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\_\_10\_\_ successful\_\_6\_\_ failed\_\_4\_\_)  
 # of Antidepressants (attempts\_\_4\_\_ 3\_\_ successful\_\_ failed\_\_1\_\_)  
 # of Antipsychotic (attempts\_\_4\_\_ successful\_\_ failed\_\_1\_\_)  
 # of Sedatives (attempts\_\_3\_\_ successful\_\_3\_\_ failed\_\_0\_\_)

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

**SOCIAL SERVICES: NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)**- July – 23 – all resolved; August – 11 – all resolved; September – 35 - all 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:** None

**MDS: PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
Metric 1: (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.32%	0.96%	0.00%	Y	Met benchmark
Metric 2: (CMS N024.02) Percent of residents with a urinary tract infection	0.92%	0.00%	0.00%	Y	Met benchmark
Metric 3: (CMS N029.03) Percent of residents who lose too much weight	4.42%	2.46%	0.00%	Y	Met benchmark
Metric 4: (CMS N031.04) Percent of residents who received an antipsychotic medication	8.32%	3.96%	4.76%	Y/N	Met benchmark

Submitted by L. Sue White, RN, NSGO

Metric 5: (CMS N035.04) Percent of residents whose ability to walk independently worsened	24.50%	11.46%	15.38%	Y/N	Met benchmark
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**Component 2** -Workforce Development HPRD Measures (All Facilities). Achievement in 1 metric earns 70% of eligible funds; achievement in 2 metrics earns 100%

Indicator	National Benchmark Met Y/N	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)						
Metric 1: Reported Certified Nursing Assistant (CNA) HPRD 60% weighted	NO	2.10		2.02	N	Will review for PIP
Metric 2: Reported Licensed Nursing HPRD 85% weighted	NO	1.16		1.19	Y	
Metric 3: Reported Total Nursing Staff HPRD 100% weighted	NO/3.85	3.26		3.22	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?				Y		
• Additional hours provided by direct care staff?				Y		
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?				Y		
• 8 additional hours non-concurrently scheduled?				Y		
• Additional hours provided by direct care staff?				Y		
• Telehealth used?				Y		
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?				Y		
• Agency usage or need d/t critical staffing levels				N		

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

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

Metric 1: (CMS N030.03) Percent of residents who have depressive symptoms	9.34%	7.58%	7.50%	Y	
Metric 2: (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.92%	12.94%	14.29%	Y/N	Due to population
Metric 3: (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	21.19%	11.90%	12.12%	Y/N	MDS coded wrong

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
Metric 1: (CMS N045.01) Percent of residents with pressure ulcers	5.01%	6.54%	0.00%	Y	
Metric 2: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.00%	0.30%	0.00%	Y	