

# **EXHIBIT “A”**

2025 Toyota Rav4	price	extended Warranty	Sales price	
Community Toyota Baytown, Texas	31204	3075	34279	
Silsbee Toyota Silsbee, Texas	31651	2593	34244	5 year 100,000 miles \$100 Deductable
	31651	2656	34307	5 year 100,000 miles \$0 Deductable
Doggett Toyota Beaumont, Texas	35758			they would not give me a price for extended warranty that would have to come from finance

**Exhibit "B"**

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

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

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

Date: 9-10-25

Organization/Individual Requesting Grant Funds: Chambers County

Organization/Individual Address: PO Box 260

Winnie TX 77665

Contact Person: Jimmy Gore

Title: Commissioner pct1

Phone Number: 409-267-2644 Fax Number: \_\_\_\_\_

E-Mail Address: jgore@chambers.tx.gov

Name of Project, Program or Event: Senior Ride Program

Date of Program or Event: \_\_\_\_\_

Is your organization (check one):

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

Dollar Amount or In-kind Services Requested: Toyota Rav4 \$31,651.00

Please provide a comprehensive description of how the District's resources will be used (Please complete below, or you may also attach support material): Car for the County to provides rides for WSHD indigent participants to Dr appointments

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

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

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

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

Signature: Jimmy Gore

Name: Jimmy Gore

Title: Commissioner pct1

# **EXHIBIT “B-1”**

## Winnie-Stowell Hospital District

## Balance Sheet

09/23/25

As of August 31, 2025

Accrual Basis

	Aug 31, 25
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
100 Prosperity Bank -Checking	29,403.17
102 First Financial Bank	
102b FFB #4846 DACA	4,588,728.88
102c FFB #7190 Money Market	1,579,697.55
<b>Total 102 First Financial Bank</b>	<b>6,168,426.43</b>
105 TexStar	7,093,837.76
108 Nursing Home Banks Combined	5,111,508.43
<b>Total Checking/Savings</b>	<b>18,403,175.79</b>
<b>Other Current Assets</b>	
110 Sales Tax Receivable	194,309.82
114 Accounts Receivable NH	88,339,642.46
115 Hosp Uncomp Care Receivable	85,698.81
116 - A/R CHOW - LOC	1,069,133.90
117 NH - QIPP Prog Receivable	66,051,204.93
119 Prepaid IGT	31,815,756.38
<b>Total Other Current Assets</b>	<b>187,555,746.30</b>
<b>Total Current Assets</b>	<b>205,958,922.09</b>
<b>Fixed Assets</b>	<b>3,921,372.33</b>
<b>Other Assets</b>	
118.01 Prepaid NH Fees	12,806.48
<b>Total Other Assets</b>	<b>12,806.48</b>
<b>TOTAL ASSETS</b>	<b>209,893,100.90</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
190 NH Payables Combined	5,269,151.36
201 NHP Accounts Payable	28,506,684.05
206 FFB Loan 26	14,644,894.33
206 FFB Loan 27	31,670,100.00
235 Payroll Liabilities	5,966.39
240 Accounts Payable NH Oper.	88,800,730.71
<b>Total Other Current Liabilities</b>	<b>168,897,526.84</b>
<b>Total Current Liabilities</b>	<b>168,897,526.84</b>
<b>Total Liabilities</b>	<b>168,897,526.84</b>
<b>Equity</b>	<b>40,995,574.06</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>209,893,100.90</b>

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

09/23/25

Accrual Basis

	Jan - Aug 25	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
400 Sales Tax Revenue	610,830.21	850,000.00	-239,169.79	71.9%
405 Investment Income	408,954.07	750,000.00	-341,045.93	54.5%
407 Rental Income	33,500.00	42,000.00	-8,500.00	79.8%
409 Tobacco Settlement	18,002.15	15,000.00	3,002.15	120.0%
415 Nursing Home - QIPP Program	82,329,863.42	123,487,690.00	-41,157,826.58	66.7%
<b>Total Income</b>	<b>83,401,149.85</b>	<b>125,144,690.00</b>	<b>-41,743,540.15</b>	<b>66.6%</b>
<b>Gross Profit</b>	<b>83,401,149.85</b>	<b>125,144,690.00</b>	<b>-41,743,540.15</b>	<b>66.6%</b>
<b>Expense</b>				
<b>500 Admin</b>				
501 Admin-Administrative Salary	50,000.00	75,000.00	-25,000.00	66.7%
502 Admin-Administrative Assnt	18,338.58	46,860.00	-28,521.42	39.1%
503 Admin - Staff Incentive Pay	0.00	8,500.00	-8,500.00	0.0%
504 Admin-Administrative PR Tax	7,132.77	9,500.00	-2,367.23	75.1%
505 Admin-Board Bonds	0.00	250.00	-250.00	0.0%
506 Admin - Emp. Insurance	45,031.73	81,000.00	-35,968.27	55.6%
507 Admin-Retirement	10,132.31	14,000.00	-3,867.69	72.4%
515 Admin-Bank Service Charges	3,673.48	2,000.00	1,673.48	183.7%
521 Professional Fees - Accntng	6,399.75	12,000.00	-5,600.25	53.3%
522 Professional Fees - Audit	0.00	34,000.00	-34,000.00	0.0%
523 Professional Fees - Legal	8,000.00	50,000.00	-42,000.00	16.0%
550 Admin-D&O / Liability Ins.	15,295.77	20,000.00	-4,704.23	76.5%
560 Admin-Cont Ed, Travel	3,164.20	6,500.00	-3,335.80	48.7%
562 Admin-Travel&Mileage Reimb.	1,348.50	2,500.00	-1,151.50	53.9%
569 Admin-Meals	2,581.30	3,500.00	-918.70	73.8%
570 Admin-District/County Prom	0.00	5,000.00	-5,000.00	0.0%
571 Admin-Office Supp. & Exp.	14,489.00	25,000.00	-10,511.00	58.0%
572 Admin-Web Site	0.00	1,000.00	-1,000.00	0.0%
573 Admin-Copier Lease/Contract	2,633.76	5,000.00	-2,366.24	52.7%
575 Admin-Cell Phone Reimburse	1,200.00	1,800.00	-600.00	66.7%
576 Admin-Telephone/Internet	2,932.60	3,500.00	-567.40	83.8%
577 - Admin Dues	1,895.00	1,895.00	0.00	100.0%
591 Admin-Notices & Fees	1,159.06	3,000.00	-1,840.94	38.6%
592 Admin Office Rent	2,720.00	4,080.00	-1,360.00	66.7%
593 Admin-Utilities	2,616.69	4,000.00	-1,383.31	65.4%
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	6,302.48	15,000.00	-8,697.52	42.0%
<b>Total 500 Admin</b>	<b>208,595.98</b>	<b>439,485.00</b>	<b>-230,889.02</b>	<b>47.5%</b>
<b>600 - IC Healthcare Expenses</b>				
<b>601 IC Provider Expenses</b>				
601.01a IC Pmt to Hosp-Indigent	349,233.46	435,700.00	-86,466.54	80.2%
601.01b IC Pmt to Coastal (Ind)	6,461.01	25,000.00	-18,538.99	25.8%
601.01c IC Pmt to Thompson	7,446.30	18,000.00	-10,553.70	41.4%
601.02 IC Pmt to UTMB	303,862.10	300,000.00	3,862.10	101.3%
<b>601.03 IC Special Programs</b>				
601.03a Dental	10,458.00	30,000.00	-19,542.00	34.9%
601.03b IC Vision	1,300.00	2,750.00	-1,450.00	47.3%
601.04 IC-Non Hosp Cost-Other	23,675.58	35,000.00	-11,324.42	67.6%
601.05 IC - Chairty Care Prog	273.61	25,000.00	-24,726.39	1.1%
<b>Total 601.03 IC Special Programs</b>	<b>35,707.19</b>	<b>92,750.00</b>	<b>-57,042.81</b>	<b>38.5%</b>
<b>Total 601 IC Provider Expenses</b>	<b>702,710.06</b>	<b>871,450.00</b>	<b>-168,739.94</b>	<b>80.6%</b>
602 IC-WCH 1115 Waiver Prog	155,911.02	420,000.00	-264,088.98	37.1%
603 IC-Pharmaceutical Costs	30,725.86	80,000.00	-49,274.14	38.4%
605 IC-Office Supplies/Postage	477.27	2,000.00	-1,522.73	23.9%
610 IC-Community Health Prog.	74,595.28	111,893.00	-37,297.72	66.7%
611 IC-Indigent Care Dir Salary	40,000.00	60,000.00	-20,000.00	66.7%
612 IC-Payroll Taxes -Ind Care	1,198.50	4,500.00	-3,301.50	26.6%
615 IC-Software	16,184.00	25,000.00	-8,816.00	64.7%
616 IC-Travel	37.50	1,000.00	-962.50	3.8%
<b>617 Youth Programs</b>				
617.01 Youth Counseling	3,400.00	25,000.00	-21,600.00	13.6%
617.02 Irlen Program	500.00	1,600.00	-1,100.00	31.3%
<b>Total 617 Youth Programs</b>	<b>3,900.00</b>	<b>26,600.00</b>	<b>-22,700.00</b>	<b>14.7%</b>
<b>Total 600 - IC Healthcare Expenses</b>	<b>1,025,739.49</b>	<b>1,602,443.00</b>	<b>-576,703.51</b>	<b>64.0%</b>

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

	Jan - Aug 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%
620.03 WSVEMS	226,116.45	265,403.04	-39,286.59	85.2%
620.05 East Chambers ISD	189,856.36	278,165.04	-88,308.68	68.3%
620.06 FQHC(Coastal)	614,861.80	823,734.00	-208,872.20	74.6%
620.09 Admin-Cont Ed-Med Pers.	3,150.18	8,647.44	-5,497.26	36.4%
<b>Total 620 WSHD - Grants</b>	<b>1,252,263.66</b>	<b>1,490,949.52</b>	<b>-238,685.86</b>	<b>84.0%</b>
<b>630 NH Program</b>				
630 NH Program-Mgt Fees	31,712,588.13	44,776,079.56	-13,063,491.43	70.8%
631 NH Program-IGT	39,087,316.32	59,470,097.67	-20,382,781.35	65.7%
632 NH Program-Telehealth Fees	241,205.68	400,000.00	-158,794.32	60.3%
633 NH Program-Acctg Fees	57,597.75	100,000.00	-42,402.25	57.6%
634 NH Program-Legal Fees	121,011.25	350,000.00	-228,988.75	34.6%
635 NH Program-LTC Fees	3,372,000.00	5,118,000.00	-1,746,000.00	65.9%
637 NH Program-Interest Expense	2,193,786.07	4,895,659.55	-2,701,873.48	44.8%
638 NH Program-Loan/Bank Fees	328,490.82	655,734.76	-327,243.94	50.1%
639 NH Program-Appraisal	7,759.00	96,000.00	-88,241.00	8.1%
641 NH Program-NH Manager	11,990.00	20,400.00	-8,410.00	58.8%
<b>Total 630 NH Program</b>	<b>77,133,745.02</b>	<b>115,881,971.54</b>	<b>-38,748,226.52</b>	<b>66.6%</b>
674 Prop Acquisition/Development	564,665.67	4,500,000.00	-3,935,334.33	12.5%
675 HWY 124 Expenses				
675.01 Tony's BBQ Bldg Expenses	25,708.82	25,000.00	708.82	102.8%
675.02 Clinic Expenses	0.00	10,000.00	-10,000.00	0.0%
675.03 - Clinic Property Ins	10,372.57	17,500.00	-7,127.43	59.3%
<b>Total 675 HWY 124 Expenses</b>	<b>36,081.39</b>	<b>52,500.00</b>	<b>-16,418.61</b>	<b>68.7%</b>
<b>Total Expense</b>	<b>80,221,091.21</b>	<b>123,967,349.06</b>	<b>-43,746,257.85</b>	<b>64.7%</b>
<b>Net Ordinary Income</b>	<b>3,180,058.64</b>	<b>1,177,340.94</b>	<b>2,002,717.70</b>	<b>270.1%</b>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
416 Nursing Home Operations	283,766,081.18			
<b>Total Other Income</b>	<b>283,766,081.18</b>			
<b>Other Expense</b>				
640 Nursing Home Oper. Expenses	283,766,081.18			
<b>Total Other Expense</b>	<b>283,766,081.18</b>			
<b>Net Other Income</b>	<b>0.00</b>			
<b>Net Income</b>	<b>3,180,058.64</b>	<b>1,177,340.94</b>	<b>2,002,717.70</b>	<b>270.1%</b>

# **EXHIBIT “B-2”**

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**WSHD Treasurer's Report**

Reporting Date: <b>Wednesday, September 24, 2025</b>					
Pending Expenses		For	Amount	Funds Summary	Totals
Bayside Dental	SP Program		\$1,490.00	Prosperity Operating (Unrestricted)	\$593,802.01
Brookshire Brothers	Indigent Care		\$2,104.87	First Financial DACA (Unrestricted)	\$12,747,140.98
CABA Therapy Services dba Physio	SP Program		\$2,270.88	First Financial DACA (Restricted)	\$5,351,143.50
Coastal Gateway Health Center	Indigent Care		\$1,260.60	First Financial Money Market	\$1,578,968.71
Winnie-Stowell EMS	Grant Pmt		\$38,193.60	TexStar (Restricted)	\$7,093,837.76
Kalos Counseling	Youth Counseling		\$680.00	FFB CD Balance	\$0.00
Thompson Outpatient Clinic, LLC	Indigent Care		\$1,338.00	Total District Funds	<b>\$27,364,892.96</b>
UTMB at Galveston	Indigent Care		\$28,398.01	Less First Financial (Restricted)	<b>(\$5,351,143.50)</b>
UTMB Faculty Group Practice	Indigent Care		\$4,678.43	Less TexStar Restricted Amount	<b>(\$500,000.00)</b>
Wilcox Pharmacy	Indigent Care		\$1,207.47	Less LOC Outstanding	\$0.00
Function4	INV1236000		\$322.33	Less First Financial Money Market	\$0.00
Benckenstein & Oxford	Invoice No 51403		\$7,130.00	Less Committed Funds (See Total Commitment)	<b>(\$280,612.02)</b>
Graciela Chavez	Invoice 965989		\$140.00	Cash Position (Less First Financial Restricted)	<b>\$21,233,137.44</b>
Dr. June Stansky	SP Program		\$120.00	Pending Expenses	<b>(\$180,071.40)</b>
3Branch & More	Inv # 45911		\$9,324.41	Ending Balance (Cash Position-Pending Expenses)	\$21,053,066.04
Felipe Ojeda	Invoice# 1066		\$350.00	*Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Outstanding Chow Loans)	<b>\$32,854,318.97</b>
Technology Solutions	Inv # 1983		\$159.13	<b>Prior Month</b>	
Indigent Healthcare Solutions	Indigent Care		\$2,023.00	Prosperity Operating (Unrestricted)	\$214,834.06
Vidal Accounting Services	Invoice 00108		\$4,200.00	First Financial (Unrestricted)	\$4,725,049.84
Curtis Scott Johnson	July WSHD202507 & Aug WSHD202508		\$2,600.00	First Financial (Restricted)	\$297,560.57
Hubert Oxford	Retainer		\$1,000.00	First Financial Money Market	\$16,376,824.09
The Seabreeze Beacon	INV 8550 Fall Sports Ad		\$500.00	TexStar (Restricted)	\$7,068,109.33
Chambers County PHD ER	Indigent Care		\$1,586.17	FFB CD Balance	\$0.00
Coastal Gateway Health Center	Grant Pmt		\$68,644.50	Total District Funds	<b>\$28,682,377.89</b>
\$25 Optical	SP Program		\$100.00	Less First Financial (Restricted)	<b>(\$297,560.57)</b>
Kahla Home & Earth Solutions	Inv # 092525		\$250.00	Less TexStar Reserve Account	<b>(\$500,000.00)</b>
	<b>Total Expenses:</b>		\$180,071.40	Less LOC Outstanding	\$0.00
				Less First Financial Money Market (Restricted)	\$0.00
				Less Committed Funds (See Total Commitment)	<b>(\$373,005.59)</b>
				Cash Position (Less First Financial Restricted)	<b>\$27,511,811.73</b>
				Pending Expenses	<b>(\$167,571.72)</b>
				Ending Balance (Cash Position-Pending Expenses)	<b>\$27,344,240.01</b>
				Total Funds (Ending Balance+LOC Outstanding+QIPP Funds Outstanding+Committed Funds)	<b>\$28,544,509.70</b>

**First Financial Bank Reconciliations**

FFB Balance	\$18,098,284.48				
	Restricted Funds	Total Scheduled Payment	Balance Received	Balance Due	Due to District
<b>Adjustments</b>					
QIPP YR 7 Adjustment 2	\$7,324.63	\$37,929.14	\$12,257.16	\$25,671.98	\$7,701.59
QIPP YR 5 Final Total	\$75,909.73	\$139,948.67	\$145,884.06	\$0.00	\$0.00
<b>Total QIPP YR 5 FINAL</b>	<b>\$83,234.35</b>	<b>\$177,877.81</b>	<b>\$158,141.22</b>	<b>\$25,671.98</b>	<b>\$7,701.59</b>

<b>Yr. 8, Component 1 (Public &amp; Private)</b>					
Yr. 8, Component 1 Q3	\$0.00	\$14,179,833.73	\$6,430,636.20	\$7,749,197.53	\$7,749,197.53
<b>Total Component 2 due to MGRs.</b>	<b>\$0.00</b>	<b>\$14,179,833.73</b>	<b>\$6,430,636.20</b>	<b>\$7,749,197.53</b>	<b>\$7,749,197.53</b>

<b>Yr. 8, Component 2 (Public &amp; Private)</b>					
Yr. 8, Component 2 Q3	\$1,210,303.31	\$3,532,087.67	\$1,729,004.73	\$1,803,082.94	\$540,924.88
<b>Total Component 2 due to MGRs.</b>	<b>\$1,210,303.31</b>	<b>\$3,532,087.67</b>	<b>\$1,729,004.73</b>	<b>\$1,803,082.94</b>	<b>\$540,924.88</b>

<b>Yr. 8, Component 3 (Public &amp; Private)</b>					
Yr. 8, Component 3 Q3	\$1,602,902.10	\$4,890,348.93	\$2,289,860.14	\$2,600,488.79	\$780,146.64
<b>Total Component 3 due to MGRs</b>	<b>\$1,602,902.10</b>	<b>\$4,890,348.93</b>	<b>\$2,289,860.14</b>	<b>\$2,600,488.79</b>	<b>\$780,146.64</b>

<b>Yr. 8, Component 4 (Public Only)</b>					
Yr. 8, Component 4 Q3	\$1,441,105.74	\$4,429,531.82	\$2,058,722.48	\$2,370,809.34	\$711,242.80
<b>Total Component 4 due to MGRs</b>	<b>\$1,441,105.74</b>	<b>\$4,429,531.82</b>	<b>\$2,058,722.48</b>	<b>\$2,370,809.34</b>	<b>\$711,242.80</b>

<b>Yr. 8, Lapse Funds</b>					
Yr. 8, Component Lapse Q3	\$1,013,598.01	\$4,771,505.73	\$1,447,997.15	\$3,323,508.58	\$997,052.57
<b>Total Lapse Funds 4 due to MGRs</b>	<b>\$1,013,598.01</b>	<b>\$4,771,505.73</b>	<b>\$1,447,997.15</b>	<b>\$3,323,508.58</b>	<b>\$997,052.57</b>

<b>Non-QIPP Funds</b>					
Restricted	\$5,351,143.50				
Unrestricted	\$12,747,140.98				
<b>Total Funds</b>	<b>\$18,098,284.48</b>				

**Committed Funds**

Commitment	Total Initial Commitment	YTD Paid by District	Committed Balance
1. FQHC Grant Funding-2024	\$823,734.00	\$651,856.44	\$171,877.56
2. Coastal Marketing Grant	\$276,040.00	\$276,040.00	\$0.00
3. East Chambers ISD	\$278,165.04	\$208,623.78	\$69,541.26
4. WSVEMS Grant	\$265,403.04	\$226,209.84	\$39,193.20
<b>Total Commitments</b>	<b>\$1,643,342.08</b>	<b>\$1,362,730.06</b>	<b>\$280,612.02</b>

Hospital - DY 8 Repayment			
	Amount Advanced by District	IC Repayment	Balance Owed by RMC
January 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
	<b>\$1,626,429.00</b>	<b>\$1,540,730.19</b>	<b>\$85,698.81</b>

CHOW Interim Working Capital Loan					
	Initial Advance Allowed	Total Amount Advanced	Advance Remaining	Amount Paid Back to Date	Amount Due to District
<b>Golden Triangle (10 Months - November 20, 2025)</b>					
RS Golden Triangle - Oak Grove	\$1,360,000.00	\$1,194,133.90	\$165,866.10	\$264,845.80	\$929,288.10
Balance Owed by Oak Grove	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$264,845.80</b>	<b>\$929,288.10</b>
Total CHOW Loan Outstanding	<b>\$1,360,000.00</b>	<b>\$1,194,133.90</b>	<b>\$165,866.10</b>	<b>\$264,845.80</b>	<b>\$929,288.10</b>

First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 26 (Acct #57635) (December 12, 2024 - November 30, 2025) 2nd Half of Year 8					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$302,900.00
Years:	1	Amount:	\$29,324,000.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
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	(\$85,428.55)	(\$85,428.55)	\$14,644,894.33
11-October 25, 2025	\$0.00	\$0.00	(\$85,428.55)	(\$85,428.55)	\$14,644,894.33
12-November 25, 2025 (YR8 Q4)	\$14,644,894.33	(\$14,644,894.33)	(\$85,428.55)	(\$14,730,322.88)	\$0.00
<b>Amount Paid</b>	<b>\$29,324,000.00</b>	<b>(\$29,324,000.00)</b>	<b>(\$1,730,020.28)</b>	<b>(\$31,054,020.28)</b>	

First Financial Bank-11 Month Outstanding Short Term Revenue Note-Loan 27 (July 31, 2025 - July 25, 2026) 1st Half of Year 9					
Annual Interest Rate:	7.00%	Payments Per Year:	12	Origination Fee:	\$323,700.00
Years:	1	Amount:	\$31,670,100.00		
Amortization Table	Component Payment	Principle	Interest	Payment	Balance
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			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
4-November 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
5-December 25, 2025			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
6-January 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
7-February 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
8-March 25, 2026			(\$184,742.25)	(\$184,742.25)	\$31,670,100.00
9-April 25, 2026 (YR9 Q1)	\$15,835,050.00	(\$15,835,050.00)	(\$184,742.25)	(\$16,019,792.25)	\$15,835,050.00
10-May 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
11-June 25, 2026	\$0.00	\$0.00	(\$92,371.13)	(\$92,371.13)	\$15,835,050.00
12-July 25, 2026 (YR9 Q2)	\$15,835,050.00	(\$15,835,050.00)	(\$92,371.13)	(\$14,730,429.17)	\$0.00
<b>Amount Paid</b>	<b>\$31,670,100.00</b>	<b>(\$31,670,100.00)</b>	<b>(\$1,970,584.00)</b>	<b>(\$32,443,692.04)</b>	

District's Investments					
	Balance	Interest Paid	Reporting Period	Paid this Reporting Period	Interest Paid YTD
<b>*CD at First Financial Bank Bank UPDATE</b>					
Money Market-First Financial Bank	\$1,578,968.71	3.69%	August 2025	\$40,981.51	\$144,241.16
Texstar C.D. #1110	\$7,093,837.76	4.286%	August 2025	\$25,728.43	\$258,949.16

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

# **EXHIBIT “B-3”**

**Winnie-Stowell Hospital District**  
**Bank Accounts Register**  
**August 21, 2025 to September 24, 2025**

Type	Date	Num	Name	Memo	Clr	Amount	Balance
<b>100 Prosperity Bank -Checking</b>							43,956.21
Check	08/21/2025			ACH, Withdrawal, Processed	X	(3,029.58)	40,926.63
Check	08/25/2025		Entergy	ACH, Withdrawal, Processed	X	(241.85)	40,684.78
Liability C...	08/28/2025		QuickBooks Payroll Service	Created by Payroll Service on 08/26/2025	X	(5,524.77)	35,160.01
Check	08/28/2025	4696	Ethan Kahla	Inv 0825-25		(985.00)	34,175.01
Paycheck	08/29/2025	DD1444	Carlo, Victoria M	Direct Deposit	X		34,175.01
Paycheck	08/29/2025	DD1445	Davis, Tina R	Direct Deposit	X		34,175.01
Paycheck	08/29/2025	DD1446	Barron, Kiela M	Direct Deposit	X		34,175.01
Check	08/29/2025		Blue Cross Blue Shield of Texas	ACH, Withdrawal, Processed	X	(5,794.70)	28,380.31
Deposit	08/31/2025			Deposit, Processed	X	37.86	28,418.17
Check	09/09/2025	4697	Ethan Kahla	090125		(850.00)	27,568.17
Liability C...	09/12/2025		QuickBooks Payroll Service	Created by Payroll Service on 09/11/2025		(5,414.11)	22,154.06
Paycheck	09/15/2025	DD1448	Davis, Tina R	Direct Deposit	X		22,154.06
Paycheck	09/15/2025	DD1447	Carlo, Victoria M	Direct Deposit	X		22,154.06
Paycheck	09/15/2025	DD1449	Barron, Kiela M	Direct Deposit	X		22,154.06
Check	09/18/2025	4698	Ethan Kahla	091125		(250.00)	21,904.06
Check	09/24/2025	4699	Brookshire Brothers	Batch Date 08/04/25		(2,104.87)	19,799.19
Check	09/24/2025	4700	CABA Therapy Services dba Ph...	Batch Dates 08/10/25		(2,270.88)	17,528.31
Check	09/24/2025	4701	Chambers County Phd Er	Batch Dates 08/01 /25		(1,586.17)	15,942.14
Check	09/24/2025	4702	Coastal Gateway Health Center	Batch Dates 08/11/25		(1,260.60)	14,681.54
Check	09/24/2025	4703	\$25 Optical	Batch Dates 08/08/25		(100.00)	14,581.54
Check	09/24/2025	4704	Bayside Dental	Batch Dates 08/08/25		(1,490.00)	13,091.54
Check	09/24/2025	4705	Dr. June Stansky, Optometrist	Batch Dates 08/08/25		(120.00)	12,971.54
Check	09/24/2025	4706	Kalos Counseling	Batch Dates 08/02/25		(680.00)	12,291.54
Check	09/24/2025	4707	Thompson Outpatient Clinic, LLC	Batch Dates 08/11/25		(1,338.00)	10,953.54
Check	09/24/2025	4708	UTMB Faculty Group Practice	Batch Dates 08/01/25		(4,678.43)	6,275.11
Check	09/24/2025	4709	UTMB at Galveston	Batch Dates 08/01/25		(28,398.01)	(22,122.90)
Check	09/24/2025	4710	Wilcox Pharmacy	Batch Dates 08/03/25		(1,207.47)	(23,330.37)
Check	09/24/2025	4711	3Branch & More	Inv 45911		(9,324.41)	(32,654.78)
Check	09/24/2025	4712	Benckenstein & Oxford	Invoice # 51403		(7,130.00)	(39,784.78)
Check	09/24/2025	4713	Coastal Gateway Health Center	September Grant		(68,644.50)	(108,429.28)
Check	09/24/2025	4714	Curtis Scott Johnson	Inv WSHD202507 & WSHD202508		(2,600.00)	(111,029.28)
Check	09/24/2025	4715	Felipe Ojeda	Inv 1066		(350.00)	(111,379.28)
Check	09/24/2025	4716	Function 4	3A0064 INV1236000		(322.33)	(111,701.61)
Check	09/24/2025	4717	Graciela Chavez	965989		(140.00)	(111,841.61)
Check	09/24/2025	4718	Indigent Healthcare Solutions, ...	80564		(2,023.00)	(113,864.61)
Check	09/24/2025	4719	Vidal Accounting, PLLC	Inv 00108		(4,200.00)	(118,064.61)
Check	09/24/2025	4720	Technology Solutions of Texas, ...	Inv 1983		(159.13)	(118,223.74)
Check	09/24/2025	4721	The Seabreeze Beacon	8550		(500.00)	(118,723.74)
Check	09/24/2025	4722	Hubert Oxford	Retainer		(1,000.00)	(119,723.74)
Check	09/25/2025	4723	Ethan Kahla	# 092525		(250.00)	(119,973.74)
Check	10/01/2025	4724	Winnie-Stowell Volunteer EMS	Qtrly Grant Check		(38,193.60)	(158,167.34)
<b>Total 100 Prosperity Bank -Checking</b>						<b>(202,123.55)</b>	<b>(158,167.34)</b>
<b>102 First Financial Bank</b>							21,489,726.31
<b>102b FFB #4846 DACA</b>							5,112,251.71
Check	08/22/2025				X	(215,532.62)	4,896,719.09
Check	08/22/2025			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(26,894.00)	4,869,825.09
Check	08/22/2025			UHCnonQIPPWinnie-Stowell HCCD 1611500560	X	(217,800.00)	4,652,025.09
Check	08/25/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	36,814.18	4,688,839.27
Check	08/26/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...	X	1,300.44	4,690,139.71
Check	08/27/2025			Incentive Winnie-Stowell HCCD 1611500560	X	(18,034.00)	4,672,105.71
Check	08/28/2025			ACH PaymenWinnie-Stowell HCCD 1611500560	X	(89,021.53)	4,583,084.18
Check	08/29/2025			Memo:Transfer from DDA Acct No. 1110214838-D Payee:Transfer fro...		5,644.70	4,588,728.88
<b>Total 102b FFB #4846 DACA</b>						<b>(523,522.83)</b>	<b>4,588,728.88</b>
<b>102c FFB #7190 Money Market</b>							16,377,474.60
Check	08/22/2025			Transfer from XXX7190 to XXX1984: Conf #:27214507	X	(14,838,758.56)	1,538,716.04
Deposit	08/31/2025			Interest	X	40,981.51	1,579,697.55
<b>Total 102c FFB #7190 Money Market</b>						<b>(14,797,777.05)</b>	<b>1,579,697.55</b>
<b>Total 102 First Financial Bank</b>						<b>(15,321,299.88)</b>	<b>6,168,426.43</b>
<b>TOTAL</b>						<b>(15,523,423.43)</b>	<b>6,010,259.09</b>

# **EXHIBIT “C”**



September 24, 2025

WSHD Regular Board Meeting Indigent Care Report

1. Summary:

In August, the Indigent Care Program experienced a decrease of three (3) clients.

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

Budget and Billing Update

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

Note: UTMB may go over budget due to the severity of illnesses multiple clients are currently experiencing. We have six (6) clients who have maxed benefits for the year. They continue to bill one month behind due to their billing cycle.

Riceland is currently at 80% of its budget. Due to an increase in ER visits and ancillary charges they will exceed budget if we maintain the current trajectory.

Vendor Update

Winnie Family Dental has decided to terminate their contract with the Winnie Stowell Hospital District. We currently do not have any clients seeing Winnie Family Dental. All are seeing Bayside Dental. This will not negatively affect the Indigent Care Program.

Indigent Care Department

WSHD attended the ECISD Back to School Bash and assisted in the assembly and distribution of supply filled backpacks to the students within the district. We look sent out flyers for both the Indigent Care Program and the Community Health Worker Program.

Victoria and I will be attending the TIHCA Conference next month from 10/22 through 10/24.

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

2. Active Client Trends:

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



**3. Renewals & Approvals:**

August Client Activity	Total	Approved	Denied	No Show	Withdrew	Pending
Renewals	10	7	0	1	2	5
Late Renewals/Previous Client	6	6	0	0	0	0
New Applicants	4	1	0	0	0	3

**Services Usage**

**Youth Counseling:**

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

**Dental:**

- Eight (8) clients used their benefit in August.

**Vision Services:**

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

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

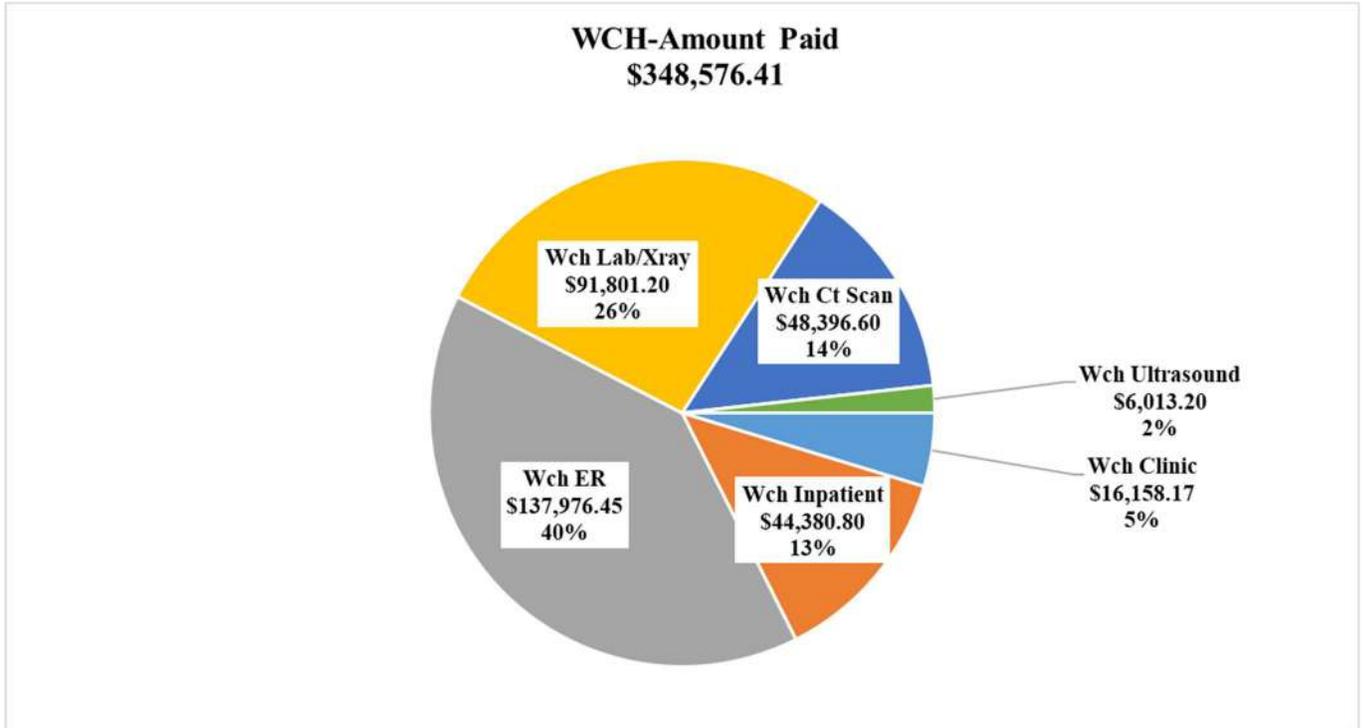
Service Provider	June	July	Aug	YTD Monthly Average
Local Clinics	\$ 2,160.69	\$ 2,361.59	\$ 4,869.48	\$ 2,984.67
UTMB (Includes Charity Care)	\$ 39,985.57	\$ 55,163.55	\$ 33,076.44	\$ 34,926.45
Riceland Medical Center	\$ 42,442.19	\$ 46,220.99	\$ 54,845.06	\$ 43,572.05
Pharmacy Costs (Includes Charity Care)	\$ 4,068.25	\$ 4,326.03	\$ 3,312.34	\$ 3,861.14
Indigent Special Services (Dental & Vision)	\$ 1,160.00	\$ 1,040.00	\$ 1,710.00	\$ 1,146.63
Medical Supplies (C-PAP)	\$ -	\$ -	\$ -	\$ 106.25
Non Contract ER Services (Includes WSEMS)	\$ 13,070.12	\$ 725.21	\$ 1,586.17	\$ 2,095.11
<b>Other Services</b>				
Irlen Services	\$ -	\$ -	\$ -	\$ 62.50
Youth Counseling	\$ 425.00	\$ 425.00	\$ 255.00	\$ 393.13
<b>Total</b>	<b>\$ 103,311.82</b>	<b>\$ 110,262.37</b>	<b>\$ 99,654.49</b>	<b>\$ 79,990.95</b>

**5. YTD Budget Expenditures:**

Indigent Service	2025 Budget	YTD Expense	% of Budget
Pharmacy	\$80,000.00	\$30,615.50	38%
WCH	\$435,700.00	\$348,576.41	80%
UTMB	\$300,000.00	\$279,411.60	93%
Youth Counseling	\$25,000.00	\$3,145.00	13%
Irlen	\$1,600.00	\$500.00	31%
Dental	\$28,000.00	\$7,773.00	28%
Vision	\$2,750.00	\$1,400.00	51%
CGHC Clinic	\$25,000.00	\$6,928.57	28%
Thompson Clinic	\$18,000.00	\$7,905.85	44%
Other Non-Contract/Unspecified Services	\$35,000.00	\$26,653.88	76%
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>\$713,183.42</b>	<b>73%</b>



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



# **EXHIBIT “D”**



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

<b>VEHICLE #1</b>		<b>EAST SIDE VAN #1</b>	
TOTAL MILES DRIVEN			3823
TOTAL HOURS DRIVEN			208.63
TOTAL EXPENSES FOR MONTH			\$726.40
FUEL COST			\$726.40
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			42
TOTAL WSHD RIDERS			0
TOTAL TRIPS			86
TOTAL TRIPS FOR WSHD RIDERS			0
<b>VEHICLE #2</b>		<b>EAST SIDE VAN #2</b>	
TOTAL MILES DRIVEN			2495
TOTAL HOURS DRIVEN			112.28
TOTAL EXPENSES FOR MONTH			\$401.07
FUEL COST			\$401.07
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			\$0.00
TOTAL RIDERS			22
TOTAL WSHD RIDERS			2
TOTAL TRIPS			42
TOTAL TRIPS FOR WSHD RIDERS			2
<b>VEHICLE #3</b>		<b>RAV 4</b>	
TOTAL MILES DRIVEN			5181
TOTAL HOURS DRIVEN			173.50
TOTAL EXPENSES FOR MONTH			\$508.36
FUEL COST			\$458.13
REPAIRS & MAINTENANCE COST	oil change, labor		\$50.23
MISC EXPENSES			\$0.00
TOTAL RIDERS			21
TOTAL WSHD RIDERS			0
TOTAL TRIPS			51
TOTAL TRIPS FOR WSHD RIDERS			0
<b>VEHICLE #4</b>		<b>VAN #3</b>	
TOTAL MILES DRIVEN			2609
TOTAL HOURS DRIVEN			169.00
TOTAL EXPENSES FOR MONTH			\$368.41
FUEL COST			\$368.41
REPAIRS & MAINTENANCE COST			\$0.00
MISC EXPENSES			
TOTAL RIDERS			24
TOTAL WSHD RIDERS			2
TOTAL TRIPS			45
TOTAL TRIPS FOR WSHD RIDERS			2
<b>GRAND TOTALS</b>			
MILES DRIVEN			14108
RIDERS			109
WSHD RIDERS			4
TRIPS			224
WSHD TRIPS			4
EXPENSES			\$2,004.24

Year to Date Details for 2025	Previous Year (2024) End	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	YTD DATE
<b>CALL SUMMARY</b>									
CALLS/TRANSPORTS REQUESTED	127	14	9	8	14	5	7	4	70
CALLS/TRANSPORTS MADE									
INSURED	89	10	7	7	8	5	5	2	52
SELF-PAY	18	0	0	0	2	0	1	2	5
TOTAL CALLS MADE	107	10	7	7	10	5	6	4	57
CALLS/TRANSPORTS DELAYED	3	0	0	0	0	0	0	0	0
TRANSPORTS NOT MADE	20	4	2	1	4	0	1	0	13
PERCENTAGE OF CALLS MADE	84.3%	71.4%	77.8%	87.5%	71.4%	100.0%	85.7%	100.0%	81.4%
<b>INVOICED/BILLED</b>									
Insurance Billed for Services this Month	\$143,279.23	\$14,891.22	\$6,483.59	\$11,204.00	\$14,032.93	\$10,368.20	\$6,586.59	\$5,534.00	\$90,808.53
Self-Pay Billed for Services this Month	\$14,579.19	\$0.00	\$0.00	\$0.00	\$1,393.42	\$2,710.00	\$3,010.00	\$3,730.86	\$10,844.28
<b>Total</b>	<b>\$157,858.42</b>	<b>\$14,891.22</b>	<b>\$6,483.59</b>	<b>\$11,204.00</b>	<b>\$15,426.35</b>	<b>\$13,078.20</b>	<b>\$9,596.59</b>	<b>\$9,264.86</b>	<b>\$101,652.81</b>
<b>PAYMENTS RECEIVED</b>									
Insurance Payments Rcvd for Services this Month	\$53,989.68	\$3,574.21	\$3,241.59	\$6,646.08	\$4,338.93	\$2,735.77	\$2,356.48	\$0.00	\$22,893.06
Self-Pay Billed Rcvd for Services this Month	\$11,645.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$65,634.82</b>	<b>\$3,574.21</b>	<b>\$3,241.59</b>	<b>\$6,646.08</b>	<b>\$4,338.93</b>	<b>\$2,735.77</b>	<b>\$2,356.48</b>	<b>\$0.00</b>	<b>\$22,893.06</b>
<b>ACCOUNTS RECEIVABLE-FUNDS OWED</b>									
Owed by Insurance for Services this Month	\$52,042.81	\$11,316.99	\$3,242.00	\$4,558.75	\$9,694.00	\$7,632.43	\$5,330.11	\$5,534.00	\$69,016.28
Owed by Self-Pay for Services this Month	\$3,424.94	\$0.00	\$0.00	\$0.00	\$1,393.42	\$2,710.00	\$3,010.00	\$3,730.86	\$10,844.28
<b>Total</b>	<b>\$55,467.75</b>	<b>\$11,316.99</b>	<b>\$3,242.00</b>	<b>\$4,558.75</b>	<b>\$11,087.42</b>	<b>\$10,342.43</b>	<b>\$8,340.11</b>	<b>\$9,264.86</b>	<b>\$79,860.56</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	\$101,059.12

## MONTHLY CALLS/TRANSPORTS REPORT

CALLS REQUESTED			CALL RESULTS			BILLING DETAILS
DATE	PICK UP LOCATION	DROP OFF LOCATION	MADE: M	DELAYED: D	REASSIGNED: R	WSEMS Incident#
8/6/2025	Riceland ER	Baytown Methodst	M			24-24325
8/6/2025	Riceland ER	Baytown Methodst	M			24-24406
8/14/2025	Riceland ER	Beaumont, Turned down, did not have a truck available.			R	
8/18/2025	Riceland ER	Baytown Methodst	M			25-25718
8/21/2025	Riceland ER	St. Elizabeth Beaumont	M			25-26040
8/23/2025	Riceland ER	Baytown Methodst	M			25-26277
8/25/2025	Riceland ER	Baytown Methodst	M			25-26422
8/27/2025	Riceland ER	St. Elizabeth Beaumont	M			25-26699
8/29/2025	Riceland ER	Baytown Methodst	M			25-27022
<b>TOTAL CALLS &amp; RESULTS</b>			<b>9</b>	<b>8</b>	<b>0</b>	<b>1</b>

### Aug-25

#### MONTHLY TRANSPORT AMBULANCE EMPLOYEE SCHEDULE & PAYROLL

DATE	EMPLOYEE NAME	SHIFT SCHEDULE	GRANT ALLOWED SALARY (SPR HR)	MAXIMUM HOURS	MAXIMUM PAY	HOURS WORKED	Not Staffed SURPLUS or (DEFICIT)	OVER-TIME HOURS	GRANT FUNDED PAYROLL AMOUNT	Maximum v. Actual SURPLUS or (DEFICIT)	ACTUAL SALARY (SPR HR)	ACTUAL PAYROLL AMOUNT	GRANT vs ACTUAL SURPLUS or (DEFICIT)
8/1/2024	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
8/2/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
8/3/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$16.00	\$384.00	\$33.42
8/4/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
8/5/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
8/6/2024	Ron Nichols	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
8/7/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
8/8/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
8/9/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
8/10/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
8/11/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
8/12/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
8/13/2024	Andrew Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
8/14/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
8/15/2024	Boyd Abshire	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
8/16/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
8/17/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
8/18/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
8/19/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
8/20/2024	Ron Nichols	820am - 7am	\$17.39	24	\$417.42	22.67	(1.3)	0	\$394.28	(\$23.13)	\$22.00	\$498.74	(\$104.46)
8/21/2024	Ruthann Broussard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$20.00	\$480.00	(\$62.58)
8/22/2024	Brady Kirkgard	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
8/23/2024	Mark Matak	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$19.00	\$456.00	(\$38.58)
8/24/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
8/25/2024	Brad Eads	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$22.00	\$528.00	(\$110.58)
8/26/2024	Lori Peine	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$18.00	\$432.00	(\$14.58)
8/27/2024	Ruthann Broussard	7am - 12pm	\$17.39	5	\$86.96	5	0.0	0	\$86.96	\$0.00	\$20.00	\$100.00	(\$13.04)
8/27/2024	Haley Bridges	12pm - 7am	\$17.39	19	\$330.45	19	0.0	0	\$330.45	\$0.00	\$21.00	\$399.00	(\$68.55)
8/28/2024	Chris Reviere	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
8/29/2024	Haley Bridges	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$21.00	\$504.00	(\$86.58)
8/30/2024	Austin Isaacks	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$17.00	\$408.00	\$9.42
8/31/2024	Nicole Silva	7am - 7am	\$17.39	24	\$417.42	24	0.0	0	\$417.42	\$0.00	\$24.00	\$576.00	(\$158.58)
<b>TOTAL SALARY EXPENSE FOR THE MONTH:</b>			<b>\$17.39</b>	<b>744.00</b>	<b>\$12,939.91</b>	<b>742.67</b>	<b>(1.3)</b>	<b>0</b>	<b>\$12,916.78</b>	<b>(\$23.13)</b>	<b>\$20.16</b>	<b>\$14,965.74</b>	<b>(\$2,048.96)</b>

# Community Health Worker Program

	2024 YTD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	YTD
<b>CLIENTS SERVED</b>										
ICAP	10	15	25	18	29	35	22	16	19	179
Non-ICAP	21	23	19	31	27	60	23	30	21	234
<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>413</b>
<b>BENEFIT APPLICATION TYPE</b>										
Indigent Care Assistance Program (ICAP)	3	7	3	5	0	2	0	1	0	18
Prescription Assistance Program (PAP)	2	0	17	6	2	0	4	2	6	37
Medicaid	17	10	3	12	11	14	3	10	6	69
Medicare	1	2	0	2	0	0	0	1	1	6
Medicare Savings Plan	2	3	0	3	1	3	2	3	2	17
Food Stamps (SNAP)	43	17	22	28	34	47	36	29	24	237
Supplemental Security Income (SSI)	8	6	3	1	11	3	4	6	4	38
Retirement, Survivor, Disability Income (RSDI)	9	6	5	1	12	5	3	7	4	43
Unemployment/Texas Workforce	3	1	0	2	3	2	1	1	0	10
Housing	2	0	2	4	0	1	1	2	0	10
Utilities	2	0	0	1	0	0	0	1	0	2
Legal Aid	0	1	0	0	0	0	0	1	0	2
OTHER	2	3	2	1	2	1	2	4	1	16
<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>505</b>
<b>EXPENSES</b>										
Personnel	\$23,811.00	\$6,300.00	\$7,018.75	\$5,731.25	\$6,459.92	\$6,500.00	\$6,500.00	\$8,500.00	\$6,500.00	\$53,509.92
Operational	\$2,844.95	\$816.00	\$34.28	\$537.38	\$4.00	\$4.00	\$409.82	\$4.00	\$44.72	\$1,854.20
<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>\$6,544.72</b>	<b>\$55,364.12</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>\$56,528.88</b>	<b>\$56,528.88</b>

Year to Date Details	2024-2025	1st Qtr Totals Sept 2024-Nov 2024	2nd Qtr Totals Dec 2024-Feb 2025	3rd Qtr Totals Mar 2025-May 2025	4th Qtr Totals June 2025-Aug 2025	YTD DATE
<b>ACCIDENT INSURANCE</b>						
Number of Students Insured		1558	1562	1583	1561	
Number of Claims Filed		17	12	21	12	62
<b>CONTRACTED SERVICES (THERAPY)</b>						
Number of Students Using:		410	370	379	129	1288
Counseling		183	152	141		476
Occupational Therapy		106	95	115	20	336
Speech Therapy-provided by district speech pathologist		97	98	101	101	397
Physical Therapy		24	25	22	8	79
<b>SCREENINGS</b>						
Number of Students Screened:		964	209	456	0	1629
Vision		488	25	223	0	736
Hearing		476	25	233	0	734
Scoliosis		0	159	0	0	159
<b>NURSE SALARY &amp; BENEFITS, SUPPLIES, IMMUNIZATIONS, &amp; MISC SERVICES</b>						
Number of Nurses:		3	3	3	3	
Number of Students:		1558	1562	1583	1561	6264
Given First Aid		645	691	410	165	1911
Medication Administered		1456	1284	1144	256	4140
Injuries		14	9	5	2	30

<b>2024-2025 Budget</b>					
Category	Actual (YTD)	Budget	Budget Amend.	Difference	Balance
Insurance	\$ 47,827.00	\$52,000.00	(\$4,173.00)	\$0.00	\$0.00
Therapy and Related Contracted Services (Partial)	\$ 1,459.50	\$2,100.00	\$51.00	\$0.00	\$691.50
3 Nurse Salaries/Benefits (Partial)	\$ 198,183.82	\$204,065.00	(\$13,890.00)	\$0.00	(\$8,008.82)
Nurse Supplies/Expenses (Partial)	\$ 37,714.94	\$20,000.00	\$18,012.00	\$0.00	\$297.06
Immunizations	\$ 90.00	\$0.00	\$0.00	\$0.00	(\$90.00)
<b>Total</b>	<b>\$285,275.26</b>	<b>\$278,165.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$7,110.26)</b>

Amendments approved by WSHD on 06.18.25. - We appreciate the Winnie Stowell Hospital District for the partnership in keeping our students healthy.

# **EXHIBIT “E”**



## Report to Winnie-Stowell Hospital District

September 24, 2025

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

- Dr. Lyons and I will be attending the Heart of Greater Houston Awards Luncheon by the American Heart Association on September 29, 2025 in Houston. This luncheon will recognize the clinic (and Dr. Lyons) for the quality metric related to hypertension (high blood pressure). We will be earning a ‘badge’ from this organization—which is a big deal!
- The United Way Campaign Video that Coastal Gateway participated in is completed and will be live on social media/internet very soon. The clip can currently be viewed from YouTube.
- Taylor LeDoux, MSN, RN (soon to be FNP-C) first day was Tuesday, September 2<sup>nd</sup>.
- Still working to finalize our selection with a management company for the 340B Program in order to ‘go-live’ with Wilcox Pharmacy as a contract pharmacy on October 1.
- Grants
  - **DSHS Incubator Grant.** This grant officially ended on August 31, 2025. Word is there will be opportunities for additional funding late this fall 2025.
- **Upcoming Events/Activities**
  - Hosted the Precinct 1 “Senior Citizen Get-Together” on August 14<sup>th</sup>.
  - Hosted the National Blood Clot Alliance onsite at the clinic, as well as a community luncheon on August 22<sup>nd</sup>.
  - Set up a booth at “Meet the Teacher Night” at East Chambers Primary on August 11<sup>th</sup>.
  - The Rose Mobile Mammo Bus was onsite on August 26<sup>th</sup>; 20 women received their mammogram.
  - The team attended the East Chambers Buccaneer Gala on Saturday, August 16<sup>th</sup>.
  - National Health Center Week activities during the week of August 4<sup>th</sup>. Proclamation at Commissioner’s Court on August 12<sup>th</sup>.
  - Winnie Area Chamber of Commerce and other local businesses hosted a Back-to-School bash for the Winnie-Stowell community on Friday, August 15<sup>th</sup>.
  - 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.
- The storage unit project at the 2<sup>nd</sup> Street metal building was completed last Tuesday. All deliveries have been made to the new space.



- Statistical report for July is attached for your review; there were 508 patient encounters. This is our highest month for patient volume to date.
- Continuing to work with Durbin and Co. (D&Co.) for completion of the cost report, re-credentialing with CMS for enhanced reimbursement rate, and revenue cycle review.

# **EXHIBIT “F”**

Facility ID	Operator	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%



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**Garland Nursing and Rehabilitation**

321 N Shiloh Rd  
Garland, TX 75042

August 27, 2025

Facility Administrator: Wanda Ledford

Garland Nursing and Rehabilitation is licensed for 122 beds, and its current census is 69 residents including 3 skilled patients. There is one planned admission tomorrow, but there are two respite patients planning to be discharged by Friday. Discussed facility's referral sources and review process.

The facility is fully staffed at this time. Wanda Ledford is the new administrator of Garland Nursing and Rehabilitation. Wanda began employment at the beginning of August. Wanda has previously worked at this facility and is pleased to see some staff and residents who she knows from her previous time in the building.

Wanda reported state surveyors have visited the facility three times this month. The first two visits included investigations of some self-reports and complaints. All reasons for investigation during these visits was unsubstantiated. The state returned last week and substantiated that some money was missing, but the finding was not cited since it could not be determined how it was missing. Discussed actions taken and in-servicing provided to the staff in response to this visit.

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

The facility held its monthly QAPI meeting and discussed clinical outcomes during the reporting period. The administrator is reviewing the facility's outcomes and expects to make changes as needed.

Infection control efforts are working well and there are no trends or outbreaks reported.

There have been a few grievances this month, but there are no trends in the issues. Discussed managing the grievance process to ensure residents' needs are met and supporting residents to have positive experiences in the facility.

The new refrigerator is expected to be delivered later this week on Friday. Discussed ongoing maintenance and repairs being made throughout the facility.



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

August 14, 2025

Facility Administrator: Heather Devine

The following report is from the site visit to Gracy Woods Nursing Center on August 14, 2025. After tour of the building was provided after a meeting was held with the administrator who provided an update on the facility.

Gracy Woods Nursing Center is licensed for 122 beds, and its current census is 91 residents including 2 skilled patients. The facility would like its skilled census to increase, and it has recently looked at the root cause affecting the low skilled census. Discussed challenges with star ratings not being available due to the facility's special focus designation. There were also some poor online reviews of the facility in the past which were not favorable. Discussed improvements with online perception due to the facility receiving several positive reviews over the last year. Discussed the admissions department working to encourage residents and family members to leave reviews of their experience. The facility is also focusing on customer service and offering additional in-services on this topic. The administrator expressed plans to showcase successes in the building with wound care and clinical outcomes as a marketing tool.

The facility is currently seeking four nurses and six CNAs. Despite these openings, all shifts and openings are covered by full-time and PRN staff. Discussed efforts to continue building the PRN pool as well as filling these vacant positions. The facility is also working on reducing overtime which will further be supported when these positions are filled.

The facility recently had a surveyor investigate three outstanding self-reports. All reasons for investigation during this visit were unsubstantiated. There are no new self-reports at this time.

The facility was also visited again earlier this month for its semi-annual special focus survey. The facility is still waiting to receive the 2567 from this visit, but the surveyor expressed five areas where there may be expected low level deficiencies. First is under infection control related to a treatment nurse who placed a clean barrier but did not wipe the tabletop before putting down the barrier. This was not in the facility's policy, but the facility has addressed it.

The second issue was due to a kitchen staff member who had stubble on their upper lip and was not wearing a beard guard. There was also labeling and dating issues with a few items in the kitchen. The third finding was related under homelike environment due to a resident's bed which had made scratch marks on the bedroom wall. The repairs for this have been reported and are on the list of things needing to be addressed. The fourth finding was due to medication being left at a resident's bedside. Lastly, the nursing department was cited due to a call light being out of reach of a resident and accommodation of needs with a resident whose primary language is Russian. Overall, the facility reported having a great survey and was also visited by the life safety. Life safety found three opportunities which have been addressed. The state will return in about six months for another special focus survey.

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

The facility's QAPI meeting was held earlier this week on Tuesday. Discussed follow up from recent survey activity and corrections the facility has made. The interdisciplinary team has implemented a new PIP related to the new EHR rollout. This rollout will allow CMAs to complete some medication administration processes through the EHR.

There are no current trends related to infection control. There is one resident who is positive with COVID, but their symptoms are mild. The resident is in isolation for the time being and monitoring is in place. Discussed availability of enhanced barrier precautions throughout the building to keep residents and staff safe.

There have been some grievances related to delays in laundry delivery. The facility's washer and dryer have had some issues functioning properly. Discussed efforts to repair and maintain these machines and contingency plans for completing laundry when the units are having issues. The dietary department is doing great and has made a lot of progress throughout the year. There are not often very many complaints about food in the building.

Gracy Woods Nursing Center has a sister facility down the street. These two buildings have been working together to strengthen their relationship by finding opportunities to support each other. The facility has not had any patients leave against medical advice in the last six months. The team has also been collaborating with hospice providers more often and has seen an increase in the volume of respite patients admitted to the facility. The administrator has plans to provide abuse, neglect, and exploitation training again to all staff soon.

The facility was clean and looks very new on the inside. Visitors enter into a very large reception area at the front of the building. There is a turtle enclosure with three turtles in the lobby. Residents enjoy taking care of and observing these pets. Behind the reception area there is a large central nurse station from which there are four halls of resident rooms. The lobby and central nursing station have raised ceilings lending to a spacious feeling in the building.

The facility's 300-hall is the transitional care hall. Discussed using this space for skilled patients and taking opportunities to learn their preferences. The team reviews opportunities to discuss transitioning short term patients to long-term care services when appropriate. The

facility strives to identify a roommate who would likely be compatible with them on one of the long-term care halls. The therapy gym is also located at the back of this hallway.

The end of the 300-hall is connected to a very large, enclosed courtyard. The courtyard offers benches and walking paths which residents often enjoy. The therapy team also uses this space to conduct some exercises on these pathways when appropriate.

The facility has made great improvements in its dietary department and there are rarely complaints about the food in the building. The kitchen was very clean, and the dining room was also clean having completed breakfast service. The walls and floors throughout the building were clean as well. The floors were reportedly replaced about seven years ago and still look new. Discussed efforts by the administrator to ensure staff are keeping the facility in good shape to support providing a homelike environment for the residents.

There is an administrative office located at the end of each of the four resident hallways. The administrator shared the benefits of this set up and that it's nice that these departments walk up and down their respective halls multiple times each day. This gives these teams more visibility and oversight of resident rooms and allows various staff members to be more available and accessible to the residents.

The facility recently implemented ambassador around where each department head has roughly four rooms which they check on each day. Discussed the impact this has been having on grievances and corresponding resolutions. Discussed the intent to address opportunities before they become issues.



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

August 20, 2025

Facility Administrator: Lorraine Haynes

The following report is from the site visit to The Villa at Texarkana on August 20, 2025. After a tour of the building was provided, a meeting was held with the administrator who gave an update on the facility.

The Villa at Texarkana is licensed for 120 beds, and its current census is 87 residents. There were some unexpected discharges recently due to some residents passing away. Discussed the facility's expectations to grow the census back into the 90s. Discussed recent news about the facility becoming a 5-star overall and marketing this news to the community. The Villa at Texarkana is the only 5-star facility in the area.

The facility discussed recent openings and hirings for two ADON positions and a charge nurse. All other positions are staffed at this time and there is no agency utilization. The facility has also started working to develop a CNA Training Program.

The facility was visited by the state four times over the last several weeks to conduct various investigations of self-reports and complaints. All reasons for investigation during each visit were unsubstantiated. Discussed opportunities the facility uses to train staff on abuse, neglect, and exploitation. The facility recently in-serviced the staff on this topic and presented various scenarios to talk through with staff about what they observed and how to know what to report.

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's overall, health inspections, staffing, and quality measures star ratings all increased from 3-star, 3-star, 2-star, and 3-star ratings respectively. Discussed ongoing efforts to provide consistently great care and experiences in the facility.

There were no trends reported related to infection control or grievances. The facility does not have any COVID in the building at this time.

Upon entering the facility, visitors are greeted by the receptionist and invited into the foyer where some of the administrative offices are located. The facility was very clean and calm throughout the visit. The tour visited various departments including business development, nursing, dietary, housekeeping, therapy, maintenance, and laundry. Staff throughout the visit were very welcoming as they offered greetings and were seen tending to the needs of residents.

The long-term care unit, secure unit, and skilled rooms are being maintained, and any necessary repairs are routinely addressed. Discussed being proactive with preventative maintenance in efforts to keep the building and equipment in working condition.

The secure unit was very peaceful with residents participating in a group activity. The unit has a wonderful sensory room which offers a therapeutic environment for these residents. Discussed the benefits of this room and the positive impact it has had on the residents since it's addition over a year ago.

The facility's kitchen and dining room were clean, organized, and preparing for dinner meal service. Discussed the importance of maintaining a clean environment to support positive outcomes and quality meal service. The dining room is often used for large group activities.

The facility has two internal courtyards for residents to enjoy time outdoors. Discussed spaces like the courtyard and other large areas which provide residents with spaces to socialize together and with visitors.

The facility recognizes the role it plays in the community and aims to keep all departments and staff continually growing and improving. Discussed supporting consistent standards of care and setting expectations with staff members to ensure procedures and policies are followed. Discussed building a homelike environment for the residents where residents are comfortable and receive quality care.



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

August 12, 2025

Facility Administrator: Nadeline Greene

The following report is from the site visit to Copperas Cove LTC Partners Inc on August 12, 2025. After providing a tour of the building, a meeting was held with the administrator to provide an update on the facility.

Copperas Cove LTC is licensed for 124 beds, and its current census is 72 residents including 3 skilled patients. The facility's budget census is 73 residents, including five skilled patients. The facility has been increasing marketing efforts to build the census. There are three active referrals at this time, with one expected to be admitted to the facility soon. There is also a resident who has been admitted to the hospital and is expected to return to the facility soon.

Staffing efforts and focus have been helpful with keeping positions filled and finding strong replacements when needed. There is potential that the facility will be seeking a shower aide soon. The facility added this shower aide position in order to have coverage by this position every day of the week instead of only having this coverage Monday through Friday. The facility is also seeking two charge nurses and an MDS nurse. A very impressive candidate for the MDS position interview today and the administrator is optimistic about hiring her. The facility recently filled three nightshift CNA's whose orientation is being scheduled now. The team also recently hired a laundry aide. The facility's new DON has been an effective leader and has been making great decisions. The new DON is thoughtful and intentional when responding to questions and challenges.

The facility's last annual full book survey was on August 19 of last year. The facility is in its fullbook window and discussed survey preparedness efforts. The administrator submitted a self-report on July 27 regarding a resident who alleged neglect from a CNA. The administrator began investigating immediately, suspended the involved staff member, began interviewing residents, and started in-servicing staff. Ultimately the employee involved in the situation was terminated. When the state came to investigate the self-report, a past non-compliance IJ was cited, but the facility was not in current immediate jeopardy. The state said the facility

responded and handled the situation correctly. There are no self-reports outstanding at this time.

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

Discussed the facility's monthly QAPI meeting and plans for improvement. The facility has a new wound care physician who started recently with the contracted wound care service provider. The facility has already seen major improvements in wounds and outcomes since the new physician started.

There are no outbreaks reported at this time. The facility reported a staff member who was COVID positive recently, but the individual did not come in contact with residents and the staff member has recovered.

The facility reported its laundry equipment is all functioning properly. The building completed repairs to some roof damage which had been incurred. The maintenance director also fixed or removed old wheelchairs that were being collected in the back of the building. The maintenance director also installed corner protectors on the facility's doors and has been repainting and touching up where needed throughout the building. The maintenance director has plans to re-caulk the air conditioning units for improved insulation and water intrusion prevention.

The new landscaping service provider has started serving the facility. There are no issues or concerns reported at this time related to this service.

Copperas Cove LTC Partners offers a homelike environment that is very bright, clean, and welcoming. The updated lighting in the building has made a positive improvement in the visibility throughout the facility. The cleanliness is even more noticeable under the new lighting. The floors and walls were clean, and there was not any clutter in the facility.

Upon entering the facility's lobby, guests will find some of the administrative offices and a foyer with couches and chairs. The facility's dining room is across the entry hallway from the foyer. The dining room is long and has plenty of space to facilitate the residents who choose to dine in for their meals. Discussed offering activities in this space as well.

The entry hallway leads to the central nurse station. There are four hallways with resident rooms which stem from the central nurse station. The hall to the east houses many of the facility's higher acuity patients. The therapy gym is on the east side of the building and is open to the hallway. The facility has worked hard over the last year to remove any clutter and equipment that is no longer needed or being utilized in the building. Due to this cleanup effort, the therapy gym has much more space available. The therapy gym now feels very open and inviting. The facility's secure unit was very calm and peaceful. The unit felt very much like the rest of the facility and presented a homelike environment.

There are many windows on the eastern hallway which look out to the open field next door which is part of the facility's property. Discussed future plans to tear down an old fence in this

field. The administrator also shared plans to offer activities in this space with potentially a fall festival and Easter activities.

Many of the residents throughout the visit stopped to greet the administrator and visitors. The residents were excited to see the administrator and are very comfortable around her. There was also a large group of residents gathered together playing bingo.

The facility has recently implemented utilization of a service called Dozee. This service puts a sensor under the mattress of the residents' beds to support vital sign monitoring. Discussed opportunities to have better information, and accurate documentation as this data is electronically transferred directly into the EMR.



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

2112 Forum Parkway  
Bedford, TX 76021

August 27, 2025

Facility Administrator: Dylan Gadberry

Forum Parkway Health & Rehabilitation is licensed for 139 beds, and its current census is 93 residents including 26 skilled patients. The census average in June and July was roughly 88 and 90 residents respectively. The facility expects its average census in August to be 92 residents. HEB Hospital is the primary referral sources for Forum Parkway and HEB Hospital has had a record low census this summer. Discussed efforts to differentiate the facility from competitors. The facility also reported there have been some admissions of GIP hospice patients as well.

The administrator reported there has been a recent change in activities director. The feedback in the facility was the activity offerings needed to be more engaging. The replacement for this position is in place and is going through training. The facility has a few CNA openings as well, but there were no other vacancies reported.

The state visited the facility to investigate a P1 complaint on July 29, and the state returned to investigate a separate complaint on July 30. The first visit received a D-tag citation related to dietary services and preferences. The POC for this citation was accepted and desk reviewed. The investigation on July 30 was unsubstantiated.

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

The facility held its monthly QAPI meeting and is maintaining focus areas. Discussed working with the admissions and marketing team on reviewing patient clinical and financial information before admitting a new resident. Discussed the importance of having a discharge plan and expectations for residents upon admission to the facility. The facility has also recently become a Wound Care Center of Excellence with VOHRA.

The facility discussed plans to transition its housekeeping and dietary services provider from HCSG to Sonderbloom which will take place on September 1. Discussed expectations for improvements with communication and processes within these departments.

There are no major renovation projects at this time. Discussed some plumbing issues being addressed near the public bathrooms in the front of the facility.

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

The facility strives to provide in-servicing on this topic monthly in efforts to keep these expectations front-of-mind amongst staff members. The administrator reports staff do great reportedly immediately to him if there are any allegations. Discussed maintaining zero tolerance for abuse in the facility.

#### Joint Training Information

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

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

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

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

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

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

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



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

August 20, 2025

Facility Administrator: Matt Mewborn

The following report is from the site visit to Treviso Transitional Care Center on August 20, 2025. A tour of the building was provided, and a meeting was held with the administrator who gave an update on the facility.

Treviso Transitional Care Center is licensed for 140 beds, and its current census is 97 residents including 23 skilled patients. The census has increased some since the second half of July. The administrator shared opportunities to extend marketing efforts to Texarkana on occasion. The facility sometimes admits residents from Texarkana, and it is typically people who are from Longview and would like to return here. Discussed beginning these marketing efforts to ensure that there's a good relationship between the facility and hospital partners.

The facility is recruiting to fill vacancies for two dayshift nurse openings, one night shift nurse opening, and one nightshift CNA opening. Discussed the status of department heads and efforts of the administrator to remove obstacles and support the success of the various managers. The administrator also elaborated on employee retention and morale programs. The facility has giveaways and various methods utilized to acknowledge staff. The facility has also started a program recognizing a resident each month too.

There have not been any recent visits to the facility by state surveyors. The facility submitted two self-reports which are pending investigation by the state.

Treviso Transitional Care Center has a 1-star overall rating. The facility has a 1-star rating in Health Inspections, a 1-star rating in Staffing and a 4-star rating in Quality Measures.

The facility will have its monthly QAPI meeting next Tuesday. Discussed continued efforts to monitor fall and skin systems. The rapid response team visited Treviso Transitional Care Center recently and reported the visit was very positive. The rapid response team added another action plan related to cleanup of the dining room after meal service. Discussed the

ongoing action plans by the facility and expectations to graduate from the rapid response program in the coming months.

There are many residents who admit to the facility and have several follow-up appointments with specialists. The administrator discussed reviewing the facility's transportation arrangements and shared opportunities to collaborate with local partners to meet the needs of the residents.

Treviso Transitional Care Center presents a well-maintained building which offers a warm and welcoming environment to residents and visitors. The facility was very clean and organized without any clutter or abandoned equipment in the hallways. The facility is very spacious with several lounge areas, wide hallways, and a large room to facilitate group activities and dining.

The administrator shared plans to replace the remaining carpet found in the hallways with laminate flooring. Discussed efforts to maintain the current carpet through routine cleanings until it is eventually replaced. Touch-up maintenance is completed throughout the facility to ensure the environment is well tended.

The facility is still working on the project to make the satellite kitchen usable again. The administrator expects the team will be able to serve out of this space in about three months once the work is completed. Discussed the improvements in meal service the residents in this part of the facility will experience through utilizing the satellite kitchen. The administrator aims to make sure all residents receive top quality service and experiences at Treviso Transitional Care Center.

Toured the facility long-term care and skilled units. Discussed access to all resident rooms from the nursing stations. The main dining room was hosting a gathering of residents who were participating in an activity. The therapy gym has been maintained well and is also free of clutter. The facility keeps the space open and organized to allow multiple residents to use the gym with their therapists simultaneously.

The facility has put effort into revamping its internal and external landscaping as well. The facility has great curbside appeal on the exterior, and the interior courtyard was rearranged and updated to feel like a new and revitalized space. Discussed the benefit that residents have utilizing the courtyard now and opportunities for activities there.



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

August 26, 2025

Facility Administrator: Jodi Scarbro

Arbrook Plaza is licensed for 120 beds, and its current census is 82 residents including 23 skilled patients. Discussed managing expenses and staffing due to census over the last month. The census at local hospitals has been down which has impacted Arbrook Plaza. Discussed efforts by the marketing and admissions team to find more referrals and admissions.

The facility has a new DON who started employment yesterday. Discussed changes of employment with three nurses who are transitioning to PRN employment. The administrator also discussed giving write-ups to three nurses who did not follow facility policy. Discussed holding staff accountable to ensure all standards are upheld and residents are cared for appropriately. The facility is seeking two double weekend nurses, and a weekend RN supervisor.

The facility has not had any recent visits by state surveyors. There were no reports of new reportable incidents this month.

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

The facility held its monthly QAPI meeting and discussed ongoing efforts to monitor care and clinical systems. There is a performance improvement plan in place addressing RTA rates. Discussed the facility's target for RTAs and discussions with the new DON to support bringing this metric in line with the facility target.

There were not any trends reported related to infection control or grievances.

The facility has continued to repair and update resident rooms as they are vacant. Discussed increasing the number of rooms being worked on due to the recent decline in census. The

project includes painting walls, stripping and waxing floors, and hanging new pictures. This work on resident rooms is being completed on both the skilled and long-term care halls.



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

August 26, 2025

Facility Administrator: Michael Higgins

Gulf Pointe Plaza is licensed for 120 beds, and its current census is 77 residents including 16 skilled patients. The facility's skilled census has been steady this month, but there have been some unexpected discharges of long-term care residents. Discussed efforts to transition skilled patients to long-term care services when appropriate. The facility reported there is one planned admission today, and another four referrals under review.

The facility is seeking two dayshift CNAs. There were no other vacant positions reported at this time.

There have not been any state visits at Gulf Pointe Plaza this month. There are no new self-reports at this time.

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

The facility's monthly QAPI meeting was held last Wednesday. The facility is continuing to monitor its ongoing performance improvement plan addressing falls. Discussed outcomes not meeting the facility's target for falls with major injury. Discussed best practices and strategies to support fall prevention and assessments of residents.

There is no COVID in the facility and there are no reported trends related to infection control.

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

The facility reported there were some cabinets that fell off the wall in one of the offices. The administrator learned there were no studs in this wall which therefore didn't support the cabinets' weight. The facility is having studs installed within the next week to allow the

cabinets to be safely re-installed. The facility is also completing some repairs on a wall in the kitchen.

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

The administrator reports staff at Gulf Pointe Plaza are well trained on this topic and they do great reporting any incidents or allegations. Discussed in-servicing staff on this topic recently and taking opportunities to provide additional training related to this topic as needed. Staff are responsive and know how to reach the abuse coordinator, the administrator, immediately when there is a reportable or questionable event.

### Joint Training Information

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

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

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

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

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

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

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



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

August 4, 2025

Facility Administrator: Bobby Simpkins

The following report is from the site visit to Silver Spring on August 4, 2025. A tour of the building was provided after a meeting was held with the administrator who gave an update on the facility.

Silver Spring is licensed for 120 beds, and its current census is 87 residents. There were three admissions to the facility last Friday and another two admissions on Saturday. There were also two residents who were discharged to the hospital on Saturday. The facility does not have any more pending discharges, and has some referrals under review.

Discussed the evaluation of clinical and financial information when reviewing referrals. The team has a thorough review process in place to ensure they only admit patients whose needs are within the level of care available at Silver Spring. Discussed attention to pain management and weights of referrals to make sure the facility can handle and meet these needs. The facility strives to have clear communication with insurance companies as well to support smooth transitions to the facility for new admissions.

The facility has one opening for a dayshift CNA at this time. The team recently hired a night nurse and a weekend RN. There are no other vacant positions reported at this time. Discussed a recent injury of a staff member falling and injuring their shoulder. Discussed the process for reviewing the case and supporting the staff member to ensure they received the care they needed. The staff member dislocated their shoulder, but is expected to be able to return to work soon.

There have not been any recent visits to the facility by state surveyors. There are no new self-reports at this time. A quality monitor came to the facility to review fall and pain management. Discussed some feedback given by the quality monitor regarding fall risk documentation and care plans.

Silver Spring 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. The facility's overall and quality measures star ratings increased from 1-star and 4-star ratings respectively.

The facility will hold its monthly QAPI meeting on August 13. Discussed ongoing monitoring of systems affected by recent survey findings. Discussed the ongoing performance improvement plans addressing falls and RTA.

Infection control efforts are effective with no trends or outbreaks at this time. Discussed expectations with local schools starting the new school year next week and the potential for spreading of infections in the community. Discussed adherence to infection control protocol to reduce the risk of infection entering and spreading within the facility.

There are no trends reported with grievances, but there have been a few more instances of missing laundry. Discussed having a new laundry staff member who is working on the weekends and is still learning the residents and their clothing. Discussed the process the facility uses to find or replace missing clothing items.

The facility recently held an end of summer bash to celebrate the end of summer and ring in the fall season and new school year. The facility had food, face painting, and even a dunk tank for residents and family members to enjoy.

Silver Spring is being well-maintained and looks like a new building on the renovated halls. There's a grand foyer with a very large entry lobby that looks out into the central courtyard. Reviewed recent work to update the interior courtyard, and efforts to maintain these changes. The courtyard has a beautiful fountain which the administrator is planning to paint in order to maintain the desired color during the winter season. The landscaping in the courtyard and around the building are being maintained.

The facility's therapy gym is very large and has plenty of room for its needs. Discussed communicating therapy availability to encourage new residents to come to the facility for their therapy and rehabilitative needs. Discuss the equipment that's available in the gym, and what has been replaced or added in the last year. Despite the large size and equipment in the room, the gym was very clean and organized to allow the space to be utilized well by multiple residents simultaneously.

The facility has two nurse stations, one in the southeast corner of the building and the other in the northwest corner. The hallways throughout the building were clean and clear of clutter. There were no odors throughout the facility, and residents were up and about their day having already eaten breakfast.

The dining room was also very large and open. There's an attached room for group activities. Discussed the placement of long-term care and skilled care rooms on various halls in the facility. Discussed assignment of duties of staff and interventions to meet the needs of residents.



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

101 Reese Drive  
Red Oak, TX 74154

August 28, 2025

Facility Administrator: Lee Richard

Red Oak Health and Rehabilitation Center is licensed for 144 beds, and its current census is 100 residents including 8 skilled patients. There is one planned admission today, and another resident in the hospital expected to return soon.

Staffing efforts have been successful and there are no vacancies reported at this time.

The facility was visited by the state earlier this month on August 13 to investigate four complaints. All reasons for investigation were unsubstantiated. There are no new self-reports at this time.

Red Oak Health and Rehabilitation Center has a 2-star overall rating. The facility has a 2-star rating in Health Inspections, a 2-star rating in Staffing, and a 4-star rating in Quality Measures. The facility's quality measures star rating increased from a 3-star rating.

The facility's QAPI meeting went well this month. The interdisciplinary team reported an increase in falls and discussed interventions to support fall prevention efforts. Discussed challenges with some residents who are not aware of their capabilities, and working to encourage them to ask for assistance while they receive therapy and become stronger.

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

The administrator reported there have been fewer grievances in recent weeks. Discussed efforts by the facility to manage expectations and have effective communication in place between the facility and residents.

The project to replace the remaining carpet in the facility will take place next week. The facility will also start utilizing Sonderbloom for dietary and housekeeping services in October.

Discussed plans to work through this transition and expectations to retain some of the staff members in these two departments.

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

The facility frequently in-services staff regarding abuse, neglect, and exploitation. The administrator stated staff do a great job reporting incidents to the abuse coordinator immediately. Discussed creating a safe environment for residents to support their overall health and well-being.

### Joint Training Information

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

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

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

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**Harbor Lakes Nursing and Rehabilitation Center**  
1300 2nd Street  
Granbury, TX 76048

August 4, 2025

Facility Administrator: Calvin Crosby

The following report is from the site visit to Harbor Lakes Nursing and Rehabilitation center on August 4, 2025. A tour of the building was provided after a meeting was held with the administrator who provided an update on the facility.

Harbor Lakes Nursing and Rehabilitation Center is licensed for 142 beds, and its current census is 88 residents. There are three admissions planned today, and the facility has eight referrals under review. Discussed efforts to collaborate with the local hospital and efforts to acknowledge preferences and communication needs to support this relationship.

The facility is seeking one dayshift nurse and one night shift nurse. There were no other openings reported at this time. The facility will be switching its housekeeping and dietary service provider from HCSG to Sonderbloom effective October 1. Discussed expectations to retain the housekeeping staff and some of the dietary staff.

There have not been any recent visits to the facility by state surveyors. There have not been any recent self reports. The facility is in it's annual fullbook window and is expecting the state to visit soon for this survey.

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

The facility expects to have its monthly QAPI meeting later this month on August 29. Discussed follow up actions taken after the last QAPI meeting and efforts to maintain ongoing performance improvement plans.

Infection control efforts are ongoing, and there were no reported outbreaks or trends.

Grievances are actively managed in the facility. Discussed some opportunities to improve meal service by ensuring meals are served on time.

The facility is expecting to receive new equipment in its therapy department. Discussed working with ACP and efforts to ensure the facility is equipped with all things to support the residents' needs. Discussed opportunities to further develop the skilled census as the facility builds out its therapy department.

The facility has also installed two new air-conditioning units. One is on the 200-hall and the other is on the 300-hall.

The facility presents as a calm and peaceful home with a welcoming environment. The building was clean, organized, and free of odors. The hallways in the facility have a laminate floor which is being maintained well. Discussed the housekeeping supervisors process for managing the floors and ensuring they are clean. Discussed routine observations and monitoring to ensure any facility repairs are reported and addressed.

The long-term care and skilled halls all stem from the central nurse station. Both skilled halls have a therapy gym at the end of their hall. The resident rooms have individual PTAC units which support providing comfortable temperatures according to residents' personal preferences.

The facility has a large courtyard with a gazebo where residents can relax and enjoy time outdoors. The facility has outdoor planters which residents have available to use in activities. The facility has several resting areas indoors as well. There are seating areas in the entry foyer, and there is a lounge room near the dining hall.

The facility has a large dining room with access to great natural light. The room was cleaned after lunch service and was being used for a large group activity of bingo. Discussed the importance of offering a variety of activities in order to meet each residents' individual desires.



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**Cimarron Place Health & Rehabilitation**

3801 Cimarron Blvd.  
Corpus Christi, TX 78414

August 27, 2025

Facility Administrator: Jennifer Steele  
Regional Administrator: Scott Bradfield

Cimarron Place Health & Rehabilitation Center is licensed for 120 beds, and its current census is 68 residents including 18 skilled patients. The facility census has slowed down during recent weeks this summer, but the facility has a strong list of referrals being worked at this time. Discussed ongoing marketing efforts to find new admissions and expectations for census to grow in the coming months.

The team at Cimarron Place Health & Rehabilitation Center is seeking one nurse for its evening shift. There are no CNA openings at this time. The facility is also seeking an MDS nurse and interviewed a strong candidate for this position today. There is a new DON who started employment this week on Monday. The facility also has new hires of a social worker and a maintenance supervisor who will begin employment within the next two weeks.

The facility reported a follow-up visit by the state which occurred this month to review the POC from a visit which was on July 20. The POC was approved during the visit in August. The deficiency was a G-tag related to a resident who fell and broke their femur. The resident requested to stay in the facility and did not complain about pain, but the state cited a delay in the process.

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. The facility's overall and health inspections star ratings both decreased from 5-star ratings.

Discussed the facility's QA process and recent QAPI meeting. Discussed review of incidents and ongoing adherence to recent POCs.

There were no trends reported related to infection control or grievances. The facility will be transitioning to Sonderbloom in September for its housekeeping and dietary services provider. Discussed expectations for further improvement in dietary services through this change.

The facility has plans to update, repair, and renovate large portions of its HVAC system over the next three months. The project started with redoing ductwork and replacing units on the 100-hall. The facility has plans to complete A/C repair work in the kitchen and 500-hall as well. The facility has been ordering and installing new decorations and furniture. Discussed the potential of hiring a full-time painter to complete painting in residents' rooms and removing old wallpaper.

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

Discussed the importance of reporting immediately to ensure residents are safe and allegations or observations are addressed immediately. The team expects to maintain a trusting environment where residents know staff will keep them safe. The administrator takes allegations and reportable incidents seriously and aims to routinely in-service staff about these systems.

#### Joint Training Information

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

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

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

August 27, 2025

Facility Administrator: Scott Barrick

Stonegate Nursing and Rehabilitation is licensed for 134 beds, and its current census is 80 residents including 15 skilled patients. There is one planned admission today, and another two admissions later this week. The facility only has one planned discharge reported at this time.

The facility has recently filled all positions except for one CNA. Discussed staff recruitment and retention best practices.

There have not been any recent visits to the facility by state surveyors. The administrator submitted one self-report regarding an allegation of abuse. The facility completed in-servicing for staff on abuse and found the allegation to be unfounded after internal investigation. The facility is in its annual fullbook survey window and discussed ongoing survey readiness efforts.

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

The facility held its monthly QAPI meeting earlier this week on Monday. Discussed continued focus on fall prevention and interventions. Discussed in-servicing staff on various skills as well in preparation for fullbook survey. The team has corporate resources onsite this week to conduct a mock survey. Discussed opportunities to improve documentation. The team will take feedback from the mock survey and implement any needed changes.

There are no trends reported related to infection control, and there are no outbreaks at this time.

Grievances are being managed with no reported trends. Discussed a new resident who the facility has been working with and making small adjustments where possible to help them assimilate to the building. Discussed review of the facility's process managing inventory sheets.

There are no renovations ongoing at this time. The administrator expects the facility to complete some landscaping work next month.

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

The facility provides in-services to staff on this topic at least once each month. Discussed efforts to create a zero-tolerance environment for abuse and neglect. The administrator confirmed staff are prompt with reporting to him if there are any allegations or questionable encounters or observations.

### Joint Training Information

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

2601 Northwest Loop  
Stephenville, TX 76401

August 4, 2025

Facility Administrator: Jana Sanders

The following report is from the site visit to Stephenville Rehabilitation and Wellness Center on 8/4/2025. A tour of the facility was provided after a meeting was held with the administrator to provide an update on the facility.

Stephenville Rehabilitation and Wellness Center is licensed for 122 beds, and its current census is 85 residents including 17 skilled patients. Discussed the facility's long-term care census which has been growing again. The 400-hall is full at this time. The facility has also recently executed a GIP contract for hospice services. Discussed work to maintain the required 24 seven RN coverage for this service.

The facility reported there are no open positions at this time. Discussed recent completion of the CNA class, which was started a few months ago. Those students are working to sign up for testing for their certification. Discussed staff recruitment and retention best practices. The facility is watching its overtime to ensure labor expenses are managed appropriately.

The facility will be transitioning to Sonderbloom for its housekeeping and dietary services. This change will take place on October 1. The facility expects the majority of the housekeeping and dietary teams to stay on board through the transition. Discussed the opportunity to further build these teams, and fill with new staff members as needed.

There have not been any recent visits to the facility by state surveyors. The facility is in its fullbook window and is expecting a visit from the state soon. Discussed review of prior state findings and efforts to remain ready for survey.

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

The facility will hold its monthly QAPI meeting next week. The facility is continuing to focus on RTA rates. Discussed efforts to support RTA reductions by onboarding a physiatry group to help with pain management and the discharge planning process. This group will follow the residents after they have discharged home from the facility to ensure their needs are continually managed. If a patient needs to receive skilled care again, the physiatry group will help admit the patient back directly to the facility instead of readmitting to the hospital.

Infection control efforts are ongoing and there are no reported trends or outbreaks at this time.

Discussed ongoing maintenance and potential for new projects. The facility is requesting to replace the tile flooring in the therapy gym due to some cracks. Discussed the condition of the facility roof and evaluation to apply patches as needed, and eventually re-roof the building.

The facility presented a very calm and friendly environment. Residents were up and about in the halls, lounge areas, and activity room. The hallways in the facility are carpeted, but the floors have been taken care of well and there are not very many stains present.

Reviewed the facility's monthly activity calendar and the variety of offerings to keep the residents active and engaged. The facility has recently added two bunny rabbits to the activity room for residents to enjoy.

The central nurse station is in the center of the building and there are four hallways of resident rooms which stem from the nurse station. Discussed nursing oversight of residents and staffing to meet the needs of the residents.

There is an open lounge room to the west of the nurse station where residents can relax or socialize. The lounge leads into the main dining room which is very spacious and well lit. The kitchen is on the other side of the dining room allowing prompt service at mealtimes.

The therapy gym has been updated to have a more modern look. The administrator showed the new cycling equipment which pairs with a screen for virtual experiences. This new equipment is being utilized well by the residents.



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**Pecan Bayou Nursing and Rehabilitation**

2700 Memorial Park Drive  
Brownwood, TX 76801

August 4, 2025

Facility Administrator: Josie Pebsworth

The following report is from the site visit to Pecan Bayou Nursing and Rehabilitation on August 4, 2025. A tour of the building was provided after a meeting was held with the administrator who gave an update on the facility.

Pecan Bayou Nursing and Rehabilitation is licensed for 90 beds, and its current census is 64 residents including 18 skilled patients. The team is working on four referrals which include two long-term care patients and two skilled patients. There are no discharges planned at this time.

The facility is recruiting to fill vacancies for two CNAs and one housekeeper. Discussed consistent efforts to continue recruiting PRN staff as well. The facility is considering adding a weekday nurse position to support weekly operations. The team will begin using Sonderbloom for housekeeping and dietary services beginning October 1. The administrator expects to retain the staff on these two teams through the transition.

There have not been any recent visits to the facility by state surveyors, and there are no new self-reports. The facility is waiting for the state to enter and conduct its annual full book survey. Discussed ongoing survey readiness efforts and review of previous survey outcomes. Reviewed logs and reports which are normally requested by surveyors. Discussed efforts by the interdisciplinary team to maintain these reports with up to date information for prompt delivery to the state.

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 will have its monthly QAPI meeting on August 14. Discussed continued focus on falls, ADL independency, and bowel and bladder incontinence.

Discussed infection control efforts which are going well in the facility at this time. There are no cases of COVID, and there are no reported infection trends.

Grievances are being managed without any significant trends. Discussed the importance of documenting grievances and interactions with residents and family members. Discussed problem solving, meeting resident preferences, and facilitating clear communication.

The facility was very clean and offers a homelike environment. The decorations and painting are warm and welcoming to residents and visitors. The facility hallways have tray ceilings which make the hallways feel very spacious. The tray spaces are backlit as well which adds to the quality feeling in the building.

The entryway of the facility has a large foyer with administrative offices. This central entrypoint leads to the central nurse station from which there are three hallways with resident rooms and a fourth hall with the activity room. The activity room is a large room with many windows providing a great environment for group activities. There's an open lounge room near the dining room with a piano where a resident was playing the instrument.

The facility has requested new furniture for the building including seating furniture for the lounge areas, dressers and bedside tables for the resident rooms. Some of the current furniture show signs of wear, but the facility maintains and cleans furniture regularly. Discussed routine maintenance throughout the building to upkeep the current look and keep things in good shape. Discussed the lifetime of furniture and equipment in the facility, and efforts to keep equipment in good condition until it is due for replacement. The administrator would like to repaint the facility.

The facility has a large and open dining room which is adjacent to the kitchen. The dining room and kitchen were very clean and organized. Discussed the importance of maintaining a clean environment in the kitchen to ensure food quality and safety is a priority.

The facility has recently redone one of the shower rooms in one of the resident rooms which turned out well. The shower room has new tiled flooring and walls. Discussed plans to replicate this project in another resident room soon.

At the end of each hall, there is a lounge area where residents can rest, enjoy the scenery outdoors, or enjoy a peaceful space with visitors. The therapy gym is at the end of one of the resident hallways. Residents were participating in a group soccer-like exercise in the therapy gym. Discussed opportunities to offer activities like these which can be social and functional for the residents.



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### **Mission Nursing and Rehabilitation Center**

1013 S. Bryan Road  
Mission, TX 78572

August 28, 2025

Facility Administrator: Daniel Rodriguez

Mission Nursing and Rehabilitation Center is licensed for 170 beds, and its current census is 87 residents including 8 skilled patients. The facility reached a census high of 99 in July, but admissions slowed down in August. The administrator reported there have been more referrals recently and expects census to grow in the coming weeks.

The former admissions director is now taking on the role as the new director of business development. The administrator is interviewing candidates to backfill the admissions coordinator position. There is one nightshift CNA, and one morning shift CNA open at this time. There are some local schools who have started to conduct CNA clinicals onsite which has led to more candidates applying for employment.

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

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

The facility will have its monthly QAPI meeting tomorrow. Discussed a recent increase in falls and RTA rates. The team also reported increases in pressure ulcers and antipsychotic medication utilization. Discussed ongoing performance improvement plans and interventions for these focus areas.

There was a slight increase in grievances from the skilled hall. Discussed opportunities to improve customer service and retraining some of the newer staff members. The facility implemented a CNA huddle on Mondays and Thursdays at shift change for these two teams to go over PIPs, in-services, and other changes or needs of residents and staff. The facility provided an in-service to the nurses this morning about directing care and being supervisor over the CNAs on their shift.

The renovations have been completed in the 500-hall and residents are being moved to the 500-hall from the 400-hall. The work will continue on the 400-hall soon, and renovations in the dining room are underway. Dining for meal service has moved to the activity room in the meantime. Discussed plans for the renovations to be completed by January of next year. The team will host a large reopening once complete.

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

The administrator reports staff are prompt and do a great job reporting any allegations or incidents. Through these interactions, the administrator often provides further education and training about reporting and escalating any issues. Discussed providing routine education and training to all staff members. Reviewed the impact these events have on residents and working to understand their perspective when allegations or complaints are made.

#### Joint Training Information

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

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

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

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

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

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



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

1201 Holland Lake Drive  
Weatherford, TX 76086

August 5, 2025

Facility Administrator: Donna Tillman

The following report is from the site visit to Holland Lake Rehabilitation and Wellness Center on August 5, 2025. A tour of the facility was provided after a meeting was held with the administrator who gave an update on the facility.

Holland Lake Rehabilitation and Wellness Center is licensed for 120 beds, and its current census is 85 residents including 26 skilled patients. The facility reported having six recent discharges. Discussed working with skilled patients and ensuring those patients have an effective discharge plan to support their transition back home once skilled coverage has been completed. The facility had three admissions yesterday, and there are more referrals under review at this time. The administrator reported the long-term care hall is nearly full.

Discussed staffing in the facility and working to hire and orient new team members. The facility is managing coverage needs, and leverages PRN staff when needed. There is a PRN staff member who will transition to full-time employment soon. Many of the staff members at the facility have worked at the building for an extended period of time. The DON recently reached her 29th work anniversary at Holland Lake Rehabilitation Center. The social worker and administrator have also been at the facility for many years.

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

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

The facility will have its monthly QAPI meeting soon. Discussed recent review completed by the administrator of the facility's policies and procedures. The team also coordinates its efforts

to support the rehabilitative needs of residents and is paying close attention to falls and those at risk for falling.

The facility has identified two more rooms to renovate this month. Discussed a clean out completed due to a pipe that was temporarily blocked. The administrator discussed recent requests for a new transportation van and some other updates in the facility.

There was a back-to-school bash held at the facility last week where residents, staff, and their families enjoyed some water activities, giveaways, and treats. Discussed the importance of planning activities that engage the residents as often as possible.

Holland Lake Rehabilitation and Wellness Center is a very large facility which plays an important role with the long-term care and skilled services it offers the community. The facility was very clean and organized throughout the hallways without any clutter or unused equipment impeding the walkways. There are some administrative offices in the front entry of the building which lead to a central hallway that runs through the center of the building to the dining room.

There was a large gathering of residents in the dining room who were enjoying a live performance of a visitor playing guitar and singing. Residents were singing along and dancing to the music. The kitchen is across the hall on the northside of the dining room. Discussed efforts to provide exceptional dining experiences for the residents and working to meet their preferences. The kitchen was very clean and busy preparing for lunch service.

The hallway along the east side of the building houses the long-term care rooms. The therapy gym is also on this side of the facility in the northeast corner. The administrator discussed the possibility of creating a second therapy gym in the facility. This would allow the facility to have two gyms. Each gym would house focus different disciplines of therapy services to provide more room for residents needing these services. The formal dining room is being considered as a potential space that could be developed into the second gym.

The western side of the facility has many of the facility's skilled patients. There is also an entrance on this side of the building where after hour admissions enter the building. Visitors can also check-in through this side of the facility after normal daytime hours. There is a hall that runs through the building from the west to east side and has some private rooms. There are about four of these rooms that are shared suites which have a front room resembling a living room. There's a husband and wife who are residents occupying one of these shared suites and have made the space feel like a mini apartment. Discussed the opportunity to market these unique rooms to the community.



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Winnie-Stowell Hospital District

**Hewitt Nursing and Rehabilitation**

8836 Mars Drive  
Hewitt, TX 76643

August 12, 2025

Facility Administrator: Chris Gallardo

The following report is from the site visit to Hewitt Nursing and Rehabilitation on August 12, 2025. A tour of the facility was provided after a meeting was held with the administrator who gave an update on the facility.

Hewitt Nursing and Rehabilitation is licensed for 140 beds, and its current census is 77 residents. There have been some recent discharges of residents who have completed their skilled stay and have been discharged home. There are also a few residents who were readmitted to the hospital and are expected to return to the facility soon. Discussed referrals under review at this time.

All floor positions and direct care staff positions are filled at this time. All department heads are in place as well. The facility's van driver was injured recently, and the facility has interviewed and will be extending an offer of employment to a new van driver. The team is also interviewing to hire a second weekend supervisor.

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.

Discussed the facility's star ratings and efforts to improve the quality measures star rating. The team expects its quality measures star rating to increase to a 3-star rating soon. Discussed efforts by the new MDS nurse to ensure documentation and assessments are accurate and up to date. Discussed the importance of assessments being reflective of the current status of residents in the facility.

Infection control efforts are going well in the facility. There were no reported trends with infections, and no reported outbreaks.

Grievances are being managed without any trends as well. Discussed ways the facility addresses issues and ensures there is good communication between residents and family members.

The facility was very clean throughout the building. The halls and floors were clear of debris and trash. The laminate floors were shining and there were no odors throughout the building.

The residents were up and dressed for the day and had all eaten breakfast. Many residents were still gathered in the dining room for an activity. Other residents were relaxing outside on the patio and in one of the facility lounges.

The building has a traditional wagon wheel shape with a central nurse station at the center. Discussed the benefit of having a central nurse station where staff are able to have vision down each hall from the nurse station. The entry has a large foyer with administrative offices on either side and a large fish tank in the center.

The halls to the north and south of the nurse station are both long-term care halls. There are two skilled halls to the northwest and southwest of the nurse station. Both of the skilled halls have a therapy gym at the end of the hall. Discussed the ways the facility leverages the space of the two gyms to meet the needs of the residents and completing all requirements for documentation.

The dining room was preceded by a large lounge which has a large bookshelf which services as a mini library for the residents. There are many chairs in this space for residents to sit, relax, and enjoy time alone or with visitors. The dining hall is very large with windows on either side which allow natural lighting to enter the room. The dining room had already been cleaned after the morning's breakfast service.

The facility is planning an open house in October and expects to have its new front door installed before then. Discussed efforts to complete repair work throughout the building as needed. There are some opportunities to touch up paint and refinish handrails in some hallways. The building has had a few leaks in the past, and there are some watermarks on the ceiling in the previously affected areas. Discussed plans to address the watermarks as well as plans to paint the front offices and reception area of the building.



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Winnie-Stowell Hospital District

**Green Oaks Nursing and Rehabilitation**

3033 Green Oaks Blvd.  
Arlington, TX 76016

August 28, 2025

Facility Administrator: Eric Johnan

Green Oaks Nursing & Rehabilitation is licensed for 142 beds, and its current census is 87 residents including 12 skilled patients. Discussed managing operational expenses and staffing ratios during period of lower census.

The facility is seeking one nurse on the evening shift, and one overnight CNA. All department heads are in place.

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

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 its clinical systems and QIPP measures during its monthly QAPI meeting. The administrator reported the facility saw improvements in falls and skins last month. The facility is no longer triggering in either of these areas. The facility reported there weren't any pressure ulcers in July. The team has a new treatment nurse in place who has been a great advocate for wound care and managing the needs of residents. The facility's consultant wound care physician visited last week and was very complimentary of the new treatment nurse.

Infection control efforts are going well and there were not any outbreaks or infection related trends reported.

The facility reported there were 25 grievances in July. Discussed the sources of these grievances and opportunities to make adjustments and improve the residents' experience. There were some in dietary, and others related to nursing. The dietary grievances were mostly related to temperature or meal preferences. Discussed plans to for utilization of pellet warmers to maintain hot meal temperatures. The team is also working to coordinate efforts

and ensure trays are passed timely. The interdisciplinary team has also reviewed training opportunities for staff and call light response time.

The administrator is ordering new lighting units to be installed in the kitchen next month. Discussed other repairs made to some of the facility's sheetrock. The facility also completed repairs of its landscaping sprinkler system, and the fire panel was replaced.



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**Crowley Nursing and Rehabilitation**

920 East FM 1187  
Crowley, TX 76036

August 5, 2025

Facility Administrator: Joe Matlock

The following report is from the site visit to Crowley Nursing and Rehabilitation on August 5, 2025. A tour of the facility was provided after a meeting was held with the administrator to provide an update on the facility.

Crowley Nursing and Rehabilitation is licensed for 120 beds, and its current census is 97 residents including 15 skilled patients. The facility has one admission pending today, and there are no planned discharges at this time.

Discussed a few open positions for CNAs, but coverage needs are being met. The facility will be transitioning to Sonderbloom for housekeeping and dietary services on September 1. Discussed plans to retain the housekeeping staff and some of the dietary team. Reviewed opportunities through the transition to ensure the facility has the right team members to support the facility's goals and standards. Discussed the importance of having effective department heads, and team leads who help problem solve, and ensure residents are receiving the care that they need.

There have not been any recent visits by state surveyors. The facility submitted a reportable incident due to a resident's wallet which was missing. Discussed the facility's process to investigate and in-service provided to staff related to this reportable.

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 will have its monthly QAPI meeting later this month. Discussed ongoing efforts to support skin and wound care in the facility.

There were no trends reported related to infection control or outbreaks. Discussed the facility's processes for utilizing proper precautions to treat residents with various infections.

The facility presented a very calm and quiet environment. Discussed ongoing focus in the building to maintain a clean environment aimed to provide residents and visitors with a great experience. There were no odors throughout the building, and the facility was very welcoming. Discussed routine maintenance for completing small repairs and ensuring that stains are removed or minimized on the carpeted areas of the hallways.

The facility has a very large dining room with many windows providing great natural lighting. The kitchen is attached to the dining room which supports providing great dining experiences for residents who eat their meals in this space.

There were residents found throughout the building socializing and enjoying various activities. There were group activities in the activity room as well as in the dining room where there was an ongoing musical performance. There were also residents on the secure unit participating in a group activity in the unit's enclosed courtyard. Discussed the importance of offering meaningful activities which are engaging to the residents.

The facility's front two halls to the northeast and southwest sides of the building both house long-term care rooms. The hall to the east of the building is a skilled hall and the therapy gym is located at the end of this hall. Reviewed the facility's equipment in the therapy gym and opportunities to provide these services to residents.

The southern hall has the facility's secure unit which remains full at capacity. Anytime there is a vacancy on this unit, it is quickly filled. Discussed creating an environment in the secure unit which still feels like part of the rest of the home due to maintaining the same standards of cleanliness, proper lighting, and attentive staff.



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

August 13, 2025

Facility Administrator: Brittany Smith

The following report is from the site visit to Winnie L LTC Partners Inc. on August 13, 2025. A tour of the facility was provided after a meeting was held with the administrator who gave an update on the facility.

Winnie L LTC is licensed for 105 beds, and its current census is 40 residents including 4 skilled patients. The facility has one 30-day discharge notice which has been issued to a resident due to nonpayment. Discussed census growth compared to the prior month and aims to gradually continue increasing.

The facility is only seeking one dayshift nurse at this time. There is no agency utilization, and coverage for the vacant shift is being provided by full-time and PRN staff. The nurse managers also cover shifts when necessary. Discussed efforts to continue building the facility's PRN pool, primarily for nurse and CNA positions.

The facility recently submitted three self-reports regarding a resident-to-resident incident on the secure unit, a resident who fell with an injury on the secure unit, and an elopement. The elopement was a resident who went out the front door but remained in the front of the building. A state surveyor entered the facility today in order to investigate these outstanding self-reports.

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

The facilities QAPI meeting will be held at the end of this month on August 28. Discussed follow-up actions taken from July's QAPI meeting and further changes in recent weeks. In July, the facility reported it had an increased number of falls, but there was only one fall with injury. Discussed adding new interventions every time there is a fall. Discussed efforts to interview staff about falls to understand how they occurred, and what problems need to be addressed.

The facility has some CNAs who are newly certified and discussed plans to provide more training on transfers to ensure all CNAs are comfortable and capable of providing these competencies.

There are no recent trends related to infection control, but discussed the process for monitoring and testing residents. Discussed utilizing lab services to quickly identify infections if someone is baring any symptoms.

Grievances are being managed without any major concerns. Discussed efforts to have thorough communication and ensure all problems are resolved completely.

The facility was very clean and provides a homelike feel throughout the building. The main entry foyer has high ceilings and seating areas for visitors and residents. There are several administrative offices in this part of the building. On the other side of the foyer, there is a large central nurse station which has visibility down the various hallways where resident rooms are located. The hallways and floors were clean with no odors. Residents were up and dressed for the day throughout the facility.

The 200 hall is currently closed due to the air conditioning unit for this hallway not functioning properly. The facility does not have any residents on this hall at this time and has been collecting bids for the replacement work of the air conditioning unit.

Toured the nursing, dietary, housekeeping, activity, and therapy departments. The therapy gym was being used by several residents during the visit. The room was clean, and equipment was either being used or stored in its proper place. The facility's secure unit was also very clean and calm. There was no clutter in the unit and residents were participating in a group activity.

The facility's main dining room is very large and facilitates space for residents who choose to dine in. The dining room has several windows which provide great natural lighting to the space. Discussed the benefit residents experience by eating their meals together in the dining room and the staff's efforts to create a great experience for the residents.

August 28, 2025

At the facility QAPI meeting on 8/28/25, the Administrator and other attendees discussed the facility's outcomes from July 2025.

Winnie L LTC is licensed for 105 beds, and its current census is 40 residents. For the month of July, the facility averaged a census of 37 residents.

There were 53 total employees reported and a turnover rate of 2%. Discussed staffing ratios and efforts to build staffing to reach indicator targets in Component 2.

The facility submitted two self-reports regarding a resident-to-resident altercation on the secure unit, and an unwitnessed fall with injury. The state came to the facility earlier this month to investigate both of these reportable incidents and both were unsubstantiated.

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

The facility reported an increase in falls last month and discussed the ongoing performance improvement plan addressing falls and fall prevention efforts. The facility reported fourteen falls which was 38% of the census. There were also four residents who experienced repeat falls at 11% of the facility census. One resident had seven falls last month. Discussed trends with this resident and the effectiveness of interventions already observed in August for this resident. The interdisciplinary team also discussed some falls which were related to behaviors. There is ongoing monitoring to ensure fall prevention interventions are in place.

The facility reported three urinary infections which was 8% of the facility's census. Discussed implementing a PIP to address these infections and ensure the number does not grow. Weight loss was triggering in the prior month, so the facility is maintaining the PIP addressing weight loss.

The facility is meeting all indicator targets under Components 1, 3, and 4. The facility did not meet any targets under Component 2 but has been making progress toward the targets. The team expects it will reach its targets under Component 2 soon. The results for Component 2 indicators were each short of its respect target by less than .5%.

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

The facility frequently provides in-services regarding abuse, neglect, and exploitation to staff members. The administrator reports the team members of Winnie L LTC do a great job reporting incidents immediately to the abuse coordinator. Discussed maintaining an environment with zero-tolerance for abuse.

### Joint Training Information

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taught and reminded how to identify and respond to abuse and allegations, the facility is more likely to be successful in keeping the residents safe.

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### **Parkview Manor Nursing & Rehabilitation**

206 N. Smith St.  
Weimar, TX 78962

August 1, 2025

Facility Administrator: Darlene Blount  
Facility DON: Carol Rapalo

The following report is from the site visit to Parkview Manor Nursing & Rehabilitation on August 1, 2025. A tour of the facility was provided and then a meeting was held with the administrator to provide an update on the facility.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 44 residents including 5 skilled patients. Reviewed the volume of referrals the facility has received, and opportunities to continue building relationships in the community. Discussed the opportunity to partner with some of the neighboring or local businesses for upcoming events and activities.

The facility recently hired a new ADON. Discussed progress interviewing candidates for the DON opening. The facility will be hosting a job fair onsite next Wednesday.

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

The facility's monthly QAPI meeting will be held on August 18. Discussed efforts to maintain ongoing performance improvement plans. The administrator shared goals of department heads and opportunities for supporting the facility's targets for growth.

The facility is a charming old building which has been well taken care of over the years. The facility has a very large lobby with many windows and great natural lighting. There are several administrative offices in the front of the building. The lobby is adjacent to the large dining room and kitchen. These are on the hallway which heads to the north end of the building. The dining room had some residents participating in an activity together. The hallways and dining room are well decorated and lend to the homelike environment.

The therapy gym is on the north side of the facility and is well lit. Discussed managing the space in the gym to serve the needs of all the residents. The facility also has an enclosed outdoor courtyard on this side of the building which serves as a turtle sanctuary. There are many windows which residents use to view the turtles and enjoy the scenery.

The east side of the building has a long hall which extends the whole length of the building and eventually connects to the secure unit. This hallway houses the resident rooms.

In the middle of this main hall, there is a central gathering room or lounge where residents and guests can enjoy their time together. This room has high-ceilings and has a very grand feeling. The eastern wall in this room is made of large windows which offers phenomenal lighting into the space and a majestic view of the outdoors. There is a patio outside this space which has lounge chairs and a great view to the large backyard and the neighboring greens of the golf course next door.

The secure unit in the facility has a very large central room with raised ceilings too. There is a nice, enclosed courtyard as well where residents can spend time outside. There is a room in this unit which has a piano and windows, so the staff have visibility into the space. The secure unit was quiet and calm as residents were peacefully spending their afternoon in the unit.

August 18, 2025

At the facility QAPI meeting on 8/18/25, the Administrator and other attendees discussed the facility's outcomes from July 2025.

Parkview Manor Nursing & Rehabilitation is licensed for 94 beds, and its current census is 42 residents including two skilled patients. For the month of July, the facility averaged a census of 43 residents.

The facility reported it hired a new social worker who has identified some opportunities to improve processes related to their assessments. The team also filled its housekeeping supervisor opening.

There were no state visits with significant survey findings at or above a G-tag during the period. The facility reported a self-report to the state and discussed review of staff handling residents. Discussed the process for safely handling residents when transferring and providing care.

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

The facility reported 22 falls without injury which was 51% of the facility census, and there were six residents who experienced repeat falls. Discussed fall prevention efforts and interventions in place to address falls in the building. There were five skin tears, one ear infection, and five residents with significant weight loss. Discussed nutrition and hydration which both play a role in managing weights and skins.

Discussed the current UTIs which were facility acquired. Reviewed the root cause of these infections as well as their timing and location. There were no trends associated with UTIs based on location or shifts.

The facility met its targets for urinary tract infections and antipsychotic medication utilization under Component 1. Discussed efforts to improve falls with major injury, lost too much weight, and locomotion independently worsened. The facility did not meet any of its targets under Component 2 but is within .2% of reaching each of the three targets in Component 2. Discussed efforts to support staffing needs in the building and improvements to reach these targets.

The facility met most of the remaining indicator targets under Components 3 and 4. The team did not meet its targets for antianxiety medication use or pressure ulcers. Discussed interventions in these respective areas and collaborating with the attending physicians to manage affected residents.

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

The facility strives to have an in-service addressing abuse, neglect, and exploitation or customer service each pay period. Discussed the importance of providing routine education to staff and maintaining a safe environment for the residents.

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



Administrator: Crystal Quintero, DON  
DON: Charity Reese, RN

### **FACILITY INFORMATION**

Park Manor Conroe is a licensed 125- bed facility with an overall star rating of 5 and Quality of Care of 5. Census given that day was 110: PP (3); MC (11); MCD (66) Hospice (4) and HMO (19); VA (7).

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

The facility had a party for July 4<sup>th</sup>, and they had an outing to the casino. The facility has regular religious services and outings for the residents. The facility is planning a ceremony for Labor Day. Both residents and staff participated in a back-to-school bash.

The DON reports the facility continues to provide chips/tokens to staff who go above and beyond and they can turn them in for gift cards or merchandise. Additionally, meals are provided periodically and some type of recognition for staff every month. The DON reports the facility had a potluck dinner for staff and this week they will have a scavenger hunt.

### **EDUCATION PROVIDED**

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

### **SURVEY Information**

The facility had their full book in May resulting in only 1 tag. The POC was desk reviewed and accepted.

### **REPORTABLE INCIDENTS MAY/JUNE/JULY 2025**

The facility had 2 self-reports that are still pending.

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

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



Park Manor of Conroe had 32 total falls without injury and 9 falls with injury, 3 repeat falls, 7 Skin Tears, 0 Elopements, 0 Fractures, 0 Lacerations, 2 Bruises and 0 Behaviors. The facility does still have a PIP in place for falls.

**Infection Control:**

Park Manor of Conroe reported 187 infections of which 28 were UTI's, 28 Respiratory infections, 11 Wound infections, 1 Blood infection, 3 EENT infections, 8 GI infections, 4 Genital infections and 104 Other infections.

**Weight loss:**

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

**Pressure Ulcers:**

Park Manor of Conroe reported 3 residents with pressure ulcers with 4 sites, 4 of them facility-acquired. The facility does have a PIP for this measure.

**Restraints:**

Park Manor of Conroe does not use restraints.

**Staffing:**

Current Open Positions						
Shift	RN	LVN	Nurse Aide	Hskp.	Dietary	Activity
6 to 2	0	0	0	0	0	0
2 to 10	0	0	1	1	0	0
10 to 6	0	0	0	0	0	0
Other	0	0	0	1	2	0
# Hired this month	0	5	19	2	5	1
# Quit/Fired	3	2	8	1	1	2 (1 act ass., 1 Sw ass)

Total number employees: 116 Turnover rate%: 13%

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	11.3%	7.6%	7.4%	Will review for PIP
Fall w/Major Injury (L)	1.2%	3.3%	3.4%	
UTI (L)	0%	1.0%	1.9%	
High risk with pressure ulcers (L)	0%	5.7%	6.7%	
Loss of Bowel/Bladder Control(L)	5.5%	16.3%	20.9%	



Catheter(L)	0%	0.7%	1.4%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	6.7%	18.6%	19.5%	
Excessive Weight Loss(L)	0%	3.8%	6.1%	
Depressive symptoms(L)	0%	2.9%	11.2%	
Antipsychotic medication (L)	0%	8.3%	14.6%	

**PHARMACY Consultant reports/visit/ med destruction?** Drug destruction completed in May/June/July

# of GDR ATTEMPTS in the month: How many successful? 3  
 # of Anti-anxiety (attempts\_0\_ successful\_0\_ failed\_0\_)  
 # of Antidepressants (attempts\_3\_ successful\_3\_ failed\_0\_)  
 # of Antipsychotic (attempts\_0\_ successful\_0\_ failed\_0\_)  
 # of Sedatives (attempts\_0\_ successful\_0\_ failed\_0\_)

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

**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)-** 57 – Food/Clinical, 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

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	2.0%	0%	1.23%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	



<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	2.0%	0%	0%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	3.47%	1.18%	0%	Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	9.15%	5.72%	10.30%	N	Will review for PIP

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

<b>Indicator</b>	<b>National Benchmark</b>	<b>Baseline Target</b>	<b>Performance Target of 1% improvement</b>	<b>Results</b>	<b>Met Y/N</b>	<b>Comments</b>
<b>Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)</b>	<b>Met Y/N</b>					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	<b>n</b>	<b>1.29%</b>	<b>1.09%</b>		<b>N</b>	<b>PIP in place</b>
<b>Metric 2:</b> Reported Licensed Nursing HPRD	<b>n</b>	<b>1.99%</b>	<b>1.87%</b>		<b>N</b>	<b>PIP in place</b>
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	<b>n</b>	<b>3.28%</b>	<b>2.97%</b>		<b>N</b>	<b>PIP in place</b>
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?						
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>						
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>						
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>						
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?						
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>						



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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	3.77%	1.42%	0%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	12.07%	8.06%	7.89%	Y	
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	2.0%	0%	1.39%	Y/N	

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	1.01%	0%	0%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	2.00%	0%	1.25%	Y/N	



Administrator: AV Meghani  
Assistant Administrator: Kameran Shirali  
DON: Julie Slyotsky, RN

## **FACILITY INFORMATION**

Park Manor Woodlands is a licensed 124- bed facility with an overall star rating of 5 and a rating of 5 stars in Quality Measures. Current census given 91: 5 PP; 11 MC; 22 MCD; 53 HMO; 0 Hospice.

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

The Assistant Administrator reports the facility continues with happy hour every week, exercising, etc. The facility had a 4<sup>th</sup> of July celebration, and they are planning something for Labor Day. Still working on process for outings for residents.

The Administrator reports the facility continues with monthly Employee Appreciation Day, as well as celebrating birthdays as well as multiple employee appreciation activities are planned for each month. The facility had a back-to-school celebration for staff.

## **EDUCATION PROVIDED**

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

## **SURVEY INFORMATION**

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

## **REPORTABLE INCIDENTS**

Park Manor Woodlands had no self-reports or complaints for **May/June/July 2025**.

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

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

Park Manor Woodlands had 23 total falls without injury (3 repeat) and 2 falls with injury; 13 skin tears; 1 fracture; 0 elopement; 3 bruises; 0 lacerations and 0 behaviors.



**Infection Control:**

Park Manor Woodlands reported 77 infections, of which 22 were UTI's; 12 Respiratory infections; 10 Wound infections; 3 Blood infections, 4 GI infections, 0 Genital infections and 26 Other infections.

**Weight loss:**

Park Manor Woodlands had 2 residents with 5-10% weight loss in 1 month and 1 with >10% weight loss in 6 months.

**Pressure Ulcers:**

Park Manor Woodlands reported 2 residents with pressure ulcers with 2 sites and 2 were facility acquired.

**Restraints:**

Park Manor Woodlands does not use restraints.

**Staffing:**

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

Total number employees: 149 Turnover rate%: 11

**CASPER REPORT**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	16.7%	19.2%	19.7%	
Fall w/Major Injury (L)	3.8%	3.4%	3.4%	Yes
UTI (L)	0%	1.0%	2.0%	
High risk with pressure ulcers (L)	5.8%	6.8%	6.8%	
Loss of Bowel/Bladder Control(L)	0%	0%	0%	
Catheter(L)	0%	0.7%	1.4%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	0%	19.4%	20.5%	
Excessive Weight Loss(L)	0%	4.2%	6.3%	
Depressive symptoms(L)	0%	2.8%	11.2%	
Antipsychotic medication (L)	16.7%	8.2%	14.7%	Yes

**PHARMACY Consultant reports/visit/med destruction?** No concerns, Med destruction completed



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

**DIETICIAN Recommendation concerns/Follow Up?** All concerns addressed

**SOCIAL SERVICES NUMBER/TYPE OF GRIEVANCES (RESOLVED OR NOT)**- 13 all resolved\_

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS: PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.4%	1.06%	3.45%	N	PIP in place
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.17%	0%	0%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	4.55%	0%	0%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	9.14%	5.62%	14.8%	N	PIP in place
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	12.74%	8.83%	0%	Y	

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



Indicator	National Benchmark	Baseline Target	Performance Target of 1% improvement	Results	Met Y/N	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Met Y/N					
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	Y	2.24%	2.13%	2.45%	Y	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	Y	1.48%	1.54%	1.72%	Y	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	Y	3.61%	3.78%	4.17%	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?				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		

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	8.96%	14.36%	0%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.55%	22.02%	14.81%	Y	



<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	26.06%	16.37%	12.5%	Y	
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**QIPP Component 4 – Resident Focus MDS Measures (NSGO-only).** Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	4.59%	2.0%	0%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	0.50%	0%	Y	



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

### **FACILITY INFORMATION**

Spindletop Hill is a licensed 148- bed facility with an overall star rating of 1 and a rating of 4 stars in Quality Measures. Census 93: 2 PP; 2 MC; 58 MDC; 8 HMO; & 13 Hospice.

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

The facility had a Juneteenth celebration, and a party for 4<sup>th</sup> of July and they have monthly shopping trips and continue with happy hours that included local police officers, and they are planning a family night with resident family members.

The DON reports the facility re-start celebrating monthly birthdays and Employee of the Month and continues with a recognition program (gift cards) when anyone is seen providing above and beyond care. The facility staff participate in most of the residents' celebrations. The DON reports the facility had an employee engagement/team building with a potato bar last week and they participated in a community back to school event.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 – QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. The facility is currently meeting 2 components, and they have PIPs in place for Falls, Pressure Ulcers and Weights. The DON reports they will review anti-anxiety/hypnotics and bowel/bladder incontinence for possible PIPs.
- Legionnaires – DON educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

### **SURVEY INFORMATION**

The facility had the state in the building for their full book in June 2025 resulting in 5 Health Tags related to pharmacy services.

### **REPORTABLE INCIDENTS –**

The facility had 4 pending self-reports during **May/June/July 2025**

### **CLINICAL TRENDING MAY/JUNE/JULY 2025:**

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

Spindletop had 51 falls without injury (11 repeat) and 10 falls with injury. The facility also reported 4 Skin Tears, 1 Fracture, 3 Lacerations, 0 Elopements, 0 Behaviors and 4 Bruises.



**Infection Control:**

Spindletop reports 25 total infections 14 UTI; 8 Respiratory infections, 0 EENT infections, 0 Wound infections, 1 GI infection and 2 Other infections.

**Weight loss:**

Spindletop reported Weight loss of 29 residents with 5-10% and 8 residents with > 10% loss.

**Pressure Ulcers:**

Spindletop had 16 residents with 34 pressure ulcer sites and 28 acquired in house.

**Restraints:**

**Staffing:**

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

Total number employees: 129 Turnover rate %: 16.86

**CASPER REPORT –**

Indicator	Current %	State %	National %	Comments/PIPs
Percent of residents who used antianxiety or hypnotic medication (L)	20.3%	18..9%	19.7%	Will review for PIP
Fall w/Major Injury (L)	11.9%	3.3%	3.4%	PIP in place
UTI (L)	0%	0.1%	1.9%	
High risk with pressure ulcers (L)	7.0%	5.7%	6.7%	PIP in place
Loss of Bowel/Bladder Control(L)	40.0%	16.0%1	20.9%	Will review for PIP
Catheter(L)	0%	.07%	1.4%	
Physical restraint(L)	0%	0%	0.1%	
Residents whose ability to walk independently worsened (L)	11.3%	18.6%	19.5%	
Excessive Weight Loss(L)	11.6%	3.8%	6.1%	PIP in place
Depressive symptoms(L)	3.7%	2.9%	11.2%	
Antipsychotic medication (L)	8.6%	8.3%	14.6%	

**PHARMACY Consultant reports/visit/ med destruction:** Education and proficiency check offs with weekly monitoring for nurses and medication aides since survey

# of GDR ATTEMPTS in the month: How many successful? 7 attempts one failed

# of Anti-anxiety (attempts 4 successful 3 failed 1)

# of Antidepressants (attempts 2 successful 2 failed 0)

# of Antipsychotic (attempts 1 successful 1 failed 0)



# of Sedatives (attempts\_\_0\_\_successful\_\_0\_\_failed\_0\_\_\_\_)

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

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

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** No concerns

**DIETARY PIP/CONCERNS:** We have some folks complaining about the food. Dietary mgr is meeting with each of the folks that have voiced concerns

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** No concerns

**MAINTENANCE PIP/CONCERNS:** New Maintenance Director as of last week

**MEDICAL RECORDS/CENTRAL SUPPLY PIPS/CONCERNS:** PIP in place for timely uploading of records

**MDS PIPS/CONCERNS:** No concerns – training on the PDPM process

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	3.3%	3.43%	9.4%	N	PIP in place
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	1.0%	1.17%	0%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	3.8%	8.24%	15.5%	N	PIP in place
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	8.3%	9.61%	8.5%	N/Y	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	18.6%	13.26%	10.10%	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	Comments
Payroll Based Journal (PBJ) - Staffing Measure in Hours Per						



Resident Day (HPRD)	Met Y/N		t		Y/N	
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	N	1.968	1.974	1.954	N	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	N	1.538	1.528	1.513	N	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	N	3.506	3.501	3.467	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
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	2.9%	2.72%	2.6%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	19.7%	20.51%	21.1%	N	Will review for PIP
<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	20.9%	17.37%	31.7%	N	Will review for PIP



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

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	5.7	6.86	5.8	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	.07	1.03	0.0	Y	



Acting Administrator: David Bilbo, LNFA  
DON: Mistee Aquippa, RN

### **FACILITY INFORMATION**

The Woodlands Nursing and Rehabilitation Center is a licensed 214 - bed facility with an overall star rating of 4 and a rating of 4 stars in Quality Measures. Census given 149: 6 PP; 1 MC; 90 MDC +17 pending; 14 HMO; 9 Hospice; 12 VA; and 17 Memory Care.

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

The Administrator reports they had parties for Father's Day and 4<sup>th</sup> of July. The Administrator also reports a resident started a fire on one of the units.

The facility continues to celebrate Employee of the Month, usually with a barbeque. The Administrator reports they also provide snacks daily and gift cards periodically for the monthly town hall meetings and every Friday is a theme day for dress/food.

### **EDUCATION PROVIDED**

- Reviewed QIPP year 8 & 9 - QIPP year 9 starts 9/1/2025 and data collection for QTR 1 began 7/1/2025. HHSC will have their year 9 webinar on 9/10/25. The facility is currently meeting all 4 components.
- Legionnaires - Administrator educated to ensure all staff have been in-serviced on Legionnaires including the facility policy and to ensure a water mapping of their facility is in place.

### **SURVEY INFORMATION**

The Administrator reports the facility has had state in the building for the last 3 weeks reviewing self-reports and complaints.

### **REPORTABLE INCIDENTS MAY/JUNE/JULY 2025**

Information not provided.

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

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

The Woodlands had 58 falls without injury (12 repeat) and 1 fall with injury. The facility also reported 6 Skin Tears, 0 Fractures, 1 Laceration, 0 Elopements, 6 Behaviors and 5 Bruises.

#### **Infection Control:**



The Woodlands reports 125 total infections 58 UTIs; 13 Respiratory infections, 0 EENT infections, 25 Wound infections, 2 GI infections and 25 Other infections.

**Weight loss:**

The Woodlands reported Weight loss of 4 residents with 5-10% and 2 residents with > 10% loss.

**Pressure Ulcers:**

The Woodlands had 9 residents with 15 pressure ulcer sites and 3 acquired in house.

**Restraints:**

No restraints used.

**Staffing:**

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

**Total number employees: not provided Turnover rate%: not provided**

**CASPER REPORT -**

Indicator	Current %	State %	National %	Comments/PIPs
New Psychoactive Med Use (S)	9.7%	7.5%	7.3%	
Fall w/Major Injury (L)	.8%	3.4%	3.4%	
UTI (L) *	0%	.9%	1.8%	
High risk with pressure ulcers (L) *	9.4%	5.3%	6.3%	
Loss of Bowel/Bladder Control(L)	14.3%	15%	20.2%	
Catheter(L)	0%	.6%	1.3%	
Physical restraint(L)	0%	0%	.1%	
Increased ADL Assistance(L)	10.3%	16.1%	17.5%	
Excessive Weight Loss(L)	4.5%	3.6%	5.9%	
Depressive symptoms(L)	0%	2.8%	11.6%	
Antipsychotic medication (L) *	14.4%	18.5%	19.6%	

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

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

# of Anti-anxiety (attempts\_\_successful\_\_failed\_\_)

# of Antidepressants (attempts\_\_successful\_\_failed\_\_)



# of Antipsychotic (attempts\_ successful \_\_\_failed\_\_\_\_\_)

# of Sedatives (attempts \_\_\_successful \_\_\_failed\_\_\_)

**DIETICIAN Recommendation concerns/Follow Up?** All concerns addressed

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

**TRAUMA INFORMED CARE IDENTIFIED:** NA

**ACTIVITIES PIP/CONCERNS:** None

**DIETARY PIP/CONCERNS:** None

**ENVIRONMENTAL SERVICES PIP/CONCERNS:** None

**MAINTENANCE PIP/CONCERNS:** None

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

**MDS: PIPS/CONCERNS:** None

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

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

Indicator	State Benchmark	Baseline Target	Results	Met (5% improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N013.02) Percent of residents experiencing one or more falls with major injury	%	3.28%	0%	Y	
<b>Metric 2:</b> (CMS N024.02) Percent of residents with a urinary tract infection	%	.84%	0%	Y	
<b>Metric 3:</b> (CMS N029.03) Percent of residents who lose too much weight	%	4.11%	3.6%	Y	
<b>Metric 4:</b> (CMS N031.04) Percent of residents who received an antipsychotic medication	%	9.62%	10.3%	N	
<b>Metric 5:</b> (CMS N035.04) Percent of residents whose ability to walk independently worsened	%	5.37%	6.10%	N	Per Administrator, will meet at end of QTR

**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	Baseline	Performance	Result	Me	Comment
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Payroll Based Journal (PBJ) - Staffing Measure in Hours Per Resident Day (HPRD)	Benchmark Met Y/N	Target	Percentage Target of 1% Improvement	Actual	Met Y/N	Comments
<b>Metric 1:</b> Reported Certified Nursing Assistant (CNA) HPRD	Y	2.14		2.25	Y	
<b>Metric 2:</b> Reported Licensed Nursing HPRD	Y	1.13		1.18	Y	
<b>Metric 3:</b> Reported Total Nursing Staff HPRD	Y	3.26		3.43	Y	
<b>In case of audit:</b> Did NF maintain 4 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?				Y		
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>				Y		
Did NF maintain 8 additional hours ( <i>non-managerial</i> ) of RN staffing coverage per day, beyond the CMS mandate?				Y		
<ul style="list-style-type: none"> <li>8 additional hours non-concurrently scheduled?</li> </ul>				Y		
<ul style="list-style-type: none"> <li>Additional hours provided by direct care staff?</li> </ul>				Y		
<ul style="list-style-type: none"> <li>Telehealth used?</li> </ul>				Y		
NFs provided in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period?				Y		
<ul style="list-style-type: none"> <li>Agency usage or need d/t critical staffing levels</li> </ul>				N		

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

Indicator	National Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N030.03) Percent of residents who have depressive symptoms	%	2.22%	.80%	Y	
<b>Metric 2:</b> (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication	%	19.93%	15.8%	Y	



<b>Metric 3:</b> (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence	%	18.29%	18.20%	Y	
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**QIPP Component 4 – Resident Focus MDS Measures (NSGO-only).** Equally weighted measures, each worth 50% of available component funds

Indicator	State Benchmark	Baseline Target	Results	Met (5% Improvement) Y/N	Comments
<b>Metric 1:</b> (CMS N045.01) Percent of residents with pressure ulcers	6.5%	8.8%	8.6%	Y	
<b>Metric 2:</b> (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder	1.01%	.89%	0%	Y	

# **EXHIBIT “G”**

**RESOLUTION BY THE BOARD OF DIRECTORS OF  
THE WINNIE STOWELL HOSPITAL DISTRICT  
AUTHORIZING TRANSFER OF FACILITIES TO  
INCOMING LANDLORD AND MANAGER**

The undersigned, being [a majority of / all] the members of the Board of Directors of Winnie Stowell Hospital District (the “District”), acting pursuant to the governing documents of the District and the laws of the State of Texas, did hereby take the following actions by this written consent resolution (this “Consent Resolution”) during the duly noticed September 24, 2025 Regular Meeting:

**WHEREAS**, the District currently leases and operates certain healthcare facilities (the “Facilities”) under sublease arrangements with the below-named real estate entities (“Outgoing Landlords”) and current operating managers (“Outgoing Managers”); and

**WHEREAS**, the Outgoing Landlords and Outgoing Managers will transfer, with the District’s approval, ownership and management of the Facilities to newly-formed property owner entities (“Incoming Landlords”) and newly-formed operating companies (“Incoming Managers”), as set forth in the chart below; and

**WHEREAS**, the Board desires to evidence its and the District’s consent to the foregoing transfers and to authorize its officers to execute such documents as may be necessary or advisable to effectuate such transfers.

**NOW, THEREFORE, BE IT RESOLVED**, that the Board consents to and approves the District providing its consent and approval of the transfer of each Facility from the applicable Outgoing Landlord and Outgoing Manager to the corresponding Incoming Landlord and Incoming Manager, as set forth below:

<b>Facility Name</b>	<b>Address</b>	<b>Outgoing Landlord</b>	<b>Outgoing Manager</b>	<b>Incoming Landlord</b>	<b>Incoming Manager</b>
Coronado Nursing Center	1751 N 15th St, Abilene, TX 79603	WM 41 Abilene RE, LLC	SLP Abilene, LLC	1751 N 15th St Property Owner LLC	1751 N 15th St Opco LLC
Garland Nursing & Rehabilitation	321 N Shiloh Rd, Garland, TX 75042	WM 41 Centerville RE, LLC	SLP Garland, LLC	321 N Shiloh Rd Property Owner LLC	321 N Shiloh Rd Opco LLC
Oakland Manor Nursing Center	1400 N Main St, Giddings, TX 78942	WM 41 Giddings RE, LLC	SLP Giddings, LLC	1400 N Main St Property Owner LLC	1400 N Main St Opco LLC
Overton Healthcare Center	1110 Highway 135 S, Overton, TX 75684	WM 41 Overton RE, LLC	SLP Overton, LLC	1110 Highway 135 S Property Owner LLC	1110 Highway 135 S Opco LLC

Palestine Healthcare Center	1816 Tile Factory Rd, Palestine, TX 75803	WM 41 Palestine RE, LLC	SLP Palestine, LLC	1816 Tile Factory Rd Property Owner LLC	1816 Tile Factory Rd Opco LLC
Paris Healthcare Center	610 DeShong Dr, Paris, TX 75460	WM 41 Paris RE, LLC	SLP Paris, LLC	610 DeShong Dr Property Owner LLC	610 DeShong Dr Opco LLC
Seabreeze Nursing & Rehabilitation	6602 Memorial Dr, Texas City, TX 77591	CSE Texas City LLC	SLP Texas City, LLC	6602 Memorial Dr Property Owner LLC	6602 Memorial Dr Opco LLC

**FURTHER RESOLVED**, that the officers of the District are authorized and directed, in the name and on behalf of the District, to execute, deliver, and perform any and all agreements, instruments, certificates, and documents, and to take any other actions as may be necessary, appropriate, or desirable to carry out the intent of these resolutions; and

**FURTHER RESOLVED**, that all actions heretofore taken by the officers of the District in connection with the foregoing matters are hereby ratified, confirmed, and approved in all respects; and

**FURTHER RESOLVED**, that this Consent Resolution may be executed in counterparts and delivered electronically, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument.

PASSED AND APPROVED this 24<sup>th</sup> day of September 2025.

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Edward Murrell, President and Director

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Jeff Rollo, Secretary and Director

# **EXHIBIT “H”**

## **MOWING AND GROUNDS MAINTENANCE AGREEMENT**

This Mowing and Grounds Maintenance Agreement (“Agreement”) is made and entered into as of the \_\_\_ day of \_\_\_\_\_, 2025, by and between the Winnie Stowell Hospital District, a political subdivision of the State of Texas (the “District”), and Kahla Home & Earth Solutions, with its principal address at 1898 Orchid Ln, Winnie, Texas 77665 (the “Contractor”).

### **RECITALS**

**WHEREAS**, the District requires mowing and grounds maintenance services (“Services”) for its property in Chambers County, Texas; and

**WHEREAS**, the Contractor submitted a written proposal on September 18, 2025, to provide mowing and grounds services twice a month at all District properties, including the District’s offices located at 520 Broadway Avenue, Winnie, Texas 77665; the District’s property located at 1188 Second Street, Winnie, Texas 77665; and the District’s property located at 1115 State Highway 124 North, Winnie, Texas 77665, for a combined total of \$1,000.00 per month.

**WHEREAS**, the District desires to engage the Contractor to perform the requested Services on the terms set forth in this Agreement and as reflected in Contractor’s proposal, attached hereto collectively as **Exhibit “A”**;

**NOW, THEREFORE**, in consideration of the mutual promises herein contained, the parties agree as follows:

1. **Scope of Services:** Contractor shall provide mowing of designated lots and grounds, including spraying of weed killer around structures, weed eating, and clean up of loose trash on property on day’s mowed, all in accordance with Exhibit “A.” Mowing shall occur twice monthly, unless otherwise directed by the District’s Administrator.
2. **Term:** This Agreement shall commence on October 1 2025, and shall continue until September 30, 2026, unless earlier terminated as provided herein. The District reserves the option to renew annually upon mutual agreement.
3. **Compensation:** The District shall pay Contractor the sum of **\$1,000.00 per month** for mowing and grounds services at the District’s primary facility and the Seabreeze Partners property, as described in Contractor’s written proposal attached hereto as Exhibit “A.” Contractor shall submit monthly invoices, and the District shall remit payment within thirty (30) days of receipt and approval.
4. **Independent Contractor:** Contractor shall perform its obligations as an independent contractor and not as an employee or agent of the District.
5. **Insurance and Bonding:** Contractor shall maintain, at its sole expense, (i) commercial general liability insurance with limits of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate, and (ii) workers’ compensation insurance as required by Texas law. The District shall

be named as an additional insured on the Contractor's commercial general liability policy, and the policy shall provide that coverage is primary and non-contributory with respect to any insurance maintained by the District. Contractor shall deliver to the District certificates of insurance and endorsements evidencing the required coverage and additional insured status prior to commencement of services, and shall provide the District with thirty (30) days' advance written notice of cancellation, material change, or nonrenewal of such coverage.

**6. Indemnification:** To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the District, its officers, directors, employees, and agents from and against any and all claims, damages, liabilities, losses, and expenses (including attorney's fees) arising out of or related to Contractor's performance of this Agreement, except to the extent caused by the negligence or willful misconduct of the District.

**7. Termination:** The District may terminate this Agreement at any time, with or without cause, upon thirty (30) days' written notice. Contractor may terminate only for cause, upon thirty (30) days' written notice and an opportunity to cure.

**8. Entire Agreement:** This Agreement, together with **Exhibit "A"**, constitutes the entire agreement of the parties and supersedes all prior agreements or representations, whether oral or written.

#### EXECUTION

WINNIE STOWELL HOSPITAL DISTRICT

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

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

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

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

KAHLA HOME & EARTH SOLUTIONS

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

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

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

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

**Exhibit "A"**  
**Proposals**

# QUOTE

# 091025



## Kahla Home & Earth Solutions

1898 Orchid Ln  
Winnie Texas 77665  
U.S.A  
ethankahla60@gmail.com

### Bill To

**Winnie-Stowell Hospital District**  
520 Broadway Ave / 1188 Second St / 1115 SH-124 N  
Winnie  
77665 Texas  
U.S.A

: 09 Sep 2025

#	Item & Description	Qty	Rate	Amount
1	<b>Mowing of lots</b> Includes spraying weed killer around structures, weed eating, and clean up of loose trash on property on day's mowed.  Grass will be mowed twice a month unless not needed per administrator.	1.00	1,000.00	1,000.00
			Sub Total	1,000.00
			<b>Total</b>	<b>\$1,000.00</b>

### Notes

Looking forward to your business.